



*Hartlepool and Stockton-on-Tees
Clinical Commissioning Group*



Transformation Plan 2015-2020 (2016 Refresh)

**Children and Young People's Mental
Health and Wellbeing Hartlepool
and Stockton-on-Tees**



Children and Young People’s Mental Health and Wellbeing Hartlepool and Stockton-On-Tees Transformation Plan

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Hartlepool and Stockton-On-Tees Transformation Plan

1 Introduction

- 1.1 This document sets out the Five-year Children and Young Peoples Mental Health and Wellbeing Plan for Hartlepool and Stockton-on-Tees, in line with the national ambition and principles set out in *Future in Mind – Promoting, protecting and improving our children and young people’s mental health and wellbeing*¹.
- 1.2 A requirement of *Future in Mind* is for areas to develop a local plan focused on improving access to help and support when needed and improve how children and young people’s mental health services are organised, commissioned and provided.
- 1.3 In response, the Hartlepool and Stockton-on-Tees Children and Young People’s Mental Health and Wellbeing Transformation Plan 2015-20 has been developed; building on the foundations of the previous Tees wide CAMHS transformation work.
- 1.4 As this document incorporates Child and Adolescent Mental Health Services (CAMHS); it should be seen as the local ‘CAMHS strategy’.

2 What is the Children and Young People’s Mental Health and Wellbeing Transformation Plan?

- 2.1 The transformation plan provides a framework to improve the emotional wellbeing and Mental Health of all Children and Young People across Hartlepool and Stockton-on-Tees. The aim of the plan is to make it easier for children, young people, parents and carers to access help and support when needed and to improve mental health services for children and young people.
- 2.2 The plan sets out a shared vision, high level objectives, and an action plan which takes into consideration specific areas of focus for local authority areas.
- 2.3 Successful implementation of the plan will result in the following outcomes:
 - An improvement in the emotional well-being and mental health of all children and young people;
 - Multi-agency approaches to working in partnership, promoting the mental health of all children and young people, providing early intervention and also meeting the needs of children and young people with established or complex problems;
 - All children, young people and their families will have access to mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies.

¹ Department of Health NHS England (2015) *Future in Mind – Promoting, protecting and improving our children and young people’s mental health and wellbeing*

- 2.4 This plan has been developed by a multi-agency group and builds on the Tees-wide CAMHS work. Stakeholders consulted during the development of the plan are listed in Appendix 1.
- 2.5 The Transformation Plan has been informed by an Health Needs Assessment within each local authority area.
- 2.6 Both Local Authorities areas are in the process of refreshing their Joint Strategic Needs Assessments (JSNA).

3 National Policy Context

- 3.1 National policy over recent years has focussed on improving outcomes for children and young people by encouraging services to work together to protect them from harm, ensure they are healthy and to help them achieve what they want in life.
- 3.2 In regard to improving outcomes for children and families, *No Health without Mental Health*² published in 2011, emphasises the crucial importance of early intervention in emerging emotional and mental health problems for children and young people. Effective commissioning will need to take a whole pathway approach, including prevention, health promotion and early intervention.
- 3.3 *Future in Mind – Promoting, protecting and improving our children and young people’s mental health and wellbeing*), responds to the national concerns around provision and supply of system wide services and support for children and young people. It largely draws together direction of travel from preceding reports, engages directly with children young people and families to inform direction and the evidence base about what works.
- 3.4 The report introduction includes a statement from Simon Stevens CEO of NHS England he stated ‘Need is rising and investment and services haven’t kept up. The treatment gap and the funding gap are of course linked’. The report emphasises the need for a whole system approach to ensure that the offer to children, young people and families is comprehensive, clear and utilises all available resources.
- 3.5 The joint report of the Department of Health and NHS England sets out the national ambitions that the Government wish to see realised by 2020. These are:
 - i. People thinking and feeling differently about mental health issues for children and young people, with less fear and discrimination.
 - ii. Services built around the needs of children, young people and their families so they get the right support from the right service at the right time. This would include better experience of moving from children’s services to adult services.
 - iii. More use of therapies based on evidence of what works.

² No Health without Mental Health (2011) HM Government

- iv. Different ways of offering services to children and young people. With more funding, this would include 'one-stop-shops' and other services where lots of what young people need is there under one roof.
- v. Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible. For example no young person under the age of 18 being detained in a police cell as a 'place of safety'.
- vi. Improving support for parents to make the bonding between parent and child as strong as possible to avoid problems with mental health and behaviour later on.
- vii. Improvement in the service provision available for vulnerable children and young people, including those who have been sexually abused and/or exploited to ensure they gain access to specialist mental health support if required.
- viii. More openness and responsibility, making public numbers on waiting times, results and value for money.
- ix. A national survey for children and young people's mental health and wellbeing that is repeated every five years.
- x. Professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those who need it.

3.6 *Future in Mind* identifies key themes fundamental to creating a system that properly supports the emotional wellbeing and mental health of children and young people. The themes are:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

3.7 The report further sets out 9 recommendations that, if implemented, would facilitate greater access and standards for Children and Adolescent Mental Health Services (CAMHS), promote positive mental health and wellbeing for children and young people, greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.

3.8 One of the recommendations is specific to implementing the *Crisis Care Concordat*³ – an agreement between police, mental health trusts and paramedics to drive up standards of care for people, including children and young people experiencing crisis such as suicidal thoughts or significant anxiety.

3.9 *Future in Mind* also makes reference to the Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT). This is a service

³ HM Government Mental Health Crisis Concordat; Improving outcomes for people experiencing mental health crisis

transformation programme delivered by NHS England that aims to improve existing Child and Adolescent Mental Health Services (CAMHS) working in the community⁴. The programme works to transform services provided by the NHS and partners from Local Authority and Third Sector that together form local area CAMHS Partnerships. It is different to Adult IAPT as it does not create standalone services.

4 Local Policy Context

- 4.1 This transformation plan contributes to the delivery of local priorities detailed within Joint Health and Wellbeing Strategies.
- 4.2 The Hartlepool Joint Health and Wellbeing Strategy aims to give every child the best start in life and children and young people the opportunity to maximise their capabilities to have control of their lives. This will be achieved by empowering children and young people to make positive choices about their lives and developing and delivering new approaches to children and young people with special educational needs and disabilities.
- 4.3 The Stockton-on Tees Joint Health and Wellbeing Strategy also aims to give every child the best start in life and children and young people the opportunity to maximise their capabilities to have control of their lives. There is specific acknowledgement to improve the mental health and wellbeing of children and young people.
- 4.4 The Hartlepool and Stockton-on-Tees CCG Clear and Credible Plan Refresh 2014/15-2018/19 cites the development of a strategy to ensure that primary mental health services can meet the needs of children and young people with early stage mental health difficulties; through early intervention and quality longer term services for those children with more complex mental illness.
- 4.5 This plan also aligns with the CCG Mental Health Strategy.

5 Children and Young People's Mental Health; National Profile of Need

- 5.1 Mental health problems cause distress to individuals and all those who care for them. Mental health problems in children are associated with underachievement in education, bullying, family disruption, disability, offending and anti-social behaviour, placing demands on the family, social and health services, schools and the youth justice system. Untreated mental health problems create distress not only in the children and young people, but also for their families and carers, and the wider community, continuing into adult life and affecting the next generation.
- 5.2 Information in key policy documents suggests:
 - 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder;

⁴ Children and Young People's Improving Access to Psychological Therapies Programme

- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm;
- More than half of all adults with mental health problems were diagnosed in childhood - less than half were treated appropriately at the time;
- Number of young people aged 15-16 with depression nearly doubled between 1980s and 2000s;
- Proportion of young people aged 15-16 with a conduct disorder more than doubled between 1974 and 1999;
- 72% of children in care have behavioural or emotional problems;
- About 60% looked after children in England have emotional and mental health problems and a high proportion experience poor health, educational and social outcomes after leaving care;
- 95% of imprisoned young offenders have a mental health disorder.

5.3 Just like adults, any child can experience mental health problems, but some children are more vulnerable to this than others⁵. These include those children who have one or a number of risk factors:

- who are part of the Looked after system
- from low income households and where parents have low educational attainment
- with disabilities including learning disabilities
- from Black Minority & Ethnic (BME) groups including Gypsy Roma Travellers (GRT)
- who identify as Lesbian, Gay, Bisexual or Transgender (LGBT)
- who experience homelessness
- who are engaged within the Criminal Justice System
- whose parent (s) may have a mental health problem
- who are young carers
- who misuse substances
- who are refugees and asylum seekers
- who have been abused, physically and/or emotionally

6 Children and Young People's Mental Health; Local Profile of Need

6.1 The following data is taken from the Child and Maternal Health Intelligence Network Service⁶ (CHIMAT) Local Authority Service Snapshots - CAMHS reports (2014). The reports bring together key data and information to support understanding key local demand and risk factors to inform planning.

6.2 Tabled below is the 0 to 19 years population for both Hartlepool and Stockton-on-Tees.

	Male population aged 0-4 years (2014)	Male population aged 5-9 years (2014)	Male population aged 10-14 years (2014)	Male population aged 15-19 years (2014)
Hartlepool	2,904	2,892	2,706	2,940

⁵ Better Mental Health Outcomes for Children and Young People A RESOURCE DIRECTORY FOR COMMISSIONERS

⁶ National Child and Maternal Health Intelligence Network (2015)

	Male population aged 0-4 years (2014)	Male population aged 5-9 years (2014)	Male population aged 10-14 years (2014)	Male population aged 15-19 years (2014)
Stockton-on-Tees	6,389	6,113	5,636	6,136
	Female population aged 0-4 years (2014)	Female population aged 5-9 years (2014)	Female population aged 10-14 years (2014)	Female population aged 15-19 years (2014)
Hartlepool	2,753	2,790	2,482	2,850
Stockton-on-Tees	6,060	6,049	5,229	5,601

Source: Local authority mid-year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014).

