NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

Transformation Plan
2015-2020
(2017 Refresh)

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

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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

'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'. (2015 vision)

1 Introduction

1.1 This document provides an update on the five year Children & Young People's Mental Health and Wellbeing plan for Hartlepool and Stockton-On-Tees. The original plan was established 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.

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, reflects on the work already undertaken, sets high level objectives, and an action plan which takes into consideration specific areas of focus for local authority areas.

2.3 The aim of the plan is to achieve 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 with an identified need, 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.

2.5 The Transformation Plan has been informed by a 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).

2.7 Mental Health has been identified as a priority area to address within the STP based on the potential to improve outcomes of care. We will maximise opportunities to collaborate with commissioners and providers of care to share approaches and resources across the STP to ensure a sustainable system. The LTP is an important part of the CCG's STP being developed across the North East.

2.8 This plan will be monitored to ensure that we deliver against the principles of Future in Mind:

- Promote resilience, prevention and early intervention.
- Improve access to effective support and review the tiers system.
- Ensure emotional health and wellbeing support is available and easily accessible for our most vulnerable children and young people.
- Improve accountability and transparency and ensure all partners are working towards the same outcomes in an integrated way.
- Develop the wider workforce and equip them with the skills to support children and young people with emotional health and wellbeing issues

3 National Policy Context

3.1 National policy over recent years has focused 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.

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* – 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 transformation programme delivered by NHS England that aims to improve existing Child and Adolescent Mental Health Services (CAMHS) working in the community[4]. 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.

3.10 Future in Mind states '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'.

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 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 supporting parents at the earliest opportunity and 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 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. Stockton-on-Tees are also developing an 'all age' integrated strategy which will have children & young people as an integral strand.

4.4 The Hartlepool and Stockton-on-Tees CCG Clear and Credible Plan Refresh 2014/15-2018/19 cites the development of a plan 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.

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;
- 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 others[5]. 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 Service[6] (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
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

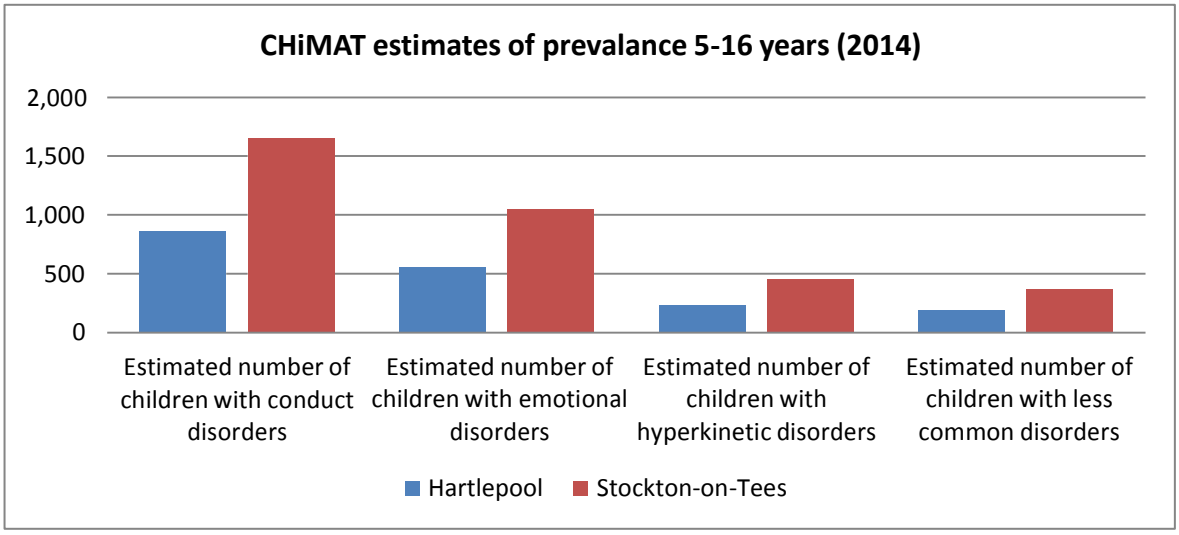
Source: Local authority mid-year resident population estimates for 2014 from Office for National Statistics.
CCG population estimates aggregated from GP registered populations (Oct 2014).

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 disorders[7]. 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.



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.

7.4 Peer research has been carried out across Hartlepool & Stockton into the use of a digital 'app' for young people to use to maintain their mental health & wellbeing. An overview of the findings was: In summary, it was felt that there is not enough information available on mental health apps, but young people were not averse to using them in addition to or whilst waiting for face to face support.

7.5 Importantly, they felt that they should be involved in the design of any mental health app we would be looking to commission.

7.6 The recommendations from the peer researchers were:

- Young people help design mental health apps
- Young people help promote mental health apps
- Young people to develop news and blogs for mental health apps
- Schools to offer more support and information on mental health issues
- Teachers and support staff to be given more training on how to notice the signs of mental health issues
- Parents/carers offered more information and support on mental health issues
- Make sure any mental health apps for young people are safe and secure

7.7 A more recent piece of research has been undertaken by Healthwatch in Hartlepool in partnership with Children & Young people and York University. This piece of work was commissioned by the Health & Wellbeing Board.

7.8 The full project findings has yet to be published but the initial feedback has reflected the findings presented in the Local Transformation Plan – issues with access, not knowing where to get advice from, wanting to pursue leisure activities etc. However, this group of young people determined that they would not want an 'app' for the purpose of maintaining their mental health as they felt it was too impersonal.

7.9 Additional work will be undertaken to harness the passion and enthusiasm of this group of young people and to utilise the vast amount of work which they have undertaken to inform future service models and commissioning intentions.

8 Wider Stakeholder Engagement

8.1 From engagement with the range of stakeholders the following key themes were identified:

- 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
- Inconsistency of offer
- Accessibility
- Response time
- Workforce Knowledge
- Capacity issues
- Gaps
- Duplication
- Transition and discharge

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:

<u>Influences impacting on the emotional wellbeing of children and young people</u>

- 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

<u>Common presenting needs</u>

- 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 Analysis of Need, Gaps and Issues

9.1 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

9.2 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:

