

NHS Vale of York CCG

TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S EMOTIONAL AND MENTAL HEALTH 2015-2020

Refreshed Plan October 2018



Local Transformation Plan 2018 refresh

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Introduction and Summary

'One of my main concerns in which I would like to see a change is people's views and the amount of help children and young adults get with mental health problems. I feel like this is still a very taboo topic but it is experienced in everyday life. I feel the family, relatives and carers also need support on how to deal and help someone who has a mental health problem.' A young person in Year 10.

When we published the Local Transformation Plan (LTP) in 2015, we made a joint commitment across health and local authorities that:

By 2020, we will work together and share resources across North Yorkshire and York to make sure that children and young people:

- Grow up confident and resilient and able to achieve their goals and ambitions
- Can find help easily when they need it
- Receive help that meets their needs in a timely way
- Are fully involved in deciding on their support and are actively involved in deciding how services are developed and provided.

We will achieve this ambition through:

- Investment in prevention, promotion and early intervention
- Co-commissioning of support provision
- Integrated pathways and co-located multi-disciplinary teams
- Engagement and involvement of children and young people at all stages in the commissioning cycle and in monitoring services

There are principles that are shared across our partner organisations:

- Early help prevents problems escalating and causing more damaging problems
- The protective factors of family, friends and supportive schools are critical in developing emotional resilience and avoiding problems
- Organisations that work closely together, with shared vision, plans and delivery structures will offer the most successful support at any point in the journey of the child or young person
- Transparency and accountability: change must be demonstrable and resources spent effectively: the public has legitimate and high expectations that monies are spent where they will do most good

The key actions we committed to achieve this ambition were:

- Establish a community eating disorder service across North Yorkshire and York
- Establish Single Points of Access into specialist CAMHS services to reduce waiting times and achieve a consistent approach for managing referrals
- Establish Well-being Worker services in schools across the CCG area, working in partnership with colleagues in the City of York and North Yorkshire County Council.

- Review and develop more robust ways of working across all agencies and sectors to broaden the offer for children and young people and ensure that they receive the best possible and timely care.

We have acted in response to what children and young people and families tell us they want:

- Reduced waiting times to access support and see clinicians at CAMHS: additional investment in 2018/2019, development of group therapy at Lime Trees and Selby and a new counselling offer in City of York will all work to reduce waiting times.
- Improved communications about waiting times and how to contact clinics: self-referral arrangements and leaflets for referrers
- Rapid support at times of crisis: crisis team meeting with all referred patients seen within 4 hours, and planning a full 24/7 offer from April 2019, Safe Haven walk in for 16s and over in York.
- More services like mentoring and counselling which can be accessed quickly and easily: themes that came across included managing emotions, life skills, and social skills. School mental health champions, Buzz Us texting service in North Yorkshire, and new counselling offer in City of York all enable rapid access to support and reassurance
- Online forms of support, but face to face as well: Buzz Us texting service in North Yorkshire and work being undertaken by TEWV in developing online, App based support and recovery college approach.

Whilst the CCG is accountable to NHS England for delivery of the LTP, the Plan is written to meet local needs across a wide partnership and is delivered and overseen collaboratively with providers, local authorities and the Health and Well-Being Boards. The LTP reflects the close working with other CCGs, particularly in North Yorkshire, with whom there is a shared specialist CAMHS provider and pan-North Yorkshire services for eating disorders and crisis support. We intend to work more closely with colleagues in East Riding of Yorkshire this coming year.

We have worked in the last year to improve outcomes across the local area: some significant successes were:

- **Additional funding and investment in services:**
 - From 2018/2019 £120K recurrent CCG funding and £50K recurrent TEWV funding into specialist CAMHS services to support the emotional treatment pathway, and aligned to the priorities jointly identified by the CCG and TEWV.
 - non-recurrent CCG funding of £90K to increase the number of autism assessments in 2018/2019
 - A specialist local peri-natal service funded by NHSE is in development, which will provide support for 220 mums, and signposting advice for a further 1200.
 - Additional recurrent funding for a psychiatric liaison service which will support 16's and over in A&E out of hours
- **Easier access to early support:**
 - The Well-Being Worker Service in City of York is now well-embedded: 7 workers, jointly funded by the CCG and schools worked with over 300 pupils in 2017/2018 delivering evidence based therapies, advice and information, achieving high satisfaction ratings: Over 80% of children stated they achieved

their goals, and SDQ scores fell from 16.5 to 11.8. There was also a reduction in onward referrals on to CAMHS indicating that the earlier support received prevented difficulties escalating. The service also worked closely with CAMHS to offer assessments and interventions for any primary school aged child on the emotional pathway waiting list.

- Buzz Us texting service was set up for pupils in North Yorkshire: it has initiated 200 texting conversations to advise and signpost young people, meeting secondary school pupil's aspirations for 'instant access'.
- Mental Health Flowchart for pupils in North Yorkshire Schools
- Mental Health Champions in York: staff and pupils in all 10 secondary schools and colleges have been trained to provide peer support and roll out school based mental health campaigns so that pupils have rapid access to advice and information
- Strengthened Family Early Help Assessments developing support plans with families, schools and other agencies
- Mental health workers in the Unity practice, which serves the York universities' student population.
- Compass Buzz school well-being service in North Yorkshire County Council provided training for 1400 staff in the CCG area and worked on co-facilitation of support for pupils. 92% school staff stated the training helped them support pupils more effectively.
- **Improved access to specialist support**
 - Community eating disorder service improved performance against trajectories to meet national targets and received parent and patient feedback describing the support received as excellent.
 - Group therapy work offered by TEWV has become the norm for children and young people on the emotional pathway, offering earlier support and reducing the numbers requiring individual one to one interventions.
 - The Single Point of Access managed over 1900 referrals in the year, and offered every family a 30 minute phone call to discuss concerns and facilitate a decision on whether the child or young person needs a full face to face assessment.
 - Crisis support team in York, working 10am-10pm seven days a week to support children and young people in crisis: in the first 6 months, over 600 children and young people accessed the service. We have seen a fall in presentations at A&E, and a significant drop in admissions to inpatient units, as young people can access intensive support for up to eight weeks. Over 80% children felt well-supported.
 - 40% of children and young people received support against the national target of 32%
 - The Transforming Care Partnership for children and young people has set new approaches to CETRs and inter-agency support arrangements are now in place: fewer than 5 CETRs were required for Vale of York, and all were able to be supported in the community.
 - Extension to No Wrong Door in North Yorkshire has provided intensive support for more looked after children who are not engaged with services and recruited 7 clinical psychologists to work with this group. The staff work closely with young people, families and professionals to ensure that care assessments, plans and service activity are informed by continuing psychological formulation.

- Commitment to extend the City of York FIRST project through funding for a new centre of excellence to offer intensive short breaks to those children who at risk within the Transforming Care Partnership group, and also increase the number of overnight short breaks for children and young people with autism or physical disabilities. Supported by the CCG, the project has applied for over £900K of capital funding to NHS England and decision is awaited.
- The CCG Designated Professionals Team demonstrates strong and effective leadership in developing safeguarding practice across the health economy. This is seen via their work with health providers, contribution to the Local Safeguarding Children Board and by leading the North Yorkshire and York Safeguarding Children Health Professionals Network.

These developments have had and will continue to make a difference to the outcomes for children and young people: shown in reduced SDQ scores, feedback around the effects on young people and their families, and early access to advice and support.

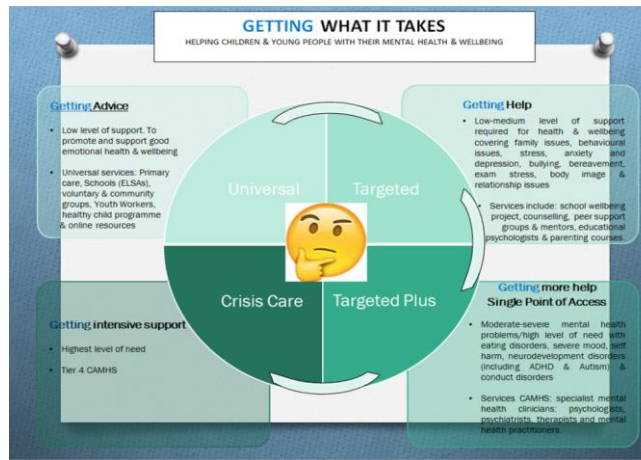
Case study

CAMHS notified SWW of a child who had been referred to them via Relate, as the child was hallucinating and suffering panic attacks. Consultation with the school identified that child was presenting with extreme anxiety in class. Parent consultation and six sessions with SWW took place using emotional literacy techniques and 'how to tame your Meerkat' intervention – child engaged well, panic attacks ceased and was able to become an emotional ambassador for their class. SDQ demonstrated a significant reduction: SDQ scores -Teacher from 12 to 0, child from 18 to 9, parent 14 to 8. Without the early intervention, panic attacks could have affected ability to be at school, and eventually need a referral to CAMHS.

Throughout, our plans have been driven by:

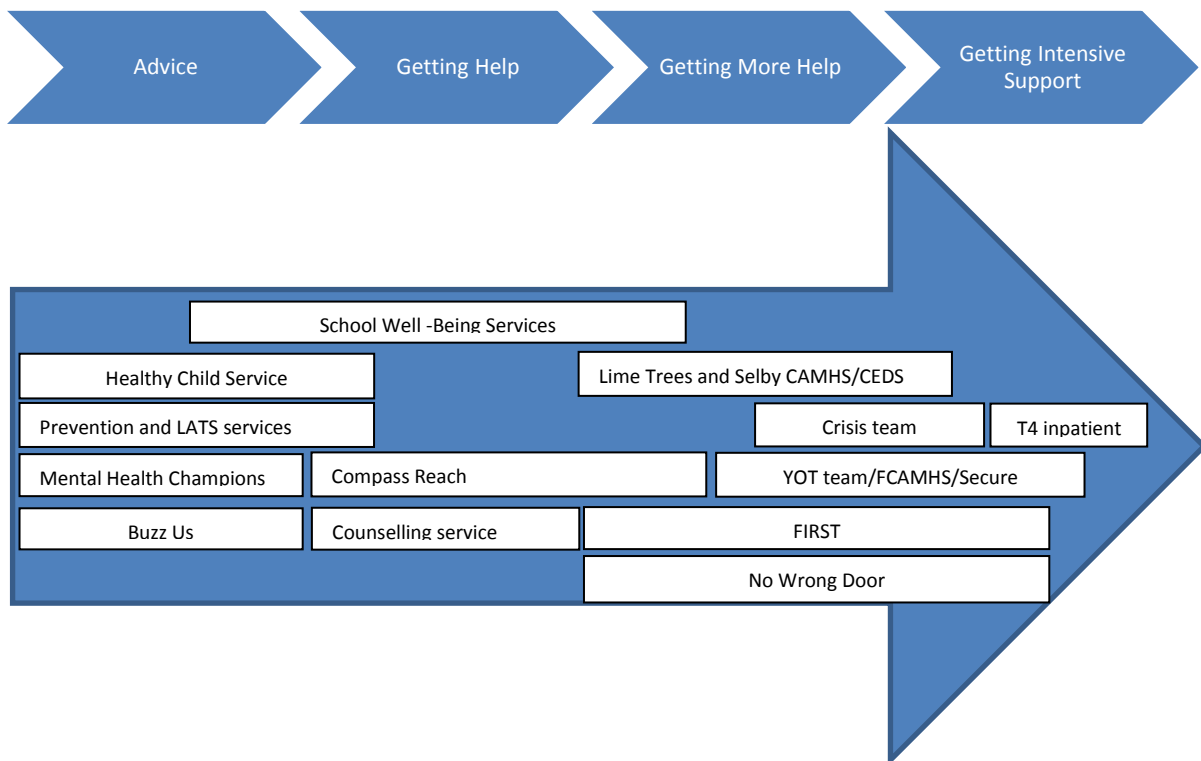
- Engagement with service users, Youth Councils, parent groups and service users
- Needs analysis based on the JSNA and monitoring and performance data for the locality
- National policy drivers and guidance through, *Future in Mind*, the Five Year Mental Health Forward View
- The local health and well being strategy, mental health strategies, autism strategies
- Thrive Model of support, which maps sources of advice and support to the domains of Advice, Getting Help, Getting More Help and High Levels of Need. The Thrive Model helps ensure there are no gaps in sources of support, and agencies work well together
- CYP-IAPT principles

Thrive was adopted as the local area model of support

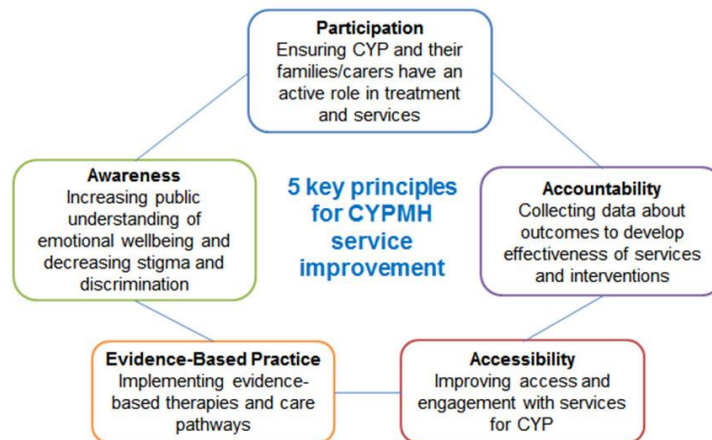


<http://www.implementingthrive.org/wp-content/uploads/2016/03/Thrive.pdf>

Support is structured around this framework, with examples below:



Within the Thrive model, the area works to CYP-IAPT principles



We evidence these principles though:

- **Accountability:** oversight by NHSE, HWBB and Overview and Scrutiny Committees, publication of performance and finance data with the LTP, involvement of families in strategic decision making
- **Accessibility:** new services in schools that are easy to access, self-referral into specialist support, Buzz Us texting service, additional investment to reduce waiting times, monitoring of targets for access
- **Evidence based practice:** all staff working with children and young people have professional training on appropriate evidence based and/or NICE concordant therapies, and training plans are framed around evidence based approaches to ensure best possible care and consistency of approach.
- **Awareness:** school mental health champions, school well-being workers all raise awareness and offer approaches to ensuring good emotional health and well-being, leaflets for families and primary care help signpost

There remain challenges for the future:

- Health and local authority budgets remain challenged, with strongly competing calls for funding. The CCG has prioritised mental health funding, in particular children's mental health funding for further investment, and has confirmed that it will continue to invest in school based projects and eating disorders, in addition to increasing investment in core mental health services for children when funds allow.
- Integration of services across agencies to ensure seamless provision especially some very complex groups.
- Overstretched specialist services. The Education Policy Institute reported in 2018 that referrals into specialist CAMHS has increased 26% in 5 years, whilst CAMHS staff report increase in the complexity of referrals. There remain delays in accessing treatment, and although we expect the school well-being services and other community services such as Healthy Child programme and counselling services to

reduce demand in the longer term, these projects will take some time to work through the system.

- Need to develop further the capacity of schools and community settings to encourage children and young people's resilience, and provide an environment of support: the area was unable to bid for trailblazer status as proposed by the Department for Health in its response to the Green Paper, and we aim to follow the training elements of the trailblazer bids to learn how the local area can develop leadership skills still further.

A key strategic issue for the local area is how to ensure that at for every level of individual need there is an appropriate response. We know from feedback, and also from the data from the Single Point of Access that there are needs for less intensive forms of support and the CCG is committed with partners, to focus on meeting these needs. This entails fresh thinking about how we work across agencies; success comes from collaboration and offers a challenge to all those working with children and young people to achieve better, and so an additional theme of joint commissioning and partnership working has been added to the plan.

To address these challenges in the coming year, the **area will focus on:**

- Easier Access to Early Support
 - Peri-natal support
 - Work with maternity services, health visitors and school nursing services, to ensure that all families receive advice and support for emotional and mental health
 - Ensure clarity around offers of support across all agencies
 - Ensure that communication and information for families is supportive
 - Look at how to increase involvement of voluntary sector.
 - Effective staff training and information to respond
 - Mental Health Champions
- Specialist Support for Those Who Need It
 - Ensure support for vulnerable groups of children and young people offers the best possible support: those with complex needs
 - Roll out programme of task and finish groups for vulnerable groups
 - Developing online support alongside face to face
 - Addressing long waiting lists
 - Complete roll out of TCP systems and work to ensure robust and joined up pathways of support across all agencies
 - Ensuring pathways of support are clear and agencies are working well together
- Ensuring Transparency, Joint Commissioning and Partnership Working
 - Explore scope of services in future to shape joint commissioning
 - Workforce development plan across the area
 - Strengthening training and awareness for primary care about services for emotional and mental well-being
 - Mental Health Data Set: ensure all qualifying serves are able to report activity to establish the true extent of local delivery
 - Improved information for primary care

The **action plans** for 2018/219 are **at Appendix 6**

The remainder of this document sets out the narrative plan and the **assurance statement** both for NHS England and the local area, detailing how we are performing and plan to improve the emotional health and mental well-being of children and young people.

Strategic Context

“My hope for the future is that young people’s mental health becomes a priority. Schools need to focus more on mental health and life skills and less about exams so that I learn to manage my finances and emotions to live a happy life”

“ Many referrals to CAMHS reflect failure in the local system of support”

A very positive result of the national focus on mental health is the open national debate and conversation about children and young people’s mental health and regular media items about this. There is a better understanding of emotional and mental health needs and the drivers – both positive and negative - that affect emotional well-being and the dangers of failing to offer the right support for those facing difficulties. Advice is increasingly aimed at providing support in schools and community settings and moving away from medical models of care and support; this can be seen in the Green Paper published in 2017 which set out proposals for schools based mental health support pilot projects.

Commissioning at regional and local level continues to develop following the inception of Sustainability and Transformation Partnerships (STP). The Humber Coast and Vale STP Plan is at high level across a wide geographic and demographic area. A lead priority is ‘ensuring mental health is seen to be equally important as physical health and that the services we offer promote the best mental health for our local population. The Plan sets out 6 workstreams, of which the following are relevant to children and young people, and are reflected in the LTP:

1. Eliminating out of area placements for patients: the crisis care team has reduced numbers of inpatient admissions and with it the number of out of area placements.
2. Implementing a 24/7 Mental Health Crisis Care and Liaison Services: currently there is specialist support 10-10 , and a bespoke children and young people’s out of hours crisis team will be in place by April 2019.
3. Increasing access to locally based Specialist Perinatal mental health community services: funding is secured for the local service and it is now being developed

The CCG’s Strategic Plan 2014-19 includes the strategic priorities of transforming mental health and learning disability services and also improving children’s and maternity services; the Operational Plan for 2017-19 places renewed emphasis on:

- Move to strategic commissioning with partner local authorities. There are jointly commissioned universal and targeted services, and bespoke commissioning for individuals with highly complex needs
- Goal of safe resilient services working 7 days a week to provide access for those with mental health needs: the local crisis team is in place, and will extend to 24/7 working by April 2019
- For mental health services:
 - Access early intervention and avoidance of crisis management
 - Improved working on physical health for those with mental illness: the community eating disorders service is reviewing the approach to ensuring a robust system of physical health checks. Those children and young people over 14 will receive an annual health check via primary care services.

Local authority strategy has developed in the last year with a new all-age mental health strategy in City of York; this adopts the Trieste community approach as the foundation for care and support. Particularly relevant to this plan are the themes around:

- **Getting better at spotting the early signs of mental ill health and intervening early.** Priorities are: technology; positive workplaces; mental health first aid training; information and advice; increase community resilience; increase timeliness of diagnosis; encourage the uptake of support; Crisis Care Concordat; signposting and support for carers
- **Improve services for mothers, children and young people.** Priorities are: *Future in Mind*; resilience and good mental wellbeing; access to support in schools; support for those who are vulnerable or in crisis; transitions; support during and after pregnancy; alignment with student mental health strategy; links to families and carers.

Strategic plans are underpinned by a wide network of partnership boards and meetings, involving commissioning staff, providers, parent representatives, children’s services, public health, and Healthwatch. These include the key strategic partnerships for children’s emotional and mental health for North Yorkshire and City of York Councils and the joint commissioning strategy group in East Riding of Yorkshire Council.

A list of applicable strategies is at **Appendix 1**

The governance structures for children’s services are clearly set out, ensuring lines of accountability to strategic partnerships and the Health and Well-Being Boards. The LTP will form the basis of monitoring across these sub- groups and the strategic partnerships.

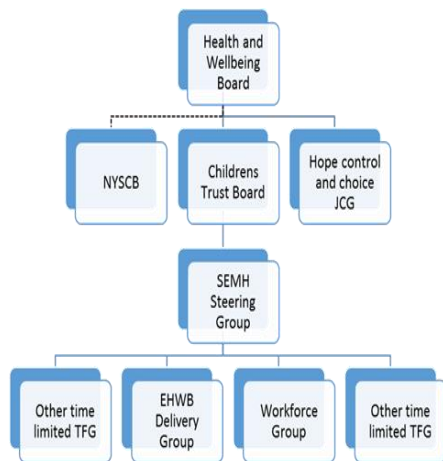


Table 1: North Yorkshire County Council governance structures

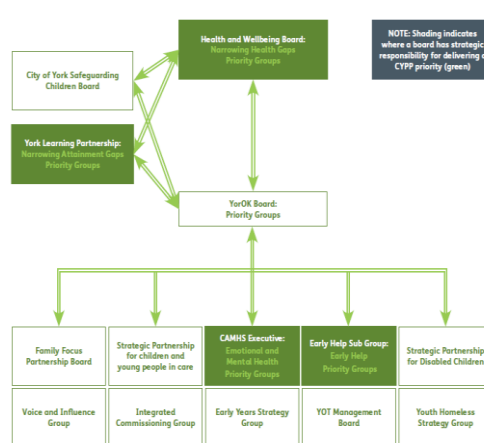


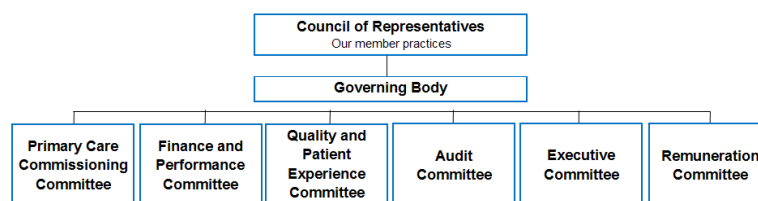
Table 2: City of York Council governance structures

Terms of reference for these groups set and partnerships clarify the roles and responsibilities of organisations in leading on and delivering identified projects.

Across the region, commissioners from health and local authority are part of the regional Yorkshire and Humber Children and Young People’s Mental Health Lead Commissioning Forum, and STP Commissioning Group. There are also the SEND regional health commissioner’s forum, and the North Yorkshire and York Transforming Care Partnership

group for children and young people which all enable engagement at strategic level across areas of specialist needs. The TCP has developed the framework for dynamic support for children and young people at risk of admission to inpatient units, and works closely with the North Yorkshire and York CETR Manager to prevent admissions whenever possible. The TCP sub group is working across North Yorkshire and York on workforce development to ensure care and support for those with most complex needs.