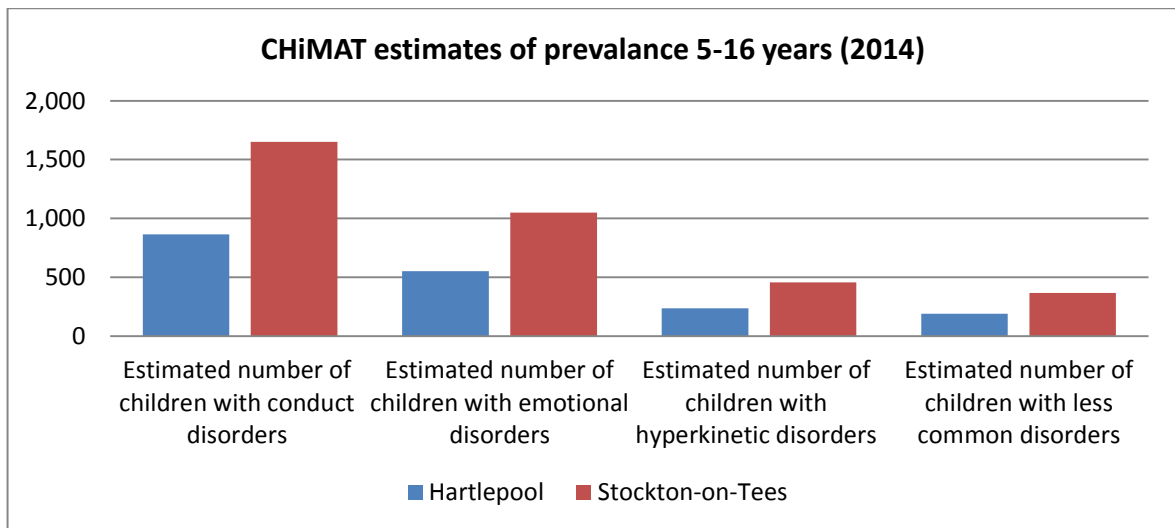
- 6.3 CHIMAT estimate that within Hartlepool there were 1,390 children and young people of school age who had a mental health condition during 2014; in Stockton-on-Tees this figure is 2,700. Table 1 shows estimated number of children with a mental health disorder by Group between ages of 5 and 10 year and 11 to 16 years old during 2014.

	Estimated number of children aged 5-10 years with mental health disorder	Estimated number of children aged 11-16 years with mental health disorder	Total
Hartlepool	575	815	1,390
Stockton-on-Tees	1,130	1,570	2,700

Source: Local authority mid-year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).

- 6.4 Estimated prevalence of children and young people mental health disorders could include conduct, emotional, hyperkinetic and less common disorders⁷. The graph below shows the estimated prevalence of children with conduct, emotional, hyperkinetic and less common disorders by locality. It should be noted that some children and young people may be diagnosed with more than one mental health disorder.

⁷ National Child and Maternal Health Intelligence Network (2015)



Source: Local authority mid-year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).

6.5 The most common mental health disorders in children and young people in both localities are conduct disorders. Each of the areas have specific challenges that are not causal of mental health difficulty but can be described as increasing an individual’s risk of mental or emotional health problems.

6.6 Many parts of Hartlepool and Stockton-on-Tees are affected by deprivation which has a direct impact on child poverty figures. The level of child poverty can vary from ward to ward within a local authority area. Mid-2012 estimates of the number of children in poverty show;

Hartlepool	Stockton
• 32.6% in poverty	• 25.6% in poverty
• 60.0% in Stranton	• 52.4% in Stockton Town Centre
• 10.7% in Elwick	• 7.0% in Northern Parishes

6.7 In Teesside, about 2,000 young people aged 16-18 years are estimated to be not in education, employment or training (NEET). All Teesside local authorities have rates above the England average. Hartlepool is the only Teesside local authority with a rate below the North East average.

6.8 Key messages from the Hartlepool Children and Young Peoples Mental Health and Wellbeing Profile are:

- Domestic abuse incidence rate per 1,000 is 29.2 – which is near to the highest in England (30.2);
- Young people hospital admissions for self-harm (rate per 100,000 aged 10-12) are above the England average;
- The looked after children rate per 10,000 is 95.0 - above the England mean;
- Children leaving care rate per 10,000 is 34.5 – again above the England mean.

6.9 Key messages from the Stockton-on-Tees Children and Young Peoples Mental Health and Wellbeing Profiles are:

- Young people hospital admissions for self-harm (rate per 100,000 aged 10-12) are above the England average;
- The looked after children rate per 10,000 is 86 - above the England mean;
- Children leaving care rate per 10,000 is 39.5 – again above the England mean.

7 What Children and Young People have told us

7.1 From the national engagement exercise, children and young people have told us how they want things to change. They want:

- to grow up to be confident and resilient, supported to fulfil their goals and ambitions;
- to know where to find help easily if they need it and when they do to be able to trust it;
- choice about where to get advice and support from a welcoming place. It might be somewhere familiar such as school or the local GP; it might be a drop-in centre or access to help on line. But wherever they go, the advice and support should be based on the best evidence about what works;
- as experts in their own care, to have the opportunity to shape the services they receive;
- to only tell their story once rather than have to repeat it to lots of different people. All the services in their area should work together to deliver the right support at the right time and in the right place;
- if in difficulty, not having to wait until they are really unwell to get help. Asking for help shouldn't be embarrassing or difficult and they should know what to do and where to go; and if they do need to go to hospital, it should be on a ward with people around their age and near to home. And while children and young people are in hospital, we should ensure they can keep up with their education as much as possible.

7.2 Feedback from young people in Hartlepool, about what they want to see:

- Raised awareness about mental health and wellbeing;
- Better access – via community based, young people friendly buildings;
- Anti-bullying campaign – to cover different types of bullying, what people think it is, ways of overcoming;
- The voice of children and young people heard and opinions valued;
- Support available at key transition points;
- Improvement in emotional and physical wellbeing of young people through a revised curriculum for life.

7.3 In Stockton-on-Tees young people (aged 9-19) told us:

- Help for children and young people should be more immediate and delivered in their own homes, if necessary;
- More services should be community based to make them more accessible;
- Once engaged, a young person should be provided with a resilient and consistent worker-young person relationship;

- There should be more awareness amongst professionals around the social and cultural context of difficulties;
- Some issues go undetected or undiagnosed – for example autism and drug and alcohol abuse;
- Mental health problems should be de-stigmatized amongst children and young people in particular;
- Overall, children and young people need to be less isolated from services, so that they do not turn to negative coping strategies like crime, drugs and alcohol.

8 Wider Stakeholder Engagement

8.1 Initial engagement with the range of stakeholders listed in appendix 1 identified the following key themes:

- A need to reduce the rate of children and young people who self-harm
- Parents need to be supported to recognise problems early and have a clear understanding of where and how to access help and support.
- There is a need to improve the local pathway for children and young people with Autism Spectrum Disorder
- Improvement is required in transitions between CAMHS and Adult Mental Health Services, to ensure there is no risk of untreated illness at this critical time
- Explore the positive use of digital technology in supporting children and young people with emotional wellbeing and/or mental health difficulties.

8.2 In Stockton on Tees, in depth engagement with stakeholders has taken place to understand practitioners perceptions and experience of navigating the borough's emotional health and wellbeing offer. 36 facilitated sessions were held with 11 organisations from across the children and young people's sector.

8.3 The following themes were identified:

- **Communication & Engagement** – language used within CAMHS services can be difficult for children, young people and families to understand which may result in services being considered exclusive and difficult to access. The presence and contribution of CAMHS staff at multi-agency meetings was felt to offer significant benefits in outcomes for children and young people and with the development of positive working relationships with practitioners across the system.
- **Inconsistency of offer** – Commissioning of services by individual schools or academy trusts can lead to disparity and an inconsistent service offer.
- **Accessibility** – Outreach provision by CAMHS service into local communities may support engagement with children, young people and families. The main site from which specialist CAMHS services are delivered from is difficult to

access via public transport - with this potentially impacting the greatest on the most vulnerable.

- **Response time** - The protracted length of time from referral to delivery of intervention by CAMHS services was the most common theme identified.
- **Workforce Knowledge** - Improvement in mental health and wellbeing awareness is required across the universal children and young people's workforce, alongside the ability to identify need early and deliver interventions which may prevent escalation onto targeted or specialist services.
- **Capacity issues** – Capacity issues were identified as resulting in protracted waiting times and high caseloads within both universal and specialist services.
- **Gaps** – Whilst knowledge of the whole system offer was inconsistent, there were felt to be gaps in relation to children aged 0-5 years, anger management and early intervention for eating disorders.
- **Duplication** – Due to inconsistent knowledge of the whole system offer, it was felt that organisations were attempting to secure and commission their own external sources of support, on occasion duplicating services that are already in place.
- **Transition and discharge** – Concerns were flagged that children and young people may be discharged from CAMHS services due to lack of attendance at appointments without proactive action and contacting other professionals involved. Transitions between CAMHS and Adult Mental Health services need to be improved.

8.4 In Hartlepool, a consultation exercise has been carried out with schools, academies and colleges to identify key issues and areas for development in relation to children and young people's emotional wellbeing. Further consultation is planned with children and young people across all age ranges and with service providers and the voluntary sector to fully understand the local offer and any gaps in provision.

8.5 The following themes were identified from the feedback and survey analysis from schools, academies and colleges:

Influences impacting on the emotional wellbeing of children and young people

- The toxic trio of family drug and alcohol issues, domestic violence and neglect were seen as high influencers
- A mixture of issues relating to family relationships and parental conflict and/or separation were seen as high influencers
- An inability to communicate emotionally was identified as a high influencer
- Parental mental health was also a common factor

- Bullying, peer pressure and media/social media was a key issue for young people attending secondary and further education provision

Common presenting needs

- Anxiety is the most common presenting issue across all age ranges
- Emotional outburst (anger/distress) are also common across all age ranges
- Schools highlighted that children and young people are generally emotionally overwhelmed
- Depression/low mood leading to self harm behaviour was most prevalent in secondary and higher education provision

Support available in schools, academies and colleges

- Much is being done to support emotional wellbeing in our schools, academies and colleges;

Universal Level

- Outdoor and physical activities
- Access to safe social spaces
- Creative activities
- Curriculum that gives young people a sense of purpose and achievement

Targeted Level

- Social and emotional skills development
- Adult to child mentoring
- Support for parents and families
- Access to a named key worker
- Schools, academies and colleges recognise the need to further develop their offer with common themes being;
 - Staff not having sufficient time to give the attention they would like to individual children's needs
 - Variation in the quantity and quality of PSHE
 - Recognition of the need for a comprehensive programme that builds resilience and serves as a preventative measure

Commissioned Services

- Approximately 60% of schools spend in excess of £30K per year on emotional wellbeing support
- It is estimated that collectively in excess of £715K is spent by schools, academies and colleges

- 97% of schools agree that schools, the Local Authority and Health should jointly commission mental health services for children and young people.

Workforce Development

- 35% believe that mental health needs go unidentified
- 51% believe that mental health needs are not adequately supported
- Training needs have been identified in the areas of resilience building, attachment and family relationships, anxiety and low mood/depression

Access to Specialist Services

- 66% of schools, academies and colleges do not believe that CAMHS services are easy to access
- Schools, academies and colleges identified the need for a named contact to support staff in navigating the local offer and identifying which children and young people require specialist services
- Schools, academies and colleges also highlighted that communication needs to improve between schools and specialist services to ensure smooth progression through a pathway that leads to improved outcomes

9 Commissioned Services

9.1 Although not an exhaustive list, the table below details some of the services commissioned for children and young people with emotional and mental health difficulties. Services are divided into tiers, reflecting level of specialist intervention (low at tier 1 and highest at tier 4).

