TRANSFORMATION PLAN FOR
CHILDREN AND YOUNG PEOPLE’S
MENTAL HEALTH AND WELLBEING

October 2015
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Hull JNSA – A classification of residential neighbourhoods by wellbeing (2015)
Identified Priorities for Transformation in Hull

1. Earlier Help and Intervention – Workforce
   We will ensure that people working with children and young people are able to access enhanced advice, support and training on emotional health and wellbeing.

2. Improved Access to Effective Support – A system without tiers
   Improve access to early help and effective support for emotional health and wellbeing, built around the needs of children, young people and their families. Services will ensure minimal waiting times and support for children and young people will be delivered through integration of services.

3. Young People and Families – Voice and Influence
   To continue to ensure the voices of children, young people and families are heard and influence ongoing service design and delivery.

4. Enhance existing Contact Point
   Develop an integrated Single Point of Access for advice, guidance and referral.

5. Eating Disorders
   Improve the delivery of care for children and young people with eating disorders.

6. Development of a CAMHS Crisis Team
   To ensure children and young people receive timely and effective support when in crisis and to avoid unnecessary hospital admission.
1. Why are we writing this plan and why now

1.1 During 2013-14 following consultation with service users, local providers and key stakeholders we reviewed and revised the services in Hull which provide care to children and young people with emotional and mental health needs. ‘Children and Young People’s Mental Health and Wellbeing – A Joint Commissioning Strategy for Hull’ was published in March 2014 and can be found at www.hullccg.nhs.uk/pages/publications. A new service specification was agreed and implemented by the local CAMHS provider Humber NHS Foundation Trust.

1.2 Following the publication of “Future in Mind - Promoting, protecting and improving our children and young people’s mental health and wellbeing” produced by NHS England and the Department of Health in March 2015, we commenced work on enhancing and developing our local emotional and mental health services for children and young people.

1.3 As part of this transformation we recognise that leadership and strong governance is essential. The strategic oversight is provided by the Health and Well-being Board and through the Children and Families Board, and a multi-agency Delivery Group implementation and delivery of the Transformation Plan will be possible. The Delivery Group is led by NHS Hull CCG with all necessary partner agencies represented, including Public Health, Local Authority, Humber NHS Foundation Trust, school nurses, counselling services, Voluntary and Community Representatives, and Primary Care. NHS Hull CCG and Hull City Council’s joint commissioning strategy for children and young people’s mental health and well-being demonstrates an ongoing commitment to working together to ensure a coordinated approach to the commissioning of services for children and young people mental health and wellbeing. Both organisations are fully committed to continuing to further develop this work over the coming years. The governance of how the transformation plan is held accountable is described in Appendix 1.

1.4 More importantly, however, we have, throughout this document, considered what children, young people, and their families have told us, and this is reflected in our priorities.

1.5 This transformation plan will summarise the work undertaken to date in improving children and young people’s emotional and mental health and our future commissioning intentions. It will be published on NHS Hull CCG website, and partner
websites. Investment for improvement is ongoing, and the priorities outlined in this plan are linked to ‘Future in Mind’ investment.

1.6 The transformation plan will be a living document, and engagement will continue to inform regular review and updates to the plan. Following the submission of this plan a detailed action and implementation plan will be developed by the multi-agency Delivery Group.

2. Introduction

2.1 Our vision is for children and young people in Hull who have mental health issues will have access to timely, integrated, multi-disciplinary mental health services which will ensure effective assessment, treatment and support for them and their families.

2.1.1 We aim to build emotional resilience in children and young people in Hull, to enable them to respond to life’s challenges, and to ensure that they are supported by the right person, at the right time. We want children and young people to know how and where they can access support when they need it. Our aim is to reduce reliance on specialist services and to provide enhanced early intervention and support.

2.1.2 We recognise that now and in the future, life can be difficult, and there are many pressures on children and young people today. In this transformation plan we describe what the current service model is, and how we are going to improve local services to support children, young people and their families. Investment will be targeted at the local priorities.

2.2 Local Context

2.2.1 In October 2014 there were 49,205 children and young people aged 5-19 registered to a Hull GP. Of this registered population it is estimated that 4,295 children and young people aged 5-16 have a mental health disorder, based on 2004 prevalence estimates (National Child & Maternal Health Intelligence Network).

2.2.2 Figure 1 has been taken from the JSNA (September 2015) and demonstrates a high level of child poverty compared to regional and national levels. Hull has the highest level of child poverty in Yorkshire and Humber, poverty is defined as proportion of dependent children under 20 years living in families in receipt of Child Tax Credit
whose reported income is less than 60 per cent of the median income or are in receipt of Income Support or (Income Based) Job Seekers Allowance.

Figure 1

2.2.2 Figure 2 has been taken from Public Health Profiles September 2015. It demonstrates a high estimated prevalence of mental disorders in the local population.

Figure 2
2.2.3 Hull’s rate of hospital admissions for mental health conditions in children and young people aged 0-17 was 37 in 2013-14, this is very similar to the national rate (Child Health Profiles, June 2015). The hospital admission rate for self-harm for 10-24 years old is higher than the national average, 305 episodes in 2013/14, this has been identified as a local issue. Nationally, and locally the trend has increased for self-harm with admissions for young women being higher than admissions for young men.

2.2.4 The National Child and Maternal Health Network is a useful resource tool and we will continue to use this, and local data to inform our planning and modelling of need.

