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

2015 – 2020

Year 5 Refresh
Calderdale Health and Wellbeing Board (HWB) endorses the principles and recommendations as set out in the national ‘Future in Mind’ (FiM) Report and supports the development of emotional health and wellbeing for children and young people in Calderdale. The Local Transformation Plan (LTP) is Calderdale’s response to the FiM Report and this is signed off by the Chair of the HWB.

Lead Council Member for Children and Young People, Director of Children and Young People’s Services, Chief Officer of Calderdale Clinical Commissioning Group and the Director of Public Health as below. This sign off procedure is in accordance with NHS England assurance processes and timelines. Full consideration, review and reporting of the LTP will continue to be overseen by the full HWB. The HWB has identified the emotional health and wellbeing of children and young people as a priority, in particular the need to improve access to quality services without tiers and reduce waiting times.

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<tr>
<th>Cllr Tim Swift, Chair of Calderdale Health and Wellbeing Board</th>
<th>Cllr Adam Wilkinson, Lead Member for CYPS</th>
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<th>Julie Jenkins, Director of Children and Young People’s Services</th>
<th>Dr Matt Walsh, Chief Officer, Calderdale CCG</th>
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This Plan will be made available on the relevant local websites to ensure access for all stakeholders including children, young people and families.

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Section 1: Executive Summary

We want the children and young people of Calderdale to have good mental health and we recognise that promoting and supporting positive emotional health and wellbeing is everyone’s business. Our partnership vision is to move away from a system defined by services and organisations to one built around the needs of children, young people and their families, offering increased choice and control, intervening early and building long term resilience.

In 2014, the position of mental health services for children and young people in Calderdale was not fit for purpose. Services were disjointed with lots of different referral and assessment pathways; there was very limited support at Tier 1, with high demand and thresholds for acceptance into treatment from child and adolescent mental health services (CAMHS) and little support if any, while children and young people were waiting for treatment. The delivery model was based on a tiered model of need and was service driven rather than focussed around the needs of the child with very little input into service design from parents and young people.

The National Future in Mind (FiM) report published in 2015, following a year of research, engagement and consultation with key stakeholders, called for every area to write their own transformation plan for improving the emotional health and wellbeing of children and young people. The report highlighted that the plans needed to move away from the focus on CAMH services and that transformation should be led by consideration of the whole breadth of emotional health and wellbeing.

In Calderdale key partners embraced this new approach and created a multi-agency Emotional Health and Wellbeing Taskforce (including young people) to write and progress the delivery of a Calderdale Local Transformation Plan (LTP) for Emotional Health and Wellbeing. Taskforce members were clear that improvements were needed right across the breadth of the emotional health and wellbeing landscape including CAMHS.

From 2015 to 2019 there has been progress towards achieving transformation for children and young people’s emotional health and wellbeing services in Calderdale through the delivery of the LTP priorities. Services are now joined up and are working in partnership towards the implementation of the Thrive framework moving away from the tiered model; ensuring that support for children and young people is more holistic and focussed on their needs rather than them fitting into a service. Thrive assumes that children and young people can receive support at any time from the most appropriate service that meets their needs. When a parent, child or young person needs help, the help available is based on focused, evidence-based treatment. Children, young people and their families have a central role in deciding what success would look like for them, only having to tell their story once and knowing that there will be ‘no decisions about me, without me’.

Our refreshed LTP remains true to our original vision of developing a system without tiers and creating a breadth of provision which offers choice and control to children and young people in how they access support. We are proud of our many achievements to date however we recognise we still have a significant amount of work remaining to achieve our ambitions for 2021.

The LTP vision to ensure emotional health and wellbeing is ‘everyone’s business’ is in line with the outcomes set out within Calderdale’s Wellbeing strategy to address the wider causes of poor mental health in children and young people and to address commonly experienced issues which have a negative impact on their mental wellbeing.
The following is a summary of our progress to date and our plans for the future; a more detailed picture can be found in Section Four, Progress and Impact and Section 7, Key Challenges, Ambitions and Priorities.

Our LTP ambitions; a summary of achievements and remaining challenges, set against the 5 areas of Future in Mind

**Theme 1 – Promoting resilience prevention and early intervention for the mental wellbeing of children and young people:**

Our aim is to have developed robust and sustainable approaches to early intervention across a range of services including schools which are able to provide advice, guidance and support to children and young people reducing the need for them to access targeted and specialist services.

**This year we have:**

- Supported schools to implement a whole school approach to emotional health and wellbeing through;
  - Therapeutic Interventions in Secondary Schools for Key Stage 3
  - Bespoke mental health training for staff and students
  - Facilitating school and provider emotional health and wellbeing networks
  - Rolled out our mental health in schools link project across more schools
- Embedded our emotional health and wellbeing website for children and young people and those who support them. The site was co-produced with young people and now includes a section for professionals and parents and carers in response to consultation. We continue to encourage all schools and services to link to this from their own websites. [www.openmindscalderdale.org.uk](http://www.openmindscalderdale.org.uk)
- Embedded our Time Out offer, provided by Healthy Minds who link up organisations across Calderdale who work with young people to provide access to a range of activities such as art and crafts, sports and drama; it also runs training workshops both in and out of schools, enabling over 10,000 young people to date to ‘Find their thing.’ [www.timeoutcalderdale.co.uk](http://www.timeoutcalderdale.co.uk)
- Embedded the online counselling offer from Kooth.com providing accessible support, choice and control for young people, with the majority of logins occurring out of hours. This service is available without the need to meet criteria for children and young people aged 11 to 25 years. Feedback from children, young people, schools and GP’s has been extremely positive and to date over 2,300 young people have registered to use this service.

**Our next steps:**

- Expand key projects into primary schools through the Transition Support Project, match funded by the DHSC and LTP, including therapeutic interventions, mental health services link, Time Out and increased support for LGBTQ+ children.
- Expand the play and creative therapies offer for children and young people identified as having experienced adverse childhood events (ACEs) where traditional therapies may not be effective, through:
  - Supporting our local Victoria Theatre to expand its unique offer of dramatherapy for vulnerable young people.
  - Working collaboratively with a local creative arts organisation ‘Ver de Gris’ to co-produce a film and workshop project that puts young people in control of the debate about their mental health and wellbeing.
Piloting the impact of a Forest School approach in a cluster of schools on the emotional wellbeing of children.

- Increasing the offer of Rainbows groups through Noah’s Ark providing an emotionally safe environment for children to guide them through grieving a significant and often devastating loss, or painful transition in their lives.
- The implementation of two innovative play and creative therapies schemes in primary schools through Noah’s Ark and Live Wild (funded directly by Council).

**Theme 2 – Improving access to effective support - a system without tiers:**

*Our aim is to have implemented a system built around the needs of children, young people and their families offering choice and control, intervening early and building long term resilience. Waiting times will be in line with national guidelines, with clear pathways in place and effective transition to adult services.*

**This year we have:**

- Embedded and expanded the First Point of Contact (FPoC) for any referrals into Open Minds Partnership (CAMHS) by professionals (except crisis) including extending opening hours to enable more accessibility for school staff and GPs. The FPoC also offers consultation advice and packages of care support, including a range of resources, as well as accurately signposting to the most suitable range of services to meet individual needs.
- Strengthened the Open Minds Partnership which is driving the implementation of Thrive, a new approach to service delivery which is centred on the needs of the child not the service. This collaborative approach is improving waiting times and the experience for children and young people.
- Rolled out the Mental Health in Schools link project which has been successful in developing relationships and building the capacity of school staff to support their student’s emotional wellbeing across 49 schools.
- We have reduced the waiting times for children and young people accessing generic Open Minds Partnership (CAMHS), thus ensuring prompt access to appropriate services and support.

**Our next steps:**

- To expand the FPoC to enable referrals to be submitted directly from parents and carers and young people where appropriate.
- Monitor and evaluate the impact of the expansion FPoC referral process for parents and carers and young people.
- Embed the Mental Health in Schools link approach as an outreach extension to the FPoC.
- Work towards achieving an alliance model approach with the Open Minds Partnership (CAMHS) providers to enable further stability and improvements to be achieved for mental health services in Calderdale.
- Embed and communicate the effective implementation of the THRIVE framework, a system without tiers to all stakeholders.
- Work towards a 0-25 seamless service across children’s and adults mental health.
Theme 3 Caring for the most vulnerable:

Our aim is that our most vulnerable children and young people will receive effective and timely support and staff within teams supporting vulnerable groups will be equipped with new skills and work seamlessly with our Open Minds Partnership (CAMHS) providers to effectively support these children and young people.

This year we have:

- Embedded a local eating disorder service providing fast and effective support by meeting national access and waiting time standards.
- Expanded our crisis service intensive home based treatment to 7 days a week.
- Introduced an effective ASD neuro-developmental screening process and ensured that parents and carers can access support from a specialist worker whilst on the ASD waiting list through the FPoC.
- Held an ASD summit for stakeholders and made strategic commitments, including substantial additional financial commitments to improve access and waiting times.
- Continued to fund the placement of a specialist mental health worker within the Youth Offending Team, providing support to some of our most vulnerable young people and staff working with them in addition to extending the offer to provide better links and support within the Special Educational Needs Team.
- Expanded the capacity of the self-harm, ‘Which Way Up’ group to ensure wider accessibility across Calderdale to support young people.
- Utilised additional Transforming Care Funding to pilot a programme of enhanced short breaks for SEND young people struggling with anxiety.

Our next steps:

- We aim to reduce waiting times for ASD assessment and continue to invest in support pre and post diagnosis through the FPoC and the Local Authority ASD team.
- Develop a future proof 0-25 ASD assessment pathway which will enable reduced waiting times to be maintained and a better experience for families.
- Expand our ASD team training offer to schools where children and young people are awaiting diagnosis.
- Roll out the voluntary sector led ASD workshops for parents and carers whose children are on the pathway.
- Implement our all age ASD strategy and continue work on the ASD action plan.
- Work closely with West Yorkshire and Harrogate STP to develop a Calderdale and Kirklees all age crisis liaison services, ensuring young people can access timely age-appropriate crisis support when needed.

Theme 4 – Accountability and Transparency:

Our aim is to have agreed approaches to integrated commissioning and aligned budgets across health and social care for mental health services for children and young people ensuring our work involves children and young people in a meaningful way.
This year we have:

- Worked with our young people to hold a second and extremely successful Emotional Health and Wellbeing Celebration event which was solely hosted and facilitated by young people.
- Continued to work with our young people’s Tough Times Reference group in the co-production of a range of services and projects.
- Started to embed the strategic influence of the Integrated Commissioning Executive and build on the strong leadership forum ensuring a joined up partnership approach to maximise the benefits to children and young people’s mental health.
- Jointly commissioned services from our two main Open Minds (CAMHS) providers with the CCG leading on SWYFT (previous Tier 3) and the Local Authority on Northpoint (previous Tier 2) with a clear focus on partnership working to achieve the implementation of Thrive.
- Continued to work with our regional partners to jointly commission Eating Disorder and crisis services.
- Ensured the refresh of the wellbeing strategy has a focus on this area.

Our next steps:

- Explore further opportunities for joint commissioning with our regional partners across the STP/ICS footprint.
- To strengthen our engagement, communication and co-production with children and young people, parents and carers and wider stakeholders.
- To support the development of an all age mental health strategy.

Theme 5 – Developing the workforce:

We will have ensured the development and planning for the implementation of a comprehensive CAHMS workforce development strategy in line with CYP IAPT and an understanding of the skills and training needs of the wider children and young people’s workforce with plans to address these.

This year we have:

- Revisited our Emotional Health and wellbeing services guide for professionals and produced a guide for parents and carers.
- Completed a workforce skills audit for all our Open Minds Partnership (CAMHS) staff and we are developing an action plan to address the recommendations.
- Offered a bespoke training package for school staff and students around key emotional health and wellbeing issues.
- Enabled staff from our Open Minds Partnership (CAMHS) and wider services to access the evidence based Improving Access to Psychological Therapies training, in turn impacting on the quality of interventions received by children and young people.
Our next steps:

- Implement our Open Minds Partnership (CAMHS) workforce skills action plan.
- Expand our mental health training offer to support parents and carers whose children are experiencing emotional health and wellbeing issues.
- Target schools that have not accessed any emotional health and wellbeing training for staff or students and encourage take up.
- Undertake a workforce skills audit of the wider emotional health and wellbeing workforce in order to develop a clearer understanding of their training and development needs.

Conclusion

Future in Mind tells us that, ‘Children and young people’s mental health really matters, not only for the individual and their family, but for society as a whole. The evidence tells us that treating different, specific health issues separately will not tackle the overall wellbeing of this generation of children and young people. Their mental and physical health is intertwined, and at the heart of health and wellbeing are their relationships with others. They want an integrated child, youth and family friendly approach that recognises their particular needs, makes them feel supported, emphasises the positives and helps them to cope.’

Our Calderdale LTP vision, ambitions and priorities ensures that our approach to improving children and young people’s emotional health and wellbeing embraces and endorses these aspirations. That is why we continue to develop services and projects which offer improved choice, accessibility and control to children and young people, ensuring a holistic approach to their wellbeing that focusses on early intervention and prevention and upholds the view that there should be a parity of esteem with physical health, ‘No Health without Mental health’ and that mental health is everyone’s business, not just the responsibility of specialist services.

Improving children and young people’s mental health continues to be a priority nationally and locally with reducing waiting times and increasing accessibility and control for service users being highest on the agenda. Calderdale’s Emotional Health and Wellbeing Taskforce will continue to work with providers and stakeholders to achieve the ambitions within the LTP and moving forward those in the NHS England Long Term Plan, recognising that real transformation takes radical shifts in thinking and culture which requires time and commitment to achieve success.
Section 2: Introduction

Introduction

Partners in Calderdale continue to work together in a range of different ways to improve emotional health and wellbeing for children and young people; it remains one of the key priorities for children and young people’s health in our area. There remains a strong local commitment to continue to improve access to services, develop new and innovative ways to meet emotional health and wellbeing needs, improve resilience and maintain our strong focus on early intervention for children and young people.

Our partnership vision is to move away from a system defined by services and organisations to one built around the needs of children, young people and their families offering choice and control intervening early and building long term resilience. We will achieve this by working in partnership with children, young people and their families as our key stakeholders ensuring meeting their needs is our highest priority.

The implementation of the Future in Mind agenda continues to align well with our overall strategic direction. We are working with providers and key partners who all remain committed to maintaining the pace of change we have established for this area and are passionate about improving emotional health and wellbeing for children and young people in Calderdale. Continuous improvement remains a high priority with strategic buy-in from all partners and leaders involved in emotional health and wellbeing for children and young people. Our new Wellbeing Strategy supports good mental health and wellbeing for children and young people and provides a commitment to address the wider causes of poor mental health in children and young people, including domestic abuse, and support those who are experiencing mental health problems.

This Year 5 refresh of our Local Transformation Plan continues to build upon our collaborative approach, ensuring the Future in Mind funding progresses our shared goal to improve outcomes for children and young people in Calderdale. It also links well with Calderdale’s Five Year Forward View for Emotional Wellbeing and Mental Health which is designed to support and empower the individual to manage their own emotional wellbeing and mental health. The governance arrangements we have established under the Future in Mind plan including reporting to the Health and Wellbeing Board and other strategic boards provides overall direction for our emotional health and wellbeing work in Calderdale, including the delivery of the Future in Mind agenda, which positions Calderdale well to respond to the key priorities outlined in the NHS Long Term Plan and local emerging needs and opportunities for the future.

We were extremely disappointed not to be offered the opportunity to become a trailblazer site, but will welcome future opportunities to submit an expression of interest and will continue to work with schools on implementing a whole school approach. In addition our VSCE partners have secured funding from alternative sources to increase our investment and offer in this area.
Section 3: Our Approach to Transformation

Partners and stakeholders have been working creatively together to improve the emotional health and wellbeing of children and young people in Calderdale, through building resilience, providing early intervention and ensuring appropriate treatment for more complex emotional health and wellbeing needs.

The voice of children and young people has driven our transformation ensuring we creatively redesign services and support to align with what is required in 2019 and beyond. Children, young people and their families are placed in the centre of all our work and we ensure continuous input from these key stakeholders is integral to our approach to transformation. Young people play a fundamental part in the implementation of our LTP priorities as well as being part of the decision making process each year regarding setting priorities on spending. We aim for children, young people and parents to be actively involved in all aspects of our work including supporting them to effectively challenge providers if services offered do not meet expectations. To foster the effective and routine use of outcome measures in work with children and young people (and their families and carers) who are experiencing mental health and emotional wellbeing difficulties.

As part of our approach to transformation, we now have a robust understanding of Calderdale's current needs, demands and delivery of mental health services for children and young people. This detailed knowledge of the needs of our local population assisted us to create an all-encompassing service framework which functions as a whole system using a person-centred approach. Through our data management and monitoring we have developed further knowledge around our population and have been able to develop the demand and capacity planning to ensure the service can meet the needs of children and young people with diverse and complex needs. This updated knowledge is informing our preparations for the NHS Long Term Plan.

We use the results of the yearly electronic health needs assessment to inform future plans and focus, this helps identify issues around overall wellbeing, the top three worries and bullying and self-harm. Our services can then flex to ensure sufficient priority is given to the areas children and young people are struggling with and individual schools are then supported to tailor their plans to address particular issues.

The embedding of THRIVE sustains the culture shift we have achieved in Calderdale. It supports the move away from our historic negative association of poor patient experiences and provides a dynamic and innovative approach which is a goal focussed and collaborative approach that is not delineated within tiers and supports the premise that mental health is everyone’s business. The THRIVE framework is a way of conceptualising need amongst a community of children, young people and their families. Need is measured under the five categories: thriving, getting advice, getting help, getting more help and getting risk support.

Our Open Minds Partnership Steering Group which is now well established supports new ways of working between commissioners and providers enabling us to collectively drive forward service improvements and enables effective challenge and joint work on removing barriers. Providers and wider partners are firmly committed to working in collaboration to improve emotional health and wellbeing services in Calderdale, there is joint ownership of the issues and challenges we face and a collective approach to finding solutions.
Working within strong partnership continues to enable us to have a much bigger impact on the lives of children and families than we would achieve working in our separate organisations. We work with children, young people and families and organisations in the public, private and voluntary sector in order to achieve our vision.

We have also recently established a Children and Young People’s Health Leaders Meeting to focus on transformational change across the system. The aim of this group is to oversee the wider transformation programme for children and young people as set out in the Long Term Plan strengthening collaboration and joint working whilst aligning with our ambitious system leadership goal for improved outcomes.

**Our Partnership Vision:** To move away from a system defined by services and organisations to one built around the needs of children, young people and their families offering choice and control, intervening early and building long term resilience. This will enable the people of Calderdale to live healthy and independent lives secure in the knowledge that, if they need them, services will be there to keep them safe, supported and cared for.
In Calderdale it is acknowledged that emotional health and wellbeing is everybody’s business and stakeholders and partners are committed to continuing to work together to improve and transform services for children and young people.

The table below outlines details of progress to achieve our ambitions since we began our system wide transformation journey in 2015 and demonstrates progress and impact across all the Future in Mind key themes. It is worth noting that we have piloted a number of initiatives to test out approaches and effectiveness in supporting children and young people’s emotional health and wellbeing and where we have not continued to fund projects we have ensured that any learning has been embedded in other areas of delivery.

Details of progress and impact to address the 5 key themes of Future in Mind are outlined below:

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<th>Priority area and details</th>
<th>Progress and impact to date</th>
<th>Achievements in 2018-19 including feedback from service users and stakeholders</th>
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<td>Supporting Emotional Health and Wellbeing in the early years:</td>
<td>The Early Years Quality Improvement and Support Team (QISO) have divided the project roles between three permanent staff members to ensure succession, planning and retention of expertise is spread across the team. The QISO team have developed an EHWB audit for settings to assess their capacity to support children’s emotional wellbeing and then support is offered to enable improvements to be implemented. In addition some early years settings have taken part in the pilot of the NHSE ‘In it Together’ emotional wellbeing staff competency framework. The joint training between the Women’s Centre Domestic Abuse Staying Safe service and the team has been successful. The 14 EHWB Champions have reported that they have disseminated their learning to their staff teams, and that they are more confident in dealing with difficult situations. The QISO team have also reviewed the Early Years EHWB symposium took place with a total of 165 multi-agency attendees. Additional EHWB resources have been purchased to loan out to providers, building on the resource bank that the QISO team already have. All visits to the EHWB Champions have been completed for audit feedback; the audit has been reviewed and updated. A transition guide has been developed with an EHWB focus and uploaded onto the website <a href="http://www.healthyearlyyears.co.uk">www.healthyearlyyears.co.uk</a> Further training with Calderdale Women’s Centre on domestic abuse has been rolled out through the Early Years training portfolio.</td>
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<td><strong>Theme 1: Promoting resilience, prevention and early intervention for the mental well being of children and young people</strong></td>
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<td><strong>Development and launch of a primary to secondary resources toolkit:</strong> A Calderdale Primary to Secondary School Transition Toolkit has been created to support children, parents and staff through transition. The Toolkit includes a self-assessment for both primary and secondary schools. There are four resource sections within the Toolkit which includes: support for schools, support for students, support for parents and carers and additional support for the more vulnerable students. The Toolkit is hosted on Calderdale's Services for Schools intranet site and can be accessed by all schools within Calderdale.</td>
<td>The Transition Toolkit was created by primary and secondary school pastoral staff. The Toolkit was created in response to feedback from consultation with children, young people, parents, carers and staff who asked for more support around the transition period. The transition audit self-assessment has been welcomed by schools who have shared feedback on how they have used it and how useful the resources have been. Good practice has been shared amongst schools, particularly those from school clusters in order to improve the outcomes for children going through transition. Usage and impact of the toolkit will be monitored through feedback from schools via the Health and wellbeing networks, transition meetings and Primary and Secondary Heads meetings.</td>
<td>Recently the Transition Toolkit has been made available on the Open Minds website in the support for school/college section. This is in response to a request that was made by teachers and school support staff. A member of school staff said; &quot;We have found the transition toolkit really useful. The worksheets have been great to help our year 6 children and to prepare them during their transition to secondary school. We have also found the worksheets useful when children have moved classes at the end of the school year. The toolkit has been great to access information about other agencies and has helped us to signpost parents and carers e.g. bus information, online counselling.&quot;</td>
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| **Small grants to primary schools to support sustainable transition projects:** We awarded grants to the majority of our primary school clusters for our 'Supporting student EHWB in transition' this accounts for a total of 64 Primary schools linking with their feeder secondary schools who were funded to undertake projects which support improving student EHWB in the Summer term 2017 and 2018 with an emphasis on sustaining and embedding this work into future years. | A total of 64 primary schools and their feeder secondary schools benefitted from these projects. The school clusters used the funding to deliver a range of training and activities, developing resources which enable the work to be sustained including:  
- EHWB/transition training for pastoral staff-sustained by creating transition champions  
- Developing more effective recording systems for vulnerable students | A maintained commitment from our primary schools has continued to ensure the EHWB support is given to students through the transition period. School monitoring reported;  
- Increased level of staff skills and knowledge of approaches and resources  
- Increased staff confidence, positive evaluations of pastoral support in Ofsted reports |
## Theme 1: Promoting resilience, prevention and early intervention for the mental well being of children and young people

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<td>Hosting an EHWB conference for all cluster staff - to be continued in future years</td>
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<td>Increased involvement with vulnerable pupils</td>
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<td>Training and involvement of Year 7 students as transition ambassadors - to be continued in future years</td>
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<td>The extended dialogue between Primary and Secondary colleagues is securing an increased understanding of the recording systems better to identify pupils and meet their needs.</td>
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<td>Delivery of bespoke transition workshops for parents/carers delivered by Open Minds Partnership (CAHMS).</td>
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### Small grants to secondary schools to develop sustainable peer support programmes:
In 2015-17 we funded 10 Secondary schools to enable them to develop peer-support programmes. Schools used a variety of different in house and external providers to implement the schemes according to their different needs. Many of the schools have reported that they are continuing the schemes in some form beyond the life of the funding, although staff capacity to support and coordinate the work can be a barrier to sustainability.

Over 200 young people from various age ranges have been trained as peer mentors since the grants were awarded in 2016 across 10 Secondary schools. Schools who have implemented their mentee schemes are reporting successes such as 11 students per week accessing mentor led drop ins and other feedback includes:
- Improved attitude to learning
- Improved staff confidence in dealing with mental health issues and talking to parents about concerns
- Students increased in confidence
- Improved student resilience
- Students learned skills and techniques to relieve exam pressure.

Many schools have continued to embed their peer support programme, valuing having peer mentors within their schools.