Universal (Tier 1)	<ul style="list-style-type: none"> ➤ Midwifery ➤ Health Visiting ➤ Children’s Services ➤ School Nursing ➤ Some Voluntary Services
Targeted (Tier 2)	<ul style="list-style-type: none"> ➤ Psychological Support and Emotional Well-being Service – “Feel Good, Learn Well”
Specialist – community (Tier 3)	<ul style="list-style-type: none"> ➤ CAMHS and Learning Disability – Community Services ➤ CAMHS – Crisis and Liaison ➤ CAMHS – Community Forensics ➤ CAMHS – Community Eating Disorder Service (enhanced) ➤ CAMHS – Looked After Children ➤ Learning Disability Challenging Behaviour ➤ Intermediate Care/Respite ➤ Early Intervention in Psychosis (NB age range 14-35) ➤ CAMHS – Youth Offending Team ➤ CAMHS – Secure Children’s Homes ➤ Liaison and Diversion

	➤ Perinatal Service
Specialist services (Tier 4)	➤ Assessment and Treatment – Mental Health inpatient ➤ Assessment and Treatment – Learning Disability inpatient ➤ Eating disorders in-patient ➤ Psychiatric Intensive Care Units ➤ Medium Secure (Mental Health and Learning Disabilities) ➤ Low Secure (Mental Health and Learning Disabilities) ➤ Complex Neuro-developmental Service ➤ National Deaf CAMHS

9.2 Early Intervention in Psychosis, from 14 years plus; The Clinical Commissioning Group has already committed the nationally defined level of funding to the Service Provider in anticipation of the introduction of new access standards. National guidance, workforce requirements and gaps in delivering NICE concordant care are being collated to ensure national requirements are met from quarter 4 of 2015/16.

9.3 Children and Adolescent Mental Health (CAMHS) and Liaison Services; National guidance around the delivery of all-age 24/7 Liaison Services has been received. Currently the CAMHS Liaison service is funded non-recurrently and separately to the Adult Service. The national funding available (across all ages) is shown below in section 9 and will be used to ensure compliance with national requirements in advance of the introduction of access standards. This is likely to primarily feature the integration of Children and Young People and Adult Services into a 24/7 provision. Further analysis and planning is required to review current gaps in provision against the national standards and develop the required plans for assurance.

10 Baseline access, waiting time, workforce and in-patient data

10.1 There is one main NHS mental health provider for children and young people in Hartlepool and Stockton-on-Tees. Tees, Esk and Wear Valleys NHS Foundation Trust provide CAMHS and Eating Disorder Services.

10.2 In the spirit of transparency, baseline data to inform this plan have been provided, as detailed below:

Child and Adolescent Mental Health Service (CAMHS) Community Team data Hartlepool and Stockton-on-Tees CCG

Referrals

	2013/14	2014/15	2015/16	Apr – Sept 2016
Total referrals	2,143	2,308	3,709	1624
Accepted referrals	2,035	1,980	3,608	1,593
Non-accepted (re-directed)	108 (5%)	328 (14.2%)	101 (2.7%)	31 (1.9%)

Waiting times

	2014/15 position	2015/16 position	Target
Percentage of patients who attended a first appointment within 9 weeks of external referral - Children and Young People Services	89.90%	85.30%	90%

Direct Contacts

	2015/16	Apr – Sept 2016
Number of face-to-face (direct) contacts	18,567	10,785

Workforce (CAMHS Community and Targeted Team)

	Staff – whole time equivalent (wte)
Clinical Staff	
Consultant	4.0
Speciality Doctors	1.0
Band 8c – Psychologist	2.0
Band 8a – Psychologist	3.0
Band 7 – Occupational Therapist	0.25
Band 7 – Psychologist	1.0
Band 7 – Qualified Nurse / Nurse Manager	12.36
Band 6 – Qualified Nurse	17.25
Band 5 – Qualified Nurse	2.0
Band 4 – Unqualified Nurse	3.60
Band 4 – Psychologist	3.50
Band 3 – Unqualified Nurse	3.08
Total Clinical Staff	53.04
Administrative Staff	
Band 4 – Admin and Clerical	3.71
Band 3 – Admin and Clerical	6.80
Band 2 – Admin and Clerical	3.0
Total Administrative Staff	13.51
Total Workforce	66.55

**Teesside Community Eating Disorder Service data
Hartlepool and Stockton on-Tees CCG and South Tees CCG**

Referrals

	2013/14	2014/15	2015/16	Apr – Sept 2016
Total referrals	52	52	293	38
Accepted referrals	47	42	293	36
Non-accepted (re-directed)	5 (9.6%)	10 (19.2%)	0	2

Tees-wide Community Eating Disorder Service - Waiting times

	Q1 15/16
Percentage of children and young people seen within 4 weeks for a first appointment	100%

Workforce (Tees-wide Community Eating Disorder Service)

Team	Staff - whole time equivalent (wte)
Clinical Staff	
Consultant	0.20
Band 8c – Psychologist	0.10
Band 8a – Psychologist	0.40
Band 7 – Nurse Manager	1.0
Band 7 – Dietician	0.60
Band 6 – Qualified Nurse	1.0
Band 6 – Dietician	0.20
Band 4 – Unqualified Nurse	1.0
Band 3 – Unqualified Nurse	1.0
Total Clinical Staff	5.5
Administrative Staff	
Band 3 – Admin and Clerical	1.0
Total Administrative Staff	1.0
Total Workforce	6.5

Direct Contacts (Tees-wide Community Eating Disorder Service)

	2015/16	Apr – Sept 2016
Number of face-to-face (direct) contacts	2,267	1,500

**Teesside Crisis and Liaison data
Hartlepool and Stockton on-Tees CCG and South Tees CCG**

Workforce (Tees-wide Crisis and Liaison Service)

Team	Staff - whole time equivalent (wte)
Clinical Staff	
Band 8b – Psychologist	0.40
Band 8a – Psychologist	0.30
Band 7 – Qualified Nurse	2.0
Band 6 – Qualified Nurse	11.80
Total Clinical Staff	14.5
Management and Administrative Staff	
Band 8a – Senior Manager	1.0
Band 3 – Admin and Clerical	1.0
Total Administrative Staff	2.0
Total Workforce	16.5

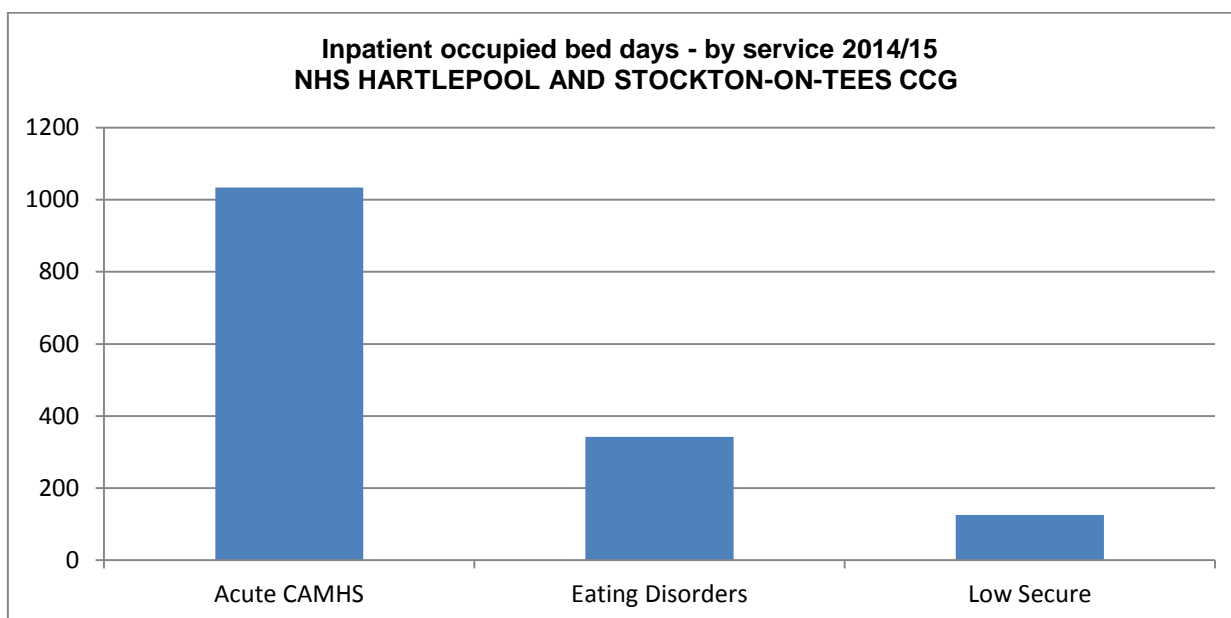
Direct Contacts (Tees-wide Crisis and Liaison Service)

	2015/16	Apr – Sept 2016
Number of face-to-face (direct) contacts	1,247	1,075

Specialised Services – In-patient data for Hartlepool and Stockton CCG

Occupied Bed Days

	2013/14	2014/15	2015/16	2016/17 Apr – Sept
Total occupied bed days	1,459	1747	1472	504
Number of Admissions	17	18	13	8



11 Children and Young People’s Improving Access to Psychological Therapies (CYP IAPT) Programme Status

- 11.1 The National Service Transformation programme delivered by NHS England aims to improve existing CAMHS working in the community, involving the NHS and partners from the local authority and voluntary and community sector that together form local area CAMHS Partnership.
- 11.2 There has been local involvement with Children and Young People’s Improving Access to Psychological Therapies Programme (CPY IAPT) as part of the North East Learning Collaborative.

- 11.3 There has been agreement from NHS England that the CYP IAPT can be aligned with commissioners to allow for the development of a Teeswide CYP IAPT collaborative.
- 11.3 There is a requirement to develop a strategy in partnership with both Local Authorities for the roll out CYP IAPT, ensuring that the potential for enabling wider strategies such as parenting and whole family approach are considered for its development.
- 11.4 The map below indicates timelines for Hartlepool and Stockton-on-Tees local areas.



- 11.5 As part of the programme Routine Outcome Monitoring is being rolled out to CAMHS teams to help improve the quality and experience of services for children and young people. More information is available at www.cypiat.org

12 Youth Offender Health

- 12.1 Health & Justice Commissioners in Cumbria and North East are leading a project which is part of a national drive to improve collaborative commissioning. This will involve NHS H&J commissioners working together within local partners to coordinate commissioning activities more effectively. The project is focused on those children and young people who are in receipt of services from some or all of the following:

- In the Youth Justice System, including in custody and detention;
- Presenting at Sexual Assault Referral Centres;
- Liaison and Diversion;
- Welfare placements in the Children and Young People's Secure Estate.