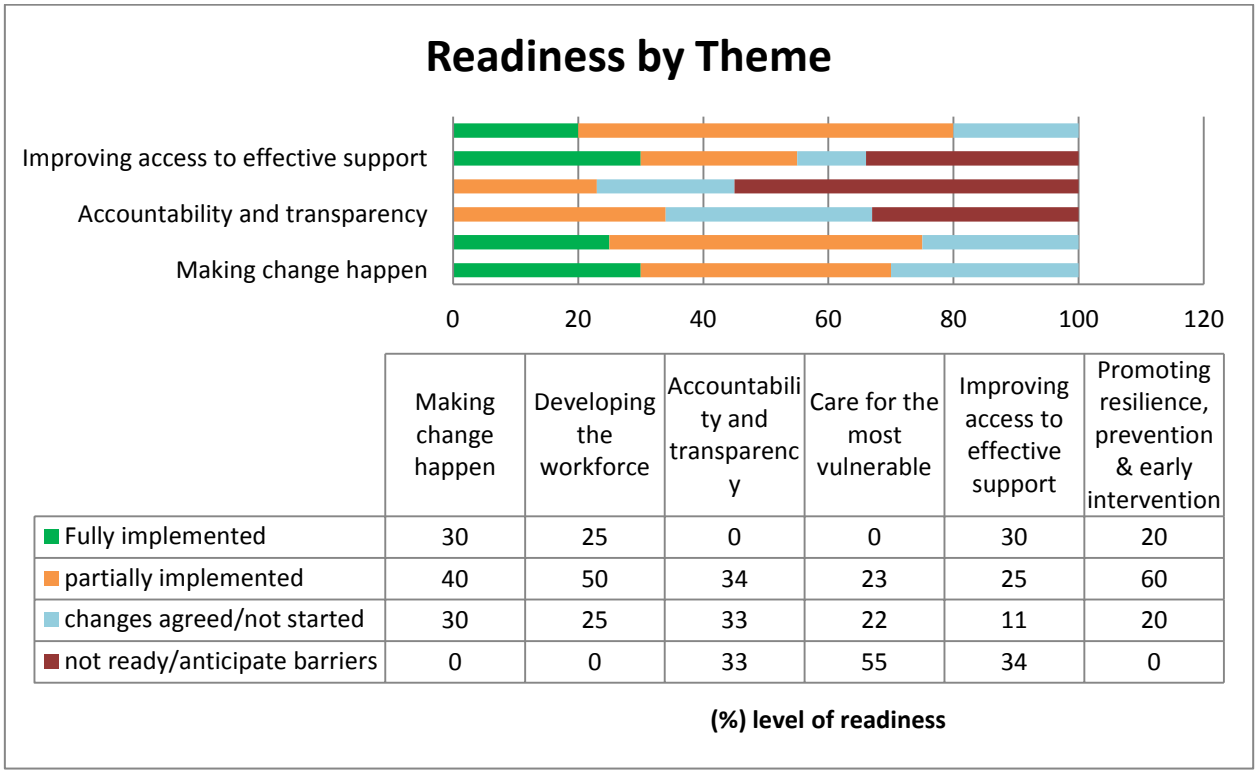
- 1 in 10 children aged 1 to 15 have a mental health problem, the problems during childhood and adolescents costs between £11,030- £59,130 annually.
- There a several key protective factors such as breast feeding, education and positive relationships that can support children and young people to have 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.

9.3 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*.

9.4 The graphs below summaries the current local position.



	Making change happen	Developing the workforce	Accountability and transparency	Care for the most vulnerable	Improving access to effective support	Promoting resilience, prevention & early intervention
Fully implemented	30	25	0	0	30	20
partially implemented	40	50	34	23	25	60
changes agreed/not started	30	25	33	22	11	20
not ready/anticipate barriers	0	0	33	55	34	0

10 Progress to date

The following tables highlight work which has been undertaken to date for each Local Authority and for Tees, Esk and Wear Valley (TEWV) who are the CAMHS specialist provider.

Hartlepool Borough Council Future in Mind
Summary of Progress 2015-2017

	Achieved by September 2017	Impact	Next steps to be considered
H1 – Coordination of wellbeing offer and joint commissioning	• School survey • CYP survey • Provider survey • Parent/carer survey • Summary consultation document • Commissioned services with schools survey ongoing	• Clear understanding of local need • Clear understanding of gaps in provision • Better understanding of what needs to change in the whole system	• Locality integrated services pilot to plan and meet need at local level • Multi agency work to implement THRIVE • Development of a process for joint commissioning • Re-commission and associated quality assurance processes to meet identified need • Refresh JSNA
H2 – Prevention Programme	• Leadership training for whole school approaches • Development of audit tool for emotionally healthy school communities • Development of Curriculum for Life to embed whole school approaches • Development and piloting of whole school training on wellbeing and resilience	• Buy in from schools that emotional wellbeing is a high priority • Recognition from schools that they can do more at a universal level • Understanding the importance of staff wellbeing in an emotionally healthy school • Schools redirecting internal resources towards emotional wellbeing • An improved universal offer for wellbeing and resilience	Build on the success of the previous development work and extend beyond schools to integrated locality working as follows: • Cohort 2 schools self-evaluate against emotionally healthy school criteria; • Implementation of the whole schools approach to emotional wellbeing following the Public Health guidance of 2015; • Leadership training for whole school approaches, involving Governors, Senior Management Teams and relevant leaders in the community e.g. Social Care Managers, Leaders in VCSE; • Development of school leadership around emotional

			wellbeing including a focus on monitoring and evaluating impact; • Multi agency training in young people's wellbeing to identify vulnerable groups in need of more targeted support; • Understanding of the 5 ways to wellbeing by social care staff so that family wellbeing can be promoted; • Ongoing network and professional development opportunities
H3 & H4 – Early Intervention Programme	• Champions established in schools • Champion training programme and Learning sets developed and delivered • ELSA training delivered and ongoing network group • Mindfulness training delivered and ongoing network group • Evidence based interventions identified • Recruitment to Assistant Psychologists posts • Work with Virtual School Head Teacher targeting support for LAC, refugees etc. • Video Interaction Guidance (VIG) offered as an intervention to cases open to social care • Access to psychology support for Intensive Response Team (CYP on the edge of care)	• Pilot schools equipped to identify need early and direct towards appropriate evidence based targeted interventions available in schools • School staff appropriately trained and supervised in interventions to target common areas of need such as low level anxiety and stress • Needs of vulnerable group prioritised within school systems	Year 3 of the Hartlepool plan builds on the success of the previous development work and extends beyond schools to integrated locality working. This work seeks to ensure easy access to targeted support and builds capacity in the universal services through the deployment Tier 2 professionals such as; • Psychological Wellbeing Practitioners • Assistant Psychologists • Emotional Literacy Support Assistants (ELSA) • Mindfulness • Pilot THRIVE • Pathway development for early help and vulnerable groups

Stockton- on-Tees Borough Council Summary of progress 2015-17 & how these will be progressed into 2018

