

HUMBER AND NORTH YORKSHIRE MENTAL HEALTH, LEARNING DISABILITY AND AUTISM COLLABORATIVE

Children and Young People's Mental Health Strategic plan priorities

WORKPLAN – November 2022/ October 2023

SUMMARY OF PRIORITIES:

1. improved prevention and early intervention to help people stay healthy and reduce demand on clinical services.
2. Improved/Expanded access to Mental Health services for those who need them
3. Systems Approach to Trauma Informed Care
4. Effective management of risk
5. Improved engagement and coproduction with CYP
6. Workforce Development

This is the annual high level work plan (22/23) to deliver the priorities identified in the Humber and North Yorkshire (HNY) Children and Young People's (CYP) Mental Health Strategic plan for 2021 – 2024. The aim of the workplan is to drive improvement across the Thrive Framework for Children and Young People's Mental Health and aligns with and compliments the workplan of the Child and Adolescent Mental Health (CAMHS's) inpatient provider collaborative. This will ensure an integrated system wide approach to service improvement and development which builds on and compliments place based plans. This is an inclusive plan with all priorities also applying to CYP with learning disability and autism who require mental health services

The Strategic plan and this associated workplan will deliver the priorities identified in the NHS Long Term Plan as well as those identified as specific to our ICS. This will ensure our partnership can:

- *Provide joined up care at right time in right setting (including online and face to face provision)*
- *Improved focus on population health management including predictive prevention and early intervention to help people stay healthy and reduce demand on clinical services.*
- *Reduce Mental Health Inequalities and impact of poor health on wider outcomes*
- *Addressing unmet need and local variations*
- *Promote closer working, collaboration, and co-operation with partners who support children and young people and families to ensure more cohesive, and streamlined care is provided.*

This will include a cross cutting focus on:

- *Workforce*
- *Digital*
- *Innovation*
- *Efficiency*

Ethos

- *Shared learning and strategic support to place though understanding of successful developments and joint challenges and gaps.*

	<ul style="list-style-type: none"> • Improve joint working to deliver effective solutions including learning from effective practice at place as well as regional and national. • Strategic planning to align services, reduce duplication and share resources • Ensuring services complement each other rather than confuse. • Engagement and Co-production with CYP with lived experience to feature through every process <p><i>Progress in delivering the actions within this workplan will be monitored by the HNY CYP Mental Health Steering group which has members representing a wide range of partners who worked collaboratively to produce this plan including HNY ICB place based CYP Mental Health leads, Local Authorities (Childrens services and Public Health), Health providers and VCS organisations.</i></p>
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PRIORITY ONE: Improved prevention and early intervention to help people stay healthy and reduce demand on clinical services.

RELEVANT LTP AIM LINK:

- Improved focus on population health management including predictive prevention and early intervention to help people stay healthy and reduce demand on clinical services.
- Reduce Mental Health Inequalities and impact of poor health on wider outcomes
- Addressing unmet need and local variations

THRIVE NEEDS BASED GROUPING - Getting Advice and Getting Help

ACTIONS		OWNERS	HOW WILL WE KNOW AN IMPROVEMENT HAS BEEN MADE	
1.1	Improved access to self-care resources and service information for CYP and Families via place based CYP websites e.g., Howareyoufeeling.org.uk (Hull), Go to (N Yorkshire) and Healthier Together ICS wide website.	Place based delivery partners/HYN ICB MH place-based leads/Place based Public Health Leads ICS CYP Health Alliance	<ul style="list-style-type: none"> • Each place will have an online hub of information, self-care resources and information on how to access services. • Development of ICS wide “Healthier Together” website in partnership with CYP Health Alliance which covers a range of CYP health issues and has adopted the CYP MH priorities in our strategic plan and this workplan as theirs, so we are all working to one set of priorities for CYP Mental Health. • Professionals and CYP and Families can access information, advice, and services via 	