2.2.5 The results of a recent consultation exercise with over 1300 young people in Hull show that the top three issues concerning children and young people in Hull are bullying (including cyber bullying), exam stress, and body image. The issues identified are reflected in increased referrals across a range of services and this demand is adding pressure in the system. For example, young people are increasingly seeking help from youth services, which have reduced over the last three years, and school nursing has reported an increase in young people with emotional health issues. Similarly, since March 2014, Humber NHS FT has seen an increase of over 100% in referrals with a high proportion for self-harm, low mood and anxiety. We know that locally and nationally many young people who self-harm do not seek help from services, and often self-harm goes unrecorded. Increasing the knowledge and skills of staff across the City, improving access to early help and better support for families will help reduce self-harm, and this is a priority for Hull and reflected in this Transformation Plan.

2.2.6 The increased referral rate to CAMHS has contributed to longer waiting times for young people to access assessment and intervention. To respond to this increase a number of waiting list initiatives have commenced during 2014-15 including a Saturday Cognitive Behaviour Therapy (CBT) clinic. This has received positive feedback from young people and their families; this and other approaches will be enabled by the ambitions set out in this document.

2.2.7 NHS Hull CCG took the initiative to commission an external peer review from Northumberland, Tyne and Wear NHS Foundation Trust in June 2015 to benchmark and review local provision. This transformation plan has incorporated the recommendations from the review and are effectively addressed through Priority 2 – Improved Access to Effective Support.
2.3 Children and Young People’s Mental Health and Wellbeing Strategy

2.3.1 Hull’s Joint Commissioning Strategy for Children and Young People’s Mental Health and Wellbeing was published in March 2014 and a new service specification shared with Humber NHS FT.

2.3.2 The strategy was the result of a whole system review of the prevention, promotion and management of children’s mental and emotional health and well-being in Hull. It outlines the vision and key priorities, and describes a model of how all agencies will work together in order to ensure that a systematic and holistic approach to the emotional and mental health needs of children and young people is to be delivered. The strategy sets out our commitment to:

- a greater focus on promotion and prevention, so that we promote positive mental health and increased resilience in children and young people;
- earlier help, intervention and identification in children with emotional or mental health problems;
- ensuring CAMHS is not distant and remote with improved access to specialist services for children and young people with complex mental health needs;
- the removal of barriers which prevent access to child and adolescent mental health skills, in order for staff working in universal settings, for example schools, to be supported and empowered to deal with issues;
- move away from the description of tiers of care, to a continuum of care, and developing services which ‘wrap around’ the child, young person and their family;
- everyone that works with children and young people knowing their role in the delivery of care tailored to the individual, and how, when and to whom to go to get specialist help;
- involving children and young people in the planning, development and evaluation of services; and
- improving the knowledge, quality and skills of the workforce.

2.3.3 Following the publication of the strategy, a ‘Strategy Implementation Group’ was formed in 2014, with regular attendance from NHS Hull CCG, Hull City Council, Public Health, Humber NHS FT and the voluntary and community sector. The priorities for action were:

- Universal prevention and promotion
- Early help and intervention
- Specialist interventions
- Targeted support to those with increased risk
- Support for young people in crisis

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3. The current position

3.1 The Joint Commissioning Strategy for Children and Young People’s Mental Health and Wellbeing for Hull is now in place. The model of delivery has a continuum approach, rather than a tier led approach, recognising that children and young people may move along the continuum in either direction at various points in their life. There are four recognisable aspects to this continuum and they are set out below.

i) Universal Promotion and Prevention
Prevention is viewed as an essential mechanism to minimise mental health and well-being problems occurring. A holistic universal prevention and promotion approach incorporates the provision of services to support positive parenting and attachment in the early years, delivering programmes to minimise risk, delivering services in and around schools, and within the community. The development of a Universal Promotion and Prevention action plan will provide direction to universal services to ensure that this element is embedded into a wide range of services such as children’s centres, early year’s settings and schools, youth services, GP surgeries, A&E and paediatric services, school nursing, health visiting, as well as for key transition points. The outcome for children and young people will be that they will feel supported by people around them.

ii) Early Help (Identification and Intervention)
Early help is about taking action to tackle problems that have already emerged for children and young people, and is generally provided within a community setting. This element of the model recognises that many children and young people can be supported by universal and/or targeted services, within the community. Services will be developed to ensure they have the knowledge, skills, competencies, and provide access to the appropriate specialist advice/consultation. Children and young people will be supported earlier to help prevent mental health issues developing. For universal services they will feel empowered to support children and young people.

The developed model identifies the importance of ‘pathways’ in the delivery of specialist CAMHS. However, unlike many other published pathways which commence at referral into Specialist CAMHS, the Hull Mental Health and Well-being model recognises that these pathways should commence prior to access into specialist CAMHS, with the aim that many problems can be managed within the community and be prevented from escalating.

iii) Specialist Therapeutic Interventions
The model illustrates how pathways run across early identification and intervention and specialist therapeutic interventions. As such, the service delivery model encourages commissioning and service developments to be framed around the development of evidence-driven pathways, which where possible are multi-disciplinary and multi-agency.
Specialist mental health services are required to ensure that the problem is assessed further, and where appropriate, diagnosed and treated in order that the child or young person makes a swift recovery and has the appropriate follow up support to prevent problems recurring. Whilst acknowledging that these will evolve and will be subject to developmental review as new evidence emerges, the following care pathways will be developed:

- Self-Harm
- Psychosis
- Eating Disorders
- Substance misuse
- Mood (including depression, anxiety, attachment, trauma)
- Conduct Disorder
- Neurodevelopmental disorders (Autistic Spectrum Disorders and Attention Deficit Hyperactivity Disorder)
- Emotional disorders (for example phobias, anxiety, depression, obsessive compulsive disorder, trauma)

### iv) Emergency Assessment Therapeutic Interventions and Intensive Community Support/Home Treatment.

This element of the pathway relates to children and young people who are experiencing difficulties related to mental health problems of such severity that an emergency assessment of their needs is required or who require a time-limited intensive community based programme to enable their condition to be managed. The outcome being to prevent the requirement for an admission to a specialist unit; helping more families care for their children safely at home, to manage risk proactively and collectively.