Within the CCG, the programme of work for children and young people’s mental health is overseen by the Director of Transformation: regular reporting to Finance and Performance Committee, Quality and Patient Experience Committee and Governing Body ensure that performance and service development are scrutinised and also that children’s emotional and mental health is fully incorporated into strategic and commissioning plans.



The CCG risk register includes CAMHS as a corporate risk, recognising that specialist CAMHS services do not meet targets for waiting time and assessment: mitigating actions involve a Service Development Improvement Plan overseen by Contract Monitoring Board. This focus has enabled the additional investment in the last year along with joint discussions regarding risk between the CCG and providers. The risk register is at **Appendix 5**

NHS England Mental Health Specialised Commissioning

NHS England has undertaken a national Mental Health Service Review; this has been locally directed and driven so that the services meet the needs of local populations. Yorkshire and Humber commenced procurement of general adolescent and psychiatric intensive care inpatient services ahead of the national timescales, with the first Lot being for Hull, East Riding of Yorkshire, North and North East Lincolnshire, and is for 11 beds in total. Currently there are 53 general and 33 specialist beds in the Yorkshire and Humber Region, although, as with all beds, they are available nationally.

NHS England has implemented its New Models of Care programme, which aims to put local clinicians and managers in charge of both managing tertiary budgets and providing high quality secondary care services. Tees, Esk and Wear Valley Foundation Trust is a first wave provider, enabling development of crisis response and new approaches to holding children and young people in the community. The crisis team works 10 am to 10 pm 7 days a week and has reduced the numbers of inpatient admissions significantly in the first year of work.

We will work closely with NHSE, TEWV and identified lead commissioners in Y&H to ensure that CAMHS Service Review and local plans link with Sustainable Transformation Plan (STP) footprints. The aim is to develop greater understanding of patient flows and the functional relationship between services to work with commissioners and providers to

support new and innovative ways of commissioning and providing services, in order to improve quality and cost effectiveness. This work will continue to carry out collaboratively through the Children and Maternity Strategic Clinical Network which includes all relevant stakeholders.

The NHSE Yorkshire and Humber (Y&H) Mental Health Specialised Commissioning Team works collaboratively with lead commissioners in each of the 23 CCG areas across Y&H to ensure that specialised services feature in their local planning. This work is done through the Y&H CAMHS Steering Group, Specialist Mental Health Interface Group and also through individual meetings, ensuring that the whole pathway is considered when considering the development of services for children and adolescents.

Y&H MH Specialised Commissioning team have positive relationships with local commissioners and this is a significant determinant to ensure that local pathways work effectively to provide a whole system approach. The work undertaken with local commissioners as part of the transformation plans has aimed to ensure that the right services are in the right place, accessed at the right time and based on local population need. Through the transformation plans all opportunities for collaborative commissioning have been explored.

NHS England Health and Justice Commissioning Team

High numbers of children who offend have health, education and social care needs, which, if not met at an early age, can lead to a lifetime of declining health and worsening offending behaviour, with significant long term costs to the taxpayer and to the victims of these crimes. In recent years the national policy on sentencing for children who offend has changed, with around 97% now subject to community supervision as opposed to custodial sentencing.

All children who come into contact with youth justice services are vulnerable by virtue of their young age and developmental immaturity. Many are also disadvantaged socially, educationally, and also because they experience a range of impairments and emotional difficulties. Children who offend have more complex health and support needs than other children of their age: between a third and a half of children in custody have a diagnosable mental health disorder and 43% of children on community orders have emotional and mental health needs. High numbers of children in the youth justice system have a learning disability, while more than three-quarters have serious difficulties with literacy and over half of children and young people who offend have themselves been victims of crime. North Yorkshire and York received funding in 2018 for a clinical psychologist and speech and language therapist to work with young people in addressing some of these issues.

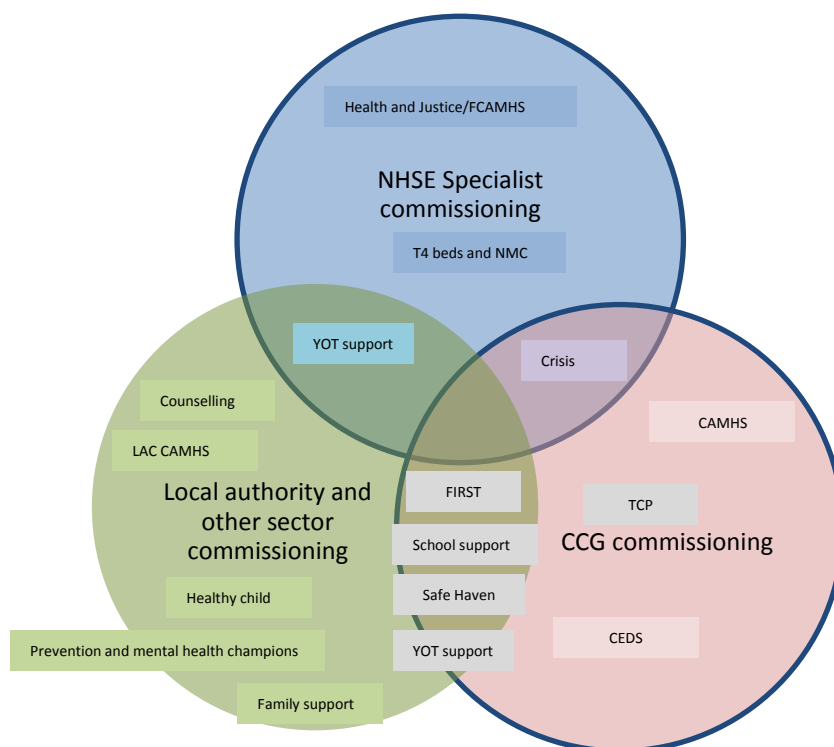
Children who are, or who have been, in care are over-represented among the offender population: 42% of children on custodial sentences have been 'held in care', while 17% were on the child protection register. There is need to see young people in custody as children in need and for CAMHS to ensure access to the service is a priority, and particularly for those identified with early behavioural problems and ADHD (both of which are known to have strong associations with offending behaviour, substance misuse and later mental health problems), those who have suffered previous maltreatment, young females (who have high levels of mental health and other needs), young people from BME communities (who remain over-represented in custody settings), and those with mild to moderate learning disabilities

and communication difficulties, who currently fail to access community services. Children who offend don't always get early help with health needs – yet early intervention will lead to better outcomes. NICE guidance (2013) supports clearer evidence of what works to support children's and community outcomes – working with families and systems around young person.

Thus the importance of integrated service provision within the YOS with clear care pathways is vital in the youth justice system where mental health problems in children who offend may be identified for the first time, but with a limited window of opportunity to assess need, plan for and deliver an appropriate intervention.

FCAMHS contracts were let in 2018, with SWYFT managing the regional contract through local providers (TEWV in Vale of York CCG area), and working collaboratively with other agencies in the youth justice system. The contract has provided the YOT team with easy access to advice and information, and also enabled close working with the FCAMHS psychiatrist to review those young people at particularly high risk and plan for their support. Local diversion services such as the Youth Outcomes Panel in City of York and CAMHS outreach to the Youth Offending Team have enabled early diversion and support and screening for emotional and mental health difficulties with a route through to CAMHS services if needed.

Thus, across local and specialist agencies, the framework of commissioning appears:



The Context for Planning: Need for Support

“I want someone to help me get sorted and to not feel like I’m being judged.”

‘A clear joined up approach so care pathways are easier to navigate for all children and young people, so people do not fall between gaps’

The majority of adult mental health disorders have their beginnings in childhood; 50% of adult mental health disorders (excluding dementia) start before the age of 14, and 75% (excluding dementia) start before the mid-twenties, so tackling problems when they first emerge is both morally right and cost effective. Studies show that rates of anxiety in teenage years have increased by 70% since 1995.

Vale of York CCG covers a complex demographic and geographic split between City of York Council (46% of the population), North Yorkshire County Council (34% of the population) and East Riding of York Council (6% of the population); demographic data is often provided on a local authority footprint and we continue to work with North Yorkshire and East Riding Councils to better understand the demographics for children in the CCG area

The demographic of the CCG has children and young people making up 22% of the population (approximately 74,405).

2017	Population aged 0-4 years (2017)	Population aged 5-9 years (2017)	Population aged 10-14 years (2017)	Population aged 15-19 years (2017)
Male	8531	9363	8767	10514
Female	7946	8940	8717	11656
Total	16477	18303	17484	22170
Change	-561	487	486	382
%age Change	-3.4%	2.7%	2.8%	1.7%

National prevalence and local data for the Vale of York populations shows:

- The estimated prevalence of mental health disorders in children aged 5-16 in Vale of York is 8.3%. This is lower than the national (9.2%) and regional (9.6%) position
- There are an estimated 133 young people under 19 with anorexia nervosa, and around 221 young people with bulimia nervosa based on NICE guidance prevalence data issued in 2017. Overall, around 1730 are estimated to have some form of eating related problem.
- There are an estimated 180 young people under 19 in Vale of York who have ADHD. In the Selby/Easingwold area, 17% of children and young people with an EHCP have a primary need of SEMH.
- An Education Policy Institute review has shown that CAMHS referrals have increased 26% in 5 years with consequences for waiting times.
- Under 60% of those assessed are found to meet the threshold for a diagnosis of autism.
- Around 80% of children and young people accessing the crisis team are aged 14-16
- There are significantly higher rates of hospital admissions for intentional self-harm in those aged 10-24, although regional figures appear to be increasing also. The numbers are falling locally following the inception of the crisis team in 2017.

- Between 20% and 30% of local third tier students state their mental health is poor: loneliness was highlighted as a particular problem alongside work related stress and concerns around image and self-esteem.

Key points from the three JSNAs that cover Vale of York are:

- The JSNAs identify the wards with the highest levels of deprivation, and we have been able to align some aspects of mental ill-health with those wards, eg self harm and SEMH needs. Local authority and school services target these areas.
- In addition to the 8.3% of children with diagnosable disorders there are a further 15% - 20% that are likely to be experiencing emotional or mental health difficulties at any time.
- Since 2012 there has been an increase in numbers of children of school age with a diagnosis of autism, and now is around 1% of the population. The numbers of girls having a positive diagnosis has increased 117% over the period, and continues to rise, although boys still account for the majority of referrals and diagnoses.
- The student well-being survey found that 24% students had a diagnosed mental health condition, and a further 29% thought they had an undiagnosed mental health condition.
- Children who self-harm, or experience mental health difficulties are more likely to live in areas of higher socio-economic deprivation, or in a single parent household or with a higher degree of worklessness.
- Children in care and those in the Youth Justice system are more likely to suffer from a mental health disorder (40% and 70% respectively)
- There has been a decrease in emotional resilience and mental well-being in the 14-16 age group
- It is estimated that between 490-975 women will suffer adjustment or stress disorders after giving birth, and around 100 will have PTSD.

Work has been undertaken to map needs against demographics, for example, we have shown that self harm is linked to socio-economic factors. There have also been mapped the comprehensive service offer for early intervention, with an emphasis on work with families through the LATS and Prevention Services. Further mapping for autism is planned for autumn 2018.

We have used demographic and JSNA data across all themes in the LTP to identify gaps in provision, such as in student mental health services support, support for looked after children, and support in schools as part of early intervention strategies. Data has underpinned the decisions to invest additional money into CYPMH and autism assessments. Specific actions in the LTP include: actions to embed early support offers, specialised support for those in contact with the Youth Offending Team, the development of peri-natal support, and also in work that education services undertake with schools to understand and respond to problems around emotional well-being arising from anxiety over exams, effects of social media on well-being and the implications of policies around behaviour on those with SEN.

Engagement: What Young People and Families Tell Us

“A lot of people my age are dealing with depression but nobody knows because they don’t want to talk to anyone.”

“Make sure everyone has a place to chill out”

“For schools to teach about work stress and how to cope”

The LTP draws for a range of sources to tell us the views of children and young people and families: local authority, Office of Police and Crime Commissioner Youth Commission, Provider feedback from service users and Youth Councils all offer views and opinions about services and needs to influence service development and strategic direction.

School surveys have emphasised:

- The percentage of pupils stating they are emotionally resilient drops between Year 6 and Year 10: whole school approaches via Compass Buzz and the School Well-Being and Thrive programme help schools and colleges foster a resilient culture and approach. Counselling and mentoring support via Mind has enabled young people to re-acquire resilience and be self-supporting
- In Year 6, concerns are moving to secondary school and exams. We have seen a sharp drop in SDQ scores with these approaches.
- In Year 10 the main concerns are exams. School Well-Being Service approaches and Buzz Us have supported Year 10 and above pupils, whilst Mental Health Champions offer a peer led service.

‘I put one of my sayings is ‘I can do this’ because in a lot of situations I think I can’t do this and I would like to make myself believe that I can’

‘I think this has really changed how I think about myself’

The Office of the Police and Crime Commissioner Youth Commission report, published in August following discussions with over 3,000 children and young people highlighted issues around the relationship between young people and Police and made recommendations around the priority theme of mental health:

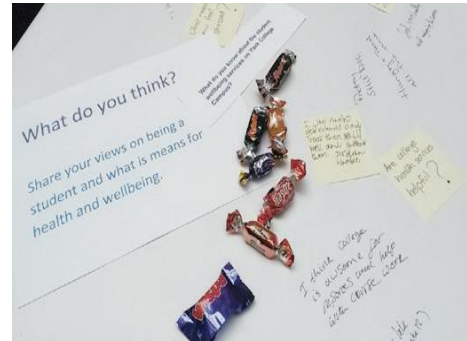
- Awareness campaigns
- More work with education institutions and youth groups
- Improved accessibility of support services
- Support and peer groups
- Police and community engagement
- More advertisement of the 101 number (for police)

84% of young people felt Mental Health and Vulnerable Young people was important or very important

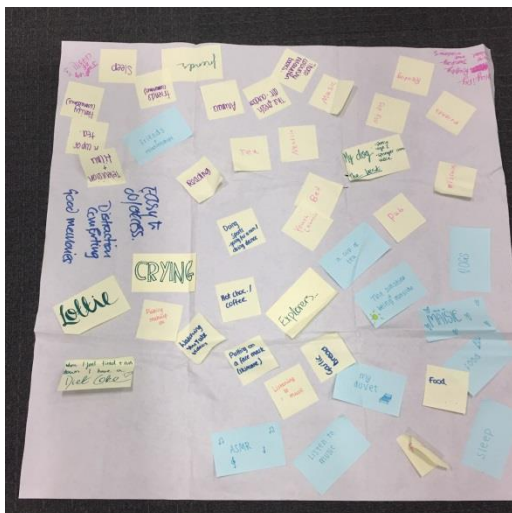
45% of young people said that Mental Health and Vulnerable Young People was the most important priority to them

These recommendations are being taken forward by the OPCC, but are also reflected in the area approach, through school staff training, mental health peer champions, local crisis service and increased investment targeted at reducing waiting lists.

York Parent Carer Forum provide regular feedback reports from parents setting out their experience of CAMHS and autism diagnostic services and the support within the local system. There will be a review of the pathway for autism support across the area in Autumn 2018 to help bring transparency for parents and provide the basis for information packs for parents, schools and primary care



York Youth Council recently talked with us about the protective factors that young people use to keep safe when feeling down: these are very simple things such as reading, taking a nap, walking, exercise, watching a film. The Youth Council also talked about how to improve these simple protective factors:



- Better and more sport in schools
- Calming places in school
- Letting people know its ok to be feeling like this and it's ok to cry
- Youth groups
- Places to practise calming activities, eg cooking

We have thought about this in relation to Mental Health Champions and how we work with schools to improve resilience.

TEWV runs a monthly service user group which has:

- Interviewed panels for staff appointments
- Designed the forms for outcome measures, and how outcome measures are used and useful
- Is developing 'user by experience' to offer insight for staff, and may develop into a peer mentoring role for young people starting out on a course of treatment.
- Updated the staff photo board so they 'see' the clinician before the appointment
- Discussed recognising the vulnerability of young people when having to see different members of staff
- Advised about breaking down barriers to talking about mental health.
- Thought about how to offer parents more support in understanding young people's issues, and suggested a group to help this.


The North Yorkshire County Council Youth Voice Executive has identified key issues facing young people in North Yorkshire, one such issue was mental health and the availability of

information about services available, other issues were identified and a short video shot on the day summarises those issues, <https://youtu.be/zUU4lcrC2ZM>.

“As a youth executive, we are built up of a number of groups including young carers, LGBT young people, looked after children, and young people with learning disabilities. Mental health is an issue which has been raised within every group which is why we have recently created the mental health flow chart and have discussed how we can continue to de-stigmatize mental health issues and help young people to access the help that they need. Mental health in young people is definitely a subject which continues to be of high importance to us as a youth executive and which we will continue to work on.” North Yorkshire Youth Executive

In summary, engagement with young people and families tells us the following are important:

- **Easy access to advice:** we've linked to the Healthwatch online guide, commissioned Buzz Us texting service in North Yorkshire, all schools and colleges have access to well-being workers to advise on emotional and mental well-being, and school mental health champions in York are providing peer group advice and information.
- **Information for families:** we have looked again at the Local Offer and the CCG Referral Support System, and reviewing with TEV what information is provided for families
- **Reduced waiting times for CAMHS:** additional investment in 2018/19 and ongoing will reduce waiting times.
- **Emergency support:** the Crisis Team is now operational 7 days a week, and has had real impact on how families access emergency support. We have seen a significant reduction in admissions to inpatient units, and reductions also in ward admissions for self-harm



'Useful techniques and skills to develop for myself and to use in sessions'

School Well-Being feedback

Case Study

A child was struggling with identity and with a history of anxiety. School requested a consultation as the child had been unhappy and some of their anxious behaviour had escalated significantly and parents considering a referral to CAMHS. A parent consultation was followed by 6 sessions utilising a CBT approach around anxiety focusing on feeling associated with family and change. Feedback was provided to the family with advice and strategies. School were able to continue to provide support. SDQ score was reduced and the family felt more able to manage.

City of York

Progress Against Plans

'The Well-being service has provided another layer of support, given us a better understanding of services available which has prevented cases from progressing to CAMHS'

'Thank you for giving me back my little girl'

'Thank you for coming in and helping us all to deal with our problems! I really appreciate everything you've done and all the time you've put in!'

'I wish we had more sessions. I loved all the sessions and I feel a lot calmer.'

In the LTP we set out clear actions to enable us to achieve our aim of fulfilling the ambition in *Future in Mind*.

Easier access to early support

Theme	Outcomes
Support in school	Established Well-Being Worker service in City of York: 7 workers, jointly funded by the CCG, public health, NHSE and schools worked with 983 pupils in 2016/17 delivering evidence based therapies, advice and information, and achieving high satisfaction ratings, including reductions in SDQ scores from an average of 16.5 to 11.8. There was a reduction in onward referrals to specialist mental health services. The Year 2 service report is at Appendix 4A
	Training through the School Well-Being Service in York for 423 staff in 25 schools with over 70% of school staff reporting an increase in knowledge and confidence.
	Funding secured (£100,000) over 2 years to train school mental health peer champions in City of York in 2017-19. Secondary schools have recruited their champions who are now starting their work
	Established Well-Being Worker Service (Compass Buzz) in North Yorkshire County Council, in partnership with North Yorkshire County Council, and 4 North Yorkshire CCGs, providing advice, support and training to school staff. One Well-Being Worker is based in Selby serving Selby, Tadcaster and Sherburn Schools, with other staff supporting Easingwold, Helmsley and Pickering Schools. The service has provided awareness training for 1400 staff at schools and colleges with level 2 and level 3 training booked for Autumn 2018 and beyond. The annual service report is at Appendix 4B
	North Yorkshire Voice Group produced a flowchart for school pupils as a quick guide to mental health support.
	Thrive model of support in Selby schools for children with low-

	<p>esteem, and Healthy Child Programme is delivering sleep support, Crucial Crew Mental Health sessions, Year 6 transition sessions and work with LGBT champions in youth groups.</p> <p>Buzz Us texting service in North Yorkshire to offer information and signposting advice. Although not the intention when the service was set up, it was involved in preventing a suicide by texting with a young person whilst medical aid was on the way.</p> <p>Improved offer for students at York College: with 3,500 students age 16-19 the College twice the number of 6th Form students than schools in York combined and has worked to reduce referrals into its counselling service through training 150 tutors as Emotional Literacy Support Advisors (ELSAs), together with ASSIST training for staff and now have access to Well Being Worker support.</p> <p>Unity GP practice has mental health workers to support university students</p> <p>York University has restructured its student mental health services to improve the offer for advice and counselling, and has a mental health manager to implement the City Wide University Mental health Strategy</p> <p>Revised RSS guidance for primary care</p> <p>Improved victim support service and information from OPCC</p>
Other support	<p>York Healthwatch <i>Guide for Mental Health Services</i> detailing statutory and third sector services and support groups which has been well received</p> <p>City of York Youth 16-25 Counselling service contracted to Mind</p> <p>Safe Haven walk in for those in crisis for over 26's at 31 Clarence St is part of the overall crisis offer, reducing attendance at ED.</p> <p>Mental Health midwifery lead at York Hospital</p> <p>Strengthened parenting support offer with wider range of parenting courses and support via Health Visitors and Healthy Child Programme.</p> <p>Peri-natal mental health team funded: will offer early advice and signposting</p> <p>Mental health nurse in Police Force Control Room to advise frontline staff and support decision making. The service is planning to extend its hours of operation.</p>



Improved access to specialist support

Theme	Outcomes
CYPMH at Lime Trees and Selby	Community eating disorder service is operational across North Yorkshire and York, and received over 120 referrals in 2017/18, of which 79 were from Vale of York. 21 were treated and discharged from service, and as at Q2 the service is expected to meet its trajectory for 2018/19 for treatment for children and young people. Numbers of admissions to acute wards have reduced since the service commenced, and eating disorder admissions to T4 inpatient units remain low.
	There is a Single Point of Access, managing 1,900 referrals into CAMHS in 2017/18. All families have a 30 minute phone call to assess their circumstances which is described by parents as being helpful, offering reassurance and valuable advice.
	Successful group work developed for those on the emotional pathway to offer earlier support to improve outcomes
	High level of positive feedback from Friends and Family Test: over 90% satisfaction rating, and a high level of returns logged.
	Locality CAMHS recovery lead appointed to lead on development of recovery college online support.
	Self referral into CAMHS: parents state the ability to contact CAMHS directly is very helpful in understanding and caring for their children, even if they are not accepted into service.
	Successful transfer of the CAMHS contract from Humber Trust to TEWV in respect of the children and young people in the Pocklington area
	Positive Behaviour Support on LD pathway
	Improved transition planning for 17 ½ year olds in response to the national CQUIN for CAMHS transitions: there are strong links with AMS Liaison services for those aged 16-18. Those with good transition plans are around 90% of all transferring to adult services.
Other health initiatives	Peri-natal mental health team funded to offer intensive support for mums who are ill: 220 women will receive direct support and signposting for a further 1600, in addition to IAOT fast track service.
	New Models of Care programme for development of crisis team: operation has seen significant reduction in admissions to T4, reduced ward admissions at York hospital and significantly reduced disruption to clinic time at Lime Trees and Selby because staff do not have to respond to crisis incidents during clinic hours. 6 staff work 7 days a week
	Contract between NHSE and York Hospital to provide child sexual assault assessment services. There is additional out of hours support across 3 centres. The work of the CSAAC is child focussed, responsive to the needs of individual children and listens effectively to the voice of child.
	Maternity mental health lead
	Forensic CAMHS service is working with York YOT and generic CAMHS staff at risk case panel to work across agencies to improve diversion from custody or other placement. CAMHS outreach worker to YOT as link and to provide screening and early advice and support. Children in the secure estate are supported through Secure Stairs, whilst those in transition work with FCAMHS.