However, the project also acknowledges that there are also some children and young people who are not in receipt of these services, but who may be at risk of doing so. Where possible, it would be preferable to identify, assess and treat these individuals before they present at one (or more) of the above. Typically these are very vulnerable individuals whose mental health care needs are not like those of many other children and young people. They have a proportionately higher likelihood of having been subjected to trauma or severe neglect, and there are often high levels of social disadvantage. In addition, despite having high levels of (often complex) need, many are not accessing services in a timely way in the first place. They (and their families) are likely to be recipients of other health and non-health services, requiring high levels of coordination between agencies. However,

effective transferring of responsibility of care, as well as sharing of relevant data, is frequently lacking.

The outputs of this work will include:

- Identification of where there are currently gaps in the commissioning and provision of services.
- Growth in capacity where required across the system, where new provision or networks are developed (and where assessment procedures are improved to identify individuals who are currently slipping through gaps).
- Joint Strategic Needs Assessments for Clinical Commissioning Groups to include this cohort of children and young people as part of their Child and Adolescent Mental Health Services Transformation planning.
- A better understanding of the needs of this cohort of children and young people across all commissioning partners, and especially Clinical Commissioning Groups.

13 Analysis of Need, Gaps and Issues

13.1 Hartlepool Public Health has identified the need to:

- Have a better co-ordination of all emotional health and wellbeing programmes
- Improve early intervention/prevention programmes which impact on children and young people's emotional health and wellbeing
- Improve the mental health of the following groups of children and young people:
 - Looked after Children
 - Children and young people with a learning disability
 - Young offenders
- Reduce the numbers of young people who self-harm

13.2 Public Health Stockton-on-Tees has undertaken a mental health needs assessment for children and young people living in Stockton-on-Tees. A separate report is available (dated May 2015). Key findings include:

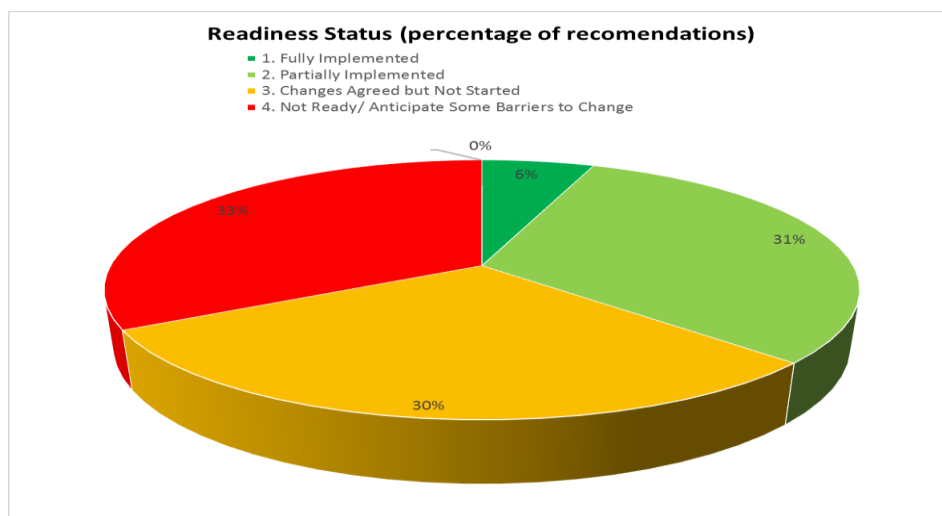
- 1 in 10 children aged 1 to 15 have a mental health problem, the problems during childhood and adolescents costs between £11,030- £59,130 annually.
- There are several key protective factors such as breast feeding, education and positive relationships that can support children and young people to have good mental health. There are also a number of risk factors associated with poor mental health including but not limited to parents with mental health problems, deprivation and family breakdown.
- In Stockton-on-Tees, according to publically available data the numbers of children who are supported by protective factors are low and those affected by risk factors are on the increase. Also growing is the number of children who are at

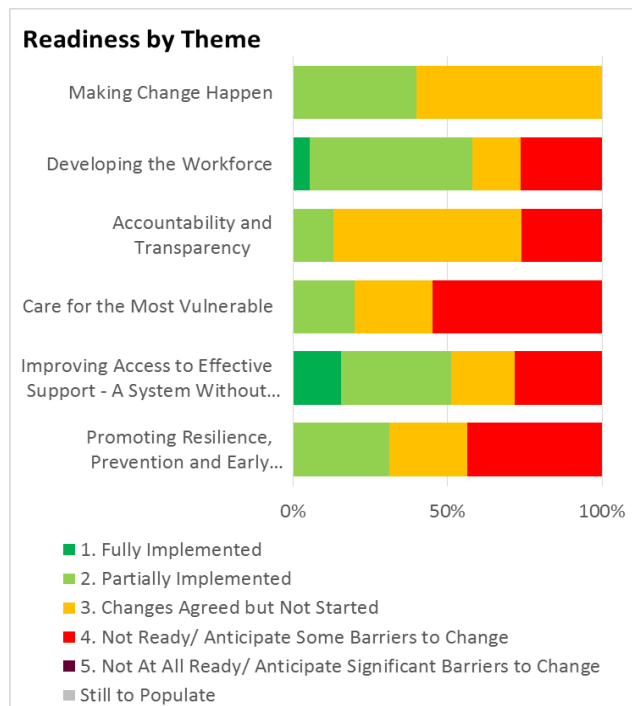
higher risk of poor mental health including those who are looked after and children with special educational needs.

- The rates of suicide and self-harm in Stockton-on-Tees and child admissions for mental health related conditions is also statistically higher than the national average. Services have described more incidents of poor mental health in children and young people and also described the increased complexity of the child's lifestyles. Data was not sufficient enough to demonstrate this however it was a theme described by services and service users alike.
- Nationally and locally there is a drive to take an early intervention approach to children and young people by aiming to give all children the best start in life. There are huge social and economic benefits to this as well as the positive outcomes for the individuals. The health needs assessment finds key areas of improvement and opportunities for early intervention and mental health promotion.

13.3 Completion of the self-assessment tool, although a subjective exercise, has provided a picture of how ready partners across Hartlepool and Stockton-on-Tees are to deliver recommendations detailed within *Future in Mind*.

13.4 The graphs below summarise the current local position.





13.5 On a positive note, some progress has been made across Hartlepool and Stockton-on-Tees Examples include:

- Delivery of the BOND (Better Outcomes, New Delivery) programme, funded by the Department for Education to build capacity in schools to commission emotional health and well-being services from the voluntary and community sector. This resulted in schools developing a shared needs assessment based on a school survey;
- Implementation of a specialist community perinatal mental health service;
- Launch of the CAMHS Crisis and Liaison Service.

13.6 Self-assessment against the 49 recommendations within *Future in Mind* the following areas have been identified as requiring further exploration:

- Early years provision
- Early intervention/enhanced training for schools
- Named contacts in schools and CAMHS
- Self-care / peer support for children and young people and parents
- Community Eating Disorder Service
- Intensive home treatment
- Transition care for vulnerable groups – e.g. Learning Disabilities, ASD, care leavers

14 Our Vision

14.1 The World Health Organisation definition of Mental Health is ‘a state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community’.

14.2 This definition supports our overarching vision:

‘Children and young people across Hartlepool and Stockton-on-Tees will be supported to reach their potential and when faced with difficulties will have access to quality evidence based services’.

15 Shared Values and Principles

15.1 The plan is underpinned by the following set of principles which have been developed in partnership;

- Children, young people, their family/carers will be involved in future design of services.
- Building of capacity across the system to deliver evidence-based outcomes and focussed pathways is needed.
- Resilience will be built across the whole system.
- Resources should be re-focused towards prevention and earlier intervention (whilst including consideration of, and adequate provision for, children and young people with identified mental health problems that require access currently to specialist mental health services).
- Reducing unmet need and increasing choice of, and access to, services for targeted and high risk groups.
- High quality, cost effective services, based in community settings (except for highly specialist clinical provision) and offering flexible provision to a wide range of needs and to the broad diversity of the population.
- Clear service pathways between and within services will be developed in partnership and be communicated widely.
- Services will adopt holistic, family centred approaches including the active participation of children and young people in developing solutions to their own needs, and in decisions around service planning and development.
- Support for parents and carers from pre-birth onwards to better support their child’s emotional development in the early years of life will be prioritised within family and adult services
- Vulnerable groups, such as Looked after Children, neuro-behavioural issues, learning disability or victims of abuse, will have access to the support they need.
- *‘No door is the wrong door’; and aspire towards ‘one child, one assessment, one plan’.*

16 How are we going to achieve our vision?

- 16.1 The Hartlepool and Stockton-on-Tees Transformation Plan has been developed to bring about a clear coordinated change across to the whole system pathway to enable better support for children and young people; realising the local vision.
- 16.2 A *whole system* approach to pathway improvement has been adopted. This means health organisations, local councils, schools, youth justice system and the voluntary sector are working together with children, young people and their families.
- 16.3 Fundamental to the plan, is partnership working and aligned commissioning processes, to foster integrated and timely services from prevention through to intensive specialist care. Also through investing in prevention and intervening early in problems before they become harder and more costly to address.
- 16.4 The updated plan continues to be based on the five themes within *Future in Mind*. The aims for each theme are described below;

Promoting resilience, prevention and early intervention

Our aim is to act early to prevent harm, by investing in the early years, supporting families and those who care for children and building resilience through to adulthood. Strategies should be developed in partnership with children and young people to support self-care. This will reduce the burden of mental and physical ill health over the whole life course.

Improving access to effective support – a system without tiers

Our aim is to change how care is delivered and build it around the needs of children and young people and families. This means moving away from a system of care defined in terms of the services organisations provide to ensure that children and young people have easy access to the right support from the right service at the right time.

Care for the most vulnerable

Current service constructs present barriers making it difficult for many vulnerable children, young people and those who care for them to get the support they need. Our aim is to dismantle these barriers and reach out to children and young people in need.

Accountability and transparency

Far too often, a lack of accountability and transparency defeats the best of intentions and hides the need for action in a fog of uncertainty. Our aim is to drive improvements in the delivery of care, and standards of performance to ensure we have a much better understanding of how to get the best outcomes for children, young people and families/carers and value from our investment.

Developing the workforce

It is our aim that everyone who works with children, young people and their families is ambitious for every child and young person to achieve goals that are meaningful and achievable for them. They should be excellent in their practice and able to deliver the best evidenced care, be committed to partnership and integrated working with children, young people, families and their fellow professionals and be respected and valued as professionals themselves.

