

NHS
North Tyneside
Clinical Commissioning Group

Northumbria Healthcare **NHS**
NHS Foundation Trust

Northumberland, Tyne and Wear **NHS**
NHS Foundation Trust



North Tyneside Council

NORTH TYNESIDE TRANSFORMATION PLAN
2015 - 2020

PROMOTING, PROTECTING AND IMPROVING MENTAL HEALTH AND
WELLBEING OF CHILDREN AND YOUNG PEOPLE IN NORTH
TYNESIDE



NORTH TYNESIDE

LOCAL TRANSFORMATION PLAN FOR CHILDREN & YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING

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EXECUTIVE SUMMARY

In August 2015, NHS England produced guidance for health and care economies on the development of Local Transformation Plans to support improvements in children and young people's mental health and wellbeing. The guidance is designed to empower local partners to work together to lead and manage change in line with the key principles of the *Future in Mind* publication.

In North Tyneside, we were allocated a total of £447,000 to develop our Local Transformation Plan, which includes an allocation to develop community eating disorder services.

In North Tyneside, we have approached development of our Transformation Plan 2015 – 2020 incorporating a number of key principles. These include:

- Working in a true spirit of collaboration between our partners to achieve our local ambitions and effect whole system transformational changes
- Listening to our children & young people and what they want and need from mental health provision
- Being transparent about our current service provision to enable us to identify gaps in provision and build on current successful services
- Addressing areas of inequalities
- Expectation that we will improve outcomes for the children and young people in North Tyneside

A key feature of our Plan is to move from the traditional Tiered structure of provision and instead to develop services and systems based on the Thrive model principles, which is an evidenced based model developed on a new conceptualisation of CAMHs services based for the needs of children and young people. The THRIVE model conceptualises 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. In our Case for Change section and our Action Plan we therefore describe the changes we wish to make based on the THRIVE concepts.

We have described our current service provision, highlighting areas where we can demonstrate that there are gaps in service provision. We then go on to detail what we intend to do to fill those gaps and to develop appropriate services, some of which will require funding from the Transformation monies but also where we can identify alternative funding or effect improvements without additional resource by, for example reconfiguring pathways. Workforce capacity will be a component of this work to ensure that the workforce is able to successfully deliver services and achieve our vision.

An important element of our continued work will be to continue to engage with children and young people and to gain their involvement into key parts of the Action Plan. The work that has already been undertaken by the Youth Council has proven to be invaluable in helping us to shape our thoughts and help us to understand what children & young people need.

We will ensure that we robustly monitor implementation of the plan using national and local monitoring systems. We will develop a Strategic Implementation Group, which reports to the Children & Young People Commissioning Executive Board and links to the Mental Health Integration Board, which will have responsibility for overseeing implementation of the Plan and ensuring a continued whole system approach to implementation.

1. INTRODUCTION

North Tyneside has a strong tradition of partnership working across children's services led by our borough-wide Children's Trust, the 'Children Young People and Learners' (CYPL) partnership. The Children's Trust provides leadership and vision and has developed with stakeholders a strategic Children and Young People's Plan 2014-18 which articulates our joint priorities.

Our key strategic priority 3 is for children and young people to be 'Safe, Supported and Cared For'. This includes:

- Outcome 3.1 The Most Vulnerable Children and Young People are Protected and
- Outcome 3.2 Improved Outcomes for Looked After Children
- Outcome 3.3 The Right Support for Children and Young People with Disabilities and Additional Needs.

North Tyneside's Children and Young People's Plan provides the framework for greater integration of services and improved outcomes for children, young people and their families over the next 4 years.

North Tyneside's Children and Young People Learning Partnership's Prevention and Early Intervention Strategy 2013 – 2016 aims to establish prevention and early intervention at the heart of the borough's family and children's services. It states that 'shifting resources towards prevention and early intervention is central to reducing inequalities and will transform the lives of our most vulnerable families, while also addressing the critical challenge of rising demand for services and reducing resources'.

In August 2015, NHS England produced guidance for health and care economies on the development of Local Transformation Plans to support improvements in children and young people's mental health and wellbeing. The guidance is designed to empower local partners to work together to lead and manage change in line with the key principles of the *Future in Mind* publication. The guidance:

- Sets out the strategic vision for delivering improvements in children and young people's mental health and wellbeing over the next 5 years.
- Outlines a phased approach to securing locally driven sustainable service transformation and includes details of how the extra funding announced in the autumn statement (December 2014) and Budget (March 2015) will be used to support this work.
- Provides guidance to support local areas in developing their local transformation plans through a planning process that can be tailored to meet the individual needs and priorities of different local areas
- Provides information on the assurance process and programme of support that will be available.

The scope of local transformation plans should cover the full spectrum of service provision and address the mental health and wellbeing needs of all children and young people, including the most vulnerable, making it easier for them to access the support they need when and where they need it. There are also some priorities for early delivery that are supported by additional national funding to:

- **Build capacity and capability across the system** to ensure we make measurable progress towards closing the health and well-being gap and securing sustainable improvements in children and young people's mental health outcomes by 2020.

- **Roll out the children and young people's improving access to psychological therapies programme** so that by 2018, services across the country are delivering a choice of evidence based interventions, adopting routine outcome monitoring and feedback to guide treatment and service design, working collaboratively with children and young people. The additional funding will also extend access to training for staff working with children under five and those with autism and learning disabilities.
- **Develop evidence based community eating disorder services for children and young people** with capacity in general teams released to improve self-harm and crisis services
- **Improve perinatal care.** There is a strong link between parental (particularly maternal) mental health and children's mental health. Maternal perinatal depression, anxiety and psychosis together carry a long term cost to society of about £8.1bn for each one year cohort of births in the UK; nearly three quarters of this cost relates to adverse impacts on the child rather than the mother. (Note: financial allocation for this will be made separately)
- Bring education and local children and young people's mental health services together around the needs of the individual child through a **joint mental health training programme**, testing it with 15 CCGS in 2015/16.

The new funds announced (approximately £447,000 for North Tyneside, including £127,000 for eating disorders) will be made available by NHS England, subject to local transformation plans being assured in a national process.

The national ambition to promote, protect and improve children and young people's mental health and well-being for children and young people described in *Future in Mind* echoes our local ambitions and this document proposes to describe the whole system transformational changes we, the partners in North Tyneside, wish to make for the children and young people living in our Borough.

2. NATIONAL & LOCAL CONTEXT

2.1. The recent report of the Children and Young People's Mental Health Taskforce *Future in Mind (March 2015)*, sets out a direction and some key principles about how to make it easier for children and young people to access high quality mental health care when they need it.

The *Future in Mind* publication reports that 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.

Future in Mind describes an integrated whole system approach to driving further improvements in children and young people's mental health outcomes with the NHS, public health, voluntary and community, local authority children's services, education and youth justice sectors working together to:

- Place the emphasis on building resilience, promoting good mental health and wellbeing, prevention and early intervention;
- Deliver a step change in how care is provided – moving away from a system defined in terms of the services organisations provide towards one built around the needs of children, young people and their families;
- Improve access so that children and young people have easy access to the right support from the right service at the right time and as close to home as possible. This includes implementing clear evidence based pathways for community based care to avoid unnecessary admissions to inpatient care;
- Deliver a clear joined up approach: linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable;
- Sustain a culture of continuous evidence-based service improvement delivered by a workforce with the right mix of skills, competencies and experience;
- Improve transparency and accountability across the whole system - being clear about how resources are being used in each area and providing evidence to support collaborative decision making.

In developing the North Tyneside Transformation Plan, we will support the delivery of national government and locally determined drivers and expectations, whilst ensuring we aspire to reach

and maintain the highest levels of professionally recognised best practice and service standards, which include, as well as *Future in Mind*:

- Healthy Lives, Brighter Futures: The Strategy for Children and Young People's Health (DH)
- Children and Young People in Mind: The final report of the National CAMHS Review (DH)
- The National Service Framework for Children, Young People and Maternity Services (DH)
- Health Services Act, Child Health Promotion Programme (DH)
- The Children's Plan (DCSF)
- Every Child Matters: Change for Children (DCSF)
- Standards for Better Health (DoH)
- Working Together to Safeguard Children (DCSF)
- The Troubled Families Programme (DCLG)
- The Mental Health Crisis Concordat
- The Troubled Families Programme (DCLG)

2.2 To develop our North Tyneside Transformation Plan, we have formed a partnership group, consisting of the key stakeholders. This group is responsible for the development of the plan, sourcing the information and scrutinising the relevant information to be included. This Group will also be responsible for implementation of the Plan.

From October 2015 this will be replaced by a Children and Young People's Emotional Health and Wellbeing Strategic Group with a remit of implementing the local transformation plan. And will include membership from all relevant partners across the whole system e.g. education, VCS, public health, youth justice, NHS, local authority.

The North Tyneside Partnership is currently reviewing all health and wellbeing services for children and young people age 0-19/25 and has recently produced a mental health needs assessment, commissioned by Public Health. This analysis will be used to develop our Children and Young Mental Health and Emotional Wellbeing Strategy. This strategy takes a whole system approach across partner agencies and will wrap around this local transformation plan, setting out North Tyneside's partnership approach to promoting, protecting and improving children and young people's emotional wellbeing and mental health. The focus will be on increasing prevention and early help as well as managing appropriate access to high quality, clinical mental health services. The strategy will help all partners to use resources in the most effective way, to achieve the best possible emotional wellbeing and mental health outcomes in our children and young people. Consultation is being carried out with a wide range of key stakeholders, children, young people and their families on the Strategy throughout October and November 2015. This consultation will feed into the implementation of the Transformation Plan.

We are also fortunate in North Tyneside to have a very active Youth Council. Approximately 6 years ago, a Young Persons Health and Wellbeing Reference Group formed, aiming to support young people saying that issues to do with their health, such as access to health services, sexual health, drug and alcohol services and mental health were important to them and to represent young people. The Youth Council identified mental health as a priority for the Council at its meeting in November 2014 and has produced a report entitled "Mental Health and Young People in North Tyneside, Scrutiny Report", the findings of which we have taken into account in development of this Plan.

3. DEMOGRAPHICS, EQUALITY & HEALTH INEQUALITIES

The population of North Tyneside is very similar to the population of England. North Tyneside has a slightly higher proportion of those aged 65 and over (18.3% compared to 16.9%). It has a slightly smaller proportion of 0-19 year olds compared to England, 22.1% compared to 23.9%. The 0-19 population in North Tyneside is 44,600, accounting for 22.1% of the current total population. (Mid 2012 estimates)

The number of children and young people in the Borough is projected to increase by 9.4% by the year 2030. The biggest increase is projected to be in the 5-19 age group which is expected to increase by 12% by 2030. The estimated number of births in North Tyneside was 2403 in 2011. This is projected to rise by 4.9% by 2015 before falling back to the current number by 2021.