A mentor said;  
“Training to be a peer mentor is the best part of the year I’ve had at school. I feel less lonely and have made friends with people I’d never have thought to have spoken with before – I feel I’m giving something back.”

A mentee said;  
“I loved speaking to my mentor; it was good to speak about things I know she went through when she was in year 7.”

### Development of an online toolkit of resources to support school staff:
School staff are now able to access a range of emotional health and wellbeing tools and resources both national and local in one place on the Services for Schools website.

An Emotional Health and Wellbeing Services for Schools page was created and is located on the schools’ intranet. This is available to all schools across Calderdale and has links to a number of lesson plans and useful websites e.g. MindEd. It also has links to our emotional health and wellbeing website Open Minds, and the local training offer that gives all Calderdale schools

This year a school/college section has been created on the Open Minds website in response to some engagement that took place during this year. This has been widely promoted across all primary and secondary schools, and the college.

A member of staff said;
**Theme 1: Promoting resilience, prevention and early intervention for the mental well being of children and young people**

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<td>‘Understanding Children and Young People’s Emotional health and wellbeing’ is a training package for all staff and students in primary and secondary schools: The joint offer between Open Minds Partnership (CAMHS) and Healthy Minds gives all Calderdale schools access to free workshops for staff and students. Based on the Thrive approach, which brings together services to address children and young people’s overall wellbeing, workshops can be tailored to suit schools. Ideally schools would receive training for staff and students together, to achieve maximum impact.</td>
<td>Open Minds Partnership (CAMHS) and Healthy Minds have delivered bespoke training to schools since 2015; this new approach supports schools to adopt a whole school approach. Since the launch of the package in Spring 2018, many schools have received a bespoke package for staff and or students on: Introduction to Child Mental Health Anxiety in children and young people Depression and low mood in children and young people Self-harm Body image Self esteem Understanding mental health.</td>
<td>This year the EHWB training package has continued to be promoted widely to all primary and secondary schools. Open Minds Partnership (CAMHS) has delivered 22 training sessions to 245 staff members from primary and secondary schools across Calderdale. Healthy Minds have delivered 128 training sessions to 2,642 students. A student said; “It was awesome! I loved everything about the workshop; it was good to hear a real-life story to help you understand more.” A staff member said; “Training teachers/ education staff on the subject of mental health is always an exciting opportunity and is met with positivity. I have learnt that better outcomes are produced if knowledge/training is applied in a way that resonates with aspects their roles within school.”</td>
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**Embedding of Secondary and Primary health and wellbeing networks:** These meetings are minimum termly and enable school health and wellbeing leads to come together to network, share information and good practice with their colleagues, commissioners and public health. The schools health and wellbeing networks are a successful forum for school leads to share information and good practice. The network also provides a forum for commissioners to consult and gather feedback on projects and services as well as to ensure schools are kept up to date with new developments. The networks also provide an opportunity for commissioners to understand how schools are meeting the health and wellbeing. | The schools health and wellbeing network continues to be a successful forum for both primary and secondary health and wellbeing leads. This past year there has been an increase of primary school leads engaging in the meetings and overall commitment across schools. In total we have hosted 9 health and wellbeing networks across the year. |
### Theme 1: Promoting resilience, prevention and early intervention for the mental well being of children and young people

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<td>Needs of students and ensure that provision is coordinated.</td>
<td>A member of staff said; “I think the meetings are vital to build good links with other schools, share good practice and find out what is going on in Calderdale. A wide range of resources are discussed in detail and shared that will help our students.”</td>
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### Embedding Time Out (Find Your Thing):

Time Out offer activities and workshops that help young people build resilience and capacity to self-manage; they also offer a network open to all providers for young people in Calderdale. Time Out also allows children and young people to access activities and training workshops whilst they are waiting for an Open Minds Partnership (CAMHS) appointment or in addition to their appointments.

This grant has been extended to end March 2022 to ensure the project is embedded within early intervention for mental health in Calderdale and the age range extended to children aged 10 to 19 years. The organisation has also received a small Children in Need grant to extend the age range to a small cohort of children aged 5 and over.

The total number of young people who have attended Time Out and partner activity sessions to date is estimated at around 13,985. 6,132 students have attended training workshops in schools through focussed delivery of awareness raising sessions in assemblies. Time Out encourages young volunteers to help steer and co-produce the training materials and activity workshops and have recruited 100 volunteers who they have trained and who meet on a regular basis. Children and young people’s involvement has been at the core of developing Time Out, this includes naming the service, helping shape the development of the project and being part of the interview process for two project workers. Time Out have worked closely with partners ensuring that there is a solid, dynamic network of services working together offering an increased choice of activities to support the emotional health and wellbeing of children and young people. Time Out offers educational workshops on issue based subjects and activities such as dance, singing, drama, arts, crafts and sports. It has a clear identity and has put a great emphasis on their publicity and promotion of the project. They have an easily accessible website that can be found.

This year Time Out has been working closely with various partners such as the Calderdale’s Sensory Impairment Team on co-producing a wellbeing workshop to run for young hearing impaired people across Calderdale. 2,642 students have benefitted from mental health training in their school as part of the Time Out training offer. During the year Time Out and their partners held 659 activity sessions involving 6490 young people and recruited 39 young volunteers who have volunteered approximately 287 hours across the year.

A young person said; “After I finished at CAMHS I was referred to a group that was run by Calderdale Council, which was an emotional well-being group. During my time at this group I was introduced to Time Out. We were all given a piece of paper that asked us what we wanted to get out of Time Out. I put that I wanted to be a volunteer as it would help a lot with my future and my university degree, as I want to be a mental health nurse. Volunteering for Time Out has helped me grow and develop as a person and I have found myself go from strength to
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<td><strong>Which Way Up – self harm group:</strong> A 12 week rolling programme has been developed and is being delivered by Calderdale’s Young People’s service to young people aged between 13-19 who are at risk of, or self-harm. The 12 week programme covers a range of useful strategies and techniques in a supportive and safe environment. The programme is publicised to a range of services that support young people with a clear referral pathway. Self-care packs have been created to be distributed to young people who were at risk of, or were, self-harming. (Distract-A-Pack).</td>
<td>Since 2018 a total of six 12 week programmes to a total of 49 young people aged between 13-19 years have been delivered. Each 12 week programme was successful with the majority of groups having 100% of young people completing the course. There has been positive feedback as part of the evaluation process which shows the impact this programme has had on the young people involved. Services such as Family Intervention Team, Family Support Service, Young Peoples Service, Youth Offending Team and Care Services all referred young people on to the groups. The programme includes educational workshops, physical activities and creative art based sessions followed by an end of course celebratory meal and certificate. In addition to this programme, another group of young people involved in peer support created and launched a self-care pack called Distract-A-Pack These packs have been designed to reduce the risk of self-harm and provide young people with alternative ways of coping. Each pack contains a range of distraction tools for example: slap wrist bands, stress ball, colouring pads, anti-septic wipes as well as a list of phone numbers/helplines. A total of 1000 packs were made up with the majority having been distributed alongside a presentation to professionals.</td>
<td>This year 3 x 12 week programmes have been offered to 20 young people. Staff clinical supervision has been arranged between the youth workers and an Open Minds Partnership (CAMHS) practitioner due to the complexity of some young people attending the group. A young person said; “The Which Way Up group has made me feel more of a valued person; It’s made me feel there is other people out there with the same sorts of feelings and that I’m not alone. I would recommend a friend to the group because it is a good support and a safe space; also the staff are very welcoming.” A member of staff said; “This programme is a lovely idea to help young people who are struggling. It’s a fantastic tool for young people; the self-care pack is a fantastic idea for distraction.” A parent said; “I can tell it's made my daughter calmer and more confident, because I feel better.”</td>
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| **Self-Harm training:**  | All the training packages were co-produced with a Healthy Minds young volunteer. Extensive co-production took place involving several meetings with a group of volunteers with experience of self-harm, to ensure that sessions were safe, age appropriate and engaging. Training sessions take place in both primary and secondary schools. In total 134 sessions were delivered to 4,482 participants this included:  
- 121 school sessions (47 primary schools and 74 secondary) with 3,819 participants  
- In addition to this training 13 community sessions took place involving 140 participants showed a 97% increased knowledge of self-harm and mental health. | The self-harm training package continues to be co-produced with a Healthy Minds young volunteer and is delivered as part of the Time Out offer. Training sessions have taken place in both primary and secondary schools. This year 108 school sessions have been delivered to 2,349 students across 39 primary and 69 secondary schools.  
*Attendees said;*
"I learned how to tell someone if you feel like self-harming."
"I learned that people don’t self-harm for attention… EVER."
"I learned that it is possible to come back from self-harm and liked that we could discuss a serious matter in a safe environment." |
<p>| <strong>The provision of an online counselling service for children and young people aged 11-25 years:</strong> | Open Minds Partnership (Kooth) has been extensively publicised across Calderdale schools, youth groups and partner organisations. The team of accredited counsellors, therapists and support workers provide guided and outcome-focused support for each individual. Since launching the service in Calderdale in June 2017; we are aware from positive feedback and quotes from young people that Open Minds Partnership (Kooth) is having a positive impact on Calderdale’s young people having lived experience. | Open Minds Partnership (Kooth) continues to be a success in Calderdale with 6,728 logins received this year. The number of new registrations is 830; 598 female, 27 gender fluid, 13 agender and 192 male. 140 new referrals received are identified as BME (16.87%). 72.23% of contacts were made out of hours. 84.5% were returning logins. 46.95% of young people referring to Kooth heard about the service from school. 98% of young people said they would recommend the service to a friend. The majority of the referrals received are between the age of 12 and 17 years. |</p>
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| greater choice and control to young people. | | **A young person said;**  
“A place like Kooth really helps you get your feelings and worries off your chest. It really helped me!!”

**A parent said;**  
“My child who has been really struggling lately has been using Kooth which has really helped her. I have recommend Kooth to other parents who I know and encouraged them to share Kooth with their children in the hope it helps them like it has my daughter.”

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**Development and implementation of an emotional health and wellbeing website for children and young people and those who support them:**  
The Open Minds website offers online access to relevant, clear information about services and support, both locally and nationally around emotional health and wellbeing. The website helps young people build resilience and capacity to self-manage and provides information advice and signposting for young people and those who support them.

After extensive consultation with children, young people, parents, carers, schools and professionals Calderdale’s emotional health and wellbeing website Open Minds has been launched. Open Minds has been predominantly shaped and steered by the young person’s Tough Times Reference Group. The promotion of Open Minds has taken place with posters and business cards being distributed amongst schools, GP practices, youth centres, children’s centres and a range of other services that support children and young people. Positive feedback has been received about how helpful and supportive the website has been. To visit the website please go to [www.openmindscalderdale.org.uk](http://www.openmindscalderdale.org.uk)

**Engagement on the development and shaping of the Open Minds website continues to be supported by young people, parents/carers and professionals.** From October 18 – March 19 the total number of page views was 6,633 of which 2,341 were first time users.

**A young person said;**  
“I feel it is great that all the information is in one place, my hope is that it keeps being updated and not like some websites left with out of date and wrong information on.”

**A member of school staff said;**  
“I have been following your website progress and think it’s fantastic what you are doing for our young people, I will pass it through our assistant head for safety and wellbeing/ safeguarding if that’s ok. In the hope that we can promote it to our students too to support and guide them. Well done 😊”
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<td>Improving support and resources for parents of children and young people with emotional health and wellbeing issues: An EHWB parents and carer outreach project 2015-2017 in primary schools, provided support, guidance and signposting information to parents, while also delivering training and capacity building support to school based staff who support parents with mental health issues.</td>
<td>The EHWB outreach project supported around 70 parents directly but the most sustainable impact was gained through the training of 120 school staff that could then provide advice and support to parents’ longer term. The learning from this project has been embedded in to the work of the Open Minds Partnership (CAHMS) Schools Link Project and the First Point of Contact. 92% of parents supported felt they were clearer about how to access support for themselves and their family. 84% of parents felt their emotional health had improved as a result of the support received by the service.</td>
<td>Through the Open Minds Partnership (CAMHS) Schools Link Worker, school staff have been able to provide ongoing support, guidance, signposting and training to parents and carers to enable them to support their own and child’s emotional health and wellbeing. An EHWB outreach project supported over 70 parents directly but the most sustainable impact was gained through the training of 120 school staff that could then provide advice and support to parents’ longer term. The learning from this project has been embedded in to the work of the Open Minds Partnership (CAHMS) Schools Link Project and the First Point of Contact. 92% of parents supported felt they were clearer about how to access support for themselves and their family. 84% of parents felt their emotional health had improved as a result of the support received by the service.</td>
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<td>A telephone helpline was piloted for 12 months to offer support, advice and signposting to parents and carers around their child’s wellbeing.</td>
<td>The telephone helpline received an average of 25 calls per month. The principle areas of support requested are advice around:  - Behaviour issues / anxiety 51%  - Bereavement / loss 24%  - Divorce / family issues 19%  - Domestic violence 6%  The learning from this has informed the expansion of the FPoC which now receives referrals directly from parents and young people.</td>
<td>The learning from this pilot continues to be embedded into the FPoC delivery. A parent said; “I have been able to be more open with my family as I am now receiving support for my own difficulties, which I hadn’t felt able to do before.” “I feel he [son] will grow up better able to express his emotions as I am better equipped to model and teach those behaviours.”</td>
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<td>The Parenting for Healthy Emotional Wellbeing (PHEW) course was piloted for parents and carers of children with SEND who are also experiencing mental health issues.</td>
<td>The course is now embedded in ongoing delivery as part of the support offered to parents of children with SEND who are experiencing mental health issues.</td>
<td>The PHEW course continues to be embedded in ongoing delivery as part of the support offered to parents of children with SEND who are experiencing mental health issues. A parent said; “I feel more able to recognise my child’s emotional issues.”</td>
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<td>Five schools received funding to develop sustainable projects to support parents and carers to better support the emotional health and wellbeing of their children.</td>
<td>Schools used a variety of different in house and external providers to implement the schemes according to their different needs and project ranged from the delivery of specialist workshops focussing on areas such as self-harm and depression to general wide reaching open days providing a range of information about mental health. Many projects built in sustainability by ensuring that school staff were involved in a train the trainer approach and many of the aims of the original projects have been embedded within the schools own support for parents. Overall we know that the projects reached over 1,000 parents during the grant monitoring period.</td>
<td>This project has been embedded into the schools, supporting parents and carers to better support their children's emotional health and wellbeing. A Year 10 parent said; “Just wanted to feed back that the workshop was fabulous, can we please have some further sessions.”</td>
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| Development of resources and information to provide support, advice and signposting to parents and carers. | We have extended our emotional health and wellbeing website Open Minds to include a useful section for parents and carers in response to feedback from the survey we undertook. We have developed an emotional health and wellbeing resources guide specifically for parents and carers. This is available online and also as a printed copy and will be distributed across Calderdale through services and networks. Our young people's group Tough Times Reference Group developed a resource to support young people to start conversations about how they feel with their parents and to help parents understand. The 10 Top Tips from teenagers has been well received and utilised by young people and their parents. | The offer to parents and carers continues to grow in response to the feedback from the EHWB survey that was undertaken earlier in the year. Providers/services are improving their communication with parents and carers and increasing opportunities for meaningful engagement ensuring that they are advising and signposting parents and carers to helpful resources such as the EHWB service guides and Open Minds website. A parent said; “I was looking for support for both my daughter, who was in crisis, and myself as a parent on how best to support her. The website was easy to find through a simple Google search. The way the
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<td>website was laid out made it easy to navigate and find the information I was looking for. The website is really comprehensive and should we the first place that any child, young person or parent should turn to when looking for support on a multitude of issues.”</td>
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<td><strong>Embedding of the Thrive model (a system without tiers):</strong> The Thrive partnership group has rebranded as the Open Minds Partnership (OMP) and will promote this through all communications. A communication plan is being developed. A collaborative approach is in place between both Open Minds Partnership (CAHMS) and commissioners. The group is working towards achieving a number of key priorities which have been brought together in an action plan.</td>
<td>Providers and Commissioners continue to work closely together to roll out and embed the Thrive framework in Calderdale. Open Minds Partnership (CAMHS) providers meet regularly with other providers to develop and embed collaborative working relationships. The steering group members have documented all the changes which have been implemented as part of the work towards Thrive including some case studies of how the new approach has made a difference to support for children and young people.</td>
<td>An action plan has been developed to monitor progress on Thrive and the partnership and collaborative working across the provider and commissioner organisations. A presentation was delivered by the OMP data group and was well received by the performance management subgroup of the Safeguarding Partnership; they were impressed with the model and the work to date. The implementation of Getting Risk Support is being driven by SWYFT and is building a collection of case studies and good practice to further build on this approach. The Anna Freud Centre and CORC were commissioned to deliver training on ‘Reaching Good Endings’. This was delivered to over 25 participants from a range of services who gave extremely positive feedback.</td>
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<td><strong>Introducing and embedding Open Minds Partnership (CAMHS) First Point of Contact:</strong> The First Point of Contact is the single point of</td>
<td>Northpoint continue to promote the FPoC and further develop relationships with key partners across the Calderdale children and family</td>
<td>Extended FPoC opening hours has received good feedback from professionals who have accessed this facility. Evening availability has</td>
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# Theme 2: Improving access to effective support — a system without tiers

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<td>Access for all CAMHS referrals in Calderdale. All referrals into CAMHS now come through this central point (other than those that present directly at A &amp; E). The service operates Monday to Friday from 9.00 am to 4.30 pm, and until 6.30pm on Tuesday &amp; Wednesdays during Calderdale term-time. The service is normally staffed by at least 2 mental health practitioners with support from the specialist CAMHS Duty staff.</td>
<td>Workforce as part of the work towards THRIVE implementation. The service has placed a particular emphasis on strengthening links with schools and GPs in order to clarify referral pathways (these groups are the main referrers into FPoC). The service receive a high volume of calls averaging around 350 per month with calls from parents and carers accounting for 50% of this number.</td>
<td>Also helped with the triage process as this enables contact with families and young people after school/working hours. This year the number of referrals that have been received into the first point of contact is 1,708. This is a 16% increase from the previous year. Despite increasing demand the average time taken to reach a referral outcome has reduced from 13.4 days to 4.8 days.</td>
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## Improving Children and Young People’s waiting times for Open Minds Partnership (CAMHS):
Providers and Commissioners continue to prioritise reducing waiting times and are working collaboratively to continue to reduce these.

The waiting times initiative work has now been embedded within the core delivery of the FPoC and Open Minds Partnership (CAMHS). These include briefer ‘Getting Advice’ sessions in which a number of young people have been supported in this way. The biggest impact has been on the focus of ‘single session’ assessments which equip young people and families with the skills, strategies, resources and confidence to manage their presenting issues without additional interventions.

A young person said:
“The practitioner encouraged me to keep trying and was very re-assuring and not pushy. Before I couldn’t recognise my emotions and now I understand. It wasn’t as scary as I thought.”

A parent said:
“Giving my child new techniques and strategies to deal with emotions / bullying. Practitioner was very warm and understanding which has helped my child to relax and be able to confide with her, due to recent experiences my child has struggled to confide in adults.”

## Mental Health in Schools Link project:
Open Minds Partnership (CAMHS) was awarded funding in 2017 to employ a Schools Link Practitioner to work with a cluster of schools in Calderdale. The project offers specialist training to schools providing a range of tools, information,

The Open Minds Partnership (CAMHS) Mental Health Schools Link Practitioner has worked closely with schools in 3 clusters, Elland and Sowerby Bridge Cluster and East Calderdale cluster a total of 49 schools, with the intention to extend into a further cluster next year.

This year work has taken place with all 27 schools in the cluster. Discussions with school staff have focused on the needs of at least 120 CYP, 55 of these young people have been observed in school which led onto advice and support to the staff. 3 nurture/wellbeing groups
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| resources, advice and support on emotional health and wellbeing issues. Schools are offered advice around Open Minds Partnership referral routes, capacity constraints and thresholds and also signposting advice when Open Minds Partnership CAMHS intervention may not be required or be inappropriate. | The impact of this post has seen an:  
- Improvement of knowledge and awareness of mental health issues affecting children and young people; leading to swifter identification  
- An increased understanding of referral routes, capacity constraints and thresholds  
- An increased confidence in the use of Open Minds Partnership (CAMHS) and other specialist services  
- An increased capacity and capability for preventative measures within school  
- An improved working practice within Open Minds Partnership (CAMHS) tailored to school referrers. | have been established in schools with a number of staff now trained to deliver. There has been 30 referrals into Open Minds Partnership (CAMHS) supported after discussion with school staff.  
60 staff have been trained on supporting CYP with stress/worry at the annual SENCO conference. |

**School staff said:**  
“*I can now recognise anxious behaviour and I have strategies and techniques to help students.*”  
“I’m now much clearer about how and when to refer to CAMHS.”

### Enhancing Perinatal Mental Health Support in line with national guidance:
**The perinatal mental health service was launched on Friday 1 September 2017. The new community PNMH team (PNMHT) in Calderdale comprises a midwife, health visitor, psychiatrist and community mental health practitioner and supported by IHBT, community mental health team, peer support and the voluntary sector. This is part of a wider SWYPFT perinatal service based in Dewsbury. There is also a regional specialist team based in Leeds to support the local team. Women can be referred to the service by any clinician working with them through the SWYPFT single point of access and the specialist midwife and health visitor are directly contactable by health professionals seeking advice.**

The specialist PNMH service was well embedded 12 months after it was launched. The service is fully staffed and receiving ever increasing referrals from a variety of sources. Clear perinatal guidance has been implemented for primary care and is in development for health visitors and midwives. A Calderdale PNMH network has been established and has bimonthly meetings which are well attended by a broad range of professionals involved directly and indirectly with caring for those with PNMH problems at all levels of severity. The service offers a range of different interventions depending on need and current involvement with other services. It works with women to offer specialist perinatal support around care planning, contingency planning, medication, mother-infant interactions and coordinate with the wider multiagency team such as midwives and health professionals.

**Enhancing Perinatal Mental Health Support in line with national guidance continues. The PNMH now has a service user representative committed to attending the network meeting which is a valuable asset. NHS England have set an increased target of 6.5% birth population for the number of women the service needs to see by 20/21 which is currently been worked towards.**

**Mothers have said:**  
“*Don't know what I’d have done without this service as staff understand me. Really good for information managing and in pregnancy, me and baby in mind.*”  
“The perinatal nurse involved with my care was very understanding and very easy to talk to. She made me feel at ease when discussing things that..."
### Theme 2: Improving access to effective support – a system without tiers

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#### Theme 3: Caring for the most vulnerable

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| Providing improved support for children and young people who do not attend their mental health appointments: | - An on-line counselling service has been commissioned for young people and young adults aged 11-25.  
- Implementation of a therapeutic service delivered by Noah's Ark Centre, directly in schools, began in September 2018.  
- Providers have introduced a text message reminder service.  
- Open Minds Partnership (SWYPFT CAMHS) have appointed a support worker whose role covers service user participation.  
- Open Minds Partnership (CAMHS) staff are using electronic software and hardware to enable the electronic transfer of data from referral to case management systems and to support clinicians to access resources and Apps in sessions that can then be used in-between sessions by the children and young people. | Continued support is offered to children and young people who do not attend their mental health appointments. Noah’s Ark Centre directly deliver therapeutic interventions in schools (THISS) to support and improve the EHWB of students with mild to moderate mental health difficulties. The Open Minds Partnership (CAMHS) introduced a text messaging reminder service and hold sessions in more convenient places to CYP in response from ongoing engagement.  
A young person said;  
“It's important to hold the appointment at a place where the young person feels safe, comfortable and doesn't have to explain to someone why they're there.”  
“I'm forgetful; a text or WhatsApp reminder is useful to me.” |

#### Placement of a Open Minds Partnership (CAHMS) practitioner within the Youth Offending Team and SEN Team:  
The main aim of the service is to support the YOT/SEN teams by offering consultation, support, advice and training around children’s mental health/emotional wellbeing to staff. | Day to day consultancy, advice and support delivered to YOT and SEN staff has been offered at least 125 young people on their existing caseload; including facilitation of information sharing between services. Contribution to professional assessment, analysis and planning both with case managers and as part of a range of | A new practitioner was appointed in November 2018 for a further 12 months. The initial period was spent developing links and building in support structures for the YOT and SEN teams. Regular consultations took place with staff from both services. Feedback from staff in both services shows that the support provided by |
The service also seeks to develop/strengthen links between Open Minds Partnership (CAMHS), YOT and SEN to help ensure the emotional health needs of young people are identified and met. Where appropriate, direct clinical work has also been provided to young people within the YOT/SEN service, often alongside YOT/SEN professionals.

