

HULL'S TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S
EMOTIONAL WELLBEING AND MENTAL HEALTH

ANNUAL REFRESH OCTOBER 2018

*Went in something with hope
Got distressed
With my hand trembling
Anxiety rising
Knees weak
Something running through my head
Don't let fear decide my fate
Take baby steps to go find yourself
Love is upon you
With happiness that will follow you*

Poem by HeadStart Hull young Volunteer

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INTRODUCTION

Hull CCG (the CCG) continues to work closely with partners to ensure delivery of 'Future in Mind'. By working with a range of partners in the preparation and development of this annual refresh we will share learning, and demonstrate, how our Transformation Partnership has built on the significant progress that has already been made in delivering innovative, and successful, mental health interventions to meet the emotional wellbeing and mental health needs of children and young people living in Hull. The health and wellbeing of children young people, and families, continues to be one of the CCG's key priorities and we aim to ensure that children, and families, receive the best possible services at the right time and in a range of settings.

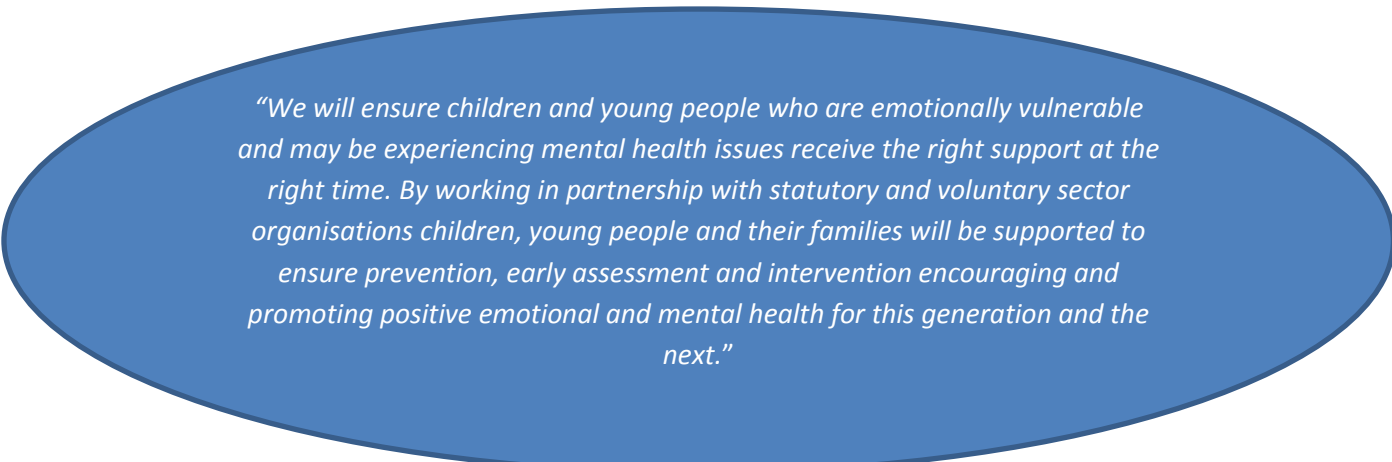
The CCG continues to ensure early intervention and prevention is embedded throughout the range of services we commission and to give children the best start in life. This includes working closely with partners from the local authority education, health and care services. Our aim is to support children and young people to achieve their full potential by getting the right support as early as possible.

'Future in Mind' describes an integrated whole system approach to driving further improvements in children and young people's mental health outcomes with all sectors working together to:

- Place the emphasis on building resilience, promoting good mental health and wellbeing, prevention and early intervention;
- Deliver a step change in how care is provided – moving away from a system defined in terms of the services organisations provide towards one built around the needs of children, young people and their families;
- Improve access so that children and young people have easy access to the right support from the right service at the right time and as close to home as possible. This includes implementing clear evidence based pathways for community based care to avoid unnecessary admissions to inpatient care
- Deliver a clear joined up approach: linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable;
- Sustain a culture of continuous evidence-based service improvement delivered by a workforce with the right mix of skills, competencies and experience;

- Improve transparency and accountability across the whole system - being clear about how resources are being used in each area and providing evidence to support collaborative decision making.

To support the ongoing delivery of these objectives the CCG continues to host a bi-monthly CYP Transformation Plan meeting to collectively discuss, and plan, how we can all work together to continue to deliver 'Future in Mind'. Hull City Council (HCC) and the CCG present a joint report on implementation of the Transformation Plan to the Lifelong Learning and Early Support Overview and Scrutiny Committee. Regular progress updates are also presented to both organisations Senior Leadership Teams. The CCG's commissioning also regularly meets with service managers and HeadStart Hull leads to jointly plan and review services. The Hull Transformation Plan vision remains the same and is evident in all that we do:



"We will ensure children and young people who are emotionally vulnerable and may be experiencing mental health issues receive the right support at the right time. By working in partnership with statutory and voluntary sector organisations children, young people and their families will be supported to ensure prevention, early assessment and intervention encouraging and promoting positive emotional and mental health for this generation and the next."

Hull CCG is also part of the Humber, Coast and Vale Health and Care Partnership Mental Health Programme. One of the partnership's key priorities is early intervention and prevention of mental illness in children and young people (CYP). A separate work stream is in the process of being established, and a lead identified, to work across the partnership with all organisations. During 2018/19 the mental health programme worked with partners to secure funding for a safe space for young people in Hull and the East Riding and also secured funding to provide perinatal services across the whole of the Humber, Coast and Vale. As a CCG we have some specific responsibilities for improvement and these include working with our STP to improve maternity services locally and across our region. We are also working with our providers to

continue to improve access to a range of emotional wellbeing and mental health services for Children and Young People (CYP).

PARTNERSHIP ACHIEVEMENTS

Hull is a City of strong partners and senior leadership across the city work hard to maintain a shared vision of what is required to improve the lives of our residents. There is a strong spirit of working together for a common goal and the CCG continually strives involve and engage, with a range of voluntary and statutory organisations. Please find below a summary of just some of the reasons we feel proud of our partnership, some of which also are described in further detail in this report:

- ✓ The work of HeadStart Hull has been included in a recent Local Government Association publication on best practice in young people's mental health- please see link here: [Local leadership and accountability: for children and young people's mental health and wellbeing services \(Local Government Association\)](#)
- ✓ HeadStart Hull is now working with all primary and secondary schools across the city including all special schools and most PRU's (pupil referral units) and 1 alternative learning provider. In total this is 97 schools across the city all of which are academies
- ✓ All schools in Hull have a named strategic lead for mental health to ensure a whole school approach
- ✓ CYP directly involved in shortlisting, and interviewing Emotional Wellbeing Practitioners with Humber Teaching NHS Foundation Trust(HTFT)
- ✓ The partnership has supported 45 students on the CYP-IAPT courses over the last 4 years and we have successfully bid for 10 additional places on the forthcoming CPWP training programme in 2019. This will further enhance our early intervention offer.
- ✓ The partners within the Transformation partnership are all signed up to embedding the THRIVE model in all that we do
- ✓ The local NHS provider of CAMHS services Humber Teaching NHS Foundation Trust(HTFT) are active members of the National Community of Practice for the THRIVE Model
- ✓ Significant additional investment in Autism assessment has been approved
- ✓ The CCG is a valued member of the Hull Youth justice board
- ✓ Parenting support contract for parents of children with additional needs
- ✓ Roll out of Solihull parent on line course
- ✓ 'You are not alone' suicide prevention campaign recognised by PAPYRUS (the national charity dedicated to the prevention of young suicide) as a good model of practice.
- ✓ HeadStart Hull selected as finalist for the health partnership of the year at the Hull local Health and Social Care Awards
- ✓ HeadStart Hull vision adopted as the vision for the city in the new Mental Health and Suicide Prevention Plan by Public Health.

GROWING UP IN HULL

There are approximately 260, 000 people living in the city of Hull, of which 63, 000 are aged 0 to 19. Almost 41, 000 children and young people attend educational provision across 97 establishments in the city. Hull now has some of the highest levels of deprivation in the UK and, despite progress, remains close to the bottom of key league tables for employment, health, educational achievement, poverty and digital access. Hull is similar to many other cities and urban areas in northern England that score particularly badly on the Index of Multiple Deprivation in that we are characterised by a very “tight” boundary around our urban centre. According to the recently published (July 2018) summary of Access Rate to CYP Mental Health Services there are 6,162 CYP in Hull with a diagnosable mental health condition.

Based on the Index of Multiple Deprivation 2015 score, Hull is the 3rd most deprived local authority area in England (out of 326); 17 of Hull’s 23 wards are in the most deprived 20% nationally, two in the second most deprived quintile and four in the middle quintile nationally. In general, in relation to national averages, Hull has a higher unemployment rate, more poor housing, residents qualified to a lower level and higher levels of crime. Increased deprivation means that there is poorer health, but this is compounded as poor health also affects other measures such as employment and motivation to improve employment, education and the person’s environment such as housing. In addition, those who live in the most deprived area are more likely to have risk factors for ill health such as smoking, poor diet, lack of physical activity, etc. It is also generally more difficult to change lifestyle behaviour if the environment is more stressful resulting from poorer employment prospects and housing, increased debt and relationship problems.

Early help and intervention Strategy:

In response to the ongoing challenges of growing up in Hull and the potential impact of the issues described above on CYP, our ‘Early Help and Priority Families Strategy’ sets out the city’s vision and delivery model for the provision of integrated support for children, young people and families. A strong partnership delivery model identifies individuals and families as early as possible and brings services and agencies together to collectively look at what support is needed. Services then work together to deliver the required support in a coordinated way. There is a growing commitment to working together to intervene early to prevent emotional wellbeing and mental health issues in CYP.

Early Help is provided across a continuum of need from universal services such as schools, GPs, midwifery, Children’s Centres, health visiting, youth services through to additional targeted services such as substance misuse, targeted youth services, housing support, mental health, parenting workers, family support workers, domestic abuse partnership (DAP) and youth justice. This model supports public sector services

working alongside our voluntary and community sector partners.

Hull's approach to delivering early help and intervention includes the use of a 'Lead Practitioner Role' who acts as the key point of contact for the family, leads the early help assessment process, pulls the 'Team Around the Family (TAF)' meetings and ensures that a clear multi-agency plan is developed, monitored and delivered. Our ambition is to:

- Ensure that all partner agencies and professionals are able and empowered to take the role of 'lead practitioner' where they are best placed to do so
- Improve the quality and consistency of early help assessments through greater emphasis on quality assurance and supervision across all partners
- Further strengthen the partnership wide early help offer for families through effective workforce development across partners
- Embed a strong and consistent process for cases 'stepping down' from social care to prevent any re-escalation of concerns
- Well embedded, effective systems for parent/carer feedback which supports ongoing service development across the partnership
- Provide an improved offer of support for our most vulnerable groups of children and young people such as SEND, Young Carers, Teen Parents etc.
- Continue to improve information sharing across agencies through improved access to shared recording systems across the partnership
- To put in place an 'Integrated Commissioning Strategy' for prevention and early intervention

THE THRIVE CONCEPTUAL FRAMEWORK

THRIVE is an integrated, person centered needs led approach to delivering mental health services for children, young people and families. In Hull the Transformation Partnership has made a collective commitment to developing, and implementing, services in line with the Thrive Model, Humber Teaching Foundation Trust (HTFT), the CCG's lead provider is part of the national Thrive Community of Practice. The i-THRIVE

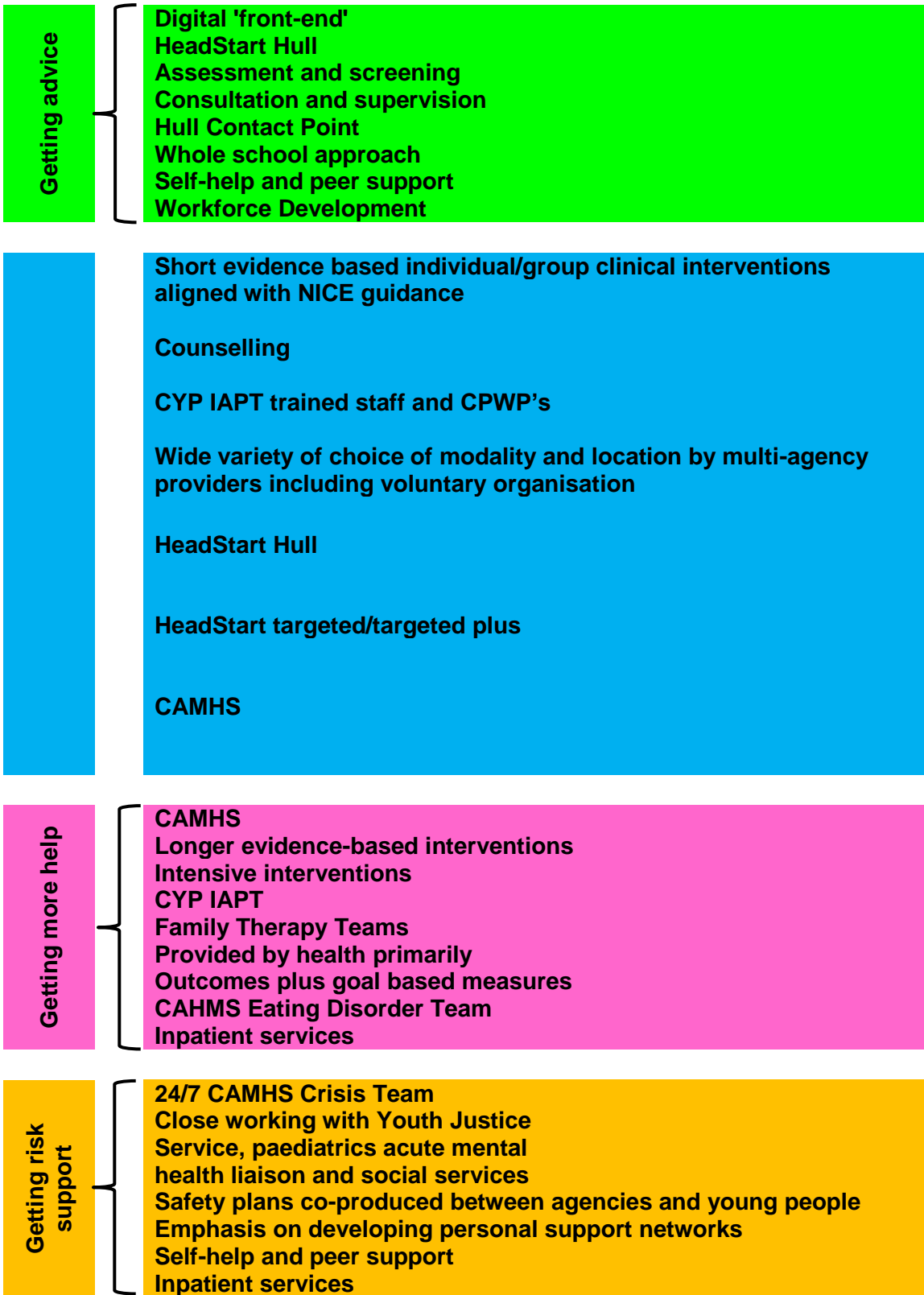
Community of Practice (COP) is made up of a wider set of sites that are also working to implement THRIVE in their services for children's mental health. The COP members attend events regularly to share learning about implementing THRIVE. Members receive guidance and direction from the i-THRIVE partner organisations – the Anna Freud Centre for Children and Families, UCLPartners, The Tavistock and Portman NHS Foundation Trust and the Dartmouth Institute for Health Policy and Clinical Practice.

The Thrive Conceptual Framework devised by the Anna Freud Centre and Tavistock and Portman NHS Trust enables services across agencies to develop a localised needs led model that enables care to be provided across four distinct groups:

1. **Getting advice:** Young people in the Getting Advice and Signposting needs based group either have mild or temporary difficulties, or may have ongoing needs but are choosing to self manage, or are on the road to recovery. What is offered is: consultation to the family, or professionals in their network, which offers experienced decision making about how best to help
2. **Getting help:** Young people in the Getting Help needs based group are those that would benefit from focused evidence based treatment. What is offered is: evidence based therapy (where improvement in wellbeing is expected) delivered within a short timeframe. There should be explicit agreement with the young person at the outset of what a successful outcome would look like for them.
3. **Getting more help:** Young people in the Getting More Help needs group are those that would benefit from extensive long term treatment, which may include inpatient care. What is offered is: evidence based therapy where improvement in wellbeing is expected delivered within either; in a protracted timeframe or as a piece of joint work between two or more professionals.
4. **Getting risk Support:** Young people in the Getting Risk Support needs based group are not engaging in treatment, or for whom treatment is not effective, yet they remain at considerable risk to themselves or others. What is offered is: Individually tailored support with the aim of reducing the risk of harm and improving a young person's response to crisis. Care plans are agreed, with the family through, close interagency collaboration.