			one portal which will include links to existing local, regional, and national sites identified as relevant to CYP MH	
1.2	<p>Work with partners at place to ensure new and established Mental Health Support Teams in Schools are developed, mobilised, and delivered effectively and meet local need</p>	<p>HNY CYP MH Programme Lead</p> <p>Place based MHST delivery partners/HYN ICB MH place-based leads</p>	<ul style="list-style-type: none"> Partners and CYP and Families at place know how to access MHST and what support it can provide Good attendance of MHST managers and HNY CYP MH place-based leads at ICS wide monthly MHST meetings Quarterly data reports show achievement of target outputs and improved outcomes for CYP Reduced inappropriate referrals to CAMHS from schools through effective MHST consultation model MHST are embedded within the wider Early Help model at place and part of new emerging models of care e.g., Family Hubs to complement existing early intervention mental health services e.g., CPWP's, counselling etc. 	
1.3	<p>Review and further develop effective early intervention pathways/services to address key CYP MH issues at the earliest opportunity through effective support for lower-level mental health presentations and reduce escalation/crisis.</p> <p>This will include emerging eating disorders and low-level Anxiety, Low Mood, Self-Harm, and risk of suicidal thoughts. This will be part of whole pathway development covering all aspects of the Thrive framework</p>	<p>HNY CYP MH Programme Lead</p> <p>Place based delivery partners/HYN ICB MH place-based leads/Place based Public</p>	<ul style="list-style-type: none"> Partners and CYP and Families at place know how to access appropriate early intervention support Sufficient capacity to meet need Reduced inappropriate referrals to CAMHS where need can be met through early intervention services Reduced need for escalation to clinical services/crisis through effective early intervention 	

		Health Leads/Place Based Early Help leads	<ul style="list-style-type: none"> Evidence of improved outcomes for CYP through effective early intervention 	
1.4	Increase and improve the training and awareness for all professional working with CYP to support them to identify and intervene to address key mental health issues at the earliest opportunity	<p>HNY CYP MH Programme Lead</p> <p>HYN ICB MH leads/Place based Public Health Leads</p> <p>Y&H Clinical Network</p>	<ul style="list-style-type: none"> Robust training offer at place for professionals working with CYP Additional training provided across ICS in partnership with Y&H Clinical Network and place-based partners on key issues/new and emerging issues e.g., Trauma Informed Care, eating disorders, Arfid, anxiety related school-based avoidance, suicide prevention etc to compliment place-based offer. Partners working with CYP at place know how to identify issues at the earliest opportunity, support lower-level mental health presentations and access appropriate early intervention support when needed. 	
<p>PRIORITY TWO: Improved/Increased access to Mental Health services across the Thrive Framework for those who need them</p> <p>RELEVANT LTP AIM LINK:</p> <ul style="list-style-type: none"> Provide joined up care at right time in right setting (including online and face to face provision) Reduce Mental Health Inequalities and impact of poor health on wider outcomes Addressing unmet need and local variations Promote closer working, collaboration, and co-operation, partners who support children and young people and families to ensure more cohesive, and streamlined care is provided. <p>THRIVE NEEDS BASED GROUPING - Getting Advice, Getting Help, Getting More Help</p>				
ACTIONS		OWNERS	HOW WILL WE KNOW AN IMPROVEMENT HAS BEEN MADE	
2.1	Build on work at place to further embed the Thrive Framework across partnerships in Partnership with Anna Freud Centre	HNY CYP MH Programme Lead	<ul style="list-style-type: none"> Place based leads report improved embedding of the Thrive Framework following workshop and additional support from Anna Freud Centre. 	

		HYN ICB MH place-based leads Anna Freud Centre for Children and Young Peoples Mental Health		
2.2	Improved clarity of thresholds/pathways for professionals as well as CYP and parents/carers – graduated response for support and development of consistent no wrong door model	HNY CYP MH Programme Lead Place based mental health services delivery partners (clinical and non-clinical) /HYN ICB MH place-based leads	<ul style="list-style-type: none"> • Partners and CYP and Families at place know how to access the right support at the right time to meet their needs • Reduced inappropriate referrals to services • Effective MDTs in place to ensure “No Wrong Door” to accessing support and services. • Partners and CYP and Families at place know how to access appropriate services and support to meet need. • Reduced need for escalation to clinical services/crisis through effective early intervention 	
2.3	Improve pathways/access for vulnerable children and young people e.g., LGBT+, CYP who are looked after, edge of care or have social care involvement, care leavers, in Youth justice service, at risk of homelessness (aged 16-18), teenage parents Improved access to family therapy and DBT for those CYP and families who would benefit from this.	HNY CYP MH Programme Lead Place based mental health services delivery partners (clinical and	<ul style="list-style-type: none"> • Improved access to timely and appropriate support/interventions for our most vulnerable children and young people • Improve Mental Health outcomes for vulnerable CYP • Barriers to access are understood and addressed 	