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3.2 Positive partnership working between organisations, particularly the relationship between CCG and Hull City Council, has aided the change required so far. It is recognised that CAMHS is only one of a range of services available to children and young people in Hull with emotional and mental health issues.

3.3 In relation to the requirements from the ‘Future in Mind’ guidance and a key action we have undertaken a baseline assessment of services. This has allowed us to better understand the system of support available and identify gaps, which need to be addressed. Baseline information regarding local service performance, spend and workforce where available can be found in Appendix 2. Gaps in the data will be addressed by December 2015.

3.4 Activity data from education establishments, local authority and third sector services has been difficult to disaggregate into the categories required as set out in Appendix 2. Further analysis will be complete by December 2015. The same analysis will be
used to identify elements of specific funding contained within generic local authority commissioned contracts.

3.5 Analysis of baseline activity data supplied by Humber NHS FT highlighted a high proportion of referrals that did not meet nor require CAMHS intervention, and this contributed to long waiting times and low conversion rates of referrals into treatment. Additional work by the provider and investment by the CCG has led to an increase in the proportion of assessed children and young people receiving treatment and a significant reduction in people on the waiting list by September 2015. In Hull, our ambition is to have a minimal wait for emotional and mental health services and well within any national guidelines or expectations.

![Figure 3](image)

3.6 Figure 3 is taken from local provider data and demonstrates a gradual reduction in the total number of children and young people waiting for service and also a reduction in those waiting longer than 18 weeks.

![Figure 4](image)
3.7 Figure 4 demonstrates seasonal fluctuations in demand, but a steady average of approximately 50 referrals a month to CAMHS.

![Core CAMHS Caseload snapshot 2014-15](image)

**Figure 5**

3.8 Figure 5 shows an increasing proportion of children and young people referred for services have started their treatment journey.

4. **The Voice and Influence of children, young people and their families**

4.1 Ensuring children, young people and their families have a voice which influences how services are developed and delivered in Hull is integral to the successful transformation of children and young people’s mental health and wellbeing services. The conversations we have, help both commissioners and provider services to really understand the specific issues facing vulnerable children and young people, and their families, many of whom may find it difficult to access services.

4.2 In 2014 we consulted with 1,377 children and young people about their emotional health and wellbeing; the detail of the consultation is presented in ‘Hull Children and Young People’s Emotional Health and Wellbeing Consultation 2014’, [www.hullccg.nhs.uk/pages/publications](http://www.hullccg.nhs.uk/pages/publications). The young people not only identified the issues which affected them but also told us what good support looked like, and where they would like to access support. The most common response from young people (68%) was that they would go to a family member for support, with access to school based support the second most common (40%). This emphasises the importance of ensuring that as well as supporting children and young people we also need to support their families. Young people wanted to access support from a range of places but the use of online resources was an unsurprising access point.
4.3 Hull has a successful Youth Parliament that meets four times a year. Primary and secondary schools (including pupil referral units and special schools) as well as youth groups attend the Youth Parliament. The delegates are elected by their peers to represent them, and they in turn elect two UK youth parliament representatives to attend the national UK parliament. At the youth parliament young people choose the themes which will be discussed, and one of the key priorities identified for the national youth parliament this year was improved mental health support and services for young people. The discussion held on mental health has led to improvements in what we provide information on and how it can be accessed. Some of the issues identified by young people are the need for:

- Increased support for emotional health on issues such as bullying, exam stress, peer pressure, low confidence and self-esteem issues
- Increased access to one to one support, and group work in schools and in the community
- Training for staff in schools and other young people’s services on emotional health and wellbeing
- People to talk about mental health in the same way we talk about physical health
- Access to counselling specifically for young people
- To be seen quickly with no waiting lists

4.4 We are currently developing a youth engagement plan that will pull together all the strands of engagement already in place and identify any gaps we need to address. Young people are helping to design and amend information leaflets aimed at young people. Alongside this work, further engagement with parents on the potential negative impact of online activity can have on mental health is planned. This will complement the signposting of support through dedicated websites, e.g. Young Minds and the forthcoming parents section on the MindEd website.

4.5 Ensuring a coordinated approach to communication on issues and support for emotional and mental health will mean that we can take advantage of any and encourage positive mental health wellbeing messages. Consistently, and continuously messaging the need to talk openly about emotions, and to get help if they have concerns about their mental health will help reduce stigma associated with mental health for children and young people. We are, for example, working closely with Humber NHS FT on the existing national Time to Change Campaign, and will be promoting the message that parents should feel able to talk to their children about mental health. Similarly, we have a very active HeadStart Hull twitter account which shares a wide range of messages on children and young people’s emotional and mental health to a varied audience.
5. Prevention, Resilience and Early Intervention

5.1 Prevention

Universal services such as schools, youth services, voluntary and community sector services, health visitors, school nurses, and GP’s are hugely important services through which good emotional health and resilience can be supported.

5.1.1 In Hull we are working with partners to make young people’s emotional health everyone’s business through commissioning and service development and ensuring multi agency frontline staff have access to appropriate training and support.

