

Hambleton, Richmondshire and Whitby CCG, Harrogate and Rural District CCG, Scarborough and Ryedale CCG

Local Transformation Plan for Children and Young People's Emotional and Mental Health 2015-2020

October 2017 Refresh

Action Plan, Updated October 2017



Hambleton, Richmondshire and Whitby

Clinical Commissioning Group



Harrogate and Rural District

Clinical Commissioning Group



Scarborough and Ryedale

Clinical Commissioning Group



Priority 1: Promoting resilience, prevention and early intervention

What we want to achieve	Outcomes	Update Oct 2017
Look after maternal mental health during and after pregnancy	Ensure timely access to IAPT therapies for mothers with mental illness	<p>The SEMH Steering group identified Perinatal Mental Health as a priority and a NY&Y Perinatal Mental Health Sub group was established in Q1 17/ 18 chaired jointly by NYCC and York Teaching Hospital Foundation Trust. The group has agreed to support the development of a wave 2 NY & Y specialist service bid and have developed a patient engagement survey to understand the needs of local families and support the application.</p> <p>An interim health system pathway is in draft with the intention of an integrated pathway to be launched in Q4, 17/18.</p> <p>In addition in 2016 NYCC have commissioned a piece of research into the impact of poor maternal mental health in rural areas to inform and improve current practice and future commissioning. The results of this are being collated and will be shared with stakeholders in Q3 17/18. .</p>
	Integrated pathways across agencies including health, Health Visitors and primary care	
	Good awareness of peri-natal mental health	
Workforce with the right training and support to identify potential difficulties and organise the right support	Early identification and offer of appropriate support	This will be determined following the outcome of the wave 2 perinatal mental health bid.
	Confident workforce able to use screening tools	
	Support networks for those women with low levels of depression/other mental health problems	
Enhance parenting programmes	Good quality parenting programmes help strengthen family attachment, and improve behaviour	<p>The North Yorkshire Parenting Strategy 2016-19 aligns with Future in Mind and outlines ‘the provision of support for parents who have children with emotional and wellbeing concerns’ as a priority.</p> <p>https://www.northyorks.gov.uk/sites/default/files/fileroot/About%20the%20council/Strategies%2C%20plans%20and%20policies/Parenting_strategy.pdf</p>

		<p>This includes monitoring the number of parents reporting increasing confidence with their parenting skills 6 months after attending courses delivered by the NYCC prevention services. (KPI from North Yorkshire parenting strategy)</p> <p>A key action for the next year is to audit the antenatal parenting programmes to ensure mental health is embedded.</p>
<p>There will be dedicated mental health teams aligned to all school clusters, a named mental health lead in each school and a named mental health worker for each GP surgery</p>	<p>Staff will be supported through training and advice to recognise and respond to pupils with difficulties (advice/get help)</p> <p>Resilience training and co-ordination of the resilience framework will be delivered</p> <p>Pupils will be supported through interventions either individually or with groups and feel able to cope (advice/get help)</p> <p>Potential referrals to CAMHS or other specialist services will be assessed to reduce unnecessary and premature referrals (get more help)</p> <p>More children and young people are referred to appropriate support for their</p>	<p>Compass BUZZ</p> <p>In 2016 Compass BUZZ were awarded the contract to deliver the North Yorkshire School Mental Health and Wellbeing Project. This innovative project works with the whole school workforce and other key partners to increase the skills, confidence and competence of staff dealing with emotional and mental health concerns. The project went live in April 2017 and was launched in schools in September 2017. Since then, the Wellbeing Workers have delivered Level 1 training in 10 schools to over 275 members of staff as well as to colleagues in prevention and the Healthy Child Programme. In addition 77 schools have booked training up until April 2018 and 21 introductory meetings have been scheduled in local schools.</p> <p>Initial feedback on the training is positive. Of the 275 school staff who have trained so far, 128 reported increased confidence, 16 reported no change in confidence, 1 person's confidence actually decreased and 25 did not complete either a pre, a post or either questionnaire. We are still awaiting for 105 forms to be returned to our administrative base in Northallerton for analysis and inputting on to our systems. NB these figures <i>only</i> include school staff and are exclusive of the training we have delivered to key partners such as the Prevention Service and the Healthy Child Teams.</p> <p>KPIs from 17/18 Q3 will include:</p> <ul style="list-style-type: none"> - Number of children reporting increased resilience (Compass BUZZ) - Number of children and young people signposted to CAMHS deemed suitable (Compass BUZZ) - Number of children and young people signposted to CAMHS deemed unsuitable (Compass BUZZ) - Number of children reporting increased knowledge how to access support (Compass BUZZ) - Number of children and young people reporting increased wellbeing (Compass BUZZ)