The two diagrams below demonstrates how our Transformation Plan priorities and services, align with the Thrive Model(P =priority)

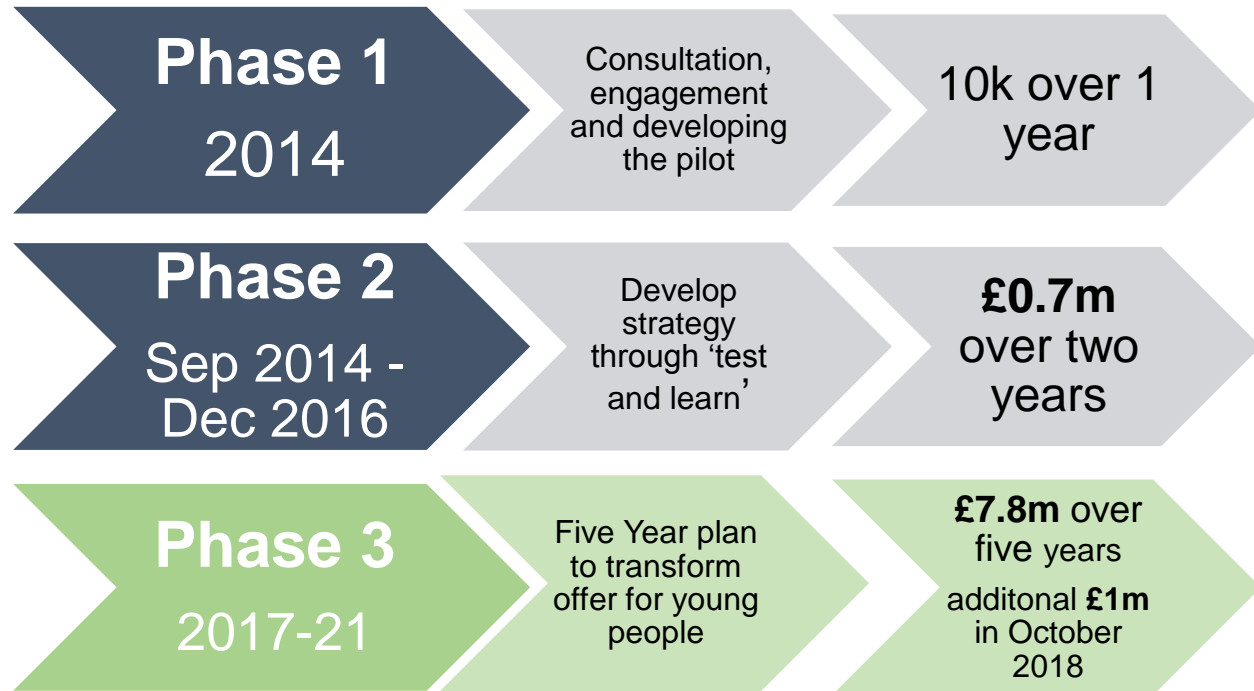




Priority One – Earlier Help and Intervention (GETTING ADVICE, GETTING HELP)

HeadStart Hull:

Hull was one of 6 local authority areas who successfully bid for funding as part of the Big Lottery Fund programme. HeadStart Hull has been awarded a total of £9m over a 5 year period with the aim of increasing CYP’s emotional resilience. The HeadStart Hull delivery model has an increased emphasis on prevention and early intervention including workforce development, Personal Social Health Education (PSHE) and whole organisation approaches. Targeted interventions to identify emotional wellbeing needs and early intervention that reduces the need for clinical services is at the heart of the Headstart model.



The HeadStart Hull mission is to ensure that children and young people in our city have:

- A “Trio of Trusted Adults” – in the school, community and at home
- Aspirations for the future – Children and young people and family
- Confidence and self esteem
- Positive Peer Networks – friends they can rely on and support each other
- Stronger Family Networks

When CYP have these five assets then they come together to form the scaffold of support (protective factors) they need to thrive and bounce back from life’s challenges. This ethos underpins all the work taking place in Schools and other community settings in Hull. This scaffold also supports improved academic attendance and achievement as well as improved engagement with community services e.g. youth services, while reducing the need for specialist/clinical interventions. This will enable young people to have the skills and resilience to cope with life’s challenges and to know where to access support if they (or a friend) need it at the earliest opportunity without fear of stigma.

The HeadStart Hull programme works with partners to ensure that CYP living in Hull are equipped with the skills to cope with, and tackle, the challenges life can throw at them. CYP are provided with the tools to build resilience and have good emotional and mental health, enabling them to achieve at school and be ready for work as they move into adulthood. Headstart Hull works with schools to ensure that:

- Children and young people are confident to discuss feelings/worries with a trusted adult and support their peers.
- Children and young people are able to find and access support when and where they need it
- Parents confidently and appropriately support their children and young people with emotional health and wellbeing.
- Everyone working with children and young people can identify emotional health issues early and provide effective support to young people and their families.
- Quick access to effective targeted interventions which reduce the need for specialist/ clinical services.

Please see a guide to HeadStart Hull and presentation which includes feedback from parents, Schools, and CYP below:



A Guide to HSH
Services Professional:



HeadStart
Presentation.pptx

HeadStart Hull Mark of Excellence

The HeadStart Hull mark of excellence (MOE) is a mechanism for assessing and improving the whole school approach to emotional health and wellbeing. HeadStart Hull schools policy and practice officers have continued to work with schools to complete the RAG rating process. 28 schools have completed their internal RAG rating against the set criteria. Of these, 23 have achieved the required 80% green target to begin the formal process. 13 of these commenced in September, with the remaining 10 commencing in October. Support is being provided with action planning to help the other schools achieve the required 80% target. The MOE reflects the model proposed in the Department of Education/Public Health England report from 2015. We are expecting the first batch of schools to achieve the MOE in April 2019 following young people's feedback on the effectiveness of the systems in place to meet their needs.

The benefits of this additional support to help schools take a whole school approach has seen:

- Schools make changes and improvements to their internal structures e.g. pastoral systems,
- Embed template policies and systems developed by the HeadStart Hull core team
- Embedding the HeadStart Hull checklist as the key tool to identify need
- Schools requesting training to use the outcome star assessment tool used by HeadStart Hull targeted/targeted plus services and also wider early help services.
- The core team facilitating schools who need more support to gain peer support from schools where good practice exists to drive forward improvement
- Improving networking between schools e.g. peer support.

Feedback from Schools is very positive and the HeadStart Hull school leads have helped to unite schools, and provided forums for sharing good practice which was lacking following the process of Schools becoming Academies' which had led to fragmentation across the city and schools feeling isolated.

This self-assessment tool provides a systematic approach to developing and adopting a 'whole service' (or school) approach to supporting CYP's emotional well-being. To be awarded the Mark of Excellence organisations must be able to evidence that that have achieved a range of criteria – for further information on this Mark of Excellence please see the Word Document embedded here:



HS MOE SCHOOLS
summary.docx

Youth and Community Mark of Excellence:

We are continuing to pilot the Mark of Excellence tools within youth and community settings, including all HeadStart delivery partners, four youth centre's run by HCC's Youth Development Service's and eight commissioned youth service providers. Of these, 7 have completed the planning process and are now compiling evidence to support their submission.

Significantly four community partners have also commenced compiling evidence. These include the two local rugby league clubs: Hull FC and Hull KR, Hull Libraries service and Tigers Trust; the community arm of local football team, Hull City.

Young Volunteers will be involved in this inspecting and forms have been developed for them to use when independently inspecting youth and community settings' applications to achieve the Mark of Excellence.

Joint Work Force Development and Training Plan:

The plan has now been in place for over a year and is working well across a range of organisations, and services including Schools, youth services, school nursing, early help and social care and VCS. A new version of the annual training diary was released in May 2018. This diary focuses on contemporary issues affecting the emotional well-being of local young people. It also extends the current provision with additional courses focussing on developing the skills of staff offering emotional well-being interventions. Learners often mention how courses have provided them with greater understanding and how they will share this with colleagues or parents they work with. With the self-harm training, people often comment that they are now aware that this is a coping strategy and feel more able to talk about self-harm with young people. People also mention specific activities they have tried and discuss using this in settings. Staff continue to be offered training at a range of levels to ensure everyone has access to appropriate training opportunities, regardless of the exact role they play in supporting emotional wellbeing. Training is organised around the levels identified below:

Respond: people who are not in a position to provide a lot of support for emotional well-being, but who young people might chose to confide in, are trained to:-

- spot the signs and symptoms of emotional difficulties
- react appropriately if a young person approaches them with concerns
- understand how day-to-day practice impacts on emotional well-being

Initiate: people who have strong working relationships with young people and are able to provide general support for emotional well-being, such as youth workers or teaching assistants, are trained to:-

- spot signs and symptoms and initiate discussions
- discuss issues and concerns relating emotional well-being
- support young people to access additional support or services, where appropriate

Intervene: people who are employed to provide specific emotional support and interventions, are trained to:-

- understand issues affecting emotional well-being
- deliver evidence-based interventions
- provide intensive support and guidance

Influence: people who are involved in planning support for emotional well-being and shaping the work of colleagues, are trained to:-

- have an in-depth understanding of the issues young people face and support available to them
- choose and use approaches to meet the needs of their young people

This year HeadStart Hull is also working with organisations to look at how they embed training within their individual organisations inductions and CPD programmes as part of the whole organisational approach (Mark of Excellence process). As part of this in addition to the training provided, through the training diary, the courses can also be delivered in an outreach capacity to schools in set days and twilight sessions to improve access for those staff for whom it's difficult to take a day out of teaching. Below is a table representing numbers/types of courses attended:

| | Oct - Dec 2018 | | Jan - Mar 2018 | | Apr - Jun 2018 | | Jul - Sept 2018 | | Total | |
|-------------|----------------|------------|----------------|------------|----------------|------------|-----------------|------------|----------|-----------|
| Course Name | Cour ses | Atten dees | Cour ses | Atten dees | Cour ses | Atten dees | Cour ses | Atten dees | Cour ses | Attendees |
| | | | | | | | | | | |

| | | | | | | | | | | |
|---|-----------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|------------|
| YMHFA (Central) | 2 | 22 | 2 | 20 | 3 | 39 | 2 | 19 | 9 | 100 |
| YMHFA (Schools) | 2 | 21 | 3 | 48 | 3 | 69 | 4 | 93 | 12 | 231 |
| YMHFA (Community) | 3 | 32 | 2 | 26 | 1 | 13 | 1 | 10 | 7 | 81 |
| Promoting resilience and emotional well-being | 2 | 17 | 2 | 10 | 2 | 14 | | | 6 | 41 |
| Introducing Mindfulness | 1 | 11 | 1 | 5 | | | | | 2 | 16 |
| Mindfulness: Lessons for practice | | | 2 | 12 | | | | | 2 | 12 |
| Attachment & Nurturing Practice | 1 | 10 | 1 | 7 | | | | | 2 | 17 |
| CBT: Lessons for Practice | 1 | 13 | 1 | 4 | | | | | 2 | 17 |
| Communication for Emotional Health & Well-Being | | | 1 | 7 | 1 | 17 | | | 2 | 24 |
| Self-Harm Awareness | 1 | 10 | 1 | 17 | 2 | 16 | 1 | 12 | 5 | 55 |
| Self-Harm Response | 1 | 9 | 1 | 16 | 2 | 14 | 1 | 10 | 5 | 49 |
| Understanding Teenagers | | | 1 | 18 | | | | | 1 | 18 |
| Outcomes Star | 3 | 37 | | | | | | | 3 | 37 |
| Supporting EWB through informal learning | | | | | 1 | 11 | 1 | 9 | 2 | 20 |
| Planning your EWB workforce | | | | | 1 | 2 | | | 1 | 2 |
| Identifying & Taking about Suicide | | | | | | | 1 | 25 | 1 | 25 |
| | | | | | | | | | | |
| | 17 | 182 | 18 | 190 | 16 | 195 | 11 | 178 | 62 | 745 |

In addition to the formal training the Schools resilience networks and the VCS networks continue to be well attending providing a space for schools and VCS organisations to come together to provide peer support and also to discuss relevant topics impacting on the young people they work with and their families. Feedback from people attended training is very positive:

My colleague and I were both impressed and inspired by the training and we are keen to get things in place for the New Year – Secondary school

Before the training I wouldn't have had the confidence to approach a young person who was clearly distressed, but, because I'd had the training, I felt confident and the conversation flowed very naturally. The training made the difference. – Community worker

We attended the Self Harm training It was very useful and gave us excellent guidance on building young peoples resilience, and would recommend it to others – Youth workers

HeadStart Hull 'Turn2Us' drop-in:

Turn2Us is an open access provision providing an opportunity for young people in secondary schools and youth settings to chat to youth workers and discuss their issues. It provides a safe space for young people to talk without the need for referral and to access information and support. Turn2Us drop-ins provide support, information and advice to young people and key presenting issues include relationships with family and friends, coping emotionally and exam stress.

Turn2Us are currently piloting their service in a special school and in a pupil referral unit (key stage 3) to see if the drop-in model can be adapted to fit the needs of the young people attending. Both have received positive feedback from the Head teacher and the service will be reviewed in these settings in the new academic year.

During the summer holidays 2018 the service trialed delivering Turn2Us in open spaces e.g. Parks alongside the Play Rangers delivery. This is in response to the poor uptake last summer when Turn2Us was delivered from Youth Centres. Publicity for the venues and times of the summer Turn2Us delivery was sent to all schools, and key venues, in Hull as well as being promoted within the Youth Development Service 2018 Healthy Holiday booklet.

HeadStart Hull Play Ranger Sessions:

The Play Ranger sessions provide community based play sessions in the school holidays to improve peer networks, reduce social isolation and build skills and confidence. This HeadStart Hull commissioned service is running this provision in 3 localities (East, North and West Hull) during school holidays and using venues that young people have now become more familiar with.

To keep the programme fresh, relevant and interesting, resources and ideas are being shared across partner organisations, which helps provide consistency across the localities. Play Ranger events are now regularly attended by a range of other agencies and HeadStart Hull projects including the Youth Development Service (Turn2Us) and Cornerhouse (Young People's Peer Mentors).

Activities were also delivered at a World Cup event organised by Humber All Nations Alliance which provided an opportunity to promote the Play Ranger sessions to young people and families from BME backgrounds. The service has also continued to promote the Play Ranger project to other hard to reach groups by publicising their programme at places such as mosques, and to the travelling community and through pupil referral units.

Play Rangers promote the services of a range of agencies at events by including leaflets in the goodie bags or by having information to give to specific individuals who have been identified as needing some additional support. In addition to the open air events, sessions have also taken place with Hull Trinity Market to hold a city centre Play Ranger event to build on the previous success of the one held in Princess Quay shopping centre in December 2017.

The Table below shows attendance in 2018 for both Play Rangers and Turn2Us:

| Universal support for young people | Identified | Recruited | Taken Up | Completed |
|------------------------------------|------------|-----------|----------|-----------|
| Play Rangers | - | - | 555 | - |
| Turn2Us | - | - | 1760 | - |
| Total | - | - | 2315 | - |

Jigsaw PSHE (HeadStart Hull):

Jigsaw is a Personal, Social, Health Education programme (PSHE) used in HS Hull Primary and Secondary Schools. Teaching is creative and interactive and helps children and young people to know, and value, who they are and understand how they relate to other people and the world. It also helps them to understand and manage their thoughts, feelings and behaviour and combat stress and learn more effectively.

Jigsaw is now being delivered in primary schools across the city. Hull has been one of several national pilot sites to develop the secondary pack which is now completed and is being implemented in secondary schools from September 2018. Jigsaw Secondary has been designed to fulfil expected upcoming statutory requirements for PSHE in secondary schools, by building the pupil's knowledge and skills in areas such as

mental health and resilience, personal development and mindfulness.

Jigsaw also works with special schools to look at how the pack can be used to meet the needs of those pupils whose learning level may not fit with the traditional key stage levels on which Jigsaw is based. By the end of the academic year 2018/19 all schools, including secondary schools in Hull will be delivering Jigsaw to provide a whole school city wide approach to delivering emotional wellbeing PSHE, this is in preparation for PSHE becoming statutory. This will support young people to grow up being able to talk confidently about feelings, emotions and worries, and know how to identify a trusted adult if they need to discuss things. CYP should also know where to access targeted support if needed. It will encourage the building of good peer and family networks. This programme compliments the workforce development and training for staff so that they have the confidence to discuss these issues. Embedding Jigsaw in schools now will ensure Hull schools are well prepared for when RSE (relationships and sex education) and health education becomes statutory in 2020.

In addition to the work on Jigsaw, HeadStart Hull are undertaking a wider PSHE audit of work in primary schools. This builds on the previous Secondary audit which covers all aspects of PSHE and will be part of the support to schools as PSHE becomes statutory. The report on the audit will be completed by the end of September

Jigsaw Families Programme (HeadStart Hull):

Jigsaw Families is a 6 week programme supporting children and their parents/carers of primary aged pupils with the knowledge, skills and confidence to develop healthy, strong, lasting and loving relationships. Families are identified by the school, which selects parents whose children are not engaging well with some aspect of the Jigsaw school programme.

A Jigsaw Families session provides an informal, friendly and safe environment to explore the challenges of being a parent and offers strategies to help meet families' needs and build a richer engagement with their young person's schools. The sessions will run by trained facilitators from within existing school staff to explore effective communications, positive behaviour management, mindfulness practice and managing change using the medium of audio stories.

Following the successful pilot in selected HeadStart Hull primary schools and the official launch at the Jigsaw 3 day event in June, the programme will now be rolled out across the city from September 2018.

A minimum of two staff are required to deliver the programme, although it is recommended that there are three trained staff so there is adequate cover. Staff identified to be facilitators from HeadStart Hull schools attended training on 5th June 2018. Additional training is being provided in September for those schools that want additional staff training or were unable to make the previous training provided.

Jigsaw families' sessions will also help schools identify where a parent may need additional support from targeted interventions for parents or from wider early help by building relationships between the school and the parents.

Public Health School Nursing Service (0-19 yr olds):

The Hull School Nursing Service provide an open-access 'drop in' service, offering pupils a safe place to discuss a wide range of health issues, including mental health. The school nurse 'drop in' offers a highly visible, accessible service that is available in all secondary schools, Pupil Referral Units and Special schools across the City. Young people and fellow professionals provide positive feedback recognising that the role of the school nurse is instrumental in supporting young people to address their emotional wellbeing and mental health.

Case Study (Rebecca):

Rebecca accessed the School Nurse through the school drop-in. She disclosed feeling low in mood and was starting to self-harm. Rebecca had lots of stressful triggers in her life including relationship difficulties, low self-esteem and loss of a firm friendship. A risk assessment was completed in relation to the self-harming. Rebecca's mum was aware of the self-harming and was provided with advice on steps to keep her safe. Contact details for CAMHS Crisis Team were provided if she felt necessary. The weekly School drop-in provided the opportunity to monitor emotional health and impart advice/options around distraction techniques with the Rebecca and she picked out methods she felt she could use. Alongside discussion around healthy relationships and keeping safe. With this support Rebecca's mood started to improve and she no longer felt the need to attend weekly drop-in. However, the open access nature of the school nurse drop-in provided a safe place for her to return to express her concerns/anxieties as and when needed. More recently she has suffered a relapse in her emotional health now feeling overwhelmed by her emotions. Because of the trust the School Nurse had developed with Rebecca she was able to encourage her to be referred to CAMHS, and Rebecca gave her permission for the School Nurse to make the referral on her behalf.