5.1.2 We have engaged a wide range of partners in the development of our resilience, early intervention and prevention work including social care, children’s homes, youth services and children’s centres, schools, voluntary and community sector organisations, health services, police and youth justice services. This has helped to inform the development of the universal and early help plan to improve the emotional health and wellbeing outcomes of children and young people. The plan attached as Appendix 3 covers the key areas of a child and young person’s life course (recognising that different types and levels of support are required as children progress through their lives). The life course plan spans from pre-natal to 4 years, 5-9 years, 10-14 years, and 15-19 years as well as parental support and identifies what we know works, including NICE guidance; current interventions delivered in Hull; and areas for further development and improvement. A range of cross cutting priorities which underpin the work are identified including Workforce Development; Marketing; The use of Digital Technologies and the Voice and Influence of children, young people and families. Key universal and early help issues identified are:

- Improved workforce development and training to support all staff manage low level need
- Access to community based counselling for children and young people below the CAMHS threshold who are experiencing emotional distress due to life events e.g. bereavement, family breakdown
- Work with schools and community group to support emotional health support for 5-11 years, particularly around the time of transition from Primary to Secondary
- Increased capacity for universal and early help services in areas such as home learning, speech and language and parenting support; targeted group and one to one work with young people in respect of exam stress, bullying, and body image
- Increased capacity needed to provide effective parenting support
5.1.3 All of the above issues identified relate to children and young people who may have emotional health issues but who will not meet the CAMHS threshold. The development of a broader range of early help provision is crucial to prevent problems from escalating and the need for referral to specialist CAMHS.

5.2 Schools

5.2.1 In order to help their pupils succeed schools have a role to play in supporting them to be resilient and mentally healthy. Schools are a vital universal setting and play a significant role in the provision of early help services for children, young people and families. Ofsted has highlighted that children and young people themselves say that they want to learn more about how to keep themselves emotionally healthy and research has identified that a whole-school approach to promoting good mental health can be a key protective factor for child and adolescent mental health. The report of the Children and Young People’s Mental Health and Wellbeing Taskforce (2015) identifies a national commitment to “encouraging schools to continue to develop whole school approaches to promoting mental health and wellbeing”.

5.2.2 Through Hull’s work with the HeadStart programme, existing good practice in PSHE and pastoral care has been identified while testing new approaches to whole school and targeted interventions. Work is ongoing with a range of schools to test and learn what works well and what further support can be developed. One emerging theme from schools as part of this work is the requirement for more targeted support to be available for children and young people who seem to be struggling emotionally, and a need for better quality, targeted staff training on emotional health including how to deal with presenting issues such as self-harm.

“Emotional and mental health issues in teenage girls are on the increase. With the increasing demands of society and the pressures which young girls are exposed to, it is essential that support is provided so that they have the resilience to cope with the issues, which teenagers experience in modern day life.”

Newland School for Girls, Hull
5.2.3 Schools will continue to be a core part of Hull’s early help delivery network and as such we are continuing to implement the recent recommendations of the Children and Young People’s Mental Health and Wellbeing Taskforce which recommends that schools assign a lead on mental health issues who would be responsible for linking schools with expertise, identifying issues and making referrals into both early help and more specialist services where appropriate. It also recommends that local mental health providers assign a point of contact in specialist children and young people’s mental health services for schools as well as in GP practices who would be responsible for advising on the management of specific cases.

5.2.4 The links between schools and CAMHS are already improving and, the early help referral process is embedding across schools, raising awareness for schools of what services are available to support their pupils and how to refer as part of a coordinated approach around the whole family. Schools already offer a wide range support through investment in Emotional Health Coordinators, Counselling Services, delivery of targeted group work and 1 to 1 support for identified pupils and much more. Many schools continue to have a focus within the curriculum on social and emotional learning and promoting personal resilience, it has been highlighted as a key priority for school staff to access training to increase their knowledge of emotional wellbeing and to equip them to be able to identify mental health issues in their students. This includes being able to refer young people simply to support services either within the school or to external services within our early help offer, or into CAMHS. Through the implementation of the Workforce Development Plan we will be able to support school staff to access a wider range of training and help them ensure the support they offer or refer to is appropriate.

5.2.5 As part of the HeadStart Project we have implemented whole school approaches to building resilience and good emotional health. This has included piloting a primary PSHE programme and offering YMHFA and Mindfulness training, which compliments the training available to community based staff. We have also piloted targeted interventions including group work and one to one peer mentoring support for young people as well as for their parents. As part of the transformation work, we aim to work with schools on sharing the evaluation of whole school approaches and sharing the learning. On a current emotional health PHSE programme we have implemented one young person said it “Helps me understand who to go to when I’m not feeling happy”.

5.2.6 Schools are a vital part of the jigsaw of partnership which provides effective support for children and young people’s and school staff emotional health and mental health issues. Addressing these issues through school support will, in turn, lead to improvements in school attendance and educational attainment.
5.3 Headstart Hull

5.3.1 Resilience has been an important theme for the Headstart Hull Project. HeadStart is a Big Lottery funded project, with the overall aim to improve the emotional wellbeing and resilience in 10-14 year olds. Hull, along with 11 other areas from across the country, was invited to apply for Big Lottery funding and were successful in securing funding for a two year pilot programme August 2014 to August 2016. The invitation for Hull to take part in HeadStart came after the publication of Hull’s mental health and wellbeing strategy and is a very timely additional programme for Hull. The programme is delivered through 10 primary and 3 secondary schools and a range of community based activities and programmes. HeadStart aims to help equip children, young people and their families to better deal with the emotional impact of difficult circumstances in their lives and to prevent where possible the problem from escalating into mental health problems. The pilot aims to provide an opportunity to test out, and learn from, a range of interventions and approaches which will be evaluated for impact.

5.3.2 The HeadStart Programme is delivered via a multi-agency partnership approach and covers a wide range of projects across four areas:

- Schools
- Family
- Community
- Digital

5.3.3 The projects cover the full spectrum of interventions from universal promotion of improving emotional wellbeing through to whole school approaches, improved PSHE and staff training along with more targeted interventions in schools and local communities.