	Achieved by September 2017	Impact	Next steps to be considered
SoT1 – Building capacity within Local authority services to deliver targeted interventions	• Pilot project undertaken with 10 secondary schools to develop a whole school approach to build resilience and enhance the emotional wellbeing of children and young people. • School survey completed with Schools' Student and Health Education Unit (SHUE) • Signs of safety approach implemented	• Increased knowledge and skills of the school community, to support early identification of need and access to appropriate intervention • Created 'school champions' within schools and learning support networks across clusters, with close effective working with CAMHS (TEWV) • Developed a training program which can be built upon over time, embedded into the PDP process and be supported through network action learning sets • Baseline measure of children and young people's emotional well-being and resilience completed with year 8 and year 10 pupils • Schools strength's and weakness identified and action plans developed based on SHUE survey • Training undertaken by Social care and Early Help Managers • All Social Care process, paperwork and systems now incorporate this model across Children's Hub, Child in Need and Child Protection	• Develop workforce skills in Children's IAPT • Review CAMHS services • Refresh JSNA • Deliver emotional well-being and resilience programme in primary schools • Deliver Emotional Literacy Support Assistants (ELSA) to all primary schools • Comparison Study to be completed in 2018 • Progress on action plans from schools • Plans for baseline measure for Primary Schools using alternative questionnaire • Signs of Safety adapted to Signs of Success as a strength based parenting model to be incorporated within the Early Help Assessment, regular reviews to access progress and change
SoT2 – Therapeutic Support for Carers	• Training in Solihull method of parenting to support carers of looked after children and families	• Parents' anxiety about their children decreased significantly as did the severity of the problems • There is a significant	• Develop staff skills and knowledge to support carers to develop their skills and strategies leading to improved relationships,

		decrease in distress and parental perception of child difficulty • Improvement in child behaviour • Parents increased their knowledge of strategies and solutions for responding to children's behaviour, improved their interactions with their children and were better able to recognise and respond to their child's feelings • Improved parent/child relationships and increased confidence	confidence and wellbeing • Professionals using the Solihull method had increased job satisfaction, self-esteem and efficacy and a decrease in feeling stressed and burnt out. This also will impact on another strand of Future in Mind which is to build and sustain workforce capacity and capability • Mentoring and Coaching to embed skills and knowledge with staff • Further work to be undertaken to embed work therefore Foster placement stability will improve, meaning fewer moves for children
SoT3 - Intelligence	• Development of dad base to allow central collation of all risk factors identified in children and families	• Development of a new system which collates a range of information and analysis of outcomes • Section developed which identifies the Emotional Health and Well-being of Children and young people • Professionals to have access to the most up to date information for children and young people	• Roll out to live system to Early Help services by April 2018
SoT4 – Engagement and Design	• 3 x "Incredible years" parenting programme groups delivered between February 2017 and October 2017 for parents/carer of children aged 6-12 • Project Dragonfly Family Group Conferencing skills offered to families who are receiving support via Early Help.	• Improved parenting interactions and relationships • Identifications by CAMHS of families with parenting needs • Prevention, reduction and treatment of early onset conduct behaviours and emotional problems • Tackling stigma around emotional wellbeing and mental health in children and young people	• Cohort's agreed for September – December 2017 and January 2017 – March 2018 • Evaluation of courses, feedback from families and impact on the Children and Young People of improved parenting • Task and finish group reviewing evidenced parenting programmes and

		• Delivered by educationists working with communities, schools and businesses to address young people's hopes, aspirations, self-worthiness and put children and their ideas at the heart of their individual and collective futures • Family Group Conferencing practitioner post recruited to commence November 2017 • Families have accessed Family Group Conferencing • New Family Group	work surrounding needs of families in Stockton-on-Tees • Development of a new team whose focus will be solely on Family Group Conferences • Increase capacity of Family Group Conferencing within the Local Authority

Hartlepool & Stockton CCG

	Achieved by September 2017	**Impact**	**Next Steps**
Resilience prevention & early intervention	Commissioned the pilot schools projects undertaken in Hartlepool & Stockton	Upskilling of school staff to have more confidence in supporting children & young people with low level mental health needs	To continue to support and review this work
Improving Access to Services	Development of a Community Eating Disorder Service	Improved waiting times and access, improved outcomes, reduced admissions to Tier 4	Ongoing monitoring to ensure national guidelines are implemented and met
Improving Access to Services	Investment to ensure Crisis & Liaison Service is available to all age 24/7	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	Ongoing monitoring to ensure national guidelines are implemented and met
Improving Access to Services	Supported the development of the Investment Home Treatment Service		Ongoing monitoring to ensure national guidelines are implemented and met. To work with NHS England as part of their New Models of Care for Tier 4 in patient beds.
Improving Access to Services	Supported the ongoing commissioning of a peri natal service	Access to advice and information; deliver a timely service; support women in their own community safety and effectively avoiding	Ongoing monitoring to ensure national guidelines are implemented and met. Applications to enhance to be submitted

		unnecessary admission	
Improving Access to Service	Engagement with children & young people around the use of digital technologies across the mental health & wellbeing pathway	Peer Research commissioned into the use of App's in maintaining mental health	Ensure findings are explored further and the voice of the child is integral to future commissioning decisions
Care for the most Vulnerable	Proactive follow-up of children, young people or their parents who do not attend (DNA) appointments	TEWV have processes in place to follow up on all DNA's. Overall reduction in DNA's	Ensure processes are sustained
Care for the most Vulnerable	Improve access and treatment for Children and young people with Autism Spectrum Disorder	Multi-agency 3P event held. Separate workstream identified to carry the work forward	Separate workstream identified to carry the work forward
Care for the most Vulnerable	Review local care pathway for conduct disorder	Funding provided to TEWV to recruit specialists to undertake piece of work. Recruitment process finished as of Oct 17	Ongoing joint working with TEWV to scope and manage this piece of work
Care for the most Vulnerable	Training in Primary Care and other settings; development of Young People Mental Health and Wellbeing 'champions'	GP survey completed. Time book at November's Clinical Reference Group	Joint piece of work required with Primary Care Team to develop this project

11 Our Vision and the landscape in 2020

11.1 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 focused 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'*.

11.2 The Hartlepool & Stockton on Tees Transformation Plan has been developed to bring about a clear coordinated change across the whole system pathway to enable better support for children & young people.

11.3 A whole system approach to pathway improvement has been adopted. This means health organisaitons, both local authorities, schools, youth justice system, the voluntary and private sector working together with children, young people and their families.

11.4 Fundamental to the plan, is partnership working aligned commissioning processes to foster integrated and timely services from prevention and intervening early in problems before they become harder and more costly to address.