16.4 In keeping with the ambitions detailed above, we want to:

- Promote good mental health, build resilience and identify and address emerging mental health problems as soon as possible;
- Ensure children, young people and families have timely access to evidence based support and treatment when in need;
- Improve the experience and outcomes for the most vulnerable and disadvantaged children, ensuring they are adequately supported at key transition points;
- Work in partnership to develop multi-agency pathways underpinned by quality performance standards, which will be reported in a transparent way;
- Implement robust governance structures to oversee this transformation process that incorporate the voice of the child, family and community;
- Continue to train and develop our workforce to ensure we have staff with the right mix of knowledge, skills and competencies to respond to the needs of children and young people and their families.

17 Engagement and Partnership Working

- 17.1 An outline communication and engagement strategy is included in Appendix 2, which will support implementation of this plan, which will include children and young people.
- 17.2 A *whole system* approach will be needed to achieve the best outcomes in an efficient and sustainable way. This means health organisations, local councils, schools, youth justice and the voluntary sector working together with children, young people and their families.

18 National Evidence of Effective Interventions

- 18.1 There is a growing evidence-base for a range of interventions which are both clinically and cost effective.

- 18.2 The National Institute for Health and Clinical Excellence (NICE) has produced a number of detailed clinical guidelines to guide intervention in mental health problems occurring in children and young people.
- 18.3 Importantly, *both* the model of interventions used (e.g. CBT, medication, systemic family therapy) *and* the way the clinician works in collaboration with a family or young person (the therapeutic or working alliance) can have a significant effect on clinical outcomes. Thus services need to be commissioned and designed in such a way that allows full provision of evidence-based interventions as well as facilitating the development of good therapeutic relationships⁸.
- 18.4 Any changes implemented as part of this transformation plan will be planned and commissioned as integrated, multi-agency services with care pathways that enable the delivery of effective, accessible, holistic evidence-based care, underpinned by the principles of CYP IAPT promoting evidence based practice with services rigorously focused on delivering outcomes for our children, young people and families.

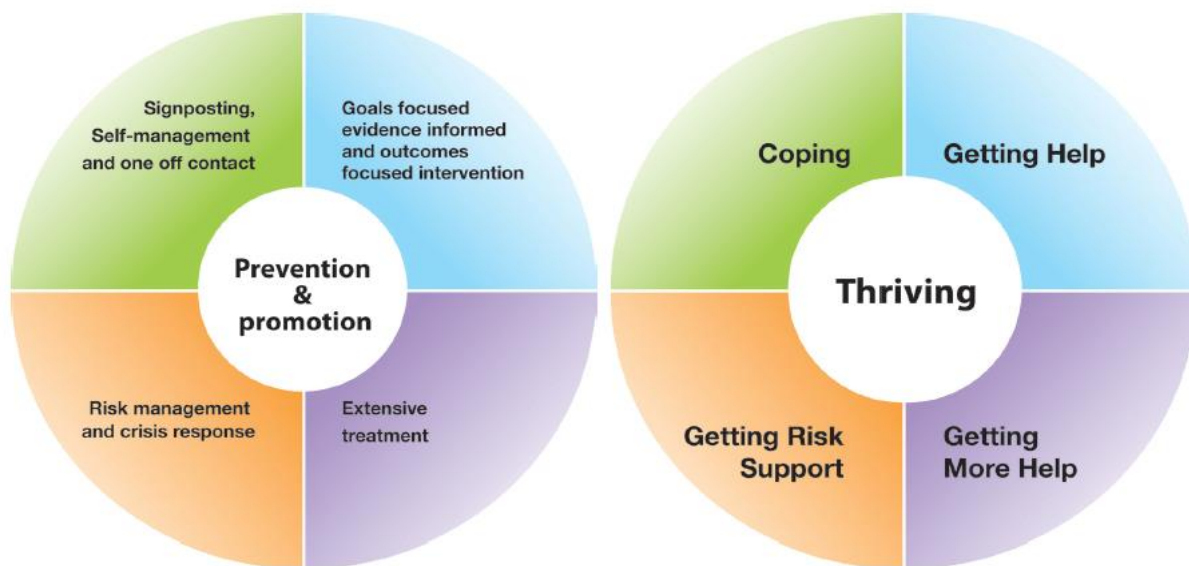
19 Towards a Model of Transformation

- 19.1 In line with the principles within Future in Mind, the Hartlepool and Stockton-on-Tees Children and Young Peoples Mental Health and Wellbeing Transformation Plan supports the principle of developing a system to work for children, young people and their families. This means placing the children and their family 'at the centre' of what we do; regardless of the current tiered service model.
- 19.2 The THRIVE model⁹ may offer an alternative service model. The model defines four clusters (or groupings) for young people with mental health issues and their families, as part of the wider group of young people who are supported to thrive by a variety of prevention and promotion initiatives in the community. The image to the left describes the input that offered for each group; that to the right describes the state of being of people in that group - using language informed by consultation with young people and parents with experience of service use.

⁸ Joint Commissioning Plan for Mental Health; Guidance for Commissioners of Children and Adolescent Mental Health Services

⁹ THRIVE; the AFC – Tavistock Model for Children and Adolescent Mental Health Services

THRIVE model



Source: THRIVE
The AFC–Tavistock Model for CAMHS

- 19.3 Re-design will be co-produced with children, young people and families as well a stakeholders. We will also build on previous partnership working between the statutory and voluntary sector and mental health services to support the transformation process.

20 Our Initial Priorities

- 20.1 As this is a five-year plan, a phased approach is to be adopted, with priorities being re-visited on an annual basis, and will be informed by feedback from children and young people and their parents/carers and latest policy guidance.
- 20.2 At the core of this plan is building capacity and capability across the system so that we make measurable progress towards closing the health and wellbeing gap and securing sustainable improvements in children and young people’s mental health outcomes by 2020.
- 20.3 Overall priorities within year two of the plan are included in table below. It should be noted that some priorities will be specific to a locality area rather than at a CCG level.

Future in Mind Theme	High level objective	Identified local priority
<p>Promoting resilience, prevention and early intervention</p>	<p>Promote good mental health, build resilience and identify and address emerging mental health problems as soon as possible</p>	<p>Improve access to perinatal mental health care, building upon current service to widen reach</p>
		<p>Develop and implement a model of resilience, prevention and early identification across early years, schools and a range of community settings; equipping universal services with skills and confidence to effectively engage and support children and young people through a range of locality evidence based initiatives dependent on local need</p>
		<p>Improve access to information, advice and guidance on children and young people's mental health and wellbeing; and clarity on how to access all services which contribute to mental health and wellbeing</p>
		<p>Evaluate the outcomes from the peer research engagement with children and young people in respect of the use of digital technology.</p>
		<p>Develop a model for the role out of children and young people emotional wellbeing and mental health champions.</p>
<p>Improving access to effective support – a system without tiers</p>	<p>Ensure children, young people and families have timely access to evidence based support and treatment when in need</p>	<p>Implement access and waiting time standards for children and young people with eating disorders by enhancing the existing community service model.</p>
		<p>Evaluation to be undertaken to ensure effectiveness.</p>
		<p>Ensure access to mental health crisis support and intervention, in line with principles within the Crisis Care Concordat</p>
		<p>Review of Core 24</p>
		<p>Review need and impact of intensive home treatment pilot service delivery (potentially linked with the crisis service model) for children and young people with complex needs</p>
<p>Support the 0-19 age range in relation to system change, service redesign and developing integrated multi agency pathway</p>		

Future in Mind Theme	High level objective	Identified local priority
		Explore readiness and requirements needed to move towards a transformation model of care delivery such as THRIVE
Care for the most vulnerable	Improve the experience and outcomes for the most vulnerable and disadvantaged children, ensuring they are adequately supported at key transition points	<p>Proactive follow-up of children, young people or their parents who do not attend (DNA) appointments</p> <p>Reduce waiting times for assessment and treatment for children and young people with Autism Spectrum Disorder and improve the whole pathway</p> <p>Improve the mental health of priority groups of children and young people and develop an understanding of the communication needs of children and young people in high risk groups; is inclusive of Looked after Children, children and young people with a learning disability, young offenders, asylum seekers, refugee and unaccompanied children and those on the cusp of exclusion from education</p> <p>Maintain and develop a whole family approach by providing therapeutic support for children and young people and their families</p>
Accountability and transparency	Implement robust governance structure to oversee this transformation process that incorporates the voice of the child, family and community	<p>Establish locality implementation groups; with clear lines of reporting and accountability</p> <p>Establish process for effective collaborative commissioning</p>

Future in Mind Theme	High level objective	Identified local priority
Developing the workforce	Continue to train and develop our local workforce to ensure we have staff with the right mix of knowledge, skills and competencies to respond to needs of children and young people and their families	To widen the scope of training to include early years and post 16 settings; to further develop the number and diversity of mental health champions.
		Develop a strategy in partnership with both localities for the role out of CYP IAPT ensuring that the potential for enabling wider strategies such as parenting and whole family are considered in its development.

21 Collaborative Commissioning

- 21.1 It is the aspiration, over the duration of this plan, to develop a collaborative commissioning model for children and young people's mental health and wellbeing. This will support local joining up services between the CCG, local authorities and other partners, enabling all areas to accelerate service transformation.
- 21.2 Mechanisms to engage with education/school forums to be explored.

22 Investment

- 22.1 The level of investment by all local partners commissioning children and young people's mental health services for the period April 2014 to March 2015 is shown below.