5.3.4 The HeadStart programme is already contributing hugely to the development of better support for emotional wellbeing. Learning from this pilot will inform the ongoing development of the transformation plan in Hull, and we hope lead to a successful phase three application for HeadStart to the Big Lottery Fund, which is scheduled for February 2016. HeadStart Hull end of year review can be found at www.hullccg.nhs.uk/pages/headstart-hull--2.

5.3.5 As part of the digital strand for HeadStart we have listened to young people about their aspirations and also about their worries. We are using ‘You Tube’ as the main digital platform for sharing messages by young people for young people. In our consultation 71% of young people in Hull said they use You Tube on their mobile.
phone. The videos created by young people can be found on You Tube, HeadStart Hull channel.

5.3.6 HeadStart, in partnership with a voluntary organisation as the lead have also worked with vulnerable young people including those at risk of child sexual exploitation to coproduce and launch an app which provides access to online support as well as being a portal to a range of local and national sources of information and support: www.caremonkeys.co.uk. The aim of the app was to provide young people with advice and support on common issues such as bullying, in a safe digital environment. The app contains advice articles, top tips, videos and facilities to report issues all in a safe environment so young people have no need to feel worried.

5.3.7 We will continue to listen and engage with young people about the digital world, and further understand the pressures of social media, and how this affects emotional wellbeing. We need to help children, young people and families manage the digital world, as well as signposting them to websites and apps that can support them when they are feeling overwhelmed. Social media and the impact of this on children and young people is a concern, and through the digital work as part of HeadStart we will be discussing this with young people.

5.4 Early Help and Intervention

5.4.1 Hull City Council have led on the development of the Early Help and Priority Families Strategy 2015-2020 which can be viewed on www.hullccg.nhs.uk/pages/publications.

5.4.2 It sets out an integrated Early Help delivery model for children, young people and families. There is an Early Help delivery model now in place across the city with a locality based model (East, West and North) which brings together relevant organisations and professionals to work together on targeted cases referred through to the Early Help Hubs.

5.4.3 The early help model enables services to work together effectively to deliver the required support in a coordinated way, thus improving outcomes for families and reducing demand in the system on more costly, acute and specialist services. The emotional and mental health needs of children, young people and parents/carers have been highlighted as a consistent issue across early help. This delivery model enables the earliest identification of emotional health issues in children and young people, resulting in a coordinated response to supporting families and preventing further escalation. The current emotional and mental health strategy for children and young
people in Hull states the importance of early help and intervention is imperative in children and young people’s mental health.

5.4.4 Working alongside universal and early help services CAMHS have a role to provide support to other organisations and professionals working with children, young people and their families. There is a commitment from the service to support organisations and services in the community for example the Social Care Resource Allocation Panel, a range of voluntary and community sector organisations and schools to offer advice on specific issues.

5.4.5 Maternal and perinatal mental health is an important part of the universal offer not just to support the mother’s mental health but also the adverse impact on the child, in relation to emotional health and wellbeing development. The perinatal pathway in Hull includes identification, prevention and promotion across universal and primary care services, as well as services that are targeted and specialist.

5.4.6 The local authority currently has a framework of targeted counselling provision for children and young people aged 5-19 who are looked after or have social care involvement. A targeted community based counselling service for children and young people aged 10-19 years has recently been commissioned which will help to ensure young people who need early help for emotional health have access to counselling at the earliest opportunity, capturing the issues early and thus hopefully reducing their need for more specialist services further down the line. The current capacity of universal and early help services does not meet the demand and through this transformation plan it is hoped that greater investment can be drawn into providing integrated services to prevent children and young people from developing mental health issues.

“I do not want the stigma of going to a mental health service, I just want someone to talk to when I am sad or unhappy” young person quote.

5.4.7 In Hull we recognise that young people are increasingly using technology in their daily lives. Humber NHS FT are exploring providing online Cognitive Behavioural Therapy (CBT) programmes to support young people experiencing anxiety which they and their families can use at home.

5.4.8 The priority going forwards is to ensure that young people can access counselling when needed, and that if referred to CAMHS the organisations which offer counselling work seamlessly for the best outcome for the young person.
6. Contact Point

6.1 Humber NHS FT offer advice, triage, consultation and signposting to other organisations when the referral is not appropriate for specialist CAMHS. Hull Joint Commissioning strategy encourages self-referrals to promote direct access.

6.2 In Hull access to Specialist CAMHS is through Contact Point who work with key organisations that are able to support children and young people for example the young people’s counselling service.

6.3 ‘Future in Mind’ report suggests the development of a single point of contact for a wide range of universal services to access a team of young people’s mental health professionals for advice, consultation, assessment and onward referral. In response to ‘Future in Mind’ and following a recent audit of Contact Point as part of the Transformation Plan Contact Point will be extended to deliver an integrated care model - so care pathways are easier to navigate for children and young people, families and health and social care professionals. The diagram below illustrates a transformed single point of access for young people, families, and professionals.

7. Improving access to Psychological Therapies

7.1 Humber NHS FT are currently implementing the national programme Children and Young People’s Improving Access to Psychological Therapies (CYP IAPT). The service will improve outcomes and care experiences for children, young people and their families and improve access to evidence-based interventions. This is a significant service transformation programme which includes:
• Providing a programme of training to staff over the next four years;
• The use of routine outcome measures to help inform clinical practice and improve outcomes for young people; and
• Through a proactive participation approach we will use the input from young people and their carers to improve and redesign of services.

7.2 Young people and families in Hull have told us that they want to be involved in this service development and review and in response we have established a young people’s participation forum and plan to establish a similar forum for parents.