11.5 To date we have laid the ground work for transformation, now, as we move into year 3 of the programme, we need to be bold as we make transformational decisions. We recognise the unique opportunity to design a new system which, in 3 years, looks substantially different from our current services – and which addresses the needs and issues our young people tell us exist. We want to resist being constrained by traditional boundaries or tiers, organisations, funding mechanisms and criteria and develop clear, coordinated between agencies and stop young people falling through the gaps.

11.6 The journey to fully transform mental health services – as indicated in the published Five Year Forward View for Mental Health should be thought of as much more than a five-year programme.

Principal priorities detailed in the plan include:

- Co-production with people with lived experience of services, their families and carers;

- working in partnership with local public, private and voluntary sector organisations, recognising the contributions of each to improving mental health and wellbeing;
- Identifying needs and intervening at the earliest appropriate opportunity to reduce the likelihood of escalation and distress and support recovery;
- Designing and delivering person-centred care, underpinned by evidence, which supports people to lead fuller, happier lives and,
- Underpinning the commitments through outcome-focused, intelligent and data-driven Commissioning

11.7 We will map the landscape of services to ensure correct pathways are in place as we move towards an integrated service based on need. 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 on mental and physical ill health over the whole life course (Future in Mind, 2015).

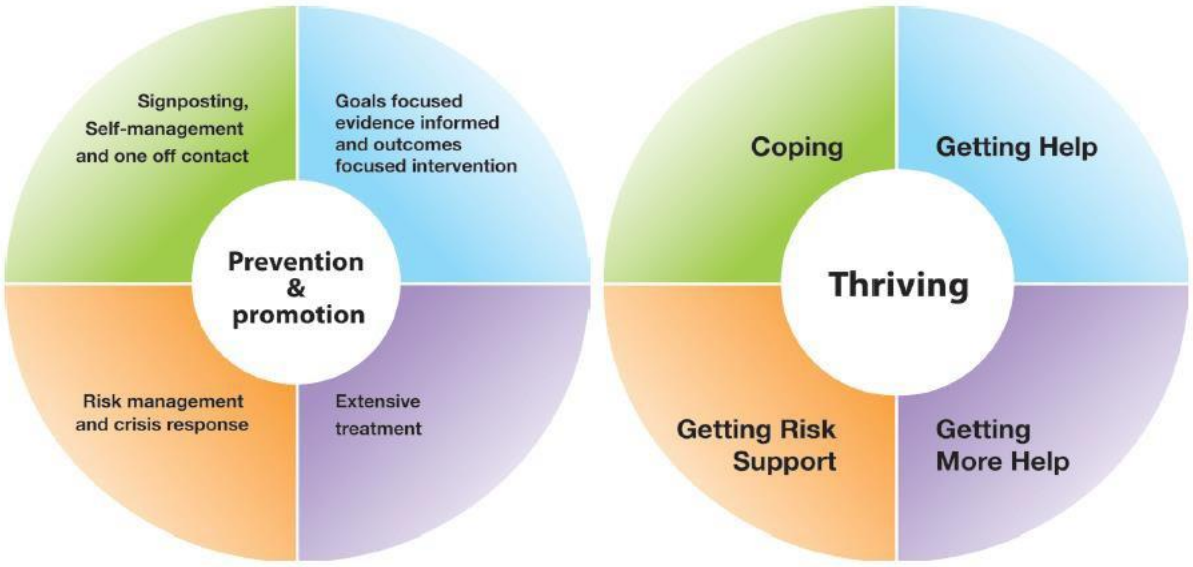
11.8 Priorities for change continue to be developed by partners through analysis of available data continued co-commissioning and strong engagement.

12 Towards a Model of Transformation

12.1 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.

12.2 The THRIVE model[9] 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.

THRIVE model



Source: THRIVE
The AFC–Tavistock Model for CAMHS

12.3 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.

The THRIVE model, reflects what we want to achieve across Hartlepool & Stockton as it brings services together to focus on the needs of children and young people. The language of the tiered model is common within our locality. An event has already been held across the localities with all stakeholders present as a means of beginning to develop this model.

13 Working with schools

13.1 We know, from work to date, that schools are key in transforming the wellbeing landscape. They are where CYP spend the majority of their time, and are more likely to know which children are in need of support around their wellbeing, which children are at risk etc. and subsequently that is where the focus of work to date has been in Stockton & Hartlepool (outside of the specialist services).

13.2 The work in schools will focus on early intervention and the development of a workforce that can promote resilience and self care.

13.3 <u>What we want to do</u>

- Along with families, schools will play a critical role in ensuring we identify and support the emotional health and wellbeing of children and young people. From nurseries through to universities, we need to ensure we have an understanding of the wellbeing provision within each establishment so as to be reassured the needs of all children are being met.

- We will review what schools are offering to determine whether this could be done more effectively and efficiently through joint commissioning.
- Roll out best practice from the schools who have already received Mindfulness; targeted provision and Mental Health First Aid Training

14 Vulnerable Groups

14.1 Our aim is to improve the experience and outcomes for the most vulnerable and disadvantaged children and ensure they are adequately supported at key transition points

14.2 What we want to do

- We need to reassure ourselves, through a multi-agency approach that the pathways in place, work not only for those children and young people for whom there is a statutory responsibility (children who are Looked after, have a learning disability) but for all other vulnerable groups - CYP on the Edge of Care, Children in need, 16/17 year olds who are homeless or at risk of homelessness, teenage parents and children and young people who have been or at risk of sexual exploitation
- To understand other services delivering support to children & young people across Stockton and Hartlepool and how that they can contribute to a multi-agency response to our children & young people. This will enable us to begin to identify how we move towards a system based on need not eligibility and allow us to collectively think about commissioning differently
- We need to ensure that the Young Carers services are involved in work streams moving forward to ensure that this group of young people receive any support they may need from a specialist service in a timely manner
- Personal health budgets are a way to improve outcomes by giving people more choice and control over the care they receive. They focus on personalised care and support planning, and let people choose how to meet their healthcare needs in different ways. Personal health budgets can be managed in three ways: a direct payment, a third party budget or a notional budget. We will work across partners in education and social care to work up a program to enable more young people with complex health needs to access personal health budgets.
- We will continue to support the work of the Tees Suicide Prevention Taskforce.

15 Youth Offender Mental Health

15.1 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.

15.2 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.