Partner organisation	Description	2014/15 Spend (£)	2015/16 Spend (£)	Additional information
NHS England	Specialist in-patient care for children and young people	Not available from NHSE	Not available from NHSE	Services are commissioned on a regional basis not at a CCG level
	Health and Justice – CAMHS Secure Children's Homes; Liaison and Diversion	Not available from NHSE	Not available from NHSE	Services are commissioned on a regional basis not at a CCG level
NHS Hartlepool and Stockton-on-Tees CCG	CAMHS	£5,137,143	To be updated	These estimate costs are based on work undertaken by Mental Health Trust to disaggregate the total contract value (CYP, Adults,

Partner organisation	Description	2014/15 Spend (£)	2015/16 Spend (£)	Additional information
	CAMHS – LD	£395,350	To be updated	Older People) by service line for CYP MH & LD for 2014/15; all recurrent
Hartlepool Borough Council	CAMHS - LAC	£86,594	£86,594	Note: There are a number of services commissioned that will contribute to children and young people's emotional wellbeing, however, it is not possible to disaggregate
Hartlepool Education		Not yet available	Not yet available	Individual settings invest where children identified for SEND ; additional services commissioned by individual settings e.g. counselling unknown
Stockton-on-Tees Borough Council	Psychological Support and Emotional Wellbeing Service "Feel good, learn well"	£136,882	£136,882	Note: There are a number of services commissioned that will contribute to children and young people's emotional wellbeing, however, it is not possible to disaggregate
	Looked After Children's Service	£111,875	£111,875	
Stockton-on-Tees Schools	Psychological Support and Emotional Wellbeing Service "Feel good, learn well"	£206k	£206k	Individual settings invest where children identified for SEND ; additional services commissioned by individual settings e.g. counselling unknown

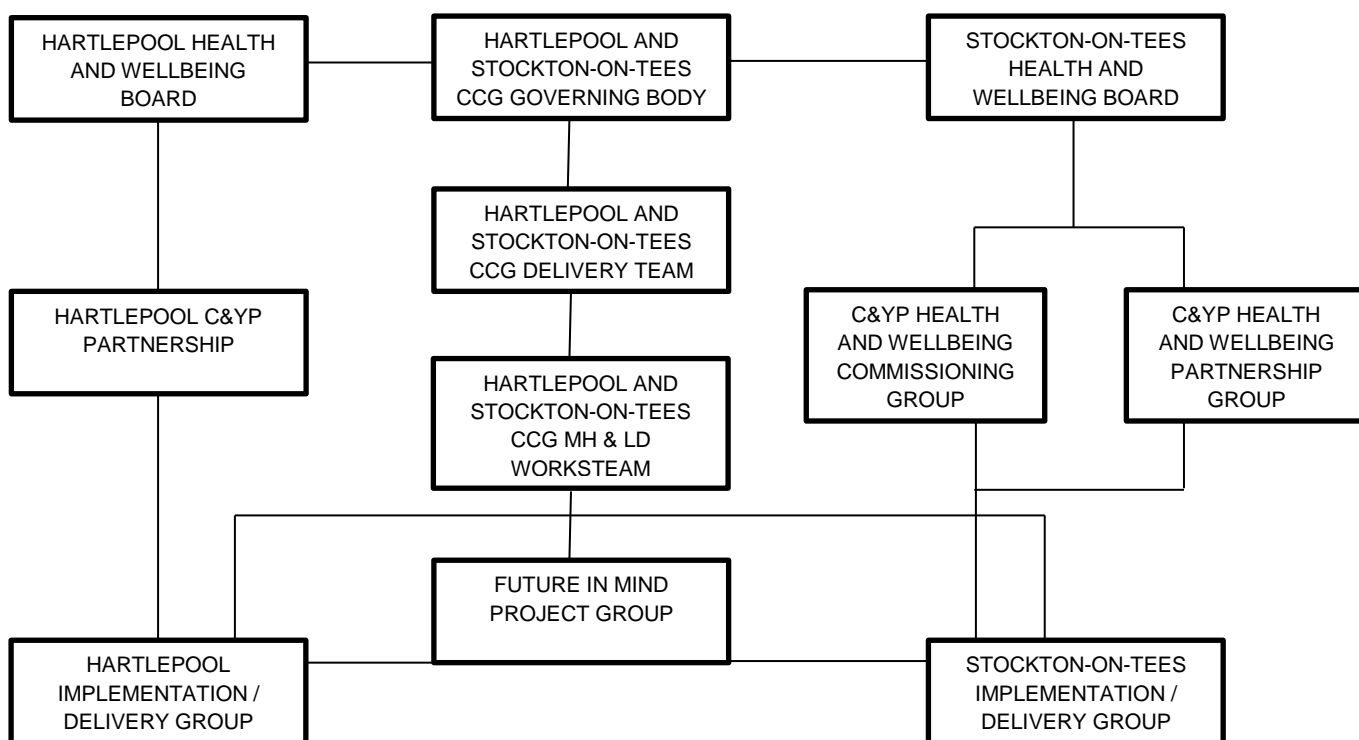
22.2 Clinical Commissioning Groups have been awarded additional monies per year to spend on supporting the implementation of this plan. Of this a total of £170,847 per year has been specifically allocated by the government to establish or develop a local eating disorder service. Use of the remainder is for local discretion, with further funding yet to be allocated to support improvements in perinatal mental health care.

Initial allocation of funding for eating disorders and planning in 2015/16	Additional funding available for 2015/16 when Transformation Plan is assured
£170,847	£427,648
Initial allocation of funding for eating disorders and planning in 2016/17	Additional funding available for 2016/17 when Transformation Plan is assured
£166,000	£657,353

23 Governance

23.1 Accountability for delivery of locality integrated action plans lie with the respective multi-agency Health and Wellbeing Board.

23.2 A governance framework is offered below;



24 Performance - Measuring Success

24.1 A performance framework will be developed to support implementation of this transformation plan and will monitor progress against achieving success.

24.2 Measurable key performance indicators will be agreed to enable monitoring of progress and demonstrate improved outcomes. This will form part of the assurance process required by NHS England.

24.3 Indicators may include, but not limited to:

- Process outcomes – activity, waiting times
- Evidence based routine outcome measures showing improvements in emotional wellbeing of children and young people receiving services (in line with CYP IAPT)
- Children and young people, parent/carer experience of services

- Admissions for self-harm among young people
- In-patient occupied bed days

25 Equality and Health Inequalities

- 25.1 Promoting equality and addressing health inequalities is central to this transformation plan.
- 25.2 This transformation plan aims to uphold the principles within *Future in Mind* which include ensuring those with protective characteristics such as learning disability are not excluded.

26 Executive Action Plan

- 26.1 An executive action plan is detailed in Appendix 3. This action plan covers the priorities that have been collectively identified and informed by wider locality CAMHS strategic plans covering the full pathway.
- 26.2 As this is living document it will be subject to change as the plan develops.

Appendix 1 Stakeholder Consultation

Stakeholder Group	Date
Stockton-on-Tees Children and Young People's Partnership (includes voluntary sector, Head Teacher representative, Riverside College representative, Healthwatch, Foundation Trust, CCG)	To update
Hartlepool Children and Young People's Council	To Update
Tees, Esk and Wear Valleys NHS Foundation Trust – Commissioner/Clinician meeting	Various
Stockton-on Tees Children and Young People's Joint Commissioning Group (includes PH, CSES, CCG)	Date to be confirmed
MH/LD workstream / clinical lead	14/10/2016
NHS Hartlepool and Stockton-on-Tees CCG Decision Team	25/10/2016
Stockton-on-Tees Health and Wellbeing Board	26/10/2016
Hartlepool Health and Wellbeing Board	27/10/2016
NHS England – Specialist Commissioning	To be updated
NHS England – Health and Justice	20/10/2016
Hartlepool Children and Young People's Strategic Partnership	Agenda Item at a meeting on the 13/12/16
NHS Hartlepool and Stockton-on-Tees CCG Governing Body	Date to be confirmed
Future in Mind Project Oversight Group	28/10/2016
Hartlepool Multi Agency Implementation Group	31/10/2016 29/09/2016 06/07/2016 24/03/2016 12/02/2016
Stockton Future in Mind Implementation Group	To be updated



Communications Approach

for Children and Young People's

Mental Health and Emotional Wellbeing

NHS Hartlepool & Stockton on Tees Clinical Commissioning Group

OUTLINE DOCUMENT FOR CONSIDERATION

Project title:	Children and Young People's Mental Health
Author:	Sam Harrison, Senior Communications and Engagement Manager
Owner:	Transformation Project Board
Customer:	Hartlepool & Stockton on Tees Clinical Commissioning Group (CCG)
Date:	
Version:	1.0
Document number:	

Change Record

Date	Author	Version	Summary of Changes

Reviewers

Name	Position

Distribution This document has been distributed to:

Name	Title	Date of issue	Version
Christine Scollen	Senior Commissioning Support Officer (NECS)		1.0

Background

This transformation plan outlines the communications approaches for local implementation of recent guidance from Department of Health *Future in Mind*: Promoting, protecting and improving our children and young people's mental health and emotional wellbeing, for which there is therefore a need to communicate and share information in a timely effective way.

This plan will be reviewed and developed by the North of England Commissioning Support (NECS) communications team on behalf of each Clinical Commissioning Group (CCG) and localised as appropriate following any at scale regional or national activity and taking account of the local authority engagement and communications, as well as any emerging outcomes of activity which informs best practice and any lessons learned.

The 'Future in Mind' document is clear in its vision that 'more of the same is simply not an option'. An increased focus on prevention, building resilience, promoting good mental health and early intervention across the whole system will make real change to children and young people's mental health and emotional wellbeing. There is a need to reduce risk factors associated with poor mental health at individual and community level; improve the mental health and emotional wellbeing of children and young people and to reach out to the groups at greatest risk of poor mental health.

There is a commitment to joined-up working between community and voluntary, statutory and business sectors; commitment to engagement and consultation with local community, children, young people and families; commitment to achieving and sharing evidence based practice; population and targeted approach to delivering the strategy.

Successful implementation of the plan will result in:

- An improvement in children and young people's mental health and emotional wellbeing;
- Multi-agency approaches to working in partnership, promoting the mental health of all children and young people, providing early intervention and also meeting the needs of children and young people with established or complex problems;
- All children, young people and their families will have access to mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies.

Communications Approach

The broad approach to communications handling will be as follows.

1. A local approach to developing handling plans and key messages and where appropriate at scale, using syndicated information for each Clinical Commissioning Group to adapt and use locally, based on key milestones of the implementation and assurance timescale.

2. There will be an at scale approach to sharing, developing and learning from best practice across Clinical Commissioning Group and local authority areas.
3. Each Clinical Commissioning Group will be responsible for developing communicating and engaging their own local stakeholders as set out in their plans submitted to NHS England and working closely with each local authority. They will work collaboratively and pro-actively with other partners to anticipate and respond to emerging concerns and issues.

Local commissioners and provider organisations will handle their own local communications with their key stakeholders. There are well established networks and ways of working between communications professionals in the region.

Local Policy Context

- This transformation plan contributes to the delivery of local priorities detailed within Joint Health and Wellbeing Strategies, local Clinical Commissioning Group's Clear and Credible Plans for 2012-17, supports local mental health strategies and is aligned to mental health and autism spectrum disorders and the North East and Cumbria Learning Disability Fast Track Transformation Programme.

Key Messages

In keeping with the *Future in Mind*, local commissioners want to:

- Promote good mental health, build resilience and identify and address emerging mental health problems as soon as possible;
- Ensure children, young people and families have timely access to evidence based support and treatment when in need;
- Improve the experience and outcomes for the most vulnerable and disadvantaged children, ensuring they are adequately supported at key transition points;
- Work in partnership to develop multi-agency pathways underpinned by quality performance standards, which will be reported in a transparent way;
- Continue to train and develop our local workforce to ensure we have staff with the right mix of knowledge, skills and competencies to respond to needs of children and young people and their families;
- Multi-agency stakeholders are working in partnership across the health and social care sector to implement these plans locally.