		non-clinical) /HYN ICB MH place-based leads/Social Care		
2.4	Establish Task and Finish Group to improve processes to ensure seamless transition from CYP to adult services – needs led not age led	HNY CYP MH Programme Lead HNY Adult Mental Health Programme Lead HNY Autism and LD programme lead	<ul style="list-style-type: none"> • Ensure age-based transition is not a barrier to access to ongoing support and services. • Ensure transition planning is needs led not age led • Services/support are seamless without gaps during transition to reduce escalation of issues/crisis 	
2.5	Establish CYPMH Primary Care Integration Pilot to test and support improved service integration, care navigation and access to appropriate mental health support for CYP presenting at primary care settings.	HYN ICB MH leads in Hull and East Riding Hey Mind PCN in Hull and East Riding	<ul style="list-style-type: none"> • Improved care navigation for CYP presenting at primary care to access right service to meet needs • Improved access to early intervention for CYP via primary care • Reduced inappropriate referrals to CAMHS • Reduced need for escalation to clinical services/crisis through effective early intervention 	
2.6	Development of CYP data dashboard - Develop and embed routine performance reporting from place-based providers which builds on the current LTP performance targets	HNY CYP MH Programme Lead	<ul style="list-style-type: none"> • Improved reporting of data standardised across ICS • Improved understanding of pressure points across the pathway 	

	<p>to provide a clear picture of successes and challenges by service and by pathway including outputs, outcomes and waiting times. This dashboard will help identify where support is needed to deliver improvements both for LTP trajectories/targets but also to inform future service development.</p>	<p>Place based mental health services delivery partners (clinical and non-clinical) /HYN ICB MH place-based leads</p> <p>BI leads</p> <p>CORC (Child Outcome Research Consortium)</p>	<ul style="list-style-type: none"> • Improved access and reduced waiting time. • Achievement of LTP waiting time targets. • Improve reporting of Outcomes to evidence impact of interventions/services 	
2.7	<p>Digital scoping - Scoping alternatives to face-to-face models of support to provide a blended offer moving forward building on the learning from the pandemics. This includes consultation and engagement with CYP and families.</p>	<p>HNY CYP MH Programme Lead</p> <p>Place based mental health services delivery partners (clinical and non-clinical) /HYN ICB MH place-based leads</p>	<ul style="list-style-type: none"> • Partners and CYP and Families at place know how to access appropriate services and support to meet need. • Support and services are able to offer a blended provision to reduce barriers to access 	

		CYP MH Engagement and Coproduction manager		
<p>PRIORITY THREE: Systems Approach to Trauma Informed Care</p> <p>RELEVANT LTP AIM LINK:</p> <ul style="list-style-type: none"> • Reduce Mental Health Inequalities and impact of poor health on wider outcomes • Addressing unmet need and local variations • Promote closer working, collaboration, and co-operation, partners who support children and young people and families to ensure more cohesive, and streamlined care is provided. <p>THRIVE NEEDS BASED GROUPING - Getting Advice, Getting Help, Getting More Help and Getting Risk Support</p>				
ACTIONS		OWNERS	HOW WILL WE KNOW AN IMPROVEMENT HAS BEEN MADE	
3.1	Development of Core Programme documents e.g., CYP TIC Strategy, Programme summary, KPI's, Training audit and plan etc	HNY CYP TIC programme Team	<ul style="list-style-type: none"> • A clear strategy for the ten-year CYP TIC programme is in place • Clear offer from Core team to support organisations deliver systems changed. • Progress to delivering systems change to embed TIC for CYP across a wide range of stakeholders. 	
3.2	Development of robust governance structure to deliver the 10-year CYP TIC programme	HNY CYP TIC programme Team	<ul style="list-style-type: none"> • Governance structures have been developed with place-based partners and are in place e.g., CYP TIC Alliance, Operational Steering group which also fit into wider ICB governance structures 	
3.3	Establish Communities of Practice to support systems change for CYP TIC	HNY CYP TIC programme Team	<ul style="list-style-type: none"> • Partner organisations have access to and attend regular communities of practice meetings and events 	