Clinical work including joint assessment and casework delivered to at least 44 young people including 35 mental health assessments, which involved the following outcomes:

All the work undertaken has either alleviated pressure on Open Minds Partnership (CAMHS) in Calderdale and/or led to a clearer formulation and enhanced engagement for those clients who entered Open Minds partnership (CAMHS).

A Police Officer said:
“From a Police perspective I have found the CAMHS provision within the YJS very much valued. It allows for each young person’s needs to be addressed in very much a holistic approach. The complexity of each young person’s needs is no longer based purely from a criminal perspective. It is apparent that there are many more ‘trigger factors’ hidden within the offending of young people – whether these are family related or more psychological based issues.”

Improving waiting times and support for children and their families who are on the ASD pathway:
The multi-agency ASD steering group, Health and Wellbeing Board, the CCG and the Local Authority and our providers all recognise that reducing and maintaining waiting times and support for families who are waiting for an ASD assessment needs to be our highest priority. Work is being undertaken at a strategic and operational level to improve the experience for families whose children are referred onto the ASD assessment pathway.

To date we have undertaken the following actions:
- Brought together multi-agency stakeholders including parents into a steering group which has a focus on ASD in Calderdale
- The group worked with the Local Branch of the National Autistic Society to undertake a survey with parents and carers to identify some key areas for improvement
- The NAS survey has highlighted key themes in areas of concern for parents/carers and their children waiting on the ASD assessment pathway as highlighted below.

Information for parents/carers and young people:
An information pack has been developed and distributed to all parents whose children are on the waiting list.

Strengthen professional support for parents pre-diagnosis:

This year the numbers of ASD assessments being undertaken has increased from an average of 5 per month to an average of 20 plus per month.

An ASD Summit was held this year attended by strategic leaders and key stakeholders to discuss the issues and explore workable solutions. There are a number of solutions being implemented to improve the ASD waiting times, these are:

1. Neurodevelopmental screening tool implemented to screen the appropriate referrals to services and ensure those not screened receive support early in the process.
2. A waiting list initiative has commenced with the Open Minds partnership (CAMHS) provider for ASD school children and pre-school waiting over 12 months aged 4-6 years old. This commenced December 2018. March waiting list initiative data is on track with the trajectory set.
A specialist ASD practitioner has been appointed to work within the FPoC supporting parents who are particularly struggling while their child is waiting assessment.

**Strengthen peer support for parents and CYP:** Unique ways and NAS offer peer support groups to parents pre and post diagnosis and are exploring ways this can be enhanced.

**Enhance awareness raising/training and development for all professionals:** This is available through our ASD team in schools and we are exploring how this can reach more professionals.

3. CYP therapeutic practitioner continues to support families’ pre assessment

4. Development of a whole system health CYP Board. The initial focus will be on ASD with the aspiration for this to be across all CYP services.

A professional said:
“The ASD support pack has been particularly useful when talking to families who are waiting for the ASD pathway assessment because it is always a difficult conversation when you say there is such a long waiting list and there is nothing I can do about it so at least having the support pack means you have given the family some sort of help in a very difficult and frustrating time for them.”

A parent said:
“The Autism Information Pack helped us to feel less alone. Before it was difficult to know where to find help and support, but this pack has helped me to have all of the information in one place. The pack introduced me to Calderdale NAS and I’ve been able to meet families who are going through similar difficulties to us.”

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**Introduce and embed a specialist Eating Disorder service:**

The Calderdale Eating Disorder service is a specialist clinical team based at Laura Mitchell Health Centre in Halifax established in line with national requirements. It provides assessment and treatment for children and young people experiencing or at risk of experiencing an eating disorder in the form of Anorexia nervosa, Bulimia Nervosa, Binge eating disorder and other atypical presentations.

All referrals are received via the Calderdale First Point Of Contact (FPoC).

The team have continued to develop their skill and resources within the Eating disorders pathway. Good relationships are present across the SWYPFT pathway which enables shared learning and development of the teams. The team continues to develop relationships across the region and with adult services to strengthen the pathway and ensure evidenced based best practice is implemented.

The access standard for waiting times is being met for the majority of cases. For those where this has not been possible, due to cancelled appointments or to accommodate family preference, an

SWYPFT has undertaken a peer review of all services across the pathways and found strengths in the Calderdale team that have been implemented across the other services. The team are innovative and motivated to providing high standards of care to the children, young people and families who present with eating difficulties.

**Head teachers said;**
That the new Eating Disorder Service in Calderdale is brilliant.

**Parents said;**
exception report is provided. Regular links are made through SWYPFT through the monthly hub meeting and the service regularly attends the regional learning collaborative and relationships are currently being built with the adult service providers to ensure good transitions of care take place.

An internal audit against the transition guidance has recently taken place to provide assurance that the guidance is being met. As a whole service we undertake regular reviews of the pathways and the guidance at the monthly hub meetings. Following the hub meeting there is a regular training session to ensure skills are up to date and the service continues to meet the commissioning guidance. Attendance at the regional learning collaborative and other training and learning events ensures the service is evidence based.

“We know J has such a long way to go to be mentally better but we’ve been looking through pictures taken at the start of the 6 week holidays and the pictures at the end and we honestly can’t even tell you the difference. She just looks so much healthier! We wanted to say thank you to the psychiatrist (who prescribed the medication that’s made such a difference), the dietician, everyone who’s played a role so far for all of the hard work you’ve all put in to working towards fixing J. We know she’s got a long way to go, we know it’ll be an ongoing battle but we also want you all to know how grateful we are for the support she’s received so far. It’s easy to complain and people don’t often take the time to compliment so we wanted you all to know how very lucky we feel to have had all you help J so much so far. We know how overworked and underfunded the Mental Health sector is so we feel even more fortunate for the level of help she’s received. Thank you.”

During this year BEAT eating disorder charity has delivered free training to staff in over half of Calderdale’s secondary schools and the college which received positive feedback. This training will continue to be offered next year.

Pilot the implementation of the Brain in Hand app for young people with ASD or Anxiety:

Brain in Hand gives easy access to personalised support from your phone. Used by people with autism or mental health problems, the software is packed with features to help them remember activities, reduce anxiety and feel supported. It’s accompanied by a telephone mentor service to help them at times when they need extra support. Together this helps young people achieve their goals.

This app was piloted in 2017/19 with varied success. Initially there were issues with engaging partners to undertake the training and act as mentors for young people. Some schools were also reluctant to engage due to concerns about the accessibility of the technology needed for the app being available in school.

Brain in Hand continues to be implemented in partnership with Calderdale College, Crossley Health School, Ravenscliffe Special School and Open Minds Partnership (CAMHS). The total number of students using the app has increased with a total of 22 young people now actively using it. The feedback from all providers has been positive with each service highlighting the benefits seen in the young people using the app.
A young person said; “It has helped me to become calmer and not fall out with my mum as often and I rarely shout at her now.”

A member of staff said; “Room changes and small changes to the usual routine prove difficult for this student; this app has helped, in part, to quell these difficulties.”

Transitions out of Children and Young People’s Mental Health Services. 2017-2019 (CQUIN implemented by SWYFT):
The Transitions out of Children and Young People’s Mental Health Services CQUIN aims to incentivise improvements to the experience and outcomes for young people when they transition out of Children and Young People’s Mental Health Services (CYPMHS). Achievement of this CQUIN is measured by the results of the three components:

1. A case note audit in order to assess the extent of Joint-Agency Transition Planning
2. A survey of young people’s transition readiness ahead of the point of transition (Pre-Transition/Discharge Readiness) and A survey of whether young people are meeting their transition goals after transition (Post-Transition Goals Achievement Survey).

- A Trust-Wide Steering Group was established to implement the improvements to transition.
- The Trust-Wide transition policy/principles were considered and an agreement to interpret and implement the overarching principles into local processes was made.
- Worked with Performance and Information Department to produce a monthly report which identifies all young people who are aged 17½ years of age in the service to inform managers/clinicians to support the initiation of the transition process.
- Agreed and implemented the information strategy to support the Transition Plan.
- Opportunities to raise awareness are used such as at manager 1:1’s (using P&I information), team meetings and briefings etc.
- At 17½ years (or immediately if they enter the service after this age) the conversation starts with the young person and as appropriate with family and support network.
- A collaborative, dynamic care plan is produced with the person and whichever service is agreed to best provide ongoing support/care as appropriate.

Good practice from the CQUIN continues to be implemented.

A report said; A case note audit was undertaken during March 2018 for young people turning 18 years of age and transitioning out of CAMHS during Q4. 82% of the cases met the CQUIN audit requirements and 84% of young people completing the pre-transition survey felt that decisions about their goals were made together by them and the person supporting during those discussions.

Improving access for children and young people who require crisis mental health services:
A New Care Model navigator is in place for Calderdale, Kirklees and Wakefield. As part of the implementation of the New Care Model whole pathway commissioning, looking at a West Yorkshire & Harrogate Integrated
NCM aims to test a new model of delivering intensive mental health care to ensure:
- A dedicated crisis service that can respond and deliver care to young people 24/7
- A community intensive Children and Young People’s Mental Health service 24/7
- Access to a non-clinical safer space
- Three Care Navigators to drive culture shift and create challenge.

Models, our specialist providers SWYPFT alongside commissioners and supported by the Care Navigator have been successful in the submission of a business case to NCM funding to enable the current crisis service to expand to offer a seven day intensive home based treatment service. Posts have been recruited into to enable the team to offer intensive home based treatment service seven days a week, 9-5.

Supporting the implementation of the suicide prevention strategy:
Calderdale has an all age Suicide Prevention Strategy in place which has been agreed by the Health and Wellbeing Board. Implementation is led by Public Health supported by a multi-agency group who deliver on the actions. The Strategy objectives link closely with the work of the LTP particularly in relation to early intervention and prevention.

Calderdale Suicide Prevention Group meets quarterly and a wide range of partners are involved Regional funding has been secured for 12 months to provide some bereavement support in Calderdale for those impacted by suicide In conjunction with the Council’s safeguarding team, a Calderdale crisis card which lists a range of support available for both children and adults has been produced.

Care System CYP approach and pathway. Analysis undertaken to identify gaps and opportunities. Areas identified are:
- 24 hr crisis care 24/7 across West Yorkshire
- A flexible service that responds to CYPs’ needs
- A community intensive service (home treatment or outreach) offer for those CYP who require a more intensive approach.

Theme 4: Accountability and Transparency

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<th>Priority area and details</th>
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| **Ensuring children and young peoples’ mental health is a multi-agency priority:** The Emotional Health and Wellbeing Taskforce is a multi-agency group whose primary focus is to improve the emotional health and wellbeing of children and young people in Calderdale, aged 0-19, or 25 where the young person has SEND. The taskforce is responsible for a key role in the strategic planning of emotional health and wellbeing services for children and young people | The multi-agency taskforce meets every 2 months and is well attended by colleagues from all sectors. The taskforce agreed the LTP priorities for funding annually and also provides support and challenge around the implementation of all the LTP priorities. Young people from our Tough Times reference group regularly attend the meetings to provide direct feedback on their work plan and input into discussions. | Attendance at our EHWB Taskforce meetings continues to be prioritised by key partners and stakeholders. Our membership also continues to grow with new representation from our local theatre and the Sports and Leisure Department. A young person said:
“I was nervous at first to attend as I find meetings intimidating, however throughout the meeting I felt comfortable as well as feeling I was being listened to. I really like being a part of the meetings as I feel..." |
Theme 4: Accountability and Transparency

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<td>and ensuring the development, submission and monitoring of Calderdale’s Local Transformation Plan (LTP) for Children and Young People’s Emotional Health and Wellbeing and the annual refresh of this plan.</td>
<td>The LTP is approved and signed off by the Health and Wellbeing board who are responsible at a strategic level for the delivery of the plan.</td>
<td>I am taken seriously in what I have to say.”</td>
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<td><strong>The Health and Wellbeing Board:</strong> This brings together all key partners with a role in the emotional health and wellbeing of the people of Calderdale. It includes public sector partners such as Calderdale Council (including Public Health) and Calderdale CCG, along with voluntary sector partners and user organisations such as Calderdale Health watch.</td>
<td>Through work done with its Health and Wellbeing Board, Calderdale is embarking on a journey to define its strategic plans through Sustainability and Transformation Plan (STP) and a Single Plan for Calderdale. Over time, we aim to bring together planning for the broader determinants of health and well-being in order to improve the lives of the people in Calderdale. The work provides an opportunity to develop integrated commissioning approach that support the development of new care models in Calderdale and also commissioning arrangements that span the West Yorkshire footprint.</td>
<td>The Board has recently refreshed its Wellbeing Strategy which seeks to address the wider causes of poor mental health in children and young people and to address commonly experienced issues which have a negative impact on their mental wellbeing.</td>
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| **The Integrated Commissioning Executive (ICE):** This has been established by the Calderdale CCG and Calderdale MBC to hold responsibility for key joint priorities the Local Authority and the Calderdale Clinical Commissioning Group jointly commission. Membership includes senior colleagues from the Local Authority (Adults & Children’s and Public Health) and the CCG including representatives from GP’s, Member representative, Procurement, Finance, Legal. | Children and young people have been involved in the planning and development of the majority of our LTP priorities as follows:  
- Agreeing proposed funding priorities annually.  
- Planning and leading on the delivery of two EHWB celebration events | ICE have committed to the development of an all age mental health strategy for Calderdale. |
| **Engagement and co-production with children and young people:** Children and young people’s voice and influence are considered a priority for our work around emotional health and wellbeing. A substantial amount of actions have taken place to ensure | Children and young people have been involved in the planning and development of the majority of our LTP priorities as follows:  
- Agreeing proposed funding priorities annually.  
- Planning and leading on the delivery of two EHWB celebration events | Children and young people’s voices have continued to be an essential part in the development and delivery of our local transformation plan. We have continuously ensured children and young people have been involved and at the heart of our plan. Our |
## Theme 4: Accountability and Transparency

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| effective communication with and involve children and young people directly in the planning and implementation of the LTP priorities. | • Planning and agreeing a design for EHWB visual image (Open Minds)  
• Undertaking a survey on why young people don’t attend their appointments  
• Developing 10 top tips for parents on what supports positive mental health in young people  
• Developing an outcomes framework for Open Minds Partnership (CAMHS) based on what’s important to them  
• Co-production of a recovery college model for young people (Time Out)  
• Supporting the use of technology to improve young people’s wellbeing e.g. Open minds website  
• Undertaking a survey of young people to support the development of a project to deliver therapeutic interventions in schools  
• Work with NHS England Yorkshire and Humber regional group e.g. production of a video supporting young people through results day  
• Information leaflet for young people to support with emotional health issues  
• Raising the profile of eating disorders through a survey with peers  
• Developing a self-harm focus group. | success has been the peer led work our young people’s Tough Times Reference Group have led on; for example the EHWB Celebration Event for children, young people, parents, carers, family members and professionals that took place in Children’s Mental Health Awareness week.  

The Tough Times group said;  
“North Bridge Leisure Centre was full of colour and energy when over 150, children, young people, parents and professionals came together in national Children’s Mental Health Awareness week to celebrate the excellent work that is happening in Calderdale to support children and young people’s emotional health and wellbeing. The event was organised and led by us, it was a real success and an interesting and exciting evening.”  

A parent said;  
“Really pleased I could make this event today. Hearing the young people speak was very moving. It’s great that the support in Calderdale is improving. Very interesting event.”  

A professional said;  
“Fantastic! The young people were truly amazing. I feel really privileged meeting such awesome young people.”  

A Councillor said;  
“What a fantastic event and so well co-ordinated by the young people.” |

| Engagement and communication with parents and carers: | Our termly EHWB bulletin and monthly 5 key updates are included on the Local Offer website. | We continue to recognise that engagement with parents and carers is a vital part of our |
### Theme 4: Accountability and Transparency

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<td>We have improved our communication and involvement with parents and carers directly in the planning and implementation of the LTP priorities.</td>
<td>We have undertaken a survey with parents and carers whose children are on or have been on the ASD assessment pathway and responded with an action plan. Family voice parent representatives now sit on a number of task groups including our EHWB taskforce. Our general EHWB survey with parents and carers received over 2,000 responses which are informing our continued planning and delivery, particularly to ensure there is information, advice and signposting available electronically and printed resources. Parents are involved in the development of specific targeted resources.</td>
<td>Service delivery and transformation. Parents and carers have welcomed their contribution over the past year being involved in the LTP priorities, membership of the EHWB taskforce and ASD Steering Group. They have also been involved in participation in consultation events, discussions on topics via social media and given their views in face to face meetings and online surveys. A parent said; “Being involved really makes me feel valued.”</td>
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**Engagement and communication with other stakeholders and wider partners:**
We continue to ensure effective communication and involvement with stakeholders and partners directly in the planning and implementation of the LTP priorities. We also asked professionals working with children and young people to take part in a survey on emotional health and wellbeing and we are using the results to inform planning and delivery. | Active involvement in the EHWB taskforce and decision making around priorities. Active involvement in the ASD steering group and subgroup. Schools health and wellbeing networks provide a forum for engagement. Involvement as experts in the planning and design of new LTP projects. Termly EHWB bulletin and monthly 5 key updates distributed to all partners and stakeholders. An opportunity to complete a survey monkey on emotional health and wellbeing issues – over 200 professionals sent us their views. | We have continued to engage with stakeholders and the wider workforce to inform service delivery and transformation on EHWB. We have a strong commitment from our partners across Calderdale who are involved in the EHWB Taskforce, ASD Steering Group and other relevant networks. They continue to support the decisions around priorities and actions and participate in organised consultation/celebration events. A professional said; “I always find this a really useful document and we will encourage Heads to read it.” |

### Theme 5: Developing the workforce

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<tr>
<td><strong>Children and young people improving access</strong></td>
<td>In Calderdale Open Minds Partnership (CAMHS)</td>
<td>An Open Minds (CAMHS) practitioner said;</td>
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### Theme 5: Developing the workforce

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<tr>
<td>to psychological therapies (CYP IAPT): A CYP IAPT steering group is in place with key partners across Calderdale and Kirklees with an implementation plan in place to ensure a continued joined up approach.</td>
<td>staff and wider partners continue to benefit from accessing the evidence based training on offer through this programme. In Calderdale we have been successful in bids to HEE to recruit 3 Psychological Wellbeing Practitioners, one of whom is now qualified. The trainee practitioners will receive ongoing training and will provide short term evidence-based interventions to children and young people who present with mild-to moderate mental health issues (e.g. anxiety, low mood, phobias).</td>
<td>&quot;Following accessing CYP-IAPT training SWYPFT CAMHS can now bring IAPT strategic oversight to SWYPFT practices and process; integrating national objectives/initiatives on a number of levels; operational, managerial and clinical.‘ 'Trainee’s commitment and focus around embedding CYP-IAPT principles have ensured that mental health providers, in particular Northpoint and SWYPFT now work collaboratively towards common shared goals, focus and values: improving mental health access and interventions for young people.”</td>
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<td>Open Minds Partnership (CAMHS) training package for the children and young people’s workforce including a bespoke package for schools: Open Minds Partnership (CAMHS) offer a package of training for professionals working with children and young people through the CSCP training programme Open Minds Partnership (CAMHS) also offer a bespoke package specifically for schools offering the four core workshops listed above as a “twilight” slot or for CPD days; alternatively schools can negotiate a bespoke delivery which meets the specific training needs of staff in their school. Open Minds Partnership (CAMHS) offer the schools training in partnership with Healthy Minds who offer a similar package for students through the Time Out project.</td>
<td>The total numbers of school professionals attending training since 2015 has been 817. The training offer covers the following core areas: • An introduction to mental health in CYP • Anxiety in CYP • Depression in CYP • Self-harm in CYP.</td>
<td>12 half day training sessions were delivered to professionals from a wide range of agencies during this year: • Introduction to Mental Health in CYP x 13 attendees • Anxiety in CYP x 40 attendees • Depression in CYP x 14 attendees • Self-Harm in CYP x 56 attendees. Attendees said; “Hands on approach. Great visualisation techniques” “Very knowledgeable and clear delivery, good contacts and resources for further support.” “Risk and resilience factors that highlight what to look out for were useful.” “Felt encouraged referring children and young people”</td>
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<td>Open Minds Partnership (CAMHS) deliver a EHWB training package to Foster Carers:</td>
<td>A Mental Health practitioner worked with carers and professionals to design the bespoke training</td>
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## Theme 5: Developing the workforce

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<td>Foster carers support some of our most vulnerable students many of whom have identified mental health needs. Some foster carers are accessing the professionals MH training available through CSCP training package. However both the foster carers themselves and the training providers have identified that the training does not fully meet their needs.</td>
<td>packages delivered to foster carers. This has been welcomed by foster carers and the professionals that support them.</td>
<td>was identified this year. Training was delivered on a range of topics with a total of 164 attendances by foster carers. Feedback from a foster carer: “Excellent, well delivered training, I enjoyed putting skills into practice, I liked the way Ian delivered. I feel I have a better understanding on anger and came away with useful information and strategies I can use.”</td>
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<td><strong>First Point of Contact professional advice and support:</strong> The FPoC offers the children and young people’s workforce the opportunity to phone to talk through any concerns about young people. Many of these calls involve the provision of support, consultation, guidance, professional advice and signposting – the aim being that the workforce are provided with the skills, confidence and resources to support children and families.</td>
<td>This element of the service involves around 1750 calls per year. Consultation covers various themes including support with day to day difficulties, strategies on managing anxiety and mood, managing parent/carer anxiety, and safeguarding. An example of feedback from professionals who accessed the helpline is in the next column.</td>
<td>The First Point of Contact continues to offer professional help, advice and support. A professional said; “I think this service is essential and is really helpful. It has really helped me to put a plan together for the child I’m working with. My case was quite complex and I wasn’t sure which agency to turn to. FPoC helped to identify some useful agencies. Many thanks.”</td>
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<td><strong>Open Minds Partnership (CAHMS) Workforce audit and planning:</strong> We commissioned an independent audit of our Open Minds Partnership (CAMHS) workforce and the development of a plan which identifies gaps in skills knowledge and experience and highlights key recommendations.</td>
<td>The plan considered both the volume of referrals, the types of need identified and the existing staff skillset as well as how proposals fit within the emerging Thrive model in Calderdale to deliver a modern service meeting children and young people and family needs.</td>
<td>The workforce audit has been completed with Open Minds Partnership (CAMHS) staff with views collected also from, parents and carers, children and young people. A report with recommendations has been produced and the Open Minds Partnership Steering group are working on an action plan to address the key recommendations. A young person said; “It was good that we as young people were listened too, I felt understood and my opinions...”</td>
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<td><strong>Youth Mental Health First Aid training:</strong> In 2016-17 the courses were initially funded through Vanguard and from 2018 Public health have offered this course as a traded service for schools.</td>
<td>From 2016/17 to date a total of 189 people have received training. 67% of primary schools have at least one trained member of staff and 89% of secondary schools have at least one trained member of staff. Other organisations working with children and young people who now have YMHFA qualified staff include, CK Careers, Calderdale College, CMBC, Horton Housing, Project Challenge, CHFT, Locala, Newground, a parent, a school governor and a Guide Leader.</td>
<td>This training continues to be delivered to schools through the Local Authority services to schools framework. Throughout this year a total of 14 participants undertook the 2 day course. There has been a 29% increase in primary schools and 18% increase in secondary. A course participant said; “I can't recommend it enough; we really need all those working with children to attend this course and from a parent point of view and especially those with teenagers will find the information so useful. I've increased my confidence and will benefit the children and adults I work with.”</td>
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<td><strong>Development of resources to support professionals around children and young people's mental health:</strong> We have developed and disseminated both electronically and as a hard copy an EHWB Service Guide for professionals.</td>
<td>To date we have distributed around 2000 Service Guides to Professionals across Calderdale with many more accessing the guide electronically. We have had extremely positive feedback from all services, schools, GPs etc. who have used the guide.</td>
<td>An updated version of the professionals service guide has been published with over 1000 guides been distributed this year. The guide can also be accessed on the Open Minds website. A professional said; “I have appreciated having so many resources to be able to recommend to families who really need it.”</td>
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<td><strong>We have extended our children and young people’s Open Minds website to include a section for professionals.</strong></td>
<td>All schools and services, including GP practices have received posters and business cards promoting the Open Minds website to date over 1500 business cards and posters have been distributed alongside promotion in attending team meetings, conferences, networks plus in blogs and</td>
<td>We continue to develop the Open Minds website by updating appropriate local and national information. Following feedback we have added two sections for parents/carers and schools/college staff. Further publicity of the site continues to take place through schools,</td>
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## Theme 5: Developing the workforce

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<td>electronic communications.</td>
<td>services and our elected home educated children and young people.</td>
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<td>The West Yorkshire Police</td>
<td>To date the website has had</td>
<td>The Healthy Relationships website has been widely publicised across all</td>
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<td>and Crime Commissioner</td>
<td>3,301 hits since its launch</td>
<td>Calderdale schools and the college. It has been shared at networks such</td>
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<td>have provided innovation</td>
<td>on 25th June, this is an</td>
<td>as the Designated Safeguarding Leads Network and asked to be shared on</td>
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<td>funding to develop an</td>
<td>average of around 150 views</td>
<td>Open Minds website. During this year the website has had a further 1,864</td>
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<td>online resource library</td>
<td>a month.</td>
<td>hits averaging at 155 views a month.</td>
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<td>that all schools can</td>
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<td>Calderdale School Safeguarding Advisor said; “Healthy Relationships</td>
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<tr>
<td>access about Healthy</td>
<td></td>
<td>quickly pulls extremely useful online safeguarding resources into one</td>
</tr>
<tr>
<td>Relationships. Calderdale</td>
<td></td>
<td>place and is invaluable tool for a hard working DSL looking for help</td>
</tr>
<tr>
<td>Council has worked with</td>
<td></td>
<td>and support in their work”</td>
</tr>
<tr>
<td>both Primary and Secondary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>schools and partners to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>develop the new website</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pulls all the resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>available to them together</td>
<td></td>
<td></td>
</tr>
<tr>
<td>in one place. It enables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>schools to easily access</td>
<td></td>
<td></td>
</tr>
<tr>
<td>catalogued external links</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to materials and resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>based on filters such as</td>
<td></td>
<td></td>
</tr>
<tr>
<td>topic, school or age etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.healthy-relationships.co.uk">www.healthy-relationships.co.uk</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 5: Understanding Local Need (What does the data tell us?)

