Scarborough and Ryedale Clinical Commissioning Group (CCG)
Local Transformation Plan for Children and Young People’s Emotional and Mental Health 2015-2020
October 2018 Refresh
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Police and Crime Commissioner North Yorkshire
Harrogate District Foundation Trust
NHS England Specialised Commissioning

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<td>North Yorkshire Health and Wellbeing Board</td>
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<td>Director of Children’s services - Stuart Carlton</td>
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<td>CCG website</td>
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Please read our plan. If you feel you would like to comment please do let us know at NY.CYP@nhs.net
An open letter to children, young people and families

In 2015 an important document called Future in Mind was published. This set out a number of ways to improve mental health care for children and young people. Following this report Scarborough and Ryedale District CCG made a commitment to work together and share resources across North Yorkshire to help you:

- Grow up confident and resilient
- Easily find mental health support when you need it
- Get the right support at the right time
- Be fully involved in deciding on your support

Since 2015 we have made a lot of changes to help achieve this vision. This includes:

- A new eating disorder service
- Reduced waiting times for specialist mental health services
- A new service in schools called Compass BUZZ
- A new crisis service to support children and young people in a crisis

Some of the key achievements over the last year (17-18) in North Yorkshire include:

- Launched a new texting support services for young people called BUZZ US (3784 texts received since the launch of the service in January 2018).
- 8070 professionals trained by Compass BUZZ
- Meeting the access and waiting standards targets for Children and Young People’s Mental Health
- Secured funding for a new perinatal mental health service across North Yorkshire and York to provide a service for new and expectant mums within North Yorkshire.

We know that there is still more to do and this year our priorities include:

- Continue to work towards meeting the national access and waiting time standards for children and young people
- Listen more to children, young people and their families
- Ensure the local workforce can meet the needs of children and young people’s social and emotional health

This plan outlines in more details our achievements this year and plans for next year. It is quite a long document with lots of specialist language. To make this easier we have included a glossary and we have also produced an easy read version.

What you think about this plan and mental health service is important to us. If you have something to say about this plan or mental health services, please do let us know. You can contact us on NY.CYP@nhs.net

Simon Cox

Chief Officer for NHS Scarborough and Ryedale Clinical Commissioning Group
2. Vision and Summary

Our joint ambition for children and young people’s emotional mental health and wellbeing as stated in the Local Transformation Plan (LTP) published in 2015, is that we will work together and share resources within Scarborough and Ryedale and across North Yorkshire to make sure that by 2020 children and young people will:

- Grow up confident and resilient and able to achieve their goals and ambitions
- Can easily find help for their mental health when they need it
- Receive help that meets their mental health 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.

Please note, when an acronym is used in this document, it is highlighted in bold the first time it is used, along with the full word. The acronyms are also included in the Glossary at the end of the document.

Key achievements since the publication of the last LTP refresh in October 2017, we have achieved:

- Increased the use of digital technology through the launch of BUZZ US, a texting support service for young people.
- Since the launch of BUZZ US in January 2018, 3784 texts have been received from young people.
- Delivered Compass BUZZ training to 8070 professionals.
- Launched an anti-stigma campaign with partners.
- Met the access and waiting standards targets for Children and Young People’s Mental Health
- Secured funding for a new perinatal mental health service across North Yorkshire and York to provide an enhanced specialist community mental health service for new and expectant mums within North Yorkshire.
- An additional £25,000 has been provided by NYCC to Harrogate District Foundation Trust to train 10 Perinatal and Infant Mental Health Champions. This training will then cascade the training to Health Visiting staff and Prevention Team staff across North Yorkshire.
- Continued implementation of the Enhanced Eating Disorder Service and established a Task and Finish group to improve the outcomes of the service.
- Developed the North Yorkshire Social and Emotional Mental Health (SEMH) Workforce development plan (Appendix 1) and completed associated mapping work.
- Undertaken Children and Young People’s Mental Health (CYPMH) engagement activities across North Yorkshire (see the Appendix 3: Engagement).
- Continued work with North Yorkshire County Council (NYCC) on the development of integrated pathways for community services (including autism services) across North Yorkshire (see the Appendix 3: Engagement and Appendix 2: Action Plan).
- Continued to engage with Parent/Carer representatives in key steering groups including the Social and Emotional Mental Health (SEMH), Special Education Needs and Disabilities (SEND) and Autism steering groups.
- Continued to work with partners on integrated pathways including the publication of a signposting leaflet for professionals.
- Identified a Children and Young People’s lead for the Transforming Care Partnership (TCP) and established a Children and Young People sub-group.
✓ Secured funding from NHS England to embed a Clinical Psychologist in front-line Youth Justice Service teams (covering NYCC and CYC).
✓ Secured funding from NHS England to embed a Speech and Language and Communication Needs (SLCN) Therapist Post within front-line Youth Justice Service teams (covering NYCC and CYC).
✓ Published the cross-agency Social and Emotional Health (SEMH) Cross Service Implementation Plan.
✓ Published an easy read version of the Local Transformation Plan
✓ Providers began to monitor the 4 hours response for the Crisis and Intensive Home Treatment service to support children and young people in a mental health crisis
✓ Developed a Dynamic Support Register for the Transforming Care Partnership (TCP). The dynamic risk register is a register of children and young people at risk of inpatient admissions and monitoring of Care and Treatment Reviews (CTR) to ensure that 90% are community based.
✓ Launched a new strategic Special Education Needs and Disabilities (SEND) Plan.
✓ Designated Clinical Officer post (DCO) for SEND to be introduced to cover the NYCC footprint (except Craven as this is covered by Airedale, Wharfedale and Craven CCG).
✓ In August 2018 NYCC Children’s services received an ‘outstanding’ Ofsted grade in every category under a new and under a new and challenging social care inspection framework which focuses on the effectiveness of frontline practice.
✓ Self-Harm Pathway - the Emotional Health and Wellbeing Delivery Group have worked in partnership with the NYCC suicide prevention group to refresh the self-harm pathway. The final version will be shared in Q4 18/19 (see Action Plan, APPENDIX 2 for more detail).

Children's Mental Health Matters!

We have identified the following areas as priorities for the coming year:

✓ Continue to work towards achieving the national access and waiting times for the enhanced eating disorder service
✓ Continue to implement national standards for early intervention into psychosis (EIP)
✓ Continue to increase access to high quality evidence based mental health care – by April 2019 at least 32% of children with a diagnosable condition will be able to access evidence-based services (national standard)
✓ Ongoing review and management of the dynamic support register via the Transforming Care Partnership (TCP) Children and Young People’s Dynamic Support Register Group (see APPENDIX 2: Action Plan).
✓ Monitor the cross-agency Social and Emotional Health (SEMH) Cross Service Implementation Plan.
Continue to establish communication and engagement routes with Children, young people, families and the 3rd sector including the involvement of experts by experience in key strategy groups (SEMH, Health SEND Network, All age Autism strategy groups).

Continue to implement the Children and Young People SEMH Workforce Development Plan

Embed the Perinatal Mental Health integrated pathway

Embed integrated care pathways for vulnerable children and young people (for example Youth Justice, attachment, challenging behaviour & transition)

Embed the new strategic SEND plan for SEMH across North Yorkshire which specifies the continuum of educational provision.

Establish closer working relationships with Sustainability and Transformation Plans (STP) and the newly established North Yorkshire Mental Health and Learning Disability Partnership Board

Commissioners will continue to work with the Yorkshire and Humber Clinical Network to establish a regional dashboard so that providers and commissioners can understand the data within a regional picture

Improve integrated pathways

Work towards a 24/7 Crisis service across all of NY (funded through TEWVs New Models of Care with NHS England)

Plan Future in Mind services for the future (post 2019/20)

3. Introduction and background

In 2015, Future in Mind (FiM), the national report of the Children and Young People’s Health Taskforce was published by NHS England. The report established a clear direction and set key principles about improving access to high quality mental health care for children and young people. In March 2016, the independent Mental Health Taskforce published the Five Year Forward View for Mental Health which endorsed the vision of Future in Mind, but also extended the focus to include improvements to crisis care, seven-day care and the development of new models of integrated services to improve outcomes.

As a result of Future in Mind, Clinical Commissioning Groups (CCGs) were required to produce a Local Transformation Plan (LTP) and to ‘refresh’ this plan annually as part of an ongoing assurance process. This 2018 refreshed Transformation Plan will review the progress over the last year of children and young people’s emotional and mental health, and will clearly outline the plan for improvement over the next year in line with CCGs business and operational plans. The plan is not intended to be a repeat of the original 2015 transformation plan, but a plan that describes the opportunities and challenges over the next year, and how we will ensure children and young people’s emotional and mental health will remain a priority.
The North Yorkshire Children and Young People’s Commissioning team are hosted by Hambleton, Richmondshire and Whitby CCG. The team commission Child and Adolescent Mental Health Services on behalf of the North Yorkshire CCGs (Hambleton, Richmondshire and Whitby CCG, Scarborough and Ryedale CCG, Harrogate and Rural District CCG and the Vale of York North Yorkshire locality) and lead on the development of the Local Transformation Plans.