Local authority based service support	PiPA scheme offering additional psychology support for children and young people with SEMH in North Yorkshire to 2020 through No Wrong Door
	North Yorkshire funded LAC CAMHS service
	Funding for psychology and SLT support for YOT in York and North Yorkshire from NHS England and OPCC
	Think First Programme run by City of York Youth Offending Team, to work with young people with lower level offending history to raise their self-esteem and manage their emotional responses: the feedback from participants has been very positive.
	Extension of the FIRST project by York City Council for to include therapeutic short breaks for families with children at the edge of care or outward placement, together with an improved short breaks offer for children and young people with autism or physical disabilities. Application has been made to NHS England for grant funding for the project
	Additional clinical psychologist support for FIRST.
Other initiatives	Multi agency Youth Outcomes Panel for entrants to YJS
	Revised S136 Mental Health Act 1983 Protocol and low numbers of detentions in 2016/17 within Vale of York: 7 children and young people were assessed, and 1 admitted for care. Street Triage service and crisis team provide immediate support, and Police have funded mental health staff in force control room liaise with CAMHS staff.
	Agreement for provision of psychiatric and psychological liaison support for children and young people with diabetes at York Hospital, and also provides advice for specialist nursing teams caring for children and young people with long term or life-limiting conditions and the CSAC team.

Case study



Sue recently learned that her sister, who is 16, has been attempting to end her life since starting at secondary school. Sue became worried and agitated as she felt responsible for her sister and wanted to help her. Over three sessions, the Compass Well Being Worker used 'The Three Houses' worksheet to explore Sue's worries, what was going well and what she would like to change. Sue highlighted her relationship with her parents, who had seemed to her to change towards her after her sister became ill; she also mentioned and poor sleeping patterns. She was offered sleep relaxing techniques, and some mindfulness practice for when she felt anxious and angry. After one month, Sue felt she would like to write to her parents to explain how she felt; the well-being worker helped draft a letter which Sue gave to her parents. They said how sorry they were that they had not been supporting Sue well enough and would try hard to do better. Sue in turn felt that much of her anxiety was lessened and the school pastoral staff promised to keep up contact and support with Sue for the future. These sessions started within a couple of weeks of Sue raising her concerns: the early help meant that she was able to rapidly develop coping strategies and find the confidence to resolve her anxieties.

Theme	Outcomes
Commitment to joint working across local sectors	Transforming care partnership: Dynamic Support Register for children and young people at high risk of admission to inpatient unit and revised management of CETRs means that no child or young person assessed has required admission in the last year.
	Jointly funded AD for joint commissioning between CCG and York City Council to develop joint commissioning and systems across health and social care and education.
	Joint panels for decision making on high costs cases eg continuing care, S117 and out of area placements
	SEND health network across North Yorkshire and York, bringing together health, CAMHS service, parent groups and commissioners to discuss best practice and improve communications for a group which frequently crosses physical and mental health services
	Refreshed workforce development group to write and implement workforce development plans across north Yorkshire and York
Engagement with children and young people and families	Close ties with parent carer forums, with representation on strategic partnership boards (mental health, TCP, SEND) and working groups such as early intervention group, and task and finish groups for TCP
	Children and young people represented on strategic partnerships for SEND
	TEWV service user groups involving children and young people and parents to drive improvements in patient care and quality of experience: young people as part of recruitment, engagement in discussions around service measurement and 'presentation' of service
	Continuous engagement with Youth Councils, Youth Commissions and schools to feedback and influence direction of travel for service development
	Topic specific engagement, such as Autism workshop to discuss concerns and inform service mapping and improvement planning
Strategic Development	Mental health strategies for City of York and North Yorkshire County Council
	Autism Strategies for City of York and North Yorkshire
	SEND strategies for City of York and North Yorkshire
	Strong partnerships on SEND and mental health
	Transforming Care Partnership Board and children's sub group across agencies
Refreshed HWBB strategies and JSNAs	

Workforce development

The Department of Health proposed there be an additional 1700 mental health therapists by 2020, and there is equally a need for all those whose work entails contact with children and young people to be able to respond and help effectively. Within services to which children and young people for Vale of York have access, there are additional staff in services:

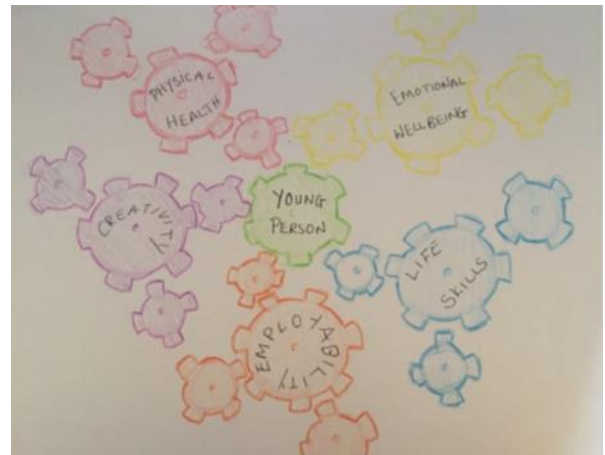
'Excellent training - insightful and workable strategies which makes me feel confident'

- 6 WTE CAMHS staff working on eating disorders across Disciplines including psychiatry, nursing and dietetics
- 2 WTE additional clinical psychologists (CYPMH)
- 0.8 WTE clinical psychologists (FIRST)
- 1.5 clinical psychologists for No Wrong Door (7 across North Yorkshire)
- 4 WTE additional generic CAMHS staff
- 7 WTE school well-being workers in City of York
- 1.2 WTE Compass Buzz school well-being workers
- 6 WTE crisis team staff
- 2 WTE psychology assistants for the autism assessment pathway.

Workforce data is at **Appendix 3**

Staff development across the area has been key to achieving the success in early intervention and improved support in for example, YOT. Initiatives have included:

- Whole school training approach around universal/targeted/specialist training offer structured around the Thrive framework of need.
- 1970 children in York received whole class advice and information
- Implementation of 'Thrive' approach to build self-esteem in North Yorkshire schools
- Compass Buzz training for over 1400 school staff.
- Directed training for staff on emotional and mental health, including Mental Health First Aid, basic CBT and 'Tame Your Meerkat'
- 175 College staff trained in ELSA principles
- Over 200 school staff trained as ELSAs
- TEWV training and development programme for staff, prioritising trauma, DBT, Family Therapy and formulation. 2 staff are being trained as CWP in 2019, and one in CBT.
- Improved offer in parenting programmes for baby and child development, attachment and speech and language
- Development of Decider Skills and Think First in YOT.
- Safetalk and suicide prevention training for 114 staff at York College
- Training into schools on Early Help in City of York



A joint North Yorkshire and York group will develop a workforce development plan, bringing together health and local authority colleagues.

'We very recently Introduced the Little Meerkat's Big Panic this summer term with your help and it will hopefully reap benefits in school terms and years to come'
School Well-Being Service

I just wanted to thank you for last week's training at Ampleforth. My department and I were very impressed and thoroughly enjoyed the excellent presentation which was informative, relevant, varied and delivered in a non-patronising and warm manner.
Asta Mihkelson (Learning Support), Ampleforth College

North Yorkshire and York CYP IAPT partnerships are members of the North East Collaborative. The local CYP-IAPT partnerships have re-structured as the Workforce Development Group, which will focus on:

- Embedding across the area the 5 CYP IAPT principles
- Ensuring a competent workforce cross the area through a workforce development plan
- Collaborative learning across the area
- Ensuring consistency and equity across the area
- Link to other initiatives such as TCP and autism strategies
- Planning for future development opportunities for example through the trailblazer schools mental health service initiative.

A summary of performance data is at **Appendix 2**

Finance and investment data is at **Appendix 3**

The detailed action plans for 2018/2019 are at **Appendix 6**

Appendix 1

Links to local strategy documents

Strategy	Link
Humber Coast and Vale Sustainability and Transformation Plan 2016-21	http://humbercoastandvale.org.uk/wp-content/uploads/2017/08/HCV-October-Submission_FINAL-VERSION-PUBLISHED.pdf
Vale of York CCG Strategic Plan 2014-2019	http://www.valeofyorkccg.nhs.uk/publications-plans-and-policies-1/five-year-integrated-operational-plan-2014-19/
Vale of York CCG Operational Plan 2017	http://www.valeofyorkccg.nhs.uk/our-plans-and-strategic-initiatives/
City of York Health and Well-Being Strategy 2017-22	https://www.york.gov.uk/downloads/file/12806/joint_health_and_wellbeing_strategy_2017_to_2022
North Yorkshire County Council Health and Well-Being Strategy 2015-2020	http://www.nypartnerships.org.uk/sites/default/files/Partnership%20files/Health%20and%20wellbeing/jhwbs.pdf
East Riding of Yorkshire Health and Well-Being Strategy 2016-19	file:///P:/Users/susan.deval/Downloads/Joint%20Health%20and%20Wellbeing%20Strategy%202016%20-%202019%20(July%202016)%20(3).pdf
<i>Hope Control and Choice</i> : North Yorkshire County Council Mental Health Strategy 2015-2020	http://www.nypartnerships.org.uk/sites/default/files/Partnership%20files/Health%20and%20wellbeing/Public%20health/Mental%20health%20strategy.pdf
North Yorkshire County Council Emotional and Mental Health Plan	https://www.northyorks.gov.uk/support-children-young-people-and-their-families
City of York Mental Health Strategy 2018-2023	https://www.york.gov.uk/downloads/file/15492/mental_health_strategy_2018_-_2023
City of York Children and Young People's Plan 2016-2020	http://www.york.org.uk/2014%20York%20Website/workforce2014/Dream%20again%20and%20York%20Board/Children%20and%20Young%20Peoples%20Plan%202016-2020.pdf
<i>Young and Yorkshire 2</i> : North Yorkshire County Council Children and Young People's Plan	https://www.northyorks.gov.uk/sites/default/files/fileroot/About%20the%20Council/Strategies%20and%20plans%20and%20policies/Young_and_Yorkshire_-_happy_healthy_achieving.pdf
City of York Special Educational Needs and Disabilities SEND Strategy 2016-2020	https://www.york.gov.uk/downloads/file/9728/special_educational_needs_and_disabilities_send_strategy_2016_to_2020pdf

Appendix 2 Summary of Performance Data

Health Based Performance Measures

Detail	Targets	2016/17	2017/18	2018/19 To Q2
Referrals to Specialist CYPMH services		1930	1904	999
% assessments in under 9 weeks (2 nd appointment)	90%	68%	70%	52%
ED Referrals to Limetrees		56	79	35
% commencing NICE approved treatment within 5 days (urgent cases).	75%	0%	50%	50%
% commencing NICE approved treatment within 20 days (non-urgent cases).	25%	0%	13%	57%
Referrals not requiring ED support			22	NA
Completed treatment and discharged from service			21	NA
Friends and Family Test/feedback				
• Crisis Team			97%	89%
• CAMHS			50%	98%
• Eating Disorders			-	100%
Transitions CQUIN 2017-2019: effective transition plans	90%		100%	100%
Number of active cases as at 31 March		1309		NA
EH91A: Number of new CYP receiving treatment				N/A
EH92A: Total number receiving treatment				142
EH92: % CYP with a diagnosable mental health disorder receiving treatment	32%			49%
% 17 ½ year olds with transition plan for adult services	90%	44%	80%	90%
EIP (monitored through adult services).	55%	53%		32%
ASD referrals		142	261	156
ASD conversion rate % (predicted in 2017/18 following change in data collection methodology)		58%	50%	52%
Admissions to T4 inpatient		58	23	NA
Mental Health Act S136 detentions		3	5	0
Self- harm admissions PHE data for 2016/17 and crisis team 2017/18 and 2018/19		361	44 (Q3-Q4)	N/A

City of York School Well-Being Service Measures

Outcome one: School staff will have increased knowledge and confidence in supporting children and young people with emotional and mental health issues.					
	Indicator	Management Information	2016/17	2017/18	2018/19
a	Number of school staff reporting increased confidence and knowledge	<ul style="list-style-type: none"> – Mental health training delivered – Number of school staff accessed training – Number of school staff reporting increased confidence and knowledge following training – – Number of school staff reporting increased confidence and knowledge following working alongside SWW in schools 	<p>423 staff in 25 schools</p> <p>20% increase in knowledge and 10% in confidence</p> <p>70% increase in knowledge and confidence</p>	<p>MHFA- Attended by 9/10 secondary schools, 2 colleges and 11 primary schools, 1 PRU 100% knowledge increase 97% confidence increase</p> <p>MHC- attended by 2 colleges and 9 secondary schools 100% knowledge increase 100% confidence increase</p> <p>CBT approach training for pastoral staff. Attended by 8 secondary 58% Knowledge increase 84% Confidence increase</p>	

Outcome two					
Children and young people are identified early and supported effectively within school to prevent needs increasing and the requirement for specialist intervention where appropriate					
	Indicator	Management Information	2016/17	2017/18	2018/19
b	Number of consultations taken place	<ul style="list-style-type: none"> – Number of consultations – Staff member (s) involved with consultation – Number of consultations in each year group – Number of consultations with children and young people subject to plans – Predominant presenting issue / need for consultations – Outcome of consultation ie direct work / signposting / referral to CAMHS 	807 consultations Mainly pastoral lead 20% Anxiety Mainly advice to staff on strategies	983 consultations Anxiety, low mood and emotional regulation	
c	Number of children and young people accessing support	<ul style="list-style-type: none"> – Number of children and young people accessing direct work – Number of children and young people accessing 1:1 support in each year group – Number of SWW direct / non direct 1:1 support 	370 children and young people Mainly Yrs 4/5/6 220 received individual support, 150 in group work	316 children and young people Mainly Yrs 5/5/6/10 244 direct and 73 group work	

Outcome three					
Increasing number of children and young people feel more able to cope with emotional and mental health issues within a school setting					
	Indicator	Management Information	2016/17	2017/18	2018/19
d	Number of children and young people reporting increased wellbeing and resilience	<ul style="list-style-type: none"> – % of children and young people where goals have been achieved – % of children and young people with measurement tool increase – % of children and young people reporting satisfaction with the service 	82% cases	80%	
			66%	71%	
			90%	80%	

Appendix 3

Investment Tables

Name of Area:

Vale of York CCG

CORE SERVICES														
Service type	LA Funded 14/15	LA Funded 15/16	LA Funded 16/17	LA spend 2017/18	CCG Funded 14/15	CCG Funded 15/16	CCG Funded 16/17	CCG funded 2017/18	CCG spend 2017/18 (planned)	CCG spend 2018/19 Q2	NHSE funded 2016/17	NHSE/other funding 2017/18	Specify Funding Source(s)	Comments (2018)
School Based Early Intervention Services														
City of York Well-Being Service			69,938	237,863	N/A	N/A	84,369	139,878	140,111	35,193			Vale of York CCG/City of York	Staff hosted by City of York Council. LA funding
NYCC Compass Buzz					N/A	N/A	46,195	93,250	93,250	23,312			Vale of York CCG	Service set up costs in 2016/17 and commenced and fully
Support staff funding COY			33,800	33,800									City of York Council	Support staff funding for emotional and mental health
Sub-Total	0	0	103,738	271,663	0	0	130,564	233,128	233,361	58,505				
Early Intervention Services - Other Bases														
Compass Reach		NA	57,715	574,866									North Yorkshire County Council:	Whole service funding shown. 1 worker based in Selby
Sub-Total	0	0	57,715	574,866										
Services Targeted at Specific Vulnerable Groups														
No Wrong Door	NA	NA	117,500	120,000									North Yorkshire CC	Service for teenagers in care who are unwilling to engage. Whole service funding shown, not disaggregated to CCG level
Multi Systemic therapies NYCC	305,000	305,000	305,000	278,762									North Yorkshire CC	Whole service funding shown, not disaggregated to CCG level
LAC No Wrong Door	400,000	400,000	400,000	400,000									North Yorkshire County Council	Looked after children CAMHS service. Whole service funding shown, not disaggregated to CCG level
FIRST COY	63,312	63,312	63,312	63,312									City of York Council and TEWW	For those on edge of care/with challenging behaviours. Joint funded with TEWW
YOT COY	227,217	227,217	227,217	314,193	36,000	36,000	36,000	36,000	36,000	9,084			City of York Council and Vale of York CCG	Joint funding for the Youth Offending Team. Also, spend through CAMHS contract for B6 MH worker inreach
Peri-natal service										61,177			NHSE and Vale of York CCG	NHSE non-recurrent funding in 2018/19, recurrently via the CCG
Sub-Total	995,529	995,529	1,113,029	1,176,267	36,000	36,000	36,000	36,000	36,000	70,260				
Specialist CAMH Services [Use/insert as many rows as necessary]														
Looked After Children (LAC) NYCC (TEWW)	300,000	320,000	360,000	360,000									North Yorkshire County Council CAMHS Grant (Looked After)	Staff are embedded in the 3 specialist CMTs therefore nothing is shown on the workforce tab.

CORE SERVICES														
Service type	LA Funded 14/15	LA Funded 15/16	LA Funded 16/17	LA spend 2017/18	CCG Funded 14/15	CCG Funded 15/16	CCG Funded 16/17	CCG funded 2017/18	CCG spend 2017/18 (planned)	CCG spend 2018/19 Q2	NHSE funded 2016/17	NHSE/other funding 2017/18	Specify Funding Source(s)	Comments (2018)
CMAHS Tier 3 - York & Selby (TEWV)					NK	2,141,702	2,874,302	2,726,243	2,877,176	691,883			Vale of York CCG	Block contract for mental health; breakdown figures based on programme budgeting return. Figures include additional investment in 2018/19
Community Eating Disorder Service York hub (TEWV)					NK	43,000	165,536	165,702	165,702	41,426			Vale of York CCG	
Inpatient costs											4,121,403	NK	NHSE	Cost in 2016/17: demand led specialist commissioning
Forensic CAMHS service												NK		Regional funding
Sub-Total	300,000	320,000	360,000	360,000		2,184,702	3,039,838	2,891,945	3,042,878	733,308	4,121,403			
TOTAL	1,295,529	1,315,529	1,634,482	2,382,796		2,220,702	3,206,402	3,161,073	3,312,239	862,073	4,121,403			

NOTE: for local authority services eg children's services, it is not possible to disaggregate costings related to emotional and mental health. Therefore they cannot be included in the spreadsheet.

NOTE: CCG commissioning support costs are not included in the spreadsheet

Workforce Tables

Name of Area: **Vale of York CCG**

If you are unable to provide information please define whether it is Not Known by entering 'NK' or Not Applicable by entering 'NA' in the appropriate cell.

CORE SERVICES					ALLIED SERVICES				
	Number of Practitioner/Clinical Staff in Post June 15	Number of Practitioner/Clinical Staff in Post June 16	Number of Practitioner/Clinical Staff in Post June 17	Number of Practitioner/Clinical Staff in Post June 18		Number of Practitioner/Clinical Staff in Post June 15	Number of Practitioner/Clinical Staff in Post June 16	Number of Practitioner/Clinical Staff in Post June 17	Number of Practitioner/Clinical Staff in Post June 18
School Based Services					School Based Services				
					City of York schools service	NA	6	7	7
					City of York ELSA (approx numbers trained staff)	200	200	200	200
					York College ELSA and counselling service	NK	NK	NK	NK 6 on counselling staff, and 150 with ELSA training
					Compass Buzz (all NYCC: 1 worker in Selby and 0.5 in Helmsley)	NA	NA	1	1 10.3 across NYCC
Sub-Total	0	0			Sub-Total	200	206	208	208
LA Based Services					LA Based Services				
					No Wrong Door NYCC	0.2	0.2	2	2 Estimated as service across NYCC
					York FIRST	1	1	1	1.8
					YOT support	7	7	7	7 Plus in reach from CAMHS
					Support COY	0.65	0.65	0.65	0.65
					Compass Reach		7.5	7.5	7.5 Number across NYCC, not disaggregated to CCG level
Sub-Total	0				Sub-Total	8.85	16.35	18.15	18.95
Third Sector Based Services					Third Sector Based Services				
					Mind Counselling (COY)	NK	NK	NK	NK Contracted to COY from January 2019.
					York Mind	NK	NK	NK	NK
Sub-Total	0	0			Sub-Total	0	0		
NHS Based Services					NHS Based Services				
CAMHS Tier 3 York & Selby	NK	30.59	29.13	29.13	Liaison psychiatry and psychology York Hospital	Nk	NK	1	1 Increased capacity November 18
Community eating disorder service York hub	NA	3.5	3.35	3.35					Increased capacity November 18
Crisis team York				6					
Sub-Total	0	34.09	32.48		Sub-Total	0	0	1	1
Total	0	34.09	32.48	38.48	Total	208.85	222.35	227.15	227.95



Overview

The School Wellbeing Service (SWS) is a school-based early intervention mental health (MH) support service. The service has 6 School Wellbeing Workers (SWWs) linked to the 6 geographical school clusters across the city, and a team leader overseeing clinical and operational aspects. The SWWs are employed and managed by the Local Authority, based in schools/settings with clinical supervision provided by CAMHS. The service has 3 key outcomes. The progress and achievements against these outcomes for the second year of delivery are outlined in this short report.

Outcomes

The three service outcomes are:

1. School staff will have increased knowledge and confidence in supporting children and young people (cyp) with emotional and mental health issues.
2. Children and young people are identified early and supported effectively within schools/settings to prevent needs increasing and the requirement for specialist intervention where appropriate
3. Increasing number of children and young people that feel more able to cope with mental health issues within a school setting

The following service is offered to all schools and colleges

- Consultation
- Direct work and co working
- Bespoke group work (where need is identified)
- Universal whole school approach
- Mental Health Champion (MHC) peer support
- Weekly presence in school where need is identified through consultations
- Problem solving support for pastoral staff (individual/ group)
- MH training
- Evidenced based resources

Funding

The service is joint commissioned and partnership funded between City of York Council (CYC), Vale of York Clinical Commissioning Group (CCG), NHS England (NHSE) and York Schools via the Schools Forum (SF). The total per annum 18/19 cost of the service, including the peer support project and training for SWW and schools is 337K. CCG provide 167K and SF 56K reoccurring funding. CYC via Public Health have provided 100k and NHSE 14K both one year non -reoccurring funding. The cost of the service per educational setting is £5 435.