PRIORITY TWO: Improved Access to Support (GETTING HELP)

The HeadStart hull targeted/targeted plus projects provide an effective early intervention response to young people with experiencing low level

anxiety and low mood. The services are delivered in community and also in schools and support young people aged 10-16 to address issues early and reduce the need for clinical intervention. There is one referral form to access any of the projects (HeadStart Hull Checklist) which acts as a decision making tool to help the referrer and the young person to decide which support would best meet their needs. All services also accept self-referrals (as of April 2018). Services will respond to referrals within 7 days to ensure its appropriate and will begin the intervention within 28 days.

The services are a step up from universal provision but can also be a step down for those exiting CAMHS who may still need some ongoing support e.g. Peer mentoring can support a young person who has not attended school frequently due to ill health to reintegrate back into school by providing support in school.

These services work to ensure that:

- Children and young people are confident to discuss feelings/worries with a trusted adult and support their peers.
- Children and young people are able to find and access support when and where they need it
- Parents confidently and appropriately support their children and young people with emotional health and wellbeing.
- Everyone working with children and young people can identify emotional health issues early and provide effective support to young people and their families.
- Quick access to effective targeted interventions which reduce the need for specialist/ clinical services.

We are currently undertaking an analysis of the presenting issues for young people referred into services over the last year and although this work isn't fully completed the issues are consistent with our expectations. Key issues include:

- Stress and anxiety (including exam stress)
- Bereavement separation and loss
- Changes in family circumstances
- Bullying
- Low self esteem
- Low mood
- Body image
- Friendships and relationships
- Transition

- Self harm
- Gender identify

HeadStart Hull interventions include:

Young People's Peer Mentoring:

This project continues to be delivered in 12 Secondary Schools. There are currently 169 fully trained mentors within the project and the service provides one to one mentoring for between 5 and 10 sessions to young people In line with the national befriending and mentoring quality standards. Although referrals were initially low as the emphasis was on CYP with higher levels of needs they are now slowly increasing and are being received from parents, social care, emotional resilience coaches, self-referrals, Pupil Referral Units(PRU) including referrals for transition support (please see section 7 – transitions).

The community aspect of the project is in development so young people can be seen in the community as well as in school. This will improve accessibility for you people in PRU's and home educated CYP.

Smash/Barnardo/Hull youth Service:

Headstart offers a range of group work options including school and community based. The school based group work is delivered in the east of the city by Smash and in the north and West by Barnardo's, with both projects following a similar model which involves pupils coming out of class one day a week for a term and also having access to one to one support. Parents are also engaged so they understand the intervention the young person is receiving and also are directed to support of they need it. The community based group work is called Smile and is delivered by youth workers in youth settings. Smile is a 12 week group work programme which is delivered in three youth centres after school on a weekly basis. Each programme works to address issues from a standardised menu of activity options with weekly activities to encourage group support and discussion.

HeadStart Hull Emotional Health and Resilience Coaches:

The Emotional Resilience Coaches offer one to one support to young people aged 10-16 within schools, community and in the young person's home. The support includes identifying issues and strategies for dealing with these issues. This includes support with issues which prevent personal growth and development, identifying goals, action planning and problem solving, reflection, practicing scenarios, motivational

interviewing etc. The team also support the young person and their family with accessing additional support where a need is identified.

During the period, the team have continued to support young people in accessing youth provision and other individual confidence building activities, based on individual need to make sure the young person has the best opportunity to enjoy and achieve outside of the school provision. This can include accompanying the young person to attend youth centre sessions as part of an exit strategy or journeying to other appointments. The support provided included home visits, person centred activities, motivational planning, coaching, one-to-one work.

Case study(Molly aged 15 years old)

The presenting issues identified by the school, were around Molly losing all her confidence, anger issues and being regularly tearful at school. Molly was also dealing with the transition from a school in her local area to a Hull alternative school provision. This was due to Molly being excluded from her previous school due to her poor behaviour and non-attendance. The referrer also identified nine risk factors and identifying no trusted adult in school, at home or in the community. There had been previous involvement with the Child Sexual Exploitation team and child protection in the local area where Molly lives.

Molly was seen within the school setting which was very difficult initially, as her attendance was very poor. After many chats and support Molly agreed to come in on a day when she would meet the emotional resilience coach there and we built on this over the weeks. When the Outcomes Star was completed it became apparent that Molly's presenting issues and concerns were very different to the referrers and her Parents.

Molly had reoccurring nightmares and was not sleeping well, when she discussed this with her parents she felt that they did not take it seriously and dismissed it. She also felt very confused around the sexual exploitation she had experienced in the previous year and was self-blaming. She even questioned if it was sexual exploitation, as when she had worked with the CSE team it was maybe not the right time for her and it was too soon for her to have the ability to process the information she was given.

This impacted on Molly's self-esteem, confidence and how she managed her feelings and behaviour. We spent many emotional sessions exploring this and over a period of time Molly became more informed that she was not to blame and she was actually a victim.

From this assessment we agreed on an individual plan of intervention. Molly engaged in 14 sessions with the emotional resilience coach and in turn her attendance gradually increased over the period of time to a point that she is now on a full time table and attends every day. Molly has now made friends in school and this is because now she states that she feels more trusting of people and is more self-confident. Support was

also given to help her access youth provisions in her local area, this was to help with controlling her anger in a positive manner by attending a girls boxing club.

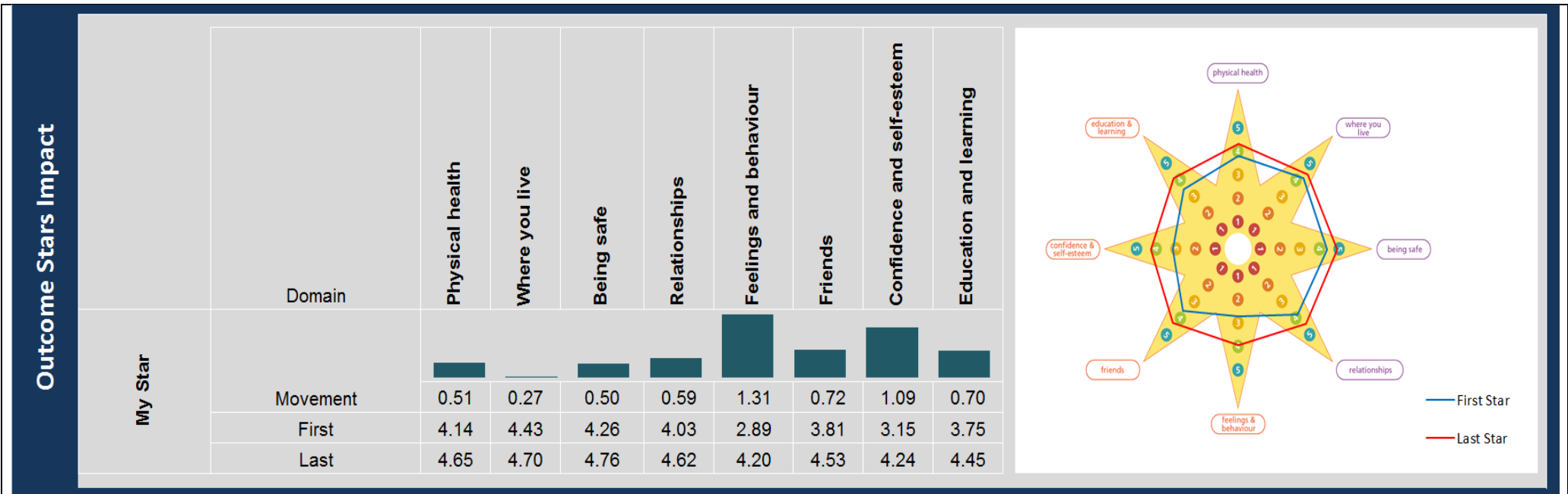
At the end of the intervention the protective factors increased from 9 to 19 and the risk factors decreased from 9 to 5. Molly was able to identify 3 trusted adults in the school, in the community and at home. Molly was also made aware that if in the future she needed to talk to someone she could always access the Turn to Us worker within the school setting across lunch time. The valuable feedback Molly gave was “I feel I have more confidence and can enjoy the future” and that she rated the service she had received as excellent and that she would recommend the service to friends.

Young People accessing targeted HeadStart Hull support in July 2017 – June 2018

| Targeted support for young people | Identified | Recruited | Taken Up | Completed |
|-----------------------------------|-------------|------------|------------|------------|
| YP Groupwork in Schools | 318 | 270 | 241 | 194 |
| YP Groupwork in the Community | 147 | 116 | 98 | 61 |
| YP Peer Mentoring | 66 | 45 | 23 | 14 |
| Counselling | 637 | 410 | 390 | 198 |
| Emotional Resilience Coaches | 152 | 127 | 127 | 54 |
| Total | 1320 | 968 | 879 | 521 |

NB – where take up figures don’t match completed that means the remaining young people are still in receipt of an intervention at the time of reporting.

The outcome star below demonstrates the impact of HeadStart Hull Targeted/Targeted plus projects for CYP:



Counselling for Children and Young People:

We have a range of Counselling services established for CYP that support choice and easy improved access. The counselling services work closely with Core CAMHS in order to receive appropriate referrals for young people who have been referred, and whose needs do not indicate Core CAMHS intervention is appropriate. All Counsellors are required to hold British Association of Counselling and Psychotherapy (BACP) accreditation or are working towards it in line with BACP guidance.

Headstart Hull Counselling:

This service is delivered and funded under the HeadStart programme and aims to develop and deliver accessible therapeutic counselling for young people living and/or studying in Hull on a range of emotional health issues which impact on young people’s lives. The counselling service has close working relationships with the 0-19 Public Health Nurse (PHN) service in order to provide the appropriate level of early intervention

and support services for children and young people with emotional needs, working together to assess and develop effective plans to support young people and where appropriate their families.

The Service delivers face to face counselling via a hub and spoke model, during the day and also in the evenings with children and young people able to access counselling both in a city centre location and in their own communities e.g. in school, youth centres and other appropriate young people friendly venues. This is based on feedback from current service users, some of whom have identified they would prefer to be seen after school/college rather than within school hours. The Service will provide a range of counselling interventions to address issues including (though not exclusively):

- Bullying (including cyber bullying)
- Low level anxiety and depression,
- Physical, emotional and sexual abuse including child sexual exploitation,
- Living with domestic violence,
- Attachment issues,
- Bereavement, separation and loss
- Relationship issues,
- Stress,
- Sexuality and Gender,
- Self Esteem,
- Identity/Body Image
- Risk taking behaviours
- Early signs of self-harm,
- Observed increase in risk taking behaviours.

Counsellors will work alongside the other HeadStart Hull services and other members of the Early Help Hubs in both the delivery of inclusive, integrated emotional health support and ensuring access to wider early help services as part of the 'team around the family' approach. The service also runs the Step Out Group - a weekly group for LGBT+ young people aged 10 to 19 in partnership with a the local Voluntary Sector Organisation Cornerhouse.

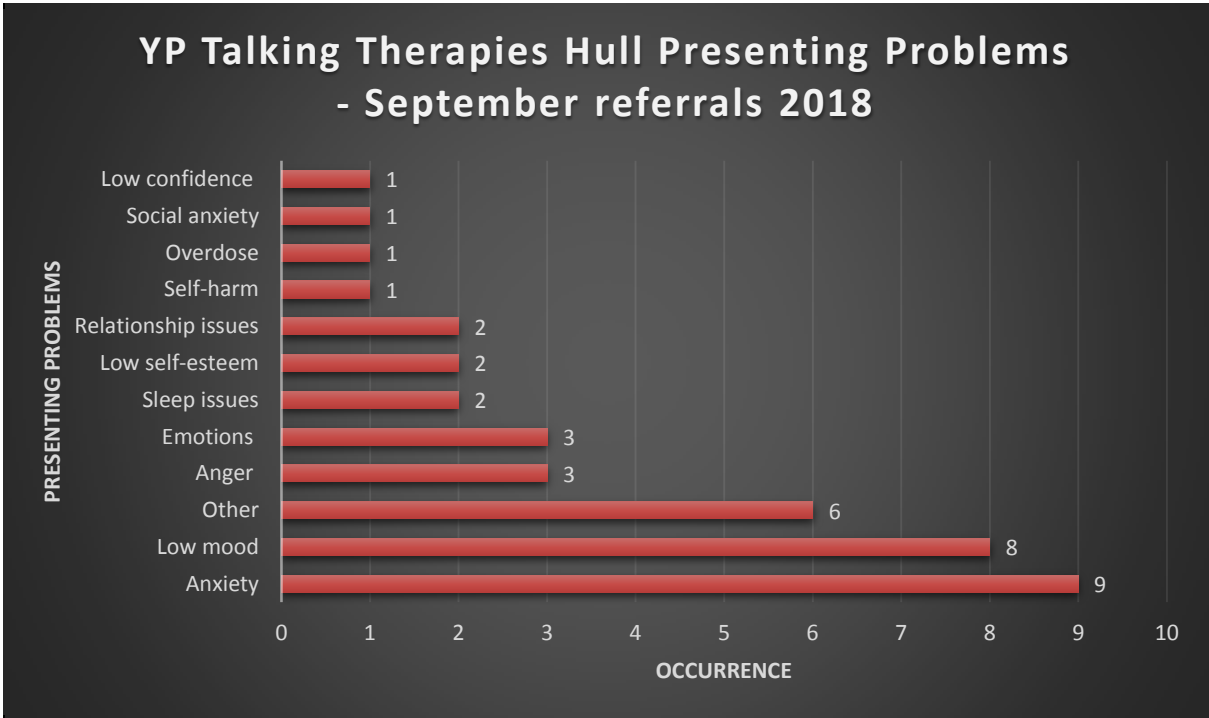
Hull and East Yorkshire MIND Counselling service:

This is an NHS funded Service that has been running since December 2015 and delivers person-centered counselling to CYP 10-18 year old. Referrals are taken directly from Hull Contact Point for CYP pre-dominantly with low mood, anxiety, stress, low self-esteem and self-harm.

In November 2018 the first set of data for the service will flow to the MHMDS in addition to this MIND provide anonymised qualitative data each month. This Service uses the Revised Children's Anxiety and Depression Scale (RCADS) questionnaires that measure the reported frequency of various symptoms of anxiety and low mood, and tracks progress. .Since the service commenced in December 2015 a total of 1226 referrals have been received resulting in a total of 5739 face to face counselling sessions. Please see below for a summary of contacts from April 2018 up to, and including, September 2018.

| Key Performance Indicator | Figures |
|---|---------|
| Number of referrals received this month | 38 |
| Number of referrals received (April 2018 to this month) | 344 |
| Number of counselling sessions attended (this month) | 256 |
| Number of counselling sessions attended (April 2018 to this month) | 1307 |
| Number of DNAs this month | 46 |
| Number of DNAs (April 2018 to this month) | 238 |
| Percentage of referrals contacted within 2 weeks of receiving referral (April 2018 to this month) | 100% |
| Percentage of referrals seen within 8 weeks of receiving referral (April 2018 to this month) | 100% |
| Number of young people attending 2 or more sessions this month | 47 |
| Number of young people attending 2 or more sessions this year (April 2018 to this month) | 191 |
| Average number of sessions this month | 2 |
| Average number of sessions (April 2018 to this month) | 5 |
| Number of young people returning to statutory services this month | 1 |

| | |
|--|------|
| Number of young people returning to statutory services (April 2018 to this month) | 4 |
| Number of young people receiving their first contact of intervention this month | 14 |
| Number of young people receiving their first contact of intervention this month and within 8 weeks of referral | 100% |
| Number of young people discharged this month | 51 |
| Number of young people discharged (April 2018 to this month) | 181 |



Above is a snapshot of reasons for referral to the service.

Case Study(Ryan)

Ryan was referred to HEY Mind by Hull Contact Point as they were struggling with anxiety and low mood, he was also self-harming. Following assessment Ryan agreed to attend 12 sessions of counselling. Low confidence was identified as his key issue which had the biggest impact on his life, especially in school. Working with a MIND Counsellor Ryan achieved his goal by session 12. At the start of Counselling Ryan's RCADS scores started at 20, but dropped to 4 by the end of the sessions. Ryan is now able to identify his wasted worries and challenge his own negative thoughts. He has also learned coping strategies to deal with the bullying he had been were experiencing in school. Ryan is now attending HEY Mind's Young People's Group which is something they would previously have avoided. Ryan's feedback demonstrated how the Counselling had helped him build his emotional resilience:



I felt heard, and I never felt that before



It made me feel the best I've felt in years.

PRIORITY THREE: Voice and Influence (THRIVING)

Engagement and co-production:

Engagement and co-production is integral to the development and delivery of services. We engage successfully via large consultation and celebration events, workshops, young people led campaigns, and creative developments that use media and performing arts to explore

emotional and mental health needs. There are also a range of specific groups of more vulnerable young people who often struggle to get their voices heard. The Hull Young Voices in Care Council (YVIC); LGBT group; CYP emotional and mental health groups/ forums; and Young Carers Forums are just some examples. The YVIC group meet monthly and members support the delivery of training for Foster Carers and the work of the Corporate Parenting Board, they are also responsible for the development of Hull's 'pledge' which must be adopted by the Council in support of their role as Corporate Parents. At a local level schools are running school councils and youth groups continually listen to the voices of their participants, shaping services to meet local need. Engagement work with young people and families locally indicated that there were four key priority areas that they tell us are the most important to them:-

Participation – Involving young people in creating services that meet their needs

Access – Helping young people access the right support, at the right time and place

Choice – Providing a range of options and empowering young people to experience shared decision making

Transition – Supporting young people to develop their own personalised transition plan whether that is from primary to secondary school or from child to adult services.

These key priorities areas have informed the direction of some of our engagement work with some examples being described below:

Kit Car:

CAMHS facilitated a group of young people to build and race a battery operated kit car as part of the **Greenpower Formula 24 challenge**. This is an international programme and aims are primarily educational, social and emotional benefits.

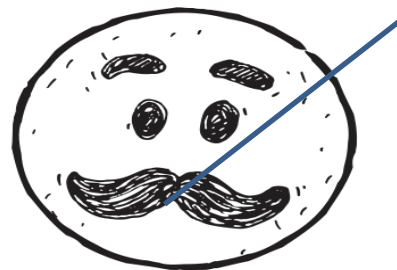
We were aware that there was a gap in our service for a small number of young people with emotional or learning difficulties who might struggle to engage with the therapies that we traditionally offer. We know that when people experience emotional difficulties they can sometimes become quite isolated socially and that can impact on their self-esteem. The group was set up with the aim of increasing self-confidence and helping young people develop relationships with one another through working together to build and race the car.