CCGs are the lead organisations responsible for delivery against the plan, and each CCG has developed and published a Local Transformation plan which can be accessed on the CCG websites: (a specific weblink will be updated once published)

- [www.hambletonrichmondshireandwhitbyccg.nhs.uk](http://www.hambletonrichmondshireandwhitbyccg.nhs.uk)
- [www.scarboroughryedaleccg.nhs.uk](http://www.scarboroughryedaleccg.nhs.uk)
- [www.harrogateandruraldistrictccg.nhs.uk](http://www.harrogateandruraldistrictccg.nhs.uk)

The map below outlines the North Yorkshire geography and the CCGs covering the region.

![North Yorkshire geography map]

Whilst CCGs are the lead organisations responsible for delivery against the Local Transformation plan, the breadth of the partnership to deliver transformation and improvements to children and young people’s emotional and mental health is wide. The plan is driven, governed and delivered in collaboration with North Yorkshire County Council and other key partners and agencies including...
Tees, Esk and Wear Valley NHS Foundation Trust (the specialist CAMHS provider), NHS England,
Schools, 3rd sector organisations, families, children and young people.

To support this collaborative work across all partners working with CYP, NYCC and CCGs co-chair the
Social and Emotional Health (SEMH) steering group. The group has developed a cross agency SEMH
Implementation plan. This plan was developed by the Social Emotional and Mental Health Steering
Group to represent the co-ordinated action partners will take to deliver the SEMH elements
contained within Young in Yorkshire 2, Hope Control and Choice, local CCG Future in Mind
Implementation Plans and the SEMH SEND Strategy (see Glossary). The SEMH Strategic Cross Service
Implementation plan can be found by clicking on the link Social Emotional and Mental Health Plan.

Sustainability and Transformation Plans (STPs) have been developed on a different footprint to the
existing North Yorkshire CCGs footprint. Scarborough and Ryedale CCG is covered by the Humber,
Coast and Vale STP

We are developing stronger links with STP mental health leads to ensure the
transformation of children and young people’s emotional and mental health is included and
aligned in the individual STPs. This includes the priority outlined in the Sustainability and
Transformation plan namely ‘Reduced prevalence of mental health disorders in children.’

North Yorkshire Mental Health and Learning Disability Partnership Board
The NY CCGs have agreed to establish a formal partnership approach to the strategic planning and
delivery of mental health and learning disabilities services currently funded by the three CCGs across
North Yorkshire. It is anticipated that the Strategic Partnership will deliver a more coordinated
approach to commissioning across the North Yorkshire locality, whilst acknowledging that it is
essential that this continues to be needs lead and reflect the priorities in the local areas. It is
proposed that a Commissioning Group will replace the current Contract Management Board.

5. Transparency and Governance

In 2016 we revised the governance structure for the Local Transformation Plan and how we report
on implementation. By working closely with all partners, a revised governance structure with the
local authority has resulted in stronger links with all areas of North Yorkshire Strategies around
SEND, SEMH and Autism. All Steering Groups report into the Health & Well Being Board via the
Children’s Trust Board. All sub-groups report into the SEMH CYP Steering Group.

In addition, the Yorkshire and Humber (Y&H) Children and Young People’s Mental Health Lead
Commissioner Forum & STP Commissioner meetings brings together CCG representatives across the
region and Local Authority leads to ensure a strong network of children commissioners and
opportunities to implement a joint approach where appropriate. The clinical network team work
closely with identified Lead Commissioners in each of the area CCGs across Y&H to ensure that
specialised services feature in local planning. This work is done collaboratively through the Children and Young Peoples Mental Health Clinical Networks, which includes all relevant stakeholders. There are a number of forums across Y&H as well as the Northern Clinical Network where collaboration takes place, which includes the Y&H Children and Young Peoples Mental Health Lead Commissioner Forum as well as the Northern Clinical Network and Y&H Community Eating Disorder (CEDS) collaborative. The NY CCGs Children’s Commissioning Team attends these forums. This way of working ensures that the whole pathway is considered when considering the development of local services for children and young people.

The Future in Mind Governance Structure for North Yorkshire is outlined in the diagram below:
North Yorkshire is a predominantly rural County with an estimated population of around 600,000 people. There is low unemployment and whilst agriculture is an important industry, the local economy is also supported by the technology, service and tourism sectors (mostly small to medium sized businesses). Data from the Office for National Statistics shows that children and young people make up approximately 21% of the population in North Yorkshire.

The estimated population of the Scarborough and Ryedale CCG is 119,000 of which 23,324 are aged under 19. Children and Young People make up 19.6% of the population across the CCG footprint.

Public Health England data estimates the level of need, or prevalence, for children’s mental health and wellbeing as follows:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>CCG Prevalence</th>
<th>England Prevalence</th>
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<tbody>
<tr>
<td>Estimated prevalence of any mental health disorder: % GP registered population aged between 5-16</td>
<td>9.6%</td>
<td>9.2%</td>
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<tr>
<td>Estimated prevalence of emotional disorders: % GP registered populated aged 5-16</td>
<td>3.7%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Estimated prevalence of conduct disorders: % of GP registered population aged 5-16</td>
<td>5.9%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Estimated prevalence of hyperkinetic disorder (attention deficit hyperactivity disorders) : % GP registered population aged 5-16</td>
<td>1.6%</td>
<td>1.5%</td>
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<tr>
<td>Hospital admissions as a result of self-harm: DSR per 100,000 population aged 10-24 (period 2016/17) – from PHE Overview of Child Health profile</td>
<td>377.7</td>
<td>398.8</td>
</tr>
<tr>
<td>Hospital admissions for mental health conditions per 100,000 population (age group not stated in source) (period 2015/16) – from PHE Overview of Child Health profile</td>
<td>78.8</td>
<td>84.7</td>
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Hospital admissions for mental health conditions are lowest for Scarborough and Ryedale CCG compared to the other North Yorkshire CCGs; at 78.8 per 100,000 population.
(compared to Hambleton Richmondshire and Whitby at 89.3 and Harrogate and Rural District CCG at 105.1).

The Public Health England data shows that there has been a slight decrease in hospital admissions as a result of self-harm from 2014/15 to 2015/16; 377.7 per 100,000 population in 2014/15 to 330.7 per 100,000 population in 2015/16. However, it is too early to identify any trends in this data.

2 - Public Health England fingertips tool – Children and Young Peoples Mental Health and Wellbeing profile for period 2015 (unless stated otherwise)

Emotional and Mental Health – the local picture in North Yorkshire

When considering the local picture, it is also helpful to consider the picture of the North Yorkshire locality. The estimates from the latest Public Health England Children’s and Young People’s Mental Health and Wellbeing Profile for North Yorkshire are included below:

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<thead>
<tr>
<th>North Yorkshire</th>
<th>Children and Young People mental health profile (4)</th>
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<tr>
<td>Prevalence of mental health disorders between ages of 5-16 years is at 8.5% of the population. This was lower than the England average of 9.2%. <em>(Period 2015)</em></td>
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<td>Prevalence of potential eating disorders amongst young people is at 7,395 <em>(aged between 16-24 years)</em>. <em>(Period 2013)</em></td>
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<tr>
<td>Prevalence of Attention Deficit Hyperactivity Disorder amongst young people is 8,167 <em>(aged between 16-24 years)</em>. <em>(Period 2013)</em></td>
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<td>Prevalence of children of school age who have social, emotional and mental health needs is 1,381 (at 1.68%). This is lower than the England average of 2.34%. <em>(Period 2016)</em></td>
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<tr>
<td>Emotional wellbeing of Looked After Children aged between 5-16 years: average difficulties score is 14.3 (which is slightly higher than the national average at 14.0). <em>(Period 2015/16)</em></td>
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<tr>
<td>Mental Wellbeing in 15 year olds: Mean score of the 14 WEMWBS-14 statements is 48.1 (slightly higher than the national average at 47.6). <em>(Period 2014/15)</em></td>
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<td>Positive satisfaction with life amongst 15 year olds: % reporting positive life satisfaction at 66.9%, which is higher than the national average at 63.8%. <em>(Period 2014/15)</em></td>
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4 - Public Health England fingertips tool – Children and Young Peoples Mental Health and Wellbeing profile for period 2015 (unless stated otherwise)

Joint Strategic Needs Assessment and Health Inequalities

The core aim of North Yorkshire’s Joint Strategic Needs Assessment (JSNA) is to improve public health and reduce inequalities across North Yorkshire. The JSNA is supported by partnership working between NHS partners, Local Authority, Community/Voluntary sectors and Service Users to research and agree the comprehensive local picture of health and wellbeing needs, and to identify commissioning priorities. The content of the JSNA is agreed by North Yorkshire JSNA Editorial Group which meets on a quarterly basis. More details for the North Yorkshire JSNA can be found at link: [http://hub.datanorthyorkshire.org/dataset/jsna-data](http://hub.datanorthyorkshire.org/dataset/jsna-data)
The JSNA Child and Maternal Health summary report 2016 found that overall child health in North Yorkshire is very good and is generally better (often significantly better) than the average for England. However, the report acknowledged that there are inequalities in children’s health between the richest and poorest parts of the county which need to be addressed, and this can only be achieved by adopting a system wide approach.