	needs	- Number of school staff reporting increased confidence and knowledge following training (Compass BUZZ)
	GPs and surgery staff have direct access to advice regarding individual patients	Compass BUZZ have made contact with all GP surgeries in NY to make them aware of the Compass BUZZ programme.
	Reduction in numbers of unnecessary or premature referrals to CAMHS	
	More children and young people are referred to appropriate support for their needs	
Single point of access to multi-disciplinary hub (Customer Resolution Centre in North Yorkshire)	<p>CAMHS worker located in Local Authority children's services contact centres to offer advice and contribute to multi-disciplinary assessments:</p> <ul style="list-style-type: none"> • Liaison between children's services and CAMHS • ensure children and young people receive the appropriate support for their needs • fewer referrals into 	<p>North Yorkshire CAMHS have a Single Point of Access (SPoA) which accepts self-referrals from young people and parents as well as referrals from professionals. The SPoA works closely with the NYCC Multi Agency Screening Team (MAST) and this will become even more embedded as the SPoA moves from a virtual access point to a hub in Northallerton and a spoke in Scarborough and Harrogate.</p> <ul style="list-style-type: none"> • Referrals are accepted from GPs, health, social care and educational professionals, early intervention and prevention workers, voluntary sector workers, parents and young people (self-referral in line with CYP-IAPT principles). • Referrals can be made via telephone or email with guidance and a referral form available. • Consultation offered to professionals which supports children and young people getting access to the most appropriate service and support professionals to develop skills and confidence • All referrals receive multi-disciplinary triage and a standard approach to the access to service

	<p>CAMHS fewer unnecessary or premature referrals into CAMHS</p> <ul style="list-style-type: none"> vulnerable children (such as looked after children) receive effective and timely support 	assessment
Support for Children and young people to access self-help and advice online	Secondary school age young people are able to access good quality online advice and support	<p>Compass BUZZ are working towards the implementation of chat health, an interactive texting support tool. Compass BUZZ are also committed to directing children and young people to quality online resources.</p> <p>The GUNY 2016 survey, illustrated: -46% of primary and 35% of secondary pupils responded that they have found school lessons about emotional health and wellbeing (SEAL) 'quite' or 'very' useful,</p>
Building academic resilience – schools will implement The Academic Resilience Framework as a whole school approach	Children will build skills and resilience	<p>The Thrive approach has been implemented within 11 schools across North Yorkshire. A full evaluation of the benefits is currently in development. There are early signs of positive impact on an individual pupil level.</p> <p>The Compass BUZZ school project works with the whole school workforce and other key partners to increase the skills, confidence and competence of staff dealing with emotional and mental health concerns.</p>
	Families and carers will feel included and empowered to support their children	
	Teaching staff will feel more confident and competent to deal with disruptive and challenging behaviour	