The most recent figures show that North Tyneside has a child poverty level (19.6%) which is just below the national average (2010). This rate has been fairly static in recent years and reflects the pattern nationally. The rate is the second lowest percentage of child poverty compared to other local authorities in the North East region.

Over the past five years the numbers of Looked After Children have been steadily increasing. Rates for North Tyneside are significantly higher than the England average. Child Protection numbers appear to have peaked in 2011 and are now stabilising. Sustained improvements in outcomes for the most vulnerable children and families require high level collaboration amongst partners. Numbers of pupils in special schools are steadily rising this will cause increased pressure on out of borough placements and associated therapeutic services. An integrated approach is required to meet the needs of families with complex needs.

In relation to emotional health and wellbeing, children, young people and families who experience disadvantage are more likely to have emotional health needs. Vulnerable children or young people include those in local authority care, involved in or at risk of offending and those with learning and or physical disabilities.

The North Tyneside Clinical Commissioning Group recently commissioned North Tyneside Public Health to undertake a Health Needs Assessment across mental health in North Tyneside. From the Needs Assessment, we learned:

- In 2013, North Tyneside's estimated prevalence of any mental health disorder in the population aged 5-16 was 9.5%, lower than most other North East areas and below England's average of 10%.
- In 2013/14 North Tyneside had a lower rate of hospital admissions for mental health conditions compared to England as a whole.
- Hospital admissions as a result of self-harm in those aged 10-24 years was higher than the England average.

One of the key features of this Transformation Plan is to use resources in such a way as to minimise inequalities in our borough. We describe throughout our Plan the areas where we have identified inequalities and what we will do to redress these.

4. CURRENT SERVICE DESCRIPTION

4.1. Overview

In North Tyneside, we have two main providers which offer mental health and wellbeing services for children and young people: Northumbria Healthcare NHS Foundation Trust (Tiers 2 & 3 CAMHS services and LD community services) and Northumberland, Tyne and Wear NHS FT (Tier 3+ and Tier 4 services, perinatal care services, an intensive eating disorder service) In-patient eating disorder services are provided by Tees, Esk & Wear Valley NHS Trust.

This section describes our current service provision which helps provide a platform upon which we will build our Transformation Plan.

We have attempted to identify baseline information on activity and finances where this has been possible. Appendix 1 gives a breakdown of CCG expenditure on services and activity where this has been identified. However, the range of the services provided across North Tyneside, especially prevention and early intervention services, is generic and provided by a range of organisations such as education, public health, Northumbria Healthcare Trust, local authority. It is therefore complex to provide the detail on the workforce and finances attributed to these services. However, each organisation has a role in supporting the emotional health and wellbeing of children and young people. We are also aware that the Local Authority contribution to children & adolescent mental health funding is approximately 14% of the total CCG and Local Authority combined expenditure.

Our current model is based on an outdated tiered approach but this sections aims to describe our existing provision and current gaps.

4.2. Prevention & Early Intervention

Prevention and early intervention has, to date, been described as Tier 1 and the functions of a Tier 1 service could be described as below:

Table 1

Tier	Tiered Service Functions	Prevalence Levels
<i>Tier 1</i> A primary level of care (universal service).	Services provided at this level are delivered by multi-agency professionals working within universal children's services who are in a position to identify mental health problems early and pursue opportunities for mental health promotion and prevention, e.g. health visitors giving advice about behaviour / parenting / sleep, public health school nurses doing Personal, Social and Health Education, etc.	15% of child population (which equates to approximately 7,200 children and young people within North Tyneside).

The majority of these services would tend to be provided in schools and communities but we have recognised a need to improve the links between these services and more specialist mental health services (CAMHS). Professionals working in universal services need to be better equipped to identify mental health problems early and work in a more preventative way. There is sometimes a perceived gap in provision between these universal services and CAMHS, for

example children who need early intervention with support wrapped around the whole family, where they do not meet the criteria for CAMHS services. Pastoral care in schools is good but cannot work to support the whole family. Some families and children receiving support from universal services find themselves being supported by a number of different professionals but not necessarily in a joined up way and children can fall between services.

We have included below information about Looked After Children (LAC) in North Tyneside as we recognise that access for LAC can be an issue.

Looked After Children (LAC) experience some of the most challenging life events of all the children that we work with and for a number of these children given the risks they are exposed to the Local Authority has parental responsibility through a legal order.

It is critical that we deliver high quality assessments, provide effective services to meet their needs and that we focus on identifying good permanent living arrangements for them, including a return home where possible, and prepare them well for when they leave care and enter early adulthood.

At the last statistical return (31.3.15) the number of LAC had been stable over a four year trend and levels of LAC were low against regional and statistical neighbour comparator groups. The England average has steadily increased over the last four years and the North East average has also increased over the same period.

However, as we described in our Demographics & Inequalities section above, we know that we have experienced a rising trend over the last 6 months; the number of LAC at 21.9.15 was 321 which is a rate of approximately 80 per 10,000, compared with a rate of 74.6 at 31.3.15. This now puts NTC at the same level as statistical neighbours in 2013-14.

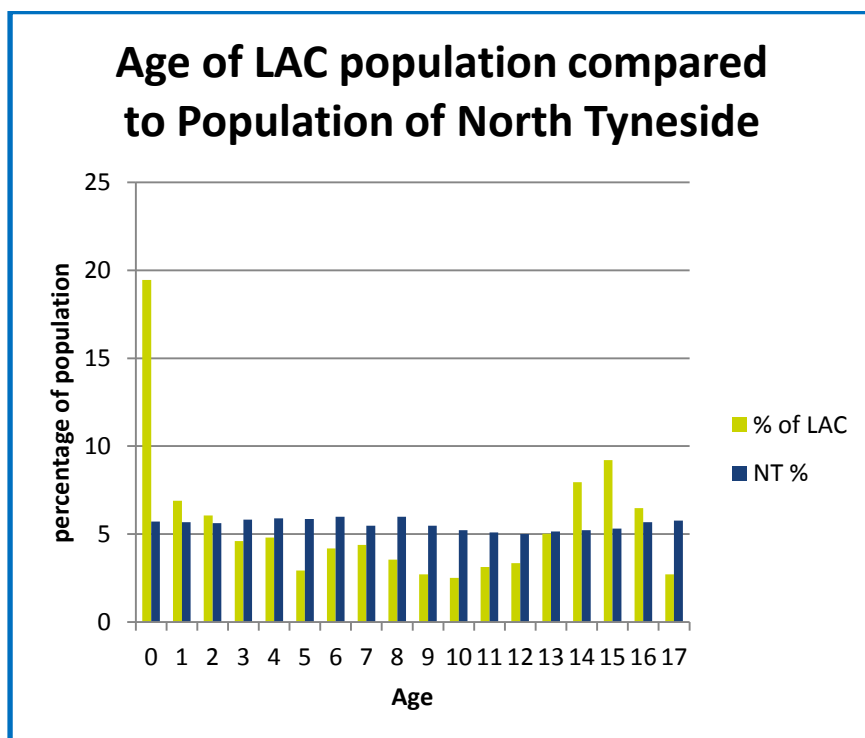
Whilst LAC rates are lower than statistical neighbours, they are much higher than the national rate and entry rates appear to be increasing in 2015. The data suggests that there are two clear cohorts that drive care entry – those aged 0-1 years and adolescents.

This increases for those LAC aged 15+ of this cohort, 14 (16%) have had no previous involvement with social care. This appears a high proportion who are completely hidden from the system until they become LAC.

Amongst the 15+ age group, the key reason for young people becoming looked after (at point of entry) was the breakdown in relationship with their parents and becoming looked after through 'Section 20' voluntary accommodation. This accounted for 69% of cases amongst this age group.

Graph 1 below provides an overview of the age of the LAC population compared to the population of North Tyneside.

Graph 1



For the Council there are particular challenges with this age group as they tend to:

- Be higher cost due to their age and needs
- Have poorer outcomes from care
- Need further provision through Leaving Care Services

A recent review found that the services that were in place before children became 'looked after' were successful in delaying LAC in less than a third of cases (29%) and in nearly half the cases reviewed (46%), there was the potential to avoid the child becoming looked after. Amongst the 15+ age group, this rose to 61% of cases that were thought to be possibly or definitely avoidable. This would therefore be a priority area for providing targeted mental health support as part of wider interventions to keep these young people at home wherever possible.

In addition there appear challenges in re-integration (from care back to family) as there are high percentages of children who leave care but re-enter subsequently, with 17.2% of LAC having multiple episodes of care. This is particularly prevalent for children at 15+ increasing to 24% of children.

We are also aware that GPs are an important part of the system and are often the first point of contact for parents/carers of children and young people. We need to be aware of the role of GPs in managing the mental health needs of children and young people and what information and resources are available to them as effectively as possible and to enable GPs to make appropriate and timely onward referrals to services described below and how they link with Primary Mental Health Workers.

4.3. Tiers 2 & 3 Services

In North Tyneside, Tiers 2 and 3 CAMHS services are provided by Northumbria Healthcare NHS Foundation Trust and commissioned by NHS North Tyneside Clinical Commissioning Group. The table below is a description of the current services provided by the Trust and an estimate of the population and prevalence levels.

Table 2

NSF/QINMAC 9 Strategic CAMHS Framework	NSF/QINMAC 9 Tiered Service Functions	Child Mental Health Prevalence Levels
<p>Tier 2 A service provided by early intervention CAMHS professionals</p>	<p>CAMHS professionals operating within Tier 2 will offer the following services:</p> <ul style="list-style-type: none"> • Raising mental health awareness • Training and consultation in mental health promotion and prevention across the children's workforce. • Parental and family engagement • Outreach services • Assessment and Early Interventions • Supporting effective referral pathways into CAMHS and LD/CAMHS specialist services 	<p>7% of child population</p> <p>This equates to approx. 3,356 children and young people within North Tyneside.</p>
<p>Tier 3 A specialised service for more severe, complex or persistent disorders</p>	<p>CAMHS professionals operating within Tier 3 will offer:</p> <ul style="list-style-type: none"> • Specialist Assessment • Specialist Treatment • Management of Tier 4 referrals • Contributions to support Tier 2 and outreach services 	<p>1.85% of child population</p> <p>This equates to approx. 887 children and young people within North Tyneside.</p>

As outlined within the National Service Framework, Standard 9, it is expected that our CAMHS service ensures that it offers a balanced provision of promotion, prevention, early intervention and specialist community CAMHS to the children, young people and families of North Tyneside. Although North Tyneside CAMHS is not responsible for the direct provision of services at tier 1, tier 2 professionals and especially Primary Mental Health Workers within the service play a significant part in raising awareness of the emotional, psychological well-being and mental health issues of children and young people across the children's workforce. This involves training and upskilling the workforce in promotion and prevention approaches and acting as a visible link between tier 1 and tier 2/3 specialist CAMHS to ensure that 'upward and downward' referrals are appropriate, responsive and effectively managed (National CAMHS Proxy Measure, Component 4).