The group met and worked together on a weekly basis over the course of five months to construct the car and develop the team identity. The car was entered in the Regional heat on the 16th July at Blyton Park racecourse in Lincolnshire. Three young people competed on the day and were awarded the ‘*Spirit of Greenpower*’ award. This trophy is awarded to the team who demonstrate positive attitudes, good team working and perseverance in overcoming challenges. The fact that the team won this award is a testament to the social and emotional benefits that the group was set up to achieve.

Over the course of the group the young people involved were observed to show an increase in confidence. They were able to tolerate frustration and be patient, when the tasks are slow or not immediately working well. They developed skills in cooperating with one another and have formed friendships that have extended beyond the group. In the evaluation of the group young people reported positive benefits in terms of enjoyment (9.7/10), increasing confidence (9/10) and working with others (9.7/10). The carers reported similar benefits in their children (10/10 for enjoyment, 9/10 for confidence, 9.3/10 for team working). The intervention was designed to promote social inclusion and combat the isolation that can often occur with mental health problems. This aspect was particularly valued in feedback from carers and young people who highlighted the value of meeting people, forming friendships and developing social skills. Below are some of the comments from the CYP involved:



Learning how to make friends has been the best part for me



I have enjoyed myself so much and feel more confident

Staff interviews for CAMHS staff:

An interview strategy is currently being implemented to ensure that the involvement of young people in recruitment of all clinical staff into Specialist Mental Health and Learning Disability Services is more robust and that the voice of young people is heard. When advertising clinical

posts the number of quality applicants has been consistently high which makes shortlisting challenging. As clinicians, working with young people and their families, our relationships with them are the key to positive and sustained outcomes. Involving young people in the interview process provides an added dimension to the recruitment, as the young people are clear as to what they need from the clinicians supporting them, which is not always evident in a traditional professionals only panel.

Our approach to recruitment:

- A two stage interview where applicants are first interviewed by young people/parents, who decide which applicants, will attend a 2nd stage interview with professionals. The first stage may consist of a :
 - Young people interview panel
 - Young people activity session selection
 - Parent/carer interview panel
- Or a young person or parent/carer joining the professional interview panel.

Recently 6 young people aged 10-15 years (Timid to Tiger and BOOST graduates) undertook a full day interview event to recruit to the new Trainee Child Psychological Wellbeing Practitioner posts. 206 people applied for the 2 vacancies, shortlisting identified applicants with both the correct educational qualifications and demonstrable experience working with young people's mental health. The young people's panel interviewed 15 candidates and selected 8 who went on to undertake a second interview with professionals.

Clinicians supporting the young people were very impressed on how the young people approached the day and how seriously they took their role. The feedback from the young people was very positive. Here are some of their comments:-



Headstart Volunteers:

Young people were key to the development of the HeadStart Hull model and continue to play an active role shaping delivery as well as leading

on several aspects. HeadStart Hull currently has a team of 76 'HeadStarters' aged 11-22 who undertake a range of different volunteering roles. This is reflective of the differing ways young people have identified they want to be involved and flexible so young people can vary their levels of engagement depending on time available, interests etc. This has included:

- young people being involved in consultations and engagement exercises e.g. review and development of website content for "How are you feeling" and the content of the promotional Z cards, developing the "caremonkeys" app and consulting wider groups of young people to ensure we continue to embed the voice of young people at the centre of our work to support good mental health.
- delivering workshops on mental health at events such as the Big Malarkey Children's literature festival and at school health days
- decision making on small grants, recruiting staff, evaluating services, advisory group to the board
- Identify issues - then developing, and implementing, regular campaigns to address them including transition (from primary to secondary education, employment and training, transition from young people to adult services and also gender transitions), exam stress, and the "You are not alone" suicide awareness campaign which received widespread media coverage at its launch in March 2018 and will continue to run through 2019.
- There are also plans for an anti-bullying conference later this year that brings together young people with multi-agency staff so they can hear first-hand young people's lived experiences and work to develop solutions for the future.

In addition to helping their peers the HeadStarters themselves have also seen benefits from being involved. This has included improved confidence and self-esteem as well as developing new skills which will benefit them as they move into adulthood. The volunteers are also more involved in their school or community, decision making skills, public speaking and have been nominated by their peers to represent their school at Hull Young People's parliament (a city wide forum which meets three times a year, is led by young people and whose resolutions are implemented through the local authority cabinet). The Hull young People's Parliament worked with us to develop the range of interventions within the HeadStart Hull model.

Youth parliament:

The Hull Young People's Parliament (HYPP) has been in place for 12 years, within which children and young people set their own themes and agendas and any action agreed at the parliament by the children and young people is then taken by young people to the City's decision makers. HeadStart works in close partnership with the HYPP to ensure they hear from a diverse range of young people. HYPP has just voted. On its priorities for the coming year which are: Mental health, Votes at 16, Preventing knife crime, Reducing homelessness, Curriculum for life e.g. PSHE

The Parliament meets three times per year and is firmly embedded and recognised across the children's partnership network in the city. Parliament elects representatives who attend the UK Youth Parliament at a regional and national level ensuring that young people from Hull are part of national debates in the House of Commons and national campaigns. In March 2018 HYPP elected the first 'Young Mayor' who was welcomed into post by the Portfolio Holder for Learning, Skills and Safeguarding Children and the Lord Mayor of Hull. The Young Mayor's role is to represent and be an ambassador for young people and take a public and media role.



You are not alone' campaign:

Following on from the previous launch on 27 March 2018 when 12 speakers were installed on the Humber Bridge with the aim of challenging the stigma associated with mental health and suicide, HeadStart Hull recently launched the second phase of this campaign. The campaign was re-launched to coincide with World Suicide Prevention Day on Monday 10 September 2018 with positive messages, and poems, delivered through speakers to tackle the taboo of mental health placed on the Pier at Hull Marina. There is also signage of where young people can access support. The launch was attended by the media/press who interviewed the young people who developed the campaign. There is also a

film made by CYP about why the campaign is important to them. The Campaign aims to influence decisions and raise awareness of help available to young people. Here's a link to the 'You are not alone' campaign video <https://www.youtube.com/watch?v=XEFm-i6d1U>

The Campaign was developed, designed and delivered by HeadStart Hull's young volunteers to prevent/reduce suicide and provide support for those affected by it. The campaign will run at another location on the river Hull over the Christmas period which has also been identified as a time when more young people may feel isolated and alone. In June The HeadStarters took the 'You Are Not Alone' campaign to The Big Malarkey children's literature festival in Hull. The HeadStarter's delivered workshop on ways of using to creative writing as an outlet for managing mental health problems. They developed their own workshop materials and exercises and planned their own evaluation. The workshop space provided was a converted double decker bus. The HeadStarters walked around the festival talking to other young people about HeadStart Hull, the You Are Not Alone campaign, and the workshop. They handed out over 150 You Are Not Alone postcards.

Feedback from young people and staff in schools show that the campaign continues to raise awareness of the issues and encouraged discussion on what is often a difficult topic for people to discuss. The campaign has also provided briefings and training for staff working with young people so that they were more confident in having these discussions and supporting young people who may have experienced suicidal thoughts or been affected by suicide in their family or friendship groups. PAPRYUS were involved in delivering training and have said: "This project was one of the most powerful initiatives we have seen and we were honoured to be working with, and inspired by ,so many inspiring young people who have all struggled with their own thoughts of suicide or have been touched with suicide in other aspects of their life." Feedback from the CYP involved is as follows:



You Are Not Alone is critical for reason: early intervention. A problem prevented early is reduced. Speakers are a useful way of doing this as they are easily transferable (Benjamin age 18)



It's important that this message gets out there because it will be beneficial for young people with mental health issues, especially with all that happens on social media, its why we made this campaign (Ryan age 16)

Campaigns for 18/19 will be based around the following themes:

- exam stress
- bullying
- transition (from primary to secondary, secondary to education, employment and training, transition from young people to adult services and also gender transitions)
- terrorism

The volunteers voted to have an anti-bullying conference, and have agreed to work alongside the core team training officer to use the conference to identify staff training needs and inform future training. One main issue that was highlighted by some HeadStarters from secondary schools was that regardless of whether teachers perceive the threat of bullying is real or not, the person in fear is still dealing with the feelings related to that fear and therefore still needs support. This will one of the topics for discussion, and resolutions made at the conference will be implemented in schools across the City to improve the support for those who are bulli3d and also how we address bullying behaviour.

A group of HeadStarters have supported the Youth Development Service to re-brand their summer programme of activities. The HeadStarters evaluated the existing branding and looked at other branding that they particularly liked or disliked, in order to provide a design brief. The design brief was sent to Hull College, where graphic design students were given the opportunity to enter a competition to create the design. The designs created where then evaluated by the HeadStarters, who picked a first, second and third prize winner, whose designs have now been incorporated into the new YDS summer programme brochure, with the winning designers receiving vouchers.

How are you feeling website:

This website provides a hub for young people to access information and support on emotional health and wellbeing including access to local services and also links to national websites. The website takes an asset based approach focusing on providing information and advice for young people on how to look after their emotional health and staying emotionally healthy, practical tips for managing stress, low mood and low level anxiety as well as where they can go to get help and find trusted adults when things become difficult.

During the quarter, the HeadStart Hull 60 second guides were added to the “services available” page to support the demand for this information. This was also done to launch the self-referral option to targeted and targeted plus projects which commence in April 2018. The page proved to be popular, with nearly a quarter of the site views being for this page, including an increase in views during Mental Health Awareness week in early May 2018. www.howareyoufeeling.org.uk

Got your Back Campaign:



Funded by the CCG 'Got Your Back' was launched in July 2018 by a local Marketing Company. 'Got your Back' uses social media to help young people in Hull express, explore and understand the health and social issues most important to them. Working with 11-19 year olds throughout the city, the Team create well-informed, powerful and relatable videos, blogs, podcasts, stories and posts through the latest and most relevant channels online. In this first year they are running a campaign “Know the Line” aiming to raise awareness and prevent teenage relationship abuse. Further to CYP consultations other topics to be covered will be homelessness, bullying and mental health.

They have established an Editorial Board which includes young people who provide feedback on ideas and guidance on the direction to take on the important issue, and how to present them on social media. The editorial board meets monthly and CYP members have been out and about in Hull during events carrying out interviews for social media, blogging, sharing creative ideas and recruitment of additional Editorial Board members. Teenagers are being reached using Facebook and Instagram using the Got your Back Brand. In July 2018 the content reached 13,500 CYP, with 4,724 unique engagements taking place. In August the reach increased by 54%.

Care Monkey App:

This app was developed and designed with young people in Hull to provide advice and support on common issues such as bullying in a safe digital environment. The app contains advice, articles, top tips, videos and facilities to report issues in a safe environment.
www.caremonkeys.co.uk

CHILDREN AND YOUNG PEOPLES EMOTIONAL WELLBEING AND MENTAL HEALTH SERVICE (getting advice, getting help, getting more help, getting risk support)

The Children and Young Peoples Emotional Wellbeing and Mental Health Service in Hull is provided by HTFT. The Service is a CYP Improving Access to Psychological Therapies (CYP IAPY) organisation, and is commissioned by Hull CCG to provide four key elements:

1. **Contact Point.**
2. **Core CAMHS** - provides a specialist assessment and treatment service including intensive intervention, to children and young people up to 18 years of age who are experiencing significant mental health difficulties
3. **Hull & ER Eating Disorder Service** which supports young people with a diagnosed eating disorder.
4. **Crisis Response Team** - covers Hull and the East Riding of Yorkshire and operates 24 hours a day, 7 days a week. This service is for young people (under 18) who are experiencing a mental health crisis and responds to a young person's immediate care needs offering specialist short-term help in the community. The service stays involved until there is a resolution of the immediate crisis (usually within 3-7 days).

The Document embedded below shows the pathways and Teams within the Service:



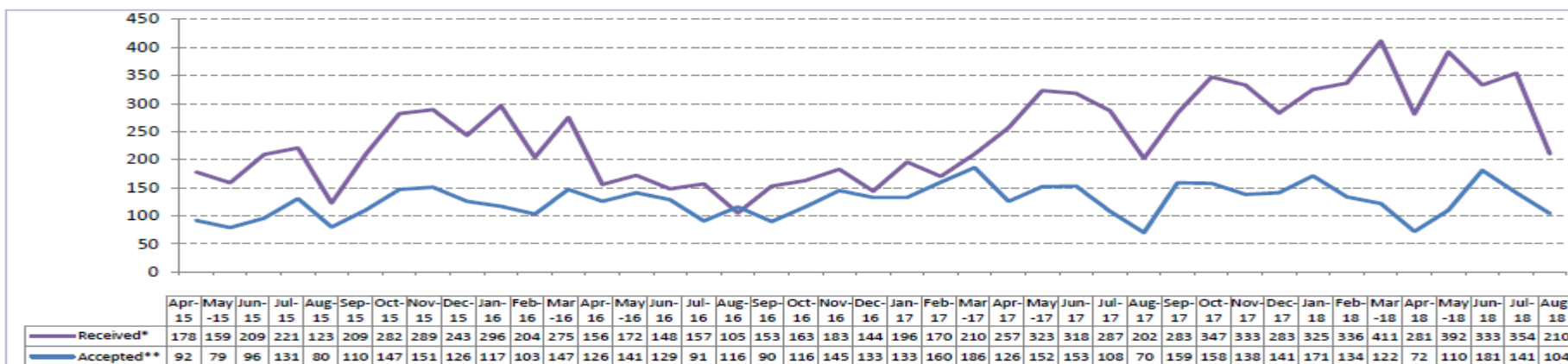
Hull Children's
Specialist Services Pa

HTFT continue to play an active role in the Transformation Partnership and this year have attended a number of events to ensure partners have a good working knowledge of the different aspects of the service including meeting with the Hull Safeguarding Board and Head Teachers.

The graphs below show the referrals received to, and accepted by, the emotional wellbeing and mental health service and include crisis, eating disorders Learning disability and Autism Assessment from September 2017 to September 2018.

| All external referrals by priority | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Trend |
|------------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------|
| Emergency (Mental health) | 2 | 2 | 0 | 7 | 8 | 3 | 13 | 9 | 10 | 10 | 7 | 11 | |
| Routine | 254 | 289 | 298 | 242 | 243 | 266 | 303 | 212 | 293 | 239 | 263 | 149 | |
| Urgent | 27 | 56 | 35 | 34 | 74 | 67 | 95 | 60 | 89 | 84 | 84 | 50 | |
| TOTAL | 283 | 347 | 333 | 283 | 325 | 336 | 411 | 281 | 392 | 333 | 354 | 210 | |

Referrals to and accepted by the whole Service (including Crisis, Eating Disorders, Children's LD, and Autism Assessment)



PRIORITY FOUR: Enhancing the existing Contact Point (GETTING ADVICE)

Contact Point is the clinically staffed single point of access for CYP, and families, carers or professionals who are worried about the mental health of a young person under 18. Referrals will come from professionals working in health, social care, voluntary agencies or education. The primary role of the Contact Point is to review and respond to all referrals and contacts. They provide a robust telephone triage for young people's emotional wellbeing, mental health, learning disability and Autism Assessment Services. Following Triage depending on the CYP's needs they determine the most appropriate response to meet the needs outlined, and if necessary ensure access to other relevant services or referrals accepted to a CAMHS clinical pathway are then passed to core CAMHS for comprehensive assessment and treatment. The table below demonstrates the referrals just to contact point from September 2017 – August 2018:

Hull CAMHS Contact Point

As at 31 August 2018

Referrals are shown by month received by the Contact Point team

| Referrals by priority | rolling 12 months | | | | | | 01 August 2018 minus 18 weeks = 28 March 2018 | | | | | |
|-----------------------|-------------------|------------|------------|------------|------------|------------|---|------------|------------|------------|------------|------------|
| | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 |
| Routine | 215 | 261 | 265 | 212 | 229 | 216 | 260 | 203 | 272 | 202 | 241 | 136 |
| Urgent | 16 | 38 | 22 | 17 | 31 | 32 | 69 | 46 | 61 | 68 | 46 | 27 |
| 2 week wait | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Emergency | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 232 | 299 | 287 | 229 | 260 | 248 | 329 | 249 | 333 | 270 | 287 | 163 |

Since April 2015 referrals received by Contact Point has grown by an average of 5.9% per month, and the average number of referrals accepted by the service has increased by 3.7 % each month since April 2015. This year saw two extreme spikes in referrals in both March and May, with a seasonal dip in August. The longest waits in Contact Point relate to Autism assessment, and the CCG has worked with HTFT to establish a way forward, detailed further down in the report. We consider some of this increase is also due to the increased levels of awareness and developing a culture that it is O.K to seek help for mental ill health. Schools are also now much more proactive in working with parents, and directing them to make a referral into the service. Although this is a positive change it has had a clear impact on referral rates.

According to recent national audit there has been a national increase in the number of referrals to CAMHS of 26% over the last 5 years. By

contrast the population of young people aged 18 and under increased by 3% over the same period.

Waiting lists to all Teams are monitored closely on a weekly basis, and discussed on a monthly basis at the Manger and Senior Clinical leads Operational Meetings. The service continues to creatively look at innovative ways of working to make the most effective use of the available capacity to meet demand. In addition to this close monitor a number of initiatives are in place to manage waiting lists and support CYP and their families including:

- CBT focused groups for parents who are supporting CYP with anxiety
- CBT groups for CYP who are experiencing anxiety and low mood
- Groups for CYP waiting for Autism assessment who are experiencing anxiety symptoms
- Continue to use a Child Psychological Wellbeing Practitioner (CPWP) to provide a waiting list initiative for non-complex cases (age 10 and under)
- Temporarily moving staffing resources between intervention Teams to support assessment appointments
- Temporary utilising Bank Staffing as part a waiting list initiative

Core CAMHS (GETTING HELP, GETTING MORE HELP, GETTING RISK SUPPORT)

CAMHS and Learning Disability Workforce Development:

As part of significant transformation work undertaken in 2016 all clinical staff within CAMHS undertook the National Child and Maternal Health Intelligence Network (ChiMAT) Self Assessed Skills Audit Tool for clinicians (SASAT) identifying their skills and training. As part of this process it highlighted where training and skills were not fully being utilised and potential training gaps that the service needed to plan for.