15.3 <u>What we want to do</u>

Bryan, Freer & Furlong (2007) estimated that over 60% of offenders in the youth justice system have communication disability and that of this population 46-67% have 'poor' or 'very poor' skills. In 'life Sentence' (Clegg, Hollis & Rutter 1999) they reported that up to a third of children with untreated speech or language difficulties will develop mental health problems with resulting criminal involvement in some cases. Approximately a third of young offenders have speaking and listening skills below the tested level of an 11 year old (Davies, Hanna, Henderson & Hand 2011)

- We have recently been advised of a successful bid to the NHS England Youth Justice fund. The bid was to strengthen the Speech & Language offer available across Hartlepool & Stockton to young offenders and more widely to young people who are cited as vulnerable who are at risk of offending. This project will now be mobilised and progress and will be monitored through the Future in Mind board – YOS are invited to be part of the board.
- Closely follow the work led by Health & Justice Commissioners as we move forward with our own mapping work as highlighted in Section 14.

16 Early Help

16.1 The early identification of children, young people and families who need support is the responsibility of all agencies and key to the prevention of escalation to specialist provision. We must ensure that our front line teams are all equipped to provide advice

and support around mental health & wellbeing to all those who are referred and that there is an effective 'safety net' in place for all vulnerable children & young people.

16.2 What we want to do

Linked to the objectives above, we need to:

- Understand the 'early help' offer provided by all agencies across Stockton & Hartlepool who work with young people and their families.
- We will look to map the pathways and interfaces between all services who work to protect the mental health & wellbeing of children and young people
- Better understand their interface with the specialist mental health services and third sector providers.
- As well as the interface with safeguarding.

17 Maternity & Health Visiting

17.1 Anxiety and postnatal depression affect 13% of mothers shortly after birth and 22% of mothers one year after the birth (Gavin et al 2005). Teenage mothers are particularly high risk, with a three times higher risk of postnatal depression and poor mental health for three years after the birth.

17.2 One in five mothers experience depression, anxiety or psychosis during the perinatal period. Strategic Clinical Network Perinatal Mental Health Working Group, supported by the Maternity Clinical Advisory Group, has been established to develop guidance for health professionals with regard to promoting women's mental health and wellbeing during the perinatal period.

17.3 With Local Maternity System plans due to be published we need to ensure that our actions link effectively with changes to the way in which maternity services are delivered.

17.4 What we want to do

We will work collectively without clinical and public health colleagues to:

- Establish base line data from both the maternity unit and the 0-19 service to further understand the prevalence of emotional wellbeing and mental health issues through pregnancy.
- Understand the pathway between both services for flagging any concerns within the family home and how this links into Early Help services and the available parenting programmes
- Developed a set of performance indicators across maternity and early years services
- We will work collectively to implement pathways to support perinatal mental health
    - Earlier diagnosis of emotional perinatal mental health
    - Improved intervention and support
    - Improved access to services

- Promote Solihull antenatal infant attachment programs and parenting support and promote nurturing information within the 0-19 service growing healthy programs
- Continue to support developments with the current TEWV Specialist peri-natal service to establish base line data and ongoing contract management. Support the relationship between this service, the 0-19 service and maternity.

18 Primary care

18.1 We have surveyed the GP practices across Stockton & Hartlepool. However, the quality of the responses were not enough to enable us to formulate a detailed work plan and further work is being undertaken

18.2 <u>What we want to do</u>

- Further work with primary care to understand their provision and skill base and pathways into the specialist services.
- Work with a local GP practice to pilot the concept on a 'one stop' shop

19 Commissioned Services

19.1 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)	➢ Midwifery ➢ Health Visiting ➢ Children's Services ➢ School Nursing ➢ Some Voluntary Services
Targeted (Tier 2)	➢ Psychological Support and Emotional Well-being Service – "Feel Good, Learn Well"
Specialist – community (Tier 3)	➢ 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

19.2 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.

19.3 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. 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.

19.4 The CCG has commissioned a Mental Health Crisis & Liaison team based across Stockton & Hartlepool which is provided 24/7. This is linked to a commissioned Intensive Home Treatment service which is assisting in the reducing the number of bed days in Tier 4 specialist services.

19.5 The proposal for community Eating Disorder provision, as part of the 0-25 service, was to develop an integrated team embedded within the overall service model. The additional Local Transformation Plan investment has ensured that a full staff team is available to deliver against the national access standards, as well as ensuring a more proactive approach to identifying patients who are suspected as having an eating disorder. This development is beginning to address issues such as inequity in treatment options relating to psychological therapies, for example ensuring wider access to psychological therapies to all service users as opposed to only offering intervention to those with a more severe eating disorders

19.10 The current staff team working across Stockton & Hartlepool is detailed at Appendix 1

19.11 TEWV's performance indicators are reported in Appendix 2

19.8 <u>What we want to do</u>

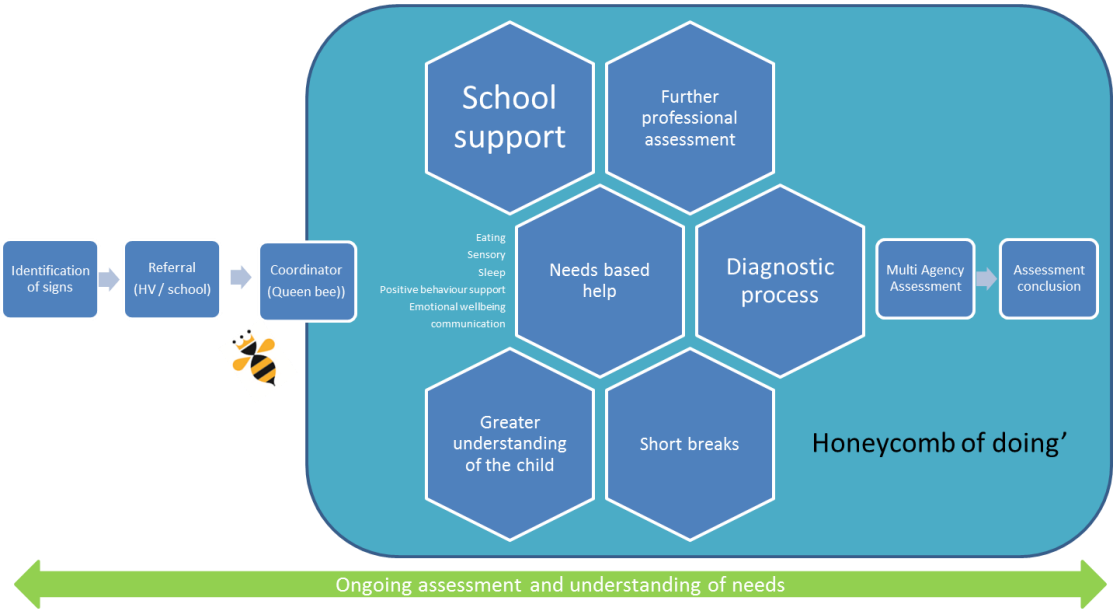
- We will continue to support the Crisis Liaison Service, Eating Disorders and Intensive Home Treatment services
- It is imperative to the success of the LTP that TEWV are considered a core partner.
- We will review the Core CAMHS offer as part of the overarching mapping of services and pathways

20 Autism

20.1 In 2017 an event was held by NHS Hartlepool & Stockton CCG, Stockton Borough Council, and Hartlepool Borough Council, to look at the way children with suspected Autism are cared for locally. Following the event an expert reference group has been established to help make positive changes to the way we care for children with Autism.