The 2016 report found that older children did not always find their school lessons around mental health useful and that some young people in North Yorkshire have poor mental health and this is concentrated in certain parts of the county, often (but not always) associated with poverty. Fairness for Children, a recent report by UNICEF (2016) set out the serious challenges faced by children from low income families which highlighted poorer life chances and future prospects.

In response to this need, the North Yorkshire Clinical Commissioning Groups commissioned a new service in schools called Compass BUZZ. The new service seeks to work with the whole school workforce and other key partners in schools to increase the skills, confidence and competence of staff dealing with emotional and mental health concerns. This involves a bespoke training programme to empower school staff to effectively support children and young people with their emotional and mental health needs, before problems might escalate. To date, 8070 professionals have been trained by Compass Buzz, 350 schools have received L1 training, 57 schools have received L2 training and 33 schools have received L3 training across North Yorkshire.

Identifying the Needs of Vulnerable Children and Young People in North Yorkshire
It is well documented that children and young people who have been abused or neglected are significantly more likely to develop mental health problems. Early and effective mental health support for these children can be crucial in making the difference between overcoming trauma and living a life shaped by abuse. According to the Office for National Statistics (ONS) Crime Survey for England and Wales in 2015/16 (cited in NSPCC Toolkit), those who experienced abuse as a child are:

- More likely to have taken illegal drugs (53 per cent compared with 32 per cent)
- Almost twice as likely to report having a long-standing illness or disability (28 per cent compared with 15 per cent)
- Less likely to report that their health, in general, was good or very good, compared to those who had not experienced abuse as a child (78 per cent compared with 87 per cent)
- Less likely to consider themselves to have high wellbeing (and so were less likely to be happy, satisfied with life, and feel their lives were worthwhile).
- For those who are sexually abused as children, lifetime contact with public mental health services is three times higher than those who have not suffered abuse.
- Individuals with a history of childhood maltreatment are more likely to also show poor physical health, such as obesity and an altered immune system.

Locally, we also understand that the needs of children and young people vary across the locality and that services need to respond to the specific needs of vulnerable children and young people. The Growing Up in North Yorkshire 2016 survey informed the Young and Yorkshire 2 Plan which sets out a comprehensive picture of children’s emotional health and wellbeing across North Yorkshire. Improving social, emotional and mental health and resilience is a key priority of the plan. More details can be found at link: https://www.northyorks.gov.uk/young-and-yorkshire-2

Furthermore in August 2018 NYCC Children’s Social Care Services received an ‘outstanding’ Ofsted grade in every category under a new and under a new and challenging social care inspection framework which focuses on the effectiveness of frontline practice. The report states:

“Plans ensure a coherent effective, child-centred response to the most vulnerable children.”
Children and families in North Yorkshire receive a consistent, high quality service. There is outstanding practice within all teams, which has a demonstrably positive impact on effecting change for children and families.

Click [here](#) for the full Ofsted report.

Young in Yorkshire 2

Local data from the [Young in Yorkshire 2](#) report also outlines the varying needs of the North Yorkshire locality:

- There is wide variation in the number of children living in poverty across North Yorkshire, with 19.3% of children in Scarborough compared with 8.6% of children in Craven. The local rate of child poverty is 11% in NY.
- Up to 5,000 cases of food poverty across NY.
- Over 33,000 households (1 in 8) living in fuel poverty across NY.
- NY has seen an average of a 20% reduction in the number of Looked After Children (LAC). Evidence shows that children and young people who spend periods in care tend to do less well in terms of health, education, transition into adult life and life chances generally.
- Approximately 420 Looked After Children in North Yorkshire; this includes 20 unaccompanied asylum seeking children who have different support needs.
- The number of children who enter the care system varies across the county with over a third (35.2%) of the total number of LAC coming from Scarborough and 1 in 5 (20% coming from Harrogate).
- North Yorkshire data shows an increasing exposure to violence for young people.
- The number of violent incidents against children rose from 630 in 2013/14 to 1,174 in 16/17. This is an increase of 86%.
- The number of sexual offences against children increased from 275 in 2013/14 to 631 in 2016/17. This is an increase of 129%.
- In North Yorkshire 38% of 6-7 year olds said they were worried about family issues, 22% of 7-10 year olds had been bullied in past 12 months and 42% of 11-15 year olds were worried about school exams.

Commissioning Services based on Local Needs of Vulnerable Children and Young People

As the national and local data outlines above, it is important that local services are commissioned to provide early and effective mental health support to meet the needs of all children and young people, including those who are most vulnerable. This can be crucial in shaping the outcomes of their future. Outlined below are some of the key initiatives and services commissioned in response to local needs.

- No Wrong Door commissioned by NYCC to improve outcomes for care leavers, vulnerable children and young people with social emotional and mental health issues in residential schools and Pupil Referral Units.
- Funding secured to embed a Clinical Psychologist in front-line Youth Justice Service teams covering NY and York (see [Action Plan Appendix 2](#)).
✓ Funding secured to embed a **Speech and Language and Communication Needs (SLCN)** Therapist post within front-line Youth Justice Service teams covering NY and York (see **Action Plan Appendix 2**).

✓ Young Parenting Programme delivered (see Young in Yorkshire 2 and **North Yorkshire Parenting Strategy 2016-2019**).

✓ A recent joint parenting programme has been delivered with CAMHs and Local Authority to deliver Incredible Years together with some additional sessions on self-harm and ADHD. These have been well received.

✓ Compass BUZZ commissioned to deliver the early intervention 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 concern. Compass BUZZ identify and prioritise vulnerable groups and have in place established referral routes to VEMT (Vulnerable, Exploited, Missing, Trafficked) and SARC (Sexually Assault Referral Centre).

✓ Compass Reach - a service commissioned by NYCC for young people aged from 9 to 19 (and up to 25 for those with special educational needs or disabilities) across North Yorkshire affected by substance misuse, poor sexual health and issues relating to emotional wellbeing and mental health.

✓ CAMHS Looked After Children (LAC) Team – NYCC commission a dedicated CAMHS Looked After Children (LAC) Specialist Consultation and Assessment Service. CAMHS offer support to local youth justice team as part of CCG statutory duties outlined in the Crime and Disorder Act.

✓ Academic Resilience approach – a pilot NYCC project developed to increase the resilience levels of pupils.

✓ Liaison and Diversion services - the Police and Crime Commissioner are leading on the local commissioning of **Liaison and Diversion (L&D) services**. This is an all age service which aims to provide early intervention for vulnerable people as they come to the attention of the criminal justice system. Planned implementation for the service is April 2019.

✓ Supporting Victims - the Police and Crime Commissioner also commission a service to support any victim (of any age) of any crime in North Yorkshire.

✓ Crisis and Intensive Home Treatment service - delivered by Tees Esk and Wear Valleys NHS Trust the programme aims to deliver care for children and young people as close to home as possible and wherever possible preventing and avoiding inpatient admissions and reducing the length of admission when it is required.

✓ 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.

✓ North Yorkshire has one of the highest performing child protection systems in England and North Yorkshire’s children services have been recognised as an exemplar practice through the Partners in Practice status awarded.

✓ In August 2018 NYCC Children’s Social Care Services received an ‘outstanding’ Ofsted grade in every category under a new and under a new and challenging social care inspection framework which focuses on the effectiveness of frontline practice. The report states: "**Plans ensure a coherent effective, child-centred response to the most vulnerable children.**"
Pathways for High Risk Young People - North Yorkshire County Council have established a group to lead on the planning for High Risk Young People. The purpose of the group is to improve pathways and multi-agency integration in high risk cases. A key outcome of the group is to develop a pathway for high risk cases that includes a timeline of response from when children and young people are admitted to hospital. This should include a multi-agency meeting within 24 hours of admission to develop a joint care plan with key representatives and consider who will take the lead on the pathway for the young people.

Third Sector services – these are externally commissioned and provided by organisations such as Hand in Hand, Time 2, IDAS and PACE and MESMAC. For example Compass BUZZ and Compass Reach are supporting and promoting a support group for parents of Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) young people which is being piloted in Harrogate. This is being run in conjunction with Prevention and Yorkshire MESMAC.