			<ul style="list-style-type: none"> Resources and good practice are shared across the ICS ensuring evidence-based TIC is embedded in policy and practice Provide support on policy and practice to organisations working with Children and Young People. This includes working through Trauma Informed Care (TIC) self-assessment toolkit with organisations working to progress from being Trauma aware to being Trauma Informed so the culture of the whole system reflects a Trauma Informed Approach 	
3.4	Establish a training plan which builds on and compliments training at place.	HNY CYP TIC programme Team	<ul style="list-style-type: none"> Training outcomes for ARC training mapped against any existing training through training audit to reduce duplication and need to undertake additional training, Partners are able to access training to support work to embed CYP TIC approach across the system including training for trainers so organisations can embed delivery. 	
3.5	Test and Learn pilots established at place to provide diversion from risk of offending or entry into the youth justice system using a TIC approach	HNY CYP TIC programme Team Place based Test and Learn leads	<ul style="list-style-type: none"> Test and learn pilots established in first three sites (North Yorkshire, Hull and North East Lincs) Improved outcomes for CYP accessing test and learn pilots Reduced entry into youth justice system Shared learning from test and learn pilots inform future pilots in York, East Riding, North Lincs. 	
PRIORITY FOUR – MANAGING RISK RELEVANT LTP AIM LINK: <ul style="list-style-type: none"> Provide joined up care at right time in right setting (including online and face to face provision) 				

- Reduce Mental Health Inequalities and impact of poor health on wider outcomes
- Addressing unmet need and local variations
- Promote closer working, collaboration, and co-operation, partners who support children and young people and families to ensure more cohesive, and streamlined care is provided.

THRIVE NEEDS BASED GROUPING - Getting Advice, Getting Help, Getting More Help and Getting Risk Support

ACTIONS		OWNERS	HOW WILL WE KNOW AN IMPROVEMENT HAS BEEN MADE	
4.1	<p>Develop a suicide prevention pathway for CYP including support in escalating cases of self-harm or suicidal ideation or following a suicide attempt</p> <p>Review of the step-down arrangements from Crisis particularly after serious self-harm or risk of suicide</p>	<p>HNY CYP MH Programme Lead</p> <p>HNY Suicide Prevention Programme Lead</p> <p>Place based delivery partners/HYN ICB MH place-based leads/Place based Public Health Leads</p>	<ul style="list-style-type: none"> • Partners and CYP and Families at place know how to access appropriate services and support to meet need. • Reduced need for escalation to clinical services/crisis through effective early intervention • Improved step-down support 	
4.2	Improved and consistent offer of Intensive home treatment across the ICS	HNY CYP MH Programme Lead	<ul style="list-style-type: none"> • Reduction in admission to inpatient units • Reduction in delayed discharge from inpatient units 	

		<p>Place based delivery partners/HYN ICB MH place-based leads</p> <p>Inpatient Provider Collaborative programme lead</p>	<ul style="list-style-type: none"> • Reduced need for escalation to crisis services 	
4.3	Task and Finish group established to prevent admission to inpatient units (where possible) and prevent delayed discharge.	<p>HNY CYP MH Programme Lead</p> <p>Inpatient Provider Collaborative programme lead</p> <p>Place based delivery partners/HYN ICB MH place-based leads</p> <p>Inpatient Unit Managers</p> <p>Social Care</p>	<ul style="list-style-type: none"> • Reduction in admission to inpatient units • Reduction in delayed discharge from inpatient units • Reduced need for escalation to crisis services • Appropriate packages of care in community to prevent delayed discharge 	