Background
Our LTP is designed and built around the needs of all children and young people and their families who have or may develop a mental health problem. We collect a range of data and information which helps us identify needs and we are aware that particular groups and communities are known to have a heightened prevalence of mental health issues and we ensure these issues are considered in our planning. We have included below some of the information we use to inform the planning and delivery of services but much more is available in our Joint Strategic Needs assessment Calderdale JSNA.

In addition to utilising key data we also ensure that we consult regularly with children, young people, their families and other stakeholders to ensure our plans are meeting needs, we provide more detail on our engagement with stakeholders in Section 10.

Please note that all data within this section is to end March 2019 in line with the reporting periods for our previous LTP refresh.

General
Calderdale comprises of the towns of Halifax, Elland, Brighouse, Sowerby Bridge, Hebden Bridge and Todmorden, as well as a number of villages. It is one of the smallest metropolitan districts in terms of population size, but one of the largest in area, with very strong rural elements. Made up of 17 wards, Calderdale has a mix of both rural and urban communities. The total population of Calderdale is 210,100 (ONS mid 2018 est.), which includes a 0-19 population of 50,460 (or) a 0-25 population of 63,502. There is also a diverse population with 12% of the population made up of Black and Minority Ethnic (BME) groups and this is growing, particularly in the under 18 population. The main ethnic groups are of Pakistani and Indian origin, but there is also an increasing migrant Eastern European community.

The main areas of deprivation are in Halifax West Central and North and East Halifax, with particularly high levels of deprivation in Park (Halifax West central) and Ovenden (North and East Halifax) wards. There are also smaller pockets of deprivation across the borough, including parts of Elland and Todmorden. Within Calderdale 19.4% of children and young people (aged 0-19) live in low income families (HMRC 2019) which is higher than the 17.0% for England. Estimates show that Calderdale’s population is likely to continue to grow with an expected 0.9% increase in children aged 0-15 by 2026 (compared with 3% for the population as a whole).

Locally, Calderdale carries out a yearly electronic Health Needs Assessment with our schools, which adds to the data from resources such as the Joint Strategic Needs Assessment (JSNA) and CHiMAT health data to inform and enrich our understanding of need. In addition, we regularly consult with stakeholders, including children, young people, parents and carers, to understand their experience. We also maintain strong relationships with our providers who add further insight into the needs of our population.

Family and Social Environment
- After taking housing costs into account, around 30% of children and young people in Calderdale live in poverty, ranging from 19% in Northowram and Shelf to 53% in Park ward.
- Around 11% of households with dependent children and young people are living in overcrowded conditions, whilst around 23 families are homeless.
- Around 20% of school-aged children and young people live in lone parent families.
- Estimates of the proportion of children and young people who are young carers range from 1% to 10%.
- 73 per 10,000 children and young people are Children Looked After, with this group having higher than average Strengths and Difficulties Questionnaire (SDQ) scores, indicating increased risk of mental health disorder. 57 per 10,000 children and young people are subject to a child protection plan.
- A child or young person is present in 40% of domestic abuse cases.
- Around 8% of Year 10 girls and 4% of Year 10 boys in Calderdale identify as being of non-heterosexual sexuality.

**Children Looked After and Children with Child Protection Plans**

In Calderdale in recognition of the additional vulnerability of this cohort to developing mental health issues we ensure this cohort of children are able to receive additional support through our Therapeutic Services team. An SDQ is completed for every child as part of their health assessment and results are appropriately shared to ensure the right support and intervention is put in place. The service works closely with CAMHS and a Psychologist is located within the team to ensure children are not placed on a waiting list wherever possible.

In Calderdale the current demand is based around the following data:
- For the year to the 31st March 2019 10,707 contacts were received by children's social care teams; a decrease of 77 on the previous year.
- There were 1560 children open to social care, 326 of which were Children in Need.
- 120 of Children Looked After were placed out of Calderdale.
- The number of Children Looked After has increased from 298 in March 2018 to 338 in March 2019. It has since increased to 349 (August 2019).

The number of children in need per 10,000 0 to 17 year olds had increased in Calderdale from 314 in March 2018 to 338 in March 2019. This compares with 341 for England and 352 for statistical neighbours in March 2018. We know that this cohort of children and young people is particularly vulnerable to having emotional health and wellbeing issues which is in line with national research.
The following chart shows the number of CYP seen by the ‘Getting Help’ (was T2) during each quarter who are Children Looked After (CLA), or CYP with a current or previous Child Protection Plan (CPP).
Special Educational Needs and Disabilities

Each year our Disabled Children’s Strategy Board undertakes a census on children and young people with special educational needs and disabilities in Calderdale. We know from the census that around 2,000 children and young people up to the age of 25 who are resident in Calderdale access Local Authority services for children and young people with disabilities. The census information also informs us that at the middle of September 2019, 515 primary age children, 427 secondary age children and young people and 382 post 16 children and young people in Calderdale had an Education, Health and Care Plan. Speech, language and communication, learning difficulties and ASD remain the most common disabilities in Calderdale. We know that this cohort of children and young people is likely to have a heightened prevalence of mental health issues and we ensure these issues are considered in our planning, e.g. through investing in training for staff and parents and apps to improve support for young people.
Early Intervention Panel – Referrals by Source (2018/19)

Data collected from the early intervention panels assists with our planning for service and helps us ensure we provide access to appropriate services in areas of high demand. CAMH services link into Early Intervention panels and ensure information is shared to enable the emotional health needs of children referred can be appropriately met.

In 2017 the Family Intervention Team changed how their recorded their activity, as a result we now have a much more detailed understanding of where referrals are being made from and why.

Number of EIP Referrals in Calderdale

Quarter 1
- Children’s Social Care: 58
- Family Intervention Team: 24
- Young Carers/ YOT/ YPS/ Adult Services: 5
- Health Providers: 9
- Education: 5
- Police: 6
- Family Support: 2
- Other: 79

Quarter 2
- Children’s Social Care: 50
- Family Intervention Team: 16
- Young Carers/ YOT/ YPS/ Adult Services: 5
- Health Providers: 10
- Education: 28
- Police: 5
- Family Support: 1
- Other: 21

Quarter 3
- Children’s Social Care: 68
- Family Intervention Team: 17
- Young Carers/ YOT/ YPS/ Adult Services: 4
- Health Providers: 19
- Education: 13
- Police: 4
- Family Support: 6
- Other: 57

Quarter 4
- Children’s Social Care: 68
- Family Intervention Team: 19
- Young Carers/ YOT/ YPS/ Adult Services: 6
- Health Providers: 4
- Education: 17
- Police: 6
- Family Support: 4
- Other: 5
Open Minds Partnership (CAMHS) Performance Data and Information

We are implementing Thrive in Calderdale to ensure that children and young people receive the right help at the right time to support their mental health needs. We have developed a new set of KPIs based on feedback from children and young people and what is important to them to be implemented from July 2019. We have changed our reporting to reflect our new ways of working and the Thrive framework.

The THRIVE Framework conceptualises the mental health and wellbeing needs of children, young people and families into five needs-based groupings:

In practice this means:
- Cross-sector working based on a common language built around the five needs-based groupings is supported
- Mental wellbeing, early intervention and help are prioritised
- Children, young people and families are involved in shared decision making around their own mental health and wellbeing
- Everyone in the system is empowered to have an active role around their own mental health and wellbeing.
The introduction of the First Point of Contact has led to an increase in demand overall as confidence in the referral process into (Open Minds Partnership (CAMHS)) has grown. This has had an impact on numbers waiting and average length of wait, however the FPoC ensures that CYP are triaged and seen by the most appropriate clinician as soon as possible and receive ongoing support whilst awaiting treatment.

Referrals have steadily increased and as of the last 3 quarters are at the highest level of demand for since the FPoC commenced. Referrals continue to increase through 2019.
As part of the implementation of the Thrive model, signposting has increased as often this is the most effective use of resources and achieves the best outcomes for children and young people who can be directed to support from services such as Kooth online counseling or Time Out self-care activities.

### Generic referrals accepted by service

- CYP accepted to 'Getting Help' (was T2) service
- CYP accepted to 'Getting More Help' (was T3) service

![Bar chart showing generic referrals accepted by service](chart.png)
Waiting Times – Average Length Of Wait in Days (as at end of each quarter)

Overall, the average length of wait for generic pathways is starting to reduce. Initially the implementation of Thrive and a new way of working led to an increase in waiting times, however the trajectory is positive and waits are either reduced or stable in the face of increasing referrals. An increase in early intervention services ensures that children and young people are able to access ongoing support whilst they are waiting e.g. KOOTH online counseling and Time Out activities.

### Generic CAMHS

- **From referral to choice appointment**
- **From choice to 1st treatment appointment**
- **From referral to 1st treatment appointment**

<table>
<thead>
<tr>
<th>Year/Quarter</th>
<th>Referral to Choice</th>
<th>From Choice to 1st Treatment</th>
<th>From Referral to 1st Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016/17 Q1</td>
<td>35</td>
<td>21</td>
<td>60</td>
</tr>
<tr>
<td>2016/17 Q2</td>
<td>39</td>
<td>27</td>
<td>59</td>
</tr>
<tr>
<td>2016/17 Q3</td>
<td>39</td>
<td>25</td>
<td>54</td>
</tr>
<tr>
<td>2016/17 Q4</td>
<td>39</td>
<td>42</td>
<td>93</td>
</tr>
<tr>
<td>2017/18 Q1</td>
<td>68</td>
<td>46</td>
<td>96</td>
</tr>
<tr>
<td>2017/18 Q2</td>
<td>70</td>
<td>42</td>
<td>107</td>
</tr>
<tr>
<td>2017/18 Q3</td>
<td>56</td>
<td>37</td>
<td>105</td>
</tr>
<tr>
<td>2017/18 Q4</td>
<td>62</td>
<td>56</td>
<td>121</td>
</tr>
<tr>
<td>2018/19 Q1</td>
<td>65</td>
<td>58</td>
<td>133</td>
</tr>
<tr>
<td>2018/19 Q2</td>
<td>76</td>
<td>43</td>
<td>143</td>
</tr>
<tr>
<td>2018/19 Q3</td>
<td>68</td>
<td>42</td>
<td>137</td>
</tr>
<tr>
<td>2018/19 Q4</td>
<td>72</td>
<td>54</td>
<td>116</td>
</tr>
</tbody>
</table>
The numbers of referrals are increasing particularly for an ASD assessment. A new neurodevelopmental screening process is now part of the FPoC triage which has slightly reduced the numbers accepted onto the pathway.

### ASD/ADHD – Referrals Accepted By Specialised Pathway

The numbers of referrals are increasing particularly for an ASD assessment. A new neurodevelopmental screening process is now part of the FPoC triage which has slightly reduced the numbers accepted onto the pathway.
A consistent increase in the numbers of referrals onto the ASD pathway has resulted in a significant increase in the numbers of children and young people waiting. There has been investment into improving the specialist support for families whose children are waiting. In addition an increase in early intervention services ensures that children and young people are able to access ongoing support whilst they are waiting e.g. KOOTH online counseling and Time Out activities.
The average length of waiting time from referral to assessment/treatment has increased significantly, but there has been additional funding approved to reduce these figures. Staffing capacity has been increased across the system to enable additional assessments to be undertaken every month to ensure waiting times are reduced quickly.

Further progress will be made as the Thrive model is successfully implemented in Calderdale, and all providers and commissioners are committed to reducing waiting times and numbers waiting and this is reflected throughout this plan.
ASD Waiting List – Trajectory To Reduce Numbers And Waiting Times

Pre School - Since April 2019, we have invested in a waiting list initiative for ASD assessment. It has been recognised by health and social care that further improvements are required around the ASD waiting list timescales and discussions are currently underway with the provider to increase this to 28 assessments per month, thus reducing the ASD waiting list further.

School Age – Similar conversations are underway with the provider to implement a waiting list initiative for this cohort of children. The plan is to reduce the waiting list to within 6 months.
Referrals for Eating Disorders in Calderdale are generally quite low and the numbers of emergency/urgent referrals is minimal. Since Q2 in 2018/19 all routine referrals have started treatment within 4 weeks and all but 2 emergency/urgent referrals have started treatment within 1 week since Q4 of 2017/18.
**Tier 4: Specialist services commissioned by NHSE**

The numbers of admissions remains stable and low numbers from 2017/18, however the average length of stay has reduced by 87 days from 2017/18 and the maximum distance young people travelled has reduced by over 100 miles as this was 156 miles in 2017/18.

<table>
<thead>
<tr>
<th>Admission Numbers</th>
<th>Quarter 2 2018/19</th>
<th>Quarter 3 2018/19</th>
<th>Quarter 4 2018/19</th>
<th>Quarter 1 2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMHS Acute/Low/Secure</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>CAMHS LD</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>CAMHS PICU</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CAMHS ED</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mental Health Assessment</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total Admissions</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Current Patients</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Admission Nos per population</td>
<td>4.04</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Max. Distance</td>
<td>27.41</td>
<td>27.96</td>
<td>26.55</td>
<td>26.72</td>
</tr>
<tr>
<td>Average Length of Stay</td>
<td>44</td>
<td>58</td>
<td>-</td>
<td>21</td>
</tr>
<tr>
<td>Occupied Bed Days – Total</td>
<td>135</td>
<td>257</td>
<td>201</td>
<td>338</td>
</tr>
</tbody>
</table>
Kooth – Online Counselling Service Data and Information

Kooth is accessible to any young person in Calderdale aged 11-25 and usage is most prevalent in the 14-16 age range. Kooth is now part of our Open Minds Partnership offer in Calderdale and is funded on a recurrent basis to ensure continuity of service. Take up by young people is significantly high and registrations continue to grow month by month.

New Registrations By Gender

- Male
- Female
- Gender Fluid
- Agender

<table>
<thead>
<tr>
<th></th>
<th>2017/18 Q2</th>
<th>2017/18 Q3</th>
<th>2017/18 Q4</th>
<th>2018/19 Q1</th>
<th>2018/19 Q2</th>
<th>2018/19 Q3</th>
<th>2018/19 Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Registrations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>4</td>
<td>119</td>
<td>259</td>
<td>188</td>
<td>39</td>
<td>75</td>
<td>47</td>
</tr>
<tr>
<td>Female</td>
<td>3</td>
<td>101</td>
<td>57</td>
<td>70</td>
<td>7</td>
<td>75</td>
<td>47</td>
</tr>
<tr>
<td>Gender Fluid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agender</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Kooth – Online Counselling Service Data and Information

New registrations by age

- 22-25
- 21
- 20
- 19
- 18
- 17
- 16
- 15
- 14
- 13
- 12
- 11
- 10

<table>
<thead>
<tr>
<th>Age</th>
<th>2017/18 Q2</th>
<th>2017/18 Q3</th>
<th>2017/18 Q4</th>
<th>2018/19 Q1</th>
<th>2018/19 Q2</th>
<th>2018/19 Q3</th>
<th>2018/19 Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>22-25</td>
<td>7%</td>
<td>8%</td>
<td>9%</td>
<td>11%</td>
<td>8%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>21</td>
<td>10%</td>
<td>10%</td>
<td>11%</td>
<td>12%</td>
<td>12%</td>
<td>17%</td>
<td>12%</td>
</tr>
<tr>
<td>20</td>
<td>13%</td>
<td>15%</td>
<td>19%</td>
<td>12%</td>
<td>12%</td>
<td>17%</td>
<td>9%</td>
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<tr>
<td>19</td>
<td>16%</td>
<td>21%</td>
<td>19%</td>
<td>16%</td>
<td>13%</td>
<td>15%</td>
<td>20%</td>
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<td>18</td>
<td>19%</td>
<td>16%</td>
<td>19%</td>
<td>15%</td>
<td>18%</td>
<td>13%</td>
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<tr>
<td>17</td>
<td>16%</td>
<td>23%</td>
<td>17%</td>
<td>15%</td>
<td>18%</td>
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<tr>
<td>16</td>
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<td>9%</td>
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<td>7%</td>
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<td>14</td>
<td>0%</td>
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<td>17%</td>
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<td>12%</td>
<td>17%</td>
<td>9%</td>
</tr>
<tr>
<td>11</td>
<td>0%</td>
<td>10%</td>
<td>11%</td>
<td>12%</td>
<td>12%</td>
<td>17%</td>
<td>9%</td>
</tr>
<tr>
<td>10</td>
<td>0%</td>
<td>10%</td>
<td>11%</td>
<td>12%</td>
<td>12%</td>
<td>17%</td>
<td>9%</td>
</tr>
</tbody>
</table>
Login information

This table demonstrates how often and how many young people have accessed Kooth.

<table>
<thead>
<tr>
<th>Total Number Of Logins Per Quarter And Number Of Unique Service Users</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2017/18 Q2</strong></td>
</tr>
<tr>
<td>Total logins</td>
</tr>
<tr>
<td>Individual users</td>
</tr>
</tbody>
</table>
Breakdown Of Logins

The number of logins out of office hours demonstrates that this service is valued by young people, for its flexible operating hours.
This chart demonstrates how many young people are utilising the other features of Kooth in addition to counselling sessions.
Demographics

This also shows that Kooth is used all across Calderdale and varies by location each quarter.
Electronic Health Needs Assessment (eHNA)

In Calderdale we encourage schools to support students in Years 5, 6, 7 and 10 to undertake a survey about their health and wellbeing needs. The Public Health in Schools Coordinator works with individual schools and school clusters to develop and implement action plans which address the issues highlighted by the eHNA survey results. The key themes from the surveys are shared to inform planning and service delivery including via the voluntary sector.

Information from the eHNA key themes directly influences the decisions around the LTP funding priorities. Many of our LTP priorities have been developed to support early intervention in schools to support school staff to address the issues raised in their eHNA results.

In 2018 and 2019 all 14 of our secondary schools (no including our secondary special schools completed the eHNA survey. In 2018 there were 66 of the 86 primary schools completed and 70 in 2019.

The 2019 eHNA survey completed by primary and secondary student’s shows that overall the majority of children and young people have a high level of life satisfaction and are thriving. However compared with 2018 a higher percentage of primary and secondary students are worried about exams, and a higher percentage of secondary students have thought about self-harm. The numbers of students who say they have never been bullied has increased positively in both age groups; although we still need to continue to address the fact that nearly half of students may have been bullied at some time.

We have already prioritised work to support schools to manage an increase in self-harm, we know that the differences between schools is substantial so there is a need to share good practice which can be achieved through the schools network meetings and the eHNA conference.

Our young people’s Tough Times reference group has already worked regionally and locally to produce resources to support exam stress and we will continue to encourage secondary schools to utilise these. We will also further develop these as part of our transition support project to ensure there is better information for primary school children.

We are also exploring with our online counselling service how we can target the key areas young people have identified and provide the appropriate support, this would then be communicated via the schools.

Further details will be available via Calderdale JSNA in the key themes report which is due to be published by the end of October.
Happy

eHNA 2018 v 2019 Primary Schools

No change between 2018 and 2019
1 in 5

Low self esteem

80%

Thriving (High life satisfaction)

Least satisfied with...

the way they look and school

Bullying and Self Harm - no significant change from 2018

55%

Never been bullied

90%

Never bullied others

1 in 4

Seriously thought about harming themselves

Top 3 worries

no change from 2018

Exams

Being embarrassed

Becoming an adult
Happy

eHNA 2018 v 2019 Secondary Schools

Top 3 worries stay the same
2018 and 2019

Exams
Being embarrassed
Weight

Note: we cannot directly compare % of the worries as we have changed the way we ask the question.

Low self esteem

Thriving (High life satisfaction)

Least satisfied with...
their appearance

2018
1 in 5
2019
1 in 3

2018
2 in 3
2019
No change
2018 and 2019

2018
86%
2019
88%

2018
54%
2019
58%

2018
30%
2019
43%

Never been bullied

Never bullied others

Serious thought about harming themselves
Section 6: Engagement, Participation and Co-Production (What do stakeholders tell us?)

Through 2015 to date we have continued and increased our engagement with key stakeholders ensuring the Local Transformation Plan continues to develop to meet their needs ensuring that all parties are involved in the planning and development of services.

Children and Young People

Children and young people’s voice has been an essential part in the development and delivery of our local transformation plan. We have continuously ensured children and young people have been involved and at the heart of our plan. Our success has been the peer led work our young people’s Tough Times Reference Group have led on. This group have driven a number of our engagement sessions with their peers across Calderdale which includes:

- Planning and hosting two successful celebration events on emotional health and wellbeing for children, young people, parents, carers and stakeholders
- Holding issue based focus groups with their peers in and outside of school
- Producing a number of podcasts and a youth show played on our local radio station, Phoenix FM
- Creating a number of surveys on key subjects such as exam stress, school support and borough wide emotional health and wellbeing service support.
- Continuous development of the Open Minds website
- Producing a booklet summarising the LTP, ‘Calderdale’s Journey to Improve EHWB for children and young people
- Involvement of young people in determining which services will be commissioned locally.

The Youth Council and the Tough Times Reference Group created an online survey gathering the views of 622 children and young people aged 5-25 about Calderdale mental health and emotional wellbeing services. This report, with the key findings, was shared with services and schools as well as the EHWB taskforce where the findings, alongside the electronic health needs assessment (eHNA) results, have and will continue to help shape future services.

We are proud of the engagement work that has been undertaken with children and young people in Calderdale and will continue to keep them involved in our service delivery and transformation.

This is what our children and young people have told us as part of our on-going engagement:

<table>
<thead>
<tr>
<th>What children and young people said</th>
<th>Our response to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>We would like to have named members of staff in schools who are approachable and who respond quickly to student concerns.</td>
<td>All secondary schools and a large number of primary schools have a named lead for wellbeing issues who meet regularly to network, share learning and discuss good practice within schools.</td>
</tr>
<tr>
<td>We would like to know what support is available in school, especially those new students or those in Year 7 (importance for the transition from primary to secondary school).</td>
<td>We have worked with primary and secondary school colleagues and developed a Calderdale’s Transition Toolkit that offers a bank of resources for school staff that support the emotional health and wellbeing of students during the transition period. The toolkit is available to all schools on the schools intranet and the Open Minds website. This has been widely publicised through a number of different publicity methods.</td>
</tr>
</tbody>
</table>
We encourage schools to have a named health and wellbeing lead and accessible notice board so students know who to contact if they are going through a difficult time. This has been welcomed by a number of our primary and secondary schools.

A number of our primary and secondary schools have developed peer support schemes within their schools. We currently have over 100 students trained as peer mentors.

A training offer of free workshops is available to all primary and secondary school staff, students and the wider workforce. This ensures a much better understanding of the best way emotional health and wellbeing support can be offered.

Many of our primary and secondary schools have established safe spaces for students to go to when needed.

Schools, youth groups and organisations have been sent publicity including posters and business cards promoting our emotional health and wellbeing website, Open Minds. This website has a wealth of local and national information, support and help for children and young people.