Outcome one:			
School staff will have increased knowledge and confidence in supporting children and young people with emotional and mental health issues.			
	Key performance indicator	Management Information	Measurement capture
a	Number of school staff reporting increased confidence and knowledge	<ul style="list-style-type: none"> – Mental health training delivered – Number of school staff accessed training – Number of school staff reporting increased confidence and knowledge following training – Number of school staff reporting increased confidence and knowledge following working alongside SWW in schools 	<ul style="list-style-type: none"> – Staff pre and post questionnaire – Training evaluation questionnaire – Spreadsheet / database – Case studies – Stakeholder feedback

Training delivered and number of school/setting staff accessing training

- Mental Health First Aid (MHFA) is a nationally accredited awareness raising training specific to mental health. This training was delivered to representatives of both colleges and all but one secondary school. There has been 4 MHFA (youth) 2 day training jointly delivered by SWS and Educational Psychology (EP) service.
- Mental Health Champion (MHC) peer support project in secondary schools and colleges- 10 settings have received this training ready for roll out in academic year 2018/2019.
- Cognitive Behaviour Therapy (CBT) approach training for 13 secondary school pastoral staff with the aim to support problem solving conversations with young people.

Increase of knowledge and confidence following training

Mental Health First Aid training

- 100% of those attended feedback that their Knowledge had increased
- 97% of those attended feedback that their confidence had increased

Mental Health Champions Peer Support training

- 100% knowledge increase
- 100% confidence increase

CBT training

- 58% Knowledge increase
- 84% Confidence increase

- The SWS is actively engaged and offering a service to every primary, secondary and college. This includes Applefields, Hob Moor Oaks and Manor satellite, further work is needed to develop the engagement with and offer to Danesgate.
- Feedback from every school/setting was sought at the end of the academic year via a school survey. 80% of schools /settings completed this.

- Evidenced based intervention packs have been developed for delivery of primary and secondary aged pupils. 14 different packs have been developed that are targeted around different levels and mental health needs. These packs have been checked and endorsed by CAMHS. These resources have been shared with schools and are also being used by the following services, Danesgate, CAMHS, Healthy Child Team and Local Area Teams.

Case study

SWW worked with an ELSA who had just completed her ELSA training. SWW co worked with a child in year 5 who was presenting with low self esteem and anxiety. SWW modelled the intervention pack and how to deliver the intervention. As the ELSA knew the child she was able to help him access them and utilise the strategies at school on an ongoing basis. The ELSA stated she had found this really helpful as it increased her confidence. The ELSA continues to link in with SWW and SENCO for guidance and support.

Stakeholder feedback

'Excellent training - insightful and workable strategies which makes me feel confident'

'Useful techniques and skills to develop for myself and to use in sessions'

'Very recently Introducing the Little Meerkat's Big Panic this summer term will hopefully reap benefits in school terms and years to come'

Pastoral lead within a secondary school when speaking about MHC training.

Front line pastoral staff when evaluating CBT approach training.

Pastoral lead within primary school

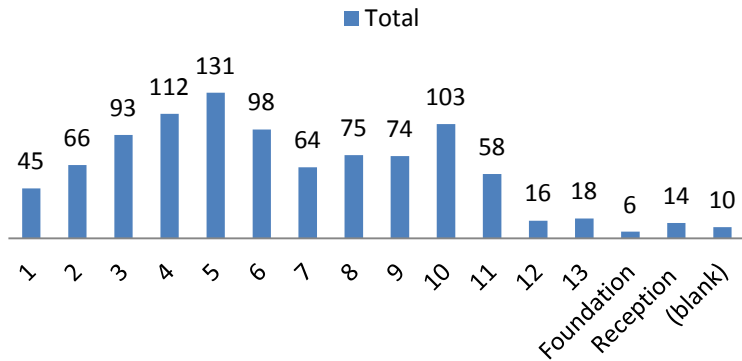
Outcome two			
Children and young people are identified early and supported effectively within schools/settings to prevent needs increasing and the requirement for specialist intervention where appropriate			
	Key performance indicator	Management Information	Measurement capture
b	Number of consultations taken place	<ul style="list-style-type: none"> – Number of consultations – Number of consultations in each year group – Number of consultations with children and young people subject to plans – Predominant presenting issue / need for consultations – Outcome of consultation ie direct work / signposting / referral to CAMHS 	<ul style="list-style-type: none"> – Consultation forms – Spreadsheet / database – Case studies – Stakeholder feedback
c	Number of children and young people accessing support	<ul style="list-style-type: none"> – Number of children and young people accessing direct work – Number of children and young people accessing direct work in each year group – Number of SWW direct / non direct 1:1 support 	<ul style="list-style-type: none"> – Consultation forms – Spreadsheet / database – Case studies

- 983 Consultations have taken place across the academic year in every primary and secondary school across York.
- 316 children and young people have received direct work to support their mental health
- 1790 primary school children in receipt of universal whole class interventions
- SDQ scores average pre 16.5 to 11.8 post

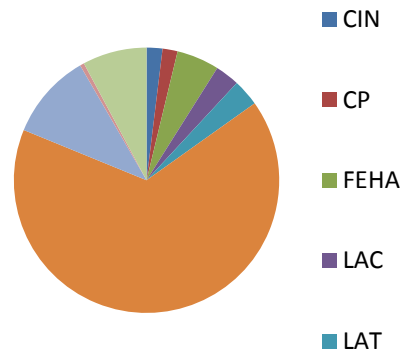
Case study

CAMHS notified SWW of a child who had been referred to them via relate, as the child was seeing ghosts and suffering with regular panic attacks. The child had not met the CAMHS criteria. Consultation with the school identified that child was presenting with extreme anxiety in class which was effecting her peers. Parent consultation and six sessions with SWW took place using emotional literacy and ‘how to tame your Meerkat’ intervention – child engaged well, panic attacks ceased and she was able to become an emotional ambassador for class. SDQ demonstrating a significant reduction. SDQ scores -Teacher from 12 to 0, child from 18 to 9, parent 14 to 8.

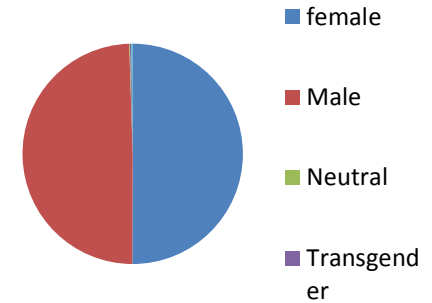
Consultations across year group



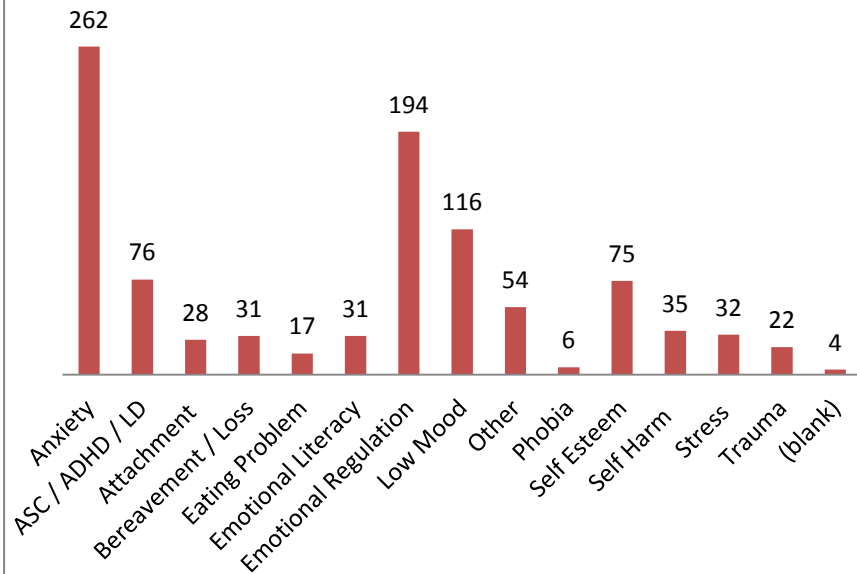
External plans



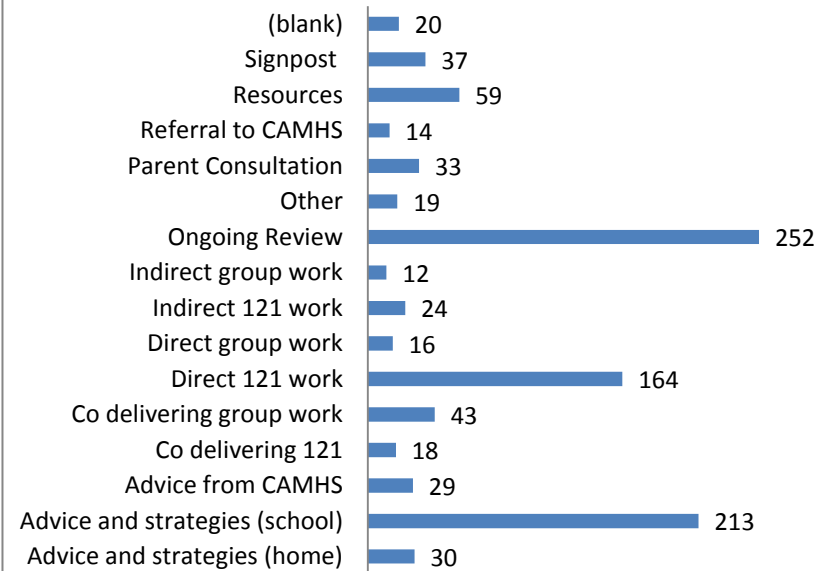
Gender

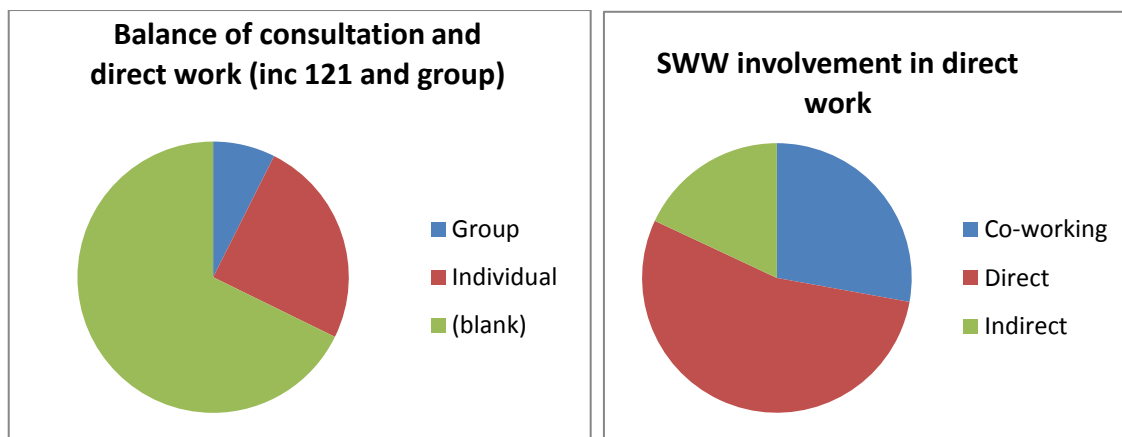


Presenting EMH need



Outcome of consultation





Service impact on specialist CAMHS

- Following SWS consultation and direct work 14 cases were then referred on to CAMHS for assessment. This represents a 68% decrease from last year.
- The SWS team leader undertook an audit alongside the CAMHS clinical lead of the emotional wellbeing pathway to identify primary school children who had not had previous support from the SWS. 12 children were identified. Consent from parents was sought and direct work is now being delivered by the SWS. Once all outcome measures and evaluations have been completed, a summary report will be provided.
- School, colleges and CAMHS are notifying SWS of CYP that are on the emotional wellbeing pathway waiting list that would benefit from some additional support. The SWS complete a consultation with the identified link within school / college and then offer 2 sessions for CYP, focusing on strategies. A shared plan of support is also discussed and developed with school staff.
- 67% of schools that completed the survey felt the SWS had increased communication between schools and CAMHS.
- 73 % of schools that completed the survey have involved the SWS prior to making a CAMHS referral and to support with the referral.

Stakeholder feedback

‘It has opened up communication between school and CAMHS’

Pastoral lead local secondary school

‘SWW has supported with 2 referrals with providing evidence and practical support’

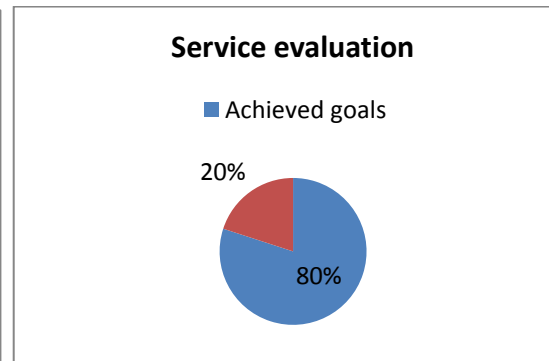
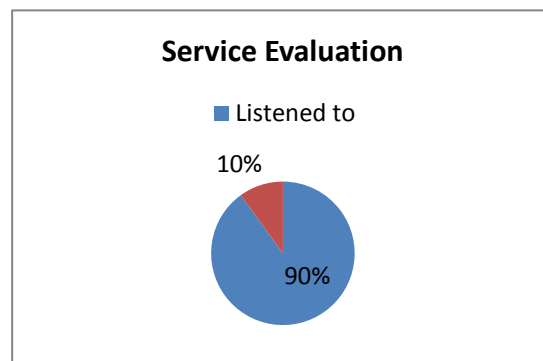
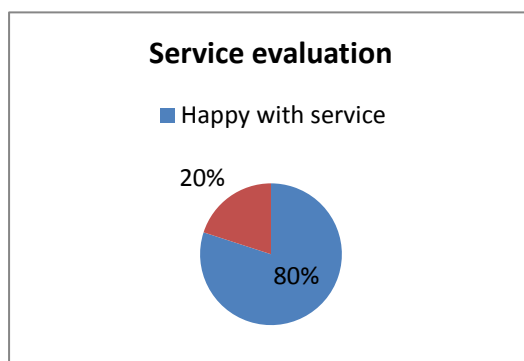
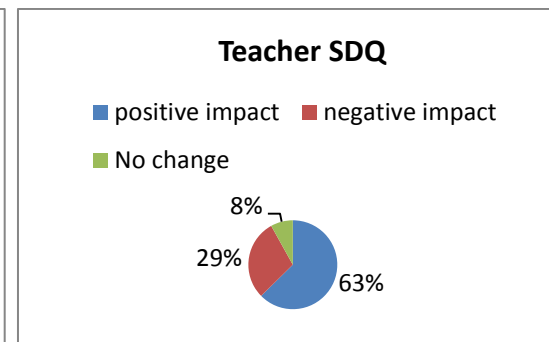
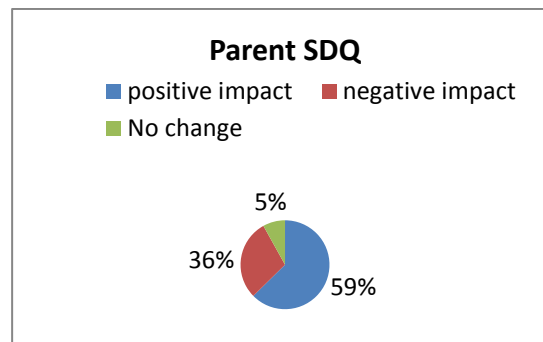
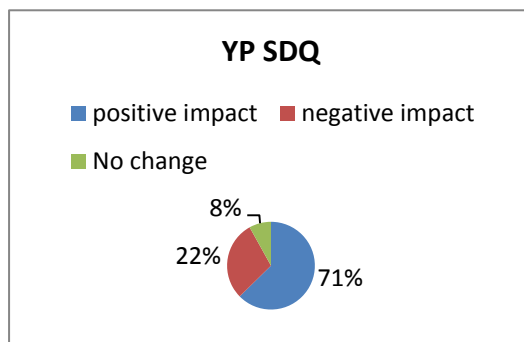
Pastoral lead primary school

‘SWW has been excellent in increasing the communication’

SENCo Primary school

Outcome three			
Increasing number of children and young people feel more able to cope with emotional and mental health issues within a school setting			
#	Key performance indicator	Management Information	Measurement capture
d	Number of children and young people reporting increased wellbeing and resilience	<ul style="list-style-type: none"> – % of children and young people where goals have been achieved – % of children and young people with measurement tool decrease – % of children and young people reporting satisfaction with the service 	<ul style="list-style-type: none"> – Measurement tools –SDQ – Evaluation questionnaires – Stakeholder feedback

Outcome measures and evaluation



Feedback from school staff, parents and children and young people

'Staff definitely have an increased awareness of emotional and mental health'
 'With support of the SWS students are identified earlier'
 'With SWW support- we have felt more empowered to deliver support ourselves'
 'It has helped me enormously to have someone to bounce ideas of and has certainly helped the young people she has worked with. It has also reassured parents'
 'Thank you very much for meeting with us, and for the school's support. We think that this is the very best help our son and our family could receive'
 'Thank you for coming in and helping us all to deal with our problems! I really appreciate everything you've done and all the time you've put in!'
 'I wish we had more sessions. I loved all the sessions and I feel a lot calmer.'

Pastoral lead local secondary school.
 Pastoral lead local secondary school
 ELSA local primary school
 Pastoral lead local secondary school

Parent
 Year 11pupil

Secondary school pupil

Mental health Champions

Outcome four			
A Mental Health Champion peer support project within secondary schools and colleges is established.			
#	Key performance indicator	Management Information	Measurement capture
E	<ul style="list-style-type: none"> - Delivery model - Training - Peer champions recruited 	<ul style="list-style-type: none"> - Co-ordinator to lead and implement identified in each setting - Co-ordinators participating in identified training and % of confidence following training. - Champions recruited in each setting - Campaign taking place in each setting 	<ul style="list-style-type: none"> No. participated in training No. of champions recruited Evaluation of project pre and post campaign focusing on school culture

- 8 secondary schools and both colleges are involved in the project.
- A Co-ordinator has been identified within each setting and has received the MHC 'train the trainer' training. Following the training all attendees stated that the training had increased their confidence and knowledge.
- Most schools have now recruited their MH Champions, with the exception of Joseph Rowntrees. Colleges are recruiting currently.
- Young people lead Mental Health Campaigns are planned to take place between Oct 2018 and January 2019.

Stakeholder feedback

'Really pleased with how the training has turned out. Very happy with the resources'

'Although I will not be delivering the training I now have a clear understanding of how to deliver and support the school staff'

'At the start of the training I felt unsure how it would deliver in my college however the training has developed my confidence and skills'

School MHC Co-ordinator
Member of SLT
College Pastoral Lead

Achievements

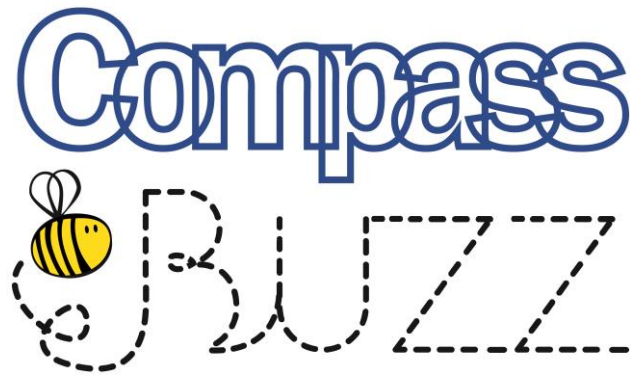
- All schools and colleges in the city engaged with the service.
- 18% increase in the amount of consultations conversations with educational staff where there are concerns around mental health. These conversations have resulted in direct work, signposting, advice and support; resources shared and shared plans developed.
- 3% increase in 121 and group work. 85% increase if whole class interventions are included.
- Increased consistency of decision making as part of consultation discussions and an increased effectiveness of the direct work delivered, evidenced through SDQ measurement tool.
- Introduction of an evidenced based whole class universal offer, with staff training provided *'How To Tame Your Meerkat'* for KS1/2 and *'Mind Management'* Years 9-13.
- Developed the systemic working of the service by introducing parent consultations pre and post direct work.
- Developed and implemented Mental Health Champions peer support project across secondary schools and colleges.
- The introduction of problem solving support sessions to provide staff with increased support and resilience.
- The recruitment of a qualified and experienced Team Leader to provide clinical oversight and supervision for the team.
- Weekly case discussions for all secondary school consultations and complex primary consultations, which has developed quality, consistency and timeliness of decision making and resource allocation.
- Offer of a drop-in during school holidays for those referred to the service.

Future challenges

- Re configuration of the service in Feb 2019 when the service reduces from 6 to 5 SWW.
- Embedding the service within the early help offer and pastoral systems across all educational settings in the city
- Gain more consistency in the use of service within primary schools, with an aim to increase consultations
- Further develop the relationship with CAMHS / SPA to further demonstrate the service impact on referrals to CAMHS
- Inclusion of Independent schools within the scope of the project

Key actions

- Complete roll out of 'How to tame you Meerkat ' to all primary schools
- Complete the pilot for 'Mind Management' using Mental Health Champions to inform development and implementation
- Develop evaluation and measurement tools to increase quantity and quality of feedback from school, CYP and parents
- Develop service offer in school holidays
- All Schools and Colleges participating in MHC to have carried out a campaign and evidenced the impact this has had.



North Yorkshire School
Mental Health and Wellbeing
Project

Q4 Contract Report

NB: for the purpose of this report the term 'schools' includes academies/Independent Schools/PRS/colleges schools'.