20.2 A key focus for the group was looking at the length of time it takes to diagnose a child with Autism and the impact this has on the child and their family. What was also recognised as being crucial was the need to focus on the individual needs of the child and their families, as everyone's needs are different and ensure these are met as quickly as possible

20.3 A 'honeycomb' approach of 'doing' that is designed by and for the family to meet their perceived needs in an optimistic and hopeful way is currently being explored. An illustration of this approach is highlighted below:



20.4 Although we have highlighted autism in this refreshed plan, there is a separate workstream taking this work forward outside of Future in Mind due to its complexities. However, regular updates will be fed into the oversight groups to ensure all parties are cited on progress made due to the obvious synergies.

20. Transition

20.1 We have worked with TEWV to embed the Transition CQUIN into the current contract. We will continue to monitor this through contract management to ensure smooth transition or discharge for young people reaching adulthood.

20.2 We do this by working with our provider to develop joint agency transition planning with the three following components of the CQUIN:

1. A case note audit in order to assess the extent of Joint-Agency Transition Planning; and
2. A survey of young people's transition experiences ahead of the point of transition (Pre-Transition / Discharge Readiness); and
3. A survey of young people's transition experiences after the point of transition (Post-Transition Experience).

We promote that at least 6 months before transitioning there is:

- Joint meeting to plan;
- Jointly agreed transition plan with personal transition goals;
- A named and contactable transition key worker

21 National Evidence of Effective Interventions

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

21.2 Early Intervention in Psychosis (14 years plus) - The CCG 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. National targets on access to EIP standards are being over-achieved and a comprehensive audit around compliance with NICE standards was undertaken by NHSE and reported a high level of assurance around the service.

21.3 CAMHS 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 and will be used to ensure compliance with national requirements in advance of the introduction of access standards. Further analysis and planning is required to review current gaps in provision against the national standards and develop the required plans for assurance.

21.5 The CCG commissions outcome based services which reflect the latest evidence based interventions. This is done in line with the Local Authority Whole Family approach and includes the family of the patient in the development and implementation of their care where required. The CCG is also committed to the development of CYP IAPT, 24/7 CAMHS crisis and Intensive Home Treatment services which are currently under development following recent approval by all CCGs concerned.

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

22.1 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.

22.2 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.

22.3 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.

22.4 The map below indicates timelines for Hartlepool and Stockton-on-Tees local areas.

22.5 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

23 Workforce

23.1 Our aim is to 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. We need to explore new ways of working and the development of new roles within CAMHS. Recruitment and retention is a significant challenge and we need to recruit more people into the CAMHS workforce offering more flexible entry routes and build more rewarding careers to ensure retention of staff. To support the new models of care. We will need to promote stronger leadership, management and commissioning and sustain these changes.

23.2 CYP IAPT provides opportunities for all organisations within a local area who provide mental health services for children and young people such as NHS, local authority, health visitors, staff in children's centres, education and voluntary and independent sector organisations.

23.3 The CYP IAPT service has passed scrutiny provided by the North East, Humber and Yorkshire Collaborative on which the CCG sits, which includes quarterly updates and annual self-assessment for each partnership against the values and standards criteria 'Delivering With, Delivering Well' https://www.england.nhs.uk/wp-content/uploads/2014/12/delvr-with-delvrng-well.pdf

23.4 What we want to do

- Implementation of the joint agency workforce plan and strategy as part of the prevention and early intervention pathway work. Conversations need to take place with the Workforce teams with both localities to investigate the possibilities available.
- Development of joint agency plans, ensuring the continuing professional development of exiting staff
- Extending CYP IAPT principles to wider workforce in contact with CYP; using outcome measures in their delivery
- Offer training in universal settings including Primary Care (via Primary Mental Health Workers);
- Ensure a highly skilled workforce by working with the existing CYP IAPT programme to deliver post-graduate training in specific therapies, leading organisational change and supervision in existing therapeutic intervention and whole-team development;
- Develop a detailed workforce plan to address skills gap in staff working with children, young people and their family/carers.
- Further embed evidence-based practice in partnerships.
- Allow services to take up the offer of training places without the need for backfill roles.
- Increase capacity in services by increasing the workforce within the partnerships.
- To build capacity within the North East of skilled practitioners and clinicians who could be employed to backfill future training roles (if the new workforce were not taken on by the employing partnership).

24 Specialist Commissioning Team

24.1 In 2016 the landscape relating to Specialised Commissioning changed with the successful bid by TEWV to become a pilot site for a New Model of Care for children and young people's Tier 4 services. This change has meant that TEWV through the lifespan of the pilot will both commission and deliver Tier 4 services.

24.2 The CCG along with NHSE Specialised Commissioning have been actively involved in the development and governance which has and continues to support the implementation of this pilot. The scope of the pilot replicates the work that was developed within Teesside with the early implementation of a crisis, liaison and Intensive Home Treatment service resulting in a reduction in the number of children needing an in-patient stay, and reducing the length of any required stay.

24.3 Collaborative commissioning plans, both through New Models of Care and with NHS England Specialised Commissioning, for those children that would fall under the remit of Transforming Care, will continue to be developed. These plans will need to include the further development of integrated pathways supporting crisis, admission prevention and safe discharge.

1. Complete the review of mental health support to children and young people with learning disabilities by December 2018.

2. Deliver improvements to the pathway for children and young people with potential ASD or ADHD by July 2018.
3. Review current emotional and mental health provision to looked after children and care leavers by March 2018.

25 Engagement and Communication

25.1 Since the inception of Future In Mind there has been a Communication plan. As the plan is moving forward there is a need to update and refresh this plan.

25.2 To ensure coherent and consistent communication we will develop a joint communication plan between the CCG and both Local Authorities for Future in Mind.

25.3 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.

26 Collaborative Commissioning

26.1 This whole plan provides a vision and commitment to commissioning differently, but before we can move forward to thinking about pooled budgets, we have to explore more and fulfil the actions detailed above. We also have to acknowledge the current economic climate and the affect that is having on everyone's budgets. However, without being all negative, limited resources and working collaboratively, gives the landscape for creative and 'out of the box' thinking. We have to rely on each other's specialisms whilst thinking wider and bringing in partners who wouldn't necessarily be obvious.