Similarly North Tyneside CAMHS is not responsible for the direct provision of tier 4 services but it does have a key role in ensuring that tier 4 referral pathways are clear, referrals are appropriate and transfer of a child or young person's care between tier 3 community services and tier 4 tertiary services (including the tier 3+ Intensive Community Treatment Service (ICTS), Eating Disorders Intensive Community Team (EDICT) and Early Intervention in Psychosis (EIP)) is well co-ordinated using the Care Programme Approach (National CAMHS Proxy Measure, Component 2), ensuring all necessary safeguards are in place and that the transfer of care causes the minimum of distress to the child, young person and their family.

North Tyneside CAMHS aims to positively engage with all multi-agency and multi-disciplinary partners and pro-actively promote and develop positive relationships and joint working arrangements and to demonstrate the impact this work has had upon securing positive health and every child matters outcomes for children, young people and families within North Tyneside.

The service's normal operating hours for Tier 2 and 3 services is Monday to Friday 9:00am – 5:00pm although a late clinic is also offered one day a week during term-time. In addition to this, a 24/7 'on-call' service, 365 days a year is provided by North Tyneside CAMHS to meet the urgent mental health needs of children and young people presenting within North Tyneside (National CAMHS Proxy Measure, Component 3).

During 2014/15, the North Tyneside CAMHS service received the following referrals:

Table 3

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
355	525	311	339	1355

The majority of referrals, average 74% were made by GPs, with the remainder from paediatricians, school nurses, health visitors, social workers and the Youth Offending Team. Almost all referrals (99%) were seen within 12 weeks of referral.

ADHD services for children (non-learning disabilities) is well established in North Tyneside. This service meets nice guidance. We have recognised that ADHD services for children and young people with learning disabilities does require further development.

4.4. Tier 3 + Services

Northumberland, Tyne & Wear Trust provide two Tier 3+ services which are partially funded by North Tyneside CCG.

4.4.1. Eating Disorders Intensive Community Treatment Service

The Eating Disorders Intensive Community Treatment (EDICT) service is a specialist service delivering Tier 3+ eating disorder services into the community and which offers an enhanced community based alternative to centralised and clinic/hospital based day and outpatient services. The service provides enhanced support and capacity to locality focused Community CAMHS Teams in support of early intervention and preventative best practice eating disorder approaches that will support an ongoing reduction in the numbers of children, young people and families who reach crisis.

The service is aimed at providing a flexible and responsive to the needs of children and young people that are at 'increased or significant risk' of requiring inpatient admission. This service will also pro-actively monitor the status of children and young people admitted to inpatient facilities to allow for step down care back into the community to be safely facilitated and at the earliest opportunity.

As at August 2015, the EDICT team are managing 5 people from North Tyneside.

4.4.2. Intensive Community Treatment Service

The previous NHS North of Tyne commissioned a Tier 3+ Intensive Community Treatment Service (ICTS) to allow day and outpatient services for children and young people with mental health needs that were previously delivered from centralised clinic/hospital settings to be

delivered through best practice community focused models working in partnership with community CAMHS teams and multi-agency partners to allow care to be provided closer to home.

The service is also intended to have a preventative role in that it will provide an alternative to bed based care, retaining children and young people within their local community wherever possible. This new service commenced on the 1st April 2011.

The service also manages self-harm referrals and mental health crisis referrals for people who are presenting at A&E. A&E clinicians contact the ICTS. The team will respond immediately if necessary or, if the child or young person is admitted, within 24 hours. The service operates until 6:00pm then CAMHS on-call will cover overnight.

The CCGs in the North of Tyne area are continuing to commission this service. There is a perception, however, that the numbers of patients accessing the service is low compared to the funding allocation. This may be because children and young people are managed within the North Tyneside CAMHS service but it is acknowledged that further work is required to look at referrals and pathways to this service.

As at August 2015, the ICTS team is managing 6 people from North Tyneside

4.5. Tier 4 services

Tier 4 services are commissioned by NHS England, Specialised Commissioning Team. Tier 4 can be described as detailed in Table 4 below:

Table 4

Tier	Tiered Service Functions	Prevalence Levels
<i>Tier 4</i> Essential tertiary level services such as highly specialised outpatient teams and inpatient units.	Services offering the most specialist and intensive levels of assessment and treatment.	0.075% of child population (which equates to approximately 36 children and young people within North Tyneside).

4.5.1. In-Patient Services (Non-Eating Disorders)

Tier 4 CAMH services is provided by Northumberland, Tyne & Wear NHS Foundation Trust (NTW Trust) and commissioned by NHS England which includes:

- Acute admission places at Ferndene as well as 6 PICU places, provided by NTW Trust
- Fourteen acute admission places in Middlesbrough in the Newbury unit, provided by Tees, Esk & Wear Valley NHS Trust (TEWV Trust)
- Medium secure learning disabilities forensic service based at the St Nicholas Hospital site. This is a nationally commissioned facility
- 8 bed low secure learning disabilities service, Stephenson unit, also based at the Ferndene site

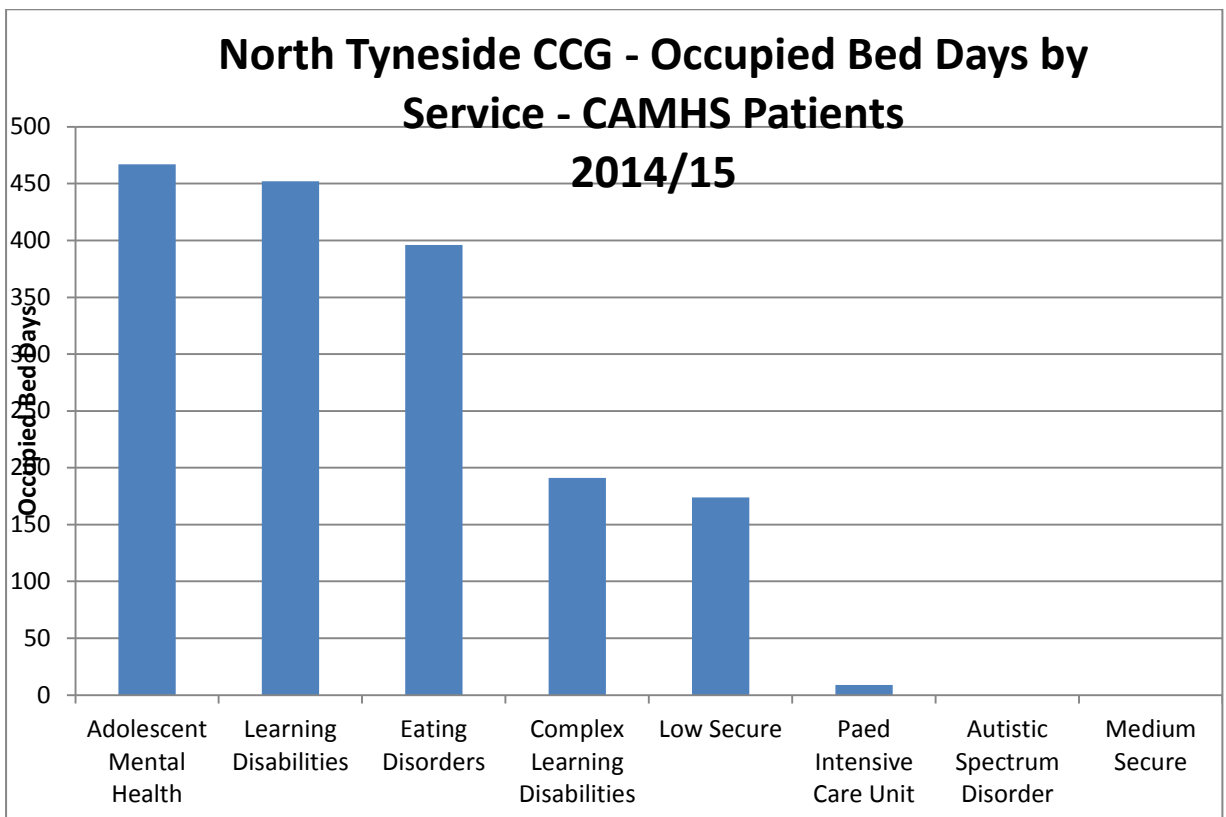
- An acute admission service, the Riding Unit, for people with complex learning disabilities offering 6 beds at the Ferndene site
- 14 bed acute mental health unit, Redburn, at the Ferndene site
- A 12 bed complex and challenging behaviours unit for people with learning disabilities, the Frazer unit, at the Ferndene site