7.3 The initial training focus has been for Humber NHS FT staff; however the intention is to widen it across the partnership to the wider group of staff who provide targeted support to children. This will increase capacity, skills and knowledge across children’s services that can offer emotional and mental health support.

8. Primary Care

8.1 We have engaged with GP’s and discussed with them how we can improve access to CAMHS in Hull. We have clarified the referral criteria required and provided a list of other organisations and services which are available and can help with children and young people’s emotional health and wellbeing. CAMHS have encouraged GP’s to make telephone referrals rather than write a referral, to avoid the delay for some families.

9. Targeted support

9.1 Humber NHS FT are commissioned to provide targeted support to young people experiencing mental health problems who are in the care of the Local Authority, involved with Youth Justice Service or experiencing life-limiting and or long term conditions.

9.2 We know that children with learning difficulties and disabilities are six times more likely to have mental health problems than other children. Co-ordinated support for young people with complex needs is, therefore, essential to ensure their needs are met. There is also a small team of mental health professionals dedicated to ensuring that the mental health needs of children and young people with learning disabilities are fully supported. The service works closely with schools in supporting those children with special educational needs and disabilities. For children and young people with Autism, a dedicated service has been commissioned providing children’s clinical psychology and psychiatry as part of the autism assessment and diagnosis service.

9.3 Children and young people who come into contact with youth justice services are particularly vulnerable, many are disadvantaged socially, educationally and have a range of emotional health issues; approximately 40% of children in custody have a
diagnosed mental health disorder. Humber NHS FT provide dedicated co-located staff to the Youth Justice Service.

9.4 Improving our knowledge and understanding of mental health across the wider system will present us with potentially an increasing unfunded demand from children who may have previously fallen through the gaps, that have lower level needs, and multiple and often complex mental health needs. As part of our service transformation in Hull, we will work closer and more effectively with key partners to understand the needs of this vulnerable group, and to ensure they have equal access to service.

10. CAMHS Crisis

10.1 At present in Hull a CAMHS on-call Psychiatrist is available 24/7 who can respond to emergency mental health assessments working alongside the Accident and Emergency mental health liaison team located at Hull Royal Infirmary.

10.2 If a young person requires an in-patient admission to assess their mental health needs Humber NHS FT liaise with NHS England to access a specialist in-patient beds. If a young person is admitted to a specialist unit, Hull Humber NHS FT will liaise and coordinate a plan of care from CAMHS and other local services to support the young person’s return home as soon as possible.

10.3 Humber NHS FT CAMHS are currently developing and planning to implement a crisis service for children and young people, so that a mental health crisis response will be available 24 hours, 7 days a week within the community. This will improve access to the service, in line with the recommendations in ‘Future in Mind’, providing a quick and comprehensive assessment when in crisis. There is a requirement for a close working relationship between the crisis team and the existing Intensive Intervention Team to ensure a joined up approach across all the services involved.

10.4 The local Crisis Care Concordat action plan is currently under review to improve the response for children and young people; this is being considered with neighbouring commissioners in the East Riding. The Crisis Concordat Action Plan is attached as Appendix 4.

10.5 The above changes are of critical importance in helping us move towards an accessible, sustainable system of support for these young people presenting with, urgent, high risk needs.
11. Transition

11.1 Transition in this context refers to a move from CAMHS to adult services. The challenges faced by young people moving from adolescence to adulthood have been well documented for over a decade, and a system response for those with mental health issues has been poor. As part of our Transformation Plan we will support children and young people moving from adolescence to adulthood through person centred transition plans based on need and circumstance. Planning for transition will start early; listening to young people and providing the information and advice that will support their choice and effective move into adult services.

12. Digital

12.1 Children, young people and their families rely on the internet and social media for aspects of their life and lifestyle, and mental health is no different. We welcome the drive towards a national website focused on mental health for children and young people and we plan to promote the use of existing apps and websites that can support families. In addition, we are exploring online counselling as part of the current service offer and improve the way in which we consult with children and young people. A local example of how the CCG and Local Authority have tackled difficult issues using social media, in this case CSE, can be seen at www.notinourcommunity.org.

13. Care for the most vulnerable – Children in Care

13.1 Humber NHS FT offer specific targeted support to children, young people and families who are deemed at an increased risk of developing mental health problems, and experiencing poor outcomes. National evidence detailed in the Hull Joint Commissioning Strategy includes details of specific groups of children and young people, due to their individual circumstances and/or presentation, have an increased risk of developing emotional health and mental health problems and experiencing poor health outcomes.

13.2 In Hull, we have identified that the support for ‘children-in-care’ requires not only further work from specialist mental health service but also from the wider emotional health support services. Part of the joint CQC and Ofsted inspection in 2014 identified further work was required, to develop partnerships to improve access to CAMHS for children-in-care, and that CAMHS needed to improve their response and assessment
of referrals for children-in-care. A local plan is being developed to respond to the needs of children-in-care in Hull that will support our journey towards “Good”.

14. Eating Disorders

14.1 We will improve the delivery of care for children and young people with eating disorders. Early help and intervention for eating disorders in children and young people is essential, and we will plan awareness sessions and training on eating disorders for organisations and people working with children and young people. This will also include improving access to quality information and help on eating disorders for families and support them throughout the care and treatment of their child. In addition, we will work with the national organisations ‘Beat’ to provide training to schools.

“It's difficult to feel confident in how I look as a teenager, all around me there are pictures of beautiful slim models. I worry that I don't look how a 15 year old is supposed to look”

Young person quote.