The Tough Times Reference Group in partnership with the regional young people’s group Stairways have produced a video to help young people cope with exam results day stress. We have also added support around exam time to our Open Minds website including tips on how parent/carers can support their children.

Calderdale Youth Council has produced a leaflet containing key information and contacts as part of their Mental Health Campaign (Don’t bottle it up). These have been widely distributed amongst young people across Calderdale. We have continued to commission Open Minds Partnership (Kooth) our free anonymous online support service that is available on evenings and weekends.

Calderdale’s Young People’s Service delivers a 12 week programme for young people aged 13-19 who currently self-harm or have thoughts on self-harming. A focus group of young people who were former self harmers have created a Distract-A-Pack. These packs have been designed to reduce the risk of self-harm and provide young people with alternative ways of coping. Each packs contains a range of distraction tools i.e. slap wrist bands, stress ball, colouring pads, some antiseptic wipes as well as a list of phone numbers/helplines. Healthy Minds directly deliver to students, training workshops on self-harm.

A group of young people across Calderdale have written, directed and produced a short film alongside Fixers about forced marriage and honour based abuse. The film is a valuable resource raising awareness about the issue and where to get help. This can be found on the Open Minds website.
We would like to have up to date information on what support there is in Calderdale to help young people who are going through a tough time.

We would like more digital support available when accessing services.

We are continuously updating information on our children and young people’s emotional health and wellbeing website Open Minds [www.openmindscalderdale.org.uk](http://www.openmindscalderdale.org.uk).

A group of our young people are heavily involved in developing the Space from Anxiety App which supports young people online through cognitive behavioural therapy (CBT) and will be aimed to support CYP around the ages 16-18 initially an app via the company SilverCloud. Currently we have 10 young people being ‘user experience researchers’, working through sections of the app and giving critical feedback direct to SilverCloud which has been welcomed by both parties.

Schools

Engagement with school staff is fundamental to the early intervention support available to our children and young people. We have continued to engage and consult with staff from both primary and secondary schools to inform service delivery and transformation. Schools have welcomed involvement and contributed to the development and delivery of our LTP. School staff have been involved in many aspects of the development of our plan which includes:

- Having their say on the yearly priorities in a variety of ways
- Membership of groups such as the EHWB taskforce and ASD steering group where they are able to influence the planning and delivery of the LTP
- Participation in consultation events
- Participation in meetings such as primary and secondary schools health and wellbeing networks and secondary school transition meetings.
- Completion of surveys
- EHWB training offer direct to school staff on topics such as eating disorders, self-harm, anxiety in children and young people and depression in children and young people.

This is what school staff told us as part of our on-going engagement with them:

<table>
<thead>
<tr>
<th>What school staff said</th>
<th>Our response to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>To have a single point of access in Calderdale.</td>
<td>We have established a First Point of Contact for all Open Minds Partnership (CAMHS) referrals offering direct telephone support, consultation and signposting.</td>
</tr>
<tr>
<td>To have a peer support scheme for our students in secondary school.</td>
<td>Both primary and secondary schools have developed peer support schemes with in their schools. We now have over 100 young people trained as peer support mentors.</td>
</tr>
<tr>
<td>To begin working on a whole school approach.</td>
<td>To date 3 secondary schools have signed up to achieve the Carnegie School of Excellence, Mental Health in Schools Award and 1 primary and our primary PRU provision have undertaken the ‘In it Together’ mental health and well-being staff competency framework. We are encouraging more schools to follow this good practice through our primary and secondary networks.</td>
</tr>
<tr>
<td>To work with and better support the students’ parents, carers and family members.</td>
<td>Lots of work has taken place to enable staff to better support their students’ parents, carers and family members. Staff training is offered through Open Minds Partnership (CAMHS). All schools have been given information about the Open Minds website and encouraged to signpost parents, carers and family members to it where they</td>
</tr>
</tbody>
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66 | Page
| Workforce development. | A joint offer between Open Minds partnership (CAMHS) and Healthy Minds gives all Calderdale schools access to bespoke workshops on a range of issues for staff and students. Youth Mental Health First Aid training continues to be delivered to schools through the Local Authority services to schools framework. To date 67% of primary schools have at least one trained member of staff and 89% of secondary schools have at least one trained member of staff. |
| To have a more flexible support approach. | Schools are encouraged to refer to Open Minds Partnership (CAMHS) online via the secure referral form. The Open Minds Partnership (CAMHS) First Point of Contact is now open later on 2 evenings per week in order to increase the accessibility of the service. |
| To support Post 16 Students. | We have commissioned Open Minds Partnership (Kooth) to cover the age range from 11 to 25 years to enable support for post 16 students through their transition to adult services. For students with SEND we have introduced the Flexible 5 day offer which in addition to supporting their aspirations around learning also encourages participation in activities to support the emotional health and wellbeing e.g. gym membership, joining social clubs etc. |
| To have a clear understanding of what is available across Calderdale to support students emotional health and wellbeing. | We have created a number of resources that have been shared with all schools in Calderdale. These include:  
- Emotional Health and Wellbeing Services for Schools page on the schools intranet and Open Minds website  
- Emotional Health and Wellbeing Service Guide for Professionals  
- Emotional Health and Wellbeing website, Open Minds  
- Calderdale’s Transition from Primary to Secondary School Toolkit  
- Calderdale’s Building Resilience Toolkit  
- Autism pre-assessment Information pack for school aged children  
- Emotional Health and Wellbeing Training offer  
- Healthy Relationships website for Schools  
- Calderdale’s Journey to Improve Emotional Health and Wellbeing for Children and Young People Guide. |
| To have a Primary to Secondary School Transition Toolkit with useful resources and examples of good practice amongst Calderdale schools. | Calderdale’s Transition Toolkit offers a bank of resources for school staff that support the emotional health and wellbeing of students during the transition period. The toolkit is available to all schools on the schools intranet and the Open Minds website and has been widely publicised through a number of different publicity methods. |
| Have an online platform to help with building children and young people’s resilience. | Both Primary and Secondary school staff have helped develop an online Building Resilience Toolkit which is has been designed as a resource for schools to use, to achieve better outcomes for children who are experiencing social and emotional challenges. |
Parents and Carers

We recognise that engagement with parents and carers is a vital part of our service delivery and transformation. Parents and carers have welcomed their contribution to the development of this plan and the delivery of the plan’s priorities in a variety of ways which includes:

- Membership of the EHWB Taskforce
- Membership of Calderdale’s ASD Steering Group
- Participation in consultation events
- Discussions on topics via social media
- Completion of surveys.

An online survey was completed by 1116 parents, carers and family members through Survey Monkey. We asked their views and experiences about children and young people’s emotional health and wellbeing services in Calderdale. The results from this survey have and will continue to shape services; ensuring they meet the needs of our children, young people and families throughout Calderdale. In comparison to 2015 the feedback from this survey gave us indication that parents, carers and family members feel more confident to talk to their children and feel they have the knowledge and information to do this comfortably, parents also said they know how to access support when needed and that they would look for information on the internet than elsewhere.

This is what parents and carers have told us as part of our on-going engagement with them:

<table>
<thead>
<tr>
<th>What parents and carers said they would like to see</th>
<th>Our response to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to date, clear accessible information to help parents/carers and family members know what is available for children and young people in Calderdale.</td>
<td>Advice, signposting and support is available through our newly developed parents/carers section on the Open Minds website <a href="http://www.openmindscalderdale.org.uk">www.openmindscalderdale.org.uk</a> and the Local Offer website <a href="http://www.calderdale.gov.uk/localoffer">www.calderdale.gov.uk/localoffer</a> which is continuously being updated and publicised far and wide. A Calderdale EHWB Family Service Guide has been coproduced with parents/carers and professionals working together providing clear accessible information on local support services for children and young people.</td>
</tr>
<tr>
<td>More support for year 6 and 7 students in helping them with transition from primary to secondary school.</td>
<td>Calderdale’s Transition Toolkit offers a bank of resources for school staff to give to parents and carers to help support the emotional health and wellbeing of their children during the transition period. This has had a positive response from school staff and parents/carers welcoming the information. Information has been added to the Open Minds website on transition and how parents/carers can best support their children.</td>
</tr>
<tr>
<td>Further support for parents and carers.</td>
<td>The Tough Times Reference Group developed some top tips postcards for parents/carers. The postcards are designed to help families better communicate and talk about feelings. A useful resource pack containing advice and guidance to all families whose children await an autism assessment has been codesigned with parents/carers to support their children and young people waiting for an autism assessment. The information within in the pack covers some local resources that are available and which may be able to help families whilst waiting. The specialist perinatal mental health service offers a range of different interventions to mothers depending on need and current involvement with other services. It works with women to offer specialist perinatal support</td>
</tr>
</tbody>
</table>
Free young people’s sessions across Calderdale to help them with their emotional health and wellbeing.

Calderdale Time Out and Calderdale Young People’s Service offer a wide variety of free sessions to children and young people, supporting them with their emotional health and wellbeing. Young people have been the driving force behind all the projects designed to help them feel good and stay well. These are advertised on the Open Minds website under the parents/carers section.

Reducing waiting times.

The Health and Wellbeing Board has identified this as one of the key priorities to be addressed; progress has been made in this area; however it remains a key priority particularly for areas such as ASD.

Clear referral systems into services.

The First Point of Contact now takes self-referrals from parents/carers. Referrals can be made on-line, by post or by phone. It is proving popular with families as they do not have to wait for a referral/meeting with a GP, school or other professionals, and they can be confident that the correct information is passed on.

More support focused on primary aged children.

A growing number of Calderdale services have lowered their age category to work with year 5 and 6 in response from feedback from consultations. Over a quarter of Primary schools health and wellbeing leads meet up twice a term to share good practice and discuss how schools are supporting their children and families.

Education and training for children/young people/parents and carers.

Open Minds Partnership (CAMHS), Unique Ways and the ASD Team offer parents a wealth of training courses and workshops. Healthy Minds offer a number of coproduced workshops with young volunteers with lived experience to students in both primary and secondary schools.

Wider Stakeholders

We have continued to engage and consult with stakeholders and the wider workforce to inform service delivery and transformation of the plan. We have a strong commitment from our partners across Calderdale from the Children and Young Peoples Service, Adults Health and Social Care, Public Health, CCG, GP’s, Calderdale Healthwatch, The Voluntary and Community Sector and Police. We ensure our multi-agency range of partners influence the development of our plan which includes:

- Membership of groups such as the EHWB taskforce and ASD steering group
- Continued support on decisions around priorities and actions
- Participation in consultation events
- Involvement in evaluation panels when commissioning services
- Completion of surveys.

An online survey was completed by 211 professionals. We asked their views and experiences about children and young people’s emotional health and wellbeing services in Calderdale. The results from this survey have and will continue to shape services; ensuring they meet the needs of our children, young people and families throughout Calderdale. The feedback from this survey told us that professionals feel quite confident talking to the children and young people they work with about emotional health and wellbeing however feel they need more support to do this comfortably. Professionals also said they would go to a colleague to get advice followed by looking for information on the internet.

This is what stakeholders have told us as part of our on-going engagement with them:
<table>
<thead>
<tr>
<th>What stakeholders told us</th>
<th>Our response to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved communication/awareness.</td>
<td>We publish a monthly emotional health and wellbeing 5 key updates and also a termly bulletin for stakeholders at all levels. Regular reports are also submitted and updates at key meetings.</td>
</tr>
<tr>
<td>Up to date, clear accessible information to help professionals know what is available for children and young people in Calderdale.</td>
<td>There is a professionals section on our emotional health and wellbeing website, Open Minds, where any professional can access information, advice, signposting and support for those children and young people who are experiencing a tough time. We have an Emotional Health and Wellbeing Service Guide for Professionals who support children and young people experiencing emotional health and wellbeing difficulties. The service guide is a directory of support services available to children and young people across Calderdale.</td>
</tr>
<tr>
<td>Clear referral systems into services.</td>
<td>We have established a First Point of Contact for all Open Minds Partnership (CAMHS) referrals offering direct telephone support, consultation and signposting. This service is now open later on 2 evenings per week in order to increase the accessibility of the service.</td>
</tr>
<tr>
<td>Reduced waiting times particularly for an ASD assessment.</td>
<td>The Health and Wellbeing Board has identified this as one of the key priorities to be addressed; considerable progress has been made in this area; however it remains a key priority particularly for areas such as ASD. In response to supporting parents and carers whilst waiting for their child’s assessment Calderdale’s multi agency ASD Steering Group have created an information pack designed to support the families through this period. The information within the pack covers some local resources that are available and which may be able to help families whilst waiting for their children’s assessment. There are a number of information resource sheets about common themes, questions and behaviours that may be seen in children and young people who are waiting for an assessment.</td>
</tr>
<tr>
<td>Further training opportunities for all professionals.</td>
<td>A range of relevant training is available for professionals through the Local Authority multi agency training programme provided by Open Minds Partnership (CAMHS).</td>
</tr>
<tr>
<td>More support for children under 5 particularly around bereavement.</td>
<td>The Early Years Quality and Improvement Support Team (QISO) have recruited 14 emotional health and wellbeing early years champions across the early years sector. The champions have undertaken a range of training around emotional health and wellbeing issues which they have disseminated to their staff teams within their 14 early years provisions. The QISO team have also developed and EHWB audit for early years settings to identify areas for improvement and also piloted the NHSE ‘In it together’ staff EHWB competency framework. A website for parents and carers promoting wellbeing and healthy lifestyles from birth to five years has been developed. Healthy Early Years Support (HEYS). The website offers advice and information about common health issues, social and emotional wellbeing plus much more. To find out more about the website please visit <a href="http://www.healthyearlyyears.co.uk/welcome.html">www.healthyearlyyears.co.uk/welcome.html</a></td>
</tr>
<tr>
<td>Free counselling for young people aged 16 – 25.</td>
<td>We have commissioned Kooth a free, accessible online counselling service to cover the age range from 11 to 25 years to enable support for our post16 students through their transition to adult services.</td>
</tr>
<tr>
<td>A more joined up approach between services and professionals.</td>
<td>We have created an accessible directory of emotional health and wellbeing services for professionals. Each service has clear information, contact details and referral process.</td>
</tr>
<tr>
<td><strong>Sustainability of services.</strong></td>
<td>Sustainability of services is a challenge particularly where funding is non-recurrent. However where possible we have invested in a number of resources which don’t require major long term funding such as our Open Minds website. We have also encouraged providers to seek alternative funding to maintain projects or to embed work within their day to day delivery. Recently a partnership of our VCSE providers have secured 3 year funding from the DHSC match funded through LTP which will ensure longevity of their projects to end March 2022.</td>
</tr>
<tr>
<td><strong>Targeted emotional health and wellbeing support for the most vulnerable children and young people in Calderdale.</strong></td>
<td>Calderdale’s Young People’s Service delivers a 12 week programme for young people aged 13-19 who currently self-harm or have thoughts on self-harming. A focus group of young people who were former self harmers have created a Distractions-A-Pack. These packs have been designed to reduce the risk of self-harm and provide young people with alternative ways of coping. Each pack contains a range of distraction tools i.e. slap wrist bands, stress ball, colouring pads, some anti-septic wipes as well as a list of phone numbers/helplines.</td>
</tr>
</tbody>
</table>
Section 7: Key Challenges, Ambitions and Priorities to 2020

In order to determine our key challenges in Calderdale we have listened carefully to what children, young people, parents, carers, providers, the voluntary sector and wider partners have told us. We have analysed key themes from our data including eHNA, JSNA and CHiMAT report along with information from our monitoring reports. However, we also recognise the importance of all the 49 principles within the five themes identified in the Future in Mind document and partners are committed to achieving improvements on all these areas in order to sustain wide reaching improvements for our children and young people.

In 2015 we identified a number of key challenges facing us in Calderdale and Section 4 of this refresh identifies key progress and impact we have achieved from 2015, demonstrating good progress on addressing many of the challenges we faced at the start of our improvement journey and we have set out our ambitions for the future in this section.

Our Strategic Implementation Plan below highlights the areas which we will prioritise in order for us to address our challenges and achieve our ambitions. The EHWB Task Force oversees this implementation plan and agrees on an annual basis which specific priorities will be progressed that year and allocated additional funding. These priorities have been identified through consideration of the challenges highlighted, through analysis of our data and feedback from children and young people, parents and carers and wider stakeholders and partners.

Calderdale LTP Strategic Implementation Plan

The plan below summarises our priorities, intended outcomes and proposed outline actions in the remaining years of LTP delivery and our overall ambitions to be achieved by 2021. Our aim is to sustain existing work where possible and we will continue to prioritise key areas as we transition from this plan to NHSE Long Term Plan from 2022.

### Theme 1: Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people

<table>
<thead>
<tr>
<th>Priority areas 2019/21</th>
<th>Key actions 2019/20</th>
</tr>
</thead>
</table>
| To further develop and embed emotional health and wellbeing support for children in the early years. Working with early year’s professionals, parents and carers, to support them to develop a wider recognition and understanding of the emotional health and wellbeing needs of children aged 0-5 and how to address these confidently and appropriately. | Promote and embed access to the perinatal mental health service, including peer support as appropriate.  
Promote and embed the public health early years’ service (PHEYS) ensuring appropriate pathways are in place, it is widely accessible and continues to develop to meet service user needs and national standards.  
Promote the ‘50 things to do before you’re five’ app and website to all parents and professionals [http://calderdale.50thingstodo.org/app/os](http://calderdale.50thingstodo.org/app/os)  
Roll out the EHWB audit as a self assessment improvement tool for early years learning and childcare providers.  
Offer key resources on a loan scheme to early years providers to support their EHWB work with young children.  
To support the role of the early years, EHWB Champions to ensure the sustainability of the project including the facilitation of a support network and access to resources and training.  
Continue to further develop the Public Health ‘HEYS’ early year’s website as a resource support for parents and carers. |
### Theme 1: Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people

<table>
<thead>
<tr>
<th>Promote the NHS England early years workforce EHWB competency framework (In it Together) as a self-assessment improvement tool for early years providers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create a 0-5 early years section on the EHWB Open Minds Website.</td>
</tr>
<tr>
<td>Ensure the Open Minds Partnership (CAMHS) service can offer age appropriate support and interventions for children aged 0-5.</td>
</tr>
</tbody>
</table>

#### To work in partnership with schools and stakeholders including children and young people to further develop and embed a whole school approach to supporting positive emotional health and wellbeing.

<table>
<thead>
<tr>
<th>Promote and improve the primary to secondary transition toolkit to support student emotional wellbeing through networks, meetings and online communications.</th>
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<tbody>
<tr>
<td>Support the implementation of the 3 year VCSE primary to secondary ‘Transition Support Project’, joint funded by DHSC and LTP to end March 2022. This project will address some key issues highlighted in the eHNA results.</td>
</tr>
<tr>
<td>Continue to support secondary schools to sustain and embed their peer support programmes through sharing good practice and ideas.</td>
</tr>
<tr>
<td>Promote the Open Minds and Services to Schools web link which offers a range of support/resources/training which enables schools to develop and embed their own whole school approach to supporting student and staff wellbeing.</td>
</tr>
<tr>
<td>Embed the success of the Therapeutic Interventions in Secondary Schools Service (THISS) which incorporates a whole school EHWB audit and action plan implementation.</td>
</tr>
<tr>
<td>Promote and support schools to implement the NHS England schools EHWB workforce competency framework ‘In it Together’.</td>
</tr>
<tr>
<td>Continue to work in partnership with Public Health to support work around the eHNA and primary and secondary health and wellbeing networks.</td>
</tr>
<tr>
<td>Public Health will continue to fund school membership of the PHSE Association enabling access to the website and all the available quality assured PHSE resources.</td>
</tr>
<tr>
<td>Increase the number of schools undertaking the student electronic health needs assessment (eHNA) and implementing action plans to address identified student needs.</td>
</tr>
<tr>
<td>Continue to promote the PCC funded West Yorkshire wide Healthy Relationships website for schools which offers a range of resources and training packages for students around CSE, DA and EHBW.</td>
</tr>
<tr>
<td>Complete an EHWB audit of primary and secondary school websites and provide feedback to schools to inform improvement action.</td>
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</tbody>
</table>

#### To continue to work in partnership with a range of services and organisations to reduce the numbers of children and young people who self-harm whilst also providing support to those young

<table>
<thead>
<tr>
<th>Support Calderdale Young People’s service to embed the extended offer of the ‘Which Way Up’ self-harm group and improve the accessibility and availability for all children and young people who need support.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support the self-harm focus group to revise the Distract- a Packs and continue to distribute to professionals and services.</td>
</tr>
<tr>
<td>Promote and encourage all schools to take up the offer from the national BEAT eating disorders team on their free schools training offer.</td>
</tr>
<tr>
<td>Theme 1: Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td><strong>people who are self-harming.</strong></td>
</tr>
</tbody>
</table>
| **Continue to build on the support available for parents and carers whose children are experiencing difficulties with their emotional health.** | Promote and distribute the “Ten Top Tips from Teenagers” postcards developed by the Tough Times group for parents and carers whose children are accessing services and more widely where feasible.  
Encourage schools and providers to continue to embed the resources and support available for parents and carers e.g. through workshops, website etc.  
Improve and embed the parent and carers section of the EHWB Open minds website and promote widely.  
Continue to promote and distribute the EHWB families’ guide.  
Support the implementation of the new offer of EHWB training programme for parents and carers across all schools. |
| **Improving access to digital support for children and young people to ensure increased accessibility, choice and control and improved self-care.** | To work with young people and key stakeholders to improve and promote the EHWB Open minds website. [www.openmindscalderdale.org.uk](http://www.openmindscalderdale.org.uk)  
Further promote and embed the on-line counselling service (Kooth.com) to children and young people aged 11-25.  
To continue to support Open Minds Partnership (CAMHS) providers to further develop the use of digital technology to improve their effectiveness and service user experience. E.g. Silver Cloud. |
| **To embed the Time Out early intervention service enabling all children and young people to ‘find your thing’.** | To promote and embed this service linking with all relevant organisations and ensuring accessibility by all children and young people aged 10-19, working towards a sustainable model beyond 2022. [http://www.timeoutcalderdale.co.uk](http://www.timeoutcalderdale.co.uk) |
| **To support a partnership approach to the commissioning and delivery of the Public Health services for children and young people aged 5-19 years.** | To implement the shared vision for the public health (including prevention of mental ill health) offer for children and young people in Calderdale as part of the 5-19 alliance model, Healthy Futures Calderdale. |
| **Mental health support teams in schools.** | We will take advantage of any future funding opportunities. |

By end March 2021 we aim to have achieved: **Robust and sustainable approaches to early intervention across a range of services including schools which are able to provide advice, guidance and support to children and young people reducing the need for them to access targeted and specialist services.**
## Theme 2: Improving access to effective support - a system without tiers