Schools will adopt evidence based frameworks to support children and young people with SEMH	Families and carers will feel included and empowered to support their children	The Thrive approach has been implemented within 11 schools across North Yorkshire. A full evaluation of the benefits is currently in development. There are early signs of positive impact on an individual pupil level.
	Teaching staff will feel more confident and competent to deal with SEMH	The Compass BUZZ service will work to address the confidence of staff supporting SEMH.
The Life Coach model will be extended to vulnerable groups not ready to engage	<p>Increased access for children and staff to a mental health resource</p> <p>Reduced the stigma associated with accessing mental health support</p>	<p>The No Wrong Door (NWD) approach has embedded the Life Coach roles in the NWD hubs lead to more engagement between young people and health professionals – leading to a greater identification of mental health and well-being needs.</p> <p>Delivering the anti-stigma campaign is a key priority of the emotional Health and wellbeing delivery group for Q3 2017. The Time to Change group will present to the delivery group in October to assist with planning of the campaign.</p>
Strong inter-agency pathways to hold children and young people	Clear care and referral pathways across all agencies	<p>NYCC have a Multi-Agency Screening Team which has a common referral across the Healthy Child Programme, Prevention services and Children’s services. The NY TEWV CAMHS team has a regular dial in session to the team to support multi-agency decision making in relation to appropriate service support to families</p> <p>The SEMH Cross Service Implementation plan includes the review of integrated care pathways for vulnerable CYP – Youth Justice, attachment, challenging behaviour & transition (21). This will take place in 18/19.</p> <p>Self-harm guidance for schools was developed in partnership with a number of professionals and schools and is presently under review as there is also self-harm and suicide information through the</p>

		<p>pink book available on the LCSB website (file Self harm risk guidance June 2015). A survey was disseminated in summer 2017 to review the pathway and a pathway review group will be established in Oct 2017.</p> <p><u>PCC Commissioned Services:</u></p> <p>Sexual Assault Forensic Services provide crisis support and forensic medical services to collect any evidence for all, whether they have made a report to the Police or not, acute and non-recent victims of sexual assault.</p> <p>- Child Sexual Assault Assessment Service (CSAAS) - for children and young people from 0-16 years of age who have disclosed sexual abuse or assault or where it is suspected that it may have happened. The Centre is only able to see children and young people who are referred by a social worker or the police. It is not a self-referral service, and so this means it is not confidential (unlike the Adult SARC).</p> <p>Supporting Victims Central Telephone Referral and Assessment Team - Supporting Victims can provide support for anyone affected by crime, whether reported or not, including victims, bereaved relatives, those under 18 with consent, parents or guardians of victims under 18 and members of staff where a business has been a victim of crime.</p> <p>Victims will be asked a few questions to find out how they have been affected by the crime to identify any support that can be provided, which can include a range of practical and emotional support but if necessary we can also help victims access support provided by other organisations including those listed here. Supporting Victims provides emotional and practical support including;</p> <ul style="list-style-type: none"> ● Over the telephone and/or face to face support by trained and experienced staff ● Referral with consent to specialist victim services provided through our partners ● Signpost to other support organisations as appropriate ● Staff are trained and experienced in being able to help victims understand what has happened and support them to cope and recover from the experience of crime. <p>The Supporting Victims Team can make referrals as appropriate into the following specialist support services, they can be contacted to discuss any potential referrals:</p> <p>a. Supporting Victims Independent Victim Advisor (IVA) and Volunteer Service – case</p>
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Leadership in Crisis Care work	<p>Children and young people in crisis will receive high quality care and support:</p> <ul style="list-style-type: none"> • response from qualified professionals • access to safe and supported crisis accommodation (whether at home, in hospital or S136) • high quality step down support from T4 	<p>In 2016 TEWV were appointed by NHSE to be a New Models of Care Pilot scheme which enables secondary mental health providers to take responsibility for tertiary commissioning budgets. As part of the pilot scheme TEWV has committed funding to establish a Crisis and Intensive Home Treatment Service for North Yorkshire and York. The aim of this service is to reduce wherever possible the dependence on Tier 4 beds by delivering more in the community and closer to home. A local implementation group has been established for this project which includes providers, commissioners and a North Yorkshire Partner engagement event took place on October 9th. The service is in operation across the region and an update on each locality is detailed below:</p> <ul style="list-style-type: none"> - Scarborough & Whitby – a 10am- 10pm service is in operation 7 days a week. - Hambleton and Richmondshire – A 24/7 service is in operation, provided from the Tees base - Harrogate and Rural District –a 10am-10pm service is in operation 7 days a week. The service is still recruiting to 1 post. - York – a 10am-10pm service is in operation 7 days a week.
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Priority 2: Improving Access to effective support – a system without tiers