14.2 To improve the consistency and quality of the eating disorder service across the area, Hull CCG will be working with East Riding of Yorkshire CCG to ensure that any commissioned service covers the recommended population of 500,000. At the moment we aim to commission a community and day treatment eating disorder service that outreaches into the community and supports children and young people closer to home, avoiding inpatient admissions. We will do this by asking our current provider organisations and voluntary organisation to work in partnership to develop the model, to meet local demand and respond to recommended commissioning guidance.

14.3 Care will be accessed through self-referral, and development of a GP online referral form, which will enable direct and improved access to a community eating disorder team. The team will respond to referrals for children and young people aged 8 to 18 years with anorexia nervosa, bulimia nervosa, binge eating disorders and co-existing problems (e.g. anxiety and depression). Current data suggests that we can expect a minimum of 50 referrals per year. The commissioned service will operate on a 7 day basis and meet the recommended access and waiting time standards; within 24 hours if an emergency, within 1 week for urgent cases and within 4 weeks for every other case. We have so far held joint meetings with NHS East Riding of Yorkshire CCG and possible providers and voluntary organisations. The table below shows the proposed model and a project plan can be found attached in Appendix 5.
Early identification, intervention and prevention to include:

- Training offered to GPs and other primary care staff
- Training offered to school staff and the wider children and young people workforce
- Explore mentoring
- Information, advice and support
- Explore digital support

Community eating disorder service

Work with providers to develop community eating disorders service which meets the needs of children and young people across Hull and East Riding.

Specialist pathway for children and young people with co-morbidities

Current service (CAMHS)

Intensive Intervention for children and young people – high risk and urgent

Current Intensive Intervention Service (CAMHS with specialist nurses and crisis team)

Inpatient care if risk becomes too high to manage safely in the community.

15. Inpatient treatment for children and young people

15.1 We are working with the full range of relevant stakeholders, NHS England Specialised Commissioning Team in Yorkshire and the Humber, Children and Maternity Strategic Clinical Network, and Specialist Mental Health Interface Group to ensure that the whole pathway is considered for young people requiring inpatient care.

15.2 The National CAMHS Tier 4 Review identified Yorkshire and Humber as one of the two areas nationally that was experiencing the most significant capacity issues in relation to access to Tier 4 beds. We share NHS England’s aspiration for a maximum distance of 50 miles to the nearest generic adolescent inpatient service, which would suggest that a location central to East Riding of Yorkshire or Hull would be required.

15.3 Issues around access and availability for inpatient beds are regularly discussed and reviewed locally and regionally. The national pre-procurement project reported in July 2015 made recommendations in relation to procurement of Tier 4 services which, we hope, are due to be announced imminently. Humber NHS FT are currently developing a business case for more beds in the area, in response to the expected national procurement. National and local media interest has highlighted the distance of the inpatient units for young people in Hull, and there is a high profile campaign for inpatient beds at least closer to the area, if not in Hull. Any inpatient facility would
allow closer working between services, in relation to step up and step down support, which will aim to keep inpatient admissions to a minimum for as short of length of stay as possible.

15.4 In Hull the Intensive Intervention Team have been successful in managing high risk cases in the community, although there are inevitably cases which do require access to a Tier 4 bed. The local issues are delays in accessing Tier 4 beds, which leaves the local CAMHS teams managing high risk young people in the community or in paediatric departments. Although we avoid the use of an adult mental health bed, this may not be possible for some cases, even if only for a short term admission.

15.5 A local place of safety, however, is in place, which provides a safe place for assessment, and avoids assessments being completed at police stations. Any inpatient facility would benefit not only closer working between services and minimise the length of stay but also the family in being able to visit and support their child.

16. Developing the workforce

16.1 The workforce development plan will ensure that we have a better trained workforce across the city that can support children and young people’s emotional health and well-being. A workforce development plan for staff from a range of organisations and services has been developed; the full plan is attached as Appendix 6. The plan builds on existing workforce training provision and has been developed with practitioners from across universal and early help and specialist services. It is based on ‘Making Every Contact Count (MECC)’ model and the training identified is mapped against the Yorkshire and Humber Regional public Health training competencies framework for behaviour and lifestyle change. This will offer training specifically aimed at meeting the emotional and mental health needs of children and young people, increase the awareness and knowledge of issues affecting children and young people’s emotional wellbeing and mental health and increase the available capacity of support. Targeted services such as substance misuse and school nursing will receive additional training to improve triage and thus ensure that where young people require lower level support they can access this. The table below displays a number of the training programmes offered and planned:

<table>
<thead>
<tr>
<th>Level 1 – Advice and Signposting</th>
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<tbody>
<tr>
<td>Make Every Contact Count (MECC) – Brief intervention training</td>
<td>1 day</td>
</tr>
<tr>
<td>Introduction to emotional health and wellbeing (currently being developed)</td>
<td>0.5 day</td>
</tr>
<tr>
<td>MindEd (online training)</td>
<td>Online – time depending on course</td>
</tr>
<tr>
<td>Annual events to promote best practice and share emerging research and evidence across the</td>
<td>1 day</td>
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partnership e.g. whole school approach to improving emotional health, building resilience through community projects.