This work underpinned the changes to the team composition and is reviewed regularly to ensure that the correct skill mix is in place to meet the demands on the service. This is particularly important when staff leave the service to carefully consider whether recruiting a different role in replacement is indicated.

Over the past 2 years HTFT has developed four Band 4 Assistant Practitioner roles supporting parenting programmes, ADHD assessment,

young people CBT groups and the co-ordination of telephone triage at Hull Contact Point. The service has also introduced the Band 5 Child Psychological Wellbeing Practitioner (CPWP) as part of the Children and Young people improving access to Psychological Therapies (CYP IAPT) programme. The service currently has 1 clinician trained in this at Masters Level and plans to train a further 4 staff with Northumbria University throughout 2019 to 2020.

Since Hull became a CYP IAPT area in 2015, the following CYP IAPT training has been undertaken:

- Systemic (Deliberate self-harm and conduct) – 4
- Systemic (Eating Disorders) – 3
- CBT – 3
- IPT-A – 1
- Parenting Interventions (Incredible Years Parenting Programme) – 2
- Supervisors – 4
- Service Leads – 2
- CPWP – 1
- Evidence Based Practice - 1

As part as work force planning HEY MIND have also undertaken the following training:

- CBT – 1
- Counsellors – 3
- CPWP – 4

All staff complete annual Performance and review which contribute to a team/ service training plan identifying training requirements, this is discussed within the services clinical governance meetings attended by Senior clinicians and continued professional development groups.

Training areas that are currently being explored as a priority are:

- Interventions supporting young people who struggle with their emotional vulnerability e.g. DBT and Mentalisation
- Multi-agency approaches to manage risk e.g. AMBIT

- CAMHS has successfully secured further places on the CYP IAPT programme for 2019 for the following:
 - Service Leads – 1
 - Supervisors - 1

Getting help and Getting more help:

A Children's Psychological Wellbeing Practitioner (CPWP) within CAMHS has successfully completed their training as part of the CYP IAPT programme. A CPWP within Hull & East Yorkshire MIND has also completed their training and CAMHS work closely with MIND to identify referrals. CAMHS provide supervision across both agencies to support the training and are currently providing this to 3 trainee CPWPs' and 3 CYP IAPT Counsellors.

The CPWP is a specially trained children's clinician who works with children and young people aged between 5 and 18 years old who may struggle to cope with feelings of anxiety and low mood.

CPWPs provide short-term focused interventions, sessions last between 30/40 minutes and therapy is usually delivered within 6 to 8 sessions. Therapy is low-intensity, meaning it tries not to interfere with school or college. It can be delivered over the telephone, via the internet in the form of self-help materials or face to face.

The service is designed to be accessed quickly by children and young people experiencing mild to moderate low-mood and/or anxiety. Sometimes children and young people who self-harm may also be able to access this service.

The service can be accessed by anyone between the ages of 5 and 18 years old and is accessed through Hull CAMHS Contact Point. Low level CBT parenting support is also available for parents/carers wanting to support an anxious child or young person.

The Child Psychological Wellbeing Practitioner's main aim is early intervention helping to improve resilience in children and young people as early as possible with a longer term goal of preventing more ingrained problems occurring.

Feedback from parents and young people has been extremely positive:



The help came at just the right time for my son, it was quick and I can't believe how well he's taken to it. I just want to say thank you, you really have made a difference.
Mum of 10 yr old referred for panic/low mood



At first it was hard to talk but now it's easier and it's helped me to cope at school and with my sister who has autism, 8 Year old referred for anxiety

Long term conditions requiring psychological input:

The long term conditions pathway has been offering assessment and intervention, including psychometric assessment, talking therapies using cognitive behavioural and systemic models and techniques. Joint workshop sessions have been planned for the next few months with the diabetes team, for parents whose child has been newly diagnosed and for children with diabetes who are transitioning from primary to secondary school.

Systemic Practice:

Systemic & Family Therapy Practice (SFP) promotes the importance of family relationships to young people. The breadth of research and government reports that support the inclusion of family within assessments and therapeutic work are growing and locally we are seeing the benefits of this.

Within Hull CAMHS SFP takes a variety of forms including:

- Systemic practice with individuals

- Systemic practitioners working 1:1 in parallel with different family members
- Sole systemic practitioners working with more than one family member
- Family sessions alongside individual and / or other therapeutic interventions
- Co-working with families
- Reflecting team family therapy
- Providing systemic consultation to families and / or professional groups

We are continuing to provide family-focused interventions with those young people who are, or who have recently, been harming themselves. This continues to be proving effective and welcomed by families despite the difficult subject matter and emotions this raises. We recently reviewed re-referrals and found that very few families returned to the service following this work.

We are also developing family approaches where there has been distressing and/or traumatic experiences which have impacted on all family members either alongside or instead of traditional 1:1 interventions. (This has not replaced individual therapy where a child or young person has experienced direct abuse).

In addition to family work within CAMHS and Children's learning Disability teams the Team also provides:

- Family Therapy with two teams across Hull (Reflecting teams)
- Contribute to running a local Association for Family Therapy (AFT) accredited Foundation and Intermediate course (with colleagues working within adult mental health services)
- Provide Systemic Supervision and Consultation
- Provide SFP CYP-IAPT supervision (during training & post-qualification)
- Lead a quarterly systemic practice Continuing Professional Development Forum for CAMHS staff
- Have developed a local two-day workshop for HTFT staff within children's services introducing systemic ideas and practices.
- Have links with Leeds University and contribute to supervising a MSc Family Therapist training clinic
- Have links with Northumbria University and provide systemic supervision within the CYP-IAPT training programme.

Feedback from parents:

They just helped us to see things from the other person's perspective and helped us to learn to react to each other differently, things started to feel better after a few weeks and slowly improved over time.

Feedback from young people:

Me and my
mum talk more

I feel more
confident in myself

I have started to show my feelings

Case Study: Deliberate self-harm family-based approach- A summary of working with one family

Family Details - Joanne, a 12 year old female, who had moved to live with her Auntie (Dawn) and her partner (Mark) about one year prior to referral.

Referral information and family history

No previous CAMHS input. Family referral to Hull Contact Point by Auntie. Referral concerns included superficial self-harm (scratches to arms and legs), vulnerability in terms of inappropriate use of social media, mild learning difficulties and some developmental delay. History included disruptive and neglectful care while living with mum who is a regular drug user with associated physical health problems.

Summary of meetings

We met for five sessions involving all three family members, on a fortnightly basis.

The main focus was on the newly constituted family arrangement – everyone getting used to this and working this out. Both adults were new to a parenting role. Joanne was unused to routines and boundaries, and also being looked after and cared for.

Outcomes

Deliberate self-harm (DSH) did not re-occur following the first session. (This is often the case. Once families are aware of self-harm and have had space to talk about it openly, including their worries and thoughts and understandings, we find that the self-harm behaviour often starts to reduce in frequency and intensity over time). DSH is monitored / reviewed in each session but not always the focus.

Family relationships and communication improved. Joanne responded well to the care and support provided by Dawn and Mark. Family therapy ended at the point where the family felt it had been sufficiently helpful. They felt in a stronger position to continue working well together and supporting Joanne with her ongoing difficulties.

Family feedback (using local family & systemic therapy feedback form)

- **What was good about meeting together?**

J - 'Seeing other's points of view'

D – 'Learning to communicate'

M – 'Chance to talk openly'

- **What could have improved the meetings?**

J – 'I don't know'

D – 'Happy with everything'

- **What contributed to positive change in your relationships?**

J – 'Everything'

D – 'Discussions, talking about feelings, communication and understanding'

M – 'Joanne gaining confidence to go out and join clubs, meeting new friends. This has improved her overall attitude. Improved the whole dynamic of the family'

Play Therapy:

Play therapy is being offered to children (mainly to younger children aged 5 to 12 years) referred to the trauma pathway who have experienced many things in their young lives they should not have been exposed to. Most of the children have experienced a combination of neglect; physical; sexual or emotional abuse. About two thirds of these children are in the looked after system. By working through play CAMHS is able to offer an age appropriate intervention that allows each child to process what they can of their story in a way they are able to access. Through play a child can express their inner world, finding out what is me and what isn't me; understand how to relate; experience and identify emotions; practise roles; explore the world; relax and have fun.

Play therapy offers children 'special time' that is non-judgemental; non-directive and non-interpretive. Using the play therapy 'tool-kit' children are supported to establish a safe relationship that allows them to express, explore and make sense of their experiences. The aim is for the children to develop internal resources that may help them deal with situations in the real world more appropriately.

Strengths and Difficulties questionnaires (SDQ) for both parent and teacher are used to give an indication of the number of sessions required and the Child Outcome Rating Scales and/or Young Child Session Rating Scales in every session offered to ensure that we are gaining feedback from the young person. Whilst mid-scores can indicate heightened difficulties SDQs which is expected in therapy they also indicate at the point of discharge scores have improved for each child concerned.

In addition to regular liaison with parents and carers the work often involves regular meetings with the wider team around the family.

'Timid to Tiger':

CAMHS continue to offer the 'Timid to Tiger' a group programme based on the book by Cartwright-Hatton et al (2010) From Timid to Tiger: A Treatment Manual for Parenting the Anxious child. Feedback from the group continues to be very positive.

The programme is split into two groups; one group for parents and the other for their children. The two groups run concurrently on a Saturday morning over ten weeks. The aim of the programme is to help anxious children develop "The Seven Confident Thoughts" -

1. The world is a pretty safe place
2. I can cope with most things
3. Bad things don't usually happen to me

4. Bad things don't pop up out of the blue
5. I have some control over the things that happen to me
6. People are pretty nice really
7. Other people respect me

In the parent group this is facilitated by helping parents to - bond with their child through play, understand anxiety, use praise to build their child's confidence, use rewards, set limits on behaviour, use withdrawal of attention, manage their child's worries, use time out and consequences and to manage school.

The children's group have supported one young person (10 years old), who attended the group last year, to become a co-facilitator on a children's group this year. This was both a positive experience for the young person but also was well received by the other young people attending the group. The facilitators will continue to identify young people who would benefit from this for the future.

Aromatherapy:

CAMHS is continuing to promote Aromatherapy as an additional intervention alongside more traditional CAMHS interventions. Our CAMHS Support Worker and aroma therapist has been supported to attend an Aromatherapy learning event which highlighted aromatherapy treatment in children with Autism Spectrum Disorder and Attention Deficit. It also looked at how aromatherapy can be used to care for parents and siblings who often are impacted emotionally, physically, and mentally due to the challenges of living with someone with Autism or other disability.

A learning event was attended by aroma therapists across the world many of whom were very interested in the innovative ways we are using aromatherapy within Hull CAMHS. As a consequence HTFT have been approached to write an article for the 'In Essence' magazine produced by the International Federation of Professional Aroma therapists (IFPA) to highlight this good practice which we hope will be published in the Autumn/Winter 2018 edition.

Feedback from young people has been extremely positive – as shown in the snapshot below:

- The young people reported less deliberate self-harm as they use a method of inhalation when they feel they need to self-harm
- Panic attacks are reduced when they use inhalation
- Sleep improves and worry and negative ruminating thoughts are reduced after a relaxing aroma bath and with an essential oil cotton ball by the bedside
- Appetites improve as levels of anxiety are reduced

- Concentration improves, especially linked with exams. Rosemary inhalations are very helpful in boosting concentration levels
- Appearance of scar tissue improved after using balm

At the end of each session we ask the young people to complete a session rating scale (SRS), a Likert scale that highlights their experiences of the following:

- Relationship: “I felt heard, understood and respected”
- Goals and topics: “we worked on what I wanted to work on”
- Approach or method: “the therapist’s approach is a good fit for me”
- Overall: “today’s session was right for me”

Case study(Tom)

Tom is a 16-year-old young man who was referred for aromatherapy by his keyworker due to sleeping difficulties caused by anxiety and negative ruminating thoughts. Tom was emotionally and physically exhausted, presenting with low mood and loss of appetite. He also presented with ASD-like symptoms, panic attacks and deliberate self-harm. His anxiety had increased to almost unbearable levels as exams approached.

*At Tom’s first aroma session he was unable to make eye contact and his movements were jerky, he found it difficult to talk about himself or describe his difficulties. He could see no joy in life or imagine how change was possible. As the session progressed he was able to help create his own blend which included Frankincense (*Boswellia carterii*), Basil (*Ocimum basilicum*) and Lemongrass (*Cymbopogon citratus*). Tom was adamant that he would not be having a massage so he was given a relaxation bag to begin his treatment.*

To enable young people to continue treatment when they not in the aroma room we give them a relaxation bag. The bags include a relaxation CD, relaxation leaflet with breathing exercises, ‘happy thought’ bubbles (essential oils are added to bubbles so that when they pop they smell wonderful), a choice of aroma pendants, lava bracelets or aroma sticks and a one ml bottle of their unique blend. The Aromatherapist can also blend oils, lotions and balms where required.

Session 1: Tom agreed to a visual journey. He fed back that he struggled to concentrate but did feel relaxed and had enjoyed his blend.

Session 2: Tom arrived with a bad headache. He agreed to try a head massage, which had positive effects.

Session 3: I suggested a head massage again, to include a mini facial treatment.

Session 4: Tom agreed to a full facial, including neck and shoulders with hot stones. By this session I could see lots of positive changes; he was less anxious, showed a sense of humour, his sleep had improved, and he looked brighter in appearance. He fed back how soft his skin felt.

Session 5: Tom agreed to try a back massage. I noticed that he was growing in confidence. His mood was brighter and he was happy to chat and joke. He fed back that he found the back massage relaxing but was able to say he preferred his facials.

Session 6: Tom appeared to be totally confident and was looking forward to his facial. He talked about going to his school prom and having an image change. He was laughing and humorous and looking forward to life.

Drama-therapy Group:

The Drama-therapy Group was set up to work with young children (aged 8 to 10) who have experienced early year's trauma and who present with emotional and behavioural difficulties. The parents/carers of these children had attended the Incredible Years Parenting Programme and the Drama therapy Group was offered for those children, who continued to present with significant difficulties.

The aims of the group were to help a small group of children to develop their emotional regulation, social communication skills and sense of self. The group was facilitated by a Drama therapist, Student Drama therapist and Specialist Mental Health Nurse. The group ran for 17 sessions from 22 February to 25 June 2018. The group began with 4 children with one child dropping out mid-way through.

Each group session was based around working with a fairy tale; which was a child friendly approach to working with themes of adversity, problem-solving and success. There was also space for the children to share feelings and experiences from their own lives and for the group to collaborate through games, costume and set building and roleplay. We are still waiting to gather feedback from all participants but one girl (aged 9) said that "everything" was good about the group and a boy (aged 10) said "I wish I could keep coming to the group until I'm was 18". We have also received feedback from schools about improvements in behaviour regarding the children who have attended the grou

PRIORITY FIVE: Eating Disorders (GETTING MORE HELP)

The Community Eating Disorder(ED) Service is delivered jointly with East Yorkshire CCG by HTFT as our lead provider. They provide evidence-based treatment for anorexia nervosa, bulimia nervosa and related eating disorders. In line with NICE guidelines they offer individual interventions including cognitive behavioural techniques, and nutritional advice. The Team works closely with GPs and the Paediatric team at Hull Royal Infirmary to ensure robust physical assessment and monitoring is in place, and hold regular reviews of progress. They can offer a

more intensive package of care when required. The service aims to see urgent cases within 5 working days and non-urgent cases within 20 working days. Commissioners have been meeting regularly with Service Managers, local G.P, s and Community Paediatricians over the last year to implement a range of previously agreed service improvements and the following has now been implemented:

- The ED Team have developed stronger links especially with paediatrics.
- A Family Therapist is now in post which is a significant strength and has enabled a systemic approach and ethos to be embedded in the Team
- A new parent support group has been established, which is open to all parents of those young people that are accessing the service.
- 1 member of staff will complete the CYP IAPT system eating disorder training in November.
- A training package has been developed for GP's that can be delivered at the PTL's this is being rolled out.
- Operational guidance updated – clear criteria and processes.

The team has seen a steady increase in case load partly due to the complexity of the cases that are coming through and also because the referral rate has increased. This has presented some challenges meeting the time scales set out in the National guidance. In order to meet some of this increased demand organisation of Clinics was reviewed, and establishing set clinic times/venues has helped to ensure that all cases are seen within the time frames.

The team completed the national eating disorder training which was commissioned by NHS E. Feedback from the ED Team in relation to the Training is that it has helped them to embed the family based approach into their work with families, and to ensure consistency across cases. It has helped them to identify what they do well, and develop these strengths, including the multi-disciplinary assessment process, focus on systemic psychological intervention, and interagency working

There are some ongoing issues to resolve in relation to physical screening the CCG is in the process of discussing this with HTFT to achieve a resolution. A pathway has also been produced to guide admissions to hospital.

Below is the referral and waiting list information:

CAMHS Eating Disorders - Full patients

As at 31 August 2018

Referrals are shown as month received by Team 2. This follows initial triage by the Contact Point team.

| Referrals by clinical pathway | rolling 12 months | | | | | | 31 August 2018 minus 18 weeks = 27 April 2018 | | | | | |
|-------------------------------|-------------------|----------|----------|----------|----------|----------|---|----------|----------|----------|----------|----------|
| | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 |
| ED - Emergency | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ED - Urgent | 0 | 1 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 1 | 1 | 2 |
| ED - Routine | 3 | 0 | 1 | 3 | 6 | 4 | 4 | 3 | 2 | 6 | 1 | 1 |
| TOTAL | 3 | 1 | 1 | 4 | 7 | 5 | 5 | 3 | 2 | 7 | 2 | 3 |

* "Routine" referrals are those that have been received as urgent or emergency but have been re-prioritised to routine when accepted following triage. Discharges are shown by month discharged by the team.