The recently launched NYCC ‘LGBT Guidance for Professionals Who Work with CYP in North Yorkshire’ has been circulated. The document covers:

- Definitions of terminology
- Data from Growing Up In North Yorkshire (2016)
- Role of the professional directly working with LGBTQ children and young people
- Agencies that can offer a range of support
- Details of groups for young people
- A range of resources, including additional information and resources for professionals

We are pleased to report that a great deal of progress has been made since the Local Transformation Plan was published in 2015. The charts below illustrate the readiness of the North Yorkshire CCGs in October 2015, January 2017, October 2017 and October 2018 to meet the 2020 trajectory of Future in Mind based on the 49 key recommendations.
KEY: Readiness status (percentage of recommendations)

<table>
<thead>
<tr>
<th>STATUS</th>
<th>RAG RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully implemented</td>
<td>DARK GREEN</td>
</tr>
<tr>
<td>Partially implemented</td>
<td>LIGHT GREEN</td>
</tr>
<tr>
<td>Changes agreed but not started</td>
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<td>Not at all ready/Anticipate significant barriers to change</td>
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**Chart 1**
North Yorkshire CCG Readiness, October 2015

**Chart 2**
North Yorkshire CCG Readiness, January 2017

**Chart 3**
North Yorkshire CCG Readiness, October 2017

**Chart 4**
North Yorkshire CCG Readiness, October 2018

**Chart 5**
North Yorkshire CCG 2020 Trajectory
In addition, the detailed supporting **Action Plan (2015-2020) (Appendix 2)** provides an updated position as of October 2018. The key outcomes are separated into the 5 key Future in Mind themes:

1. Promoting resilience, prevention and early intervention
2. Improving access to effective support – a system without tiers
3. Care for the most vulnerable
4. Accountability and transparency
5. Developing the workforce.

Below we have outlined some of the key accomplishments from the Action Plan achieved throughout the last year.

**Green Paper – Transforming Children and Young People’s Mental Health Provision (2018)**

The green paper focuses on earlier intervention and prevention, especially in and linked to schools and colleges. The proposals include:

- Creating a new mental health workforce of community-based mental health support teams
- Every school and college will be encouraged to appoint a designated lead for mental health
- A new 4-week waiting time for NHS children and young people’s mental health services to be piloted in some areas

Whilst the NY CCGs were not invited to submit an application for the Trailblazer sites, the Green Paper has become a standing item on the EHWB Delivery Group agenda. This will help ensure partners are ready to apply in the future if invited and ensure that any plans will align with the current Local Transformation Plan.

**Perinatal Mental Health Service**

In Q1 18/19 the three North Yorkshire CCGs were successful in securing funding for perinatal mental health as part of a £23 million national scheme announced by NHS England on 8 May (wave 2). This money will enable enhanced specialist community mental health services for new and expectant mums within North Yorkshire. The bid includes the development of a single service to cover the large & diverse county of North Yorkshire & City of York (NY&Y) an area of over 3000 square miles and 7648 live births in 2016 using a multi-hub model with 4 hubs (Harrogate, York, Northallerton, Scarborough). The Service will be delivered by Tees Esk Wear Valley NHS Foundation Trust (TEWV) and funding flows have been agreed. In line with NHSE, the service went live on 1st October 2018. TEWV are currently recruiting into post, and a Consultant Psychiatrist and Service Manager are already in place.

National key performance indicators exist against the national service specification, and the Service will be monitored using an integrated commissioning approach, including a commissioning presence on TEWV’s Mobilisation Group. A number of key activities to ensure successful mobilisation of the service are planned. These include: training, communications, stakeholder engagement, external evaluation and co-production plan. The role of the voluntary sector is key to the development of the service to ensure it builds on the local third sector services and systems already established.

A clear and robust governance structure has been agreed and NHS England will be closely monitoring progress of key deliverables and outcomes with assurance reporting scheduled.
**Children and Young People in Crisis**

In October 2017, a crisis resolution home treatment service was launched. This is part of the Tees Esk and Wear Valleys (TEWV) NHS Foundation Trust’s new model of care pilot with NHS England, which aims to deliver inpatient care for children and young people as close to home as possible and wherever possible preventing and avoiding inpatient admissions and reducing the length of admission when it is required. The service in Scarborough and Ryedale operates 12 hours per day from 10.00am to 10.00pm; 7 days per week and anyone can refer into the service by calling a dedicated telephone number. TEWV are working towards 24/7 provision across the whole NY locality. A case study to illustrate the positive impact of the service is included below.

![Help Button](image-url)
In 2018 a young person was referred into the Crisis service. This young person had previously received support from the Generic CAMHS Team for OCD (Obsessive Compulsive Disorder) type behaviours. The young person had responded positively to the support and was discharged from the service after a short intervention. However, due to a recent significant deterioration in the young person’s presentation the Mum had requested urgent support. The Crisis team made contact with the young person’s parent to gain a better understanding of their current needs and presentation. From the information provided it was felt that it would be appropriate for the Crisis Team to carry out an assessment.

The Mum explained that there had been a significant escalation in the young person’s OCD symptoms and this was having a significant impact on their daily functioning i.e. sleeping, attending school, diet. The young person felt they had to complete a number of rituals up to 100 times a day and this was having a detrimental impact on the emotional wellbeing of the young person who was becoming very distressed as a result of these compulsions. The young person had not slept as a result of the rituals and had struggled to eat which was adding to the emotional distress of the young person. The driver for the OCD appeared to be the young person being concerned that if they did not complete the rituals something bad would happen i.e. a school shooting. From information provided by the Mum the young person appeared to be very sensitive to world news which they were being exposed to through newspapers, the TV and the internet.

From the initial assessment completed it was clear that there had been a relapse in symptoms and the Crisis Team agreed to go out and the see the young person and their family that day. The Crisis Team completed a Safety Plan with the young person and their family. This is a document which helps the young person and their family notice and identify their thoughts, feelings and behaviours which may suggest they are becoming distressed. This was useful for the young person to understand their early warning signs so that they can seek help and avoid a crisis situation. The document also considers possible triggers for the young person. For example in respect of this case study, seeing violent events on the news was identified as a trigger. The Crisis Team also included in the plan things the young person could do to help themselves and what others could do to support them. The plan is focussed on reducing the risk and supporting the young person through the crisis episode.

The Crisis Team agreed that it would be appropriate to carry out a piece of Intensive Home Treatment (IHT) due to the severity of impact on daily functioning. This is where the young person is provided with intensive support to manage their presenting behaviour. IHT is frequently used when there is a risk of an admission to an Inpatient Unit. The hope is to provide a high frequency and intensity of support to reduce the escalation in behaviours. In this case one member of the Crisis Team acted as care coordinator and another as support worker. It was agreed that a range of approaches would be used to support the young person including distraction, Exposure and Response therapy to challenge their thoughts and to help the young person to stay with their feelings of distress and informed Cognitive Behavioural Therapy to help the young person break down their problems into separate parts, such as thoughts, physical feelings and actions. The young person required a significant amount of support to confront their compulsions.

Due to the severity of the impact of the behaviours the team arranged for the young person to see a Medic. It was agreed that the young person would commence medication alongside the IHT and would eventually transfer to the Generic Team for CBT work with a Psychologist.

The Crisis Team visited the young person at least three times a week and reviewed support weekly to ensure that the intervention was adjusted accordingly as the need changed. This frequency of support allowed the Crisis Team to gain a positive therapeutic relationship with the young person and provide support to the patient in their home environment and in the community where they were struggling. It allowed the Crisis Team to gain a good insight in the dynamics in the family home and provide support where appropriate. The team noted that the young person had become quite challenging towards their Mum. As part of the support package the team offered carers support to help the Mum feel more confident in her parenting approaches and interventions.

The young person responded well to the IHT support and this was evidenced in the improvements in their activities of daily living and routine outcome measures. The young person was able to attend school and participate in lessons. The young person was able to go out with friends and even managed to go abroad with his friends’ family. The Crisis Team also supported the family in gaining a better understanding of the young person’s difficulties and how to support them in the future management of their difficulties.

Following discharge the young person and their family sent a card to reflect their gratitude at the work the team had undertaken. They thanked the team for the help and support they had given the young person and the rest of the family over the past few months.

‘Thank you so much for all the help and support which you have given (patient) and the rest of the family, over the past few months’
**Early Intervention Psychosis (EIP)**

The national standards for early intervention into psychosis were implemented in April 2016. The *standard is monitored monthly against a 50% target. Latest data from TEWV (Aug 2018) illustrates that Scarborough and Ryedale CCG did not achieve the target (Aug 18) and the providers have taken action to address this. The providers are expected to achieve the target by the end of September 2018.

TEWV are planning a trust wide event to look at the EIP pathway with a focus on the implementation of standards of care in EIP pathway for 14-18 year olds.

*Standard requires that any person aged 14 and over experiencing their first episode of psychosis to commence treatment within two weeks of referral.