26.2 <u>Examples of how culture and sport can help this agenda</u>

Engagement and sustained participation – working with peoples potential, opening up mind sets through attendance and perseverance

Inclusivity and difference – bringing different people together, there is no norm

Breaking down barriers – as above

Exploring identify and articulating needs – building confidence, respect for others, skills in teamwork and discipline and generating a sense of achievement

26.3 Culture and sport is found to be a significant factor in enhancing feelings of happiness and therefore a significant player in preventing health problems, maintaining wellbeing and also helps to prevent crime amongst young people

26.4 Linked to this will be an exploration of the possibility of all services delivering support to children & young people to feed into the national Mental Health Services dataset (MHSDS). Additionally, at a local level, we will explore the establishment of a key set of data and outcomes which will enable all agencies to work towards the same outcomes. This will give us a rich data to inform strategic and commissioning decisions.

27 Challenges

27.1 We acknowledge there are a number of challenges in the delivery of this transformation plan.

- Increasing demand - Demand on services is increasing. This is in part due to better understanding and treatment of mental health issues, reduction in stigma associated with mental illness which have both led to an increase in demand.

- Commissioning landscape - There are a number of commissioning organisations responsible for delivering the children and young people's mental health care pathway which can result in complex commissioning arrangements.

- Parity of esteem - The challenge of parity of esteem requires an increase in mental health funding to match the funding given to physical health.

- Financial challenges - Across all partners involved in supporting people with mental health issues, austerity is creating a significant challenge as we look to ensure the greatest efficiency possible.

- Workforce - The challenge of building system wide capacity and capability to enable transformation needs to be acknowledged.

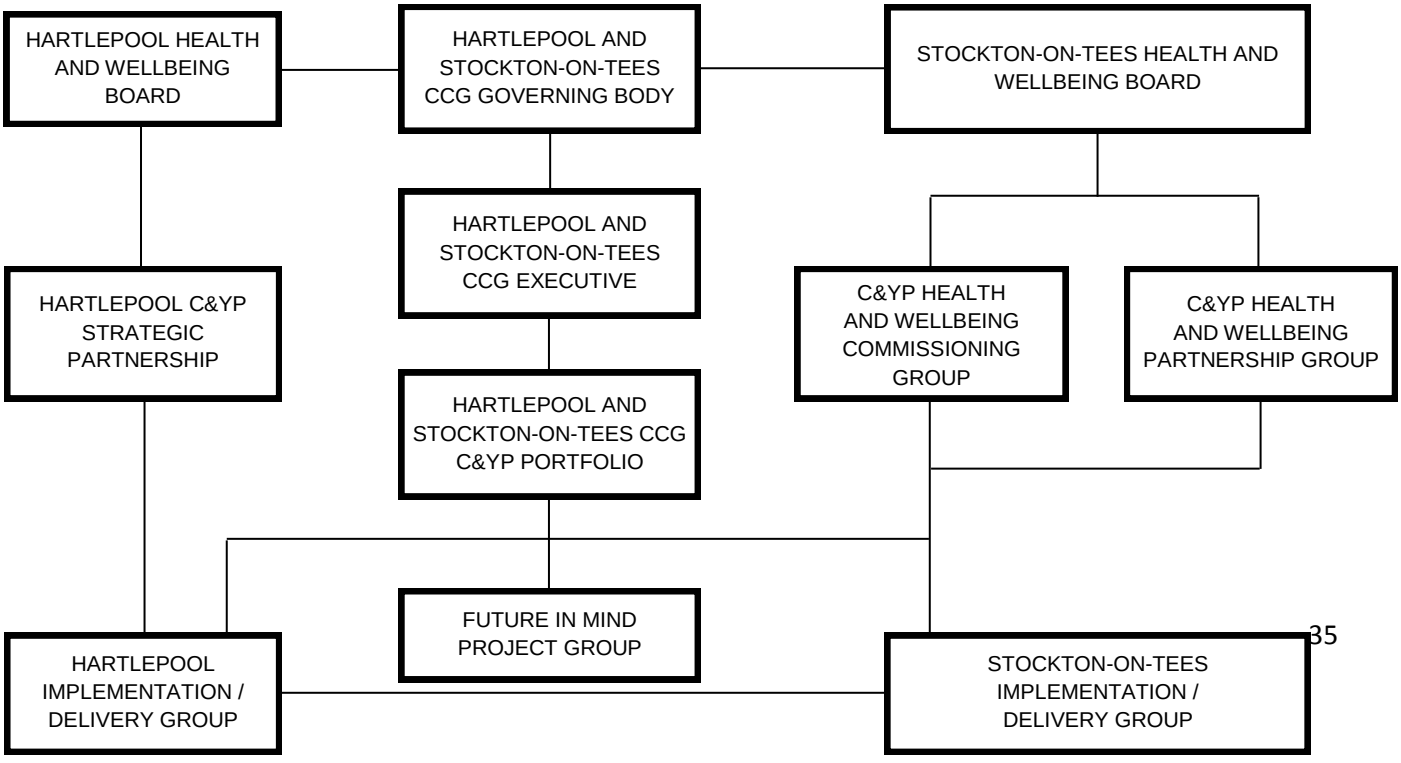
28 Investment

28.1 The level of investment by all local partners commissioning children and young people's mental health services is shown in Appendix 3.

29 Governance

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

29.2 A governance framework is offered below;



30 Performance - Measuring Success

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

30.2 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.

30.3 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

31 Equality and Health Inequalities

31.1 Promoting equality and addressing health inequalities is central to this transformation plan.

31.2 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.

32 Executive Action Plan

32.1 An executive action plan is detailed in Appendix 4. This action plan covers the priorities that have been collectively identified and informed by wider locality CAMHS strategic plans covering the full pathway.

32.2 As this is living document it will be subject to change as the plan develops.

32.3 Next Steps

- Hartlepool & Stockton CCG will consult with all partners on the content of this draft 'refreshed' transformation plan by the end of December 2017.
- Amendments were necessary will be made, and following assurance from NHSE – within 2 weeks of feedback being received.
- The refresh will be formerly discussed at the next Health & Wellbeing Board (December 2017) in both localities.
- Plans will be edited into an easy read version to make sure that it is accessible to all by the end of January 2018.
- A summary document that outlines the plans will be developed following full assurance, and sign off from all partners, within 1 month.
- Links to the plans will be made available on Local Authority websites within in 1 month following submission.

Appendix 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 (TEWV) NHS Foundation Trust provide CAMHS and Eating Disorder Services.