For those that have started treatment during the month, number with wait within or over target access time.

| Access times by Priority - clock stopped | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 |
|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Urgent ED treatment within 7 days | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 0 |
| Urgent ED treatment over 7 days | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Routine ED treatment within 28 days | 0 | 2 | 0 | 0 | 1 | 2 | 1 | 1 | 2 | 2 | 5 | 0 |
| Routine ED treatment over 28 days | 0 | 1 | 1 | 0 | 1 | 0 | 1 | 3 | 0 | 0 | 0 | 0 |
| TOTAL | 0 | 3 | 1 | 1 | 3 | 3 | 3 | 4 | 2 | 3 | 6 | 0 |

For those that have not started treatment as at last day of month, number with wait within or over target access time.

| Access times by Priority - clock ticking | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 |
|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Urgent ED waiting within 7 days | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Urgent ED waiting over 7 days | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Routine ED waiting within 28 days | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Routine ED waiting over 28 days | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |

PRIORITY SIX:DEVELOPMENT OF A CRISIS TEAM(Getting Risk Support)

Getting risk support:

Regional Forensic CAMHS

In August 2017 a document published by NHS England presented a service specification for a Tier 4 community-based forensic Child and Adolescent Mental Health Service model that would be delivered within a clearly defined geographical area at regional and sub-regional levels.

The Humber Teaching NHS Foundation trust is now one of four trusts including South West Yorkshire Partnership NHS Foundation Trust, Sheffield Children's NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust working together within the region to provide a community forensic CAMH Service for high risk young people with complex needs.

Its aim is to provide services to young people under the age of 18 living across the Yorkshire and Humber region and about whom there are questions regarding mental health or neuro disability who:

- Present with high risk of harm towards others and about whom there is major family or professional concern
- And /or are in contact with the criminal justice system
- Or are likely to enter secure care due to behaviour/presentation that can't be managed elsewhere

Example high risk presentations may include: violent behaviours, arson/fire setting, and harmful sexual behaviour which occurs in conjunction with other high risk related behaviour, animal cruelty or other complex high risk behaviours.

South West Yorkshire Partnership NHS Foundation Trust is the lead provider and offers a single point of access for all referrals across the region providing telephone consultation. If further input is required, Humber Teaching NHS Foundation trust will provide this for young people residing in Hull, East Riding, North Lincolnshire and North East Lincolnshire.

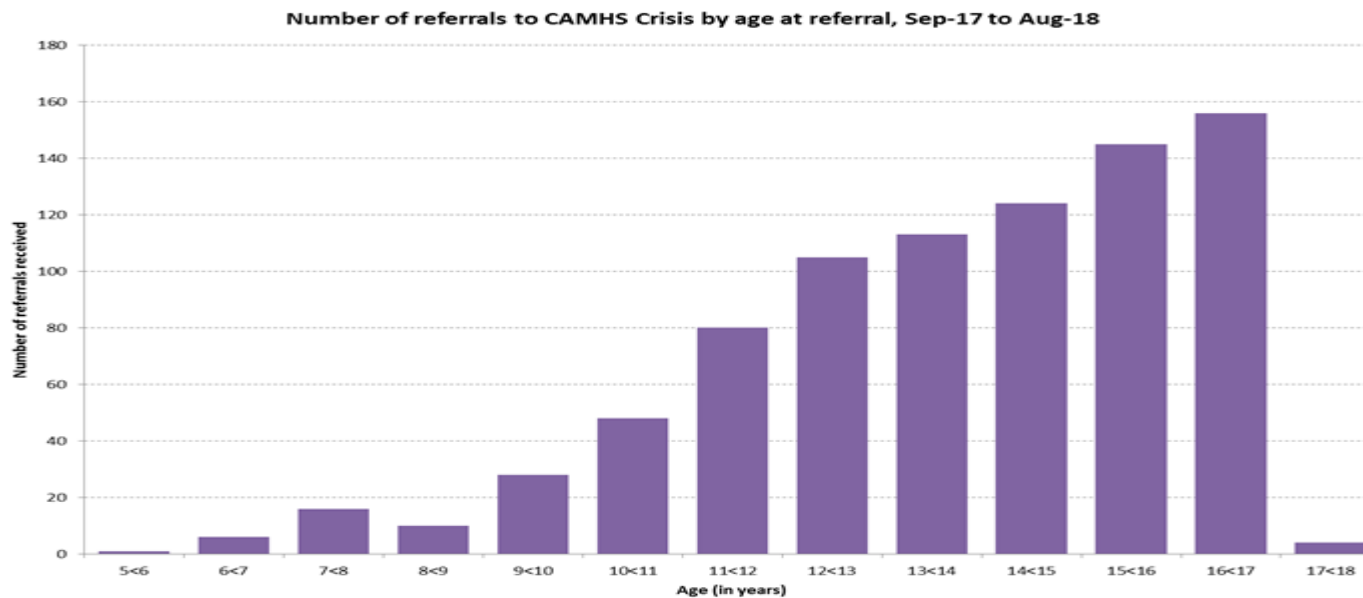
A Band 8a CAMHS Forensic Psychologist has been in post since May 2018. Their main focus is on engaging with the four CCG areas Youth Justice Services, Social Services, CAMHS and Commissioners as part of a region wide communication strategy. Recruitment is ongoing to recruit further to the Band 7 Specialist Practitioner (Nurse or Social Worker) and Consultant Psychiatry input.

Crisis Team:

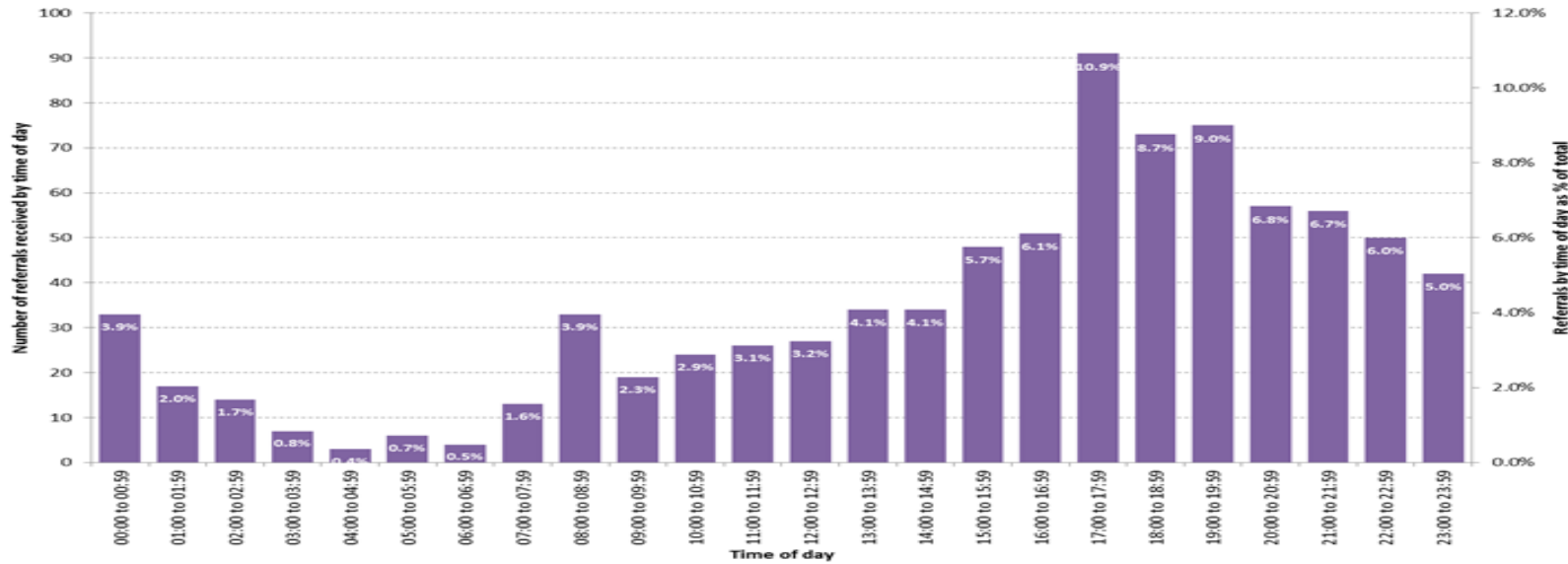
Hull CCG commission HTFT to provide CAMHS crisis response for CYP for service users in Hull and East Riding that operates 24 hours, 7 days a week. This service provides an immediate resource which is able to respond to crisis early, formulate a care/risk management plan and provide immediate care needs des-escalating situations, and returning young people to the appropriate planned care provision within health, education and/or social care as quickly as possible, please see below for details on referrals to this service:

For the period Sept 17 – Aug 18 the average age for referrals was:

- Males – 13.9 years (13 years 11 months)
- Females – 14.5 years (14 years 6 months)
- overall average 14.25 years (14 years 3 months)
- 56.4% of referrals were girls
- 43.6% boys
- Referrals by age increase fairly steadily from 11 years onwards.



CAMHS Crisis referrals by time received - Sep-17 to Aug-18



- 53% of Crisis referrals are received between 5pm and midnight.
- 10% of Crisis referrals are received between midnight and 7am.
- The quietest time is between 3am and 7am, 2.4%.

During October 2017 and January 2018 an internal HTFT review of the service was undertaken. The overall aim of the review was to ensure the crisis service was meeting the needs of young people, and families, in line with proposed new Emergency and Urgent national standards, providing a understanding of the progress in delivering the original vision (access, experience, quality and outcomes), and to provide recommendations on the future service model.

Following the review, there were a number of recommendations which have been incorporated into a service implementation plan. The main changes to the service are:

- Co-location of the CAMHS Crisis team with the Adult Mental Health Response Service – this would allow for efficiencies, promote closer working, share experiences, learning and support transition from CAMHS to adult services.
- A change in the skill-mix by introducing new Band 4 Assistant Practitioners roles.
- Team will consist of:
 - 1.0 WTE Band 7 Clinical Team Leader
 - 6.8 WTE Band 6 Specialist Nurses
 - 3.0 WTE Band 4 Assistant Practitioners
- The team operates an up to 72 hour response with an option to offer support up to 7 days following an agreed process which involves a wider CAMHS MDT discussion
- To explore the wider CAMHS intervention teams input into the 'Getting risk support quadrant of the Thrive Conceptual Framework model. This will ensure the system works together to support the growing cohort of young people who are struggling to engage in evidence based interventions and who frequently use risk to communicate their distress.
- Continuing to provide a 24/7 service and introducing a new evening/twilight shift to focus resources at peak referral times (6pm-midnight).
- To pilot all crisis calls going directly to the Crisis Team 24/7 instead of within 9-5 Monday to Friday hours being triaged through the Hull and East Riding Contact Points (single point of access services)

Timeframes:

- Co-location with the adult mental health response service plans to be at the end of October 2018.
- The recruitment of the Band 4 Assistant Practitioners has been undertaken and once in post we plan to move to revised shift patterns in November to December 2018.
- In January 2019, once the new team structure and model is in place, we will review and plan for a pilot of the 24/7 direct line to CAMHS Crisis Team.

As part of the development of the Thrive conceptual framework to provide a localised needs led model, CAMHS are also working to build capacity within the Getting risk support grouping. The Thrive model suggests there needs to be close interagency collaboration with shared responsibility to manage risk and accountability. Specialist CAMHS are working to enhance the support they provide to other agencies to manage this risk, when evidence based treatments are not eliciting changes in outcomes but where the risk is still considered to be high.

Specialist CAMHS have identified Clinical Psychology and Specialist Nurse capacity to develop this by providing:

- Liaison to the CAMHS Crisis Team and all ages Mental Health Liaison Service

- Oversight of high risk cases open to CAMHS
- Contributing to the multi-agency vulnerable and risky young people meetings
- Providing consultation to other agencies for complex high risk young people

The Vulnerable young people's Task and Finish Group chaired by the local authority, and attended by a number of agencies are continuing to work towards the training of staff to undertake the AMBIT 'train the trainer course' run by the Anna Freud Centre to underpin this way of working. AMBIT is recommended as part of the Thrive model to have a joint understanding of risk and how to support vulnerable young people. This would provide:

- Better support for staff in managing complex cases
- Supporting young people and their families to help identify their own needs
- Shared responsibility of risk across agencies

Case History – Crisis Team

Young person was referred to the CAMHS Crisis Team the day after her follow up meeting with the all ages Hospital Mental Health Team following an overdose. The Hospital Mental Health Team referred her as they felt that the risks had not decreased. It was reported that there were ongoing suicidal thoughts and the young person was unable to identify a trigger for these thoughts. It was felt that the young person needed urgent support and also a referral to deliberate self-harm pathway for ongoing interventions within Core CAMHS.

Initially the young person was difficult to engage, however this improved during the period she spent with the Crisis Team due to assertive interactions and listening to young person's preferences with regard gender of staff.

The team acknowledged that the young person's mood had been low for some time, therefore, the team and the young person agreed to request involvement of the CAMHS Consultant Psychiatrist.

Impact on patient & family:

The young person lived alone with her Mum who stated she struggled to manage and was anxious about the possibility of further self-harm. The young person was unhappy at school and felt she didn't fit in which affected her mood and functioning, and she was also struggling with her academic work. Due to ongoing low mood the young person was unable to feel positive about future plans such as going to college

Support provided by Crisis Service

The crisis team provided support on a daily basis. Initially the young person struggled with inconsistency of staff members, but did engage well when she saw a solo female staff member and this was accommodated wherever possible. An emergency appointment was made with a Consultant Psychiatrist, and medication prescribed. Both the young person and her Mum welcomed new approaches to deal with self-harm and the support offered.

The young person has reported that she has learned some skills to help her through her distressing thoughts and feelings. She has also stated that she felt she would tell her mum if her thoughts and feelings become intrusive in the future.

Risks on discharge from the Crisis team had reduced prior to being transferred to the Core CAMHS Team and the young person had learnt some techniques to help deal with distress.

The young person and her Mum have a good relationship and Mum agreed to contact the Crisis Team if extra support was needed in times of crisis.

Further appointment was made for review of efficacy of medication with the Consultant Psychiatrist.

Humber Safe Space:

The Safe Space continues to work in close partnership with the CAMHS Crisis Team and is an important part of our offer of support to CYP experiencing high levels of emotional and mental health distress. The service is jointly funded between Hull and the East Riding and provides a 24 hour CAMHS crisis response for CYP that can be accessed easily by families, and referrers, to make sure needs can be met safely and quickly. Please find details below regarding how the Safe Space is used:

- Average of 5 referrals to the safe space each month.
- Young people largely come from Hull area
- Referrals primarily come from the CAMHS Crisis service or direct from the 136 suite following assessment- discussions with Mental Health Liaison Service would indicate that following assessment of young people they will either remain on the ward due to physical complications or will be sent home and followed up within 7 days by the core team.
- One of the aims of the crisis team is to support young people in their own home; they are very successful at supporting the family to contain young people's distress allowing time for the community systems to plan support. This reduces the number of young people accessing safe space.

- Anecdotally there are young people in the community who are not accessing the safe space as their primary presentation is not mental health risk; therefore they don't come into contact with the crisis team. A recent review identified that about half of the Hull young people who access the space do so due to challenges in their social circumstances rather than as a direct consequence of their mental health.
- The Service worked with the community teams to support the identification of risk earlier meaning that young people can have the use of the space within their care plan



Safe Space
Leaflet.pdf

PRIORITY SEVEN: Transitions (GETTING MORE HELP)

Transition CQUIN:

The Transition CQUIN is still in place and monitored by the both Hull and East Riding CCG's. HTFT continues to undertake the following activities as part of the requirements:

- Clinicians from Adult Mental Health Services (AMHS), and CAMHS, continue to meet to review progress and build working relationships.
- A workshop was held on the 16th July 2018 to review progress, identify learning opportunities and to review the Transitions Guidance. Outcome of the workshop was:
 - Acknowledged difficulties in getting young people to complete the questionnaires
 - Positive experiences described by both services
 - Starting the process at 17 and 5 months supports AMHS in identifying capacity early to support
 - For those coming into CAMHS after their 17 and 6 month birthday there is noticeably more evidence of joint working with more young people being supported, by AMHS, before their 18th birthday where it is in the best interests of the young person.
- Work is ongoing between AMHS and CAMHS regarding the small cohort of young people who present with emotional dysregulation and relational trauma in CAMHS and who may be defined as Personality disorder in Adulthood. The work has recognised training undertaken in AMHS and how this can be made available to CAMHS clinicians. For this group, starting transition at 16 years may be more appropriate; this will align thinking and support the young person in preparing for adulthood.
- The case note audit has identified that the large majority of young people have a clear transition plan, that has been co-produced with the young person. There are a small number of young people where the planning has started but not completed, we are currently

collating the narrative to understand this, anecdotally this seems to be due to the specific needs of the young person these are likely to be young people who are transitioning out of the service.

- Transition is highlighted in CAMHS team meetings using the dashboard as a guide.

The Adult Emotional Wellbeing Service supports young people from 17.6 months; this gives the young person options as to where best they will receive support. With the work HTFT are doing around transitions 18 is becoming a less fixed point where young people make the shift from CAMHS to AMHS. There is much more flexibility to when and where that support will come from. The work ongoing is primarily at the discussion phase about how transitions could be managed differently. HTFT have identified that a 'mentalisation' approach may be more useful and have arranged for CAMHS staff to receive some "mentalisation" awareness training. They have also agreed to hold a quarterly case discussion with senior clinicians from AMHS and CAMHS to think about different approaches to support this cohort and share elements of good practice, this will be the continuation of the discussion to create a more seamless approach to transitions.

HeadStart Hull Young People's Peer Mentoring:

In addition to providing one to one peer mentoring in secondary schools work has been undertaken with primary schools to support them to identify young people who they are concerned will struggle with transition. These will be matched with a Mentor from the secondary school they are moving to during transition week in July which will enable them to be supported both before they change schools and from when they start at their new school. This is a new aspect to the service this year, and will be evaluated for impact, but initial feedback from primary schools is positive.

Multi-agency Transitions Strategic Group:

This group continues to meet and has developed a Transitions Protocol as part of the SEND Action Plan. The partners in this strategic group are now working together to ensure the Protocol is implemented across agencies.