**Transitions - Commissioning for Quality and Innovation (CQUIN)**

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 and 18/19 as outlined in the Commissioning for Quality and Innovation (CQUIN). More detailed information is provided in the Action Plan: Appendix 2

**School Mental Health and Wellbeing Project – Compass BUZZ & BUZZ US**

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. Click on the links below to view the video clips that Compass BUZZ made with young people about the service:

- Compass BUZZ – Remember
- Compass BUZZ – Wellbeing Worker
- Compass BUZZ - Master Clip 3
- Compass BUZZ – Master Clip 4
- Compass BUZZ - BUZZ US

The project went live in April 2017 and was launched in schools in September 2017. All schools across North Yorkshire (393) have been offered the following Compass BUZZ training:

- ‘Level 1’ Prevention and Promotion
- ‘Level 2’ Early Identification of Need
- ‘Level 3’ Early help & Intervention
Key Outcomes of the programme are included below:

Training

- **352 schools** (90%) across NY have received the Compass BUZZ Level 1 training
- **8070 staff** across NY had been trained in total
- **57 schools** (15%) across NY have received the Compass BUZZ Level 2 training and **159 staff** had been trained.
- **33 schools** (8%) across NY have received the Compass BUZZ Level 3 training and **92 staff** had been trained.
- **92%** of all staff trained within Level 1 have stated that they have received improved knowledge and confidence as a direct result of our training.
- All **Preventions Teams and Healthy Child Teams** across North Yorkshire have been offered Compass BUZZ training and the majority of teams have taken up this offer.

Feedback on the training has been overwhelmingly positive and some of the comments are included below.
In Scarborough and Ryedale CCG, the status of training since contract start is included below. In Scarborough and Whitby locality there are total of 101 schools. Of these schools:

- 91 schools received or booked L1
- 38 schools received or booked L2
- 25 schools received or booked L3

**Requests for Support**
From September 2017 to the end of September 2018 Compass BUZZ have received a total of 283 requests for support from schools. Q2 18/19 data illustrates key outcomes achieved:

- **Achieving Goals** - 87% of young people receiving support from Compass BUZZ achieved some or all their goals
- **Increased Wellbeing** - 100% of young people who attended co-facilitated one-to-one sessions reported increased wellbeing.
- **Increased Knowledge** - 100% of young people who attended a co-facilitated one-to-one session reported increased knowledge.
- **Increased Resilience** - 90% of young people who attended a co-facilitated one-to-one session reported increased resilience.
- **Satisfaction with the service** - 100% of young people who attended a co-facilitated one-to-one session reported satisfaction with the service.

**BUZZ US Digital Innovation**
The October 2017 LTP refresh made a commitment to increase the use of digital technology through the launch of Chat Health (a new instant messaging service now named ‘BUZZ US’).

- ‘BUZZ US’ was launched on 25th January 2018. It is a confidential texting service for young people across North Yorkshire
- By texting the free service young people (aged 11-18 years) can receive confidential advice, support and signposting from a wellbeing worker within one day via text. The service is open Monday – Thursday 9am-5pm and Friday 9am-4.30pm (excluding Bank Holidays).
- The service continues to be exceptionally well used by young people across North Yorkshire, as can be seen by the figures below:
  - 3784 messages have been received since the launch of the service in January 2018
  - 4894 messages have been sent since the launch of the service in January 2018
Compass BUZZ - Case study

Background
Layla* was referred for co-facilitated support by Amy*, Pastoral Manager of Year 9. Concerns were raised by Layla’s father about Layla’s fear of her family leaving the house, noting that she can become very anxious, especially if someone is home later than planned. Layla’s main worry revolved around her parents dying in a road accident. Amy shared that the root of Layla’s anxiety may be her knowledge of her mother’s involvement in a car accident while she was pregnant. The school was previously unaware of the above information as Layla was not presenting as anxious at school.

Support Delivered
The completed referral and consent forms were received and following a consultation with the assigned Wellbeing Worker, the first session was arranged at a mutually agreed date and time. Amy explained that she did not know Layla well, describing her as a quiet and conscientious student, however she was happy to co-facilitate the sessions alongside the Wellbeing Worker to build up trust with Layla. Amy asked the Wellbeing Worker to share resources and provide support in the sessions as she was unsure of how to best support Layla.

The first session addressed the ways Layla’s anxiety escalates. Following Layla relating to various characters on the Blob Tree, Amy introduced the Escalation Scale. Layla explained an increase in her anxiety levels when her family forget to take their phones. Layla said she’s not sure why she thinks like that, but highlighted that she becomes convinced that they are in danger. Amy shared that she also struggled with the same anxiety about her family when she was younger. This seemed to be helpful to Layla. Distraction techniques were explored and Layla advised that when she is reading a good book/watching a film, she manages to stay much calmer.

Amy led the second co-facilitated session due to her increased level of confidence. Layla advised that challenging some of her thoughts would be useful and, importantly, she shared that she is confident that things will improve for her. Through using the Challenging Unhelpful Thoughts resource, it was identified that Layla tends to catastrophize about what might happen in the future. Layla began to consider her anxiety as an entity separate to herself; a monster who eats phones, and therefore texting her parents essentially feeds her worry. It was discussed that each of us holds different worries and that being able to manage these is the aim. Layla was encouraged to reflect that if she worried less, it wouldn’t mean that she loved her family any less. Layla was advised to give herself permission not to worry and to be strict with herself about not phoning or texting her family when they are out. Layla agreed to try this strategy. Layla completed a Wellbeing Action Plan alongside Amy to identify techniques to help her to keep her anxious thoughts under control.

The third co-facilitated session took place a couple of weeks later. Layla shared that recently she asked her family to text her if their plans changed so that she would not feel tempted to message or phone them. Layla was really pleased with how she had handled this and added that this is the first time she felt more in control of her anxiety. The Escalation Scale was referred to again and Layla identified that she had not ventured anywhere near the top of the scale. We talked about Layla establishing a positive pattern and Layla agreed to try this approach again given that it had worked so well for her. Both Amy and the Wellbeing Worker emphasised how proud they were of Layla for managing this situation and taking the responsibility to do so. Amy explained the Coping Strategies for Supporting Students resource and Layla liked the calming, mindful, soothing, distracting, self reflecting and energy boosting strategies. Amy explained the different sections in turn and allowed adequate time for discussion with Layla which created a safe and relaxed atmosphere. Finally, a Progressive Muscle Relaxation Script was covered which Layla reported to find relaxing. Layla was encouraged to use this as a preventative measure as well as during more stressful or anxious times.

Outcome
As evident in the above study, Layla demonstrated clear progress in tackling her anxiety, accepting guidance and support from Amy and the Wellbeing Worker to do so. Additionally, Layla responded well to Amy’s warm delivery and she showed great determination to improve both her mental health and her wellbeing. Amy shared with the Wellbeing Worker that she found the whole process very beneficial.

NB: *Names changed to ensure anonymity
**Enhanced Eating Disorders Service**

The North Yorkshire and York enhanced community eating disorder service for children and young people was commissioned in 2016 through Tees Esk and Wear Valley NHS Foundation Trust. The service is delivered at the Northallerton ‘spoke’ once a week from 9am-5pm and working in partnership with locality based CAMHS teams.

A service specification is in place with the team reporting against national access and waiting time standards of one week for urgent cases and 4 weeks for routine cases (see Section 9 Impacts and Outcomes for detailed data).

A Task and Finish group has been established across NY and York to continue to improve the outcomes of the service. Key outcomes of this group are outlined below:

- TEWV have established a committee to ensure the accuracy of CEDS data.
- A meeting has been organised with TEWV, GP leads and Commissioners to gain clarity on the processes for monitoring & management of physical/medical functioning of CYP in the CED service.
- CEDs Focus Groups have taken place in August 2018 with children, young people and parents/carers. Feedback is currently being collated and will be reviewed in the Task and Finish Group.
- TEWV are planning to undertake an internal CED service evaluation.
- A Parents Programme has been developed in York. This is a 6 week psycho education programmes. Feedback on the programme will be shared at the Task and Finish Group and if successful roll out across NY will be considered in the future.
- TEWV are not signed up to national quality programme but are undertaking an internal benchmarking exercise against the national quality programme standards.
- Conversations are underway between TEWV and Compass BUZZ to consider how they might deliver some awareness raising sessions to parents and carers.

**Healthy Child Programme**

The Healthy Child Programme is a universal preventative child and family health promotion programme. It is available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life.

The focus of 0-19 Healthy Child Service is the whole population of children. Local authorities are responsible for commissioning public health services for children aged 0-19. Services commissioned by NYCC contribute to the social and emotional health and wellbeing of children and young people including the Healthy Child Programme 0-5 service (Health Visitors), The Healthy Child Programme 5-19 service (school nursing) and the Targeted Healthy Child Programme Service 9-19 (Compass Reach). This is a nurse-led service, working with children and young people who require intensive support, including the treatment for young people’s drug and alcohol misuse and early help for emotional difficulties.
Throughout the year the Healthy Child Team across North Yorkshire have continued to develop a number of initiatives designed to support the emotional health and wellbeing of children and young people. These include:

- Sleep support (both group and 1 to 1 sessions)
- Healthy minds - an interactive session on mindfulness that has evaluated very positively
- Year 6 transition sessions - a presentation delivered to year 6 pupils in schools about moving on
- Ongoing development with LGBT champions in youth groups
- Young carers sessions (Scarborough)
- Heathy Child Team representation on the school’s academic resilience programme.