What we want to achieve	Outcomes	Update Oct 2017
The locality continues to be part of and benefit from the IAPT collaborative	IAPT principles and activity will inform treatment of children and young people and transform service provision	<p>IAPT principles and practice are embedded in all specialised services for children and young people across NY. TEWV staff in localities have received the following training:</p> <p><u>Scarborough</u> 1 Incredible Years, 2 EEBP, 1 Supervisor</p> <p><u>Harrogate</u> 1 Incredible Years, 2 CBT, 1 Systemic Practice, 1 Supervisor, 1 Supervisor (completing training), 3 Leadership (2 in service wide posts)</p> <p><u>Northallerton</u> 1 Incredible Years, 2 Leadership (1 completing training), 1 Systemic Practice, 2 CBT</p> <p><u>York and Selby:</u></p>

		2 systemic trained staff – 1 trained whilst in our service and 1 trained in their previous job, 1 CBT, 5 Transformational Leaders, 3 clinical supervisor training courses attended, 2 CBT trainees due to finish in November, 1 EEBP trainee, 2 clinical supervisor training courses
Support for backfill and equipment funding to release staff	Service provision continues whilst staff are released for study	In 18/19 TEWV has applications for 2 CBT anxiety and depression therapists, 1 systematic family practice for eating disorder therapist, 2 transformational leaders and a CBT Supervisor training place. It is hoped that TEWV will be successful with its application to participate in CYP Well Being Practitioner Wave 2 cohort.
	Staff are able to study effectively	
Set up a monitoring and supervisory group for IAPT, comprising Commissioners from the partner organisations and providers	IAPT is effectively monitored and is able to demonstrate improvements in care for children and young people	This will be incorporated into regular monthly commissioning/provider meetings.
Collaborative working with Local authorities on directory of services	Children and young people and their families will have high quality and up to date signposting to services and support across statutory agencies ad voluntary sector	An initial meeting took place in summer 201to establish key actions for this. Next steps will be picked up in Q4 17/18
CAMHS waiting Lists	Reduced CAMHS waiting lists so that children and young people access services in a more timely way.	In 2016 CAMHS services received some one off additional funding from NHSE to reduce waiting lists. This money was used to provide group support to Children and young people who are waiting for a CAMHS assessment as well as group training for children and young people with low end depression and anxiety to help reduce waiting times for treatment and release clinician times for more complex cases.

		<p>Since this original investment, the total number of patients waiting for their first and second appointments has improved (see data in the Impacts and Outcomes section) and although the numbers have seen a slight deterioration for patients waiting for their first appointment between 6 and 12 weeks, those contributing factors are; there has been a slight increase in referrals, a number of staff vacancies, sickness and data recording issues where by a number of patients have not attended or cancelled their appointments, but this has been inaccurately recorded. In addition there has been an increase recently in the number of inpatients across the Service, which has also had a significant impact on capacity across the teams.</p> <p>A number of other actions have been taken to address waiting times.</p> <ul style="list-style-type: none"> - There has been a review of the Single Point of Access approach and CAMHS are moving towards a dedicated cell with a hub and spoke approach in all Localities. This will support further engagement with the Multi-Agency Screening Team (MAST) in North Yorkshire County Council. - TEWV now offers self-referrals and all referrals are offered a telephone assessment within 24 hours on receipt of referral. The Service is now promoting electronic referrals which also include sign posting information. - The Service held an RPIW which looked at a range of group programmes across the Locality; this now supports quicker access to those groups where appropriate. - TEWV have recently recruited staff into existing vacancies that will be starting in Quarter 3; this will have a significant positive impact to the Service. - This funding was non-recurrent therefore developments ceased at the end of March 2017.
<p>Equality and equity are embedded in all specifications and commissioning activity</p>	<p>All children and young people have equity of access to high quality support and care</p> <p>Protected groups receive the support and care they need</p>	<p>This is embedded in all CCG service specifications.</p>