4.5.2. Eating Disorder Services

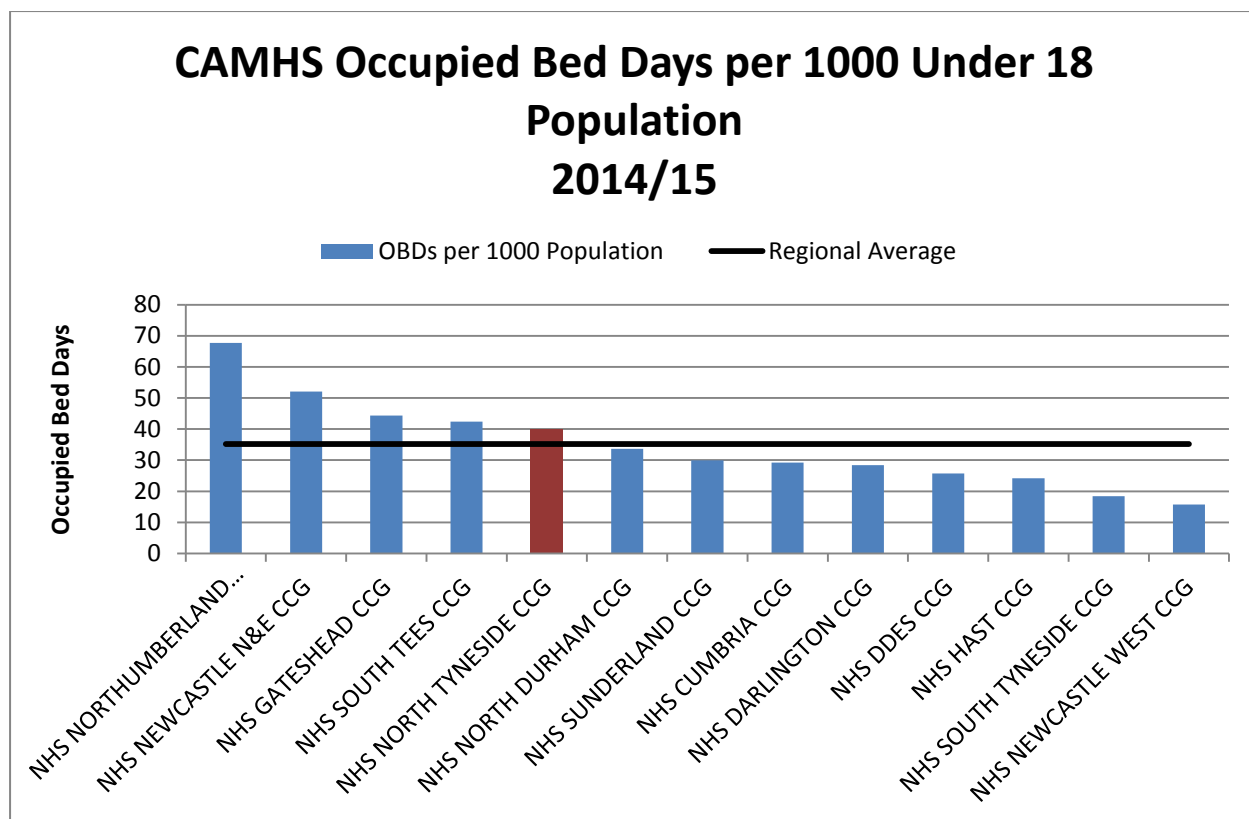
NHS England commissions a 12 inpatient eating disorder beds at the Evergreen unit, provided by TEWV Trust

The two graphs below provide a baseline for Tier 4 in-patient service occupied bed days. Graph 2 relates to North Tyneside only while Graph 3 provides a comparison on in-patient bed usage across the CCGs in the North East based on occupied bed days per 1000 population.

Graph 2



Graph 3



It can be seen that North Tyneside’s CAMHS occupied bed days per 1000 under 18 population is slightly higher than the regional average. An analysis of the information available tells us that while the number of PICU admissions is about average for the region, there is a relatively high number of emergency admissions. Also, North Tyneside is a particularly high user of in-patient complex learning disabilities services compared to the rest of the region.

4.5.3. Early Intervention in Psychosis

The Early Intervention in Psychosis service is provided by Northumberland, Tyne & Wear Mental Health Trust. The Early Intervention Psychosis (EIP) Team provides a young person orientated assessment, care and treatment service for individuals between the ages of 14 and 35 years experiencing a first episode of psychosis. It enhances the practice of other workers through care partnerships and subsequent mutual development of practice.

The support received from this service can help patients recover from a psychotic episode. It can also help reduce the likelihood of experiencing further psychotic episodes in the future.

The service is made up of a team of professionals (including nurses, psychologists, psychiatrists, occupational therapists and social workers employed as care co-ordinators) who have considerable experience in working with people with psychosis.

Comprehensive joint working arrangements have been agreed with the Newcastle and North Tyneside Crisis and Home based Treatment Service, to support the service at weekends and to

ensure that appropriate and timely urgent/crisis assessment and treatment is available to service users and carers, should they require this.

North Tyneside CCG funded this service at £608,734 for 14/15 which included non-recurrent resilience funds of £36,585.

4.5.4. Perinatal Care

In North Tyneside, our inpatient services at St George's Park in Morpeth are commissioned by NHS England and provided by Northumberland, Tyne & Wear Mental Health Trust. The community perinatal mental health service is also commissioned from the Trust by the as part of a block contract.

The Mental Health, Dementia and Neurological Conditions Network, part of the North East Strategic Clinical Network, has begun work, in conjunction with NHSE, on a regional basis to review perinatal care across the region. The aims of this work are to ensure equity of access to specialist perinatal mental health services, identification of gaps in community provision and to consider/bid for national monies to pilot and deliver community based intervention and prevention strategy.

To effect this, the Network has established a working group and appointed a Project manager. The working group will map current care and conduct a baseline assessment to advise commissioners on future service requirements.

5. ENGAGEMENT

As noted above, North Tyneside's Children and Young People's Emotional Wellbeing and Mental Health Strategy is currently in development. To ensure that as many stakeholders can participate in consultation on the strategy, a combination of online surveys and focus groups/workshops will be employed during October and November 2015.

Two surveys will be available on North Tyneside Council website and emailed out via existing partnerships/networks to encourage a high response rate.

The first survey will be a professional consultation survey. This survey will engage with a wide range of professionals who work with children and young people; including those from Health and Social Care, specialist Child and Adolescent Mental Health Services, across Education and from Community, Voluntary and Youth Services.

The second survey is a Children, young people and their families' survey which aims to engage with as many children & young people and their families to understand their views about the mental health needs of young people in North Tyneside.

A number of focus groups and workshops are also planned with

- Young people who will be invited to focus groups through the Participation and Advocacy team who have a range of existing engagement events planned.
- The Young Mayor and Youth council who have mental health as a key priority.
- Workshops with professionals through existing partnerships where possible.

We will use the findings from this consultation to contribute to and inform the implementation of this Transformation Plan. We will work with the Youth Council and the Young Mayor to agree the most appropriate and beneficial methods of their involvement in the implementation of the Transformation Plan.

In section 2 above, we described how the North Tyneside Youth Council identified mental health as a priority for the Council and produced a report entitled "Mental Health and Young People in North Tyneside, Scrutiny Report", the findings of which we have taken into account in development of this Plan.

In this section, we have described in more detail the work of the Youth Council and the findings of the report.

Firstly, to provide some context, the Youth Council wanted to do research and investigate the perception of mental health from young people across the borough, their understanding of mental health education they receive, and how they feel we should improve mental health education/support/awareness for young people in the borough; as well as reference provision in school, resources and support from other agencies.

The investigation and research was undertaken through:

- a) Questionnaire for young people to fill in about mental health education and young peoples views
- b) Meeting with other groups of young people who are involved in mental health services

c) Detailed information presented both written and verbally from North Tyneside Council Officers in Health and Wellbeing and School Improvement

d) Detailed information presented both written and verbally from other agencies/charities in North Tyneside offering services around mental health

The report that was subsequently produced was to present the findings of the Young Persons Health and Wellbeing Reference Group's investigation to the adult Health and Wellbeing Board, following its investigation in mental health and children and young people in North Tyneside.

One of the questions asked, which was perceived by the Youth Council, as probably the most important question was what are the biggest problems for young people regarding mental health. The report describes that a variety of responses were received but noted some themes, which were as follows:

- access to services including health services, time delays and receiving a referral
- concern that GPs may not be able to help or may be judgemental therefore a perception that GP services are not accessible, although it was felt that GPs should be an accessible service
- a feeling that mental health problems is a taboo subject therefore young people were not talking about it at school, in education, with friends or with professionals. This includes fear of stigma and fear of parents/others finding out about diagnosis

Other issues include where young people may have additional responsibilities such as being a young carer, being homes, being transgender, which may make them more vulnerable. Young people with chaotic lifestyles was also identified as an issue including where, for example, family dynamics or violence at home increase pressure on young people

Two other particular points to note is that the responses identified that young people can experience a large range of mental health (anxiety, self-esteem, self-harm, depression, bullying, relationship problems, anger, poor emotion regulation) means that people who are there to support young people need a lot of information and training to be equipped to help. Also, it was noted that young people perceive access to support as formal but young people would prefer a more informal, more social model.

The report also described a range of methods used by various organisations involved in provision of mental health services for young people, to give information about their services. A key point raised was that it appeared that many services did not collaborate with one another and it was felt that linking services together would be beneficial.

Equally, it was fed back from young people that it was felt there was very little publicity about services, about talking about issues and getting support on mental health. Good communication between services and organisations is needed. It was suggested that development of a peer support model, led by young people would be a positive approach.

Another key feature of the report is that young people identified that the main gap in provision is when initial help is needed before accessing services for a diagnosed disorder. By not knowing what services are available and how to talk about concerns with friends, family or professionals, problems often escalate. Promotion of services and de-stigmatisation is therefore important.

As mentioned above, young people are not keen on accessing GP services for mental health problems and it was felt that GPs understanding of mental health issues and young people needed to be improved. Young people need to understand the role of GPs and also have more information about what to expect if they do make a GP appointment. This would include

understanding about Patient Confidentiality when accessing GP services i.e. if GPs will be required to inform the young person's parent if they are concerned about the young person. We will tailor our Plan to help address these issues.

These messages are important and we have considered how best we can transform services for children and young people to address the concerns and issues that they have raised in our Transformation Plan. We intend to undertake further engagement work with children and young people as we progress with implementation of our Plan to ensure that we are meeting their needs.

CAMHS North Tyneside is also a member of the Child Outcome Research Consortium (CORC). The service recently published its first quarterly report, providing information from both the child ESP and parent ESQ. From this report, we have learned that while children and young people are very positive about the service that they received, they identified issues around the environment (location and facilities) and about the appointment times. The Parent ESQ was also very positive although the question on convenient appointment times did score lower. This information has been considered in our Action Plan and we intend to work more closely with schools to identify opportunities to have appointments and/or clinics at schools.

