

**AGENDA ITEM**

**REPORT TO HEALTH AND  
WELLBEING BOARD**

**29 MARCH 2023**

**REPORT OF STOCKTON ON  
TEES BOROUGH COUNCIL AND  
INTEGRATED CARE BOARDED**

**THRIVE STOCKTON ON TEES: TRANSFORMING SERVICES AND SUPPORT FOR CHILDREN  
AND YOUNG PEOPLE WITH EMOTIONAL HEALTH AND WELLBEING NEEDS**

**SUMMARY**

This report provides an update on work to transform support for children and young people with emotional health and wellbeing needs in the Borough. It updates on previous reports, and outlines the way this work is being taken forward, some key highlights and actions, and next steps

**RECOMMENDATIONS**

Board is asked to:

1. Note the update in this report
2. Agree to receive a further update in September 2023.

**CONTEXT AND PURPOSE**

1. What this work is seeking to do is to lead on the development of a local model of emotional health and wellbeing support for children and young people, first for Stockton-on-Tees but which can be replicated and adapted in the other LAs in the Tees Valley. In other words, this is the transformation of services as promised in the Future in Mind work, and in the whole pathway transformation work.
2. The current NHS Children and Young People's Mental Health Transformation Programme reflects a rapid expansion of projects aimed at achieving better mental health and wellbeing for Children and Young People and their families and carers, which began with the Children and Young People psychological therapies services (IAPT) programme in 2011. The key underpinning documents for the current programme are Future in Mind (FiM), the Five Year Forward View for Mental Health (FYFVMH), Transforming Children and Young People's Mental Health Provision: a green paper, and the NHS Long Term Plan
3. It is also one of the key priorities in the Integrated care Strategy for the North East and Cumbria, and one of the key priority pillars for the Tees Valley.
4. We recognise that much good work is underway already, so our approach is to bring this work together, coordinate it, develop it further where necessary, to link things together and to get better at communicating what is happening, as well as giving some visibility to this work in the wider system.
5. In short, our objective is to make a reality of change, to turn the many words into action, and to deliver better outcomes for children and young people.

## CURRENT POSITION

### *Our emerging model and approach*

6. We have developed some basic building blocks for a new system which provide the foundations for what we are seeking to achieve. We believe these are the fundamental elements of a new system

### ***Building a Thriving Stockton-on-Tees: the things we need to have in place and which we will oversee***

<b><i>Changing the conversation – Thriving system; good to talk;</i></b>	<b><i>Rigorous planning, oversight, data and evaluation</i></b>	<b><i>High quality services and support across the Thrive framework</i></b>
<b><i>Integrated systems / front door (SPOC and links to local systems)</i></b>	<b><i>Mental Health Support Teams in all schools</i></b>	<b><i>Support for parents and carers</i></b>
<b><i>A skilled and available workforce</i></b>	<b><i>Attachment aware, trauma informed</i></b>	<b><i>Information, advice, guidance in many forms – digital, Kooth etc</i></b>

7. We are seeking to raise the profile of this work by developing it as a blueprint for change across the system, starting with the implementation of the model in Stockton-on-Tees.
8. The work is being led through a working group which has developed these principles and is leading this work. The group has recently been expanded to include more health professionals and will shortly be further expanded to include schools.

### *So what has been achieved?*

9. An update on progress to date includes:
  - a. The approach to changing the language away from CAMHS reform / change into building a system of support; which is based on the implementation of I-Thrive <http://implementingthrive.org/about-us/the-thrive-framework/>
  - b. The rollout of Mental Health Support Teams in Schools – Wave 1 2019/20 targeted all Billingham Schools; this team is now established and fully operational and has the core role of the Education Mental Health Practitioner. In Autumn 2022 a further MHST mobilised within education settings across North locality and as part of Wave 7/8 of the national roll-out. This team is expected to be fully operational by Autumn 2023 and means that 51% of all schools in the Borough now have this support in place;
  - c. Getting Help Teams provide additional capacity for mild-moderate MH support through the core role of the Children's Wellbeing Practitioner (CWP) and a range of psychological interventions through a multi-provider approach. Access through CAMHS 'front-door' (single point of access) is helping to streamline this offer, providing timely advice, triage and through a 'consultative' multi-agency huddle

timely access to appropriate interventions much earlier. Schools without access to an MHST have benefited from this additional resource locally and as part of a Tees Valley wide approach to improve equity.

- d. Integration of CYP MH through primary care networks continues with the addition of a dedicated mental health practitioner based across all GP practices as part of BYTES PCN supported through the Additional Roles Reimbursement Scheme. This role is working alongside the existing system of support including the Footsteps Youth Wellbeing Service, with the aim of providing early advice, signposting and brief interventions for children, young people and families presenting at their GP practice. Early impact is showing evidence of early intervention provided for mild to mental health including anxiety, low mood and neurodiverse support
- e. Continuation of investment for children and young people from a Getting Help (early perspective) continues and has been agreed across Tees Valley have been extended for a further 12 months and will be reviewed and considered for 2024;
- f. Online support is available through the ICB commissioned Kooth and Quell system – Kooth for young people, Qwell for adults (including those working with young people)

#### *Existing waiting times and performance*

- 10. As a snapshot at the beginning of March, 11 young people awaiting assessment for mental health support from the Stockton CAMHS team
  - a. Average days waiting is 28 days
  - b. Only 4 YP in Stockton have been waiting for more than 1 month
- 11. For the specialist eating disorder service, across Durham and Tees Valley there are:
  - c. 0 YP currently waiting following an urgent referral
  - d. 3 YP waiting between 4-12 weeks following routine referral

#### *Specific provision for children in our care*

- 12. Stockton-LAC CAMHS provision currently undergoing review, new model due to roll out early 23/24:
  - a. Integrated team of therapeutic social workers and CAMHS practitioners
  - b. Consultations to social workers and other professionals to ensure that the needs of children/young people are understood within the context of their lived experience
  - c. Assessments: these include carers, emotional wellbeing assessments and Initial Mental Health assessments.
  - d. Delivery of therapeutic interventions with the child/young person and their family/carers following an assessment where a targeted or specialist response is required.
  - e. Consultation and training for residential staff that draws on attachment theory.
  - f. Nurturing Attachment Training for foster carers.
  - g. Foster carer drop-in sessions to support placement stability.
  - h. Telephone advice and guidance for carers and professionals.
  - i. Support to social workers or other local authority staff when they are working therapeutically with young people.

13. As part of Tees Valley level work on complex commissioning, it is anticipated that new models of care and new provision will be designed which can provide the basis for supporting young people with the most complex needs where effective high quality provision is currently not available.

## **WHERE NEXT?**

14. We will be systematically working through the building blocks as a work programme to explore how they contribute to an integrated systemic response and approach.
15. We are currently reviewing how this model fits with the 0-19 health and wellbeing model and the opportunities for greater alignment and collaboration, especially around school age children.
16. We have identified a number of opportunities for close working with the Council's help and Support Teams, specifically the SMART Team (the early help hub) and how this can be integrated in the Mental Health Support Teams model.
17. We need to be exploring funding opportunities and making sure we are working as part of ICS structures to ensure the visibility and primacy of this work. This will take place through the emerging Tees Valley structures and the priorities which have been identified for children and young people.

## **SUMMARY**

18. Work to change the support available for children and young people is well advanced and is leading to a significant change in the way services are experienced by children and young people.
19. The focus for future work is to embed and integrate further as this model outlined continues to be worked through.

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Background Papers:

Ward(s) and Ward Councillors:

Property Implications: