

HCV ICS CYPMH STRATEGIC PLAN

Angela Ward



Humber, Coast and Vale

HCV information

CCG	0-16 population	17-18 population	Total
East Riding of Yorkshire	55,411	6,845	62,256
Hull	54,396	5,294	59,690
North Lincolnshire	33,776	3,815	37,591
North East Lincolnshire	32,808	3,443	36,251
North Yorkshire	76,443	9,757	86,200
Vale of York	62,770	7,866	70,636
Total Humber, Coast and Vale	315,604	37,020	352,624

	Hull	East Riding	North Yorkshire	York	N Lincs	N E Lincs
Deprivation % dependent children (0-15 years)	38%	9.4%	9.7%	9.3%	19.4%	27.4%
Rank	4 th	126 th	125 th	140 th	129 th	32 nd



HCV geography

- Diverse geographical patch
- Large rural areas with poor transport links & and poor access to services
- Densely populated cities & market towns
- Very variable demography i.e. high numbers of LAC in Hull, high levels of complex ED in East riding.

In North East and Yorkshire:

- Hull has highest prevalence of any mental health disorder age 5-16 compared to York which has one of the lowest
- NEL one of the highest %age of pupils identified as having a learning disability
- York one of the highest %age of CYP admitted to CAMHS low/medium secure units or PICU's
- NY has highest 5 of CYP who joining the trouble families programme compared to York who had the lowest



Lead Providers

Provider	In-Patient CAMHS	Community CAMHS
Leeds and York Partnership NHS Foundation Trust	Mill Lodge, York	
Humber Teaching NHS Foundation Trust	Inspire, Hull	Hull East Riding
Tees, Esk and Wear Valleys NHS Trust		North Yorkshire Vale of York
Rotherham Doncaster and South Humber NHS FT		North Lincolnshire
Lincolnshire Partnership Foundation Trust		North East Lincolnshire



Achievements

- Provider collaborative went live on 1st Oct 21
- Successful EOI to implement the Keyworker service as an early adopter site
- Collaborative approach to funding Kooth
- MHST waves 1-4 – 5 operational teams
- MHST team non-competitive approach to site selection(wave 5-10 additional 11)
- Health and Justice Integrated Framework – successful EOI
- Strong relationships with VCS to service delivery



Keyworker service

- HCV ICS wide service
- Strong partnership approach to EOI development
- Strategic lead in post
- First keyworkers commence in post late Oct
- Innovative model implementing AMBIT
- Hub and spoke model
- Working hand in hand with TCP and DSR leads



Health & Justice integrated framework

EOI

- ✓ Collaboration of partners across our 6 places
- ✓ Funding will enable us to invest in additional support for the most vulnerable CYP who have complex needs, high risk & high harm behaviours
- ✓ Build trauma-informed culture and a formulation-driven, whole system approach to providing integrated support



'HCV Youth & Justice Integrated Partnership (HCV YJIP)'

- 1 ICS wide scoping:
Trauma Informed initiatives, data and service provision
- 2 Building a trauma informed integrated care system
- 3 Strengthen multi agency relationships and improving co-ordination of existing services
- 4 Implementation of place based models of intervention as test and learn pilots



strengths/good practise examples:

North Yorkshire:

- ✓ Steering group established to progress an integrated approach to Social Emotional & Mental Health (SEMH).
- ✓ NYCCG & NYCC to jointly commission an early intervention service

York:

- ✓ Educational Psychology Service has been running a weekly Helpline for parents/carers to support learning and wellbeing since May 2020
- ✓ Systemic PBS approach for high risk children on DSR

East Riding of Yorkshire:

- ✓ 'No Harm Done' theatre based educational plays delivered in a number of secondary schools to Years 8 & 9 pupils, teachers and school nurses increasing awareness of the implications of self-harm and the signs of suicidal intentions.
- ✓ Since April 2021 an identified Specialist Nurse has provided virtual support to East Yorkshire Safeguarding and Partnership Hub to support the team in referrals that have mental health or emotional health needs. This has been positively received and supports joint working.



Hull:

- website www.howareyoufeeling.org.uk is co-produced with young people, families and professionals. The site provides a range of self-care information as well as how to access a range of mental health and other services across the city as well as some key national ones identified by Young People e.g. Young Minds.
- The whole school approach/HeadStart Hull Mark of Excellence was recognised as national best practice by the Anna Freud Centre for Children's Mental Health, The National Children's Bureau, and the Council for Disabled Children.

North East Lincs:

- YP are not rejected without direct intervention and signposting. This has been very successful, there has been a significant reduction in complaints, good feedback and improved outcomes for families – single assessments are provided for all CYP referred in to community team
- Digital interventions have been a great success, their effectiveness at delivering interventions has been successfully evaluated and their use will add to the resources available moving forward.

North Lincs:

- Good practises of joint working to support enhanced community care packages to reduce Tier IV admissions
- The CAMHS whole system service in NL is modelled on Thrive. The service is operated on the quadrants 'Getting Advice, Getting Help, Getting more help and Risk'.



Shared key challenges

- Unprecedented increased pressure
- Increase in acuity and complexity
- Increase in referrals – community CAMHS and ED
- High number of referrals coming to CAMHS SPA that are more suited for other services
- Changes in presenting needs: increase in CYP not attending school due to anxiety, increase in CYP with ACES/trauma
- Staff sickness
- Recruitment, vacancies and significant staff movement
- Eating disorder pressures
- Funding



Opportunities

- **Provider Collaborative:**

- *Develop whole pathways and in reach/outreach*
- *Remove boundaries that separate services*
- *Transition – thinking about whole life approach to pathways*
- *Closer working relationships with Case Managers*
- Work with PCN's to develop primary care offer
- Greater integration of the front door with LA and VCS
- Comprehensive joined up 24/7 helpline and online support
- Training programme at ICS level
- Development of regional specialisms i.e. sensory processing
- Digital interventions
- Health inequalities



Finally

Workforce Development:

- Think creatively how we support opportunities and retain people across the ICS footprint
- Opportunities for skill development across the ICS – enabling staff to broaden their experience within their existing role so they don't need to move on
- Give staff chance to move across a range of providers (not just NHS) and between a range of services – changing cultures and removing barriers
- Creation of specific/tailored roles to support retention and adding elements of individual interest
- Develop system wide training directory and training opportunities across the ICS

Sharing learning:

- Share developments around challenges and get better at joint initiatives and solutions

Aligning services:

- Strategic planning to align services, reduce duplication and share work resources
- Share communication, websites and information available to CYP and families
- Ensuring organisations complement each other rather than confuse.

Co-production:

- Ensure a more integrated and co-ordinated approach
- Co-production to feature through every process
- Working with CYP and families to ensure their experiences of using services are used to improve how services are delivered/developed.