Included below is a short case study that illustrates a good example of work undertaken by the Healthy Child Team (0-19) in relation to emotional Health and Wellbeing.

**Scarborough and Ryedale CCG - Maternal Mental Health Case Study**

A Health Visitor visited a couple antenatally as they had been informed that their unborn may have a cleft palate. The Health Visitor completed a long listening visit using elements of containment and reciprocity. The baby was born without a cleft palate however the mum was anxious and was offered additional listening visits in the post delivery period. Mum’s mood and anxiety did improve but then reduced again and she contacted the Health Visitor again for support.

The Health Visitor completed additional listening visits to explore mum’s mood and anxieties and allow her to reflect on how she was feeling. Mum was offered referrals to primary mental health services and was aware of medication to help her mood, however she felt that the listening visits were having a positive effect on her mood and therefore she did not feel that she needed this additional support. Mum felt that it was useful that she had the open access to the Health Visiting Service and indicated that it was easier to talk because she felt confident with the Heath Visitor who she had established a relationship with through previous contact.

**Scarborough Health Visitor**

**Autism - Development of Integrated Pathways**

The Children and Young People’s commissioning team have worked closely with NYCC and partners to carry out a review of autism services in North Yorkshire through stakeholder workshops and customer journey mapping exercises in 2018. Stakeholder Autism workshops have been held to discuss referrals and services for autism and to start discussions on the development of integrated pathways between CCGs and NYCC. Key updates are provided in **Appendix 2: LTP Action Plan**
Throughout the year we have continued to link in with key partners and organisations to maximise the impact of local engagement work being undertaken to ensure that the voice of children, young people and their families are represented. These engagement activities are detailed in Appendix 3: Engagement and include engagement activities from the following organisations and forums:

- North Yorkshire Police and Crime Commissioner (PCC) and North Yorkshire Youth Commission ‘Big Conversation’
- NYCC Youth Engagement
- NYCC Growing Up in North Yorkshire (GUNY) Survey
- Compass BUZZ Engagement
- Specialist CAMHS Engagement (Tees, Esk and Wear Valleys NHS Foundation Trust)
- SEND Engagement
- Commissioner stakeholder engagement with primary care around mental health pathways.
9. Impacts and Outcomes

The following section includes information about data and specialist CAMHS activity, local investment and the workforce.

Mental Health Services Dataset (MHSDS)
The Mental Health Services Data Set (MHSDS) contains record-level data about the care of children, young people and adults who are in contact with mental health, learning disabilities or autism spectrum disorder services. The MHSDS is unique in its coverage, because it covers not only services provided in hospitals, but also in outpatient clinics and in the community, where the majority of people in contact with these services are treated. It provides robust, comprehensive, nationally consistent and comparable person-based information.

The data helps to support outcomes for children and young people locally by monitoring progress against the transformation plan and national trajectories. NHS England in partnership with NHS Digital are holding a series of webinars throughout 2017/18 and NY CCG commissioners enrolled in these to ensure accurately capture data using this dataset.

All NHS commissioned services are required to flow data for key national metrics in the MHSDS to evidence increased access to high quality evidence mental health care treatment by 35% by 2020 as outlined in the Five Year Forward View (see Glossary). This data flow is in place for specialist CAMHS services in North Yorkshire and in 17/18 Scarborough and Ryedale CCG achieved 37.3% access; this exceeded the national target of 30%.

Commissioners are working with Compass BUZZ to establish systems to ensure that their data can flow through the MHSDS. In Q1 18/19 Compass BUZZ were able to submit data via a one off data pull by NHS Digital and in October 2018 NHS Digital and NHSE Yorkshire and Humber have planned to provide some support to Compass BUZZ to help them begin to regularly flow data.

Investment and Workforce
Workforce and Investment figures across North Yorkshire are included in the following tables.
### North Yorkshire Investment - Children and Young People’s Mental Health

#### Core Services

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*North Yorkshire CC*

The clinical staff support risk taking behaviours, including emotional mental health. 30% of presentations are related to EHWW issues.

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29
## North Yorkshire Workforce - Children and Young People's Mental Health

<table>
<thead>
<tr>
<th>Core Services</th>
<th>Number of Practitioner/Clinical Staff in June 15</th>
<th>Number of Practitioner/Clinical Staff in June 16</th>
<th>Number of Practitioner/Clinical Staff in June 17</th>
<th>Number of Practitioner/Clinical Staff in June 18</th>
<th>Allied Services</th>
<th>Number of Practitioner/Clinical Staff in Post June 15</th>
<th>Number of Practitioner/Clinical Staff in Post June 16</th>
<th>Number of Practitioner/Clinical Staff in Post June 17</th>
<th>Number of Practitioner/Clinical Staff in Post June 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Based Services</td>
<td>[Insert Service name]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>School Based Services</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
</tr>
<tr>
<td>[Insert Service name]</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>6</td>
<td>0</td>
<td>10.9</td>
<td>10.9</td>
</tr>
<tr>
<td>[Use/Insert as many rows as necessary]</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Sub-Total</td>
<td>6</td>
<td>0</td>
<td>10.9</td>
<td>10.9</td>
</tr>
<tr>
<td>LA Based Services</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>LA Based Services</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
</tr>
<tr>
<td>[Insert Service name]</td>
<td>0</td>
<td>No Wrong Door</td>
<td>2</td>
<td>2</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>7.5</td>
<td>7.5</td>
<td>7.5</td>
<td>7.5</td>
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<tr>
<td>[Use/Insert as many rows as necessary]</td>
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<td>NK</td>
<td>NK</td>
<td>NK</td>
<td>NK</td>
<td>NK</td>
<td>NK</td>
</tr>
<tr>
<td>Sub-Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Sub-Total</td>
<td>2</td>
<td>2</td>
<td>9.3</td>
<td>9.3</td>
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<tr>
<td>Third Sector Based Services</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>Third Sector Based Services</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
</tr>
<tr>
<td>[Insert Service name]</td>
<td>0</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>0</td>
<td>0</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>[Use/Insert as many rows as necessary]</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Sub-Total</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>NHS Based Services</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>NHS Based Services</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
</tr>
<tr>
<td>CAMHS Tier 3 Scarborough &amp; Ryedale</td>
<td>14.32</td>
<td>14.67</td>
<td>15.5</td>
<td>15.5</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
</tr>
<tr>
<td>CAMHS Tier 3 Harrogate</td>
<td>17.52</td>
<td>18.02</td>
<td>14.33</td>
<td>14.33</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
</tr>
<tr>
<td>CAMHS Tier 3 Northallerton</td>
<td>16.25</td>
<td>16.40</td>
<td>13.58</td>
<td>13.58</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
</tr>
<tr>
<td>CAMHS Tier 3 York &amp; Selby (note, this has been included as it includes Selby within North Yorkshire)</td>
<td>0</td>
<td>30.59</td>
<td>32.48</td>
<td>32.48</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
<td>[Use/Insert as many rows as necessary]</td>
</tr>
<tr>
<td>CAMHS Specialist Consultation and Assessment Service for Vulnerable Children (also known as the LAC Service) Note: service is embedded in the 3 specialist CAMHS therefore this does not appear separately in the workforce.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add 14 Crisis service (NHS funded) Service.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-Total</td>
<td>48.69</td>
<td>79.68</td>
<td>75.89</td>
<td>107.71</td>
<td>Sub-Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>48.69</td>
<td>79.68</td>
<td>75.89</td>
<td>107.71</td>
<td>Total</td>
<td>2</td>
<td>2</td>
<td>19.3</td>
<td>19.3</td>
</tr>
</tbody>
</table>

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CAMHS Activity

The tables below outline key activity for the CAMHS service, delivered by TEWV.