PRIORITY EIGHT: Learning Disabilities (GETTING ADVICE, GETTING HELP, GETTING MORE HELP, GETTING RISK SUPPORT)

Incredible Years Parenting Programme:

The Incredible Years Parenting Programme (IY) is offered to young people on the following pathways:

- Conduct
- ADHD
- Learning Disability

IY is a widely researched evidence based parenting intervention which helps to develop and foster positive parent-child relationships and build upon effective parental involvement. It is well substantiated in helping parents in the management of behavioural difficulties, including those conditions documented above. It is recognised by NICE guidance (2013) as being a first line intervention in improving the quality of the parent-child interaction, which is a crucial element for positive child developmental outcomes.

Since January 2018 we have run four parenting groups which include:

1. Conduct/ADHD specific group
2. Conduct/ Learning disabilities mixed group
3. Learning disabilities specific group
4. CAMHS/Local Authority group.

We have also successfully completed a corresponding drama therapy group for children aged 8-12 years in line with NICE guidance.

All groups have had a good retention rate with parents and children, with a high percentage of discharges following group conclusion. The relationship with the local authority remains strong with the potential to include further joint groups in the future. This is due to a positive interface and inclusion within the multi-agency parenting partners meeting. This indicates a progressive move towards early intervention and multi-agency working.

The groups have also recognised the value of offering a diverse skill mix to meet the complex needs of families referred which includes utilising the skills of learning disability, mental health nurses and parenting practitioners. Provision of high quality parenting supervision has also helped in the development of facilitation skills and fidelity to the evidence base.

Ofsted Inspection update - one year on:

In October, 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Hull to judge the

effectiveness of the area in implementing the disability and special educational needs (SEND) reforms as set out in the Children and Families Act 2014.

Although recognising many positive developments, Inspectors also identified a number of areas of concern resulting in the local area having to submit a Written Statement of Action, (a plan of what we are going to do. The SEND Improvement Action plan is a single integrated improvement plan which contains detailed targets and actions. ([available here](#))

A SEND Accountability Forum (SAF) has since been established to oversee the implementation of the SEND Improvement Plan which is being delivered through a work stream approach. There are nine work streams that report into the SAF and these are:

1. SEND Data Systems and Analysis
2. Workforce Development
3. Education, Health and Care Plan processes and pathways
4. Transition
5. Early identification, notification and support
6. Information and engagement
7. Vulnerable Groups in Education
8. Integrated commissioning and delivery
9. Home to school transport

The CCG have been working closely with Hull City Council over the last 12 months to implement the SEND improvement Action Plan. Progress has been made against the priorities within the plan and the multi-agency SEND Accountability Forum continues to meet monthly to monitor implementation of the Action Plan. . Quarterly monitoring of the improvement plan is undertaken by DH and DfE with the most recent quarter 3 review (October 2018) evidencing overall positive progress in the majority of areas. The inspection review team acknowledgment of the time and resource requirements in evidencing improved outcomes for children and young people with SEN and/or disabilities and their families. Quarter 4 monitoring is scheduled for 17 December 2018 and it is hoped we can evidence sufficient progress with improved outcomes

and a sustained improvement journey.

The SEND Strategy (2016 to 2020) has four priorities which are to:

- Improve multi agency working and coordination of services for children with SEND;
- Improve support for and involvement of parents and carers, children young people and families;
- Improve the quality and sufficiency of SEND education provision and services by;
 - Supporting mainstream schools and settings to develop their SEND provision, and
 - Developing local specialist services to ensure sufficiency of places in high quality specialist provision across a continuum of needs
- Improve the transition to adulthood

SENCO Conference 2018:

Hull CCG, Schools and HCC worked together to hold a Conference specifically for SENCOS working in schools to attend. The conference, was very well attended and focused on the following areas:

- Attachment, trauma and mental health
- Supporting social and emotional development to facilitate good mental health
- Reviewing, assessing and monitoring CYP's mental health

PRIORITY NINE: Regional In-Patient Service (GETTING MORE HELP, GETTING RISK SUPPORT)

Progress continues following the Mental Health Service Review for CAMHS, with a working bed reconfiguration plan that is now seeing new build developments in the Humber region for General adolescent and PICU services. 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 mental illness and LD, for which Yorkshire and the Humber have not had previously had.

Building of the new CAMHS inpatient service has started, and the building is on track to be open in September 2019. Work is ongoing to develop the clinical model and there is a workshop with young people planned for the 6th November 2018 to understand how they want to be

involved in the development of the service. This is a continuation of a previous workshop held where we talked to young people and key stakeholders about “how an inpatient unit should look and feel”. A case study of involvement with young people in the design process is now on the Implementing Thrive Website. (<http://www.implementingthrive.org/case-studies-2/service-design-case-studies/what-does-a-fantastic-camhs-inpatient-unit-look-and-feel-like-for-you-co-designing-a-new-inpatient-service-with-young-people-in-humber/>)

There is a third workshop planned which specifically focuses upon the interior design bringing young people and our architects together. Recruitment has started for the service and it is planned that the Senior Clinical Team (Consultant Psychiatrist, Consultant Psychologist, Clinical Lead and Ward manager) will be in post by February. The remaining recruitment will commence at the end of the year.

PRIORITY TEN: Parental Mental Health (THRIVING)

Over the past 18 months Hull has developed an integrated Parenting Support Delivery Plan which aims to provide a more coordinated, cohesive and high quality offer of parenting support across the city. Below are some examples of interventions being offered to parents:

- Parents peer mentoring which provides one to one support
- Parenting support (HCC early help) which provides group work for parents e.g. strengthening families 10-14 as well as some 1 to 1 support before and after the group work. The service is also piloting a session called ‘parents first’ which is a two hour session on reducing parental stress.
- Support for parents of children with additional needs (Kids).

During the period July 2017-June 2018 the services supported the following families

| Targeted support for parents | Identified | Recruited | Taken Up | Completed |
|------------------------------|------------|------------|------------|------------|
| Parenting | 109 | 96 | 96 | 19 |
| Parenting SEND | 350 | 322 | 202 | 154 |
| Parents Peer Mentoring | 129 | 78 | 63 | 16 |
| Total | 588 | 496 | 361 | 189 |

NB – where take up figures don’t match completed that means the remaining young people are still in receipt of an intervention at the time of reporting.

Parenting support Contract for parents of children with additional needs:

Building on the success of the HeadStart Hull pilot of work with parents of children and young people with additional needs the service has been recommissioned from October 2018. Having previously only focused on parents of 10-16 year olds funded by HeadStart Hull the service has been expanded (through CCG investment for the younger age group) to include parent of children aged 5-9.

This is a new service development that aims to equip parents with strategies and tools to support effective parenting and improve emotional well-being and build resilience within families. This will include adapted parenting styles to meet the needs of the child with additional needs as well as improved confidence and self-esteem, reduced anxiety, improved family networks, family communication and boundaries and reduced social isolation and thus promoting positive emotional health and well-being for the family. This is a jointly funded city wide project that will deliver one to one and group support. The support will be offered to parents with a child with additional needs and encompasses children and young people aged 5-16. The service will be provided in the community and will enable the parent(s) to access appropriate parenting support tailored to the needs of their child and family dynamic. The support must also work collaboratively to provide parent(s) the tools, skills and resilience to improve the emotional health of the family as a whole.

The following objectives are in place:

- Enable parents to confidently and appropriately support their children and young people with additional needs, especially relating to their emotional health and wellbeing.
- To increase parents understanding of positive family communication.
- To support parents to be confident and able to work with a range of services and organisations across education, health and social care
- To support parents to develop appropriate positive forms of emotional expression.
- To help parents develop resilience strategies for dealing with life events which impact on their young people's and families emotional health and wellbeing such as; Family issues including family breakdown and decline in parental mental health, lack of supportive family networks and to effectively support their young people with the life events which impact on their emotional health e.g. transition from primary to secondary education, Bullying, Body image issues (low level), exam stress, Low Self Esteem and Confidence and Social Isolation.
- To help parents develop problem solving skills.
- Provide support and advice on positive parenting and boundaries and other appropriate parenting strategies.

Solihull Approach – Understanding Your Child:

In October 2018 Hull City Council announced they had purchased a multi user licence for three Solihull Approach online courses for all Parents and Parents to Be. The three guides are:

- Online Antenatal Course: ‘Understanding Pregnancy, Labour, Birth & Your Baby
- Online Postnatal Course : ‘Understanding Your Baby’
- Online Course for Parents of children aged 6 months – 18 years: ‘Understanding Your Child’.

This programme is based on the Solihull Approach to Parenting and focuses on the Parent/Child relationship. It aims to support Parents in building positive and responsive relationships with their children and increasing emotional health and wellbeing through both Practitioners and Parents. Solihull provides nationally and internationally acclaimed evidence based accredited online courses from pre-birth to adolescence, developed with Practitioners and Parents, tested in the field and with an ongoing research programme.

Co-ordinated peer mentoring for parents. All mentors undergo a selection and training process and receive regular supervision. This service is accredited by the national peer mentoring and befriending association.

Parenting z card:

Working closely with parents HeadStart Hull produced the Z card embedded below, to improve access to parental support and mental health which in turn improves family mental wellbeing. This will be offered to parents, and be available at events.



PARENT SUPPORT Z
CARD.pdf

Hull and East Yorkshire MIND groups for parents:

Adult led CBT for children experiencing anxiety can be delivered 1:1 or within a group. The content is appropriate for parents, carers, extended family or anybody else who is involved in the child’s life (i.e. teaching assistants, youth workers, personal budget providers).

The group is currently being piloted over a 6 week course.

As 1:1, the intervention would be delivered with either one or both parents over 8 sessions (4 face to face sessions, 4 telephone sessions).

The course supports parents/carers to understand:

- What factors develop anxiety in children and what patterns of thoughts, feelings and behaviours keep it going.
- How to encourage children to face their fears and become more independent.
- How to address children's reassurance seeking and unhelpful thoughts.
- How to teach children problem solving skills.
- How to use praise and reward effectively to encourage brave behaviours.

Each person attending adult led CBT receives a copy of the book - *Overcoming Your Child's Fears and Worries: A Self-help Guide Using Cognitive Behavioural Techniques* by Cathy Cresswell. This is the book the intervention is based on and the parents/carers being supported will be directed by homework tasks set in the book.

Why support parents instead of children through CBT interventions?

- Children whose parents have received parent led CBT have been found to be 2-3 times more likely to recover from anxiety.
- Parents have more opportunities to practice techniques than therapists do within a one hour per week session.
- They are the expert when it comes to their child.

Outcomes are being measured on the current pilot course through parent RCADs (Revised Children Anxiety and Depression scale), and goal progress charts.

Parenting interventions for conduct disorder and behavioural difficulties:

Parenting interventions for children with conduct disorder and behavioural difficulties can also be delivered 1:1 or within a group, the content is mainly appropriate for parents/carers, however could be useful for extended family.

As 1:1, this can be delivered over 8-10 sessions, and as a group this could be delivered over 8 sessions.

The course supports parents/carers to understand:

- Using child directed play and special time to build on positive behaviours
- Persistence coaching: teaching children to keep trying, work hard, keeping calm and staying focused.
- Social coaching: teaching children social skills such as sharing, turn taking, waiting, asking for help and giving compliments.

- Emotional coaching: teaching children to use a wide vocabulary of emotion words to promote emotional literacy and the ability to talk about feelings.
- Using praise and encouragement effectively
- Using incentives and rewards effectively
- Encouraging children to understand rules, responsibilities and routines
- How to use ignoring techniques with some unwanted behaviours
- The use of commands and following through with commands, and rewriting commands to make them more effective.
- Using timeout or time in.
- Logical and natural consequences.
- Teaching children problem solving.

Outcomes are measured through parental strengths and difficulties questionnaires, and goal progress charts.

PRIORITY ELEVEN: Autism (GETTING ADVICE)

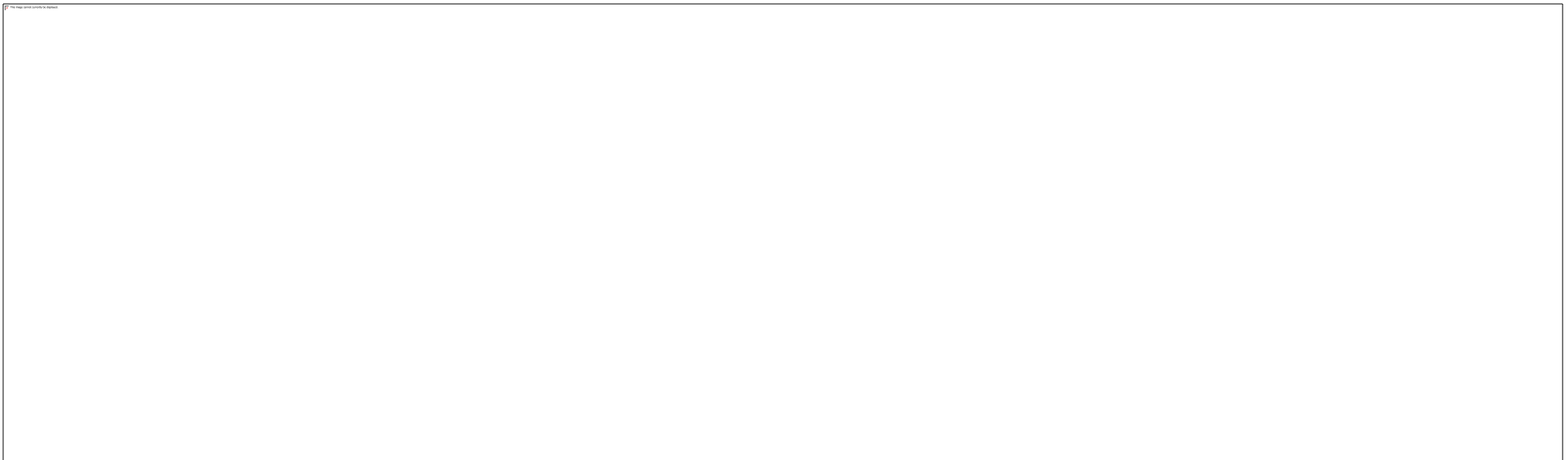
Autism Service Development:

In June 2018 a report was presented to the CCG's Prioritisation Panel that set out a plan to increase the base line recurrent funding to the Autism Service. The proposal was subsequently agreed by the CCG Board in July 2018, and in addition to increasing the current service provision will reduce the current waiting times for assessment and diagnosis. The CCG are in the process of finalising a Contract Variation (CV) with HTFT and recruitment is about to commence to the additional posts. The table below summarises investment:

| Service | Description | Duration | Re-current Funding |
|--|--|---|--------------------|
| Current CYP Autism assessment and diagnosis service | Existing block contract | ongoing | £320K Per Annum |
| Enhanced CYP Autism and assessment and diagnosis service | Contract Variation for additional investment | Ongoing from 1 st January 2019 | £451,8000 |

| | | | |
|------------------------|---|---|----------|
| Waiting list reduction | Additional investment to reduce the current waiting list over the next two and a half years. Once the waiting list trajectory is achieved this funding will be used to develop a post diagnostic support/intervention service | Ongoing from 1 st January 2019 | £222,000 |
|------------------------|---|---|----------|

This is a long term plan to achieve a significant reduction in the waiting list and a Trajectory (shown below) has been agreed which forms part of the CV, and will see the waiting list reduced to less than 13 weeks in 2020. As the waiting list is reduced over time some of the additional resource will be used to develop a post diagnostic support service.



Autism Parent Group:

The current group is attended by 6 families and has been running since May 2018. Parents learn about the finer details of Autistic Spectrum

Conditions by various activities and learning methods. They all state how they enjoy the group, they find being with other parents so beneficial and they learn from each other and make friendships. We continue to receive very positive feedback about the group. They describe feeling that they can understand their child better and are more able to support them in different settings as well as becoming positive advocates for them in educational and other settings.

PERINATAL MENTAL HEALTH:

NHS England released an additional £23m for WAVE 2 in February 2018 for bid submission in March 2018, with the criteria that each STP could only submit and support one investment proposal for their area. Humber, Coast and Vale submitted a bid which was successful in July 2018.

The bid included multi-disciplinary teams with a critical mass of patients in line with the Royal College of Psychiatry [CR197](#) guidance and included the development of two services split across the STP geography as follows:

- Humber NHS Teaching Foundation Trust (HFT) will extend their existing service in Hull and the East Riding,
- Provision of a new service in the North Lincolnshire and North East Lincolnshire areas, in collaboration with local mental health trusts NAViGO and Rotherham, Doncaster and South Humber Foundation Trust (RDaSH) for which sub-contracts outline the areas of service for which they are responsible.

Current position:

In line with NHS England requirements, both services went live on 1st October 2018. Dedicated programme manager resource was quickly identified for the two services to support the successful mobilisation of the services with clear mobilisation plans in place. Mobilisation plans include a number of key activities to ensure successful implementation with a number of joint activities to ensure effective use of time, resources and to enable peer support across the STP Partnership. These include:

- Training
- Communications
- Stakeholder Engagement
- External Evaluation
- Co-production plan to ensure the voices of women are heard throughout mobilisation

Recruitment has of new staff has been a key priority of mobilising services and all areas have been successful in attracting candidates. A clear

and robust governance structure has been agreed and can be found below.



PNMH Governance
Structure updated Fin:

NHS England will be closely monitoring progress of key deliverables and outcomes, with assurance reporting and a site visit planned for Friday 16th November 2018 which will cover the whole STP Partnership. Reporting schedule to NHS England is as follows:

| Date | Event/reporting |
|-------------------------------------|--|
| 27th July '18 | May - June 2018 Abbreviated progress report due |
| 6th September '18 | Implementation plan due |
| 12th October '18 | July – September 2018 Full progress report due |
| 11th January '19 | October – December 2018 Full progress report due + plan for service evaluation |
| 12th April '19 | January – March 2019 Full progress report due |
| Sept '18- April '19 | NHSE site visit – dates to be confirmed with individual sites |
| 26th April '19 | Final evaluation report |

The total funding to be added to CCG baselines for specialist perinatal mental health is **£73.5million in 2019/20** and **£98million in 2020/21**, when it will become recurrent.

NHS England disseminated guidance to support CCGs to calculate their baseline funding for 19/20 onwards which is expected to be spent on

the purposes for which they were originally intended. CCG's will be expected to report expenditure from 2019/20. After discussions across all six CCG's, all CCG's have given their support to the service development and on-going funding has been agreed to support the sustainable funding from 2019/20 onwards.