KPIs

Section 1:

1. For a range of staff in schools to have increased knowledge and confidence in supporting children and young people with emotional and mental health issues	
1.1	Number and type of training courses offered
1.2	Number of schools and staff offered training
1.3	Number of schools and staff accessed training
1.4	Number of school staff reporting increased confidence and knowledge following training
1.5	Number of schools provided with consultation without receiving direct training

Section 2:

2. A reduction in the requirement for specialist interventions for children and young people with emotional and mental health issues, and prevention of increasing need through earlier identification and provision of appropriate support within school	
2.1	Total number of children and young people accessing co-facilitated 1:1 sessions, broken down into school year groups
2.2	Number of initial consultations resulting in signposting to a more appropriate service
2.3	Time of wait from Compass receiving the consent form to Compass offering the first co-facilitated 1:1/group work session
2.4	Total number of children and young people accessing co-facilitated group work sessions, broken down into school year groups
2.5	Number of children and young people accessing co-facilitated 1:1/group work sessions who are defined as vulnerable
2.6	Number of co-facilitated 1:1 sessions delivered with children and young people broken down by predominant issue, e.g. anxiety
2.7	Number of co-facilitated group work sessions delivered with children and young people broken down by predominant issue, e.g. anxiety
2.8	Number of children and young people reporting increased wellbeing
2.9	Number of children and young people reporting that 90% of goals achieved
2.10	Number of children and young people signposted to CAMHS deemed suitable
Shadow	Number of children and young people signposted to CAMHS deemed unsuitable (KPI for 18/19)

2.11	Number of children and young people signposted to universal services, e.g., Healthy Child Programme
2.12	Source of initial consultation request which resulted in co-facilitated 1:1/ group work sessions

Section 3:

3. Building resilience - increasing number of children and young people more able to cope with emotional difficulties arising from life events and challenges	
3.1	Number of children reporting increased knowledge how to access support
3.2	Number of children reporting increased resilience
3.3	Number of schools undertaking whole school approach to emotional health
3.4	Number of representations (with consent) to the project
3.5	% of young people reporting satisfaction with service

Section 4:

4. Increased primary care awareness for the project to support for children and young people earlier	
4.1	Number of initial consultation phone calls received directly from primary care

Section 1:

Outcome no.	KPI
2.	For a range of staff in schools to have increased knowledge and confidence in supporting children and young people with emotional and mental health issues
1.1	Number and type of training courses offered
1.2	Number of schools and staff offered training
1.3	Number of schools and staff accessed training
1.4	Number of school staff reporting increased confidence and knowledge following training
1.5	Number of schools provided with consultation without receiving direct training

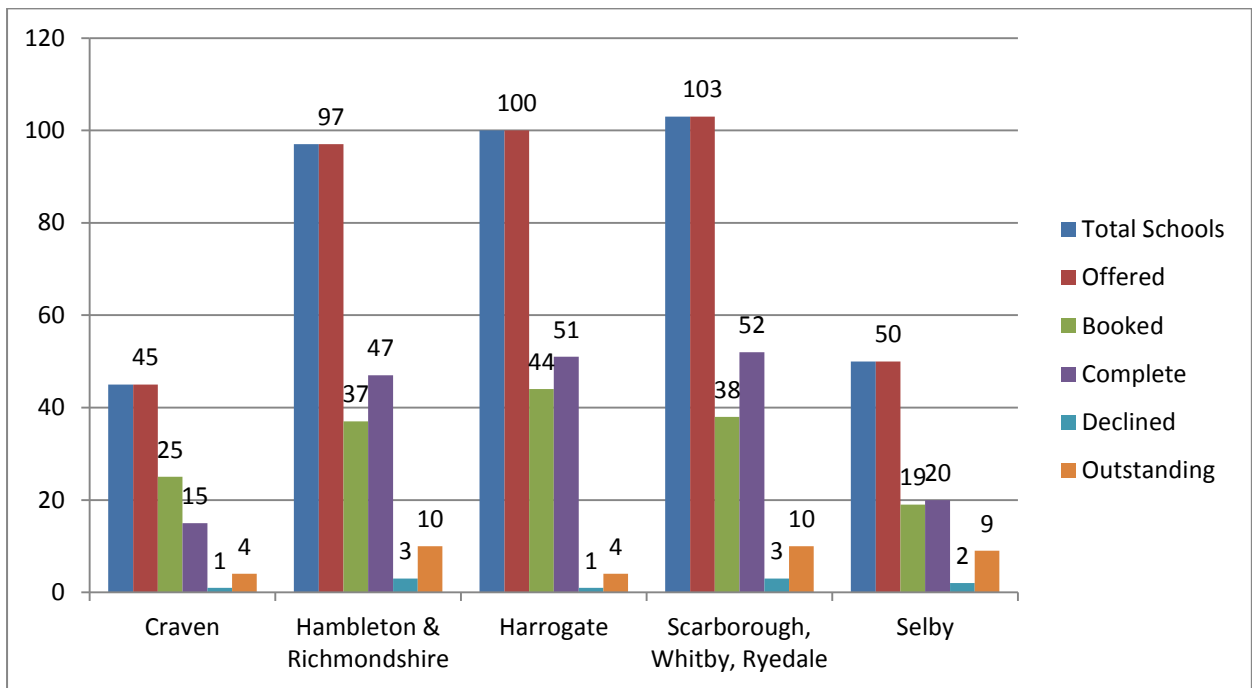
For the purposes of this report the supplementary excel spreadsheet covers data up until the end of Q4 (March 2018).

Training Overview

Total Number of Schools in North Yorkshire - 395

By the end of March 2018 (YDT figure) a total number of **185 schools** have *received* the Compass BUZZ Level 1 training and **4516 school staff** had been trained.

Overall status of schools in North Yorkshire **year to date** by area:



The number of schools in each area has shifted slightly over the last quarter; for example, there is one less school in Harrogate as we had duplication (the same school with two different names) and although it doesn't affect the overall number please note that 'Forest of Galtres Primary School' has been moved from our Selby team to the Hambleton & Richmondshire team.

Section 1:

3. For a range of staff in schools to have increased knowledge and confidence in supporting children and young people with emotional and mental health issues	
1.1	Number and type of training courses offered
1.2	Number of schools and staff offered training
1.3	Number of schools and staff accessed training
1.4	Number of school staff reporting increased confidence and knowledge following training
1.5	Number of schools provided with consultation without receiving direct training

1.1 Number and type of training courses offered & 1.2 Number of schools and staff offered training

All schools (**395**) have been offered the 'Level 1' Prevention and Promotion Compass BUZZ training.

1.3 Number of schools and staff accessing training

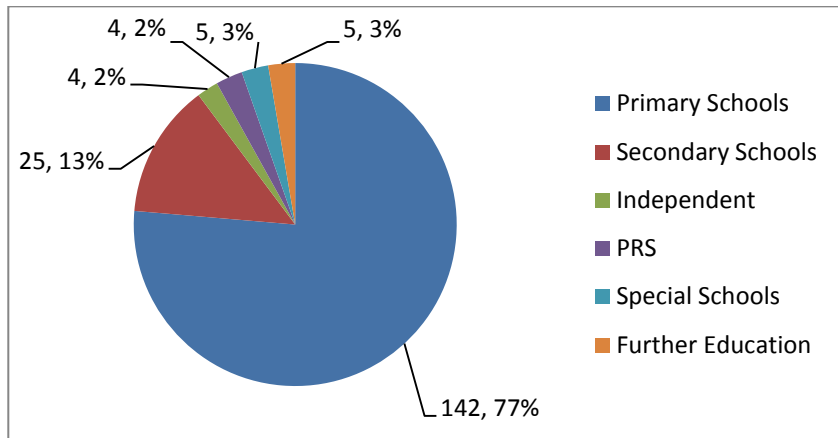
The total number of schools in North Yorkshire who have *received* the 'Level 1' Prevention and Promotion Compass BUZZ training is **185** – this equates to **47%** of the 395 schools in North Yorkshire.

	Total No.	Received	Percentage
Primary Schools	307	142	46% of Primary Schools
Secondary Schools	42	25	60% of Secondary Schools
Independent Schools	19	4	21% of Independent Schools
PRS	6	4	67% of PRS'
Special Schools	14	5	36% of Special Schools
Further Education	7	5	71% of FE establishments
Total	395	185	47% of all schools

NB: Academies are made up of a combination of the school categories above, therefore are *included* in the figures above:

Academies	40	25	63% of Academies
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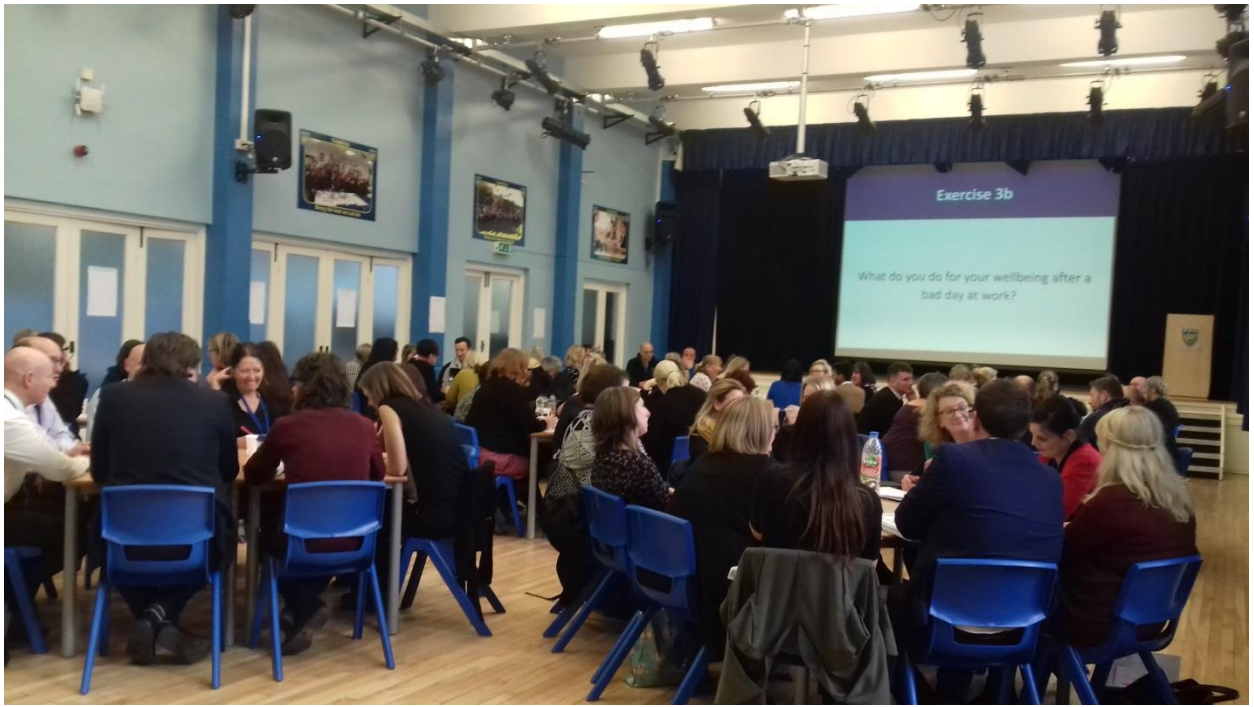
Another way of looking at this data is to show, out of the total training Compass BUZZ have delivered, what *types of schools* make up the total **185**:



Below is a photograph of some of the participants who attended the Level 1 training at All Saints Church of England Primary School, Kirkby Overblow:

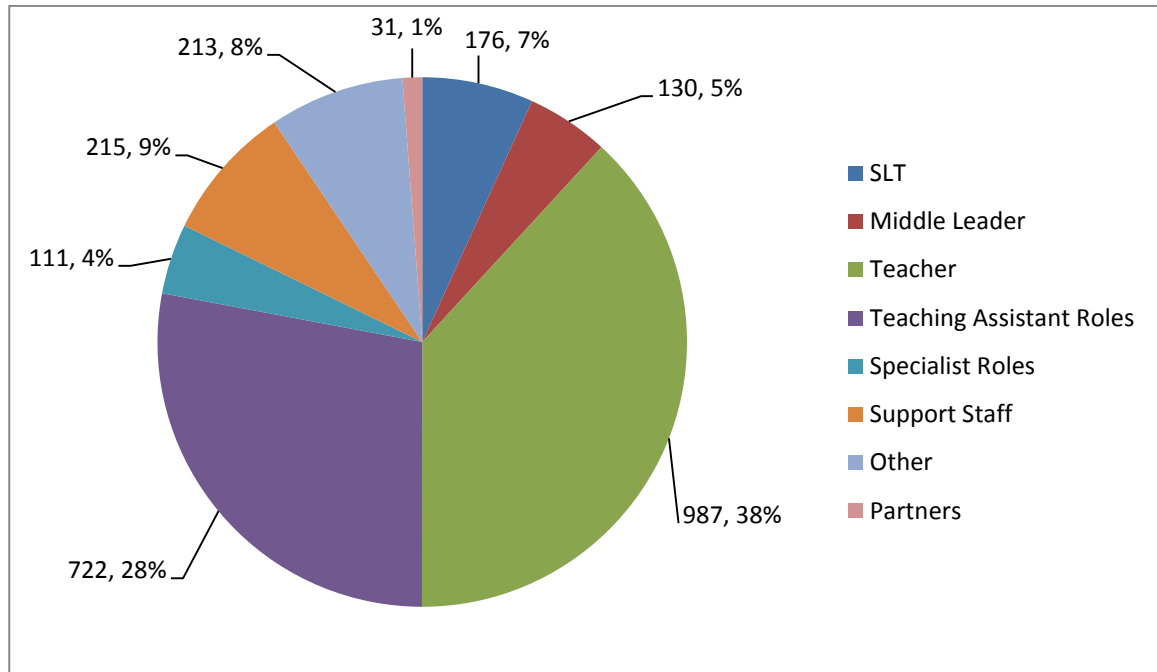


Below is a photograph of some of the 80 participants who attended the Level 1 training at Scalby School in February 2018



Training Received by Job Role

The total number of staff who **received** Compass BUZZ Level 1 Training **Q4** is **2585**:



A few examples of 'other' job roles are as follows:

- IETA
- LP Science
- LRCO
- CCO
- Lead PSO
- DOP
- EWO / DDSL
- EVA
- CT

Sometimes when staff sign the register they use acronyms or their handwriting is impossible to decipher and it is difficult to determine their job role.

1.4 Number of school staff reporting increased confidence and knowledge following training

Total number of staff trained in Q4 = 2585

All 2585 staff were given a pre and post questionnaire but not all participants return both sets of forms (or did not complete all parts of the question):

With regard to the first question; “On a scale of 1 to 10 (1 being low and 10 being high) rate your current knowledge of children/young people’s mental health” we got 2207 responses (which is a 85% return rate).

Out of 2207 responses:

2049 stated that their knowledge of children/young people’s mental health had *increased* following the training, this equates to 93%. This is an improvement over last quarters figures which equated to an 87% increase in knowledge.

137 stated there was no change in their knowledge of children/young people’s mental health following the training.

21 stated that their knowledge of children/young people’s mental health had decreased following the training. One explanation for this could be that people rate themselves as being more knowledgeable prior to the training than they actually are and as a consequence of the training realise that they don’t know as much as they perhaps thought.

NB - 378 did not return or fully complete the pre and post questionnaire.

With regard to the second question; “On a scale of 1 to 10 (1 being low and 10 being high) rate your confidence in working with mental health in your professional role” we got 2173 responses (which is a 84% return rate).

1999 stated that their confidence in working with mental health in their professional role had *increased* following the training, this equates to 92%. This is an improvement over last quarters figures which equated to an 88% increase in confidence.

149 stated there was no change in their confidence in working with mental health in their professional role following the training.

25 stated that their confidence in working with mental health in their professional role had decreased following the training. One explanation for this could be that people who have attended a split Level 1 session overrate themselves at the beginning and then forget what they scored themselves only to mark themselves more realistically at the end of the second part of the training.

NB - 412 did not return or fully complete the pre and post questionnaire.

1.5 Number of schools provided with consultation without receiving direct training

In order to be able to access the Compass BUZZ Request for Support process the school must have, at least, *booked* the Level 1 Compass BUZZ training session.

However, there have been occasions where a school has submitted a Request for Support to Compass BUZZ prior to their staff actually attending the training – see below:

Request for Support received prior to being trained:	
Q4	8
YTD	63

The number of schools provided with consultation without receiving direct training has naturally dropped from Q3 (during which 54 schools put in a Request for Support prior to attending the training), this is as more and more schools come on-board with the project and receive their Level 1 training.

Training Booked

Total number of schools in North Yorkshire who have *booked* Compass BUZZ Level 1

163 schools have *booked* Compass BUZZ Level 1 training (this *excludes* those schools have *received* training), the breakdown of schools is as follows:

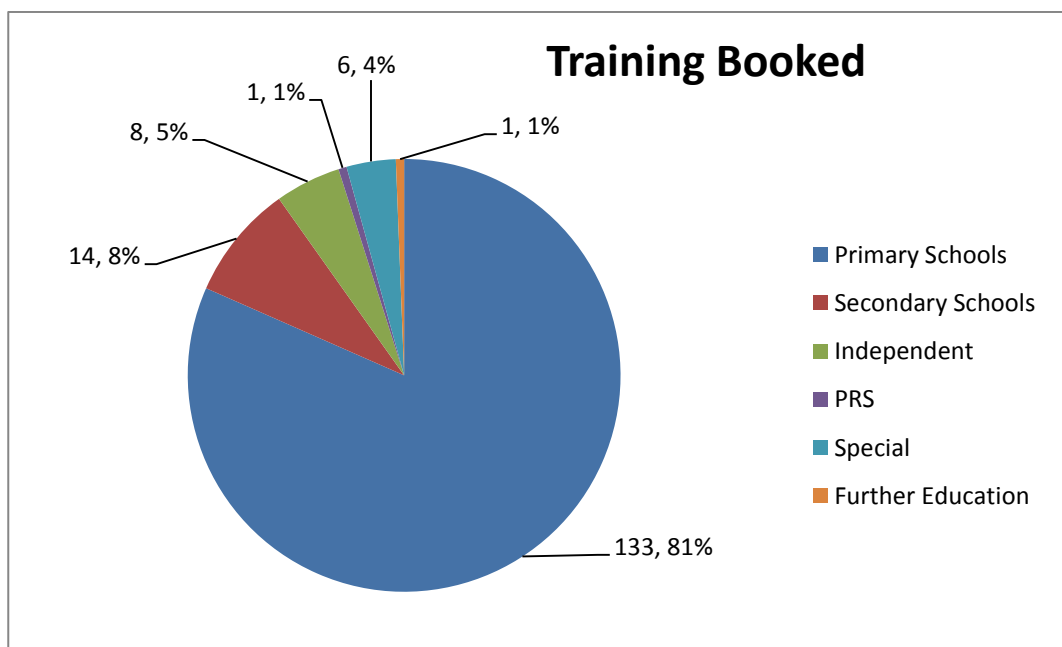
*Note: This figure is the number of schools who have <i>booked</i> training but <i>excludes</i> those schools have <i>received</i> training.	Total No.	Booked	Percentage
Primary Schools	307	133	43% of Primary Schools
Secondary Schools	42	14	33% of Secondary Schools

Independent Schools	19	8	42% of Independent Schools
PRS	6	1	17% of PRS'
Special Schools	14	6	43% of Special Schools
Further Education	7	1	14% of FE establishments
Total	395	163	41% of all schools

NB: Academies are made up of a combination of the school categories above, therefore are included in the figures above, however, shown separately the figures would be as follows:

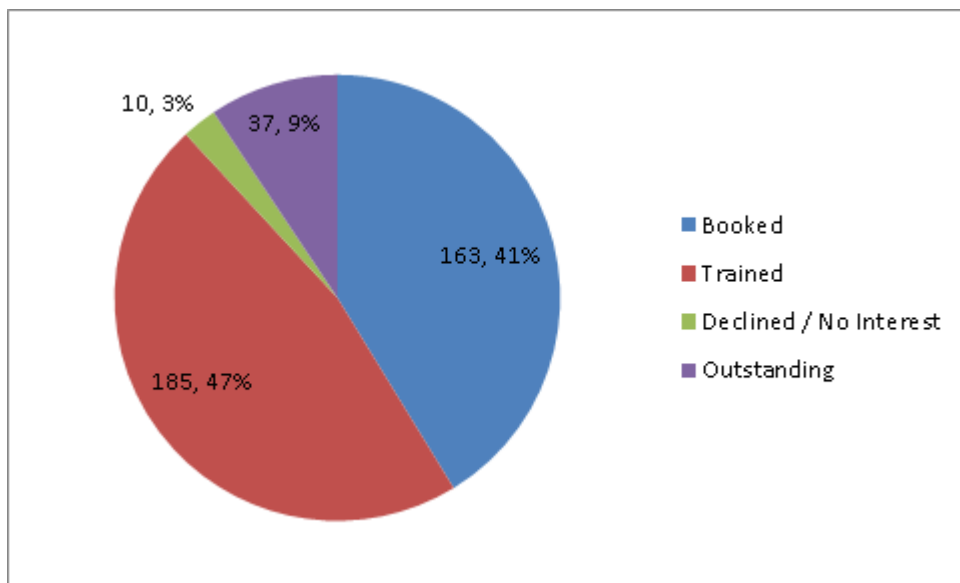
Academies	40	11	28% of Academies
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The pie chart below shows these figures as a percentage of *all* schools who have *booked* the training to date (163) (but *excludes* those schools have *received* training):



Combined number of received and booked:

The total number of schools who have booked the training (163) **combined** with those who have received the training (185) is **348** which equates to **88%** of all schools in North Yorkshire. There are currently 10 schools who have declined training.



Section 2:

2. A reduction in the requirement for specialist interventions for children and young people with emotional and mental health issues, and prevention of increasing need through earlier identification and provision of appropriate support within school	
2.1	Total number of children and young people accessing co-facilitated 1:1 sessions, broken down into school year groups
2.2	Number of initial consultations resulting in signposting to a more appropriate service
2.3	Time of wait from Compass receiving the consent form to Compass offering the first co-facilitated 1:1/group work session
2.4	Total number of children and young people accessing co-facilitated group work sessions, broken down into school year groups
2.5	Number of children and young people accessing co-facilitated 1:1/group work sessions who are defined as vulnerable
2.6	Number of co-facilitated 1:1 sessions delivered with children and young people broken down by predominant issue, e.g. anxiety
2.7	Number of co-facilitated group work sessions delivered with children and young people broken down by predominant issue, e.g. anxiety
2.8	Number of children and young people reporting increased wellbeing
2.9	Number of children and young people reporting that 90% of goals achieved
2.10	Number of children and young people signposted to CAMHS deemed suitable
Shadow	Number of children and young people signposted to CAMHS deemed unsuitable (KPI for 18/19)
2.11	Number of children and young people signposted to universal services, e.g., Healthy Child Programme
2.12	Source of initial consultation request which resulted in co-facilitated 1:1/ group work sessions

2.1 Total number of children and young people accessing co-facilitated one-to-one sessions, broken down into school year groups

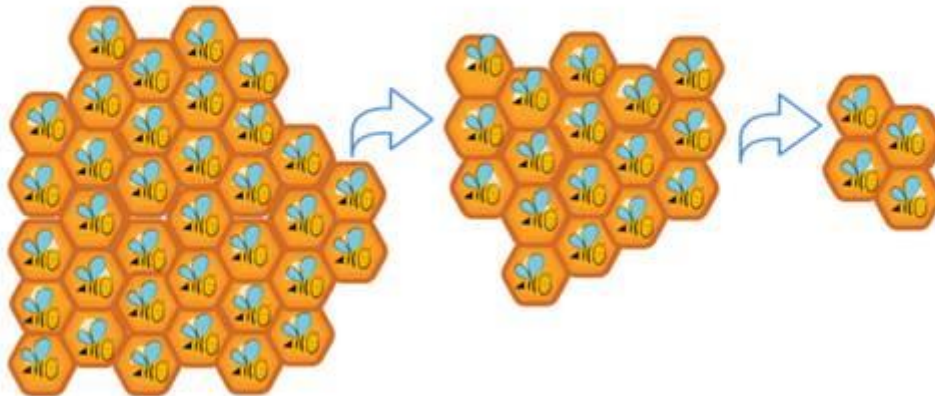
There were **35** individual young people who accessed a total of **56** co-facilitated one-to-one sessions in **Q4**.

Of the 35; 17 went on to have a second one-to-one session and out of those; four went on to have a third one-to-one session.

The number of young people who accessed co-facilitated one-to-one sessions in Q4 was 35 individuals

Out of these 17 went on to have a second co-facilitated one-to-one session with Q4

Out of these 4 went on to have a third co-facilitated one-to-one session with Q4



Adding together the number of first, second and third co-delivered one-to-one sessions, the Compass BUZZ Wellbeing Workers provided a total of **56** sessions during Q4.