2018/19 SR CCG Patient Journey Waiting Times

<table>
<thead>
<tr>
<th>2018/19 SR CCG Patient Journey Waiting Times</th>
<th>Q1 18/19</th>
<th>Q2 18/19</th>
<th>Q3 18/19</th>
<th>Q4 18/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patients awaiting 1st appointment (at report end date)</td>
<td>13</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average of waiting weeks from journey start date to report end date</td>
<td>3.75</td>
<td>1.99</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Patients with 1st appointment but no 2nd appointment</td>
<td>36</td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average of waiting weeks from journey start to 2nd appointment (at report end date)</td>
<td>4.97</td>
<td>6.24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average of waiting weeks from 1st appointment to 2nd appointment (at report end date)</td>
<td>2.74</td>
<td>3.97</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2017/18 SR CCG Patient Journey Waiting Times

<table>
<thead>
<tr>
<th>2017/18 SR CCG Patient Journey Waiting Times</th>
<th>Q1 17/18</th>
<th>Q2 17/18</th>
<th>Q3 17/18</th>
<th>Q4 17/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of CYP waiting for treatment (1st appointment)</td>
<td>11</td>
<td>11</td>
<td>28</td>
<td>14</td>
</tr>
<tr>
<td>Average of waiting time (days) from referral to treatment (1st appointment)</td>
<td>13.02</td>
<td>1.57</td>
<td>24.57</td>
<td>20.72</td>
</tr>
<tr>
<td>Total number of CYP waiting for treatment (2nd appointment)</td>
<td>19</td>
<td>20</td>
<td>19</td>
<td>16</td>
</tr>
<tr>
<td>Average of waiting time (days) from referral to treatment (2nd appointment)</td>
<td>66.29</td>
<td>45.15</td>
<td>54.18</td>
<td>59.36</td>
</tr>
</tbody>
</table>

2017/18 SR CCG Patient Journey Waiting Times

<table>
<thead>
<tr>
<th>Total Number of CYP waiting for CAMHS treatment</th>
<th>Q2 16/17</th>
<th>Q3 16/17</th>
<th>Q4 16/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scarborough &amp; Ryedale CCG</td>
<td>17</td>
<td>28</td>
<td>46</td>
</tr>
</tbody>
</table>

Average wait times (referral to treatment in days)

<table>
<thead>
<tr>
<th>Average wait times (referral to treatment in days)</th>
<th>Q2 16/17</th>
<th>Q3 16/17</th>
<th>Q4 16/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scarborough &amp; Ryedale CCG</td>
<td>91.24</td>
<td>94.50</td>
<td>64.22</td>
</tr>
</tbody>
</table>
### Scarborough and Ryedale CCG Referrals

<table>
<thead>
<tr>
<th></th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals to T3 CAMHS</td>
<td>735</td>
<td>798</td>
<td>836</td>
<td>1037</td>
</tr>
<tr>
<td>(TEWV):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepted referrals:</td>
<td>676 (73%)</td>
<td>286 (40%)</td>
<td>455</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Note: this indicator has been replaced with the indicator below: ‘Percentage of patients remaining with TEWV services following assessment’.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of patients</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>73.42%</td>
</tr>
<tr>
<td>remaining with TEWV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>services following</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>assessments (new indicator)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of active patients</td>
<td>N/A</td>
<td>283</td>
<td>323 (as of 31/7/17)</td>
<td>-</td>
</tr>
<tr>
<td>as at 31 March</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage on Caseload</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>52.08%</td>
</tr>
<tr>
<td>(referrals) &gt;180 days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Eating Disorders Data – Scarborough and Ryedale CCG

The data below (taken from TEWV Quality and Performance report for Scarborough and Ryedale CCG, August 2018) illustrates that from April 2017 – March 2018 there were 9 routine referrals and 4 urgent referrals with a suspected eating disorder.

Commissioners are working closely with service providers to ensure the data captured from this service accurately reflects the service provision and where the access targets are not achieved TEWV now provide breach reports so that we can understand the reasons behind each case. This is outlined in more detail in the Section 1: Areas of Challenge and Risk.
<table>
<thead>
<tr>
<th>KPIs/criteria</th>
<th>Target</th>
<th>Annual Position 2017/18</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community Eating Disorders service</strong>&lt;br&gt;<em>95% of those referred for assessment/treatment meet ED standard by 2020.</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children and Young People Eating Disorders 0.1 (CYPED.01)&lt;br&gt;Percentage of CYP with ED (routine cases) seen within 4 weeks of referral for NICE approved treatment.</td>
<td>95%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Children and Young People Eating Disorders 0.2 (CYPED.02)&lt;br&gt;Percentage of CYP with ED (urgent cases) seen within 1 week of referral for NICE approved treatment.</td>
<td>95%</td>
<td>No data</td>
<td></td>
</tr>
<tr>
<td>Children and Young People Eating Disorders 0.3 (CYPED.03)&lt;br&gt;The number of routine referrals with a suspected ED</td>
<td>N/A</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Children and Young People Eating Disorders 0.4 (CYPED.04)&lt;br&gt;The number of urgent referrals with a suspected ED</td>
<td>N/A</td>
<td>4</td>
<td>–</td>
</tr>
</tbody>
</table>

Note: Data source is TEWV. There have been some discrepancies between TEWV data and national data on eating disorders waiting times. This is being addressed at the Eating Disorders Task and Finish Group.

**Tier 4 CAMHS inpatient admission – Scarborough and Ryedale CCG**

Tier 4 Child and Adolescent Mental Health Services (CAMHS) are specialised services commissioned by NHSE that deliver care and treatment to young people with severe and/or complex mental disorders. Progress continues following the Mental Health Service Review for CAMHS with a working bed reconfiguration plan. This high level reconfiguration will see the distribution of beds being more able to meet young people’s needs more locally and support a positive pathway experience. The overall plan is aimed for delivery within 2020, and this will also include Low secure for MI and LD, for which North Yorkshire have not had prior. A further progression to meeting local population needs, is the announcement that ‘New Care Models’ being seen as the steady state of commissioning, which is essentially aiming for collaborative and devolved commissioning. North Yorkshire have wave one sites for CAMHS. Both the bed reconfiguration and New Care Models support each other in refining clinical models and enabling local innovation.

Latest data for CAMHS Tier 4 inpatient admission from Scarborough and Ryedale CCG (Q4 17/18), shows there are 2 current inpatients and the number of admissions per 100,000 population is 4.60. This is in line with other CCGs in the STP and North Yorkshire.
Scarborough and Ryedale CCG – T4 CAMHS data 17/18

<table>
<thead>
<tr>
<th>Data analysis</th>
<th>Q1 2017/18</th>
<th>Q2 2017/18</th>
<th>Q3 2017/18</th>
<th>Q4 2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission numbers</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Current patients</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Number of admissions per 100,000</td>
<td>0</td>
<td>0</td>
<td>9.19</td>
<td>4.60</td>
</tr>
<tr>
<td>Average Distance from home (miles)</td>
<td>-</td>
<td>-</td>
<td>22.37</td>
<td>31.46</td>
</tr>
<tr>
<td>Average length of stay (days)</td>
<td>-</td>
<td>-</td>
<td>16.00</td>
<td>-</td>
</tr>
<tr>
<td>Maximum length of stay (days)</td>
<td>0</td>
<td>0</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>Occupied bed days</td>
<td>92</td>
<td>2</td>
<td>0</td>
<td>42</td>
</tr>
<tr>
<td>Re-admissions</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Tier 4 CAMHS Total Spend 2014/15 – 2017/18

The data below outlines the total spends on Tier 4 services and the provider (data source NHSE).

<table>
<thead>
<tr>
<th>T4 Total Spend NHS Scarborough and Ryedale CCG</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVIDER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alder Hey Children's NHS Foundation Trust</td>
<td>£216</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Priory Group Limited</td>
<td></td>
<td></td>
<td>£23,391</td>
<td></td>
</tr>
<tr>
<td>Northumberland, Tyne And Wear NHS Foundation Trust</td>
<td>£206,586</td>
<td>£252,220</td>
<td>£1,168</td>
<td>£703</td>
</tr>
<tr>
<td>SOUTH WEST LONDON AND ST GEORGE’S MENTAL HEALTH NHS TRUST</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Riverdale Grange</td>
<td>£135,368</td>
<td>£29,834</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tees, Esk And Wear Valleys NHS Foundation Trust</td>
<td>£172,431</td>
<td>£83,741</td>
<td>£81,430</td>
<td>£64,425</td>
</tr>
<tr>
<td>Leeds And York Partnership NHS Foundation Trust</td>
<td>£67,915</td>
<td>£217,906</td>
<td>£28,516</td>
<td></td>
</tr>
<tr>
<td>Leeds Community Healthcare NHS Trust</td>
<td></td>
<td></td>
<td></td>
<td>£99,214</td>
</tr>
</tbody>
</table>

34
Crisis Support and Intensive Home Treatment Service Referrals

The table below illustrates the number of referrals into the Crisis and IHT service in Q3, Q4 17/18 and Q1 18/19. It is expected that referrals will increase throughout the first 18 months of the service and then most likely slow, plateau or even decrease as the service gets established (particularly face to face contacts).