6. VISION OF NEW MODEL

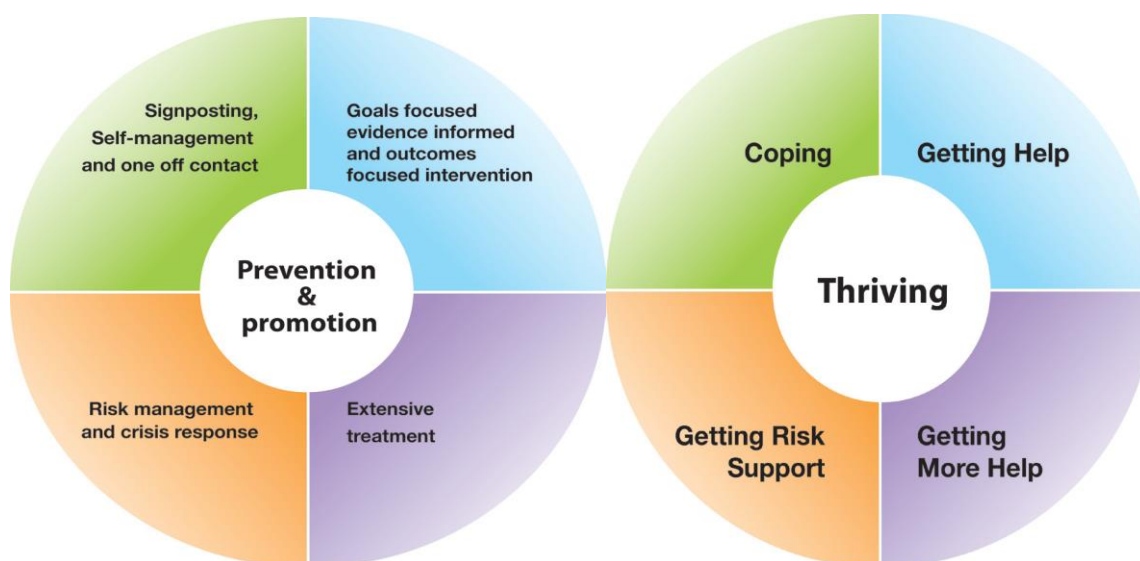
6.1. Overview

In North Tyneside, we recognise that the key service areas are only part of the Plan and that a wider whole system transformational change is required. To that end, we have considered a model which moves away from the traditional Tiered structure of provision and wish to develop services and systems based on the Thrive model principles

The THRIVE Model has been developed by The Tavistock and Portman NHS Foundation Trust (The Tavistock) and the Anna Freud Centre (AFC). It is gaining national recognition as a useful model moving away from the service led Tiered model to a new conceptualisation of CAMHS services based for the needs of children and young people.

The THRIVE model below conceptualises 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.

The model's foundation is based in case and performance management, and the embedded use of outcomes measures, led by the children and young people with their families. It is a predominantly a health model of evidence based intervention and needs to be recognised in the context of communities where people will access a range of health and social care services including education and employment.



Each of the four groupings is distinct in terms of:

- Needs and/or choices of the individuals within each group
- Skill mix required to meet these needs
- Dominant metaphor used to describe needs (wellbeing, ill health, support)

- Resources required to meet the needs and/or choices of people in that group
- The groups are not distinguished by severity of need or type of problem.

The middle designation of “thriving” is included to indicate the wider community needs of the population supported by prevention and promotion initiatives.

6.2. Coping

Context: There is an increased interest in the promotion of resilience, to build the ability of a community (school/family) to prevent, support and intervene successfully in mental health issues. A proliferation of digitally based support (e.g. via email, phone and web) is becoming increasingly available and being used to support young people in their communities. There is increasing interest (e.g. community psychology) on how we can more effectively draw on strengths in families, schools and wider communities. School-based interventions have been shown to support mental health, peer support can promote effective parenting(16) and integration of mental health in paediatric primary care can support community resilience.

Need: Within this grouping would be children, young people and families adjusting to life circumstances, with mild or temporary difficulties, where the best intervention is within the community with the possible addition of self-support. This group may also include those with chronic, fluctuating or ongoing severe difficulties, for which they are choosing to manage their own health and/or are on the road to recovery.

Provision: The THRIVE model of provision would suggest that wherever possible, this provision should be provided within education or community settings, with education often (though not always) the lead provider with education often (though not always) the lead provider and educational language (a language of wellness) as the key language used. It is our contention that health input in this group should involve some of our most experienced workforce, to provide experience and decision making about how best to help people in this group and to help determine whose needs can be met by this approach.

6.3. Getting Help

Context: There is increasingly sophisticated evidence for what works with whom in what circumstances and increasing agreement on how service providers can implement such approaches alongside embedding shared decision making to support patient preference(20) and the use of rigorous monitoring of outcomes to guide treatment choices. The latest evidence suggests that only 33% of young people will be “recovered” at the end of even the best evidence-based treatments.

Need: This grouping comprises those children, young people and families who would benefit from focussed, evidence-based treatment, with clear aims, and criteria for assessing whether aims have been achieved. This grouping would include children and young people with difficulties that fell within the remit of National Institute for Health and Care Excellence (NICE) guidance and where there are interventions that might help.

Provision: The THRIVE model of provision would suggest that, wherever possible, provision for this group should be provided with health as the lead provider and using a health language (a language of treatment and health outcomes). It is our contention that health input in this group might draw on specialised technicians in different treatments. The most radical element of what

we are suggesting is that treatment would involve explicit agreement at the outset as to what a successful outcome would look like, how likely this was to occur by a specific date, and what would happen if this was not achieved in a reasonable timeframe. To aid best use of specialist provision it may be helpful to consider use of explicit charters for children and Families.

6.4. Getting more help

Context: There is emerging consensus that some conditions are likely to require extensive or intensive treatment for young people to benefit. In particular, young people with psychosis, eating disorders and emerging personality disorders are likely to require significant input.

Need: This grouping comprises those young people and families who would benefit from extensive long-term treatment which may include inpatient care, but may also include extensive outpatient provision.

Provision: The THRIVE model of provision would suggest that wherever possible, provision for this group should be provided with health as the lead provider and using a health language (that is a language of treatment and health outcomes). It is our contention that health input in this group should involve specialised health workers in different treatment.

6.5. Getting risk support

Context: This is perhaps the most innovative aspect of the THRIVE model. As noted above, a substantial minority of children and young people do not improve, even with the best practice currently available. There has, perhaps, in the past been a belief that everyone must be helped by a service and if they are not then that is an unacceptable failure. The THRIVE model suggests that there be an explicit recognition of the needs of children, young people and families where there is no current health treatment available, but they remain at risk to themselves or others.

Need: This grouping comprises those children, young people and families who are currently unable to benefit from evidence-based treatment but remain a significant concern and risk. This group might include children, young people who routinely go into crisis but are not able to make use of help offered, or where help offered has not been able to make a difference, who self-harm or who have emerging personality disorders or ongoing issues that have not yet responded to treatment.

Provision: The THRIVE model of provision would suggest that, for this group, there needs to be close interagency collaboration (using approaches such as those recommended by AMBIT to allow common language and approaches between agencies) and clarity as to who is leading. Social care may often be the lead agency and the language of social care (risk and support) is likely to be dominant. Health input should be from staff trained to work with this group and skilled in shared thinking with colleagues in social care, but with explicit understanding that it is not a health treatment that is being offered.

Thriving

This is the state we are all seeking to achieve. Services are and should be helping with prevention, promotion, awareness raising work in the community to support this and may involve consultation and training that is not focussed on particular children or families. It is likely that such work will need to be funded separately from any payment system based on per-head payments as these are community-focussed and public health-focussed intervention

7. CASE FOR CHANGE IN NORTH TYNESIDE

7.1. Overview

As stated already in this document, we are fortunate in North Tyneside to have an active Youth Council and which has undertaken a considerable amount of engagement work on mental health issues for children and young people. We have been able to use this work to inform our Transformation Plan.

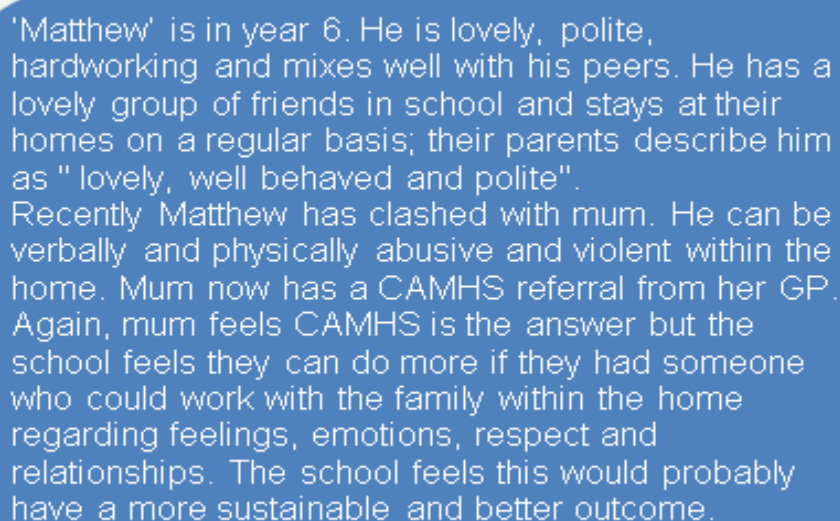
We will describe in this section the areas that we have identified as requiring further work or where there are gaps in service and what we intend to do to improve these services. We have used the THRIVE Model concepts to shape our intentions and to describe these in this Plan.

7.2. Prevention, Early Intervention & Coping

We are aware that in North Tyneside, there currently appears to be a some gaps in coping provision which places a consequent burden on those specialist CAMHS services to attempt to meet and manage a range of mental health needs which could be more appropriately managed and met further downstream in the pathway.

This is borne out from the work of the North Tyneside Youth Council which described access as being an issue (as well as being highlighted in the North Tyneside CAMHS CORC report). They highlighted that problems often escalate when help is initially needed which could avoid use of Tier 3 services if they knew more about what services were available and how to access them.

We have included some information gained from a case studies which was sourced from a member of staff in a school in the area.



'Matthew' is in year 6. He is lovely, polite, hardworking and mixes well with his peers. He has a lovely group of friends in school and stays at their homes on a regular basis; their parents describe him as " lovely, well behaved and polite". Recently Matthew has clashed with mum. He can be verbally and physically abusive and violent within the home. Mum now has a CAMHS referral from her GP. Again, mum feels CAMHS is the answer but the school feels they can do more if they had someone who could work with the family within the home regarding feelings, emotions, respect and relationships. The school feels this would probably have a more sustainable and better outcome.

We would therefore propose, through this Transformation Plan, to strengthen capacity and resilience in this early part of the pathway. We will:

7.2.1. Implement the Schools Link Pilot.

Whilst our initial bid for national funding was unsuccessful there is a positive appetite across all our partners to implement this pilot proposal. The schools link pilot is a pilot scheme to increase ease and speed of access to CAMHS and to explore how we can potentially offer appointments and clinics in a more suitable environment for children and young people. It also proposes to test out a joint training programme across the children's wider workforce:

Good working relationships already exist between many of the schools and CAMHS. Recently an award winning joint project about managing deliberate self-harm in schools was implemented which involved a group of staff from various agencies, including Young Minds and young people, who developed a training package which was delivered to school staff. Evaluation of the project was very positive. We are in an excellent position in North Tyneside to use this opportunity to build on the existing relationships.

Further aims are to increase school staff understanding of mental health issues and strategies to deal with problems presenting in schools. We expect that early identification and intervention will improve the emotional well-being of the young people. Additionally, this increased knowledge and awareness will result in a culture shift and will lessen stigma attached to having mental health problems.

We propose to take a whole system approach across partner agencies that focuses on increasing prevention and early help as well as managing appropriate access to high quality, clinical mental health services.