4.4	Coordinate the development of a forward plan to reduce CYP admission to acute paediatric wards for Mental Health issues to implement effective solutions to address the needs and challenges	<p>HNY CYP MH Programme Lead</p> <p>HNY Maternity and Acute MH Programme Lead</p> <p>Acute Trust Paediatric leads</p>	<ul style="list-style-type: none"> • Reduce the number of CYP in acute paediatric environments due to poor mental health • Improve staff knowledge, skills, and confidence to support those CYP who do enter these setting with poor mental health • Bring all the services together into a whole pathway approach 	
<p>PRIORITY FIVE: Improved engagement and coproduction with CYP and parents/carers</p> <p>RELEVANT LTP AIM LINK:</p> <ul style="list-style-type: none"> • Provide joined up care at right time in right setting (including online and face to face provision) • Reduce Mental Health Inequalities and impact of poor health on wider outcomes • Addressing unmet need and local variations • Promote closer working, collaboration, and co-operation with partners who support children and young people and families to ensure more cohesive, and streamlined care is provided. <p>THRIVE NEEDS BASED GROUPING - Getting Advice, Getting Help, Getting More Help and Getting Risk Support</p>				
ACTIONS		OWNERS	HOW WILL WE KNOW AN IMPROVEMENT HAS BEEN MADE	
5.1	Establish a children and young people’s ICS wide engagement and co-production strategy and workplan for CYP Mental Health, which builds on and compliments existing place-based activity, to capture and measure the engagement of children and young people and the impact of this	<p>HNY CYP MH Programme Lead</p> <p>CYP MH Engagement and Coproduction manager</p>	<ul style="list-style-type: none"> • Robust systems in place across the partnerships to ensure CYP with lived experience and their families are able to influence provision across the Thrive Framework • Engagement and Co-production with CYP with lived experience and their families to feature through every process 	

			<ul style="list-style-type: none"> Shared learning and strategic support to place though understanding of successful developments and joint challenges and gaps. 	
5.2	Implement and coordinate regular communities of practice/networks with place-based engagement and coproduction leads/workers across the ICS partners to ensure consistency of approach and peer to peer support and learning between services and partners.	CYP MH Engagement and Coproduction manager	<ul style="list-style-type: none"> Integrated and co-ordinated approach including sharing findings from previous engagement across places to build on findings rather than repeat and duplicate consultations. Shared learning and strategic support to place though understanding of successful developments and joint challenges and gaps. Partners working in CYP MH at place have the skills and knowledge to embed engagement and coproduction in all processes. 	
5.3	Provide consultancy, advice, and guidance to a wide range of place-based services and partners to support organisations to embed evidence-based practice to enable sustainability of delivery. This includes developing and sharing resources, skills, and knowledge across the ICS	CYP MH Engagement and Coproduction manager Young Minds	<ul style="list-style-type: none"> Shared learning and strategic support to place though understanding of successful developments and joint challenges and gaps. Partners working in CYP MH at place have the skills and knowledge to embed engagement and coproduction in all processes. 	
5.4	Recruit, train and support a team of young volunteers with lived experience from across the ICS geography, who will act as advisory groups to relevant steering groups, boards etc.	CYP MH Engagement and Coproduction manager	<ul style="list-style-type: none"> Engagement and Co-production with CYP with lived experience to feature through every process Young People from across our diverse communities are able to influence change to meet their needs. 	

PRIORITY SIX: Workforce

RELEVANT LTP AIM LINK:

- Provide joined up care at right time in right setting (including online and face to face provision)
- Addressing unmet need and local variations
- Innovation and Efficiency

THRIVE NEEDS BASED GROUPING - Getting Advice, Getting Help, Getting More Help and Getting Risk Support

ACTIONS		OWNERS	HOW WILL WE KNOW AN IMPROVEMENT HAS BEEN MADE	
6.1	Review current workforce 'make-up' and explore alternative workforce models.		<ul style="list-style-type: none"> • Evaluation of workforce model shows improvement in workforce metrics and patient related performance measures. • Completed pilots and learning identified. 	
6.2	Develop career pathways that allow movement across the system and promote continued professional development.		<ul style="list-style-type: none"> • Pathway is in place with individuals seen progressing through. • Improved appraisal rates and staff survey results on professional development and career opportunities. 	
6.3	Identify and embed opportunities for skill development within role through role expansions and specialism focus.		<ul style="list-style-type: none"> • Workforce plan includes expanded roles that meets the need of the patient, client. • Increase of retention rate • Training opportunities utilised. 	
6.4	Develop system wide training directory and training opportunities across the ICS footprint.		<ul style="list-style-type: none"> • Training opportunities utilised. • Collaboration with providers of health and care across the ICS. • Established model of rotation/secondment/ placement across system. 	
6.5	Map expected activity levels to future workforce to allow future proofing our service delivery.		<ul style="list-style-type: none"> • Clear understanding of potential activity scenarios. • Workforce plans in place to meet projected activity. 	