<table>
<thead>
<tr>
<th>Priority areas 2019/21</th>
<th>Key actions 2019/20</th>
</tr>
</thead>
</table>
| **Embed and enhance the First point of Contact as the single referral point (except for crisis for CAMHS in Calderdale).** | Continue to promote the FPoC to all potential referrers; increasing referrals from schools and other services which know the child best.  
Embed and promote the term-time extended opening hours to enable better access for school staff and GPs to the consultation and referral support offered.  
Promote access from parents and young people then evaluate the impact and effectiveness of the implementation of a referral process direct from families. |
| **Working in partnership with Open Minds Partnership (CAMHS) providers, continue the implementation of the THRIVE framework, embedding a whole culture change ensuring support is centred on the needs of children and young people and not services.** | The OMP will continue to embed joint working through an alliance model approach agreeing a new specification which will continue to drive forward the implementation of the Thrive framework and improve core mental health services for children and young people in Calderdale.  
Continue to work with key stakeholders to embed ‘Getting advice’ strategies and interventions to ensure children and young people are supported to thrive.  
Continue the work to implement the ‘Getting Risk Support’ approach to ensure that children and young people with the most complex needs receive the support they need.  
Implement and monitor improvements to services through the new OMP data dashboard to measure impact and interventions in line with the mental health data set (MHDS) also utilising the feedback from young people on ‘what’s important to me’.  
Explore the possibilities for wider VCSE partners to submit data via the MHDS to ensure a true picture of mental health interventions is captured.  
Implement and roll out key messages from the communication plan to promote an understanding of Thrive across all partners and stakeholders including parents and carers and children and young people. |
| **Commissioners and providers will continue to develop and implement innovative plans to reduce the waiting times for access to children and young people’s mental health services.** | To embed the FPoC as a consultation and signposting service to reduce inappropriate referrals and support the implementation of early intervention strategies and alternative packages of support for individual children and young people.  
OMP to continue to promote and deliver group work for specific conditions e.g. anxiety where appropriate for identified young people.  
Where appropriate children and young people are supported/signposted to access alternative services e.g. Time Out and are also supported to manage their own care through digital and other technology e.g. Kooth/apps etc.  
Budgets have been aligned to the level of need following a detailed demand analysis and will be kept under review. |
| **Continue to work across multi-agency services to improve the experience of transition for young people into adult services.** | Working with partners to promote best practice across children’s and adult services e.g. providers to review case notes of young people transitioning to adult services or about to leave CAMHS (in line with the transition out of the children and young people’s mental health services CQUIN).  
Continue to strengthen links and joint working with adults’ mental health commissioners and services to plan the |
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<tr>
<th>Theme 2: Improving access to effective support - a system without tiers</th>
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<tr>
<td>development of a 0-25s delivery model in line with the Long Term Plan increasing the number of services already covering this age range.</td>
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<tr>
<td>Review, expand and update the 17 to 25 year old offer on the Open Minds Website.</td>
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<tr>
<td><strong>To roll out the implementation of the Mental Health /School link project building on lessons learnt and good practice from the national and our own local pilot evaluation.</strong></td>
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<tr>
<td>Continue this successful project into a third year across new clusters of Calderdale schools, 20 primary and 2 secondary; to offer:</td>
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<tr>
<td>• Consultancy and capacity building</td>
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<td>• Promotion of effective communication between schools and OMP</td>
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<td>• Guidance on making OMP referrals and use of the FPoC</td>
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<tr>
<td>• Specialist and bespoke training</td>
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<td>• Signposting advice for cases that may need to access other services</td>
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<tr>
<td>• Case discussions and advice on classroom strategies and approaches</td>
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<tr>
<td>• Information around work being carried out with current OMP clients (where consent to share information is in place).</td>
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<tr>
<td><strong>Improving access for children and young people who require crisis mental health services to reduce admissions to both the acute wards and out of area tier 4 beds, and also to reduce the number of bed days that any young person would need in Tier 4 beds.</strong></td>
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<tr>
<td>Continue the expansion of the current crisis and intensive home based treatment (IHBT) provision within Calderdale and Kirklees CAMHS. The expansion will include extending the teams operating hours, days of delivery and development of an all-age liaison service model.</td>
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<tr>
<td>The model will ensure improved support of children and young people in crisis whilst in the community, without having to present to A&amp;E and preventing the need for admission to inpatient services (including specialist Tier 4 CAMHS inpatient facilities). The extended offer will also enable earlier discharge supported in the community. In addition, the strengthened offer will support colleagues within CHFT in managing the needs of children and young people whilst in A&amp;E or on the wards.</td>
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<tr>
<td>Continue engagement in the national Care, Education and Treatment Reviews (CETRs) to provide support to children, young people and their families to avoid/prevent a hospital admission and facilitate more appropriate support within the community. Working across a Barnsley, Calderdale, Kirklees and Wakefield footprint (as part of the TCP) we have established a dynamic risk register that includes on-line training for parents/carers. This register links with Social Care partners to identify and address procedural variances in each area.</td>
</tr>
<tr>
<td><strong>By end March 2021 we aim to have achieved:</strong> A system built around the needs of children, young people and their families offering choice and control, intervening early and building long term resilience. Waiting times will be in line with national guidelines, with clear pathways in place and effective transition to adult services.</td>
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<th>Theme 3: Caring for the most vulnerable</th>
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<td><strong>Priority areas 2019/21</strong></td>
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<td><strong>Key actions 2019/20</strong></td>
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<tr>
<td><strong>We will continue to explore and</strong></td>
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<tr>
<td>The multi-agency ASD steering group will continue to implement the ASD action plan developed from consultation</td>
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<tr>
<td>Implement solutions to improve waiting times and the support for children and young people on the ASD pathway and their parents.</td>
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| We will work to reduce waiting times and improve support for families whose children are on the ADHD pathway. | Building on the success of the implementation of the ASD/ADHD developmental screening pathway. The outcomes from the screening tool have had a positive impact in reducing the number of CYP needing an assessment and enabling those not requiring assessment to be signposted and offered help and support across the system in a timely manner. We are in the process of developing an integrated ASD/ADHD Developmental pathway for pre-school and school age children and young people which we expect will provide benefits for those waiting for support. Continue to offer a parents/carers support group for teenagers with ADHD waiting for assessment. |

| Refresh the remit of the LD Nurses based in the Disabled Children’s Team and their remit. | To provide a dedicated quality service for children and young people in Calderdale who have a learning disability at any level, and other co-existing health concerns that require input from a specialist service. The service will offer evidence based interventions to improve the health and wellbeing of the child/young person and/or parent/carers and improve quality of life. |

| Provision of an OMP specialist mental health practitioner to ensure targeted support for some of our most vulnerable young people. | The project has played a significant role in strengthening the links between OMP and YOT in a way which is consistent with THRIVE implementation, particularly the work around Getting Risk Support. This successful project will be continued with a greater emphasis on supporting young people with SEND and offering additional support across wider teams with the aim of achieving a reduction in the number of vulnerable children and young people presenting in crisis and requiring urgent mental health care. |

| Continue to build on and embed effective partnerships between OMP (CAMHS) and other services for vulnerable children and young people. | Strengthen partnerships between OMP (CAMHS) and other targeted services through relationship building, improving pathways and referral processes and offering specialist advice and support through the FPoC and workforce training and development. |

| Continue and strengthen the implementation of the Brain in Hand app working in partnership with key stakeholders including CAMHS and | Continue to work with existing stakeholders and bring in new organisations where possible encouraging greater uptake of the mentor training and support for young people to access the app. Working together the app helps young people achieve their goals – whether that’s travelling independently, staying in school, going to college or university, starting work for the first time or just learning how to deal better with life’s up and downs. |
### Supporting the implementation of the Suicide Prevention Strategy.

Proactively support the delivery of the actions within Calderdale’s suicide prevention strategy and promote the new Postvention service available through regional posts.

### Review the age range of services for vulnerable groups.

Ensure the remit of services meets the need of 18-25 year olds and where appropriate extend the range of services covering this cohort.

### Provide targeted support for LGBTQ+ young people in Calderdale in recognition of the additional needs and vulnerabilities of this cohort.

Barnardo’s in Calderdale provides a range of offers to support the additional needs of LGBTQ+ young people including:

- **Identity Youth Group** funded by targeted youth support which offers a safe space for LGBTQ young people aged 12-18
- **Stronger Neighbourhoods** is a two year community based project which commenced in April 2018 and will work with communities and primary schools to create safe spaces and diversity events in local communities in Calderdale
- **Healthy Identities** is a short term project funded by Barnardo’s which is focusing on the health needs of LGBTQ+ young people. It aims to support young people to have a voice in relation to their health needs, sexual preference and gender
- A 1-1 support worker has been funded through the LTP to provide enhancement to the offers already in place for LGBTQ+ young people and to ensure additional support is available where the youth groups might not be the appropriate intervention for them.
- **As part of the Transition Support Project** Barnardo’s will expand their offer to target primary age children in years 5 and 6.

By end March 2021 we aim to have achieved: **Our most vulnerable children and young people will receive effective and timely support and staff within teams supporting vulnerable groups will be equipped with new skills and work seamlessly with our Open Minds Partnership (CAMHS) providers to effectively support these children and young people**

### Theme 4: Accountability and Transparency

<table>
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<th>Priority areas 2019/21</th>
<th>Key actions 2019/20</th>
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| Improving/embedding Integrated Commissioning across the CCG and Local Authority including Public Health. | We will continue to embed the strategic influence of the Integrated Commissioning Executive and build on the strong leadership forum to maximise the benefits to the Calderdale population.  
The multi agency mental health innovation hub is working with stakeholders to develop an all age mental health strategy. |
| Implementation of an outcomes framework to measure the impact of service transformation. | Continue to implement the Mental Health Services data set in line with the requirement of the Five Year forward View/Long Term Plan measures and support more community and voluntary sector providers to stream data through this route.  
Implement the new KPIs to measure the impact of the THRIVE framework linked to the outcomes designed by |
| To strengthen our engagement, communication and co-production with children and young people. | Support the Tough Times Reference Group to plan their third annual celebration of achievements and communication event for children and young people, providers and organisations in Calderdale.

Support the Tough Times Reference Group to promote the work it undertakes to the wider population of children and young people and to continue to recruit new members with lived experience to ensure its continuation.

Facilitate the Tough Times Reference Group meetings and to ensure the group can successfully complete its LTP work plan actions.

Continue to develop the work and remit of the self-harm peer support focus.

Time Out to continue to coproduce workshops with young people who have lived experience on topics such as self-harm, anxiety, body image and depression.

We will continue to work closely with wider groups of children and young people across Calderdale including student councils and other youth forums ensuring everyone has a voice. Our Borough wide survey with children and young people will continue to take place annually to refresh our knowledge and understanding around their emotional health and wellbeing needs and will feed this into future planning and service delivery.

Open Minds Partnership (CAMHS) providers will continue to engage with children and young people through their participation work ensuring they are engaged in service design and delivery. |
| --- |
| To strengthen our engagement, communication and co-production with parents and carers. | We will engage with parents and carers through the annual survey ensuring that the voice of parents and carers help drive change in service delivery.

We will continue to update the Open Minds website with the most up to date information to support parents and carers whose children are going through a difficult time.

We will continue to invite parents and carers to the annual Celebration Event to showcase what services are offering to Children and Young People.

We will continue to produce and promote the EHWB Service Guide for Families.

CAMHS providers will continue to engage with parents and carers through their participation work ensuring families are engaged in service design and delivery. |
| To strengthen our engagement, communication and co-production with other stakeholders and wider partners. | We will continue to work in partnership with Public Health to facilitate and develop the secondary and primary schools health and wellbeing network and use the networks to inform learning, good practice and future developments.

Continue to utilise stakeholder expertise to inform the planning, development and delivery of LTP projects through the membership of the EHWB taskforce and wider networks and meetings.

We will continue to engage with stakeholders and wider partners through the annual survey.

We will continue to keep the EHWB Open Minds Website up to date with current information for professionals.

We will continue to work closely with partners inviting them to come to the annual Celebration Event that’s delivered by our Children and Young People showcasing what services offer to support the EHWB of our Children and Young People. |
We will work more closely with our partners in children’s and adults services to ensure we can build on and improve the joined up approaches to supporting vulnerable children and young people who are at risk of neglect, CSE and the impact of parental mental health and substance misuse etc.

By end March 2021 we aim to have achieved: **Agreed approaches to integrated commissioning and aligned budgets across health and social care for mental health services for children and young people ensuring our work involves children and young people in a meaningful way.**

### Theme 5: Developing the workforce

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<th>Priority areas 2019/21</th>
<th>Key actions 2019/20</th>
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| To enable more practitioners to be trained in evidence based interventions improving the support to children and young people in line with the ambitions in the Five Year Forward View and the Long Term Plan. (CYP IAPT). | The Calderdale and Kirklees CYP IAPT partnership will continue to implement the roll out of the partnership plan in Calderdale.  
To implement the workforce development action plan based on recommendations from the Open Minds Partnership (CAMHS) workforce skills audit.  
Undertake a workforce skills audit to develop an understanding of the current skillset of staff across additional targeted and specialist services providing mental health support in Calderdale. |
| To ensure that all professionals working with children and young people have access to a range of training packages to support their knowledge and understanding around mental health issues and how to provide effective support. | Open Minds Partnership (CAHMS) will continue to deliver the multi-agency workforce training package available through the Safeguarding Partnership and workforce development training programme to all professionals working with children and young people in Calderdale. The key themes of the training available are:  
• An introduction to mental health in CYP mental health  
• Anxiety in CYP  
• Depression in CYP  
• Self-harm in CYP.  
Open Minds Partnership will continue to offer a joined up approach to bespoke training for school staff and students around mental health issues, as above.  
We will undertake an audit of training uptake in schools in order to target those staff and students who have not benefitted from this offer.  
To promote the roll out of the education workforce competency framework ‘In it Together’ for early year’s providers, schools and post 16 providers. All settings will be encouraged and supported to undertake this staff competency framework as a means of identifying and addressing gaps in skills and knowledge around emotional health and wellbeing.  
We will promote the Mental Health Awareness raising training available through Anna Freud and also explore the options for delivery of the CASCADE workshops  
To ensure the delivery of workforce training pre and post diagnosis to increase awareness and understanding of... |
**Theme 5: Developing the workforce**

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<th><strong>ASD to ensure children, young people and their families are appropriately supported.</strong></th>
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<tr>
<td>Public Health will continue to offer Youth Mental Health First Aid training as subsidised training offer available through the Local Authority traded offer to schools.</td>
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<tr>
<th><strong>To continue to develop and enhance electronic and hard copy resources to support professionals around children and young people’s mental health.</strong></th>
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<tr>
<td>To ensure the EHWB professionals Service Guide is available for all professionals working with children and young people.</td>
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<tr>
<td>To continue to develop and promote the EHWB resources for school staff on the Open Minds and Services to schools website.</td>
</tr>
<tr>
<td>To continue to develop and enhance the professionals sections of the Open Minds website.</td>
</tr>
<tr>
<td>To promote and evaluate the West Yorkshire wide Healthy Relationships website for schools.</td>
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<tr>
<td>To support the continued development of packages of support for enhancing the care available for children and young people’s mental health through Open Minds Partnership.</td>
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By end March 2021 our aim is to have achieved: **the development and planning for the implementation of a comprehensive Open Minds Partnership (CAMHS) workforce development strategy in line with CYP IAPT and an understanding of the skills and training needs of the wider children and young people’s workforce with plans to address these.**
Section 8: Strategic Context

Our Local Transformation Plan refresh sits within a wider national, regional and local strategic context which is outlined below.

**Calderdale Cares Moving Forward on Health and Social Care Integration**

Calderdale is progressing on delivering “place-based” health and social care integration by 2020, through the Single Plan for Calderdale; the Health and Wellbeing Board’s collective vision of a sustainable health and care system for the people of Calderdale that delivers improved health outcomes, reduced health inequalities, greater independence and a lower need for bed-based care. We have an Organisational Development Programme in support of Calderdale Cares which is aimed at creating a climate where people in health and social care in Calderdale work together as if they are one organisation.

As a leader on “place”, the Council is critical to developing a whole system approach where innovative integrated services focus on reduction in health inequalities, and the joint commissioning of preventive services deliver the most improvements to people’s health. Shared and integrated services should improve services for the local population through seamless health and social care pathways that shift demand from more acute services to early intervention and preventative services based in the community.

Joint commissioning is helping to reduce perverse incentives inherent in the existing system; improving our targeting of resource allocation to the areas that need it most; encouraging shared objectives across organisations; supporting alliance and collaborative approaches and produce better health outcomes for the wider population.

The Health and Wellbeing Board has reimagined the health and wellbeing system through its Single Plan for Calderdale; promoting personalisation, supporting healthy decisions, enabling physical activity and encouraging self-care.

**Calderdale Wellbeing Strategy**

Our new Wellbeing Strategy for all ages supports a holistic approach and has a focus on good mental health and wellbeing for children and young people and provides a commitment to address the wider causes of poor mental health. Its ambitions for children and young people are supported by the LTP priorities

- Address the wider causes of poor mental health in children and young people, including domestic abuse, and support those who are experiencing mental health problems.
- Address commonly experienced issues, such as bullying, which have a negative impact on children and young people’s mental wellbeing.

**Single Plan for Calderdale**

Our Single Plan for Calderdale (SPFC) provides a single strategic view of our priorities and actions for Calderdale.

We have agreed that we will:

- Ensure all policy and planning decisions consider impact on health and health inequality;
Focus on preventative services, self-care, early intervention, providing interventions in the community; and use community assets. Enabling us to provide more care in the community reduces the public need to visit hospitals and reduces the length of time patients need to spend in hospital.

The plan creates a strong narrative, with an aspiration for Calderdale underpinned by a ‘golden thread’ in everything we do. It is outcome driven, setting clear metrics for success and enables the Health and Wellbeing Board to test delivery plans from across the system and hold people to account on delivery. The CCG and Local Authority continue to work to increase the level of integration and joint commissioning across both Adults and Children and Young People.

Calderdale is a progressive place in terms of system working. Integration is actively encouraged and increasingly fundamental to the approach to health and care. The CCG ensures all strategies relating to Children and young People in Calderdale are aligned and is working closely with the newly developing primary care networks to support them to provide their contribution to priorities for children and young people’s mental health outlined in the NHS Long Term Plan.

**The Calderdale STP**

This has a focus on empowering people to take greater control of their own lives, involves clients influencing services and improving emotional health and wellbeing outcomes all of which are key factors on our LTP. One of the West Yorkshire and Harrogate STP priorities is mental health therefore links directly into the LTP. One of the key objectives of the WY STP is to make sure that mental health services are integrated or combined with physical health services - to ensure we care and treat the ‘whole’ person; for example, supporting children and young people with long-term physical health conditions to help them cope with anxiety or depression. The Calderdale STP is designed to deliver the Calderdale vision by addressing the Calderdale health gap, the care and quality gap, and the efficiency and finance gap.

There is a strong commitment in Calderdale to transform access and support for children and young people with mental health problems. Through the LTP we have worked in partnership to develop ambitious goals to transform, develop and improve community based mental health services to meet the needs of more children and young people. With additional investment we have been able to plan our investment to address the requirements set out in the Long Term Plan, for example, we have reduced the waiting times for children and young people accessing generic CAMHS services, thus ensuring prompt access to appropriate services and support. We are also working closely with West Yorkshire and Harrogate STP to develop a Calderdale and Kirklees all age crisis liaison services, ensuring young people can access timely age-appropriate crisis support when needed.

In January 2019, system leaders committed to ‘take action’ on improving the mental health and wellbeing of children and young people and developing a vision for the future. The emphasis was to produce something more radical, a change in the way we think, organise and operate through shared intentions to develop services that support the move towards a more integrated system.

This approach is reflected in Calderdale CCGs Care Closer to Home perspective (January 2019) which recognises the alignment between the aims and vision of the Health and Well Being Board and the approach to health and care set out in Calderdale Cares. The focus is on preventative, proactive services, self-care and early intervention in the community and 5 localities as vital delivery vehicles for the vision. These plans describe the need to work collaboratively across agencies to achieve the best possible outcomes for individuals, supporting people to keep well and helping people with increased support needs to live as independently as possible.
Calderdale health and social care partners continue to work NHS England and NHS Improvement to report on the CYP Mental Health outcomes metric (due to be in place from 2020/21 onwards), these metrics aim to inform improvements made as part of the young adults offer.

**The Calderdale Vision:**
- People must be empowered to take greater control over their own lives, to influence personalised services and to take greater responsibility for their health outcomes.
- All resources and assets in places must be used to support wider determinants of health and wellbeing outcomes.
- A system shift towards prevention and early intervention will require services to organise and professionals to behave in very different ways.
- The focus in the STP is to keep people well for longer and, when they do become ill, support them to manage their conditions in the community, avoiding expensive institutional settings.

**The Calderdale Gap:**
Health – Life expectancy for both men and women in Calderdale has been increasing year on year for the past decade. However, it is still lower than the England average and 9.3 years lower for men and 9.2 years lower for women in the most deprived areas.

**Care and quality – in Calderdale too many people:**
- Are dying prematurely and that this is worst in areas of Calderdale with high deprivation.
- Are dying in our hospitals. The hospital Standardised Mortality Rate is higher than the England average.
- Are admitted to residential or nursing home care.
- Stay longer in hospital than is clinically necessary.
- Efficiency and finance – In Calderdale we forecast a combined health and social care finance gap of £100m by 2021/22.

The Calderdale STP links with the West Yorkshire and Harrogate STP which can be accessed by the following link: [http://www.wyhpartnership.co.uk/](http://www.wyhpartnership.co.uk/)

**Transforming Care Partnership**
Our local TCP partnership, Calderdale, Kirklees, Wakefield and Barnsley (CKWB); children and young people’s work stream has received a green RAG rating in feedback from a recent NHSE benchmarking exercise. It was highlighted that we have achieved some clear and positive outcomes since the last benchmarking in May 2018 as follows:
- You have an embedded and functional Dynamic Support Register and are managing those young people who might be At Risk of admission. Your process has demonstrated that you are keeping young people out of hospital and in the community across the footprint.
- You continue to maintain lower than the national average in-patient numbers and are CETR compliant.
- You have, and continue to develop a range of positive processes and with clear links to LTPs and SEND. You have consistently provided CETRs for those going into 52 week Educational Placements.
To maintain and enhance our development work in achieving the key aims of Building the Right Support, we will need to continue to focus on the following areas:

- Developing early identification and intervention with young people with Autism and no Learning Disability.
- Ensure every child/young person has a CETR prior to admission and where this doesn’t happen ensure local exploration is undertaken to ascertain why; with escalation to the TCP Board for further action.

**Specialised Commissioning**

Last year’s update highlighted the announcement of developing New Care Models into a steady state of commissioning for specialised services. Progress has moved at pace over the past few months which includes CAMHS in phase one for Lead providers to take on board the responsibility for their health population. This is a shift away from providers competing against each other, and instead collaborating to create a way of commissioning services that are integrated with community services. Provider Collaboratives will receive delegated responsibility for commissioning services in these mental health areas and the budget. They will work collectively with STPs and ICSs to plan and commission services across the region, engaging with service-users and stakeholders to plan increasingly tailored services for populations, making efficient use of funding.

Within Yorkshire and the Humber region the chosen lead providers are: Humber Area: Humber Teaching NHS Foundation Trust; West Yorkshire: Leeds Community Health NHS Trust; South Yorkshire: Sheffield Children’s NHS Foundation Trust.

We expect each provider collaborative to go live between April 2020 and April 2021, where NHSE Specialised Commissioning will work with the Lead Provider to enable this transition.

Parallel to enabling Provider Collaboratives the CAMHS bed reconfiguration continues with the opening of the Hull CAMHS inpatient service by the end of this calendar year. Plans have been submitted for the West Yorkshire development and this work continues to bring 22 beds to this area, based at the St Mary’s site in Leeds.

Finally, we have seen this year the opening of a CAMHS low secure service, for which has not been provided previously in the Y&H region, this is providing more accessible care and treatment for young people requiring a low secure environment.

**New Care Model: Proposal for an Intensive Home Based Treatment team**

As part of the implementation of the New Care Models, our specialist providers SWYPFT alongside commissioners have been successful in the submission of a business case to NCM funding to enable the current crisis service to expand to offer a seven day intensive home based treatment service.

Historically SWYPFT has been unable to offer home based treatment to young people and families in Crisis due to the volume of crisis need for support, insufficient numbers of staff available to deliver this, and staff working hours (i.e. only working Monday to Friday). The funding has enabled the expansion of the current crisis team enabling the team to offer intensive home based treatment service seven days a week 9-5. Following the success of our business case we have recently recruited into the posts that will enable our 7 day service to commence from November 2019. The changes will be:

- Monday to Sunday 9-5 with on call available outside of these hours.
- Two clinicians will be available at the weekends to cover emergencies in A&E and will also offer some home based treatment to other families.

Our aim is to reduce the number of young people needing in-patient stay and reducing the length of stay for those who are admitted as there will be support for them and their families 7 days a week.
The decision to invest the NCMs funding on a home based treatment service is in line with the West Yorkshire NCM’s strategy for levelling up all areas to provide a similar offer to the young people of this region. The aim of this improved service is to reduce admissions to both the acute wards and out of area tier 4 beds, and also to reduce the number of bed days that any young person needs in Tier 4 beds by providing an intensive home based package of care for each family in the community. This would mean that the young person is not away from their home/school family and friends any longer than necessary. This service is in the implementation phase now.

We are currently in the process of developing and expanding the current crisis and intensive home based treatment (IHBT) provision within Calderdale and Kirklees CAMHS. The expansion would include extending the teams operating hours, days of delivery and development of an all-age liaison service model.

The model will ensure improved support of children and young people in crisis whilst in the community, without having to present to A&E and preventing the need for admission to inpatient services (including specialist Tier 4 CAMHS inpatient facilities). The extended offer will also enable earlier discharge supported in the community. In addition, the strengthened offer will support colleagues within CHFT in managing the needs of children and young people whilst in A&E or on the wards.

In addition, the specialist commissioning team has also been asked by NHSE to submit a business case on the development of a consistent and clear pathway for the different cohorts ensuring the right support at the right time understood by families and professionals across the agencies with an appropriate multi-disciplinary approach.