Plan Development

NECS communications and engagement team, with local authority partners.

Stakeholders and Audiences

Key Stakeholders

- Children, young people, their families and carers
- Children and Adolescent Mental Health Services groups
- Children and Adolescent Mental Health Services – clinical staff
- Children and Young People’s Delivery Partnerships
- Children’s Trusts
- Clinical Commissioning Group Executives
- Clinical Commissioning Group Governing Body
- Clinical Networks
- Health and Wellbeing Boards
- Health and Wellbeing Executives
- Learning Disability Network North East & Cumbria
- Local Authorities
- NHS England – Offender Health
- NHS England – Specialist Commissioning
- NHS Providers (primary care, community services, acute care, specialist service providers such as learning disabilities) providing general and specialist health assessment, treatment and care for children and young people
- Private Providers
- Voluntary and Community Sector
- Youth Offending Service



The Clinical Commissioning Groups will review and develop their full stakeholder lists in relation to this plan to make sure that children, young people, carers and their families are communicated with at the right time, adhering to the key principle of co-production and towards developing and evolving their wider engagement plans.

Overview of Audiences

- **Individual/Family Advocates** - Third sector, user forums, individual family members with a vested interest in this transformation work.
- **Organisations Leading Service Re-design** – All commissioners across health care providers.
- **Staff** - Health care professionals delivering services.
- **NHS England’s Regional Teams** – Regional Directors, Transformation Leads, Directors of Commissioning Operations, Directors of Specialised Commissioning
- **Communications Leads** – Commissioners (health and social care including public health providers).
- **Influencers** - With a stated interest in children and young people including councillors, MPs, groups.
- **Local, Regional and National Communication Leads** - Local Authority and NHS commissioner and provider stakeholders, including NHS England’s core team and specialised commissioning.
- **Media** – Local, regional, national trade and national/local consumer.

Engagement and Partnership

Each Clinical Commissioning Group is developing consultation and engagement plans in partnership with each local authority to improve the involvement of children, young people, families, carers and wider stakeholders around improving mental health, emotional wellbeing and resilience. Activities include:

- Children and young people’s engagement events;
- Healthwatch survey and engagement;
- Young people’s youth councils;
- ‘Investors in Children’ agenda days;
- Parent support groups;
- Mental Health and Emotional Wellbeing network;
- School surveys.

Next steps involve developing a model of co-production with children and young people, parents/carers and other stakeholders to inform future plans throughout implementation. This will form the basis of a wider engagement plan.

Clinical Engagement

Local commissioners and provider organisations will handle their own local communications and staff engagement, as they would do with any service review or re-design. Messages and information will be provided proactively in keeping with the collaborative approach of the partners to ensure early awareness and the development of approaches on a wider footprint if appropriate and beneficial. The focus will be to ensure staff are informed and have the opportunity to contribute and engage at every stage.

The Clinical Commissioning Groups are currently exploring the development of a community of practice to facilitate wider regional discussion of issues and sharing of best practice relating specifically to children and young people's mental health and emotional wellbeing.

Equality Impact Assessment

The reach and spread of engagement and communications linked to the programme will be reviewed at every opportunity (in line with the development of stakeholder mapping) to make sure that relevant groups and materials are included, Information will be provided in appropriate Easy Read and in Plain English formats under advice from relevant groups as to content, type and frequent.

Risks

Risk	Mitigation
Slippage in agreeing or realising transformation plans.	<ul style="list-style-type: none">• Clarity on sign-off process/ timeframe.• Potential to phase communication activity as transformation plans are agreed.
Lack of cohesion/consistency due to many partners / stakeholders and different roles.	<ul style="list-style-type: none">• Clarity on roles/responsibilities for communications leads.• Agreed strategy/roles with overarching core collateral, key messages, frequently asked questions etc.• Close working across communications teams/identified leads in stakeholder organisations.
Lack of engagement or agreement from key local stakeholders on transformational plans.	Robust communications and engagement plans developed by local teams with handling (local or wider footprint) as required.
High profile influencers e.g. providers (or staff), not supportive and delay service re-design.	<ul style="list-style-type: none">• Robust process for identifying and pre-empting operational issues with real-time updates for communications leads.• Clear process for handling responses, led locally but ensuring alignment with national messages.

Risk	Mitigation
	<ul style="list-style-type: none"> Position in context of wider transformation plans (wider roll-out).
Change for some individuals not managed well, supported or concern amongst families re: change.	<ul style="list-style-type: none"> Early identification and management of potential operational issues. Early notification from operational leads for communications leads to inform handling.
Destabilises current providers; uncertainty amongst staff that impacts on quality of care.	<ul style="list-style-type: none"> Programme messages reflected through operational discussions/ meetings. Once transformation plans are confirmed, clear messages on managed transition.
Change does not happen at a fast pace: <ul style="list-style-type: none"> Potential changes to staff terms and conditions, such as working hours. People resist shifts in power and control. 	<ul style="list-style-type: none"> Local leads ensure staff are engaged in any change process to maximise the potential for them to come on board and be accepting of any changes.
Not complying with national guidance and legislation – Care Act, Human Rights Act, Mental Capacity Act, Duty to Involve. Failure to work in accordance with principles of best practice.	<ul style="list-style-type: none"> There is a commitment to the transformation programme from all parties. There are internal processes to check compliance with the law.

Ways of Working and Roles

The local communications team will make sure, with local authority colleagues, that information is formatted appropriately for the audience concerned. Key communications will build on existing communications plans (local authority, regional and national). There will be national and regional communications on this work. There will also be a process for feeding back key messages, local announcements and communications proactively across individual stakeholders and local networks to the communications team and health commissioners ensuring that proactive and reactive communications are tailored to local need.

Confirmation of roles and responsibilities to follow.

Key Activity

Work has already been started to consider what works best for each of the localities as part of the **stakeholder mapping** and plan development and local communications will build on this. This work will take place with local authority communications leads.

Detail to follow.

Timescales

This work relates to timelines starting earlier in the summer (2015) and an initial phase of work to end in March 2016. It will be adapted and developed to take on further additional timings for the longer term implementation of plans after this period.

Current key milestones:

- **September** – agree draft document
- **September to October** – engage key stakeholder groups, agree final plan
- **November** – ratification of plan with key stakeholder groups

Each plan will include a detailed list of stakeholder engagement groups and communications for local adaptation, including local health and wellbeing boards and other meetings where local implementation plans are being discussed. **Appendix A** includes an initial timescale for discussion and engagement at key groups as part of the whole system approach to consulting and engaging on these plans.

Evaluation and Monitoring

Suggested measures for monitoring by communications leads for review are:

- Digital – traffic (unique web visitors, bounce rates);
- Social media – commentary/sentiment;
- Traditional media – quantitative (coverage; coverage in primary titles); qualitative (sentiment, key messages);
- Engagement – stakeholder endorsement/commentary; ability to secure endorsement for key projects/initiatives; engagement levels in surveys (number, representation of key groups) etc.

Appendix A: Consultation Timeline for the Children and Young People’s Mental Health, Emotional Wellbeing and Resilience Plan 2015/20 in Hartlepool & Stockton on Tees CCG areas.

Stakeholder	Date	Purpose	How? e.g. email	Responsible lead/ organisation

Appendix B – Local Communications Plan

CCG									
Activity	Detail	Lead-NECS - comms	XXX sign off CCG sign-off	Update/complete	Next Topic	When – list until end Jan 16	Next deadline due	Publication date	Reach

Appendix 3 Executive Action Plan

Reference	Identified local priority	Brief description	Estimated Cost	Lead	Partners	Outcomes	Timescale	Additional information
CCG wide schemes								
HAST1	Improve access to perinatal mental health care	Community perinatal mental health service; business case available	Hartlepool & Stockton-on-Tees CCG contribution £176,167	South Tees CCG	Hartlepool & Stockton-on-Tees CCG	Access to advice and information; deliver a timely service; support women in their own community safety and effectively avoiding unnecessary admission	2015/16	Service commissioned collaboratively with South Tees, will need to benchmark against new guidance once published Application submitted to develop and enhanced service – awaiting decision on application.
HAST2	Support the 0-19 age range in relation to system change, service redesign and developing integrated multi agency pathway	Coordination and implementation resource	£2,000	HAST CCG	Stockton-on-tees , borough council, Hartlepool Borough Council, T.E.W.V . Children and young people, Education	Coordinate and implementation of a locality plan, including service reviews, scoping a new model of delivery informed by the THRIVE model	2017	A local workshop with THRIVE author is planned to take place in December 2016

Reference	Identified local priority	Brief description	Estimated Cost	Lead	Partners	Outcomes	Timescale	Additional information
HAST3	Engagement around digital technologies	Identification of innovative uses of digital technology locally to support CYP across the pathway	£10,000	HAST CCG	Stockton-On-tees , borough council, Hartlepool Borough Council, T.E.W.V . Children and young people, Catalyst, H.V.D.A	Identification of Innovative uses of digital technology locally to support children and young people across the pathway	March 2016	Peer review findings to be evaluated and implemented
HAST 4	Scope the potential for complex MH / LD IPC pathway	A better understanding of the market is required to support the pathway analysis of the available services to meet that need, therefore market analysis is to be undertaken.	£0	Hast CCG	Stockton-On-Tees Borough Council, Hartlepool Borough Council, HVDA	Stimulating the Market	2016/17	Project mapping to be undertaken
HAST5	Implement access and waiting time standards for children and young people with eating disorders	Enhancement of existing service model to be evidence compliant, following review of current service provision and gaps to inform service specification. A review is to be undertaken to understand the impact of additional investment.	£166,000	South Tees CCG	Hartlepool & Stockton-on-Tees CCG	Improved waiting times and access, improved outcomes, reduced admissions to Tier 4	Planning 2016/17	Will continue to work collaboratively with South Tees CCG to undertake a service review.