CARING FOR THE MOST VULNERABLE

Attachment:

Hull CCG works closely with Hull City Council to commission services jointly for the 739 children who are 'looked after' (LAC) living in Hull. Not all of these children will require services but unfortunately many of them will. If attachment issues are left untreated, they can develop into attachment disorder and can cause further behavioural problems. For this reason, the earlier attachment concerns are addressed, the better. For some children, however, this bond is not formed. There are a multitude of reasons for this, but typically there is a situation where the caregiver is unable to provide the care and attention required to form a close attachment. The child may have been abused, neglected or separated from their parents for other reasons. Whatever the cause, the effect of not forming this bond can lead to attachment difficulties and at its worst, a condition called reactive attachment disorder.

The commissioned service provides a specialist clinical and therapeutic assessment, diagnosis and therapeutic service to support Children and Young people presenting with Attachment issues, dependent on need. The service will be prioritised for LAC but will also be provided to children who are not looked after on the joint agreement between Hull City Council Children, Young People and Families Directorate and HTFT dependent on need.

The CCG has recently revised the Service Specification for Attachment, and has agreed a contract amendment which increases the resource for this service, specifically increasing Psychotherapeutic input provided by HTFT. Part of this amendment is enhanced input from a Clinical Psychologist who will also:

- Attend the monthly Children and Young People Complex Care panel – joint NHS Hull CCG and Hull City Council panel
- Provide clinical advice and follow up to Looked After Children placements and packages of care – as requested by the CCG lead Commissioner

The Attachment service is not aimed to duplicate other CYP's Mental Health or Learning Disability services within the City and therefore the service will ensure that any child who has additional mental health issues or learning disability will be also receive care from the appropriate Children Young People pathway as part of the wider mental health offer available within the City – this includes services which are delivered by voluntary organisations who work in partnership with HTFT.

LAC Pilot Expression of Interest:

In October 2018 Hull CCG has worked with Hull City Council, and HTFT to put in a bid for a pilot funded by the Department for Education (DfE). The pilot is to give children entering care better mental health assessments, helping to ensure the approach we use to mental health assessment is more suitable for Looked After Children's needs, to increase the likelihood of accessing the right support, at the right time, responding to each child's individual needs.

The Aim of this Pilot is to understand how to improve the mental health and emotional wellbeing assessments that LAC receive when they enter care so that they are carried out consistently as part of the health assessment and:

- Are thorough and of good quality, enable accurate identification of need
- Occur as the right time
- Are needs focused and person centered

Up to 10 pilots across the country will be selected to work over a period of two years to trial a new approach to mental health assessments, benefiting from additional funding and a bespoke package of support, including training and dedicated implementation consultants.

The project is led by the Anna Freud National Centre for Children and Families, together with a consortium of partners including Research in Practice, Action for Children and Child Outcomes Research Consortium.

The DfE has also commissioned an evaluation of the pilots to understand what works, or does not, and what other factors are at work that affect outputs and outcomes to improve health assessments. The aim is to pilot the approach in a range of contexts and settings and this will be a consideration in the selection of sites, alongside sites' readiness and capability to participate. We are awaiting the outcome of this Expression of Interest.

Youth Justice:

On a regional level NHS England 's Health and Justice specialised commissioning team in Yorkshire and the Humber are currently involved with two of the three work programmes that are focussing on improving collaboration between various commissioners of services for those children and young people who come into the NHS England Health and Justice pathway. Commissioners of such services include NHS England, Office of Police and Crime Commissioners, Local Authorities and Public Health England. The two programmes are 1) the development of a framework for integrated care for Children and Young People's Secure Estate (CYPSE) known as *Secure Stairs* and 2) establishing collaborative commissioning networks. The third work programme involves establishing a Specialist Child and Adolescent Mental Health Service for High Risk Young People with Complex Needs (Community F:CAMHS) across Yorkshire and the Humber.

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

NHS England wants to support local CCG commissioners to ensure that commissioning for the most vulnerable involves supporting those CYP who are transitioning out of Secure Children Homes/YOIs back into the community and that they have access to appropriate mental health/emotional wellbeing support following that transition. Whole packages of care need to be commissioned to ensure that there is full pathway consideration. Priority areas for development include increased Speech and Language provision to address communication barriers, identification of learning disabilities and improve engagement with youth justice services. There needs to be a greater understanding and awareness of the impact of complex trauma on CYP across the whole spectrum of health and social care and there needs to be the encouragement of a trauma aware approach to working with CYP. Psychological support needs to be considered for CYP who come into contact with one of the four CSAAS or Youth Offending Teams in Yorkshire and the Humber and how they transition into mainstream CAMHS.

The CCG's Lead Commissioner for CYP's mental health is a member of the Hull Youth Justice Board, and has developed strong links with members of the Board. We have been working with the Board in preparation for their future inspection, and supporting equality of access to appropriate services in Hull. We have recently supported the Board in relation to developing a Service Specification for a Speech and Language Therapy Service, as this has been identified locally as a key issue for CYP coming through the Youth Justice System.

Moving forward→2020

CAMHS crisis Team relocation, and direct line to crisis Team:

Following a service review of this crisis team there were a number of recommendations which have been incorporated into a service implementation plan. The main changes to the service are:

- Co-location of the CAMHS Crisis team with the Adult Mental Health Response Service – this would allow for efficiencies, promote closer working, share experiences, learning and support transition from CAMHS to adult services.
- A change in the skill-mix by introducing new Band 4 Assistant Practitioners roles.
- Team will consist of:
 - 1.0 WTE Band 7 Clinical Team Leader
 - 6.8 WTE Band 6 Specialist Nurses
 - 3.0 WTE Band 4 Assistant Practitioners
- The team operates an up to 72 hour response with an option to offer support up to 7 days following an agreed process which involves a wider CAMHS MDT discussion
- To explore the wider CAMHS intervention teams input into the Getting risk support quadrant of the Thrive Conceptual Framework model. This will ensure the system works together to support the growing cohort of young people who are struggling to engage in evidence based interventions and who frequently use risk to communicate their distress.
- Continuing to provide a 24/7 service and introducing a new evening/twilight shift to focus resources at peak referral times (6pm-midnight).
- To pilot all crisis calls going directly to the Crisis Team 24/7 instead of within 9-5 Monday to Friday hours being triaged through the Hull and East Riding Contact Points (single point of access services)

Children's Integrated Care Partnership:

The CCG is leading work to drive forward and deliver the Hull and East Riding of Yorkshire Children's Integrated Care Partnership (ICP). This aims to create a single care system across three main providers, primary care and two CCG's. An inaugural workshop was held on 19 October 2018 with key stakeholders to commence scoping the large scale change and transformation requirements and this will be taken forward through the CCG-led Children's ICP Partnership. There are two key projects that will support this work in the first instance;

- the development of a business case for a single site 'Hull Children's Integrated Community Hub and Short Break Services'

- the development of a children's neurodisability service that will bring together key services and delivered from the hub through a hub-and-spoke model

Green Paper readiness and preparation:

In September 2018 Hull CCG worked in collaboration with East Riding CCG, and Hull City Council to submit a joint Hull and East Riding 'Expression Of Interest' (EOI) to become a Trailblazer site for Mental Health Support Teams, and the waiting list pilot. We believe we have a strong foundation on which to build the new Mental Health Support Teams (MHSTs) and we want to ensure schools feel part of an overall system of emotional wellbeing in which young people receive comprehensive needs led mental health support. The transformation partners work holistically, and have mature relationships with a strong collective understanding of how we need to work together on the wider determinants of good emotional wellbeing for CYP living in Hull. Please find a summary of our progress so far below:

- ✓ Citywide PSHE curriculum (jigsaw) in place across primary with secondary programme being launched September 2018.
- ✓ Five year training plan and annual training diary for staff working in schools and community including teachers and school support staff
- ✓ Citywide schools resilience network every half term which brings together schools across the city to share good practice on mental health
- ✓ Development of school based teams as part of whole school approach to prevention and early intervention. Support from schools policy and practice leads to work towards a whole school approach to mental health
- ✓ Established systems in place and a demonstrable record of involving children and young people, parents and carers in design and quality improvements of services
- ✓ Established systems in place and a demonstrable record of involving partners in service design e.g. local authority, VCS, youth services, health providers, schools etc.
- ✓ Group work is provided in all mainstream secondary schools
- ✓ Groupwork and one to one support for parent of young people aged 10-16
- ✓ Multiagency co-ordination through HeadStart hull partnership and Transformation plan group
- ✓ Step up/step down between Headstart Hull and CAMHS to support young people on discharge from CAMHS
- ✓ Co-ordinated peer mentoring for young people.
- ✓ Co-ordinated peer mentoring for parents
- ✓ Currently evaluating annual equalities impact assessments to identify groups not accessing services e.g. home educated but also by gender, postcode, disability, age etc

Moving forward with our Green Paper readiness we are now implementing plans to extend the role of the Designated leads in each School. In the original HeadStart model we aimed to have one identified lead in each school at Senior Leadership Team level to ensure a whole school approach. This model has been delivering for 18 months, and it has been recognised that this has not been sufficient especially in larger primary schools and secondary schools because if that person leaves or is off sick then all work in the school can stall. To address this we have been working with schools to establish teams made up of existing school based staff including an SLT member, PSHE lead, Safeguarding lead, Pastoral lead and SENCO's.

Feedback from schools who have moved from the one person to team approach is that this has proven more effective at embedding emotional health improvement within the whole school system including:

- Embedding the HeadStart Hull model and improving mental health within pastoral systems and in school improvement plans echoing the HeadStart Hull aim to make improving emotional health “everyone’s business”.
- Sharing the workload across a range of roles and skills mix within the school.
- Improved attendance and engagement at schools resilience network meetings (run every half term) by staff member relevant to the topic covered rather than always being the same person. These networks enable schools to share best practice between schools and to encourage peer to peer support between schools and across Multi-academy trusts (Mats).
- Ensuring consistency and continuation of delivery if one member of the school team is absent from work or leaves

Differently Abled Conference 2019:

On Friday 9th February 2018, the Wellbeing Service and the Carers’ Information & Support Service joined forces to host the first ‘Differently Abled’ event in Hull. Due to the success and positive feedback received about this event a date has now been set for a repeat conference in 2019.

The new Bonus Arena has been booked for 14th February 2019 Bonus Arena. A huge accessible market place event will be hosted, with over 200 stalls and services represented in colour coded Areas, which will include information for Adults and CYP with learning disabilities and/or Autism. Hull CCG have agreed to host their city wide Protected Time for Learning event within Differently Abled. A number of Practices are already requesting their full Practice attend. This will allow practice staff to network with local services and staff; try Autism simulation experiences before attending an afternoon’s conference. This conference will also be attended by staff and carers across Hull and East Riding. The focus of the conference will be on Learning Disability and Autism and will cover:

- SEPSIS and NEWS Training by an Emergency Adult and Paediatric Consultant
- Bowel Management by CTLD's Physiotherapists
- LeDeR
- Communication by CTLD's Speech and Language Therapists
- Downs Syndrome Pathway
- Epilepsy and LD by Epilepsy
- Carers Training
- Six Lives
- Local Health Inequalities

Special schools, Nursing Homes and Day Services are planning on bringing groups to attend the event. Staff groups across organisations are booking team meetings/team training on the day of the event so that they can all attend the event and benefit from the learning and networking opportunities. Special Schools are allowing children to take Authorised absence days if their parents wish to take them to Differently Abled. There will be an 80-foot inflatable bowel at the event to support workshops which will be delivered in an accessible format. These will cover topics that will support the Bowel Management Programme such as bowel massage, diet and activity.

Autism waiting list reduction:

The work already described on Page 70 of this report will be a significant priority for the partners until 2020.

HeadStart Hull Service Developments:

HeadStart were successful in receiving a further £1million from the BLF. This funding will be used for the following:

1. To add capacity to Counselling and Resilience Coach Service which are currently over-subscribed
2. Increased capacity in the core team to improve sustainability including to recruit to a two year post to support Schools in preparations for when PSHE becomes mandatory in Schools.

Mental health in Primary Care Groupings:

The CCG is currently considering a project to have Mental Health Practitioners within the five GP groupings in Hull for both Adult Mental health and CYP. There are 39 mixed sized GP practices in Hull, arranged into five groups to support the delivery of sustainable and at scale primary care services. Our discussions with GP's are in the early stages, but this service development would support easy access and early intervention and would give the opportunity for shared learning in Primary Care. The NHS England recently published 'Guidance on co-locating mental health therapists in primary' gives us a good basis for further planning.

FINANCE

| | CCG NAME: | Hull CCG | | Planned Spend 18/19 ** | | | | Actual Spend 18/19 ** | | | | Commentary (including details of any slippages against plan) |
|----|--|---|-----------------------|------------------------|------------------------|------------------------|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
| | | | | Planned Spend Q1 18/19 | Planned Spend Q2 18/19 | Planned Spend Q3 18/19 | Planned Spend Q4 18/19 | Actual Spend Q1 18/19 | Actual Spend Q2 18/19 | Actual Spend Q3 18/19 | Actual Spend Q4 18/19 | |
| | Local Priority Scheme (LPS) Reference / number * | Local Priority Scheme (LPS) Description * | Funding Source/Stream | | | | | | | | | |
| 1 | 2 | IAPT Training | CYP - IAPT Funding | £0 | £23,475 | £23,475 | £0 | £0 | | | | |
| 2 | 2 | Autism waiting list | LTP Funding | £79,229 | £79,229 | £79,229 | £79,229 | £79,229 | £79,229 | | | Annual recurrent spend in baseline contract £316,601 |
| 2A | | Additional Autism Assessment and Diagnosis funding agreed | | | | | | | | 112,950 | | Additional annual recurrent baseline spend 451,800 |
| 2B | | Additional waiting list/post diagnostic support service | | | | | | | | 55,000 | 55,000 | Based on achievement on waiting list trajectory 222,000 |

| | | | | | | | | | | | | |
|---|---|--|-------------|---------|---------|---------|---------|---------|---------|--|--|---|
| 3 | 2 | Interventions/therapies commissioned delivered by Voluntary sector | LTP Funding | £12,525 | £12,525 | £12,525 | £12,525 | £12,525 | £12,525 | | | Annual recurrent spend in baseline contract £50,049 |
| 4 | 2 | CAMHS waiting list initiatives | LTP Funding | £23,806 | £23,806 | £23,806 | £23,806 | £23,806 | £23,806 | | | Annual recurrent spend in baseline contract £95,129 |
| 5 | 5 | Eating Disorder Service | ED Funding | £39,002 | £39,002 | £39,002 | £39,002 | £39,002 | £39,002 | | | Annual recurrent spend in baseline contract £155,850 |
| 6 | 6 | CAMHS Crisis Team | LTP Funding | £68,379 | £68,379 | £68,379 | £68,379 | £68,379 | £68,379 | | | Annual recurrent spend in baseline contract £273,243 |
| 7 | 8 | Children and young people's learning disability waiting list | LTP Funding | | | | | | | | | |
| 8 | 1 | Workforce - self-harm training | LTP Funding | | | | | | | | | Hull CCG pump primed funding 16/17, go forward funding from Headstart Big Lottery funding |
| 9 | 3 | CYP emotional and mental health website development | LTP Funding | | | | | | | | | Hull CCG pump primed funding 16/17, go forward funding from Headstart Big Lottery funding |

| | | | | | | | | | | | | | |
|----|---|---|-------------|--|--|--|--|--|--|--|--|--|--|
| 10 | 3 | Young People's mental health film | LTP Funding | | | | | | | | | | |
| | | * Please ensure the LPS reference/number and description entered above matches the details in the latest version of your LTP Plan | | | | | | | | | | | |
| | | ** Please note cells for planned and actual spend have been restricted to a maximum £500,000. | | | | | | | | | | | |

RISK ANALYSIS

| Area of Risk | Detail | Mitigating Actions | Timescales |
|--------------------------|---|--|--|
| Autism Spectrum Disorder | There is a high number of CYP waiting for Autism Assessment, and the service previously did not have the capacity to meet the demand. | The CCG has agreed to a substantial increase in base budget, and a Contract Variation will be made with HTFT. The waiting list will be closely monitored and meetings with Service Managers will continue to ensure the agreed actions are implemented in a timely way. | A trajectory is in place which will see the waiting list reduced to under 13 weeks by 2020 |
| Eating Disorder Service | There is a steady increase in referral rates and the ED service was not originally commissioned to undertake phlebotomy. This is also an issue that is reflecting nationally. | The CCG continues to work with service leads and East Riding CCG with a view to enhancing service provision, and develop a Phlebotomy service. The Adult Eating Disorder is currently out to Tender and it is anticipated that their revised service specification will have a positive impact on the CYP service. | On-going |

Poem below Young Headstart Volunteer

15 minutes

Minute one;

Done is all you feel,

Your arms are so heavy.

It feels as of the littering of scars is weighing you down and keeping the pain there.

Your lungs feel as if there swimming in acid as they burn

Minute two;

You're playing solitaire spin the bottle trying to kiss the wounded parts of yourself and heal,

All you can muster is tears,

all you can feel is pathetic and numb.

Your steps feel meaningless,

As if you're floating in toxic gas.

You're gone... insane.

Minute three;

Your eyes are bloodshot,

Your body's numb,

You are walking in a world where you feel your body doesn't belong.

Then you see them a familiar face.

Minute four;

They pull you in and you smell their familiar scent.

And your body gives up fighting this ongoing battle that plagues your every move, and you cry, like no one is listening.

*Your breath becomes too heavy, too much too keep in,
So, the words slip out like a whisper...*

Minute five;

*You've swallowed down so many tears for so many years
so it's hard to stop this mess of tears, but you try.
Their grasp slips as they ask, "what's wrong?"
All you can muster is everything...
the worlds just so lonely man.
They understand and pull you closer than ever.*

Minute ten;

*No more tears fall,
Your vision is clearer, clearer than ever.
You need help, you need someone
You're not a lost cause, you're going to be okay.
It can't get worse than feeling so lost that you need to leave.*

*Please take it a morning at a time, even if it takes a million more one more mornings till 'I can't wait for tomorrow'. It
will happen!*

It takes 15 minutes to be calm. NOT your life.