

Kirklees psychological wellbeing and mental health partnership strategy and implementation plan



# Working together for a brighter future for children and young people in Kirklees

2009 - 2012



## Acknowledgements

The beautiful art work used in the strategy was produced by children and young people at Chickenley School who took part in the Roots and Wings Project, an arts and emotional literacy programme based at Chickenley Community JIN School. It has been reproduced with the kind permission of the children and young people involved.

My grateful thanks go to the members of the Psychological Wellbeing and Mental Health Partnership Board for their contribution to the development of this strategy. Their commitment to joint working will make sure that the vision for Kirklees becomes a reality. Special thanks also go to Catherine Harper for her invaluable help and hard work throughout the preparation of this strategy.

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## Executive summary

“Mental health is the emotional and spiritual resilience which enables us to enjoy life and to survive pain, disappointment and sadness. It is a positive sense of well-being and an underlying belief in our own and others’ dignity and worth.”

*HEA, (1998) ‘Mental Health Promotion and Young People’.*

### Introduction

Childhood mental health problems are associated with issues of risk, deprivation and vulnerability and can be part of a negative life journey resulting in social exclusion, low achievement, poor physical health, reduced social functioning, adult mental health problems and relationship breakdown. A recent report from the Office for National Statistics (2005) survey showed that 10% of children aged five to 15 experience mental health problems and the prevalence rates have increased over the past 50 years.

The Kirklees Joint Strategic Needs Assessment (2008) identified psychological wellbeing as a key issue for children and young people and a priority area for improvement. A comprehensive child and adolescent mental health (CAMH) service will improve outcomes for, and meet the emotional needs of, children and young people in Kirklees. The core vehicle used to achieve this is a joint approach to commissioning based on an outcome focused provision.

The intent of this strategy is to commission a comprehensive range of outcome focused services based on an assessment of need that is delivered by a comprehensive workforce, at the right place and the right time

### Context

There are a number of national strategies, plans and policies, which underpin the joint commissioning of CAMHS. Key findings from the recently published National CAMHS Review (2008) considered progress since the publication of the National Service Framework (NSF) for Children, Young People and Maternity Services, particularly standard nine, and Every Child Matters. It identified that there are still long-standing problems which persist for some particularly vulnerable children and young people in accessing a full range of appropriate support, at whatever age. It also highlighted that children and young people say that services are not as well known, accessible, responsive or child-centred as they should be.

In Kirklees we recognise that supporting children and young people in securing positive psychological wellbeing and mental health is the responsibility of everyone involved, this includes parents, family members and carers, as well as professionals within voluntary/statutory organisations and the communities in which they live.

### Key priorities

This strategy outlines how NHS Kirklees and its partners will deliver comprehensive CAMH services throughout Kirklees in order to meet the government’s requirements. A detailed implementation plan is contained in the strategy and sets out our approach to improving the psychological wellbeing and mental health of children and young people in Kirklees. It is not about other people or agencies changing their perspective or practice but about reflection and adjustment in how each of us thinks about children and young people and what we can do to help them become emotionally resilient.

“At the heart of the NSF is a fundamental change in the way we think, the services being designed and delivered not around organizations or professionals, but around the real needs of children and their families.”

*Dr Al Aynsley-Green (2004)*



## Introduction

In 2008, the final report of the national CAMHS review, *Children and Young People in mind*: was published. It is an independent review sponsored by the Department for Children, Schools and Families (DCSF) and the Department of Health (DH). The review considered progress to date since the launch of standard nine of the NSF for Children, Young People and Maternity Services and *Every Child Matters* (2004). The review identified some improvements in how services promote and protect the psychological health and wellbeing of children and young people. However, it found that there are still long-standing problems which persist for some particularly vulnerable children and young people in accessing a full range of appropriate support. It also highlighted that children and young people are saying that services are not as well known, accessible, responsive or child-centred as they should be.

This strategy sets out a clear vision of how we can meet the challenges set out in the review. Firstly, everybody needs to recognise and act upon the contribution they make to supporting children's

psychological wellbeing and mental health. For parents and carers this means helping them understand the importance of psychological wellbeing in their child's life and how they can develop this. The review also recommends that local areas need to understand the needs of all their children and young people at a population and individual level and develop approaches to meet those needs. Finally, it identifies that the whole of the children's workforce need to be appropriately trained. For practitioners, this involves having access to the best evidence and knowledge on improving outcomes for children and young people.

In Kirklees there is a lot of excellent work to support psychological wellbeing and mental health and evidence of agencies working together to make a real difference to children and young people. Through the joint commissioning process work continues to ensure the provision of integrated services to deliver improved outcomes for all children and young people. This will guarantee that children, young people and families get the help they need, when they need it.

**Mental health is the foundation for wellbeing and effective functioning of individuals and communities.**

**There is no health without mental health.**

## The vision for Kirklees

**We believe that all children and young people have the right to be happy, healthy and safe, to be valued, respected and to have the opportunities they need to learn, develop and feel good about themselves and others.**

### How do we turn the vision into reality?

- We will put the child at the centre of service delivery
- We will work to improve health and reduce health inequalities
- We will promote choice and ensure accessibility
- We will involve children and young people in the planning and design of services

### What are our values?

It is important that we all recognise the important contribution we all make in supporting children and young people's psychological wellbeing and mental health. To deliver the highest quality of practice across children's services in Kirklees we will;

- Ensure services are based upon need and make sense to families, children and young people
- Narrow the gap in psychological wellbeing and mental health by matching resources to level of need.
- Promote the use of evidenced-based practice, including implementation of relevant National Institute of Clinical Excellence (NICE) guidelines
- Work in true partnership which reflects, openness, honesty and integrity
- Influence the wider determinants of psychological wellbeing that impact on children and young people

## What is the purpose of the strategy?

This strategy sets out the strategic direction for improving the psychological wellbeing and mental health of all children and young people in Kirklees. It is a three year joint planning and commissioning strategy which has been produced in partnership with the psychological wellbeing and mental health partnership board.

This strategy is informed by data from the national CAMHS mapping exercise, the CAMHS self assessment matrix and data from the joint strategic needs Assessment for Kirklees (JSNA, 2009). Details include mental health prevalence and incidence, service demand, service mapping, current resources and workforce development. This approach relies heavily on the development of explicit service specifications which set out the activity commissioners expect from providers in order to ensure implementation of the strategy. Data will be collected regularly and will be used to monitor the progress towards achieving the objectives detailed in the implementation plan. This strategy is a working document which will be reviewed and updated throughout the three year life span.

## What does the strategy aim to do?

The aim of this strategy is to coordinate the planning and commissioning of services to ensure that the resources of all agencies are used in the most effective way possible to improve the psychological wellbeing and mental health of children and young people in Kirklees. A detailed implementation plan accompanies this strategy to facilitate close monitoring of progress. The implementation plan will focus upon outcome led service design and commissioning, it is anticipated that this will lead to service re-configuration with both de-commissioning and re-investment.

### Joint commissioning approach and service design

Joint commissioning is the process whereby partners who have responsibility for specifying, securing and monitoring services work together to make joint decisions about the needs of their population, and how they should be met. Psychological wellbeing and mental health services will be commissioned on the basis that they can audit, evaluate and report routinely to the commissioners on agreed outcomes and demonstrate that they can achieve those outcomes.

## Outcomes for children and young people in Kirklees

The Kirklees joint psychological and mental health commissioning strategy will contribute in measurable ways to the 'Every Child Matters, Change for Children Outcomes' (2005). Every Child Matters is intended to promote integrated working to support every child, whatever their background or circumstances, in order to achieve the five outcomes:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic wellbeing.

This strategy will deliver a number of measurable local outcomes for children and young people. In Kirklees children and young people identified the following outcomes as being important to them:

Children and young people want to:

- Develop positive ways to deal with stress
- Experience less bullying and be able to deal with it if and when it occurs
- Have the respect and support of a trusted adult
- Make friends and successfully manage friendships
- Be happy and accepted at school
- Develop the skills needed to live independently
- Understand and deal with feelings in themselves and others
- Have respect for themselves and others and be respected them self
- Feel good about themselves



## Objectives

**Prevention** – There will be an emphasis on prevention and the promotion of wellbeing to help children and young people develop the skills and resilience they need to remain psychologically healthy.

**Early intervention** – There will be a real focus on providing support as early as possible by developing capability and capacity in universal services.

**Integration** – There will be an emphasis on services that work and plan together to deliver child and family centred care pathways between and through services.

**Accessibility** – There will be a drive to deliver services in convenient places with access to information and advice and awareness of the systems in place to access specialist support.

**Impact** – There will be the highest standards of performance expected with robust monitoring to assess impact, so as to use resources in the best way possible to achieve the best outcomes.



## What is the national vision?

The national vision for delivering psychological wellbeing and mental health in England is set out in the NSF for children, young people and maternity services. This strategy sits within a framework of other national and local strategies. It links to the strategic planning structures of the PCT, the local authority and the overarching children and young people's plan. It will work 'across' other key strategies and plans and also work to support operational planning and delivery. Over the past ten years, the mental health needs of children and young people have been increasingly recognised and acknowledged as a priority area nationally. This follows years of under funding, and poorly resourced services. Key legislation and guidance over the last few years, demonstrates this increased recognition. (Appendix 1).

Standard nine addresses the mental health needs of children and young people and should be read in conjunction with standards one to five. Standards one, two and four describe further mental health promotion interventions for children, young people and their families. Standards six and seven describe the additional mental health needs of children and young people who are ill or who are in hospital.

### Standard nine

“All children and young people, from birth to their eighteenth birthday, who have mental health problems have access to timely, integrated, high quality multi-disciplinary services to ensure effective assessment, treatment and support for them and their families.”

### Markers of good practice

These have been identified in Standard nine which aims to help all agencies achieve best practice in delivering psychological wellbeing and mental health services. (Appendix 2).



## Policy and legislative context



There is a strong policy framework for children’s psychological wellbeing and mental health with responsibility being shared primarily by two departments, the DH and DCSF. These two departments have joint ownership of the delivery of the public service agreement on children’s health and well-being (public service agreement 12). The Ministry of Justice has responsibility for policy on the mental health needs of children and young people in the youth justice system. Other departments such as communities and local government and culture, media and sport also play a contributory role.

The government’s public service agreement (PSA) 12 sets out the government’s vision for improving the physical, mental and emotional health of all children. The focus is on prevention, early intervention and enabling children, young people and their families to make healthy choices. One of the priorities within PSA 12 is emotional health and wellbeing.

Three indicators contribute to this strand:

**NI 50 – the emotional health of children and young people**

**NI 51 – effectiveness of CAMHS**

**NI 58 – emotional and behavioural health of looked after children**



PSA 12: Improving the health and wellbeing of children and young people	
Department of Health	Department for Children, Schools and Families
Joint responsibility for children and young people’s mental health and psychological well-being policy, with particular responsibility for health services and public health.	Joint responsibility for children and young people’s mental health and psychological well-being, with particular responsibility for children’s services.
Other policy areas have a contributing interest, including NHS workforce and training, research and development, information sharing, offender health, children’s physical health services and adult mental health.	Other policy areas have a contributing interest, including early years provision, schools, safeguarding, children’s workforce and training, the well-being of looked-after children, youth services and targeted youth support.
DH also has policy responsibility for arm’s-length bodies such as NICE and the Medicines and Healthcare Products Regulatory Agency (MHRA).	DCSF also has policy responsibility for arm’s-length bodies such as the TDA, the National Strategies and Together for Children.

## National indicator set NI 51



There are four national shared performance indicators (KPIs) included in the national indicator set for NI51 that both the primary care trust and the local authority are accountable for. The proxy measures below will be used for performance management purposes;

- 1 Has a full range of child and adolescent mental health services for children with learning disabilities been commissioned?**
- 2 Do 16 and 17 year olds who require mental health services have access to services appropriate to their age and level of maturity?**
- 3 Are arrangements in place to make sure that 24 hour cover is available to meet the urgent mental health needs of children and young people and for a specialist mental health assessment to be undertaken within 24 hours or the next working day where indicated?**
- 4 Is a full range of early intervention support services delivered in universal settings and through targeted services for children experiencing mental health problems commissioned by the local authority and primary care trust in partnership?**

## Current situation/performance

In Kirklees there have been many service improvement initiatives and programmes to support the delivery of a comprehensive CAMH services. These include;

- Family Nurse Partnership
- Children's Centre integrated one stop shops
- Healthy schools programme
- SEAL and PSHE
- Parenting strategy
- CAMHS services delivered in community settings including children's centres, schools, youth centres
- Re-design of the ADHD service
- Development of "everybody's business" training programme
- Development of an integrated ASD pathway
- Reduction in the specialist CAMHS Tier 3 waiting times to meet the 18 week standard
- Number of 16/17 year olds admitted to adult wards has significantly decreased
- Integrated emotional wellbeing care pathway and toolkit for 16/18 year olds

### Current priorities

- Develop and implement an integrated LD/CAMHS pathway across Kirklees.
- Deliver the Targeted Mental Health in Schools (TAMS) project.
- Develop a robust integrated Tier 2 targeted service.

The implementation plan sets out the other key commissioning priorities for the next three years.

## A whole system approach

Commissioning is about improving outcomes for children and young people. The important factor is that there are lots of resources in the whole system including those in children's services, health, schools and leisure services, which can be deployed in the best way possible to improve outcomes.



## What do we know works?

Continuous improvement and evidence-based interventions have been major national themes across health and social care in recent years. Government publications including

the consultation document "A quality strategy for social care" and "A first class service – quality in the new NHS" led the way in the development of continuous improvement and quality assurance governance in health. There are now clear expectations for practitioners to operate within a framework of managed quality, with clear standards and expectations in place.

Psychological wellbeing services are no exception. The DH has developed a framework for assisting commissioners and practitioners to learn from research and best practice. This includes national standards based on research and evaluation of best practice – including the children's NSF and national minimum standards. Indeed, Standard Nine of the children's NSF states that treatment interventions should "adhere to the best available evidence and which take account of their individual needs and circumstances" and that all services should "routinely audit and evaluate their work". This echoes the Kurtz (2003) evaluation of CAMHS initiatives, which identified as a key element in services that work a positive commitment to continued evaluation and audit of services.

### Prevention/early intervention

The NHS Centre for Reviews and Dissemination has reviewed the evidence for the effectiveness of interventions aimed at people who are likely to be at higher risk of developing mental health problems, and embraces elements both of health promotion and prevention models. The majority of mental health problems actually start in childhood and then continue on to adulthood – hence this is a key stage to intervene to reduce overall inequalities in health. The World Health Organisation (WHO) (2004) reports that there is strong evidence that improving nutrition and development in socio – economically disadvantaged children can lead to healthy cognitive development, improved educational outcomes and reduced risk of mental health ill health. The foundations for good psychological wellbeing are formed in childhood and depend to a great extent on the quality of the emotional and social environment provided by parents, families, teachers and peers.

### Targeted support

There is evidence that children with mental health needs are supported most effectively

when there is universal provision to promote their mental health, reinforced by targeted support for those with particular needs. Some children are more vulnerable to mental health problems than

**45% of children in care have a mental health disorder**



their peers because of historical and current circumstances such as a chaotic or unstable home life, family breakdown, neglect, abuse, poverty or housing difficulties. Not all children facing such adversities will experience mental health problems, however in general they are more at risk than their peers.

The narrowing the gap strategy identifies them as children and young people who are more likely to fall behind than others. Many children belong to more than one of the groups and for most; the gap is in more than one outcome.

Who are the vulnerable groups of children and young people in Kirklees children from poorer socio-economic groups (including white working class boys)

- children in care
- children with disabilities
- children with SEN
- children excluded from school
- young people 16/17 years
- children with poor records of attendance at school
- children from different ethnic minority backgrounds
- young offenders
- young carers
- children and young people misusing substances
- children at risk from significant harm
- children living with vulnerable adults

- children not fluent in English
- children who are asylum seekers/refugees (Appendix 3).

**Treatment**

A booklet that provides a précis of the research base, and which summarises the strength of the research findings about different forms of intervention, and highlights the many gaps that remain has been published by the CAMHS evidence-based practice unit. As this already provides a summary of the evidence of effectiveness and cost effectiveness of child and adolescent mental health interventions, it will not be reproduced here, but can be accessed at the following link:

**[www.library.nhs.uk/mentalhealth/ViewResource.aspx?resID=213020](http://www.library.nhs.uk/mentalhealth/ViewResource.aspx?resID=213020)**

CAMHS evidenced based interventions includes:

- Cognitive behavioural therapies
- Behavioural therapies
- Parent training
- Medication
- Family therapy
- Interpersonal therapy (IPT)
- Social skills training
- Multi-systemic therapy (MST).

**What is psychological wellbeing and why does it matter?**

For the purpose of this document the factors contributing to psychological wellbeing are defined as follows:



Children and young people's psychological wellbeing is important in its own right but also because it affects their physical health, both as a young person and as an adult. Good psychological health helps protect young people against behavioural problems, violence and crime, teenage pregnancy and the misuse of drugs and alcohol. It can also help them to learn and achieve academically, thus affecting their long-term social and economic wellbeing.

### What is mental health?

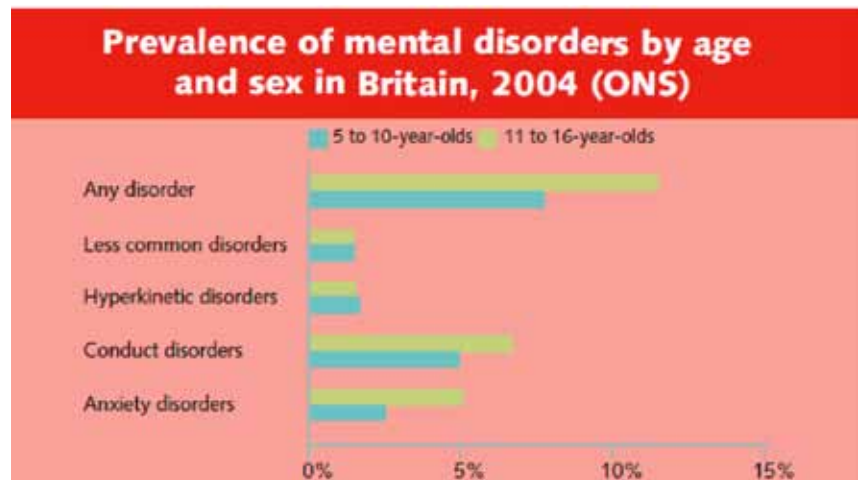
Good mental health is more than the absence or management of mental health problems; it is the foundation for wellbeing and effective functioning both for individuals and their communities. Mental well-being is about our ability to cope with life's problems and make the most of life's opportunities; it is about feeling good and functioning well, as individuals and collectively. Mental health problems generally refer to difficulties we may experience with our mental health that affect us in our everyday lives. Mental health problems can affect the way we feel, the way we think and the way we function.

Around 50% of lifetime mental illness starts before the age of 14 and continues to have a detrimental effect on an individual and their family for many years. Potentially, half of these problems are preventable.

Mental health is as important as physical health and is the foundation of emotional and intellectual growth, underpinning the development of confidence, independence and a sense of self worth. The 2004 survey of the mental health of children and young people in Great Britain undertaken by the Office for National Statistics provided a solid body of evidence to demonstrate that 10.4% of children and young people aged 5-16 have a mental disorder that is associated with 'considerable distress and substantial interference with personal functions', such as family and social relationships, their capacity to cope with day to day stresses and life challenges and their learning.

Children in the UK have poorer emotional health than anywhere else in the developed world (UNICEF 2007)

Rates of mental health problems reported among children and young people have risen over the last fifty years, with rates of anxiety and depression increased by 70% in the past twenty five years. Left unresolved, mental health problems significantly affect children and young people's social and educational development. This can have a profound and lasting negative



impact into adult life in terms of employment, relationships and social functioning.

There is a strong connection between child and adolescent mental health issues and mental health problems in adulthood with the economic and social consequences of failing to address problems early being considerable. It is estimated that public service money spent on children and young people with troubled behaviours, up to adulthood alone, is 10 times that spent on those with no significant problems.



## Key risk factors

Research has given us a clear picture of a range of factors that are statistically associated with poor mental health outcomes (risk factors), as well as protective factors that are associated with good outcomes. These risk factors increase the likelihood of poor mental health outcomes. They do not necessarily cause them. The Mental Health Foundation (1999) considered those factors associated with higher rates of mental health problems among children and young people;

Risk factor	Impact upon mental health and well-being (odds ratio)	Prevalence in population
Poor parental mental health	5.5/ 5.3 increased rate in onset of emotional/conduct disorder in childhood	10% of mothers experience post-natal depression
Parent becomes unemployed	5.0/ 4.0 increase in onset of emotional/ conduct disorder in childhood	One in 10 children have mental health problems 1.8 million children live in a workless household
Poor parenting skills e.g. grounding	5.6 increase in rate of conduct disorder in childhood	
Childhood abuse	15.5 increased rate of minor depression as a child 8.7 suicidal ideation 8.1 anxiety 7- 8 times increased rate of recurrent depression as adult 9.9 PTSD 5.4 substance misuse	20% of children report experiencing some form of child abuse in their lifetime (UK)
Four or more adverse childhood experiences or ACEs (child abuse, parental depression, domestic abuse, substance abuse or offender)	12.2 increased rate in attempted suicide as an adult 10.3 injecting drug use 7.4 alcoholism 4.6 depression	15% of females and 9% of males experience four or more ACEs (US study)
High level use of cannabis or cannabis use under age of 15	6.7 / 6.9 increased risk of developing schizophrenia	0.5% population with schizophrenia
An anxious person is at risk of dying from coronary heart disease	5- 6 times relative risk	11% of women and 7.5% of men have mixed depression/ anxiety disorder
A person with two or more physical illnesses	6.4 increased risk of mental health problems	17% of adults have two or more physical illnesses
All offenders Young offender Female offender Recent release	Increased risk of suicide: 5 times 18 times 35.8 times 8.3 times	80-90, 000 offenders 9,000 young 6% female 90% with mental health/ substance misuse problem
Looked after children	6- 8 times conduct disorder 4- 5 times suicide attempt	1-2% children are 'looked after'
LGBT - Especially gay and bisexual men	4 times increased risk of suicide	Estimate 6% of population are lesbian, gay or bisexual



## Key protective factors

Research shows that the nature of the interaction is more important than structural factors such as income in predicting emotional wellbeing. Specific parenting styles proven to be particularly beneficial are:

Key protective factors	Intervention
Promote good parental mental health	Identify and treat poor maternal mental health and relevant risk factors both antenatally and in later years with universal and targeted approaches
Promote good parenting skills	Universally and targeting high risk families with more intensive interventions
Develop social and emotional skills	For example via mental health promotion in schools (universal) and target skill development in high-risk children
Intervene early with conduct and emotional disorders	With parenting programmes, school behaviour approaches, CBT and wilderness programmes
Develop violence and abuse prevention skills	Universal programmes in schools and colleges and target high-risk young people
Poverty reduction	Interventions to assist parents back into employment and address fuel poverty for example

## Kirklees needs assessment

Kirklees is the seventh largest, most populated metropolitan borough in England with a total population of 423,450 of which 101,200 (24%) are aged under 19 with 15.1% of the population in Kirklees being from minority ethnic groups (largely Asian). The population of Kirklees is likely to increase by 11.2% by 2026, and it is estimated that there will be 116,800 (25.7%) children and young people aged under 19 by 2025. In 2008 there were an estimated 101,200 young people aged under 19, 24% of the population, rising to 26% by 2025.

Kirklees is the eighty second most deprived metropolitan borough in England, with its most disadvantaged super output areas being located in Batley, Dewsbury, Central Huddersfield, Almondbury in South Huddersfield, and Golcar in the Colne Valley. The areas of greatest affluence are Lindley and Fixby in North Huddersfield. Large geographical rural areas, which include the Valleys, Denby Dale and Kirkburton do pose issues of equity of access to services.

Kirklees has seven operational locality areas, which enables a number of services such as the



Children and Young People Service, the NHS Primary Care Trusts, and the West Yorkshire Police to be delivered on a locality basis, thus operating more effectively together. In addition to these localities, Kirklees Council comprises of twelve areas, covering twenty three wards, of which eight fall within the 25% most deprived in England and Wales.



### Educational establishments in Kirklees

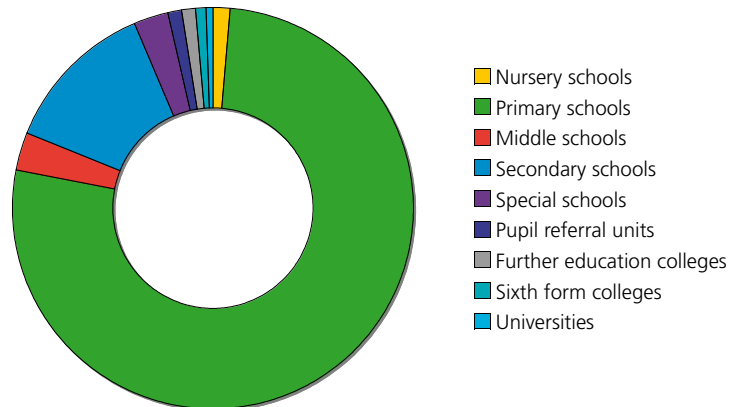
There are a total of 193 schools in Kirklees which comprise of:

Three nursery schools; 153 primary schools; six middle schools; 25 secondary schools; six special schools; two pupil referral units (or short stay schools); two further education colleges; two sixth form colleges; one university of Huddersfield.

Kirklees currently has 34 children’s centres.

TellUs3 Survey, 2008-2009, identified Kirklees with a 6.5 greater percentage of children with a good relationship (with one or more significant other) than the England average. Kirklees also had a 4.7 higher percentage of children with a good relationship, than the Yorkshire and the Humber regional average.

132/193 (68%) of schools in Kirklees have achieved the National Healthy Schools Standard. This was above the target set for 2008-2009 of 130 schools.



### Prevalence of mental disorders can be inferred for Kirklees (ONS 2007)

	Percentage (aged 5 – 16 years) in Kirklees	Number of children and young people in Kirklees (aged 5 – 16 years)
Conduct disorders	5.3%	3293
Emotional disorders	4.3%	2672
Being hyperactive	1.4%	870
Less common disorders	1.3%	808
Total	12.3%	7643

### Actual ONS 2004 Great Britain prevalence of subcategories of mental disorders % of children with each disorder

Type of disorder	Boys 5 to 10 yrs %	Girls 5 to 10 yrs %	All 5 to 10 yrs %	Boys 11 to 16 yrs %	Girls 11 to 16 yrs %	All 11 to 16 yrs %
Conduct disorders	2.2	2.5	2.4	4.0	6.1	5.0
Emotional disorders	6.9	2.8	4.9	8.1	5.1	6.6
Being hyperactive	2.7	0.4	1.6	2.4	0.4	1.4
Less common disorders	2.2	0.4	1.3	1.6	1.1	1.4
Any disorder	10.2	5.1	7.7	12.6	10.3	11.5

## JSNA for Kirklees (2009)

A refreshed needs assessment was completed to develop an understanding of the current and future needs of the population. Much of the data is from the Young People's Survey (2007) and was used in the last JSNA so that data compares with either the previous Young People's Survey 2005 or the data included in the last JSNA if it was from other sources. The JSNA, as a valuable piece of development work, which is adding greatly to commissioning intelligence in Kirklees by looking at the existing commissioning knowledge to help highlight priority areas of work for service development.

The refresh showed that personal unhappiness in young people (Year 9 Survey) remains an important issue for Kirklees. Relationships, self image, self esteem and level of worry all impact on our psychological wellbeing and ability to cope. Young People who have poor relationships with parents, peers, and others are more likely to have low self esteem, particularly where those relationships have significant conflict. This results in them adopting poor coping skills that can harm health, such as being unable to resist peer pressure, smoking, doing poorly at school and having physical ill health. (Appendix 4).

## What resources do we need?

Within children's services the four-tiered model has been used to guide the commissioning and planning of services. It creates a common language for describing services but should not be seen as something constraining or limiting as some children and young people may require services from a number, or even all of the tiers, at the same time.

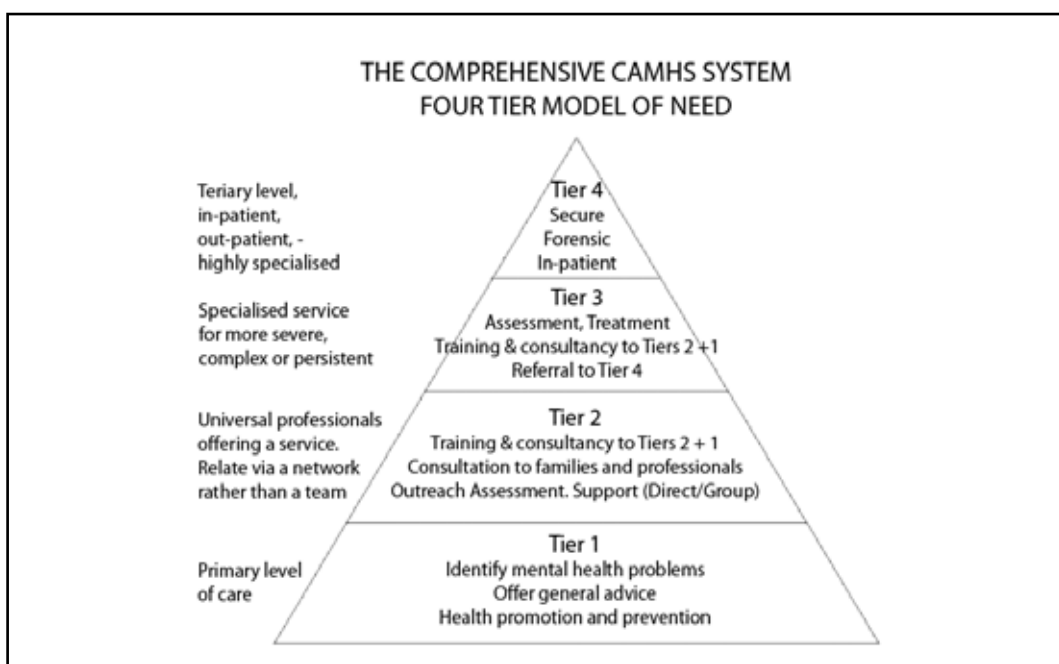
The term CAMHS tends to be used in two different ways. It is commonly used as a broad concept that embraces all those services that contribute to the mental health care of children and young people, whether provided by health, education, social services or other agencies.

As well as specialist services, this definition also include universal services whose primary function is not mental health care, such as GPs and schools. This explicitly acknowledges that

supporting children and young people with mental health problems is not the responsibility of specialist services alone.

The 1996 publication "Treating Children Well" provides an estimate of the number of children/young people who may experience mental health problems appropriate to a response from CAMHS at tiers one, two, three and four. For the population of Kirklees at 11 – 15 years (26968) this would equate to:

Tier	%	Number
Tier 1	15	4045
Tier 2	7.5	2023
Tier 3	2.5	674
Tier 4	0.47	127
Total	25.47	6869



## Integrated service delivery

A key principal of this joint commissioning strategy is that psychological wellbeing and mental health is the business of all agencies and for local outcomes to be realised an integrated approach to service delivery is necessary, supported by integrated processes. This will incorporate specialist support embedded within universal services that may be co-located in children's centres or primary care facilities. Some processes, like the Common Assessment Framework (CAF) will be centrally driven, whereas others will be developed at a local level.

Mental health and emotional wellbeing are not the preserve of one agency or one profession, or of one government department or another. National CAMHS Review (2008)

## Everybody's business

In Kirklees there is a genuine commitment to delivering comprehensive CAMHS by working collaboratively and openly in sharing the ownership for the psychological wellbeing and mental health of all children and young people, so that it really is everybody's business. The ability of each person to contribute effectively depends solely upon his or her desire to make a difference.

Not only is it vital that frontline practitioners collaborate across agencies but commissioners are explicitly required to involve and draw on the knowledge and experience of practitioners when researching and making decisions about commissioning services. Commissioners are also required to consult with and involve service users and the wider public in reaching their decisions about local needs and how best to meet them.

I CAN make a contribution to the psychological wellbeing of children – I know how and where my job fits in and understand the difference I can make.



## Putting children, young people and families at the heart of services

Partnership and consultation are key elements of Every Child Matters and of World Class Commissioning: [www.dh.gov.uk/en/managingyourorganisation/commissioning](http://www.dh.gov.uk/en/managingyourorganisation/commissioning)

Children and young people in Kirklees have told us why psychological wellbeing and mental is important to them:

As part of our ongoing commitment to increase participation of children and young people to influence service design and delivery, ICYE (Involving Children and Young People Equally) have facilitated various activities to look at children and young peoples views on autism services and CAMHS.

**"We think that feeling better about yourself is very important. It doesn't mean that in order to be a healthy person you got to do (just) the physical aspects. A person must be healthy emotionally, socially and mentally. This way you can be healthy and happy at the same time."  
(Boy aged 15).**

Below is feedback from an autistic spectrum disorder project run by ICYE:

**"I would like a bit more help so that I can understand the ASD service and how it can help me"**

*Pupil from the specialist autism unit at Honley High*

**"I like summer school because I do some learning then I do whatever I want"**

*Pupil from specialist autism unit at Moldgreen Community Primary School*

Young people were interviewed by ICYE about their experience of using CAMH services.

**"I would like a bit more help so that I can understand the ASD service and how it can help me"**

*Pupil from the specialist autism unit at Honley High*

**"I like summer school because I do some learning then I do whatever I want"**

*Pupil from specialist autism unit at Moldgreen Community Primary School*

**"I would like a bit more help so that I can understand the ASD service and how it can help me"**

*Pupil from the specialist autism unit at Honley High*

Young people were interviewed for the Kirklees Children and Young People's Plan (2008) about what it means to them to be healthy and they said:

**"We think that feeling good about yourself is very important".**

**"It is good to show your feelings in the right way and not get angry with people. When I feel down at school I talk to a member of staff who I know and trust, I feel relieved to share my problems"**

## How did we agree the implementation plan?

The implementation plan and its priorities were agreed as a result of a comprehensive review of national standards and requirements – including NSF for Children, Young People & Maternity Services (2004) and the Every Child Matters agenda (2004); and the National CAMHS Review (2008) and a process of local needs analysis. From this, gaps could be identified. The agreed priorities do not all begin from a zero baseline. Many of the priorities or are well underway to being achieved, and have not required additional resources. Some priority areas are resource dependent, and as such only limited progress can be made without additional funds.

In March 2009 a conference was held for over 100 delegates from different agencies in Kirklees: involved in the delivery of services for children and young people in Kirklees to:

Working Together for a Brighter Future for Children and Young People in Kirklees.

The aim of the event was to:

- Contribute to the implement plan and the priorities in the Kirklees Psychological Wellbeing and Mental Health Joint Commissioning Strategy.
- Encourage effective partnership working and ensure that raising psychological wellbeing and mental health is everybody's business.
- Highlight areas of good practice and gaps in service provision.
- Tackle health inequalities to meet the needs of specific target groups.

### Working together for a brighter future - workshop

Examples of progress highlighted at the event include:

- Developed clear referral pathways to services with shorter waiting lists
- Services are being re-designed with the child/young person at the centre
  - Agencies working in collaboration with improved communication

### Summary of the key issues highlighted at the event:

- There needs to be more focus on positive mental health promotion and the reduction of stigma.
- A mandatory level of training to be identified and delivered to all staff, training materials to be available in a variety of formats, including e-learning.
- The need for continual expansion and improvement of information provided in a range of formats: paper, internet, podcast etc.

## Partnership working in Kirklees

At the working together for a brighter future conference in March 2009 there was a real commitment to working in collaboration to meet our vision for Kirklees.





## Implementation plan

The following implementation plan sets out how we are going to meet the agreed priorities over the 2009/10 period. The implementation plan will be reviewed in June 2010 resulting in the agreement of the 2010/2011 implementation plan. A similar process will occur in June 2011 for agreement of the 2011/12 submitted through single points of Appendix 1.

Delivering psychological wellbeing and mental health services in Kirklees 2009/12						
	Element of a comprehensive CAMHS	Objective	Level of need	Current state indicator/directive	Action/s needed	Project leads
<b>1</b>	<b>Young people, 16 – 17 with psychological/ mental health problems have access and accommodation appropriate to their age.</b>	1 To develop a comprehensive CAMH service for all 16- 17 year olds including those not in education or training	Tiers 1-4 Universal to targeted intervention	<b>Current state</b> There is an emotional wellbeing group and care pathway for Kirklees Colleges but little provision for those 16-17 years not in further education. There is a transition protocol between CAMHS and AMHS but this needs further development	1 To develop a long term action plan to ensure a comprehensive range of CAMH services	Paul Tipper
		2 To ensure that young people with early psychosis will receive specialist help from the early intervention in psychosis (EIP) service	Tiers 3-4 Specialist intervention		2 To develop partnership working between CAMHS and the EIP service for young people with psychosis	Debi Hemingway
		3 To ensure that young people who are in situations of emotional / mental health crisis will receive a speedy response and effective follow up	Tier 4 Specialist intervention	<b>Indicators/directives</b> <ul style="list-style-type: none"> <li>NI 51</li> <li>VSB12_02</li> <li>Revised Mental Health Act (2007)</li> <li>Pushed into the Shadows</li> <li>NSF Children and Maternity (2004)</li> <li>Kirklees stakeholder consultation</li> </ul>	3 To develop pathways and protocols for young people in crisis	Kate Birch
	4 To ensure that mothers aged 16-17 years with severe mental health problems will have access to perinatal mental health services	Tier 4 Specialist intervention	4 To develop the perinatal mental health pathway to include the needs of 16-17 year olds		Debi Hemingway	
	<b>Priority status</b>					
	<b>High</b>					
	<b>MEDIUM</b>					
	<b>Low</b>					

Delivering psychological wellbeing and mental health services in Kirklees 2009/12						
	Element of a comprehensive CAMHS	Objective	Level of need	Current state indicator/directive	Action/s needed	Project leads
<b>2</b>	<b>A full range of psychological wellbeing and mental health services for children and young people with learning disabilities.</b>	1 To make sure that all children and young people with a learning disability receive a prevention and early intervention service	Tiers 1-2 Universal to targeted intervention	<b>Current state</b> Current access to a full range of CAMH services for children and young people with learning disabilities is fragmented and inadequate in Kirklees. Improving access to CAMHS has been a key national target in recent years with Kirklees not meeting targets  <b>Indicators/directives</b> <ul style="list-style-type: none"> <li>• NI 51</li> <li>• VSB12_01</li> <li>• Aiming High for Disabled Children (2007)</li> <li>• Valuing People (2009)</li> <li>• Kirklees stakeholder consultation</li> </ul>	1 To develop an integrated care pathway to deliver a comprehensive CAMHS for children and young people with LD	Cheyvonne Ogunde  Debi Hemingway
		2 To make sure that children and young people with learning disabilities and mental health issues will receive interventions from specialist CAMHS	Tiers 3-4 Specialist intervention			
<b>PRIORITIES – CHILDREN AND YOUNG PEOPLE</b>	Priority status					
	<b>HIGH</b>					
	Medium					
	Low					

Delivering psychological wellbeing and mental health services in Kirklees 2009/12						
	Element of a comprehensive CAMHS	Objective	Level of need	Current state indicator/directive	Action/s needed	Project leads
<b>3</b>	<b>24 hour cover is available to meet the urgent care needs of children and young people and for a specialist mental health assessment to be undertaken within 24 hours.</b>	1 To provide 24/7 emergency cover including telephone access, identified appropriate places of safety, assessment and referral on to appropriate services	Tiers 3-4 Specialist intervention	<b>Current state</b> CAMHS currently provide a 1st and 2nd on-call service including out of hours psychiatric cover. Current in-patient Tier 4 provision is provided at Cheadle Royal Hospital through a contract with the PCT  <b>Indicators</b> <ul style="list-style-type: none"> <li>• NI 50</li> <li>• VSB12_03</li> <li>• Recommended in National CAMHS Review (2008)</li> <li>• Section 136 Revision</li> </ul>	1 To review the current provision To develop an out of hours helpline contact number To review the Tier 4 provision in partnership with the specialist commissioning group To develop a pathway for the 136 service	Cheyvonne Ogunde  Paul Tipper  Helen Severnsy
<b>PRIORITIES – CHILDREN AND YOUNG PEOPLE</b>	<b>High</b>					
	<b>MEDIUM</b>					
	Low					

Delivering psychological wellbeing and mental health services in Kirklees 2009/12						
	Element of a comprehensive CAMHS	Objective	Level of need	Current state indicator/directive	Action/s needed	Project leads
<b>4</b>	<b>1 Early intervention support services delivered in universal settings and through targeted settings.</b>	1 To facilitate the development of key Tier 2 services with an appropriate workforce which will include substance misuse services and counselling services	Targeted intervention	<b>Current state</b> There is a limited integrated Tier 2 targeted service provision in Kirklees. The PMHW have worked closely with school staff to build capacity in front line workers and now need to develop a more targeted approach in line with TAMHS  <b>Indicators/directives</b> <ul style="list-style-type: none"> <li>• NI 50</li> <li>• VSB12_04</li> <li>• Recommended in CAMHS National Review (2008)</li> </ul>	1 To develop a service model for the delivery of targeted psychological wellbeing services (Tier 2) across Kirklees  To review, re-design and embed a new service delivery model for the primary mental health workers  2 To develop a service model for the delivery of TAMHS.	Tom Brailsford
		2 To develop a project plan for delivering the TAMHS project	Tier 2 Targeted intervention			Tom Taylor
<b>PRIORITIES – CHILDREN AND YOUNG PEOPLE</b>	<b>2 Plan the delivery of the TAMHS (Targeted Mental Health in Schools) service</b>					Lynn Nickson
						Graham Hoffman
	<b>Priority status</b>					Debi Hemingway
	<b>HIGH</b>					
	<b>Medium</b>					
	<b>Low</b>					