The very active and influential North Tyneside Youth Council has made young people's mental health issues their top priority. The Youth Council will be instrumental in this pilot to develop and test new resources, training materials, social media and new technology to engage and young people and professionals in addressing and de-stigmatising mental health issues.

The cohorts that would benefit from the following proposal would be:

- Vulnerable children who display social and emotional difficulties in the school environment including: those who have suffered abuse or exploitation; children with learning difficulties and disabilities; children with physical disabilities; Looked After Children and care leavers; young offenders; teenage parents; lesbian, gay and bisexual young people; young carers.
- Vulnerable children with a recognised mental health difficulty e.g. ADHD; ASC; Anxiety Disorder; Conduct Disorder

The aim of the project would be to:

1. Increase support at the universal level within schools through regular consultative support with a dedicated personnel
2. Plan and deliver multiagency training to meet the specific needs of school communities
3. Embedding training to develop a whole school ethos which is accepting and supportive of mental health needs
4. Appropriate direct intervention for children and young people
5. Work with Family Partners to increase the protective factors around children and young people within the family context
6. To maximise social inclusion of the young person
7. Targeted ADHD and ASC support and intervention

8. Evaluation and analysis of training and approaches / interventions being used in schools at the whole school, group and / or individual level by using an accredited tool , for example FRIENDS.

We have already been in contact with the approximately 21 schools in the area, mainly in Wallsend and North Shields areas, to inform them of the project idea and to understand if they would be willing to take part in such an initiative and the response has been overwhelmingly positive. Headteachers of these schools have signed up to involvement in the project and we intend to build upon this with these schools. We have initially focussed on the schools in these areas as these are where some of the areas of highest deprivation We will then roll-out the project across all schools in North Tyneside.

This would meet the following key objectives of the local transformation plan guidance:

- Building capacity and capability across the system
- Bring education [services] and local children and young people's mental health services together around the needs of the individual child through a joint mental health training programme.

7.2.2. Strengthen the Family Partner Role

Research shows that approximately 75% of mental illness has its origins in childhood before the age of 18 years. The most important modifiable risk factors for mental illness and the most important determinants of mental wellbeing are childhood ones. Therefore, the most important opportunities for prevention of mental illness and promotion of mental health lie in childhood, many of them in the context of the family.

We propose to strengthen the role of the family partners to meet the mental health requirements of the troubled families programme (phase 2) by either:

- increasing capacity by employing two family mental health partners who would focus on those children and families who are experiencing mental health problems but would most benefit from a whole family approach rather than individual interventions. The family partners would work in a holistic way to involve other agencies as required but centring the support around the family, with a 'one plan, one family, one worker' ethos. This would also enable us to provide support in the community, at home, in school or wherever it is most needed without the need to attend clinics or more formal appointments. The family partners could be partially co-located with the CAMHS team to improve the whole pathway, or
- strengthen the mental health training and supervision of existing family partners with the support of the CAMHS team, this would widen the mental health knowledge and skill base of a wider cohort of staff, whilst also improving pathways, but would not increase capacity to work with this group of families.

We propose to undertake an options appraisal in the early implementation phase to understand which would deliver the best outcomes for children in the resources available but the overall concept of strengthening the role of family partners to deliver the mental health focus to phase 2 of the troubled families programme is one that is being supported.

This would meet the following key objectives of the local transformation plan guidance:

- Building capacity and capability across the system

7.2.3. Young Peoples Participation Strategy

We intend to develop a Young Peoples Participation Strategy for health and wellbeing in North Tyneside. The Local Authority and Health groups work together with organisations such as Young Minds, local advocacy groups etc. to develop this strategy. We will establish Terms of Reference for the group, organise regular meetings to implement and monitor the strategy. We hope to identify young people from this group to link with the North Tyneside CAMH service to improve understanding of the service and to provide a direct input from young people to provide an invaluable perspective to improve the service. We expect that this work will strengthen partnerships with the voluntary and community sector.

7.2.4. Learning Disabilities Parenting Support Service

An increasing number of referrals have been made to CLDT by health visitors working with children under the age of 4 years old who have a learning disability, challenging behaviour and/or complex needs. CLDT does not currently support these children but it is clear that the health visiting service and families would benefit from specialist input. CLDT has also seen an increase in the referral rate of children below the age of 5 from schools and other agencies with behavioural problems.

There is a need to provide effective support to parents who have a learning disability and to parents of children who have a learning disability in order to ensure the best possible outcomes for these families. Positive parenting programmes such as, Triple P and the Solihull Approach go some way to addressing these needs however they do not specifically address the complex issues associated with learning disability.

Assessments regularly identify stress and burnout in parents of children who have a learning disability as a contributory factor to poor parenting, this often underpins/maintains the presenting problem, e.g. challenging behaviour, and consequently reduces the chance of a positive outcome.

Equally, parents who have a learning disability often struggle to manage their children effectively due to the higher incidence of risk factors associated with having a learning disability, i.e., mental health problems, abuse, poor social support and poverty. As a life-long condition this support will be longer than any universal programme of training and support.

Early intervention will increase the likelihood of positive outcomes for the child and ensure a solid foundation for families when cases transfer to specialist learning disability services.

It is therefore proposed that to review how we can provide support and training capability to parents of children who have a learning disability, parents who have a learning disability and, agencies working with these client groups.

7.2.5. Perinatal Care

The North of England Strategic Clinical Network has established a working group and appointed a Project Manager to focus specifically on perinatal care. The working group will map current care and conduct a baseline assessment to advise commissioners on future service requirements.

The Network's expert reference group is developing recommendations about how the additional funding for perinatal care could be spent. These recommendations are yet to be approved but the group has considered the whole (adult) pathway from IAPT, through secondary specialist perinatal team to MBUs.

A specialist perinatal community team specification has been drafted by the Maternity Network's perinatal mental health working group and is to be considered by commissioners. Work is also ongoing regionally on the mental health pathway for women in the perinatal period.

There is a perinatal CMHT service but it has been identified that psychology support in this service is lacking. It has also been identified that management of women with personality disorders is an area that current services feel they struggle with. It is important to address this issue as the impact of personality disorder on attachment and the child's future mental health can be significant.

We are aware that the above represents a fairly health focussed view and in North Tyneside we would wish to expand this to include the role of other services such as health visitors, midwives, obstetrics and maternity services, in keeping with the principles of the THIRVE model.

It is therefore proposed that as the review of perinatal services continues on a regional basis, that the outcomes of the above work will translate into the Transformation Plan.

7.2.6. Improve Access to mental health services for Looked After Children

Whilst the primary reason for children coming into care was a breakdown in the child and family relationship, the root cause that led to the child ultimately becoming looked after often involved some sort of domestic violence. This was prevalent in over 65% of cases, closely followed by substance misuse (59%). In over 60% of cases reviewed, it was felt partners could have played a more active role in supporting and intervening with families.

The vast majority of children coming into care (96%) appear to have no interaction with the early help system through an 'Early Help Assessment' (EHA). It therefore appears that the EHA is not being used to effectively build family resilience for those groups at risk of LAC early in their support pathways.

Similarly the data suggests there are high percentages of children who have had no previous interaction with social care before they enter care but they do appear to have interaction with other agencies – evidencing the need for better integration.

We therefore need to focus on (relevant to CAMH services):

- Providing more specific support for children leaving care including support with emotional health and wellbeing
- Earlier intervention, including support with emotional health and wellbeing with adolescents, across the whole system
- LAC prevention and reduction - increasing the proportion of children living safely at home (with targeted mental health interventions where appropriate)
- Increasing the numbers of specialist foster carers who can work with the most challenging children and young people (and helping to prevent placement breakdown by providing appropriate support)
- Improving the skill mix available to the social work task in order to focus on family resilience and improved outcomes

7.2.6. GP Services

The Youth Council highlighted that children and young people are not always confident about accessing their GP to receive help to manage their mental health needs. They are concerned that

GPs may not be able to help or may be judgemental therefore a perception that GP services are not accessible, although it was felt that GPs should be an accessible service.

We need to be sure that when patients present to their GP that their GP is equipped and informed to be able to manage their mental health needs, whether that be a child, young person or mother with perinatal issues. We expect that there will be closer links between the Primary Mental Health Workers which work within the North Tyneside CAMHS service.

We will undertake engagement work with GPs to understand what type and level of information and resources they feel would be beneficial to them in this service area and to help them to manage patients. Equally, we will also undertake engagement work with children & young people to help us understand how they feel their GP could offer support.

The North Tyneside CAMHS team will also help to improve awareness raising of CAMHS issues amongst GPs to ensure that referrals to the CAMHS service are appropriate. Education sessions organised by the CCG will be used where appropriate as will opportunities to access awareness raising courses through other organisations, including Northumbria Healthcare NHS Trust.

We will review the electronic tools and resources about child & adolescent mental health that are available to GPs, aiming to produce an electronic directory of available resources and services.

7.3. Getting Help

7.3.1. Overview

Ensuring that children and young people get appropriate and timely help is a key feature of our Plan. We have heard from the Youth Council how this is one of their areas of concern and aim to address this through various actions in our Plan. Below is an example of how the services can successfully work together and it is this model of integrated working between Family Partners, schools and the North Tyneside CAMHS service that we expect to replicate further in North Tyneside.

Sam is an eleven year boy that experienced difficulties in his home life when he was a young child, as his father had been quite violent towards Sam's mother. Sam's attendance at school was very poor and when he did attend school his teachers were concerned as he often seemed very anxious and didn't have any close friends.

A family partner was allocated as Sam's attendance was so poor. With the help of the family partner Sam started to attend school more often but remained very anxious. It was therefore decided that a referral should be made to CAMHS. He was subsequently seen by a psychologist in CAMHS and received 8 sessions of CBT (cognitive behavioural therapy.) Sam engaged well with the psychologist. As Sam's anxiety symptoms improved he started to enjoy school and made some good friends. He was discharged from CAMHS and the family partner ended her involvement but school staff continued to monitor Sam's progress.

7.3.2. CAMHS IAPT

North Tyneside CAMHS has also been successful in its application to become a member of the CYP IAPT programme. North Tyneside and Northumberland CAMHS services applied as a partnership and have, together, joined the North East, Yorkshire and Humberside Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) Learning Collaborative.

The Collaborative is made up of Northumbria University as the Higher Education Institute and a network of 14 CAMHS partnerships from across the region. The role of the Collaborative is to support, challenge and performance manage delivery of the CYP IAPT programme locally, creating a 'best practice hub' for the translation of research findings into practice, directly influencing the existing partners but also providing a beacon of excellence to encourage good practice across CAMHS as a whole. It takes on a mentoring role with partnerships and has responsibility for ensuring the expectations the programme has of the partnerships are agreed and monitored against Key Performance Indicators (KPIs).