2.2 Number of initial consultations resulting in signposting to a more appropriate service

- 1 young person was signposted to specialist CAMHS
- 3 young people were signposted to the Healthy Child Service
- 4 young people were signposted to the Prevention Service; in three cases this was in *addition* to Compass BUZZ providing support.

2.3 Time of wait from Compass receiving the consent form to Compass offering the first co-facilitated one-to-one/group work session

Out of the **35** first co-facilitated one-to-one sessions Compass BUZZ Wellbeing Workers delivered:

- **15** were conducted within **ten working days**
- **9** were conducted within **eleven – twenty working days**
- **10** were conducted beyond **twenty-one days**

It is noteworthy to mention three points in relation to the above figures:

- On some occasions, the consent was received prior to a school holiday, this can account for some of the perceived delays in first sessions taking place.
- We are not recording the date that the first session was *offered*, only the date it actually took place, so there may be times when the Wellbeing Worker *offered* to co-facilitate an earlier one-to-one session which was inconvenient for the school staff member.
- The Wellbeing Worker often undertakes a meeting with the member of school staff to plan the work before meeting with the young person and this in turn extends the time to the first co-facilitated one-to-one sessions.
- Compass BUZZ can only provide a co-facilitated one-to-one session once the school member of staff has returned the young person's consent form – thus we are entirely reliant on them completing this part of the pathway before we can proceed.

2.4 Total number of children and young people accessing co-facilitated group work sessions, broken down into school year groups

During Q4 Compass BUZZ co-facilitated four group work sessions.

One of the Scarborough, Whitby, Ryedale Wellbeing Workers co-facilitated group work sessions on the following dates:

Date group work session conducted:	Year group of the pupils attending:
16.01.18	8
17.01.18	8, 9, 10
22.01.18	8

One of the Wellbeing Workers in the Hambleton and Richmondshire area co-facilitated one group work session:

Date group work session conducted:	Year group of the pupils attending:
25.01.18	10

Please note that a further three sessions were prepped for with a school member of staff at Upper Wharfedale School in Craven, resources were provided and a 'lesson plan' was agreed, however, the Wellbeing Worker did not personally attend the group work session.

2.5 Number of children and young people accessing co-facilitated 1:1/group work sessions who are defined as vulnerable

There were **35** individual young people who accessed a total of **56** co-facilitated one-to-one sessions in **Q4**.

Out of these **35 young people**:

- **3** of them have suffered from Abuse / Domestic Violence = **9%**
- **2** of them were LCA = **6%**
- **1** of them was LGBTQ = **3%**
- **11** of them have suffered from Loss / Separation = **31%**
- **1** of them had issues with Substance Misuse = **3%**
- **2** of them have suffered from Trauma = **6%**

NB. We record up to two primary vulnerabilities for each individual; therefore some young people may come under one or two of the above.

2.6 Number of co-facilitated one-to-one sessions delivered with children and young people broken down by predominant issue, e.g. anxiety

There were **35** individual young people who accessed a total of **56** co-facilitated one-to-one sessions in **Q4**.

Requests for Support for these **35** young people were made in relation to the following reasons:

- **3** were made due to **Anger = 8.6%**
- **15** were made due to **Anxiety = 42.9%**
- **3** were made due to **Low Mood = 8.6%**
- **5** were made due to **Self-Esteem = 14.3%**
- **1** was made due to **Self Harm = 2.9%**
- **4** were made due to **Conduct Difficulties/Emotion Regulation = 11.4%**
- **1** was made due to **Eating Problems = 2.9%**
- **3** were made due to **Social Isolation = 8.6%**

2.7 Number of co-facilitated group work sessions delivered with children and young people broken down by predominant issue, e.g. anxiety

There were four co-facilitated group work sessions conducted in **Q4**.

Out of these **four** groups of young people:

- **1** session was on Emotional Regulation
- **1** session was on Anxiety
- **2** session was on Self Esteem

2.8 Number of children and young people reporting increased wellbeing

In Q4 the Compass BUZZ Wellbeing Workers co-facilitated a total of **56** co-facilitated one-to-one sessions with 35 individual young people alongside school members of staff. This KPI is measured by asking *each young person* to complete a pupil questionnaire at the end of *each session*. In this case the question is; “*do you feel better now compared to how you felt at the beginning of the session?*”

Out of 56 young people who attended co-facilitated one-to-one sessions 52 completed a pupil questionnaire at the end of their session. Out of these 52; 42 reported increased wellbeing – this equates to **81%**. The remaining 10 reported that their wellbeing had not increased.

2.9 Number of children and young people reporting that 90% of goals achieved

This figure is based on **13** young people who were discharged from Compass BUZZ in Q4:

- **12 achieved 100%** of their goals
- **1** pupil did not complete their goals as they moved schools before then interventions were completed

2.10 Number of children and young people signposted to CAMHS deemed suitable

Number of children and young people signposted to CAMHS deemed unsuitable (KPI for 18/19)

This is a shadow target for 2017 – 2018, however, we can state that on one occasion a recommendation was made to school to refer one young person to specialist CAMHS, however, we do not know if this referral was ‘picked up’.

2.11 Number of children and young people signposted to universal services, e.g., Healthy Child Programme

There have been no young people signposted to universal service during Q4.

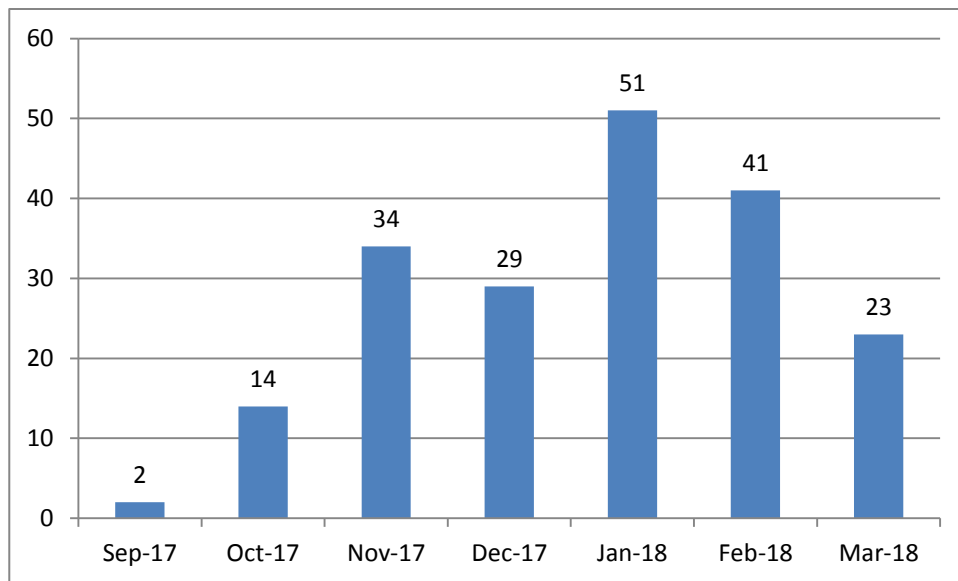
2.12 Source of initial consultation request which resulted in co-facilitated 1:1/ group work sessions

All Requests for Support originate from schools.

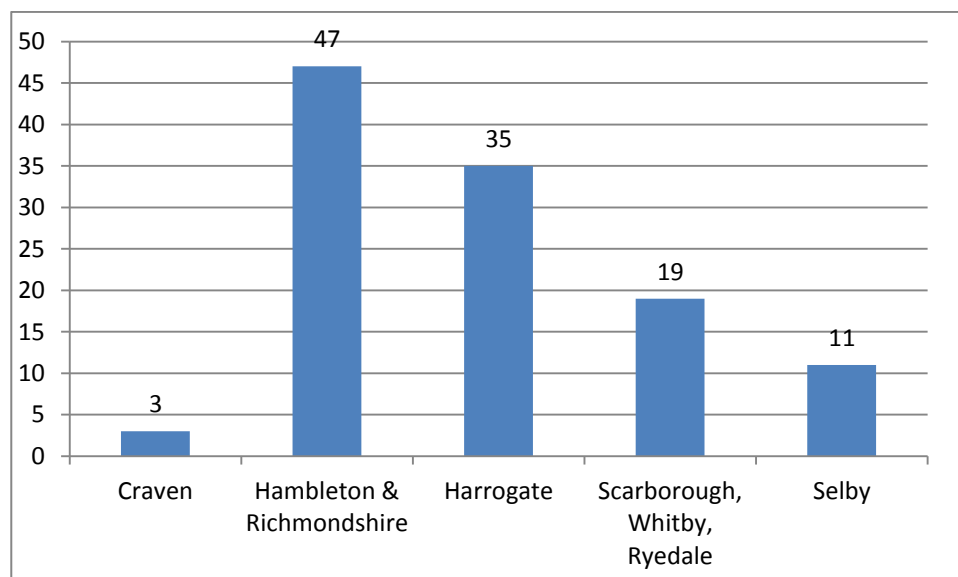
Request for Support Received

Year-to-date up to the end of March 2018 Compass BUZZ have received a total of **194** Requests for Support.

In **Q4** alone the number of Requests for Support was **115**. This continued an upward trajectory in January (51) with numbers falling slightly in February (41) and also in March (23).



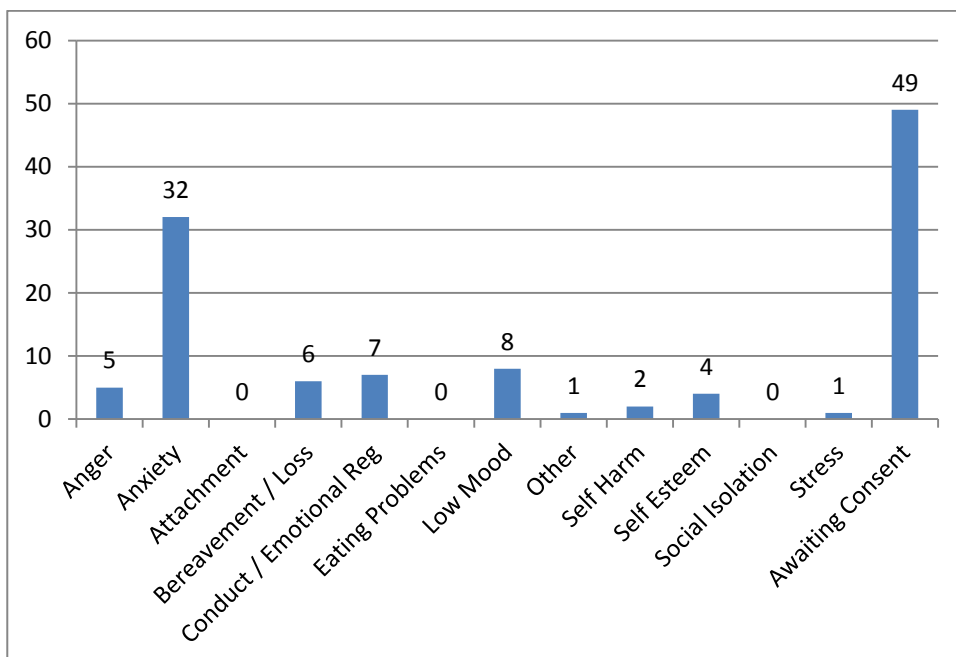
Number of Requests for Support (115) received in **Q4** shown broken down by area:



Request for Support by Type

The *primary reason* for the **115** Requests for Support Compass BUZZ received in **Q4** is shown below:

Anger	5
Anxiety	32
Attachment	0
Bereavement / Loss	6
Conduct / Emotional Regulation	7
Low Mood	8
Eating Problems	0
Self Harm	2
Self Esteem	4
Social Isolation	0
Stress	1
Other	1
Awaiting Consents	49
Total	115



Section 3:

5.	Building resilience - increasing number of children and young people more able to cope with emotional difficulties arising from life events and challenges
3.1	Number of children reporting increased knowledge how to access support
3.2	Number of children reporting increased resilience
3.3	Number of schools undertaking whole school approach to emotional health
3.4	Number of representations (with consent) to the project
3.5	% of young people reporting satisfaction with service

3.1 Number of children reporting increased knowledge how to access support

In Q4 the Compass BUZZ Wellbeing Workers co-facilitated a total of **56** co-facilitated one-to-one sessions with 35 individual young people alongside school members of staff. This KPI is measured by asking each young person to complete a pupil questionnaire that end of each session. In this case the question is; *“Do you know who you would go to if you needed support in the future?”*

Out of 56 young people who attended co-facilitated one-to-one sessions 52 completed a pupil questionnaire at the end of their session. Out of these 52; 48 reported increased knowledge – this equates to **92%**. The remaining four reported that their knowledge had not increased.

3.2 Number of children reporting increased resilience

In Q4 the Compass BUZZ Wellbeing Workers co-facilitated a total of **56** co-facilitated one-to-one sessions with 35 individual young people alongside school members of staff. This KPI is measured by asking each young person to complete a pupil questionnaire that end of each session. In this case the question is; *“If you find yourself faced with this problem again, do you think you would be able to cope?”*

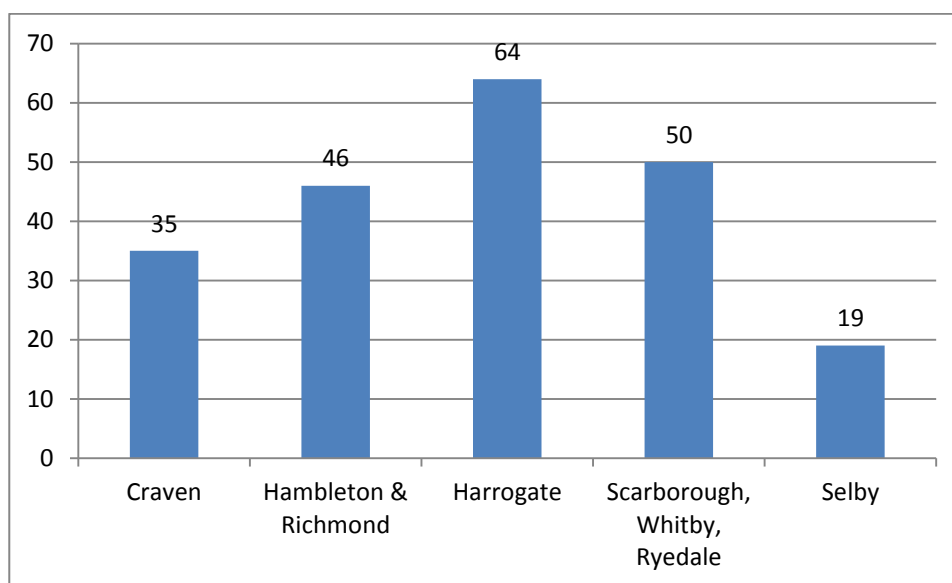
Out of 56 young people who attended co-facilitated one-to-one sessions 51 completed a pupil questionnaire at the end of their session. Out of these 51; 35 reported increased resilience – this equates to **69%**. The remaining 16 reported that their resilience had not increased.

The reason for this may be that the young person had not completed the full three sessions when completing this question (they may have only completed their first or second one-to-one) and therefore, at time of reporting, did not feel fully able to cope with the same problem again. Please note some pupils also write "maybe" on the questionnaire, this is not counted in the figures above.

3.3 Number of schools undertaking whole school approach to emotional health

Compass BUZZ have had **214** 'School Mental Health and Wellbeing Checklists' returned in Q4.

	Total No.	Received	Percentage
Craven	45	35	78%
Hambleton and Richmondshire	97	46	47%
Harrogate	100	64	64%
Scarborough, Whitby, Ryedale	103	50	49%
Selby	50	19	38%
Total	395	214	54%



From these **214** checklists the following is indicated with regard to whether they have a whole school approach:

- **59** stated they did not have a whole school approach
- **111** stated they had a whole school approach 'to some extent'
- **41** stated they did have a fully embedded whole school approach
- **3** did not answer the question

3.4 Number of representations (with consent) to the project

We have not had any representations within Q4.

3.5 % of young people reporting satisfaction with service

In Q4 the Compass BUZZ Wellbeing Workers co-facilitated a total of **56** co-facilitated one-to-one sessions with 35 individual young people alongside school members of staff. This KPI is measured by asking each young person to complete a pupil questionnaire that end of each session. In this case the question is; “*Were you happy with your Wellbeing Worker today?*”

Out of 56 young people who attended co-facilitated one-to-one sessions 51 completed a pupil questionnaire at the end of their session. Out of these 51; 49 reported satisfaction with the service – this equates to **96%**.

Section 4:

6. Increased primary care awareness for the project to support for children and young people earlier	
4.1	Number of initial consultation phone calls received directly from primary care

All Requests for Support originate from schools, though all GP surgeries in North Yorkshire have been made aware of the Compass BUZZ project and have been encouraged to contact us with any questions or queries should they have any.

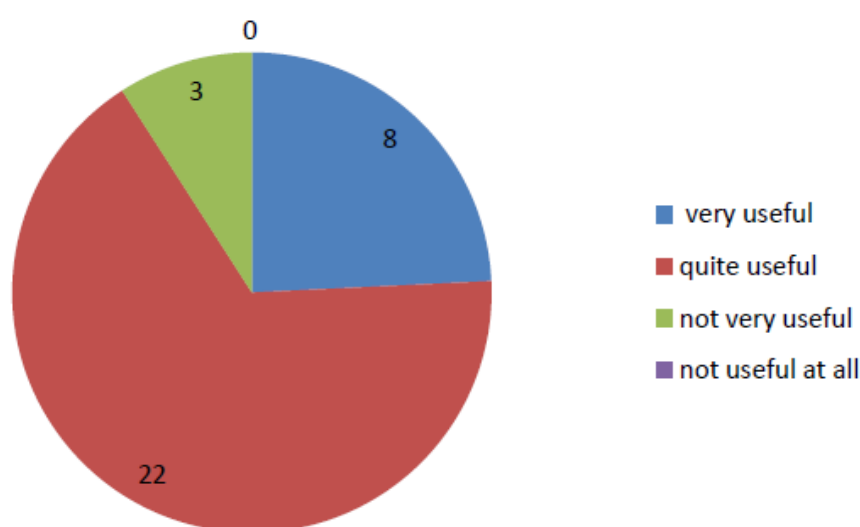
We have not attended any meetings with GP surgeries during Q4. We have delivered a Level 1 training session in full to **six practice staff** at Pickering Medical in Ryedale on 06/02/18 and to **nine practice staff** at Dyneley House Medical Centre in Craven on 08/02/18. Unfortunately, the session planned for the 13/02/18 which was due to incorporate Belgrave, Falsgrave, Peasholme and Prospect Road surgeries was cancelled by the practices; this has yet to be re-scheduled.

One of the Wellbeing Workers in the Harrogate area attended the **NHS Harrogate and Rural District Clinical Commissioning Group ‘Protected Learning Time Event’** on 08/02/18. The event took place at Pavilions of Harrogate and she gave a brief overview of the project for around 10 minutes, including some time for questions and comments. The Wellbeing Worker explained the background to our project, our funding, the fact that we are free so do not discriminate against any schools, our three tiered rolling training programme, our individual and group co-facilitated element and additionally about our consultation and support. The Wellbeing Worker also introduced our new service; BUZZ US, and took along some marketing materials for attendees to take away with them. The Wellbeing Worker felt that the attendees recognised great merit in our project and was asked how schools are taking to our support so far. She explained that the vast majority of schools are relishing it and that referrals for our co-facilitated support are increasing month on month.

After the Protected Learning Time Events organisers always do an evaluation report. The information below is taken from the evaluation forms that they asked GP's to complete and return. Compass BUZZ Project is the first one on page one of the report:

A total of 87 GPs were present and each asked to complete an evaluation form. A total of 39 forms were returned and the results are detailed below:

1. How Useful Did You Find Update on Compass BUZZ Project



Additional comments included:

- Follow up summary of all available services would be useful.
- Still a patchwork of services & GP's find it difficult to guide patients to the right one
- Good presentation raising awareness.
- Useful to know what is out there – even more useful to know that schools are being supported in providing this service for pupils/staff.
- It is clear that GP's need a simple consistent guide to referral pathways for this group
- Good to be aware of. Do not seem to be able to refer to this – seems confusing with Healthy Child/Prevention Service. Need list of children's services to refer to.
- Always good to know what is going on and available. Have already had e-mail about the service.
- Good to hear about new initiatives but still unclear how services interact.
- Too rushed and I am still unsure of it's place in amongst all the other agencies of support.
- Good awareness and good speaker.
- Had not heard about Compass Buzz before.
- Not sure how will link up and service seems sparse? Concentrate more on education for schools rather than managing individual or service will get over loaded.
- Great to hear we can pass back some responsibility for schools to do referral – rather than all coming our way.

- Good information – was not aware of this before. Text system could be very useful.
- Please send e-mail with details of all local organisations discussed.
- Just another complication to an already confused referral pathway. We could really do with an idiots guide to Children's Mental Health resources.
- Would be useful to have a breakdown of services and who to refer to.
- Given another route for schools to refer – schools must be aware of this as they usually send to GP.
- What are we supposed to do with that information.

Other news:

Susan De Val attended a Level 1 training session at Eskrick School on the 25th January 2018. Susan emailed to say *"I wanted to let you know what a good afternoon I had at St Marys School in Selby on the first part of the training and will be back for part 2 next month. I've already let Pip know how impressed I was, and the staff were really engaged as well."*

Lorna Galdas attended a Level 1 training session at St Mary's Catholic Primary School on 21.02.18. Lorna emailed to say *"I really enjoyed the session, thanks for letting me join in. I found it very informative and...really engaging. I think there were some very productive conversations happening and it seemed like some good actions would come out of it, for example the school adding the training as a standing item to their staff meetings. I also thought the idea of a parent session was great. Is this something Compass BUZZ have done? My only comment would be that the groups often had a lot to talk about and it would have been nice if they would have time to explore it more. However, I appreciate you have limited time, and 2 hours is I think about the right amount of time after a working day, so I understand that there are limitations to the amount of time you have."*

Newsletter:

Paul Cullen, Wellbeing worker in the Hambleton and Richmondshire area, produced a Compass BUZZ newsletter in February 2018 which was sent out to all schools:



Youth Voice Conference

On Friday 16th March 2018 two Compass BUZZ Wellbeing Workers attended the Youth Voice Conference at the Pavilions in Harrogate.

Compass BUZZ ran two workshops; both were full of young people keen to learn some self-help strategies they could use to support with their own wellbeing. The young people who attended the workshop talked openly, sharing ideas and discussing strategies that had worked for them. They asked excellent questions about the new text messaging service – 'BUZZ US'. During the workshop the Wellbeing Workers made 'slime' with the young people and explained how different textures can help calm and soothe you when you feel nervous.

It was a great opportunity for the Wellbeing Workers to talk to young people and to get their views and opinions, such as on the Compass 'Service User Charter' leaflet which is about to be revamped with young people in mind.



LGBTQ

LGBTQ young people have highlighted the importance of being able to meet other LGBTQ young people so there are LGBTQ youth groups available across North Yorkshire providing support for young people aged 13 upwards – these details have been circulated by our Wellbeing Worker who has LGBTQ as her 'specialist lead area' so that all of our Wellbeing Workers know when these groups are taking place in their own districts. She has also circulated a comprehensive list of websites to signpost both young people and professionals to.