<table>
<thead>
<tr>
<th>Locality</th>
<th>Number of Referrals Q3 17/18</th>
<th>Number of Referrals Q4 17/18</th>
<th>Number of Referrals Q1 18/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Yorkshire</td>
<td>229</td>
<td>258</td>
<td>242</td>
</tr>
<tr>
<td>York</td>
<td>136</td>
<td>139</td>
<td>205</td>
</tr>
</tbody>
</table>

10. Areas of Challenge and Risk

<table>
<thead>
<tr>
<th>Description of local priority scheme</th>
<th>Description of issue of risk to delivery plan</th>
<th>Mitigating Actions</th>
<th>Date expected to deliver</th>
</tr>
</thead>
</table>
| Community Enhanced Eating Disorders Service | Discussions are taking place between service providers and commissioners to ensure the data captured from this service accurately reflects the service provision. | A Community Eating Disorders Task and Finish Group has been established including North Yorkshire and Vale of York CCGs as well as CAMHS providers TEWV. The aim of this group is to address a number of items including:  
- Staffing and training  
- Performance data  
- National access and waiting time standards. | Q1 2019/20 |
| Mental Health Data Set (MHDS) | Currently, Compass BUZZ are unable to input data into the MHDS. | Through the Compass BUZZ contract management board, Commissioners are working with Compass BUZZ to establish systems to ensure that data can flow through the MHDS. This was partially achieved in Q1 18/19 when Compass BUZZ submitted data to the MHDS in a one off data pull. | Q4 2018/19 |
Support has been organised from NHS Digital to support Compass BUZZ to flow data moving forward.

11. Appendixes

APPENDIX 1: SEMH Workforce Plan


APPENDIX 3: Engagement

<table>
<thead>
<tr>
<th>GLOSSARY AND ACRONYMS</th>
</tr>
</thead>
</table>
| **CCG** | Clinical Commissioning Group  
Statutory bodies clinically led that includes all of the GP practices in their clinical area. The aim of this is to give GPs and other clinicians the power to take commissioning decisions for their patients. Each CCG has constitution and is run by its governing body and is overseen by NHS England. |
| **Compass BUZZ** | Compass BUZZ  
The Compass BUZZ School Mental Health and Wellbeing Project offers training and consultation to professionals, in particular schools to enable them to take a whole school approach to supporting the emotional and mental wellbeing of students. |
| **Compass REACH** | Compass REACH  
Compass REACH is a specialist service that works with children and young people aged 9 – 19 (and up to 25 for those with special educational needs or disabilities), who have been screened as having moderate or high levels of need with regard to substance misuse/alcohol and/or sexual health. The service also works with children and young people who may benefit from receiving early help and prevention work in relation to emotional wellbeing and mental health issues. Compass REACH is part of the Healthy Child Service in North Yorkshire. |
| **CQUIN** | Commissioning for Quality and Innovation |
| **CYP** | Children and Young People |
| **CYPIAPT** | Children and Young People’s Improving Access to Psychological Therapies |
GLOSSARY AND ACRONYMS

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<th>Term</th>
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| programme | CYP IAPT is a change programme delivered by NHS England in partnership with Health Education England. It aims to:  
- work with existing services that deliver mental health care for children and young people (provided by NHS, Local Authority, Voluntary Sector, Youth Justice)  
- create, across staff and services, a culture of full collaboration between child, young person and/or their parents or carers |
| ED | Eating Disorders |
| EIP | Early Intervention in Psychosis |
| FiM | Future in Mind  
In 2015, Future in Mind, the national report of the Children and Young People’s Health Taskforce was published by NHS England. The report established a clear direction and set key principles about improving access to high quality mental health care for children and young people. |
| Five Year Forward View | NHS Five Year Forward View for Mental Health  
The Five Year Forward View was an independent report by the Mental Health Task Force commissioned by NHS England and set out a case for change to improve mental health services. The report proposed a series of measures to bring about greater integration of primary and specialist hospital care, of physical and mental health services, and of health and social care. The report was published in February 2016. |
| GUNY | Growing Up in North Yorkshire Survey  
The GUNY survey was commissioned by the North Yorkshire Children’s and Young People’s Service to gather robust information and intelligence about young people’s learning and well-being. |
| Hope Control and Choice | Hope Control and Choice is the all age Mental Health Strategy for North Yorkshire which sets out the vision and core principles for mental health services in North Yorkshire. The Strategy was produced by the North Yorkshire Health and Wellbeing Board. |
| JSNA | Joint Strategic Needs Assessment  
Process of reviewing and describing the current and future health and wellbeing needs of a local population |
| Liaison and Diversion Services | Liaison and Diversion (L&D) services  
The Police and Crime Commissioner are leading on the local commissioning of this all age service which aims to provide early intervention for vulnerable people as they come to the attention of the criminal justice system. Planned implementation for the service is April 2019 |
| Local Offer | The Local Offer provides useful information for children and young people with special educational needs and disabilities (SEND) and their families. It is here to help families, individuals, groups and organisations find information so that they have more choice and control over what support is right. |
| LTP | Local Transformation Plan  
Local Transformation Plans for Children and Young People’s Mental Health and Wellbeing which will clearly articulate the local offer. |
| MHDS | Mental Health Services Data Set  
The Mental Health Services Data Set contains record-level data about the care of |
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<td>children, young people and adults who are in contact with mental health, learning disabilities or autism spectrum disorder services. The data is collated by NHS Digital.</td>
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| **NWD** | No Wrong Door  
No Wrong Door is a North Yorkshire County Council service that offers a new way of providing support to young people.  
[https://www.northyorks.gov.uk/no-wrong-door](https://www.northyorks.gov.uk/no-wrong-door) |
| **NYCC** | North Yorkshire County Council  
North Yorkshire County Council are responsible for providing a wide range of public services to around 600,000 people living in around 256,600 households in North Yorkshire. The county covers an area of over 800,000 hectares and is predominantly rural. Broken down by population: 21 per cent of people live in the two major towns (Harrogate and Scarborough) while 32 per cent of people live in areas defined as 'sparse' (between 130 and 1,036 people per square mile) and 24 per cent live in 'super sparse' areas (fewer than 129 people per square mile). |
| **PiP** | Partners in Practice  
North Yorkshire’s Children and Young People’s Service has been designated as a DfE Partner in Practice (PiP) (one of eight Local Authorities nationally). This designation means the Local Authority will support and work alongside other authorities to share best practice and, as a result, develop more sustainable high performance in children’s social care across the country. |
| **PNMH** | Perinatal Mental Health  
Perinatal mental health refers to a woman’s mental health during pregnancy and the first year after birth. This includes mental illness existing before pregnancy, as well as illnesses that develop for the first time, or are greatly exacerbated in the perinatal period. |
| **SEMH** | Social and Emotional Mental Health |
| **SEMH SEND Strategy** | Social Emotional and Mental Health – Special Educational Needs and Disabilities Strategy  
The Strategy is in development and is the overarching strategic plan for SEND provision, which will include SEMH provision. |
| **SEMH Steering Group** | The SEMH Steering Group  
The group has responsibility to effect positive change to social emotional and mental health services across health, education and social care provision to ensure that it meets the current and future needs of children and young people across North Yorkshire. The SEMH Steering group encompasses priorities within a number of existing plans and strategies relating to the social and emotional wellbeing of children and young people. |
| **SEND** | Special Education Needs and Disabilities |
| **Specialist CAMHS** | Specialist Child and Adolescent Mental Health Service  
Specialist CAMHS are NHS mental health services that focus on the needs of children and young people. In North Yorkshire specialist CAMHS service is provided by Tees, Esk and Wear Valleys NHS Foundation Trust. |
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<th><strong>STP</strong></th>
<th><strong>Sustainability and Transformation Plans</strong></th>
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<td>The NHS and local councils have formed partnerships in 44 areas covering all of England, to improve health and care. Each area has developed proposals built around the needs of the whole population in the area, not just those of individual organisations. The three North Yorkshire CCGs are covered by three STP’s:</td>
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<td>- Hambleton, Richmondshire and Whitby CCG - Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby STP</td>
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<td>- Scarborough and Ryedale CCG - Humber, Coast and Vale STP</td>
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<td>- Harrogate and Rural District CCG - West Yorkshire and Harrogate STP</td>
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| **T3 CAMHS** | **Tier 3 Child and Adolescent Mental Health Services (CAMHS)** |
|              | A multi-disciplinary team or service working in a community mental health clinic providing a specialised service for more severe disorders, with team members including psychiatrists, social workers, board certified behaviour analysts, clinical psychologists, psychotherapists and other therapists. |

| **T4 CAMHS** | **Tier 4 Child and Adolescent Mental Health Services (CAMHS)** |
|              | Tier 4 Child and Adolescent Mental Health Services (CAMHS) are specialised services that deliver care and treatment to young people with severe and/or complex mental disorders |

| **TEWV** | **Tees Esk and Wear Valleys NHS Foundation Trust** |
|          | The commissioned providers of specialist CAMHS services in North Yorkshire |

| **Young and Yorkshire 2** | **Young and Yorkshire 2** is the Local Authority plan to improve the lives of children and young people living in North Yorkshire, as well as their families and those who care for them. The plan was produced by the Childrens Trust Board for North Yorkshire. |