The organisation that will be undertaking the training in North Tyneside will mainly be Northumbria Healthcare Trust (NHCT) as providers of North Tyneside CAMHS. North Tyneside CAMHS team have entered into a partnership with Northumberland CYPS for the CYP IAPT programme. In North Tyneside all staff undertaking the training in this first phase are employed by, or seconded into, the NHCT CAMHS team. There are currently two social workers, employed by the local authority, seconded into the CAMHS team. One social worker will be put forward this year to complete the training. It is envisaged that as the training programme is rolled out the wider children's workforce will also be to access relevant training.

We will be seeking to improve collaboration and participation by children, young people and families. As part of the QNCC the CAMHS team have identified 2 participation leads who are working to improve how they currently gather feedback from children, young people and their families. They have an excellent relationship with CHAT Northumbria's young persons participation group which has included CAMHS service users. They have been involved in the recruitment process for staff members as well as supporting the CAMHS team with their successful 'You're Welcome' accreditation. There is a commitment to developing a steering group to involve parents.

North Tyneside CAMHS is fully committed training all staff and have a comprehensive training needs analysis for all staff. The team have staff who are trained in DBT and run group sessions for extremely vulnerable, in crisis children and young people. They have established an enhanced pathway for eating disorders as staff have recently been trained in the Maudsley model. It is our aim to have staff attend the IAPT training for SFP in eating disorders to further enhance this model. We have also trained specialist nurses so we can provide an excellent ADHD service and the SFP conduct disorders training will only serve to enhance this model. As part of the CYP IAPT programme staff have been identified to participate across the whole range of modules.

North Tyneside CAMHS provides data and performance information to commissioners on a quarterly basis and the service is dedicated to improving access and waiting times. To ensure children and young people get to where they need to be in a timely manner the team provide case supervision to public health school nurses, health visitors, troubled family workers, youth offending and drug and alcohol services. Part of the supervision also covers the Solihull approach as we have embedded this within our area as it is evidence based and promotes

emotional health and wellbeing for children and families. All young people accepted into the service are seen within 12 weeks and we have clear eligibility criteria for referrers.

As stated in the above paragraph, a range of current service performance KPIs are already collated and provided and the North Tyneside CAMHS team are a member of CORC. There are strategies in place to ensure staff complete outcome forms as part of the assessment process. There is a steering group which meets once a month that to ensure that the processes will be improved over the next year and the target of 90% will be met for the staff who are part of the IAPT programme. There will be a commitment to improve year on year the % of data completeness within the rest of the service. The service will use those current measures as well as the specific KPIs collected by the CYP IAPT programme to monitor progress directly and through the collaboration steering group RAG rating system.

In January 2016 the Mental Health Services Data Set (MHSDS) will flow nationally, and it will be mandatory for services to flow data they collect. By joining the CYP IAPT programme, North Tyneside is committing to services collecting and flowing outcomes measures selected by the CYP IAPT programme that have been included in the MHSDS.

Infrastructure money will be provided by the Local Transformation Plan funds to ensure that the CYP IAPT programme is fully supported. The CYP IAPT infrastructure is provided via:

1. Participation money (e.g. for a data manager or member of staff who will support the programme)
2. IT (e.g. for laptops, ipads, an IT system to support the programme, data performance)
3. Service development (e.g. clinical lead time).

We intend to implement a robust governance process. A senior member of staff from the North Tyneside and Northumberland partnership will attend the North East, Yorks and Humber CYP IAPT Collaborative Steering Group (monthly meetings). The outcomes of this group will be reported to the CAMHS Partnership Boards and local governance structures as well as to the Collaborative. A commissioner representative will also attend where possible. We will deliver on IAPT outcome measures and will rigorously monitor our progress against these.

We are also aware that the Network is developing plans which will support governance of childrens services generally and CYP IAPT specifically. We will ensure that we remain up to date with these proposals and appropriately link and participate with these arrangements as they develop. This could include representation from both commissioners and provider on any relevant group, provision of information to advise on adherence to governance arrangements and overall development of the CAMHS IAPT project in North Tyneside.

Locally, the implementation of the CYP IAPT programme in North Tyneside will be overseen and monitored by the local Transformation Plan Implementation Group.

We have described above how we intend to improve collaboration and participation by children, young people and families as part of the CYP IAPT programme. We will also consider methods for involvement in governance and assurance arrangements which could be via the steering group involving as described.

As the CYP IAPT programme develops in North Tyneside, we will look to how we can ensure continuous improvement. The monitoring methods we have described will be part of this. We will include commitment to the CYP IAPT in the contract with the Trust and may consider development of appropriate CQUIN for the service in the future.

7.3.3. North Tyneside CAMHS Service

North Tyneside CAMHS is a member of the Child Outcome Research Consortium (CORC). North Tyneside CAMHS collects outcome data using the following measures at the point of assessment (Time 1): Strengths and Difficulties Questionnaire (Parent/Carer and Child 11+years) and Goals Based Outcome Measure. These are repeated at the point of discharge or 6-8 months into treatment, whichever comes first, along with the Experience of Service Questionnaire (Parent/Carer and Child 9+ years). It is worth noting that the most recent CORC outcomes report was very positive although appointment times was highlighted by both children and parents as one area where improvement could be made.

The recent (June 2015) dataset from the North Tyneside CAMHS service showed that waiting times for CAMHS is under 12 weeks, with over 99% of children and young people being seen within 12 weeks, although the service aspires to see people referred to them within 6 weeks of referral.

While this is very positive and demonstrates the quality of the service, we are mindful of the expectations of Future in Mind to improve access and to be inclusive. The North Tyneside CAMHS collates the number of refused referrals to the service and is conscious that refused referrals can lead to delays and frustration for both young people and professionals. Our Transformation Plan therefore seeks to address this issue by investing further upstream (as detailed in the section above) in our Schools Link Pilot and Family Mental Health Partners.

We also intend to improve access to the CAMH service itself. This will include:

- Exploring options to extend clinic hours
- Provision of clinics in other venues such as community schools, GP surgeries, Sure Start venues etc.

Additional resources within the CAMH service will be required for this including administrative resources. During the lifetime of this Plan, we will also consider reducing referrals to the CAMHS team from 12 weeks to 6 weeks and an if a self-referral process can be offered.

We also intend to improve the current website for the CAMH service to ensure that high quality information is available for young people and their carers which will include information on self-help, useful links and referral information. We would like to involve young people in developing this website.

Coupled with the above, we will develop policies that allow communication with young people via telephone, text, e-mail Skype and other social media, again to improve access.

A critical component of a successful CAMH service is obviously the staff in the team. We intend to undertake a yearly review of the North Tyneside CAMHS team skills mix, using such tools as CHIMAT CAMHS to analyse training needs and plan training accordingly.

We are aware that a gap in the current service is around access to some specific therapies in the specialist CAMH service. We will also consider development of specialist attachment therapy and will explore opportunities to develop other specialist services and clinics such as, a sleep clinic, neurodevelopmental behaviour management specialist clinic and other clinics as appropriate. We will therefore undertake a more detailed gap analysis to determine which services would be most appropriate to meet the needs of children and young people in North Tyneside.

We also want to ensure that pathways to other services are as clear and transparent as possible and the North Tyneside CAMHS team are committed to working with providers for all referrals and transitions to effect this. This also includes developing a multi-agency model of crisis intervention to ensure a joined-up approach across all agencies particularly between the CAMHS team and social services to deal with crisis presentations

Another area we wish to consider in North Tyneside is development of a Youth Service which could be a service for young people aged 12 to 25 years. We are aware that other areas in the country have developed such services either in their entirety or for some service specific areas. We wish to learn from these initiatives and consider how they could be developed or adapted for implementation in North Tyneside.

We would like to identify an IT champion who would work with all partners, including the North Tyneside CAMH service and the Young People Participation Group. We wish to improve IT access for CAMHS staff to enable staff to use a range of IT tools such as apps to monitor, for example, mood, anxiety, ADHD symptoms and sleep. This would require some investment in remote access IT infrastructure and data analysis and staffing resource to manage IT issues as well as providing performance information and analysis. We will look at and learn from IT infrastructures that schools already use and consider how they may link better together. It may also include developing and keeping updated a directory of services to enable signposting where appropriate.

7.3.4. Positive Behaviour Support Service

There are a number of children who have a learning disability and severe mental health or challenging behaviour who are the responsibility of children's services within North Tyneside in the LAC system (looked after children). These children reside within specialist residential placements and foster care within the borough and there are more still in specialist residential and treatment units outside of the borough. Children placed in out of borough placements tend not to return to the borough during their childhood which suggests placements are not therapeutically effective and have limited positive outcomes. In fact it is only when a child goes through the transition to adult services that further assessment is completed to identify appropriate adult services to meet their needs and there are no services currently within borough that replicate any of the specialist out of borough services. As a result these people are placed in adult services outside of the borough or low quality services within borough at greater risk of placement breakdown.

We will consider provision of a wraparound service to maintain children with challenging behaviour and/or complex needs within the borough. This will be provided via development of a Positive Behaviour Support service. Body Positive Support (PBS) is widely accepted to be the most effective model of care used to support children and adults who have a learning disability and complex needs such as; challenging behaviour or mental health conditions. PBS provides multi-disciplinary comprehensive assessment and person centred interventions, delivering a wraparound service to ensure continuity of care within the community, avoiding placement breakdowns and hospital admissions.

7.4. Getting More Help

7.4.1. Intensive Community Treatment Service

North Tyneside CCG currently commissions this service from NTW Trust and we have described the remit of the current service in Section 4. The availability of this service is a very positive benefit for children and young people, aiming to keep people out of hospital and maintain community links. However, the activity levels are comparatively low. We therefore intend to undertake a review of this service to understand in more detail the pathways to and from this service to enable commissioners to make an informed decision about how the service may be funded in the future.

7.4.2. Eating Disorder Intensive Community Treatment Service

We believe in that the principles described in the Access and Waiting Time Standard for Children and Young People with an Eating Disorder.

We are aware in North Tyneside that, as with the Intensive Community Treatment Service, the activity levels are comparatively low.

North Tyneside CCG intends to undertake a review to determine if the current service is compliant to the standards and to identify gaps in the current service which we will address. This work will be undertaken on a regional basis, having regard to the fact that the service is currently commissioned across several CCGs from a single provider, NTW Trust, and also the requirements in the Standard for commissioning eating disorder services for populations of 500,000 and over. This review will also provide an opportunity to look at the pathways and referral routes to the service to understand why the North Tyneside activity is low. Both CCGs will lead on this work equally.