As part of her specialist lead area update she has also undertaken an LGBTQ 'terminology' exercise with the team to ensure they understand the important of using and promoting the correct language and terminology when working with young people. She has also distributed the following film/video clips to the Compass BUZZ team in relation to sharing awareness of young people's personal stories of some of the challenges the LGBTQ community can face.

Mind Your Language

Made by Harrogate LGBTQ youth group discussing the prevalence of homo/bi/trans phobic language

<https://www.youtube.com/watch?v=PtxVeojkpDI&feature=youtu.be>

Talking about Homophobia

A group of young people from Scarborough, England, want to challenge and change the homophobic views of young people in their hometown and beyond. In this film, they share personal stories of their experiences and look to a brighter future where young LGBTQ people do not have to suffer what they went through. https://www.youtube.com/watch?v=jVxQqG5P_gA

Out for Our Children

Looking at the importance of discussing family diversity and LGBT families with children and children's experiences of being within an LGBT family.

<http://www.outforourchildren.org.uk/resources/>

Our LGBTQ specialist lead worker has circulated the new '**Lesbian, Gay, Bisexual and Trans (LGBT) Guidance for professionals who work with children and young people in North Yorkshire**' which was recently produced by North Yorkshire County Council:

She has sourced and shared the Stonewall Inclusive Education Report.

Finally, we changed our Compass BUZZ bee colours to rainbow colours to recognise LGBTQ History month in February 2018.



Declined Schools:

Compass BUZZ have received the following email from the Headteacher of **Crayke Church of England Primary School** and **Sutton on the Forest Primary School** declining our training offer:

“Thank you for your email, I can confirm that at this time we would not be interested in accepting your offer.”

Andrew Buttery, Headteacher

Other schools that have declined are listed below:

School	School Type	Area	Reason
Aysgarth School	Independent	Hambleton & Richmondshire	No specific reason receptionist said <i>“if he was interested he (the Headteacher) would contact you back”</i> .
Barwic Parade Community Primary School	Primary	Selby	Declined stating that this was due to being an EMS and using Thrive.
Braeburn Primary and Nursery School	Primary	Scarborough, Whitby & Ryedale	State they have other priorities, currently a Thrive school and SMEH EMS School.
Crayke Church of England Voluntary Controlled Primary School,	Primary	Hambleton & Richmondshire	Email sent confirming decline – not interested currently. Also acting Head at Sutton on the Forest until April 2018 – he is also declining that school.
Cundall Manor School	Independent	Harrogate	Stated they have enough support in place at the moment, that this is not the right time for them, not wishing to engage with us at the moment (will re-approach in September 2018).
Embsay Church of England Voluntary Controlled Primary School	Primary	Craven	Declined, no reason given.
Gladstone Road Primary School	Primary	Scarborough, Whitby & Ryedale	Stated that they are going to receive the Boxall project instead.

Sutton on the Forest Church of England Voluntary Controlled Primary School	Primary	Hambleton & Richmondshire	Email sent confirming decline – not interested currently.
Terrington Hall Preparatory School	Independent	Scarborough, Whitby & Ryedale	Stated they are too busy to receive training.
Fairburn Community Primary School	Primary	Selby	Declined, no reason given.

Feedback

Feedback - below are a selection of emails we have received from schools:

“Thanks for the email. I'm really pleased that you and Compass Buzz are out there working with schools, staff and young people. It feels like you are the missing part of the jigsaw that has been found and put in place. Just to let you know that we now have a home school link worker in place since our training.”

N. Payling, Headteacher, Cawood Church of England PS

“Just wanted to send you a quick email to tell you how fab Heather was yesterday at the Red Kite Trainee Teacher conference. Audience of 90 Trainees all fully engaged / active and very complimentary. I though Heather’s session was the most useful and engaging of the four we ran yesterday and the training materials she used were just right for the audience. Many thanks for letting Heather come and present. We would be very interested in running similar sessions in future years if that were possible and the school that hosted the event (South Craven) are very keen to develop their relationship with you.”

Dr Keith Bothamley, SCITT Deputy Director (Secondary), Red Kite Teacher Training

“I know I speak on behalf of the staff when I say the training was brilliant. To have an opportunity to raise awareness and understanding in such a way that you established was brilliant. A relaxed, but focused atmosphere with some really clear messages and provoking tasks. We really enjoyed it - thank you.”

Scott Grason, Headteacher, Sleights Church of England (Voluntary Controlled) Primary School

“A huge thank you to Compass Buzz, and especially to Emma who delivered the Level 1 training to all our staff and Governors. As a school using The Thrive Approach we wondered whether this might conflict and overlap with our existing practices.. how wrong we were. The level 1 training provided a further insight into those children we are supporting via our Thrive work and the really useful Resilience Framework, complete with a toolkit of ideas to use, is a fantastic resource to support and extend our work in school. Thoroughly enjoyed by all our staff and a highly professional and friendly support service to have. Thank you.”

Gill Kingston, Inclusion Manager, Hookstone Chase C P School

“Just wanted to say thank you so much. Newsletter so very practical with ideas I can share with staff. Thank you also for the diary dates. Great to know there are experts out there sharing their expertise with our schools.”

Lynette Brammah, Headteacher, Fountains Earth and St Cuthbert's C of E Primary Schools

“In our school we have a Nurture Group that meets weekly and they are doing some amazing things re children's mental health and well being. I wondered if we could send you some info to put in your next newsletter?”

Jane, Brompton Primary School Headteacher

Complaint:

On 19.03.18 one of the Wellbeing Workers failed to attend a planned training session at Boyle & Petyt Primary School in Beamsley (Bolton Abbey) as she had forgotten about the training and taken annual leave. The Headteacher, Imogen Addy, emailed us to raise this matter stating that staff *“had to come in especially to have the training. Most also have school-aged children and they had to make childcare arrangements for the session. You can imagine that they were not best pleased”* adding that *“I am aware that mistakes happen to the best of us, and I know how apologetic you (Emma Tymon, Compass*

BUZZ Team Leader) were on the phone, but my staff were annoyed and so I feel I owe it to them to pass on their grievances”.

Emma Tymon immediately spoke to the Headteacher and issued an unreserved apology for the inconvenience caused, she also reassured Imogen that she would be investigating the matter further once the member of staff returned from annual leave. Emma also stressed that this had never happened before and is *“not the standard that we set ourselves”*. Emma also offered to personally deliver the rescheduled training.

Emma followed this matter up to confirm what actions she had subsequently taken, including the following:

- She had asked the Wellbeing Worker to provide a full explanation as to how this happened
- She had informed the Service Manager and Assistant Director
- The Service Manager would be informing commissioners at the next contract meeting
- The staff member was spoken to upon her return to work; she apologised profusely for the situation and did not have any other explanation apart from she had not diarised this correctly
- The Wellbeing Worker was asked with immediate effect to cross-reference all training dates with her diary and also make sure they matched her computer diary
- The Wellbeing Worker would be spoken to within her Clinical Supervision (with the Team Leader) and Managerial supervision (with the Service Manager) regarding the situation and this would be recorded within her formal supervision notes.
- The Wellbeing Worker would be informed how further incidents such as this could lead to disciplinary action should they be repeated.

The Wellbeing Worker also wrote a personal letter of apology to the school – see attached:



Letter of apology to staff at Boyle and Pei

The training has been rebooked for September 2018.

BUZZ US (aka ChatHealth):

Staff were trained on using BUZZ US on 23.01.18 and we went ‘live’ with the new texting service the following day (24.01.18). The results so far have exceeded all expectations; here are the figures so far with data from other services by way of comparison:

Compass BUZZ

Month/Year	Messages Received	Messages Sent	Conversations Opened	Conversations Closed
Jan-2018	131	144	6	2
Feb-2018	367	557	34	36
Mar-2018	458	663	34	34
Totals	956	1364	74	72

Compass The Hub

Month/Year	Messages Received	Messages Sent	Conversations Opened	Conversations Closed
Jan-2018	1	2	1	1
Mar-2018	1	3	1	1
Totals	2	5	2	2

Warwickshire Universal, Targeted and Specialist Services

Month/Year	Messages Received	Messages Sent	Conversations Opened	Conversations Closed
Jan-2018	15	24	4	3
Feb-2018	122	124	11	11
Mar-2018	48	62	11	12
Totals	185	210	26	26

BUZZ US quote - service user feedback:

"You guys have helped me so much even in the short time I've spoken with someone. Better than Samaritans."

Staffing:

Nikki Goodison left her position of Wellbeing Worker in the Harrogate area on 02.02.18. An advert was placed immediately and interviews were conducted on 07.03.18. This proved to be a very successful day and we were able to appoint to the position. The successful candidate is due to start as soon as her DBS comes back.

Vale of York Schools

We have compared our training matrix against the map Susan De Val provided us with which showed the schools in the Vale of York (**Easingwold, Helmsley, Pickering, Selby**).

NB There were two schools on the list from Susan which are outside of our geographical boundary, these were Robert Wilkinson in Strensall and Stockton-on-the-Forest.

Key:

Green – received training	31 schools
Blue – booked training	33 schools
Amber – neither booked or received training	13 schools
Red – declined training	3 schools
Total	80 schools

Easingwold - 3

School	School Type
Easingwold Community Primary School	Primary
Easingwold School	Secondary
Forest of Galtres Anglican/Methodist Primary School	Primary

Helmsley - 17

School	School Type
Ampleforth College	Independent
Foston Church of England Voluntary Controlled Primary	Primary
Gillamoore Church of England Voluntary Controlled Primary School	Primary
Helmsley Community Primary School	Primary
Hovingham Church of England Voluntary Controlled Primary School	Primary
Kirkbymoorside Community Primary School	Primary
Nawton Community Primary School	Primary

Rosedale Abbey Community Primary School	Primary
Saint Hilda's Church of England Voluntary Controlled Primary School	Primary
St Benedict's Roman Catholic Primary School	Primary
St Hilda's Ampleforth Church of England Voluntary Controlled Primary School	Primary
St Martins Ampleforth	Independent
Terrington Church of England Voluntary Aided Primary School	Primary
Terrington Hall Preparatory School	Independent
Warhill Church of England Voluntary Controlled Primary School Federated with Sand Hutton CE VC Primary School	Primary
Welburn Community Primary School	Primary
Welburn Hall School	Special

Pickering - 10

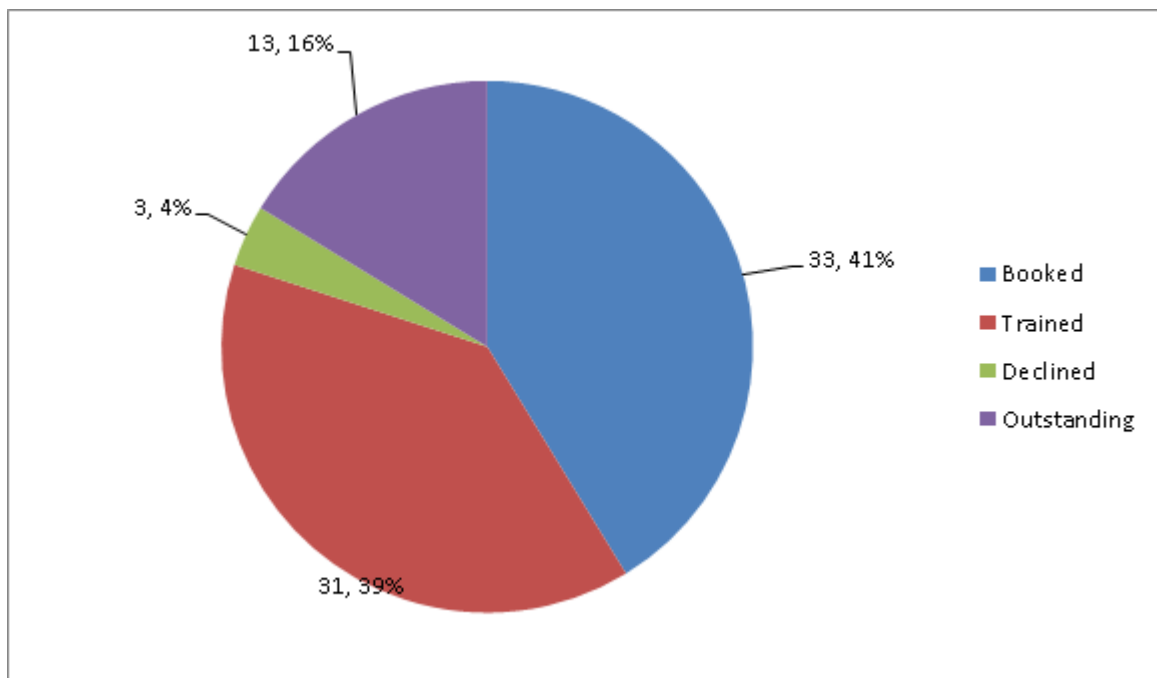
School	School Type
Amotherby Community Primary School	Primary
Lady Lumley's School	Secondary
Luttons Community Primary School	Primary
Pickering Community Infant and Nursery School	Primary
Pickering Community Junior School	Primary
ROOSE PRS	Pupil Referral
Ryedale School	Secondary
Sinnington Community Primary School	Primary
St Joseph's Roman Catholic Primary School	Primary
Thornton Dale Church of England Voluntary Controlled Primary School	Primary

Selby - 50

School	School Type
Appleton Roebuck Primary School	Primary
Athelstan Community Primary School	Primary
Barkston Ash Catholic Primary School	Primary
Barlby Bridge Community Primary School, Thomas Street	Primary
Barlby Community Primary School	Primary
Barlby High School	Secondary
Barlow Church of England Voluntary Controlled Primary School	Primary
Barwic Parade Community Primary School	Primary
Brayton Church of England (Voluntary Controlled) Primary School	Primary
Brayton High School	Secondary
Brotherton & Byram Community Primary School	Primary
Burton Salmon Community Primary School	Primary
Camblesforth Community Primary School	Primary
Carlton-in-Snaith Community Primary School	Primary
Cawood Church of England Voluntary Aided Primary School	Primary
Chapel Haddlesey Church of England Voluntary Controlled Primary School	Primary
Cliffe Voluntary Controlled Primary School	Primary
Escrick Church of England Voluntary Controlled Primary School	Primary
Fairburn Community Primary School	Primary
Hambleton Church of England Voluntary Controlled Primary School	Primary
Hemingbrough Community Primary School	Primary
Hensall Community Primary School	Primary
Holy Family Roman Catholic High School	Secondary
Kellington Primary School	Primary


Kirk Fenton Parochial Church of England Voluntary Controlled Primary School	Primary
Kirk Smeaton Church of England (Voluntary Controlled) Primary School	Primary
Longman's Hill Community Primary School	Primary
Monk Fryston Church of England Voluntary Controlled Primary School	Primary
North Duffield Community Primary School	Primary
Read School	Independent
Riccall Community Primary School	Primary
Riverside Community Primary School	Primary
Saxton Church of England Voluntary Controlled Primary School	Primary
Selby Abbey Church of England Voluntary Controlled Primary School	Primary
Selby College	Further Education
Selby Community Primary School	Primary
Selby High School	Secondary
Sherburn High School	Secondary
Sherburn Hungate Community Primary School	Primary
South Milford Community Primary School	Primary
St Joseph's Catholic Primary School, Tadcaster	Primary
St Mary's Catholic Primary School	Primary
Staynor Hall Community Primary Academy	Primary
Tadcaster East Community Primary School	Primary
Tadcaster Grammar School	Secondary
The Rubicon Centre	Pupil Referral
Thorpe Willoughby Community Primary School	Primary
Queen Margaret's School, Escrick	Independent
Whitley and Eggborough Community Primary School	Primary

	Total Schools	Booked	Trained	Declined	Outstanding
Vale of York	80	33	31	3	13



Appendix 5: Extract of CCG risk register

Risk Ref & Title	Description	Impact on Care, Potential for Harm	Mitigating Actions	Latest Note	Operational Lead	Lead Director	L'hood	Impact	Current Risk Rating	Movement this Month	Last Reviewed
JC.26a CAMHS: long waiting lists for assessment and treatment	Continued sustained demand since 2015/16 has generated long waiting lists to be assessed and commence treatment. Long waiting lists may adversely affect response to treatment and outcomes with effects on longer term emotional and mental health. There is potential detriment to CCG reputation, and effects on partnerships, e.g. local authority.	Delays in assessment and diagnosis leading to delays in treatment and support options. Poor patient experience.	Governing Body strategic commitment to mental health investment as a priority for the CCG. Service action plan in place. Close monitoring at CMB / F&P / QPEC and Governing Body. Capacity and Demand Gap Analysis received at end of July 2018 and considered by CMB. It will inform future decisions around further reinvestment. Commitment to continue school well-being services in York and North Yorkshire funding (in the baseline) to support those with lower level needs. . Local Transformation Plan highlights need for early identification and intervention to prevent escalation of symptoms and conditions. This is across the CCG area and engages all agencies.	Waiting lists remain long reflecting the high levels of referral into service. The CCG has invested £120k recurrently into CAMHS services from 2018/19; TEWV will use this for additional support to the emotional and eating disorders pathways. Staff have been appointed and will be in post from October/November 2018. The CVs for this investment have set out measures to show effect on waiting times. Anticipate effect on waiting times by end 2018/19 and expected reduction in risk rating to 12.	Susan De Val	Executive Director of Transformation, Complex Care and Mental Health	4	4	16		29 October 2018
JC.26b Children's Autism Assessments: long waiting lists and non-compliance with NICE guidance for diagnostic process	For the 5-18 pathway there is a long waiting list. Waits increase the strain and anxiety for families who do not always receive support for other agencies pending diagnosis. Issue is becoming more prominent in media enquiries and MP	Delays in assessment and diagnosis mean families wait longer for specialist support in school and other settings.	Action plan to address issues around waiting list and diagnostic process. Close monitoring at CMB / F&P / QPEC and Governing Body. The capacity and gap analysis has been received and considered at CMB and	TEWV is investing an additional £50k recurrently in the service from 2018/19. Staff have been appointed and coming into post in October/November 2018. 24 further assessments being undertaken by a private provider.	Susan De Val	Executive Director of Transformation, Complex Care and Mental Health	4	3	12		29 October 2018

Risk Ref & Title	Description	Impact on Care, Potential for Harm	Mitigating Actions	Latest Note	Operational Lead	Lead Director	L'hood	Impact	Current Risk Rating	Movement this Month	Last Reviewed
	correspondence.		<p>will inform future decisions on investment should funds be available.</p> <p>Changes in TEWV internal triage process in Autumn 2017 will work through into Autumn/Winter 2018 and improve ratio of assessments: conversion rate and the reduction in waiting times. The matter remains referenced at CMB to ensure focus is maintained.</p>	<p>The CCG has committed non-recurrent funding of £120k in 2018/19 to fund additional assessments (combination of slippage and additional in year funding). TEWV is reviewing the pathway around integration of autism and ADHD referrals to improve overall response to patient need. Expect to see conversion rate start to improve by end of 2018/19 and waiting times to reduce by end Q4/Q1 2019/20</p> <p>Workshop on 06.11.2018 to map full pathway to provide greater transparency and highlight how agencies can work together more effectively to support children with a view to reducing need for assessment in the long term.</p> <p>With LA colleagues we met parents on 19 October to discuss issues around waiting times: feedback will influence the mapping exercise and be taken into the remedial action plan.</p>							
JC.26c Children and young people eating disorders. Non-compliance with national access and waiting time standards	Higher than anticipated referral rates into the NYY eating disorder service in York hampers TEWV in meeting access and waiting time standards. These patients are usually very ill and require intensive long term care and support. The high volume means patients may not receive early intensive treatment	<p>Delays in assessment and diagnosis and potentially longer periods in treatment with potential for poorer outcomes.</p> <p>Currently unable to develop early intervention activity or training in schools and other community settings.</p>	<p>Action plan across NYY to set out how TEWV will deliver to national standards and examine improving issues around dosage and physical health checks.</p> <p>TEWV's performance improving against local trajectories: expect to meet in year targets for urgent and routine cases. .</p> <p>Close monitoring at CMB / F&P / QPEC and Governing Body.</p>	<p>Additional funding agreed for 0.6WTE (0.4 psychologist and 0.2 mental health nurse) as part of additional recurrent CCG investment.</p> <p>Performance against access and waiting times standards improving again at Q2 and expect to meet in year targets.</p> <p>TEWV has issued advice to GPs around physical health checks to monitor condition.</p> <p>Workshop on 13.09.2018 to</p>	Susan De Val	Executive Director of Transformation, Complex Care and Mental Health	4	4	16		29 October 2018

Risk Ref & Title	Description	Impact on Care, Potential for Harm	Mitigating Actions	Latest Note	Operational Lead	Lead Director	L'hood	Impact	Current Risk Rating	Movement this Month	Last Reviewed
				review action plan across NYY area has identified need for shared care agreement with primary care for physical health monitoring. Meeting with primary care leads arranged for early November 2018.							

Appendix 6

Vale of York CCG Local Transformation Plan 2018/19 Action Plan **Final**

Introduction

The Local Area Transformation Plan (LTP) for children and young people's emotional and mental health sets out the aims of the CCG and local authority partners to 2020:

By 2020, we will work together and share resources across North Yorkshire and York to make sure that children and young people:

- Grow up confident and resilient and able to achieve their goals and ambitions
- Can find help easily when they need it
- Receive help that meets their needs in a timely way
- Are fully involved in deciding on their support

In the last year significant progress has been made towards meeting the needs of children and young people's emotional and mental well being and health.

- **Additional funding and investment in services:**

- From 2018/2019 £120K recurrent CCG funding and £50K recurrent TEWV funding into specialist CAMHS services to support the emotional treatment pathway, and aligned to the priorities jointly identified by the CCG and TEWV.
- non-recurrent CCG funding of £90K to increase the number of autism assessments in 2018/2019
- A specialist local peri-natal service has been funded by NHSE which is in development, which will provide support for 220 mums, and signposting advice for a further 1200.
- Additional recurrent funding for a psychiatric liaison service which will support for 16's and over in A&E out of hours

- **Easier access to early support:**

- The Well-Being Worker Service in City of York is now well-embedded: 7 workers, jointly funded by the CCG and schools worked with over 300 pupils in 2017/2018 delivering evidence based therapies, advice and information, achieving high satisfaction ratings: Over 80% of children stated they achieved their goals, and SDQ scores fell from 16.5 to 11.8. There was also a reduction in onward referrals on to CAMHS indicating that the earlier support received prevented difficulties escalating. The service also worked closely with CAMHS to offer assessments and interventions for any primary school aged child on the emotional pathway waiting list.
- Buzz Us texting service was set up for pupils in North Yorkshire: it has initiated 200 texting conversations to advise and signpost young people, meeting secondary school pupil's aspirations for 'instant access'.
- Mental Health Flowchart for pupils in North Yorkshire Schools
- Mental Health Champions in York: staff and pupils in all 10 secondary schools and colleges have been trained to provide peer support and roll out school based mental health campaigns so that pupils have rapid access to advice and information
- Strengthened Family Early Help Assessments developing support plans with families, schools and other agencies
- Mental health workers in the Unity practice, which serves the York universities' student population.
- Compass Buzz school well-being service in North Yorkshire County Council provided training for 1400 staff in the CCG area and worked on co-facilitation of support for pupils. Schools stated the training helped them support pupils more effectively.