Reference	Identified local priority	Brief description	Estimated Cost	Lead	Partners	Outcomes	Timescale	Additional information
HAST6	Ensure access to mental health crisis support and intervention, in line with principles within the Crisis Care Concordat	Review to be undertaken of CAMHS Crisis and Liaison Service. The review is to be undertaken in line with Core 24.	Hartlepool & Stockton-on-Tees CCG contribution £132,001	South Tees CCG	Hartlepool & Stockton-on-Tees CCG	Improved access and waiting times, children are treated at the right place, in the right timeframe as close to home as possible; improved outcomes, reduced admissions to paediatric wards in Acute Hospitals	2016/17	Service commissioned collaboratively with South Tees CCG; the enhancement was launched early in July 2016.
HAST7	Develop and implement pilot of intensive home treatment	Pilot to be implemented in respect of intensive home treatment to ensure optimal model for delivery.	£215,676	South Tees CCG	Hartlepool & Stockton-on-Tees CCG	Improved access and waiting times, children are treated at the right place, in the right timeframe as close to home as possible; improved outcomes, reduced admissions to paediatric wards in Acute Hospitals	2016/17	Develop and implement an effective review mechanism to inform future model development and potential funding requirements. Linked with HaST 6
HAST8	Proactive follow-up of children, young people or their parents who do not attend (DNA) appointments	Review scoping from year 1 to look at developing a potential CQIUN linked to assertive outreach	£0	South Tees CCG	Hartlepool & Stockton-on-Tees CCG TEWV	Reduction in % of DNAs	2016/17	<ul style="list-style-type: none"> • A checklist of actions has been developed by TEWV when an appointment isn't attended • TEWV reviews DNA's as part of their weekly performance management arrangements • TEWV have identified there

Reference	Identified local priority	Brief description	Estimated Cost	Lead	Partners	Outcomes	Timescale	Additional information
								<p>is a link between waiting times and DNA's, therefore as waiting times have reduced so have DNA's</p> <ul style="list-style-type: none"> • TEWV ensure appointments are at flexible times and at a place convenient for families • Routine outcomes measures are being utilised to support in the reduction of DNA's.
HAST9	Improve access and treatment for Children and young people with Autism Spectrum Disorder	<p>Review the impact the of the waiting list initiative undertaken in 2015/16</p> <p>Improvement workshop to inform scope of a planned 3P event.</p>	£14,000	HAST CCG	TEWV NTHFT	Development of a new model for delivery of ASD Services	2016/17	Will develop joint commissioning framework and inform commissioning intentions

Reference	Identified local priority	Brief description	Estimated Cost	Lead	Partners	Outcomes	Timescale	Additional information
HAST10	Review local care pathway for conduct disorder	Undertake a scoping exercise around conduct disorder to gain a greater understanding of local need, current pathway/service provision and map this against NICE guidance/best practice; also review the skills within the workforce in identifying and intervening appropriately. To identify opportunities and examples of interventions which could be delivered within universal settings in order to inform a whole pathway approach to upskilling the workforce.	£30,000	HAST CCG	Children and young people; parents/carers; Primary Care; schools; children's services; Hartlepool Borough Council; Stockton-on-Tees Borough Council; TEWV; YOS	Prompt access to evidence-based interventions; to improve outcomes.	2016/17	Collaborative working to be explored with South Tees CCG.
HAST11	Establish process for effective collaborative commissioning	A scoping exercise in being undertaken to inform a 3P event which will enable us to develop a framework for integrated commissioning. This will include the governance arrangements to be agreed with all partners.	£0	HAST CCG	Stockton-on-tees , borough council, Hartlepool Borough Council, Schools	Integrated commissioning through pooled budget arrangements	Ongoing (3P Event will take place in 16/17)	Link to HaST 9
HAST12	Training in Primary Care and other settings; development of Young People Mental Health and Wellbeing 'champions'	Evaluate schools pilot and roll out learning School pilot development for core offer for training to embed resilience.	£20,000 committed in 15/16	HAST CCG	Stockton-on-tees , borough council, Hartlepool Borough Council, Schools, primary care, schools, children and young people	Increased awareness amongst staff working in Primary Care, other settings; named champions - which would be able to offer support to colleagues/peers in regard to children's mental health and wellbeing	16/17	Core offer being finalised

Reference	Identified local priority	Brief description	Estimated Cost	Lead	Partners	Outcomes	Timescale	Additional information
HAST13	Embedding principles of the CYP IAPT programme	Backfill arrangements to allow training; scoping of extension of CYP IAPT into schools and other settings Tier 4 and Tier 4 Eating Disorder IAPT training	£24,675 £11,250	HAST CCG	Stockton-on-tees , borough council, Hartlepool Borough Council, Schools, primary care, schools, T.E.W.V children and young people, and their families/cares	Improved skill set of the workforce; professionals working with children and young people are able to respond to a broader range of needs; workforce with right skills and competencies to complement existing experience	Ongoing	Balance to be paid in 2017/18
HAST14	Ability to deliver concordat early intervention and psychosis EIP	Scoping concordat interventions. Evaluate and provide training.	£0	HAST CCG	South Tees CCG	<ul style="list-style-type: none"> Increased skill mix across EIP 	16/17	
Hartlepool Schemes								
H1	Coordination of the emotional wellbeing offer to children and young people and their families/carers	Identification of local need across age ranges, mapping of current provision to need and gap analysis to inform commissioning/ realignment of resources	£37,400	HBC	CCG LA TEWV Schools VCS Service users CYP North Tees &	<ul style="list-style-type: none"> Coordinated emotional wellbeing offer at the universal, targeted and specialist levels. The offer is clearly understood and facilitates the right service at the right time 	2016/17	

Reference	Identified local priority	Brief description	Estimated Cost	Lead	Partners	Outcomes	Timescale	Additional information
H2	Improvement of prevention programmes which impact positively on children and young people's emotional health and wellbeing	Coordination and implementation resource for workforce training; building resilience in communities, families, children and young people linked to Hartlepool Vision and Better Childhood Programme; engaging with children and young people to co- produce a communication strategy to reduce stigma	£37,400	HBC	Hartlepool Foundation Trust GPs with special interest Multi Agency Partners (MAP)	<p>More children will have a greater understanding of mental health issues and how to support themselves and others</p> <p>More children and young people will acknowledge their emotional needs without fear of stigma or discrimination</p>	2016/17	
H3	Improve early intervention programmes which impact on children and young people's emotional health and wellbeing	Pilot schemes including: Video Interaction Guidance Mindfulness in schools	£37,400	HBC		<p>Improved child's emotional wellbeing through improved parenting and improved parental mental health</p> <p>Reduced levels of inappropriate demand for specialist services</p>	2016/17	

Reference	Identified local priority	Brief description	Estimated Cost	Lead	Partners	Outcomes	Timescale	Additional information
H4	Improve the mental health of the following priority groups of children and young people; Looked after children, children and young people with a learning disability, young offenders, refugees and asylum seekers	Gain a better understanding of the support required for vulnerable groups utilising appropriate models e.g.the 'thrive model', develop a young person's lead for vulnerable children and young people	£42,400	HBC	Children and young people LA TEWV Schools VCS Service users CYP North Tees & Hartlepool Foundation Trust GPs with special interest Multi Agency Partners (MAP)	Better integration of services towards one assessment, one plan Increased access for vulnerable young people to specialist services	2016/17	
H5	Developing positive relationships in early years	Developing attuned relationships by focusing on communication, interactions, and connectedness	£24,657	HBC	Children and young people, LA, Schools	Stronger relationships in early childhood with parents / carers Contribution to language development in early years	2016/17	

Stockton-on-Tees Schemes

Reference	Identified local priority	Brief description	Estimated Cost	Lead	Partners	Outcomes	Timescale	Additional information
SoT1	Emotional Resilience Offer Build capacity within local authority services (commissioned services and directly provided services) to deliver targeted interventions	An emotional resilience offer which provides training for schools and carers, using train the trainer model	£79,313	SBC	Schools and academies, children's centres.	Increase in number of trained workforce to identify mental health problems and signpost or provide the appropriate intervention	Commencing 2015/16	On-going into 16/17
SoT2	Therapeutic Support for Carers	Therapeutic support training for carers of children looked after	£16,000	SBC		Carers are in a better position to provide the therapeutic support required for a looked after child. Children and young people receive the support they need,	16/17	
SoT3	Intelligence	Development of data base to allow central collation of all risk factors identified in CAF	£30,000	SBC		Professionals have access to the most up to date information for children and young people.	16/17	

Reference	Identified local priority	Brief description	Estimated Cost	Lead	Partners	Outcomes	Timescale	Additional information
SoT4	Engagement and Design	<p>Undertake mapping exercise with all services and stakeholder to fully understand pathways and referral routes for children and young people to clarify local offer and develop resources to promote same</p> <p>Engagement with specific service user groups and Healthwatch to ensure developments as part of plan are fully consulted on</p>	£12,000	SBC	NTHFT, TEWV, Children's Centres, Schools and academies, VCSE sector	<p>Children, young people and families have a voice in the design and delivery of services; feedback from service users indicates that improved understanding of how to access services.</p> <p>Increased awareness of services and support available, reduction in inappropriate referrals to CAMHS</p>	16/17	
SoT5	Access to Services	<p>Undertake Health Related Behaviour Questionnaire with KS3 students to develop a baseline understanding of emotional health and wellbeing and mental health problems. Using baseline data and co-production with young people and families to develop a social marketing approach.</p> <p>Strengthen existing access to information, advice and guidance to ensure that no door is the wrong door</p>	£54,000	SBC	Schools and academies, children, young people and families.	Improved outcomes, Improved access to services, earlier identification	Commencing 2015/16	On-going into 16/17

Reference	Identified local priority	Brief description	Estimated Cost	Lead	Partners	Outcomes	Timescale	Additional information
SoT6	Family Therapeutic Support	Support worker for families working at a Children's Assessment Framework Level; one to one therapeutic support for families where children are experiencing early signs of social and emotional problems	£40,000	SBC	Children's Centres, Private, Voluntary and Independent Early Years settings, Schools and academies, VCSE sector	Children, young people and families receive help as early as possible.	2016/17	

Footnotes

- 1 Department of Health NHS England (2015) *Future in Mind – Promoting, protecting and improving our children and young people’s mental health and wellbeing*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf
- 2 No Health without Mental Health (2011) HM Government
<https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>
- 3 HM Government Mental Health Crisis Concordat: Improving outcomes for people experiencing mental health crisis
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf
- 4 Children and Young Peoples IAPT Programme
<http://www.cypipt.org/children-and-young-peoples-project.php?accesscheck=%2Findex.php>
- 5 Better Mental Health Outcomes for Children and Young People A RESOURCE DIRECTORY FOR COMMISSIONERS
www.CHIMAT.ORG.UK/CAMHS/COMMISSIONING
- 6 National Child and Maternal Health Intelligence Network (2015)
<http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=41&geoTypeId=> Accessed 31-Aug-15
- 7 National Child and Maternal Health Intelligence Network (2015)
<http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=41&geoTypeId=> Accessed 31-Aug-15
- 8 Joint Commissioning Panel for Mental Health; Guidance for Commissioners of Children and Adolescent Mental Health Services
<http://www.jcpmh.info/wp-content/uploads/jcpmh-camhs-guide.pdf>
- 9 THRIVE; the AFC – Tavistock Model for Children and Adolescent Mental Health Services
https://www.ucl.ac.uk/ebpu/docs/publication_files/New_THRIVE