Staffing profile:

Workforce (CAMHS Community and Targeted Team)

	Staff – whole time equivalent (wte)
Clinical Staff	
Consultant	4.0
Specialist 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**

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**

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**

Appendix 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	2016/17
Total referrals	**2,143**	**2,308**	**3,709**	**3716**
Accepted referrals	2,035	1,980	3,608	3316
Non-accepted (re-directed)	108 (5%)	328 (14.2%)	101 (2.7%)	400(10.8%)

Waiting times

	2014/15	2015/16	2016/17
Percentage of patients who attended a first appointment within 9 weeks of external referral (target 90%)	89.90%	85.30%	100%

Direct Contacts

	2015/16	2016/17
Number of face-to-face (direct) contacts	18,567	30,374 (face to face & telephone contact)

Teesside Community Eating Disorder Service data – Hartlepool & Stockton on-tees CCG and South Tees

Referrals

	2013/14	2014/15	2015/16	2016/17
Total Referrals	**52**	**52**	**293**	**42**
Accepted Referrals	**47**	**42**	**293**	**36**
Non-accepted (re-directed)	**5 (9.6%)**	**10(19.2%)**	**0**	**3(7%)**

Waiting times

	2015/16	2016/17
% of children & young people seen within 4 weeks for a first appointment	**100%**	**100%**

Direct contacts (Tees-wide Community Eating Disorder Service)

	2015/16	2016/17
Number of contacts (face to face and telephone)	2267	2313 (Hartlepool & Stockton only)

Tees Wide Crisis & Liaison Service - Hartlepool and Stockton-on-Tees CCG

Referrals

	2016/17
Total referrals	171

Direct contacts

	2015-16	2016-17
Number of contacts (face to face and telephone)	1247	1828

Tees Wide Early Intervention Psychosis Service

This table shows the number of referrals to EIP teams for 2016/17, aged between 14 and 25 with a referral reason of Suspected 1st Episode Psychosis

Referrals

	2016/17
Total referrals	97

Direct contacts

	2016-17
Number of contacts (face to face and telephone)	1292

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

Appendix 3

Investment in TEWV

Provider	Description	2016/17 £	2017/18 £'000
TEWV Block Contract TEWV Block Contract	CAMHS CAMHS LD	5,137,143 395,350	5,428,808 395,745
Total		**5,532,493**	**5,644,553**

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**
Initial allocation of funding for Eating Disorders and planning for 2017/18	**Additional funding available for 2017/18 when Transformation plan is assured**
£166,000	**£657,353**

The projects outlined in Appendix 4 have been approved and will commence in April 2018 where it is indicated that additional resource is required.

Appendix 4

It should be noted that the actions plans below for Stockton-on-Tees and Hartlepool Borough Council's are aligned to specific projects. These will be commenced within 17/18 in addition to the work specified within the main text of the plan – it is anticipated that working groups to move the projects forward will develop their own actions plans which will be reported back into the Oversight Group and through the 2018 refresh. The CCG's action plan, focuses on high level actions and their work will run concurrently with that of the Local Authorities

Stockton-On-Tees Borough Council

SoT1 – Building capacity within Local authority services to deliver targeted interventions	• Develop workforce skills in children's IAPT • Refresh JSNA • Deliver emotional well-being and resilience programme in primary schools • Deliver Emotional Literacy Support Assistants (ELSA) to all primary schools • Comparison study to be completed in 2018 • Progress on action plans from schools • Plans for baseline measure for Primary Schools using alternative questionnaire • Signs of Safety adapted to Signs of Success as a strength based parenting model to be incorporated within the Early Help Assessment, regular reviews to access progress and change.	**SoT2 Workforce skill and development- Social care**	• Explore Clinical Psychology support to social workers to develop knowledge and skills of staff leading to appropriate and timely interventions • The emphasis will be on transforming the workforce skills through mentorship, training and clinical supervision to ensure staff are developing and applying appropriate interventions.

Hartlepool Borough Council

H1 – Coordination of wellbeing offer and joint commissioning	• Locality integrated services pilot to plan and meet need at local level • Multi agency work to implement THRIVE • Development of a process for joint commissioning • Re-commission and associated quality assurance processes to meet identified need • Refresh JSNA	**H3 & H4 – Early intervention Programme**	Year 3 of the Hartlepool plan builds on the success of the previous development work and extends beyond schools to integrated locality working. This work seeks to ensure easy access to targeted support and builds capacity in the universal services through the deployment Tier 2 professionals such as; • Psychological Wellbeing Practitioners • Assistant Psychologists • Emotional Literacy Support Assistants (ELSA) • Mindfulness • Pilot THRIVE Pathway development for early help and vulnerable groups
H2 –	Build on the success of the previous development work and extend		

Prevention Programme	beyond schools to integrated locality working as follows; • Cohort 2 schools self evaluate against emotionally healthy school criteria; • Implementation of the whole schools approach to emotional wellbeing following the Public Health guidance of 2015; • Leadership training for whole school approaches, involving Governors, Senior Management Teams and relevant leaders in the community e.g. Social Care Managers, Leaders in VCSE; • Development of school leadership around emotional wellbeing including a focus on monitoring and evaluating impact; • Multi agency training in young people's wellbeing to identify vulnerable groups in need of more targeted support; • Understanding of the 5 ways to wellbeing by social care staff so that family wellbeing can be promoted; Ongoing network and professional development opportunities		

Hartlepool & Stockton CCG

Promoting Resilience	• Continue to support anti stigma campaigns • Evaluate the schools project • Build relationships with colleagues in Leisure and cultural services to understand their offer in terms of mental health wellbeing. Look for funding possibilities	**Developing the workforce**	• Work with the LA workforce teams to determine availability of courses, who can access and if this can be widened • Continue to support IAPT training • Work with specialist providers (TEWV) to understand their training programme and if best practice can be shared across the localities
Improving access to effective support	• Continue to build relationships with schools and education colleagues to ensure we understand the current school offer • Look at joint commissioning opportunities • Ensure schools have access to the right support at the right time • Continue to work with TEWV through contract management processes • Work with partners to understand the current service provision available for mental health & wellbeing, mapping pathways – whole system review (LA's, TEWV, 3rd sector, police, education etc) • Learn from South Tees' CCG review of Crisis Liaison • and Intensive Home Treatment • Identify gaps once the whole system review has been completed and look for new models of commissioning • Begin to highlight quick wins for improving access to	**Accountability & Transparency**	• Be an active member of both implementation groups and ensure there is representation at the FIM oversight group • Ensure all project aligned to FIM are reported back through the Oversight Group • Continue to build effective working relationships

	support		
Care for the most vulnerable	• Implement actions highlighted in 'Improving access to support' • Work with NHS England to ensure transitional pathways between inpatient and community CAMHS services work well • Continue to consider models identified as best practice		