- **Improved access to specialist support**

- Community eating disorder service improved performance against trajectories to meet national targets and received parent and patient feedback describing the support received as excellent.
- Group work offered by TEWV has become the norm for children and young people on the emotional pathway, offering earlier support and reducing the numbers requiring individual one to one interventions.
- The Single Point of Access managed over 1900 referrals in the year, and offered every family a 30 minute phone call to discuss concerns and facilitate a decision on whether the child or young person needs a full face to face assessment.
- Crisis support team in York, working 10am-10pm seven days a week to support children and young people in crisis: in the first 6 months, over 600 children and young people accessed the service. We have seen a fall in presentations at A&E, and a significant drop in admissions to inpatient units, as young people can access intensive support for up to eight weeks. Over 80% children felt well-supported.
- 40% of children and young people received support against the national target of 32%
- The Transforming Care Partnership for children and young people has set new approaches to CETRs and inter-agency support arrangements are now in place: fewer than 5 CETRs were undertaken for Vale of York, and all were able to be supported in the community.

- Extension to No Wrong Door in North Yorkshire has provided intensive support for more looked after children who are not engaged with services and recruited 7 clinical psychologists to work with this group. The staff work closely with young people, families and professionals to ensure that care assessments, plans and service activity are informed by continuing psychological formulation.
- Commitment to extend the City of York FIRST project through funding for a new centre of excellence to offer intensive short breaks to those children who at risk within the Transforming Care Partnership group, and also increase the number of overnight short breaks for children and young people with autism or physical disabilities. Supported by the CCG, the project has applied for over £900K of capital funding to NHS England.
- The CCG Designated Professionals Team demonstrates strong and effective leadership in developing safeguarding practice across the health economy. This is seen via their work with health providers, contribution to the Local Safeguarding Children Board and by leading the North Yorkshire and York Safeguarding Children Health Professionals Network.

In the coming year, we will focus on:

- Easier Access to Early Support
 - Peri-natal support
 - Work with maternity services, health visitors and school nursing services, particularly with the newly re-structured service in York to ensure that all families receive advice and support for emotional and mental health
 - Ensure clarity around offers of support across all agencies
 - Ensure that communication and information for families is supportive
 - Effective staff training and information to respond
 - Mental Health Champions
- Specialist Support for Those Who Need It
 - Ensure support for vulnerable groups of children and young people offers the best possible support: those with complex needs
 - Roll out programme of task and finish groups for vulnerable groups
 - Developing online support alongside face to face
 - Addressing long waiting lists
 - Ensuring pathways of support are clear and agencies are working well together
- Ensuring Transparency, Joint Commissioning and Partnership Working
 - Explore scope of services in future to shape joint commissioning
 - Workforce development plan across the area
 - Mental Health Data Set

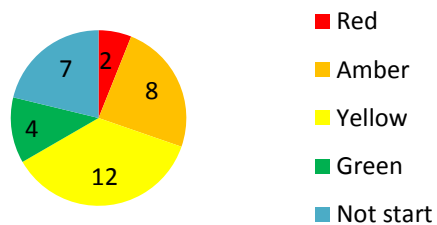
- Improved information for primary care

The LTP is subject to assurance by NHS England, and is monitored through the Strategic Partnership for Emotional and Mental Health, and the Mental Health Partnership Board

The Summary of actions for Quarter 2 is as follows

Section Summary all actions					
	Red	Amber	Yellow	Green	Not started
Q2 Summary Actions	2	8	12	4	7

Q2 Summary Actions



1. Easier Access to Early Support

Scope:

- LATS in City of York, and Prevention Service in North Yorkshire (Selby and Ryedale localities) operate on a locality place basis across multi-agency partners to identify needs as they emerge and address them at the earliest stage possible. The services support children, young people and families through a holistic understanding of whole family need: their work contributes to the agenda of emotional well-being and mental health but also reflects wider needs within families. The teams are all about working in partnership with families, communities and partner agencies. Team members include a range of multi-skilled 0-19 practitioners and deliver the Healthy Child Programme for 0-19
- The jointly funded City of York School Well-being service works with staff and pupils in all schools and colleges in the City. Each cluster has an assigned well-being worker to provide training and advice to staff and undertake 1:2:1 and group work with pupils: interventions are evidence based, around CBT and talking therapies. The service works closely with TEVV and LATS providing the crucial bridge between early support and specialist CAMHS services.
- City of York Counselling Service: Mind has successfully bid for the contract for counselling for 16-25 age group.
- Compass Buzz and Buzz Us in North Yorkshire County Council, which builds capacity in schools and colleges to improve the whole school and pastoral team response to emotional and mental health problems, and also offers limited time-limited co-facilitation with staff members of low level approaches to help pupils. Working out of NYCC Prevention offices it enables liaison with local authority early intervention services. Buzz Us offers a texting service for pupils to share concerns and be signposted to self-help support or other services.
- Third sector pathways of support.
- Peri-natal service: this is funded and starting to plan work in supporting mums who have or are at risk of mental health disorders.

2017/18 performance summary

Schools service:

School Well-being Service in COY:

- Whole class interventions in addition to individual and group work.
- Over 980 consultations, and 316 interventions,
- An average improvement in SDQ scores of 16.5 to 11.8.
- A 61% decrease in onward referrals to CAMHS, and the service now works with CAMHS to ensure that all primary school age children referred to CAMHS are first assessed by the SWS.
- Feedback from parents, teachers and pupils has been excellent, with 80% achieving goals and 90% feeling listened to and happy with the support.
- The CCG has committed to future funding beyond 2020, ensuring the future sustainability of the service.
- Mental Health Champions have been trained in 8 secondary schools and 2 colleges

Compass Buzz and Buzz Us:

- 74 schools in the CCG area have participated in whole school training for over 1400 staff. 11 schools booked onto level 2 and 3 training for pastoral leads and SenCos.
- Positive feedback with 92% staff stating they have an increased knowledge of emotional and mental health
- Co-facilitated interventions with individual pupils, and delivered within 21 days. 90% stated they achieved their goals.
- Over 200 Buzz Us text conversations meeting aspiration of secondary school pupils for instant access.

Healthy Child Service fully operational in City of York following transfer of staff to City of York.

Safe Haven working well, providing a safe space for over 16s in the evening.

No	Outcomes	Actions and Measures	Lead	Action update at Q end	RAG at Q end
1	Rollout of community peri-natal support team in North Yorkshire and York	<p>Primary care, midwives, health visitors and TEWV working together to identify mums at risk and ensure appropriate advice and support provided.</p> <p>Clear whole system approach evidenced</p> <p>High level of satisfaction with support provided.</p> <p>High numbers of positive outcomes for mums and families</p>	TEWV: Carol Redmond to advise (Teri Saunders)	Q2 Funding secured and STP wide delivery board in place.	
2	Effective support for families in early years through Healthy Child Programme, health visitors, school nurses and early support teams	<p>Continue to increase performance levels against the mandated contacts from 0-5</p> <p>Refresh partnership based interventions supporting the priority of “best start in life”</p> <p>Evidence of effective engagement with mothers, families and young children regarding their emotional and mental health</p> <p>Evidence of effective communication and operation across all agencies</p> <p>Demonstrate KPIs for measurement by Q4 2018/19</p>	COY: Niall Mc Vicar NYCC: Emma Lonsdale	Q2.	
3	Effective counselling and diversionary services for children and	Rollout of City of York Counselling offer contracted to York Mind for delivery through	COY Niall McVicar	Q2: Mind awarded contract for Counselling Service in COY Thrive embedded within 24 NYCC schools to support early identification of SEMH needs and provide early intervention within	

	young people	Clarence St Development of APPs/online/group work/recovery college approach support from CAMHS	TEVV Kath Davies	school. SEMH intervention guidance for schools developed. Back on Track project providing therapeutic support for 53 children in NYCC identified as having SEMH but no mental health disorder in the first year of the project .	
4	Effective school well-being service in City of York	Effective service measured by reduction in SDQ scores Positive feedback from staff/parents and pupils Training programme delivered with positive impact on staff confidence and approach Review Green paper approach in light of Trailblazers and 2018 Budget proposals	COY: Emma Hughes CCG: Susan De Val	Q2: for 2017/18 SDQ average score after intervention is 11.8, down from 16.5 90% stated felt listened to 80% achieved their goal 90% happy with the service 73% staff felt had increased confidence in supporting CYP EMH 72% pupils reported increase in resilience and well-being Reduction in onward referrals to specialist CAMHS, and all primary school children referred to CAMHS have preliminary appointment with SWS Appointments offered in school holidays School Mental Health Champion programme launched with training in schools: enables early access to information and advice Funding assured by CCG for future.	
5	Sixth Form/College students have range of approaches to support students	Framework around HelpZone/InfoZone, robust internal referral process thought Student Support Services and crisis support training	YC: Graeme Murdoch		
6	North Yorkshire Schools offering early support	Level of take up and satisfaction with training through Compass Buzz Increased use of Buzz Us texting service Level of positive feedback around Buzz and Buzz Us Increase in non-facilitated sessions with pupils	Compass Lisa Gale	Q2: 74 out of 78 schools now trained on whole school approach by Compass Buzz, and 10 schools have booked level 2 and level 3 targeted training for staff to undertake more directed training to identify difficulties and respond accordingly. Buzz Us conducted 39 text conversations with pupils, down on the previous quarter as the summer holiday intervened. Anxiety and low mood continue to be the main reasons for seeking advice. All secondary schools in the Selby, Tadcaster, Easingwold and Kirbymoorside area have been offered the one day DFE funded YMHFA training. Additionally 6 staff across the secondary schools attended YMHFA two day training for Mental Health champions	

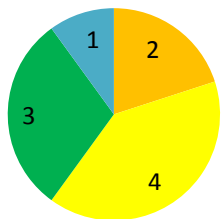
		Implement a reciprocal pathway with NYCC			
7	Development of integrated schools offer in ERYC area	Engagement and support in developing schools based offer.	CCG Susan De Val		
8	Improved referrals process through RSS and training and support for primary care in directing families	<p>GPs have ready access to details of referrals to signpost or refer children and young people and families</p> <p>GPs feel RSS is helpful as a source of information and direction</p> <p>GPs routinely using the RSS referral forms for CAMHS</p> <p>Under 10% referrals returned for lack of information</p>	<p>CCG Susan De Val</p> <p>TEWV Angie Casterton</p>	Q2: GP training and consultation event led by TEWV around role of SPA and referral process. Review of RSS to improve access to information.	
9	Improve speed of access for assessment and treatment	<p><i>X% receive call from SPA within 48 hours. For discussion and negotiation with TEWV</i></p> <p>Develop measures for referral to start of treatment across all pathways</p> <p>90% referrals requiring full assessment are assessed in under 9 weeks from referral.</p> <p>Work with GPs and early intervention services to help with early identification and support to reduce demand for CAMHS support</p> <p>Development of alternative approaches such as APPs and online to broaden the offer of instant access and reduce</p>	<p>TEWV Carol Redmond</p> <p>CCG Susan De Val</p>	Q2 Current referral to assessment is 57% against target. CCG has invested additional funds, staff commence in post in Q3. Expect reduction in waiting times by end Q4. Capacity and demand gap analysis considered at CMB and will inform decisions around further investment.	

		waiting times for 1:2:1 therapeutic support.			
10	Effective staff training programmes	Measure effectiveness of training programme, target of at least 80% finding the training useful	COY: Emma Hughes NYCC: Lisa Gale TEWV: Carol Redmond	<p>Q2: COY SWS : pupils state 90% felt listened to and 90% happy with service. Staff state that 84% -97% feel confidence increased depending on course provided.</p> <p>IN NYCC Compass Buzz training returns state 92% staff feel better informed</p> <p>NYCC: YMHFA training delivered to staff within mainstream secondary schools.</p>	

Section Summary early help

Q2		2	4	3	1
Q3					
Q4					
Q1					

Q2 Early help



2. Specialist Support for Those Who Need It

<p>Scope: Some groups of children and young people are particularly vulnerable, because of life history or home circumstances, illness or disability, being looked after, or in contact with youth justice service. The Local Offer, Youth Justice support, No Wrong Door (North Yorkshire County Council), the FIRST (City of York) project for those on the edge of care or placement, or the Transforming Care Partnership ensure specialised care and support. CYPMH specialist services at Limetrees and Selby offer therapeutic interventions across all scales of need, including learning disabilities, assessment service for autism and eating disorders support. For children looked after in NYCC, there is a bespoke service based in Northallerton.</p>
<p>2017/18 Performance summary Referrals to CAMHS: 1904 40% CYP receiving mental health support against the national target of 30% Access to CAMHS: 75% performance against target of 90% Children signed off as medically unable to attend school: 25 between September 2017 and August 2018 in City of York. CEDS: 79 referrals both external and internal to service. 57 were assessed as requiring treatment and support for eating disorders. 40% against target for urgent cases and 20% against target for routine cases and 21 completed treatment and were discharged from service. T4 admissions: 23, with a significant drop in Q3 and 4 and 70% reduction in out of area placements following the implementation of the crisis team Funding for 36 additional ASC assessments 80% 17 ½ with a transition plan Satisfaction with transition plan (CQUIN) 90%</p>

Specialist Support for Those Who Need It

No	Outcome	Action/Measures	Lead	Action update at Q end	RAG at Q end
1	COY FIRST extension project: therapeutic short breaks and autism short breaks	Service ready to commence Successful NHS England capital bid	COY William Shaw	Q2: project well advanced through planning process. Grant application made to NHS England for capital funding and a final decision form NHSE National Team is awaited.	
2	Transforming Care Partnership is effective in reducing number of children in 38/52 week placements and CAMHS	Timely CETRs with monitored outcomes and care plans	CCG Josie Tatum	Q2: CETR manager in post, working with colleagues to review and assess CETRs. Work on Dynamic Support Register format and parental information and consent forms	

	inpatient beds in 2018/19 measured against 2017/18	Effective CETR and care plans to ensure children and young people stay at home. Dynamic Support Register provides basis for support for those children and young people at risk of admission 2017/18 T4 admissions: 24	COY Jenny Bullock NYCC Emma Lonsdale?	finalised. CETRS have all enabled CYP to remain in community services.	
3	Ensure clarity of pathway of support for children and young people with most complex needs and their families	Back on Track project Task and finish groups in City of York: <ul style="list-style-type: none"> • Children out of school • Parental support where there are challenging behaviours • Support for those in the YJS 	NYCC Cerys Townend TEWV Carol Redmond COY Sophie Keeble	Q2: Agreement around task and finish group to review and identify gaps in support for complex children and young people out of school and waiting for treatment. First task and finish group will be to improve the system response for pupils out of school with mental health problems Back on Track, which extends No Wrong Door have supported 53 children with SEMH in the first year of the programme, the cohort have received less exclusions during the year than within previous years and in comparison to a similar cohort from previous years.	
4	Reduction in need for complex packages of care through improved community support		COY Sophie Keeble		
5	LAC CAMHS services are effective in offering support for children and carers to reduce numbers of out of area placements and prevent placement breakdown	Outcomes of therapeutic support Reduction in numbers of failed or at risk placements	COY Sophie Keeble NYCC?	Q2: COY successful bid with the NSPCC to be partners in a Reflective Fostering programme to reduce placement instability and support/ improve emotional resilience of foster carers. Placement Review looking at our placement sufficiency and all options to meet our need.	

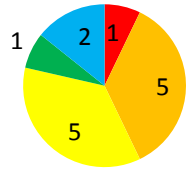
6	Improved support for care leavers	Targeted service for care leavers to support emotional and mental well-being	COY Sophie Keeble	Q2: Working with York Mind to provide a priority counselling service via Clarence Street to Care leavers, training care leavers to be mentors to help reduce social isolation and improve resilience through shared experiences	
7	Children and young people with eating disorders are assessed and treated in line with national guidance and standards	2018/19 target: 75% urgent cases and 25% routine cases. Clear pathways around physical health checks	TEWV Carol Redmond	Q2: Performance is improving against trajectories, and 60% urgent and 40% routine cases meet targets. NYY CEDS working group working on shared care arrangements for physical health checks.	
8	Reduction in admissions to acute and CAMHS units for eating disorders	2017/18 as baseline: below 5 admissions for either eating disorders or with associated eating disorder.	TEWV: Carol Redmond	Q2: TEWV crisis team reviewing approach towards community support for those with eating disorders. Additional teaching time at Mill Lodge inpatient unit, afternoons will now include teaching time, with staff also able to undertake outreach teaching for those on edge of admission or recently discharged.	
9	Ensure strong pathways for children and young people in crisis: Reduction in admissions to acute wards for young people in mental health distress (self-harm) Review and respond to Budget 2018 proposals for additional staffing in A&E	2017/18 part year measures as baseline: 65 admissions for self harm of which 44 were out of hours. Contribute to COY review of self harm (key action in mental health strategy)	TEWV: Carol Redmond/ Clare Abley YDH: Jo Mannion COY Nick Sinclair	Q2: TEWV crisis team developing options for 24 hour service from early 2019. Bi monthly Forensic Panel is held to discuss multi agency response to young people at risk of harming themselves or others.	
10	Work with NHS England, providers and local authorities on policies and pathways for admission to and discharge from inpatient care	Q3 2018/19 clear policies and pathways of care and support across agencies	COY Sophie Keeble NYCC Emma Lonsdale	Q2 We have a strong, recently reformed, multi agency strategic partnership around emotional and mental health.	
11	Children and young people within the YOT have access to effective support for emotional and mental health needs	Effective interventions from CAMHS. Effective interventions form Psychology support and SLT	YOT Sara Orton NYCC YOT Steve	Q2: FCAMHS risk panel meeting with support from FCAMHS to advise and case plan for at risk children and young people. Funding received from NHSE and OPCC for psychology and SLT support, working with young people, families and professionals to ensure that care assessments, plans and	

		<p>support funded through NHSE and OPCC</p> <p>Effective signposting and support through FCAMHS service</p> <p>Liaison and Diversion service from April 2019 in police stations and magistrates courts</p>	<p>Walker</p> <p>OPCC: Nicole Hutchinson</p>	<p>service activity are informed by continuing psychological formulation. This individualised understanding of need will facilitate bespoke psychological assessment and direct intervention work</p>	
12	Outcomes for children and young people accessing CYPMH support are improving	Outcome measures include din DQIOP for 2018/19, including the national indicator due in 2019/20.	TEWV Carol Redmond	Q2: DQIP on target to offer outcome measure in Q1 2019/20	
13	Reduction in waiting times for CAMHS and autism assessment and treatment	<p>Target: 90% assessed in under 9 weeks from referral.</p> <p>Reduction in waiting times for start of therapeutic support</p> <p>Reduction in waiting times for autism assessments, and improved communications and information for families</p>	TEWV: Carol Redmond	Q2: performance 57% against target. CCG additional investment of £120 K recurrently and additional TEWV investment of £50K recurrently to tackle issue following capacity and demand gap analysis: staff appointed and second half improvement expected.	
14	Meet actions and recommendations for the JTAL inspection in September 2018	TBA	TBA		

Section Summary Specialist help

Q2	1	5	5	1	2
Q3					
Q4					
Q1					

Q2 Specialist help



Ensuring Transparency, Joint Commissioning and Partnership Working

Scope:
 The 2015 LTP commits the CCG and partners in local authority to working together to improve children and young people’s emotional and mental health. Increasingly the approach is for joint commissioning structures to deliver change against a backdrop of limited resources.

A co-ordinated and aligned approach to workforce development will ensure that staff in partner organisations have the skills to respond appropriately.

Ensuring Transparency, Joint Commissioning and Partnership Working Action Planning 2018/19

No	Action	Outcomes	Lead	Action update at Q end 2018/19	RAG at Q end
1	Implementation of all age mental health strategy (City of York) and action plan: <ul style="list-style-type: none"> Getting better at spotting the early signs of mental ill health and intervening early Improve services for mothers, children and young people 	Deliver to MH strategic outcomes: metrics reflect improvement	CCG Denise Nightingale COY Sophie Wales	Q2: Partnership Board established: agreed focus for 2018/19 on accommodation, prevention and self-harm	

2	Effective implementation of NYCC mental health strategy		NYCC: Cerys Townend	Q2: SEMH joint implementation plan for NYCC CYP	
3	Engagement with local authority youth councils and young people	Demonstrable involvement of children and young people in strategic planning and service improvement	All	Q2 OPCC: Youth Commission Report published regarding relationships between Police and children and young people COY: engagement with Youth Council to think about protective factors and how to promote them TEWV: service user group meeting monthly to discuss service improvements and feedback	
4	Consider with partners the long term approach to service delivery for emotional and mental well-being to ensure integrated services to meet all levels of need	Strategic view of long term joint commissioning approaches in conjunction with local authority partners	All		
5	Improved transparency for children, young people and families around pathways of care and information about waiting times, and care	Pathway mapping with partners and parents as base for improved communications and partnership working with parents.	All	Q2: Transition pathway workshop planned for February 2019 (SDV)	
6	Monitor increase in numbers of children and young people receiving interventions for a diagnosable mental health condition receiving support from an NHS community funded service	NHSE target is 7% increase in numbers: 2018/19: 32% 2019/20: 34% 2020/21: 35% All NHS funded MH services able to flow data to NMHDS: includes school well-being service Work on flowing non NHS funded work to NMHDS: includes counselling, compass reach and healthy child programme	TEWV: Carol Redmond COY: Emma Hughes CCG: Susan De Val and George Scott NY: Lisa Gale NYCC: Emma	Q2: performance against national indicator currently 39%. Discussions with LA colleagues in COY establish that there are not resources to enable regular flow of data. Issue being discussed with Embed as the CCG's data support provider. CCG involved in work to review how to bring non-NHS funded data into the MHDS	

			Lonsdale		
7	Strengthen autism pathway of support	Mapping full pathway across agencies Develop information framework for families and local agencies	CCG Susan De Val COY Jess Haslam TEWV Carol Redmond	Q2: parent engagement event around autism pathway to set out concerns and inform mapping workshop in November 2018	
8	Ensuring well trained workforce, able to respond appropriately	Extended workforce development group across North Yorkshire and York Development of a workforce development plan, linking across agencies, and including children and young people in the TCP group, and those with autism.	CCGs: Susan De Val Lorna Galdas TEWV: Carol Redmond	Q2: Decision across NYY to jointly develop a workforce development plan. TCP is developing a workforce plan by end Q3 and have agreed to link CYP workforce planning into this.	
9	Effective engagement with primary care	Training and advice and information around pathways of support for children and young people	CCG: Susan De Val and Victoria Binks TEWV: Carol Redmond NYorks: Jayne Hill COY: Sophie Wales and	Q2: Task and finish group for children signed off school in York to develop a protocol for primary and secondary care in conjunction with school and education support staff. Training event for GPs about SPA. Work on restructuring RSS	

			Niall McVicar		
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Section Summary Transparency and joint working

Q2	1	1	3		4
Q3					
Q4					
Q1					

Q2 Transparency and joint working