Priority added Oct 2017 Collaborative commissioning	Include joint place based plans (between CCGs and specialised commissioning)	<p>CCG and NHSE have collaborative commissioning plan in place to support seamless services for children and young people. The plan outlines actions and interventions that support the development of a local integrated pathway for CYP requiring beds that include plans to support, admission prevention and support appropriate and safe discharge.</p> <p>West Yorkshire STP is a Wave 2 New Care Model (NCM) site for CAMHS T4 and as such we have a shared system ambition and plan for the region with regard to crisis and intensive home treatment services. The aim of the West Yorkshire NCM is to develop streamlined pathways across the region for community intensive services both to reduce the need for, and the length of, an inpatient stay, and/or as an alternative, ensuring CYP are cared for in WY and do not need to travel out of area unnecessarily.</p>
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Priority 3: Care for the most Vulnerable

What we want to achieve	Outcomes	Update Oct 17
Priority added Oct 2017 Identify and prioritise vulnerable groups	Children and young people recognised as vulnerable, will be identified and prioritised.	<p>NYCC are a Partners in Practice authority and as part of this programme have invested in and expanded the No Wrong Door approach to supporting vulnerable young people. 11 psychology posts and 2 Systemic therapist posts will be co-located with Local Authority staff. http://www.northyorks.gov.uk/article/33274/About-No-Wrong-Door</p> <p>LGBT delivery group – NYCC came second in the Stonewall Education Equalities Index 2017; a key criteria in Mental health support services, specifically for LGBT young people. Growing Up in North Yorkshire survey is widely shared amongst partners and identifies vulnerable groups.</p> <p><u>TEWV CAMHS</u> North Yorkshire CAMHS identify and prioritise vulnerable groups. Referrals are made to other specialist services regarding children and young people in different circumstances where</p>

		<p>appropriate and vulnerable Exploited Missing Trafficked (VEMT) protocols and guidance are followed.</p> <p>There is also a dedicated CAMHS Specialist Consultation and Assessment Service for Vulnerable. CAMHS offer support to local youth justice team as part of CCG statutory duties outlined in the Crime and Disorder Act. NY CAMHS also recruit volunteers who have been service users to be involved in support programmes in a way that suits the young person’s skills and experience. A CAMHS worker is located within Youth Offending Service (NY&YCAMHS).</p> <p>The jointly funded Child Sexual Assault Assessment Service is based at York Hospital and provides a service for CYP 0-16 who have disclosed sexual abuse or assault or where it is suspected it may have happened. Young People must be referred by a Social Worker or the police. Older young people can choose to be seen at the adult Sexual Assault Referral Centre, if it is believed it is more appropriate to meet their needs. Onward referral can be made to both ISVAs and counselling services as appropriate</p> <p><u>Compass</u> Compass identify and prioritise vulnerable groups and have in place established referral routes to VEMT (Vulnerable, Exploited, Missing, Trafficked) and SARC (Sexually Assault Referral Centre).</p> <p><u>NHS Provider services</u> – since the health needs of children at risk or victims of CSE, and adults who were victims as children, are many and varied, there is not one single access pathway to services. Access is dependent on the presenting issue(s) and assessment. However, some services will have a specific role in responding to these health needs. For example: CSAAC, SCOT, IAPT, CAMHS, Adult mental health services, Maternity Services, Primary Care, Urgent Care Services, Healthy Child Service.</p> <p>All commissioned NHS provider services are monitored in terms of effectiveness and performance via contract monitoring processes, annual reports, internal audit and regulatory inspections. Designated Nurses for Safeguarding Children sit on provider governance groups to provide expert oversight and challenge of arrangements.</p>
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		<p><u>Third Sector services</u> – these are externally commissioned and primarily provided by:</p> <ul style="list-style-type: none"> - NSPCC (ongoing therapeutic support for children 4-17 who are victims of child sexual abuse across North Yorkshire and York); - Hand in Hand (project from The Children’s Society which helps young people recognise themselves as victims, increase resilience and make informed choices to lower risk and prevent escalation); - Time 2 (support to children who are vulnerable to/known to have experienced CSE); - IDAS (provides Independent Sexual Violence Advisors who offer support to women, men, children, young people and their families during the immediate period following disclosure and through any subsequent criminal justice processes). - PACE (Parents Against Child Exploitation) – this voluntary organisation supports parents whose children have experienced CSE. PACE supported the LSCB and Named GP conferences in 2-16/17. - Evaluations of third sector organisations differ according to the organisation. The CCGs would seek assurance of effectiveness via partnership arrangements (e.g. Section 11 audits, reports to LSCB). <p><u>Youth Justice Service (YJS)</u></p> <p>The North Yorkshire Youth Justice service is s multi-disciplinary team delivering specialist support and intervention, working closely with partners to prevent offending, to keep children, young people and the public safe.</p> <p>The Head of the North Yorkshire CCG Children and Young People commissioning team is a member of the YJS management board. Thematic audits on specific areas of the work undertaken by YJS (such as Bail and Remand services) have identified a strong provision of work to manage vulnerable young people.</p>
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Priority 4: Accountability and Transparency