Delivering psychological wellbeing and mental health services in Kirklees 2009/12						
	Element of a comprehensive CAMHS	Objective	Level of need	Current state indicator/directive	Action/s needed	Project leads
<b>5</b>	<b>Children and young people with autistic spectrum disorder</b>	1 To make sure that parent training groups are available for all parents of newly diagnosed autistic children (early bird programme)	Tier 2 Targeted Intervention	<b>Current state</b> There is currently a Kirklees multi-disciplinary ASD service which mainly provides a diagnostic function  <b>Directives</b> <ul style="list-style-type: none"> <li>• Aiming High for Disabled Children (2007)</li> <li>• NSF Children and Maternity (2004)</li> <li>• Kirklees stakeholder consultation</li> </ul>	1 To review the current service model and develop an options appraisal for future service design/ re-design to develop an integrated service with the paediatric and the LD services	Cheyvonne Ogunde
		2 To make sure that all children and young people with suspected ASD receive a multi-agency assessment and post diagnostic support	Tier 3 Specialist Intervention			Debi Hemingway
<b>PRIORITIES – CHILDREN AND YOUNG PEOPLE</b>	<b>Priority status</b>					
	<b>HIGH</b>					
	<b>Medium</b>					
	<b>Low</b>					

## Delivering psychological wellbeing and mental health services in Kirklees 2009/12

6	Element of a comprehensive CAMHS	Objective	Level of need	Current state indicator/directive	Action/s needed	Project leads
PRIORITIES – CHILDREN AND YOUNG PEOPLE	Looked after children and support after adoption	1 To make sure that all children and young people in care whose placements are at risk of breaking down, and their carers, will have access to support	Tier 3 Specialist intervention	<b>Current state</b> Specialist CAMHS currently provide a consultation service and direct work with looked after and adopted children but there are still gaps in the service provided.  <b>Indicators/directives</b> <ul style="list-style-type: none"> <li>• NI 58</li> <li>• Kirklees CAMHS Self Assessment</li> <li>• Recommended in CAMHS National Review (2008)</li> </ul>	1 To develop an evidence-based service model to meet the psychological wellbeing and mental health needs of looked after and adopted children and young people  2 To identify the need and appropriate services for specific interventions and develop a service specification	Linda Patterson
		2 To make sure that families where a child or young person is at immediate risk of coming into care will receive appropriate CAMHS interventions including a robust assessment and recommendations as required	Tier 3 Specialist intervention			Bev Paris
Priority status						
HIGH						
Medium						
Low						

## Delivering psychological wellbeing and mental health services in Kirklees 2009/12

7	Element of a comprehensive CAMHS	Objective	Level of need	Current state indicator/directive	Action/s needed	Project leads
PRIORITIES – CHILDREN AND YOUNG PEOPLE	Children and young people with physical ill health who also have mental health problems	1 To make sure that all children and young people with physical health problems have access to a full comprehensive CAMH service	Tiers 1-4 Universal to specialist intervention	<b>Current state</b> There are currently no pathways for children with physical ill health/ mental health problems  <b>Directives</b> <ul style="list-style-type: none"> <li>• Kirklees CAMHS self Assessment</li> <li>• Kirklees stakeholder consultation</li> </ul>	1 To develop clear pathways to make sure that children and young people with physical disability or serious illness have equitable access to psychological services	Helen Severns
Priority status						
High						
MEDIUM						
Low						

Delivering psychological wellbeing and mental health services in Kirklees 2009/12						
	Element of a comprehensive CAMHS	Objective	Level of need	Current state indicator/directive	Action/s needed	Project leads
8	Children and young people with eating disorders	1 To make sure that children and young people who have eating disorders, receive comprehensive CAMH service including a home intervention/ out reach service.	Tiers 1-4 Universal to specialist intervention	<p><b>Current state</b></p> <p>There is a limited eating disorder service delivered by Tier 3 specialist CAMHS. The majority of Tier 4 out of area referrals are for an eating disorder service</p> <p><b>Directives</b></p> <ul style="list-style-type: none"> <li>Kirklees CAMHS Self Assessment</li> </ul>	1 To review the current service and develop an options appraisal for future service design/ re-design.	Paul Tipper  Cheyenne Ogunde  Debi Hemingway
PRIORITIES – CHILDREN AND YOUNG PEOPLE						

Delivering psychological wellbeing and mental health services in Kirklees 2009/12						
	Element of a comprehensive CAMHS	Objective	Level of need	Current state indicator/directive	Action/s needed	Project leads
9	Children and young people in the youth justice service	1 To ensure access to a range of CAMH interventions via youth offending service including substance misuse services	Tier 2-3 Targeted intervention	<p><b>Current state</b></p> <p>Local agreements are in place between YOT and CAMHS which ensure timely access to a range of service</p> <p><b>Directives</b></p> <ul style="list-style-type: none"> <li>Kirklees CAMHS Self Assessment</li> <li>Recommended in National CAMHS Review</li> </ul>	1 To develop psychological wellbeing and mental health services for children and young people who have offended or who are at risk of offending, including children who abuse others	David Kaye  Tom Brailsford  Paul Tipper
		2 To provide staff working directly with young offenders with basic training and awareness in CAMH interventions.				
3 To make sure that that there is a comprehensive assessment made by the PMHW and ongoing targeted, time limited interventions made with rapid access to specialist services as required						
PRIORITIES – CHILDREN AND YOUNG PEOPLE						
<p><b>Priority status</b></p> <p><b>High</b></p> <p><b>MEDIUM</b></p> <p>Low</p>						

Delivering psychological wellbeing and mental health services in Kirklees 2009/12					
	Element of a comprehensive CAMHS	Objective	Current state indicator/directive	Action/s needed	Project leads
<b>1</b>	<b>Children and young people in transition between services</b>	1 To make sure that children and young people moving between all children's services will experience a smooth and positive transition	<b>Current state</b> There is currently a transition protocol between CAMHS and adult services with further work required to support young adults to ensure that transition goes smoothly  <b>Indicators/directives</b> <ul style="list-style-type: none"> <li>• Kirklees CAMHS Self Assessment</li> <li>• Recommended in National CAMHS Review</li> </ul>	1 To review the transition protocol between services and agencies	Tom Brailsford
		2 To make sure that children and young people who are admitted to in-patient units experience good transitions both in and out of hospital		2 To review the transition protocol between CAMHS and AMHS and age appropriate accommodation	Debi Hemingway
		3 To have in place a clear referral pathway taking account of CAMHS provision up to 18 years old		3 To adopt the care co-ordinator role to make sure that the transition between services goes smoothly	Paul Tipper
	<b>Priority status</b>				
	<b>High</b>				
	<b>MEDIUM</b>				
	<b>Low</b>				
<b>OVERARCHING PRINCIPLES</b>					

Delivering psychological wellbeing and mental health services in Kirklees 2009/12					
	Element of a comprehensive CAMHS	Objective	Current state indicator/directive	Action/s needed	Project leads
<b>2</b>	<b>Data collection and routine evaluation of outcomes to develop a robust needs assessment</b>	1 To develop a robust needs assessment/analysis	<b>Current state</b> The current needs assessment is based on applying prevalence data to population estimates. This has limited value in planning services because there are large locality variations in levels of deprivation, ethnic mix of the population.  Deprivation elevates many risk factors and markers for ill health and is also associated with poor uptake/utilisation of services  <b>Directives</b> <ul style="list-style-type: none"> <li>• Recommended in National CAMHS Review (2008)</li> <li>• Kirklees CAMHS Self Assessment</li> </ul>	1 To have agreed protocols in place for routine evaluation of outcomes in line with DH and local authority guidance	Paul Tipper
				2 To submit data from each service to CAMHS Outcome Research Consortium (CORC) for common analysis, local comparison and peer review	Tom Brailsford
				3 To make sure services delivered to children and young people are based on current and updated analysis of need	Keith Henshall
	<b>Priority status</b>				
	<b>HIGH</b>				
	<b>Medium</b>				
	<b>Low</b>				
<b>OVERARCHING PRINCIPLES</b>					
				4 To make sure that CAMHS commissioning arrangements are informed by a system of local needs analysis, working across partner agencies to reflect the needs and outcomes of the general population of Kirklees across all age groups as well as the needs of vulnerable groups using results from surveys including 'Tellus'	