The group identified a number of priorities including:
- Children Looked After
- ASD
- Learning Disabilities
- Enhanced crisis support

**Health and Justice**

The Health and Justice Children and Young People’s Mental Health Transformation Work stream aims to promote a greater level of collaboration between the various commissioners of services for children and young people who are:
- In the Youth Justice System (or at risk of entering it)
- Presenting at Sexual Assault Referral Centres
- Welfare children and young people who are being looked after
- Being seen by Liaison and Diversion services.

Many of these children and young people are already known to service providers and it is important that mental health services for this cohort are not seen as being in a separate silo from other services. Rather, they should be viewed as part of an integrated, continuous pathway in which children and young people are able to receive the care they need on an uninterrupted basis.

The Health and Justice commissioners will work collaboratively with their commissioning counterparts in the CCGs and Local Authorities to co-commission services, where appropriate, to improve mental health outcomes for this group.
NHS England’s Health and Justice specialised commissioning team in Yorkshire and the Humber are currently involved with two of the three work programmes that are focussing on improving collaboration between various commissioners of services for those children and young people who come into the NHS England Health and Justice pathway.

The two programmes are: 1) the development of a framework for integrated care for Children and Young People's Secure Estate (CYPSE) known as Secure Stairs, and 2) establishing collaborative commissioning networks. The third work programme involves establishing a specialist CAMHS service for High Risk Young People with Complex Needs (Community F:CAMHS) across Yorkshire and the Humber.

One of the key objectives of these three work programmes includes identifying and addressing gaps in mental health provision for children and young people held within, and transitioning into or out of, the CYPSE either on youth justice or welfare grounds, Child Sexual Assault Assessment Services (CSAAS) and Liaison and Diversion services across Yorkshire and the Humber. Another objective involves focussing on those children and young people whose mental health needs may not meet traditional service thresholds, but for whom the aggregated impact of multiple health and social issues presents not only an immediate risk, but also one which may escalate to the point of crisis if left unaddressed.

Local CCG commissioners need to ensure that commissioning for the most vulnerable involves supporting those CYP who are transitioning out of Secure Children Homes/YOIs back into the community and that they have access to appropriate mental health/emotional wellbeing support following that transition. Whole packages of care need to be commissioned to ensure that there is full pathway consideration.

Crisis Care Concordat

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people of all ages in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. The LTP takes into account the crisis support we have available in Calderdale.

It focuses on four main areas:

- **Access to support before crisis point** – making sure people with mental health issues can get help 24 hours a day and that when they ask for help, they are taken seriously.
- **Urgent and emergency access to crisis care** – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- **Quality of treatment and care when in crisis** – making sure that people are treated with dignity and respect, in a therapeutic environment.
- **Recovery and staying well** – preventing future crises by making sure people are referred to appropriate services.

Although the Crisis Care Concordat focuses on the responses to acute mental health crises, it also includes a section on commissioning for prevention and early intervention. Partner agencies in Calderdale signed the local Crisis Care Concordat Declaration to work together in December 2014. The work they are doing to improve crisis care is managed through an action plan by Calderdale Mental Health Innovation Hub, a forum of organisations providing care and support for people in mental distress. Updates against the Calderdale action plan are posted in the relevant part of the national Crisis Care Concordat website at [www.crisiscareconcordat.org.uk](http://www.crisiscareconcordat.org.uk)

Special Educational Needs

The LTP in Calderdale continues to be very closely linked to our work on special educational needs our new SEND strategy reinforces our focus in this area; Calderdale had our Local Area SEND inspection in March 2019 a copy of the final report can be found on our local offer via the link below. The report states:
‘A wide range of support for children and young people who have social, emotional and mental health needs has recently been implemented. Young people receiving this support have a positive experience of these services. Children and young people with a mental health condition who require specialist help are receiving support from CAMHS within two months of referral. Transitions between the universal and specialist emotional health services work smoothly and effectively.’

However also notes:

‘Parents and carers, education professionals and health practitioners have different perceptions of child and adolescent mental health services (CAMHS) and the effectiveness of pre-diagnosis and post-diagnosis support for ASD. Knowledge about what support is available, how to access it and the expectations about its quality and timeliness are not communicated clearly.’

The Disabled Children and Young Peoples Strategic Board along with the newly formed Children and Young People Health Leaders Group receives regular progress updates regarding impact and outcomes including those around emotional health and wellbeing we will also be ensuring we improve our communications in this area to address the recommendation in the SEND inspection report. Any gaps in provision relating to emotional health and wellbeing are reported into the taskforce which oversees LTP. Our Local Offer contains relevant information to support emotional health and wellbeing please click on the link: www.Calderdale.gov.uk/localoffer

In addition, we have a Local Offer Facebook page which also promotes EHWB, we now have a wide variety of services which can universally be accessed and these are promoted.

We have involvement in the LTP from parents and carers who have children with SEND and from children and young people with SEND. Our parent carer forum is funded to deliver a specific course around emotional health and wellbeing. We also work very closely with Special Educational Needs Co-ordinator’s to provide them with the training and resources to support emotional health and wellbeing of children and young people with special educational needs.

Active Calderdale
Calderdale Council have a vision for Calderdale to be the Most Active Borough in the North of England by 2021.

- In Calderdale, 32% of residents are rarely active. According to the World Health Organisation, physical inactivity has negative implications for people’s physical and emotional health and is a contributory factor to shorter life spans.
- If current trends continue, 75% of Calderdale will be overweight or obese in a few years.
- As life expectancy in Calderdale is three years below the national average we want to increase physical activity across the Borough as a means towards improving the health, wellbeing and ultimately the life expectancy of our residents.

We recognise that this vision links closely with the aims in our LTP to improve emotional health and wellbeing of children and young people and we work closely with Public Health particularly the Active Calderdale Project Manager and School Coordinator to ensure that schools recognise the link between
mental and physical health. Many of our schools promote activities such as the daily mile as a means to improve the overall wellbeing of students. Equally early intervention projects such as Time Out have physical activities as part of their menu of options to support improved wellbeing.

**Child Poverty**

Poverty has significant and long lasting effects on individuals and families. It affects their ability to join in and impacts negatively on emotional and physical health, wellbeing and life opportunities. We know that there are some persistent inequalities in terms of access to work, income, language barriers and health between some people and places that must be tackled and reduced. We are committed to reduce inequalities and provide a more resilient and sustainable Calderdale. The work we are undertaking through the delivery of the LTP supports the ambitions to reduce the health inequalities experienced by our children and young people in Calderdale by ensuring there is consistent access to appropriate child centred mental health services across the Borough.

**Equality and Diversity**

The LTP is a plan for all communities in Calderdale, and all of its work will be underpinned by a robust approach to equality and diversity. Partners involved in this plan are committed to promoting equality and diversity and reducing health inequalities. To ensure that Calderdale CCG and the Local Authority is meeting its equality duties, improving health and reducing health inequalities we will adhere to the ‘Brown principles’ outlined in case law to demonstrate that ‘due regard’ has been given as follows:

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

We will ensure any changes to services will include local engagement with children, young people, parents and carers and wider stakeholders and ensure that this includes involvement of protected characteristic groups and that equality monitoring is undertaken for all engagement activity. All service reviews undertaken as part of this Transformation Plan, will undertake an equality impact assessment.

Service contracts and service specifications will reflect the need for equality monitoring and ensure that providers demonstrate and report on how they are meeting their public sector equality duty. Any decision making resulting from this Transformation Plan will give consideration to any identified ‘impact’ on protected characteristic groups and where appropriate identify and implement mitigating actions.
Section 9: Governance and Accountability

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

**Calderdale Council**

The Council’s mission and priorities are set out below;

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<th>Our Mission</th>
<th>BE THE BEST BOROUGH IN THE NORTH</th>
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<td>Our Priorities</td>
<td>GROW THE ECONOMY</td>
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More information about the Council’s mission and priorities is available here: [http://connect/council/Pages/Our-Mission-and-Priorities.aspx](http://connect/council/Pages/Our-Mission-and-Priorities.aspx)

**Vision 2024**

Our Vision 2024 coincides with the Calderdale’s 50th birthday and our aspirations for our people and places the vision is for our borough not just for the Council. [https://www.calderdale.gov.uk/v2/council/vision-2024](https://www.calderdale.gov.uk/v2/council/vision-2024)

Our vision for Calderdale in 2024 is a place where you can realise your potential whoever you are, whether your voice has been heard or unheard in the past. We aspire to be a place where talent and enterprise can thrive. A place defined by our innate kindness and resilience, defined by how our people care for each other, able to recover from setbacks, full of hope. Calderdale will stand out, be known, and be distinctive. Our Vision is captured in some key words to use as ways to define what we want to be the essence of Calderdale, which reflect elements of what is strong now but, where we can still do more. We are distinctive, we are talented and enterprising, and we champion kindness and resilience.

**Calderdale Clinical Commissioning Group (CCG)**

The CCG is committed to reducing health inequalities along with improving the quality of life. Improving the population’s mental health is a key focus and priority for the CCG. [https://www.calderdaleccg.nhs.uk/wp-content/uploads/2013/03/CCCG-5-Year-Strat-V21-1.pdf](https://www.calderdaleccg.nhs.uk/wp-content/uploads/2013/03/CCCG-5-Year-Strat-V21-1.pdf)

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

- Outcomes of reduced health inequalities and improved quality of life; and
- Mental health identified as a key area of focus.
The CCG Commissioning Development Forum has endorsed our approach to developing the LTP along with our identified priorities.

**Calderdale Health and Wellbeing Board (Wellbeing Strategy)**
The Health and Wellbeing Board brings together all key partners with a role in the health and wellbeing of the people of Calderdale. It includes public sector partners such as Calderdale Council (including Public Health) and Calderdale CCG, along with voluntary sector partners and user organisations such as Calderdale Health Watch. Our overarching strategy for wellbeing in our district is set out in the Calderdale Joint Wellbeing Strategy, owned by the Health and Wellbeing Board. This has been reviewed to be set within the context of Vision 2024. The Wellbeing Strategy and the Inclusive Economy Strategy set out how Calderdale as a place can further support to achieve our vision. Good health has a significant influence on overall wellbeing. It allows people to participate in family life, the community and the workplace. The health and wellbeing of people in some of our communities is not improving at the same rate as others. Every year, far too many people suffer avoidable ill health or die earlier than they should. These inequalities need to be tackled to make life better for everyone living in Calderdale. We also have a growing number of people living into old age. Whilst it is good news that people are living longer, it is important that the quality of our life remains high too. The things that affect our health and wellbeing vary over the course of our lifetime. Therefore, the strategy has been developed using four significant stages of the life course:
- Starting well (0-5)
- Developing Well (6-25)
- Living & working well
- Ageing well

This strategy sets our high level priorities, based on these four life stages. The success of the strategy will be measured against the outcomes we have included, which will also be used to shape commissioning across the health and care system and to develop more detailed action plans to improve the health and wellbeing of people who live and work in Calderdale. These outcome measures and action plans will be developed with Calderdale citizens and stakeholders and will be reviewed regularly by the Health and Wellbeing Board. These priorities are fundamental to the objectives and approach to improving outcomes as set out in this Local Transformation Plan.

**The Integrated Commissioning Executive (ICE)**
The executive formed between Calderdale CCG and Calderdale MBC to hold responsibility for key joint priorities and to jointly commission; this approach is becoming embedded and ensures a cohesive approach which links closely with the regional STP ambitions.

The outcomes sought through this work are:
- Reducing inequalities and improving health outcomes (including equality/social cohesion, financial inclusion, and attainment levels).
- Ensuring economic growth (job and skills)
- Building a sustainable future (environment and sustainability)
- Improving the quality of care and experience
- Improving value and efficiency.
Through work done with its Health and Wellbeing Board, Calderdale is embarking on a journey to define its strategic plans through Sustainability and Transformation Plan (STP) and a Single Plan for Calderdale. We are progressing work to bring together planning for the broader determinants of health and wellbeing in order to improve the lives of the people in Calderdale. The work provides an opportunity to develop integrated commissioning approach that support the development of new care models in Calderdale and also commissioning arrangements that span the West Yorkshire footprint.

**The purpose of the Integrated Commissioning Executive is to:**
- Provide the environment through the two organisations can move towards commissioning for population health and the outcomes agreed.
- Work together to deliver the strategic intent set by the HWB (Single Plan for Calderdale and Calderdale Cares).
- Provide clarity on; commissioning intentions, budget plans and assumptions and unintended consequences.
- Further developed the Section 75 Agreement and Partnership Agreement in line with the work of the Executive.
- Form the basis for the ‘payer and assurance’ function.
- Maximise opportunities for joint commissioning, procurement, service improvement and system transformation in line with the commissioning cycle.
- Support the development of an STP/single plan for Calderdale (particularly delivery of the three gaps within the West Yorkshire and Calderdale STPs).
- Have an initial focus on; adult health and social care, children and young people, public health and housing, building in the future, towards a population health approach which includes a broader range of functions that impact on health and well-being.
- Provide oversight of delivery of the Better Care Fund and Improved Better Care Fund and related performance.

Membership includes senior colleague from the Local Authority (Adults & Children’s and Public Health) and the CCG including representatives from GP’s, Member representative, Procurement, Finance and Legal.

**ICE Operational Group**

The purpose of the Integrated Commissioning Executive (ICE) Operational Group is to undertake tactical commissioning activities to support the Integrated Commission Executive to fulfil its agreed strategic commissioning remit.

- To take a lead on the development of proposals to integrate commissioning activities in line with the work-plan, and template agreed by ICE. Report progress through a highlight report to ICE.
- To maintain oversight and governance for delivery of the BCF plan – preparing a separate highlight report on BCF and iBCF activities for ICE monthly, and preparing quarterly reports for HWB.
- To take a lead on the delivery of initiatives funded through BCF and iBCF. Ensure; scheme milestones are in place, proposals for mitigating actions are in place, where necessary and escalation to ICE in undertaken as part of the BCF highlight report.
- To review and quality assure the ICE risk register, monthly performance metrics and financial monitoring prior to ICE meetings, and identify and action any mitigating actions needed – reporting through to ICE.
- To ensure that integration activities and delivery of BCF/iBCF schemes are aligned with other CCG and CMBC change programmes with the aim of streamlining reporting processes and achieving visibility of delivery across both organisations.
**Wicked Issues Forum**
Is a forum where complex cross-agency children’s issues are considered, with meetings held on a quarterly basis. The format of the forum includes all agencies who manage and provide services for children and young people. The sessions include presenting, describing and analysing a specific issue, followed by a presentation of the efforts being undertaken to address the area of concern, followed by a multi-agency discussion and debate about our shared commitment to review or implement new approaches to improve cross agency working focussed on the topic in question. “Wicked Issues”, are likely to include, but not be limited to: children’s and young people’s emotional health and wellbeing, special educational needs, childhood obesity/active children, domestic violence, cyber bullying, exclusions, voice of the child etc. Examples of areas covered include Early Years, Domestic Abuse and Permenant Exclusions – emotional health and wellbeing has been a key focus in all forums.

**Emotional Health and Wellbeing Taskforce**
This multi-agency group is the responsible operational group for monitoring and reporting the progress of the delivery of the LTP. Meetings are held every two months and it reports through the Chair as appropriate to a range of bodies, ensuring strategic responsibility for the LTP is provided by the Health and Wellbeing Board.

The purpose of the taskforce is to:
- Improve the emotional health and wellbeing of children and young people in Calderdale, aged 0-19 or 25 where the young person has SEND.
- Ensure the development, submission and monitoring of Calderdale’s Local Transformation Plan (LTP) for Children and Young People’s Emotional Health and Wellbeing and the annual refresh of this plan.
- Ensure that the views of children, young people and their parents/carers are taken into account on the design of services that truly meets their needs, and to ensure all discussions and decisions are communicated effectively amongst stakeholders.
- To maintain reporting mechanisms with updates to/from:
  - Health and Wellbeing Board
  - NHSE National and Regional Groups
  - Council Members and CCG Boards
  - Calderdale Children’s Local Safeguarding Board
  - Parents and Carers
  - Children and Young People (particularly the Tough Times reference group)
  - Other stakeholders including GP’s and Schools
- To identify development proposals which facilitate the implementation of the LTP and improve Emotional Health and Wellbeing for children and young people
- To agree allocation of LTP additional funding and identify opportunities to bid for additional funding to support our priorities and oversee funding bids.
- To monitor the impact of new provision and enhancements to existing provision.

Please see governance structure below
Governance Structure

Key Partners:
- Children and Young People
- Parents and Carers
- Schools/Colleges
- Early Years Settings
- CYP Mental Health Providers
- Calderdale Council
- Calderdale CCG
- Calderdale Safeguarding Children’s Board
- Voluntary & Community Sector
- GPs

Emotional Health and Wellbeing Task Force

Key Meetings:
- YP’s Tough Times Reference Group
- Youth Council
- Wicked Issues Forum
- ASD Steering Group
- Open Minds Partnership Steering Group
- School’s Health and Wellbeing Networks
- Mental Health Innovation Hub
- CYP Improving Access to Psychological Therapies
- Transforming Care Partnership
Section 10: Stakeholders and Key Partners

We have an excellent relationship with our key stakeholders and partners in Calderdale and many are represented on our EHWB taskforce which makes the key decisions about our LTP priorities; some of these are described below. More information about our key partners is also included in the section on current provision.

Calderdale Safeguarding Children Partnership (CSCP)
Calderdale Safeguarding Children Partnership replaced the Local Safeguarding Children Board. This has introduced a more streamlined approach to consider safeguarding arrangements in Calderdale led by statutory partners (Local Authority, Calderdale Commissioning Group, West Yorkshire Police) alongside Voluntary Sector representation, Public Health and Schools. Consultation events took place early last year with children, parents and practitioners to establish their views about the new safeguarding arrangements and safeguarding priorities, with funding from an Early Adopter grant. The findings from this activity will inform the future work of the Safeguarding Partnership. All the LSCPs across West Yorkshire are seeking ways to make efficiencies on shared agendas. More information about the CSCP is available here: http://calderdale-safeguarding.co.uk/

Public Health
A Public Health consultant sits as part of the EHWB taskforce ensuring a joined up approach to preventing mental ill-health. Throughout the Transformation Plan where the Council is referred to, this includes Public Health. The Public Health team also lead the production of the Calderdale Joint Strategic Needs Assessment, which includes information from across the system on a range of issues pertinent to the health and wellbeing of the local population. This includes an annual survey (the electronic Health Needs Assessment (eHNA) of children and young people in Years 5, 6, 7, 10 and 12. The results of the survey are used to inform the way health and wellbeing services for children and young people are commissioned and delivered in Calderdale. Schools are encouraged to use the results to inform the way they provide health and wellbeing support for their students and students, in line with OFSTED recommendations.

Mental Health Innovation Hub
Calderdale’s Mental Health Innovation Hub is led by Calderdale Clinical Commissioning Group and meets every two months and is attended by multi agency representatives. The Hub representatives work together to identify and make improvements to services and support for people with mental health problems, and to share information/ideas/experience. The Hub also oversees the implementation of the Calderdale Mental Health Crisis Care Concordat action plan. Partners are supporting the development of an all age mental health strategy for Calderdale.

Voluntary and Community Sector
Calderdale has a committed and diverse voluntary and community sector which plays an important role in building resilience and creating environments that support good mental health, such as active lifestyles and peer support. This sector has strong representation on our EHWB Taskforce in addition to contributing to the development of LTP priorities through involvement in stakeholder engagement groups and also direct delivery of some LTP projects.
Parents and Carers

We have engaged more closely with parents and carers and have parent representation from Family Voice Calderdale on our EHWB Taskforce, our ASD steering group and other task and finish groups. We have also involved parents and carers in the development of a range of resources e.g. the ASD Information pack and our EHWB resource guide for families.

Children and Young People

We are proud of the joint work we undertake with our children and young people in Calderdale supported by Calderdale Young Peoples Service and voluntary sector organisations. Calderdale have a number of representative groups of children and young people who are involved either directly or indirectly in the planning and delivery of the Local Transformation Plan. Our Tough Times Reference Group our young people’s working group, work closely with their peers across a wide range of organisations including schools, faith groups and specialised targeted groups such as our Children in Care Council and LGBTQ Youth Group to ensure wider understanding of the emotional health and wellbeing agenda.

Schools

We have secondary and primary school representation on our EHWB taskforce and other sub groups and schools play an important part in the planning and development of many of our LTP priorities. We ensure a wider representation from school colleagues through our facilitation of the secondary and primary health and wellbeing networks and updates to our Secondary Head Association and Primary Heads Executive meetings. We see schools as fundamental to the early intervention support available to our children and young people in Calderdale and the eHNA survey which is undertaken by students in schools as key to ensuring we have a good understanding of the needs, thoughts and views of our student population.

GPs

The CCG GP representative for mental health plays an active part in our EHWB taskforce and wider areas of LTP work. Dr Taylor chairs the Open Minds Partnership Steering Group and has recently been appointed as the CCG children’s lead and is planning to create an approach to provision for children and young people that is integrated across physical health and emotional wellbeing with a particular focus on transition to adult services and a longer term aim of an all age service. Calderdale has moved towards a locality model for provision of care of all types and GPs are leading this and Dr Taylor is ensuring that children and young people’s emotional wellbeing is at the heart of these emerging models. The vision is for children and young people to lead the commissioning of services for themselves in the long term and work is starting to explore how this can be developed.

Services

We have a number of services represented on our EHWB taskforce who contribute to the support and challenge of the LTP delivery and who are involved directly in the planning and delivery of some LTP projects. For example Young Peoples Service, Youth Offending Team, Early Years and Public Health are among those who regularly attend taskforce meetings and engage in project work. For further information please see our section on current provision.
Providers
The EHWB taskforce is attended by representatives from both our Open Minds Partnership (CAMHS) providers in addition to other providers from the wider voluntary and community sector, delivering early intervention mental health services in Calderdale. Provider expertise is utilised and supports the effective planning and delivery of our LTP priorities.

Calderdale Tough Times Reference Group
The Tough Times Reference group are a group of 11 young people who have experienced their own tough time having lived experience and are passionate in helping influence change around emotional health and wellbeing. They work to a clear plan that is derived from Calderdale’s LTP and is written and agreed by both the young people and Commissioning Engagement Officer, then shared with members of the EHWB Taskforce. The group are involved in the co-production of many of the LTP projects e.g. the development of Calderdale’s Open Minds website [www.openmindscalderdale.org.uk](http://www.openmindscalderdale.org.uk) and the Top Tips Postcards for Parents and Carers. The group give their opinions on the annual LTP priorities, which the group members prioritise based upon their understanding of what their peers say and what the local need is. They regularly attend our EHWB taskforce meetings to share what they are working on and to give a young person’s perspective on emotional health and wellbeing and assist with commissioning services and the evaluation of bids.
Section 11: Current Provision for Calderdale

There are a range of services delivered across Calderdale which support the positive emotional health and wellbeing of children and young people across the whole system of care ranging from universal services, prevention and early intervention through the provision of early help to specialist and crisis care for our most vulnerable children and young people who may require more intensive or alternative interventions. Some of the key services are listed below but this is not an exhaustive list:

Perinatal Mental Health
The specialist PNMH service is well embedded within Calderdale. The service is fully staffed and receiving ever increasing referrals from a variety of sources. Clear perinatal guidance has been developed and implemented for primary care and is in development for health visitors and midwives. A Calderdale PNMH network has been established and has bimonthly meetings which are well attended by a broad range of professionals involved directly and indirectly with caring for those with PNMH problems at all levels of severity. The service offers a range of different interventions depending on need and current involvement with other services. It works with women to offer specialist perinatal support around care planning, contingency planning, medication, mother-infant interactions and coordinate with the wider multiagency team such as midwives and health visitors. Staff assess and care coordinate people newly referred to secondary care services, either during pregnancy or up to the baby being one year old, referring them on to more appropriate teams if necessary. The consultant psychiatrist provides pre-conceptual advice to women who have had previous perinatal illness. The team also provide perinatal mental health training to colleagues and teams, primary care services and third sector organisations. Training is ongoing for professionals and being well attended.

Children’s Centres
Calderdale has 15 centres and 4 satellite centres across 21 sites, with 11 of the centres also offering nursery provision. These are managed by 2 externally commissioned providers, covering two separate geographical areas. Children’s Centres deliver a range of services and activities which promote positive mental health and wellbeing in parents/carers and children and refer and support those children and families who may require input from targeted or specialist services. The Family Support teams based in our Children’s Centres deliver evidence based parenting programmes Strengthening Families, Strengthening Communities which support parents to develop effective strategies to manage their children’s social, emotional and behavioural problems and to help them understand their child’s behaviour and how they can help them to improve.