<table>
<thead>
<tr>
<th>Level 2 – Behaviour change intervention</th>
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<tbody>
<tr>
<td>• Mindfulness stress reduction course (MBSR) for schools (Headstart pilot only)</td>
<td>2 hours a week for 8 weeks</td>
</tr>
<tr>
<td>• Youth Mental Health First Aid for schools and people working with children and young people</td>
<td>2 days</td>
</tr>
<tr>
<td>• Strengthening Families 10-14 and Triple P (training for facilitators).</td>
<td>3 days</td>
</tr>
<tr>
<td>• Adult Mental Health First Aid (to support staff to identify mental health issues in parents and support appropriately especially in early years).</td>
<td>2 days</td>
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</tbody>
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<thead>
<tr>
<th>Level 3 – Behaviour change intervention with programme</th>
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<tbody>
<tr>
<td>• Building resilience training for trainers (to be developed)</td>
<td>2 days</td>
</tr>
<tr>
<td>• Self- Harm in Children and Young People</td>
<td>To be developed</td>
</tr>
<tr>
<td>• Attachment in Children and Young People</td>
<td>To be developed</td>
</tr>
<tr>
<td>• Supporting Children with Bereavement and Loss</td>
<td>1 day</td>
</tr>
<tr>
<td>• Training to support key agencies to undertake emotional health assessments and triage before CAMHS referral e.g. Refresh, Youth Justice, School nursing</td>
<td>To be developed</td>
</tr>
</tbody>
</table>
17. **Priority Areas for the Transformation Plan in Years 1 and 2**

17.1 The transformation plan in Hull covers the spectrum of services for children and young people mental health and wellbeing. Following local needs assessment, listening and talking to children and young people, review of national policy in Hull we have identified our local priorities as:

<table>
<thead>
<tr>
<th>Local Priority</th>
<th>Description</th>
<th>Link to Future In Mind</th>
<th>Key Theme</th>
<th>Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Earlier Help and Intervention – Work Force</td>
<td>Recommendations 9, 40, 45</td>
<td>A workforce who is equipped with the skills, training and experience to best support children and young people’s emotional and mental wellbeing.</td>
<td>FiM</td>
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<tr>
<td></td>
<td>We will ensure that people working with children and young people are able to access enhanced advice, support and training on emotional health and wellbeing. This will include an additional offer of training on self-harm.</td>
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<tr>
<td>2.</td>
<td>Improved Access to Effective Support</td>
<td>Recommendations 6, 16, 17, 18</td>
<td>We will integrate services to ensure improved access to effective support. We will reduce the waiting list for specialist CAMHS and ensure young people receive the help they need quickly by receiving interventions such as counselling, and targeted group work.</td>
<td>FiM</td>
</tr>
<tr>
<td></td>
<td>Improve access to early help and effective support for emotional health and wellbeing, built around the needs of children, young people and their families. Services will ensure minimal waiting times, and support to children and young people will be delivered through integration of services.</td>
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<tr>
<td>Local Priority</td>
<td>Description</td>
<td>Link to Future In Mind</td>
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<td>Funding Source</td>
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<tr>
<td>3.</td>
<td><strong>Voice and influence of Young People and Families</strong></td>
<td>Throughout all document</td>
<td>Fundamental to all our work in Hull. Improving transparency and accountability across the whole system, to drive further improvements in outcomes.</td>
<td>FiM</td>
</tr>
<tr>
<td></td>
<td>We will continue to listen to, and talk to, young people to gain their views and understand their experiences to better inform future commissioning.</td>
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<tr>
<td>4.</td>
<td><strong>Enhance existing Contact Point</strong></td>
<td>Recommendation 7</td>
<td>The current contact point receives a high number of calls which require other service involvement. Further capacity is required to ensure a co-ordinated response to need.</td>
<td>FiM</td>
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<tr>
<td></td>
<td>Develop an integrated Single Point of Access for advice, guidance and referral.</td>
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<td>5.</td>
<td><strong>Eating Disorders</strong></td>
<td>Recommendation 13</td>
<td>The principles of early help and intervention in eating disorders for children and young people are essential.</td>
<td>FiM ED</td>
</tr>
<tr>
<td></td>
<td>Improve the delivery of care for children and young people with eating disorders.</td>
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</table>
6. Development of a CAMHS Crisis Team
To ensure children and young people receive timely and effective support when in crisis and to avoid unnecessary hospital admissions.

<table>
<thead>
<tr>
<th>Local Priority</th>
<th>Description</th>
<th>Link to Future In Mind</th>
<th>Key Theme</th>
<th>Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Development of a CAMHS Crisis Team</td>
<td>Recommendation 12</td>
<td>Provide support to children and young people in crisis. We need to ensure support and intervention is planned for young people as part of the Mental Health Crisis Concordat. Linked to crisis and important for transformation is the need for a generic adolescent inpatient service in either East Riding of Yorkshire or Hull – this is led by NHS specialised commissioning.</td>
<td>FiM</td>
</tr>
</tbody>
</table>

18. Making change happen

18.1 In Hull we acknowledge more of the same is not an option. We will, as partners, work together with the purpose to improve the emotional and mental wellbeing of our young people through targeted earlier evidence based approaches.

18.2 NHS Hull CCG is focused on improving mental as well as physical health, to achieve ‘parity of esteem’. It is essential that children and young people do not suffer inequalities because of their mental health problem or because they don’t get the best care. For children and young people in crisis they should receive the exact same care, thought and urgency as a physical health problem. Major service change and transformation is required over the next five years to ensure mental health is on a par with physical health.

18.3 Ensuring all children and young people in Hull achieve their full potential is a priority for the CCG and Local Authority. We need to undertake further work locally, and collectively to enhance and transform the current emotional and wellbeing services for children and young people in the City.
18.4 Early intervention and prevention is our primary focus; intervening as soon as possible will prevent the escalation of emotional problems into acute and chronic mental health conditions.

19. **Table of appendices**

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<td>Baseline information documents</td>
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<td>Universal and early help plan</td>
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<td>4</td>
<td>Mental Health Crisis Concordat Action Plan</td>
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<tr>
<td>5</td>
<td>Eating Disorders Project Plan joint with NHS East Riding CCG</td>
</tr>
<tr>
<td>6</td>
<td>Workforce development and training plan</td>
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</table>