Delivering psychological wellbeing and mental health services in Kirklees 2009/12					
	Element of a comprehensive CAMHS	Objective	Current state indicator/directive	Action/s needed	Project leads
<b>3</b>	<b>Training programme for Tier 1 and Tier 2 staff – universal and targeted training.</b>	1 To make sure that staff working directly with children and young people have sufficient knowledge, training and support to promote the psychological wellbeing of children, young people and their families and to identify early indicators of difficulty.	<p><b>Current state</b></p> <p>Currently the PMHW provide a mental health awareness training package ‘risk and resilience’ training. This has been accessed by a range of professionals.</p> <p><b>Directives</b></p> <ul style="list-style-type: none"> <li>• Recommended in National CAMHS Review</li> <li>• Kirklees Self assessment</li> </ul>	1 To develop a multi-agency training strategy which will incorporate training for staff working at a universal, targeted and specialist level which will include a range of formats including e-learning	Lynn Nickson
		2 To make sure that the children’s workforce development strategy, should set out minimum standards in relation to key knowledge of mental health and psychological wellbeing to cover both initial training and continuous professional development.		2 To develop a Kirklees CAMHS workforce development strategy	Debi Hemingway
<b>OVERARCHING PRINCIPLES</b>	<b>Priority status</b>				Paul Tipper
	<b>High</b>				
	<b>MEDIUM</b>				
	<b>Low</b>				

Delivering psychological wellbeing and mental health services in Kirklees 2009/12					
	Element of a comprehensive CAMHS	Objective	Current state indicator/directive	Action/s needed	Project leads
<b>4</b>	<b>Service user/carer participation and involvement into service planning, design and delivery</b>	1 To improve and increase service user and carer involvement in the planning, designing and reviewing of services	<p><b>Current state</b></p> <p>There is currently a lack of consistency regarding the regular consultation on service provision with service users and carers. There is current and ongoing work on developing an engagement and participation strategy</p> <p><b>Directives</b></p> <ul style="list-style-type: none"> <li>• Recommended in National CAMHS Review</li> <li>• WCC</li> <li>• Kirklees CAMHS Self Assessment</li> <li>• Kirklees stakeholder consultation</li> </ul>	1 To implement the engagement and participation strategy to actively involve service users on a regular basis, using a variety of methods and which is incorporated into all services	Tom Brailsford
		2 To ensure that all services to evaluate outcomes from the perspective of users (including child or young person and key family members or carers)		2 To develop improved technologies for evaluation and responding to service users and carers’ experiences.	
<b>OVERARCHING PRINCIPLES</b>	<b>Priority status</b>				
	<b>HIGH</b>				
	<b>Medium</b>				
	<b>Low</b>				

Delivering psychological wellbeing and mental health services in Kirklees 2009/12					
5	Element of a comprehensive CAMHS	Objective	Current state indicator/directive	Action/s needed	Project leads
	OVERARCHING PRINCIPLES	<b>Service directory for professionals and for children, young people and families</b>	1 To make sure that parents, carers, children and young people have up-to-date information in a range of formats, about psychological wellbeing and mental health and what services are available locally to help them.	<b>Current state</b> There is no current service directory for CAMH services for professionals or children, young people and families  <b>Directives</b> <ul style="list-style-type: none"> <li>Recommended in National CAMHS Review (2008)</li> <li>Kirklees stakeholder consultation</li> </ul>	1 To develop a service directory which sets out a clear description of the services that are available locally, which support and promote psychological well-being and mental health
2 To make sure that staff across all services have a clear understanding of their roles and responsibilities and those of others and of the services provided		2 To develop a directory for professionals to improve consistency and promote greater co-operation and co-ordination between services.			
	<b>Priority status</b>				
	<b>HIGH</b>				
	<b>Medium</b>				
	<b>Low</b>				

Delivering psychological wellbeing and mental health services in Kirklees 2009/12					
6	Element of a comprehensive CAMHS	Objective	Current state indicator/directive	Action/s needed	Project leads
	OVERARCHING PRINCIPLES	<b>Mental health promotion and reduction of stigma and discrimination</b>	1 To make sure that all children will receive quality teaching on managing emotions, coping with change, emotional understanding, positive self esteem, relationships and interpersonal problem solving skills	<b>Current state</b> SEAL (Social, Emotional Aspects of Learning) is embedded in the majority of primary schools in Kirklees  Children, young people and parents still report feeling CAMH services are very stigmatising  <b>Directives</b> <ul style="list-style-type: none"> <li>Kirklees CAMHS Self Assessment</li> <li>Recommended in National CAMHS review (2008)</li> <li>Kirklees stakeholder consultation</li> </ul>	1 To continue to deliver the SEAL programme in all Kirklees schools, including the High Schools
2 All parents, carers, children and young people should have a more positive understanding of mental health and psychological well-being to help reduce stigma		2 To develop and implement a comprehensive information and communication strategy to promote a positive understanding of psychological wellbeing and mental health.	Keith Henshall		
	<b>Priority status</b>				
	<b>High</b>				
	<b>MEDIUM</b>				
	<b>Low</b>				

Delivering psychological wellbeing and mental health services in Kirklees 2009/12					
	Element of a comprehensive CAMHS	Objective	Current state indicator/directive	Action/s needed	Project leads
7	Parenting programmes which support complex needs	1 To make sure that a range of evidence based interventions is available for parents and children who need support	<p><b>Current state</b></p> <p>Kirklees has a 2009 parenting strategy</p> <p><b>Directives</b></p> <ul style="list-style-type: none"> <li>Recommended in National CAMHS Review (2008)</li> </ul>	1 To establish clear pathways to accessing evidence-based parenting programmes for those children and families most at risk	Sue Davis  Carol Pickburn
		2 To make sure that parents with mental health problems and their children receive coordinated intervention and support – through the Think Family initiative		2 To implement recommendations from the <i>Think Family</i> Initiative	
3 To provide specialist parent training courses to parents of children up to 12 years with 'conduct disorder'.	3 To implement the parenting strategy				
OVERARCHING PRINCIPLES	<p><b>Priority status</b></p> <p><b>HIGH</b></p> <p>Medium</p> <p>Low</p>				

Delivering psychological wellbeing and mental health services in Kirklees 2009/12					
	Element of a comprehensive CAMHS	Objective	Current state indicator/directive	Action/s needed	Project leads
8	Single point of access/referral	1 To develop a clear pathway that identifies how different services contribute to a comprehensive CAMHS so that CYP and their families understand how to access services	<p><b>Current state</b></p> <p>There is currently a significant lack of clarity and understanding about the role of targeted and specialist CAMH services and access routes</p> <p><b>Directives</b></p> <ul style="list-style-type: none"> <li>Recommended in National CAMHS Review (2008)</li> <li>Kirklees Self Assessment</li> </ul>	1 To develop a clear pathway that identifies how different CAMHS services contribute to a comprehensive CAMHS so that children, young people and their families understand how to access services	Lynn Nickson  Debi Hemingway  Helen Severns
		2 To have clearly signposted routes to specialist help and timely access to this, with help available during any wait		2 To develop a clear and concise service specifications for targeted and specialist CAMH services with clear referral pathways so that referrals are submitted through single points of entry where possible	
OVERARCHING PRINCIPLES	<p><b>Priority status</b></p> <p><b>HIGH</b></p> <p>Medium</p> <p>Low</p>				

## APPENDIX 1

### Key documents

In 1995, *Together we Stand* (NHS Advisory Service) was published. This was a major guide to the commissioning and delivery of CAMHS.

In 1996/97 child and adolescent mental health was introduced in the NHS priorities and planning guidance as one of the six areas to be measured over the following three years. Also in 1997, the Parliamentary Health Select Committee issued a report on CAMHS – stressing the importance of Tier 1 services, and the need for agencies to work together. In the same year, the social inclusion unit was set up, highlighting the importance of early involvement with children and young people at risk of exclusion from school, and crime.

In 1998, the quality protects programme was set up – with an emphasis on prevention within children and families social services; and in 1998/99, the then mental health specific grant introduced a CAMHS component for the first time.

In 1999, the Department of Health introduced the local authority CAMHS grant, and the 1999 - 2002 national priorities guidance was directed at local authorities and health authorities for the first time as having a shared lead responsibility for mental health services and outcomes for children and young people. The local modernisation review (2001) was set up to implement the NHS Plan. One of the plan's key priorities was to develop child and adolescent mental health services and to implement "quality protects".