What we want to achieve	Actions	Update Oct 17
Effective monitoring and oversight of Transformation Plan	Governance structure with Lead Commissioning Forum and delivery boards, accountable to HWBB	See governance structures in place in the main LTP refresh report..
Transformation Plan is published on CCG and LA websites	Plan and updates are published	Complete.
Future alignment of Transformation Plan and existing strategies and budgets for emotional and mental health for children and young people	Review of strategies to ensure alignment of strategy and simple planning and delivery structures	The SEMH cross implementation plan is scheduled for publication late 2017
	Review of budgets and resources across organisations	See finance and workforce section in the main LTP refresh report.
Engagement with children and young people to move to develop	Engagement Plan for children and young people within framework of co-production	See section on engagement on in the main LTP refresh report.

principle of co-production in services and delivery		
Strong performance framework across organisations	Quality and performance monitoring of providers through existing health and local authority scrutiny structures	-TEWV contract monitored through CMB -Compass contract monitored through CMB
Develop multi-agency information sharing arrangements across YOT, Children's Services and CAMH	Children and young people in difficulty are readily identified, and can be offered appropriate support quickly	NYCC have a Multi-Agency Screening Team which has a common referral across the Healthy Child Programme, Prevention services and Children's services. The NY TEWV CAMHS team has a regular dial in session to the team to support multi-agency decision making in relation to appropriate service support to families The Emotional Health and Wellbeing delivery group providers to share information and discuss delivery.
Develop a clear baseline and dataset for performance measurement	Clear evidence base for transformation	

<p>Effective transition arrangements in line with NICE, Transforming Care guidance and other relevant professional standards</p>	<p>Children and young people will have consistent and supportive care in transitions between services: this includes transitions to adult services, work with young people with LD, autism or challenging behaviours.</p>	<p>Improving the experience and outcomes for young people as they transition out of Children and Young People’s Mental Health Services is a priority for 17/18 as outlined in the Commissioning for Quality and Innovation (CQUIN). TEWV’s Q1 17/18 update report shows that providers (sending and receiving) have achieved the following:</p> <ul style="list-style-type: none"> • Jointly developed an engagement plan across all local providers • Mapped the current state of transition planning/level of need • Developed an implementation plan to address identified needs and agree with approach with commissioners <p>In August 2017, the percentage of CAMHS patients aged 17.5 with a transition plan (snapshot) is as below:</p> <ul style="list-style-type: none"> - HRWCCG 95.24% - HaRD CCG 76.47% - SRCCG 60.87%
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Priority 5: Developing the Workforce

What we want to achieve	Outcomes	October 2017 Update
<p>Priority added Oct 2017 Publish a joint workforce plan detailing how we will build capacity and capability.</p>	<p>Publish a joint workforce plan which includes a detailed action plan to build capacity and capability.</p>	<ul style="list-style-type: none"> - NY Workforce Development sub group established as part of the Social and Emotional Mental Health (SEMH) - The Workforce Development plan is in draft and awaiting review and approval by the SEMH steering group. A final copy will be published on CCG and NYCC websites in November 2017.

Employ a programme officer to project manage delivery of the Plan across agencies (12 month short term contract)	The vision and outcomes will be delivered	- This was completed in year 1