Schools
There are 86 schools offering primary age provision (including two special schools and two primary phases in through-schools), with 20,860 pupils on roll (May 2019). 27 of the 86 schools for primary aged pupils are now academies. Calderdale also has 14 secondary schools (including one special secondary school and the two aforementioned through-schools) serving 15,773 pupils (May 2019), 11 of these have converted to Academy status (including one of the through-schools). We have one Further Education College and an Adult Learning Provision. Our Secondary schools have a named lead for emotional health and wellbeing and have implemented a range of services which support the positive mental health of their students, these range from in-house counsellors to whole staff training on related areas e.g. mindfulness, peer support. Although schools don’t need to share information with us we know from the schools network meetings where in house provision is offered and we are able to consider this when planning the delivery of other services.
The majority of our schools support students to undertake the electronic health needs assessment which gives a clear picture of the needs and views of Years 5, 6, 7, 10 and 12. The survey results provide schools, commissioners and organisations with key information which supports a holistic and coordinated approach to the current and future planning of health and wellbeing services.

### Young People’s Service

This service offers a range of support opportunities for young people struggling with emotional health and wellbeing issues. The universal services includes Youth Centres, Detached (Street Based) Youth Workers and mobile youth work vehicles all of which provide access to youth workers who can offer 1-1 or group work sessions around emotional health and wellbeing. These could be opportunities to discuss worries or concerns that affect individuals or groups accessing these services – usually in the evenings in localities across Calderdale.

The targeted services consist of locality based key workers and Youth Works who offer mainly regular 1-1 sessions with young people across a range of issues – all of which would have an impact on emotional health and wellbeing. These workers support an individualised package of intervention through regular contact, discussion and occasional activities. At times they will pull together groups of young people to cover wider or shared issues/topics. This work takes place through the day and in the evenings and operates from anywhere in Calderdale including within schools. Both of the above aspects of the service would refer through to more specialist services should the need arise.

### Voluntary and Community Sector

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

### Early Intervention in Calderdale

Calderdale is delivering robust early intervention services which are driven by the Early Intervention Strategy. Calderdale’s Early Intervention Strategy (EIS) has been developed to deliver a co-ordinated approach to multi agency locality working. This provides Calderdale Council and its partners a robust framework to ensure the delivery of efficient and effective services to families. The priority is to deliver intervention which is early and focused for children, young people (aged 0 to 19) and their families who have been identified as being most at risk of needing support from a specialist service. Families with young people aged up to 25 may be included in some circumstances, for example where a young person has a disability or has left care.

Early Intervention is delivered through the two geographical areas: Halifax Central/Upper Valley; Halifax North and East/Lower Valley. Each locality is led by a Service Manager, who has a strategic responsibility in co-ordinating services within the locality to meet the needs of children, young people and families within that area, the Early Intervention strategy is currently under review.

### Vulnerable Young People’s Panel

Calderdale holds a weekly panel meeting to address the needs of our most at risk and vulnerable young people, the purpose of the Vulnerable Young People’s Panel is to develop and manage packages of support and diversion for our most vulnerable young people. The Panel will work to offer alternatives to care for adolescents, and to create innovative alternative interventions. We have representation from a broad range of stakeholders. The panel works to ensure the emotional health and wellbeing needs of young people referred to the panel are appropriately supported.
## Domestic Abuse Service

The specialist domestic abuse support service (Staying Safe) is working with the Schools Safeguarding Training Officer and the Council’s Early Years’ Service to build capacity amongst the workforce in order to help give the right support to children and young people. There will be a strong preventative element of this work with consistent messages about healthy relationships.

Alongside this, bespoke programmes of work with adolescents who are violent to parents and other family members are being delivered by the FIT team, YOT and Youth Service. The Respect programme is a structured programme of work delivered one to one with young people (male and female) and their parents to address abusive behaviour. Outcomes are measured using the SDQ, school attendance and police call outs.

The above are specialist DA services. Universal services such as the FIT Team, YOT and Youth Service work closely with young people and their families to address domestic abuse as part of their day to day work. Where children are present or linked to a DA incident it will result in the Police sending either a notification to the Council’s Early Intervention (EI) Team or a contact to MAST. Notifications to Early Intervention are shared with schools and others, as well as the child’s key worker if relevant in order for them to support.

## Child Sexual Exploitation (CSE) Service

Our approach for the CSE support service are as follows:

- Direct and targeted support for young people who are victims of/at risk of CSE.
- Targeted specialist support services for parents/carers of victims of/at risk of CSE.
- Volunteer befriending service for parents/carers of victims of/at risk of CSE supporting emotional resilience and wellbeing.
- Awareness raising materials for schools.
- Specific Healthy Relationships online resource library for schools and other professionals.

These combined approaches alongside existing preventions, community and universal support services for victims/those at risk of CSE in Calderdale enable us to target areas of need. This includes emotional health and wellbeing through direct, family, community and professional support and building children and young people’s self-resilience and recognition of healthy relationships.

## Calderdale Therapeutic Service

The Calderdale Therapeutic Service (CTS) provides support to Calderdale children who are Looked After and their carers. The Vulnerable Young People (VYP) keyworkers provide support in relation to emotional health and wellbeing for young people aged 12-18 on the edge of care. The team provides advice and guidance to the professional network either directly or through training and also provides reflective supervision for social work pods.

A recent review of service delivery has led to a refocusing of the work to ensure that placement stability is a priority. The adoption support fund previously enabled the team to prioritise children who were looked after. There was a reduction in staffing when the grant funding ended, but funding has been secured to create another post sited within the Fostering team. We are working closely with our health colleagues to embed the Thrive model in CTS and are looking at the synergies can be achieved by Open Minds Partnership (CAHMS), the First Point of Contact and CTS.

## KOOTH

KOOTH.com is an online counselling service delivered by XenZone which is available in Calderdale for young people aged 11-25 years. Kooth offers a free,
safe, confidential and non-stigmatised way for young people to receive counselling, advice and support on-line. Staffed by fully trained and qualified counsellors and available from 12pm until 10pm, 365 days per year, it provides a much needed out of hours service for advice and support.

**Time Out (Find your thing!)**

Time Out links up organisations across Calderdale who work with young people aged 10-19 to give them a space to be themselves, relax, socialise and do something they love and can support them to have positive emotional health and wellbeing. Time Out is a project co-designed by young people and delivered by the voluntary sector organisation Healthy Minds and relies on the help and input of young people to be the best it can be and provides lots of opportunities to volunteer and be involved in the project. Time Out also runs courses and workshops, both in schools and outside of school hours, on topics relating to emotional wellbeing, such as stress, self-harm, and self-esteem.

**Noah’s Ark Centre**

Noah’s Ark Centre offer counselling/psychotherapy to young people aged 11-21, 1-1 therapeutic play to children aged 5-11 and a facilitated peer support programme, Rainbows, for children aged 5-11 experiencing loss in various ways.

Noah’s Ark accepts over the phone – self referrals, parents, schools and other agencies. Initial assessments for counselling are arranged promptly, and given that the young person wants counselling, they are matched with a suitable counsellor to start their therapy as soon as possible thereafter.

**First Point of Contact, Open Minds Partnership – (CAMHS)**

The First Point of Contact is the single point of access for all Open Minds Partnership (CAMHS) referrals in Calderdale. All referrals come through this central point (other than those that present directly at A & E).

The service operates Monday to Friday from 9.00am to 4.30pm, and until 6.30pm on Tuesday and Wednesdays during Calderdale term-time. The service is normally staffed by at least 2 mental health practitioners, supported by the specialist Duty workers.

The First Point of Contact acts as a triage point with 2 main functions:

- To determine whether a CYP meets the criteria for assessment in CAMHS and will benefit from a CAMHS assessment and possibly intervention.
- For those CYP who do not require CAMHS assessment, to signpost to a more appropriate service or provide advice that the family can use at home.

The service also provides telephone consultation, support, and advice and referral guidance to professionals in the Calderdale locality who have questions or concerns around the mental health/emotional wellbeing of children and young people. Referrers are encouraged to phone the First Point of Contact to discuss potential referrals before submitting a referral.

The First Point of Contact has now started to take self-referrals from parents/carers and young people. Referrals can be made on-line, by post or by phone. This initiative has been successful and is helping to establish an accurate picture of need at the earliest point. It is proving popular with families as they do not have to wait for a referral/meeting with a GP, school or other professionals, and they can be confident that the correct information is passed on. This development will be promoted widely later in the year once systems have been fully tested and embedded, and new staff are recruited and trained.
Open Minds Partnership – (CAMHS)

Open Minds Partnership (CAMHS) in Calderdale provides an evidence-based, comprehensive service to children and young people aged up to 18 years who are experiencing emotional and mental health problems. The service is provided by Northpoint Wellbeing Limited and South West Yorkshire Partnership Foundation Trust with the two organisations working closely together. Currently the two organisations are working in partnership with commissioners and other providers to develop and implement the Thrive framework in Calderdale. The service offers direct work to children and young people and their families, both on an individual and group basis, and offers mental health expertise across children’s services, providing consultation, training and advice to carers/families and other professionals. The services are based in offices at Clare Road and Laura Mitchell Health Centre in Halifax. Appointments are offered in these bases and in a wide range of community venues across Calderdale, including children’s centres, colleges, schools and GP surgeries.

Specialist Pathways

There are clear pathways within specialist CAMHS for referrals for adopted and Children Looked After (CLA), children with Learning Disabilities, young people with eating disorders, young people with ADHD, and young people with ASD (autistic spectrum disorders). There is a new Neuro-developmental pathway being developed, this will start very much at the screening stage and training has been given to staff in FPoC around what information they will be required to gather in order for referrals to go down the pathways. The pathways will ensure that families do not have to go down separate pathways for ADHD and ASD which will avoid duplication for all.

The Eating Disorder pathway ensures that all young people with a suspected eating disorder will have an appropriate response, that being a response in 24 hours for an emergency and 5 days for an urgent case. Data is provided monthly to ensure we are compliant with the national standards. Narrative is given for those cases that have breached and shows constant improvement in the service offered. Staff continue to follow the training recommended from NHSE and continue to follow National guidelines for improving Eating Disorder services.

Specialist Open Minds Partnership (CAMHS) Duty and Crisis Team

The specialist CAMH service in Calderdale operates a daily Duty response for telephone calls from its service users and professionals. This operates Monday to Friday, 9.00am – 5.00pm. The Duty worker can offer advice, support and guidance and also has the option of arranging a direct face to face assessment where this is required. Duty assessments tend to be used for circumstances where risk has been identified and a prompt response is necessary. Typically, these assessments are made within the same week, often on the following day.

There remains a CAMHS duty worker that is available for Northpoint to deal with any urgent cases that may be referred via FPoC, they will offer advice/consultation to Northpoint colleagues to help them with some of these young people who may carry some risk, will offer urgent assessments and the plan is to do joint assessments in order to upskill Northpoint staff.

The service also offers a separate Crisis team response during office hours for any child or young person who presents at hospital A & E services having self-harmed. The primary purpose of this response is to assess risk of further self-harm and construct a plan of care to minimise risk. Following the Crisis team risk assessment, children and young people are offered a follow up appointment, again by the Crisis team, where the original assessment is reviewed. At this point, longer term intervention by the specialist service can be considered and planned where this is indicated. There continues to be a positive working relationship between CAMHS and Acute Trust. Due to the extra funding available from the NCM, a 7 day crisis team will soon be implemented.

Out of hours a similar assessment of risk is available to A & E departments for children and young people who have self-harmed. This On Call rota is staffed by the all members of the specialist service (including a second On Call Consultant Psychiatrist) though follow up reviews are planned with, and remain the
responsibility of, the Crisis team. The CAMHS crisis team continues to achieve its 4 hour target for any emergency attendance at A&E, continuing to work with Accident and Emergency and Paediatrics to agree processes for children and young people attending A&E with self-harm issues to understand their role in the pathway for children and young people.

### Eating Disorder Service

The Calderdale Eating Disorder service is a specialist clinical team based at Laura Mitchell Health Centre in Halifax. It provides assessment and treatment for children and young people experiencing or at risk of experiencing an eating disorder in the form of anorexia nervosa, bulimia nervosa, binge eating disorder and other atypical presentations. All referrals are received via the Calderdale First Point of Contact (FPoC). Assessments are prioritised according to risks presented and the team aim to see young people in 24 hours for emergency presentations. 5-7 days for urgent/serious presentations and 28 days for routine referrals.

At the moment assessment slots are provided in a multitude of settings including health centres, paediatric wards, A & E departments and in the client and family home and are flexible to meet the client’s needs where possible. Where ever possible routine clients will be provided with a “Trio” assessment as an initial appointment, where the family and referred child meet with three members of the ED team for a holistic assessment of needs.

An assessment is undertaken by members of ED team from different disciplines depending on the presentation, this may be senior mental health practitioner/therapist/dietician/psychiatrist. Where a referral is deemed urgent/serious and an emergency an assessment will be provided by a senior mental health practitioner and will be offered in the time scales as stated above.

As a specialist team they are able to focus solely on this client group and are able to respond in a timely manner to meet individual and medical needs, This ensures all clients referred and accepted on to the eating disorder pathway are individually assessed rapidly with a specialist clinician trained to manage the disorder and associated risks these present.

### Mental Health Liaison Teams

The 5 Year Forward View states that no acute hospital should be without an all age mental health liaison service across emergency departments and in-patient wards by 2020/21. A recent information sharing and learning event led by South West Yorkshire Partnership NHS Foundation Trust pulled together providers and commissioners from across Kirklees and Calderdale to hear about the development of a Rapid Assessment, Intervention and Discharge Team (RAID) in Greater Manchester Mental Health Foundation Trust. From that event a process will come into place to determine whether a similar RAID approach will be of benefit to children and young people aged up to 18 as well as adults and older adults in Calderdale, there are on-going meetings between commissioners, CAMHS and MHLT to discuss next steps to implement this service.

In the meantime, the existing arrangements remain in place in that Calderdale CCG and Greater Huddersfield CCG each fund a 24/7 Mental Health Liaison Team at Calderdale Royal Hospital and Huddersfield Royal Infirmary who respond to young people between 16-18 who present with mental health conditions. This team links closely with community health and local authority provision.

### Early Intervention in Psychosis

The Insight service provided by SWYPFT is our EIP service. It offers services to children and young people aged 14 up to the age of 65 and there is a joint working protocol in place between the EIP and Open Minds Partnership (CAMHS) to ensure access to treatment within 2 weeks if someone is referred to FPOC, and also to ensure there is joint working with the person who has been referred. Funding for NICE compliant treatment has been provided and staffs
are now in post. Access to service is monitored on a monthly basis for all service users receiving EIP services and a “deep dive” is carried out twice yearly to look at the NICE compliant elements and progress towards achieving outcomes.

**Tier 4: Specialist Services**

Last year’s update highlighted the announcement of developing New Care Models into a steady state of commissioning for Specialised services. Progress has moved at pace over the past few months which includes CAMHS in phase one for Lead providers to take on board the responsibility for their health population. This is a shift away from providers competing against each other, and instead collaborating to create a way of commissioning services that are integrated with community services. Provider Collaboratives will receive delegated responsibility for commissioning services in these mental health areas and the budget. They will work collectively with STPs and ICSs to plan and commission services across the region, engaging with service-users and stakeholders to plan increasingly tailored services for populations, making efficient use of funding.

Within Yorkshire and the Humber region the chosen lead providers are: Humber Area: Humber Teaching NHS Foundation Trust; West Yorkshire: Leeds Community Health NHS Trust; South Yorkshire: Sheffield Children’s NHS Foundation Trust.

We expect each provider collaborative to go live between April 2020 and April 2021, where NHSE Specialised Commissioning will work with the Lead Provider to enable this transition.

Parallel to enabling Provider Collaboratives the CAMHS bed reconfiguration continues with the opening of the Hull CAMHS inpatient service by the end of this calendar year. Plans have been submitted for the West Yorkshire development and this work continues to bring 22 beds to this area, based at the St Mary’s site in Leeds.

Finally, we have seen this year the opening of a CAMHS low secure service, for which has not been provided previously in the Y&H region, this is providing more accessible care and treatment for young people requiring a low secure environment.

**Youth Offending Service (YOS)**

The success of the Youth Justice Service model has been widely acknowledged as an effective way of providing children and young people who are at risk of offending or have offended with the right mix of care, diversion, supervision and rehabilitation.

Local commissioners and partners in Calderdale YOT are working together to develop pathways into the range of necessary specialist and follow on services, including Open Minds Partnership (CAMHS), family support, adult mental health services, learning disability, speech and language therapy and neurodevelopmental disorder services.

Children and young people under the supervision of youth justice services and those identified as being at risk of offending receive specialist practitioner support and case management oversight from the current CAMHS provision. This ensure that young people are not be marginalised and have equal access to comprehensive Open Minds Partnership services.

A Specialist YOT Mental Health practitioner post has been funded from 2020 to enhance delivery and pathways into Open Minds Partnership (CAMHS), a specific focus will be to support children with a community sentence and will be available for those on release from secure accommodation. This post will also allow specialist skills to be built within the existing teams and identify any possible gaps. This year the post will work closely with the YJS Education Officer to ensure a strong focus on young people with SEND and will offer advice and consultancy to the teams who offer services to SEND young people ensuring enhanced support for their emotional health and wellbeing.

A successful bid to NHS England will resource a FT Speech and Language Therapist for 15mths within the Youth Justice Service, this will support the Health assessment process within the Youth Justice Service and extend to Targeted Youth Support for Young People on the fringes of the Criminal Justice System.
Health and Justice

The Health and Justice Children and Young People’s Mental Health Transformation Work stream aims to promote a greater level of collaboration between the various commissioners of services for children and young people who are:

- In the Youth Justice System (or at risk of entering it)
- Presenting at Sexual Assault Referral Centres
- Welfare children and young people who are being looked after
- Being seen by Liaison and Diversion services.

Many of these children and young people are already known to service providers and it is important that mental health services for this cohort are not seen as being in a separate silo from other services. Rather, they should be viewed as part of an integrated, continuous pathway in which children and young people are able to receive the care they need on an uninterrupted basis.

Forensic CAMHs (FCAMHs)

Children referred to FCAMHs may be involved with the youth justice system or be at high risk of being so in the future. They are likely to present with behavioural problems like violence and aggression towards others, harming themselves, fire setting or engaging in sexually inappropriate behaviour. This is a new provision on offer in Calderdale (September 2018) and work will be undertaken with staff across the partnership to support the successful integration of this additional resource. Current challenges include:

- Highest risk during transition between different parts of the pathway, particular for the transition from secure accommodation to increased independence and responsibility in the community
- Need for children on release from the secure estate to be referred to a community forensic CAMHs if they have been assessed within the estate as needing a service, but the sentence has been too short to start or complete an intervention; and
- The 3 secure establishments for children in Yorkshire and the Humber (HMYOI Wetherby, Aldine House and Adel Beck Secure Children’s Homes) all have access to FCAMHs; Calderdale will have to establish working procedures with the establishment of FCAMHS across the region
- Locally numbers are extremely low currently we have two young people sentenced to a Detention and Training Order.

Liaison and Diversion Services (L&D)

Liaison and Diversion (L&D) services operate by referring offenders who are identified with having mental health, learning disabilities, substance misuse or other vulnerabilities to an appropriate treatment or support service. This has been established in Calderdale since April 2019; Calderdale has a robust partnership board and will track and identify any thematic trends within the pre criminal / criminal space and interventions being offered. New Early Help procedures are being developed across the partnership with West Yorkshire Police focusing on work upstream to reduce community demand; we are very much working alongside L and D and ensure that we have close alignment and integration of approaches. Challenges in service delivery can include:

- Following assessment by the L&D practitioner the child is referred to the most appropriate mainstream, YJS, and voluntary health and social care services to meet their mental health needs.
- Pathways from L&D services are developing into services for those with mental health and behavioural difficulties as well as care pathways for those comorbid mental health and learning disabilities.
Section 12: Funding Priorities

Since the beginning of our transformation journey in 2015 we have piloted a number of projects with the aim of finding the most effective which achieve the greatest impact on improving the emotional health and wellbeing of children and young people. Our EHWB taskforce including our young people agree funding priorities annually and where projects have been successful and achieved impact these have either received further funding or learning has been embedded. Some projects were allocated funding which enabled delivery beyond the year in which it was allocated. The table below outlines commitments through our LTP funding but does not include CCG and LA funding to deliver core CYP mental health services such as CAMHS, or other specific projects. In addition the table doesn’t include details of additional grant funding obtained to support this area.

### Theme 1: Promoting resilience, prevention and early intervention for the mental health and well being of children and young people

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<tr>
<td>Communications and resources.</td>
<td>£82,500</td>
<td></td>
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<td>£20,000</td>
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<td>Developing peer support schemes in secondary schools.</td>
<td>£72,500</td>
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<tr>
<td>Projects/training to support parents and carers whose children have EHWB issues.</td>
<td>£65,000</td>
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<tr>
<td>Primary schools clusters – transition support projects.</td>
<td></td>
<td>£70,000</td>
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<tr>
<td>Supporting EHWB in the early years.</td>
<td></td>
<td>£35,000</td>
<td>£35,000</td>
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<tr>
<td>Therapeutic interventions in secondary schools (THISS).</td>
<td></td>
<td>£80,000</td>
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<tr>
<td>KOOTH on-line counselling support for children and young people aged 11-25 (now funded through CCG).</td>
<td></td>
<td></td>
<td>£63,500</td>
<td>£13,500 (additional)</td>
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<tr>
<td>To develop and embed Time Out (Find your thing!).</td>
<td>£85,000</td>
<td>£75,000</td>
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<tr>
<td>Elland Cluster – Forest School delivery.</td>
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<td>£19,249</td>
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<tr>
<td>Orange Box Choir.</td>
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<td>£3,964</td>
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### Theme 2: Improving access to effective support – a system without tiers

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<tr>
<td>Waiting time initiative to explore innovative approaches to improving waiting times.</td>
<td>£50,000</td>
<td>£70,000</td>
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<tr>
<td>To launch the First point of Contact (now funded though CCG).</td>
<td></td>
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<td>£160,000</td>
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<tr>
<td>Mental Health in Schools Link project.</td>
<td>£50,000</td>
<td>£50,000</td>
<td>£50,000</td>
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<tr>
<td>Development, pilot and implementation of Silver Cloud app.</td>
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<td>£14,250</td>
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### Theme 3: Caring for the most vulnerable

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<td>Research and report, including recommendations on why CYP do not attend MH appointments.</td>
<td>£20,000</td>
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<td>A specialist MH practitioner to support CYP in YOT, SEN and other teams.</td>
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<td>£40,000</td>
<td>£40,000</td>
<td>£30,000</td>
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<tr>
<td>Supporting families whose children are waiting for an ASD assessment.</td>
<td></td>
<td>£100,000</td>
<td>£50,000</td>
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<tr>
<td>Research, training and support groups to support CYP who self-harm.</td>
<td></td>
<td>£55,126</td>
<td>£114,000</td>
<td>£26,500</td>
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<tr>
<td>To develop and embed a specialist Eating Disorder service.</td>
<td></td>
<td>£100,000</td>
<td>£114,000</td>
<td>£114,000</td>
<td>£114,000</td>
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<tr>
<td>To pilot roll out and embed the use of the Brain in hand app for young people with ASD or extreme anxiety.</td>
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<td>£107,000</td>
<td>£114,000</td>
<td>£114,000</td>
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<td>To enable the delivery of 1-1 support for LGBTQ+ young people.</td>
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<td>£30,000</td>
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<tr>
<td>To develop a training package for foster carers to equip them to provide better support for the emotional health wellbeing needs of children looked after.</td>
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<td>£6,500</td>
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<tr>
<td>To expand the “Space for Me” dramatherapy offer for CYP at Victoria Theatre.</td>
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<td>£28,182</td>
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<tr>
<td>Therapeutic Interventions for Family Support (THIFS).</td>
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<td>£15,600</td>
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### Theme 4: Accountability and Transparency

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<td>Introduction of the THRIVE model.</td>
<td>£20,000</td>
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<tr>
<td>Engagement and co-production with children and young people.</td>
<td>£5,000</td>
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<tr>
<td>Support and engagement with parents and carers.</td>
<td>£20,000</td>
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<td>Ver de Gris Arts, Real time Talk – film engagement project.</td>
<td></td>
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<td>£11,988</td>
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### Theme 5: Developing the Workforce

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<td>CYP Improving Access to Psychological Therapies allocation for backfill.</td>
<td>£40,000</td>
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<tr>
<td>CAMHS Workforce audit and planning.</td>
<td>£45,000</td>
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| Total LTP Funding Allocations Per Year:                             | £390,000 | £507,126 | £554,000 | £518,600 | £513,233 |