Improvement, expansion and reform - the planning and priorities framework 2003-2006 identified

CAMHS as a key area for expansion. The framework set out a CAMHS public service agreement:

- All CAMHS to provide a comprehensive service - including mental health promotion and early intervention – by 2006
- Increase CAMHS by at least 10% each year across the service according to agreed local priorities (demonstrated by increased staffing, patient contacts and/or investment)

In 2004, the much-awaited NSF for Children, Young People and Maternity Services was published. This sets out a ten-year programme on improving children and young people's health and well being through the setting of standards of care. It is a developmental standard within the NHS standards framework set out in national standards local action – the key planning document for the 2005-2008 period. Standard nine addresses the mental health and psychological wellbeing of children and young people – and forms the key guidance against which CAMH services need to measure themselves.

In 2008 the national CAMHS review - children and young people in mind: considered the psychological wellbeing and mental health needs of children and young people birth to nineteen years and their families and published 20 key recommendations to enable a number of important changes to take place to improve standards in service delivery.



## Appendix 2

# CAMHS markers of good practice

1. All staff working directly with children and young people has sufficient knowledge, training and support to promote the psychological well being of children, young people and their families and to identify early indicators of difficulty.
2. Protocols for referral, support and early intervention are agreed between all agencies.
3. CAMHS professionals provide a balance of direct and indirect services and are flexible about where children, young people and families are seen in order to improve access to high levels of CAMH expertise.
4. Children and young people are able to receive urgent mental health care when required, leading to a specialist mental health assessment where necessary within 24 hours or the next working day.
5. Child and adolescent mental health services are able to meet the needs of all young people including those aged sixteen and seventeen.
6. All children and young people with both a learning disability and a mental health disorder have access to appropriate child and adolescent mental health services.
7. The needs of children and young people with complex, severe and persistent behavioural and mental health needs are met through a multi-agency approach. Contingency arrangements are agreed at senior officer levels between health, social services and education to meet the needs and manage the risks associated with this particular group.
8. Arrangements are in place to ensure that specialist multi-disciplinary teams are of sufficient size and have an appropriate skill-mix, training and support to function effectively.
9. Children and young people who require admission to hospital for mental health care have access to appropriate care in an environment suited to their age and development.
10. When children and young people are discharged from in-patient services into the community and when young people are transferred from child to adult services, their continuity of care is ensured by use of the care programme approach.

## Appendix 3

## Number of vulnerable groups in Kirklees

Vulnerable groups in Kirklees	No. in Kirklees
Looked after children	441
Children with a child protection plan (September 2008)	216
Young offenders aged 10 to 18 years (December 2008)	1,474
Disabled children on register	434
Children with a statement of educational needs January 08 <ul style="list-style-type: none"> <li>• Autistic spectrum disorder – 211</li> <li>• Behaviour, emotional and social difficulties – 286</li> <li>• Hearing impairment - 89</li> <li>• Moderate learning difficulty – 409</li> <li>• Multi sensory impairment – 10</li> <li>• Other difficulty/disability – 39</li> <li>• Physical disability – 133</li> <li>• Profound and multiple learning difficulty – 96</li> <li>• Speech, language and communication needs – 241</li> <li>• Severe learning difficulties – 148</li> <li>• Specific learning difficulty – 110</li> <li>• Visual impairment – 54</li> </ul>	1,826
Young people with substance misuse problems (in treatment)	1,255
School pupils from BME communities (January 2008)	19,567 (31.2%)
Children and young people permanently excluded from school 2006/07	44
Children and young people excluded from school (non permanent) 2006/07	2,299
School attendance 2007/08 – unauthorised absence sessions	139,754
School attendance 2007/08 – unauthorised absence, number of pupils	12,454
Young people aged 16 to 18 not in education, employment or training (NEET) (October 2008)	1,364
Young people who have been bullied ( based on 3.2% of 11 to 15 year olds)	863
Teenage conceptions rate per 1000 females aged 15 to 17 years (2006)	43.4
Children of lone parents (2005) <ul style="list-style-type: none"> <li>• In work – 7,765</li> <li>• Out of work – 6,050</li> </ul>	13,815
Children or young people in a homeless family (2007/08)	273
Children whose parents misuse substances	3,286
Bereaved young people	Not known
Children who live with domestic violence (June 2007 – June 2008)	4,147
Asylum seekers and refugees	Not known

Appendix 4

JSNA Refresh 2009

Indicators	Kirklees	Worse	Vs 2005 / last JSNA	Vs nationally
<b>Being healthy aged 14</b>				
Physically active enough daily <span style="float:right">LAA local</span>	33	Girls 24	✓ (29)	X (53)
Doing less than 30 mins physical activity daily <span style="float:right">LAA local</span>	30	Girls 37	X (26)	
No breakfast before school	22		=	
Smoking weekly or more	13	Girls 16	=	=
Happy to continue smoking ♦	26	Boys 29	X (20)	
Drink alcohol weekly or more	48		X (24)	
Out of control weekly or more ♦	8		X (5)	
Drink alone ♦	15		=	
Using illegal drugs monthly or more <span style="float:right">LAA NI 115</span>	4.4		=	✓ (5.0)
Teenage pregnancies <span style="float:right">LAA NI 112</span>	4.3		✓ (4.5)	X (4.1)
Had sexual intercourse	17	Girls 18	=	
No contraception used	16		✓ (19)	
<b>Emotional well-being aged 14</b> <span style="float:right">LAA NI 50</span>				
Miserable	23	Girls 29	X (20)	
Angry	34		X (30)	
Lonely	12	Girls 17	=	
Poor relationships School staff	36		=	
Family	19	Girls 26	=	
Unhappy at school	35		X (33)	
Unhappy with self	26		=	
Do not have someone to talk to about problems	22		=	
<b>Staying safe aged 14</b>				
Bullied Past 2 months <span style="float:right">LAA NI 69</span>	14		X (12)	
Worried weekly or more about it	7		=	
<b>Enjoying and Achieving</b>				
Achievement at Early Years Foundation Stage	55		✓ (41)*	✓ (49)
English and Maths at KS2 Males	70		= (70)*	=
English and Maths at KS2 Females	73		= (73)*	X (75)
5+ GCSEs A*-C [incl English and Maths] <span style="float:right">LAA NI 78</span> Males	41		✓ (36)	X (43)
5+ GCSEs A*-C [incl English and Maths] <span style="float:right">LAA NI 78</span> Females	50		✓ (42)	X (52)
5+ GCSEs A*-C [incl E & M] Pakistani origin <span style="float:right">LAA local</span>	33		✓ (30)*	X (40)

**Key:**

- ♦ of those who smoked or drank
- ✓ where better than 2005 or nationally
- = same as 2005 or nationally
- X where worse than 2005 or nationally
- \* 2006 data

For data on all these indicators at a locality level see section 6 or 7 of the full report. For definitions of indicators see section 11 of the full report.

\* This has not been updated since the last JSNA.

## Appendix 5

## Equality impact assessment tool

All public bodies have a statutory duty under the Race Relation (Amendment) Act 2000 to “set out arrangements to assess and consult on how their policies and functions impact on race equality.” This obligation has been increased to include equality and human rights with regard to disability age and gender. The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

Procedure for processing effectiveness guidance			
		Yes/no	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	NO	
	• Ethnic origins (including gypsies and travellers)	NO	
	• Nationality	NO	
	• Gender	NO	
	• Culture	NO	
	• Religion or belief	NO	
	• Sexual orientation including lesbian, gay and bisexual people	NO	
	• Age	NO	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	NO	
2.	Is there any evidence that some groups are affected differently?	NO	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	NO	
4.	Is the impact of the policy/guidance likely to be negative?	NO	
5.	If so can the impact be avoided?	NO	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

## Glossary of terms

ACE	Adverse Childhood Experience	KPI	Key Performance Indicator
ASD	Autistic Spectrum Disorder	LGBT	Lesbian Gay Bi-sexual and Transgender
BME	Black and Minority Ethnic	LPSB	Local Public Service Board
CAF	Common Assessment Framework	MHRA	Medical and Healthcare Regulatory Agency
CAMHS	Child and Adolescent Mental Health Services	NEET	Not in Education, Employment or Training
CBT	Cognitive Behavioural Therapy	NICE	National Institute for Clinical Excellence
DCSF	Department of Children, Schools and Families	NSF	National Service Framework
DH	Department of Health	PCT	Primary Care Trust
ECM	Every Child Matters	PSA	Public Service Agreement
IYCE	Involving Young Citizens Equally	PTSD	Post Traumatic Stress Disorder
JSNA	Joint Strategic Needs Assessment	TDA	Training and Development Agency



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