We will analyse the outcome of this review to inform how we will commission community eating disorder services in the future. We expect that this review will be complete by October 2018,

In the meantime, and pending the outcomes of the review, we intend to strengthen the links between the North Tyneside CAMHS team provided by Northumbria Healthcare NHS Foundation Trust and the EDICT service provided by NTW Trust. We will do this by employing a dedicated eating disorder CAMHS worker in the North Tyneside CAMHS team who will offer support and treatment to children and young people with an eating disorder as well develop closer pathways with the NTW service.

7.4.3. Early Intervention in Psychosis

The new access and waiting time standard requires that, by 1 April 2016, more than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral. Most initial episodes of psychosis occur between early adolescence and age 25 but the standard applies to people of all ages in line with NICE guidance.

The standard is 'two-pronged' and both conditions must be met for the standard to be deemed to have been achieved, i.e.

1. A maximum wait of two weeks from referral to treatment; and

2. Treatment delivered in accordance with NICE guidelines for psychosis and schizophrenia - either in children and young people CG155 (2013) or in adults CG178 (2014).

The planning guidance for 15/16, *Forward view into action 2015/16* requires that commissioners should agree plans with providers setting out how they will prepare for and implement the new standard during 2015/16 and achieve it on an ongoing basis from 1 April 2016. Commissioners are required to agree service development and improvement plans (SDIPs) as part of their 15/16 contract. In North Tyneside, we can confirm that this is included in our SDIP with Northumberland, Tyne & Wear Trust, the service provider for our area.

The North Region Early Intervention in Psychosis Steering Group in association with NHS England North, have devised a tool to help Providers assess their state of readiness to deliver the standard. The purpose of this evaluation and assessment is to help Trusts identify areas where they need to prepare for the new EIP access and waiting time standard, and where they could utilise further support to achieve delivery and sustainability of the new national standard.

Locally NTW Trust has completed the self-assessment tool which has highlighted those areas requiring development. These include:

- Leadership and Governance
- Data Capture
- Performance Management
- Information Quality
- Access Policy
- Demand and Workforce Readiness
- EIP patient tracking List
- Inter provider transfers

We will also take into account the workforce analysis which has been undertaken by NHS England on the current service. This highlighted concerns about the skill levels of staff who will deliver the therapies described in the NICE guidance. NHS England identified that this is a national issue and will take a number of years via a national training programme to enable the workforce to be appropriately skilled.

While waiting for the Final Technical Guidance to be issued, confirming how the standard will be measured, NTW Trust is working towards compliance of the standards and is ensuring the necessary policies, processes and data capture systems are in place. Meetings involving NHS England, the EIP Steering Group, NTW Trust and commissioners are continuing to ensure progress towards readiness to deliver the EIP standard. We expect that NTW Trust will meet the targets on access by April 2016.

7.4.4. Mental Health Services for People with Learning Disabilities

To date, Northumberland, Tyne & Wear Mental Health Trust has provided the psychiatry services for people with learning disabilities. However, issues around governance, accountability and patient record challenges have been raised.

NTW secure LD/CAMHS psychiatrist sessions via an agency as they been unable to recruit to a substantive post. Because the psychiatrist is based South of Tyne, some patients have been asked to travel to venues South of Tyne for their consultation which is not appropriate or convenient for patient.

The situation is compounded by there being a national shortage of PD Psychiatry expertise and the fact that the Royal College of Psychiatry now trains psychiatrists in either CAMHS or LD. However, we recognise that the current situation is not appropriate or sustainable. The future pathway of care needs to be built on principles of C&YP/Family focused local care, integrated service delivery, multi-disciplinary provision and non-discriminatory.

Both Trusts have considered the possibility of Northumbria taking over responsibility for this service. The Trust does not currently have the skills and experience within their current team to provide this specialist service but would be willing to work towards an integrated model of service delivery for North Tyneside residents.

To this end, a review of the pathway will take place including current use of psychiatry time and prescribing practice. Current caseload will be identified and analysed with the psychiatrist. This will help to identify the number of sessions that will be required and will enable the Trusts to identify which Trust could potentially offer the service, aiming to eliminate the issues of governance and accountability raised above.

7.5. Youth offending in the teenage population

Young teenage children with learning disabilities and other impairments are more likely to go to prison if they offend compared to other young people because the youth justice system fails to recognise their needs, (youth offending team (YOT)).

23% of young offenders often have very low IQs of less than 70 and 25% have special educational needs – a far higher proportion than in the general population.

Children and young people with learning disabilities, mental health problems and other impairments make up the majority of people in the youth justice system. Often passing through the education system with those needs unrecognised and needs not met. Good practice would be to ensure schools, other children's services and families are properly equipped to identify how to help these population of youths before they come into contact with the youth justice system.

It is proposed to develop a clinical pathway for the identification and treatment of young people who offend that have a learning disability. This will be undertaken via a Nurse lead service to identify and direct a clear approach to the youth offending learning disability population, allowing the service to support an appropriate treatment plan and deliver in the appropriate set time within a community setting.

The service will identify vulnerable young people, assess as necessary and develop intervention plans along with statutory organisations to decrease their offending behaviour.

We expect that this service will link with the Youth Offending Team and will explore funding opportunities for this project from the YOT Liaison & Diversion funds.

7.6. ADHD

The Health and Social Care Act sets out expectations that the care system in place should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality in care. The relevant guideline is NICE guidelines [CG72] Published date: September 2008 and reviewed in February 2015. The guidelines identified the key priorities for implementation include Drug misuse, Parent-training/education

programmes in the management of children, Antisocial personality disorder, Borderline personality disorder and the use of medication.

The current service is provided by Northumbria Healthcare NHS Foundation Trust. The North Tyneside CAMHS service provides a high quality service to children and young people with ADHD (non learning disabilities) which meets NICE Guidelines. The Trust, via a separate team, also provides services to children and young people with learning disabilities who also have ADHD.

We are aware that improvements can be made to the LD prescribing pathway to identify and treat children with ADHD in a community setting to be part of a holistic approach. We would therefore expect that these improvements will result in a shift from the “getting More Help” category to “Getting Help”.

7.7. Autism

The latest prevalence studies of autism indicate that 1.1% of the population in the UK may have autism. Meaning that over 695,000 people in the UK may have autism, an estimate derived from the 1.1% prevalence rate (Baird G. et al., 2006) of which 50% may have a Learning Disability. NICE have produced guidelines to advise the clinical pathway for the diagnosis of ASD in children/young people. These guidelines ensure a prompt and concise assessment and follow up, and have audit information to support the measure of the pathway.

As with ADHD, the current service is provided by Northumbria Healthcare NHS Foundation Trust. Again, the North Tyneside CAMHS service provides a high quality service to children and young people with autism (non learning disabilities) which meets NICE Guidelines and a separate team, also provides services to children and young people with learning disabilities who also have autism.

In relation to children and young people with learning disabilities and who also have autism, we are aware that there is some capacity pressure. We will seek to address this by reviewing existing pathways to identify any potential inefficiencies or duplication and will redesign those pathways , seeking opportunities to maximise existing resources.

7.8. Getting Risk Support

7.8.1. Crisis Support

The ICTS service manages self-harm referrals and mental health crisis referrals for people who are presenting at A&E. A&E clinicians contact the ICTS. The team will respond immediately if necessary or, if the child or young person is admitted, within 24 hours. The service operates until 6:00pm then CAMHS on-call will cover overnight.

The CAMHS on-call service operates a 24/7 'on-call' consultant psychiatry service, 365 days a year is to ensure that the urgent mental health needs of children and young people presenting within North Tyneside are met. This also complies to the National CAMHS Proxy Measure, Component 3.

There is some cross-over for the 16-18 year age range. Although the adult service will see people aged over 16 years, the CAMHS team has the knowledge about and understanding of the patients who are likely to attend A&E. We therefore intend to map existing provision and develop solutions and options via evidence based models and working within existing resources. We would expect that a business case would be produced with clear, evidenced KPIs. We also expect that children and young people would be amongst the key stakeholders involved in this work. We are considering how we can develop this, potentially using the newly announced non-recurrent mental health liaison funding to develop this work as a research project.

We are also pleased to report that in North Tyneside, police cells are never used for any child or young person who has been detained under s136 of the Mental Health Act. There are currently identified places of safety which can be used for children from North Tyneside. Work is ongoing within Northumberland, Tyne & Wear Trust to review these places of safety to ensure that they are compliant to CQC standards and the Trust will implement any changes required to those services to ensure compliance.

We wish to consider establishing a multi-agency model of crisis intervention across agencies to ensure that the current pathway is working as smoothly as possible and to identify if there are any areas which could be improved. This will link with the North Tyneside Mental Health Crisis Concordat Action Plan. In this plan, we have stated that we will establish a Police & Partners Group. This Group is now up and running and held its first meeting. We are reviewing the terms of reference to ensure that appropriate representation is on the Group. We expect that this Group will provide the appropriate forum for consideration of development of a multi-agency model of crisis intervention across agencies.

7.8.2. In Patient Services

We understand from the Specialised Commissioning Team that a national procurement exercise will be undertaken, which will include CAMHS Tier 4 services, and how this will be implemented has yet to be shared.

We will work with NHS England Specialised Commissioning Team to look at the impacts and pathway development that may ensue from the national procurement exercise.

7.8.3. Transgender Services

We are aware of ongoing national level work on gender identity services and NHS England's commitment to improve these services. We are aware that a Task & Finish Group on gender

services has been established which was set up to support the commitment of the NHS England Board to improve gender identity services, specifically relating to:

- Inequitable and fragmented access arrangements
- Variation in services with inconsistent protocols and procedures
- A need for an individual centred approach to care
- Long waiting times for assessment and treatment, particularly for genital surgery
- Poor patient experience in primary and secondary care reported by the transgender communities

We acknowledge that NHS England has confirmed that the 18 week referral to treatment time standard set out in the Constitution applies to gender identity services. We recognise NHS England is investing £4.4 million more in additional gender surgery procedures in 2015/16, and will invest more again in 2016/17.

We understand that there are issues about recruitment and training to ensure that surgical units can operate at full capacity and reduce waiting times and therefore a demand and capacity report has been commissioned by the national Task & Finish Group.

Locally, Public Health services in Northumberland and North Tyneside have brought together a group of professionals who are interested in developing transgender services across the area. The group has met with some transgender young people and have been gathering information about their experiences in health, social care and education. This group aims to develop a pathway and consider how such services could be commissioned especially for young people under 14 years of age.

8. WORKFORCE CAPACITY

Most of the service specifications we have with providers do detail certain requirements with regard to workforce. However, in North Tyneside, we do not have a detailed overview of workforce capacity across the range of mental health provision which we commission.

If we are to be successful in transforming mental health services for the children and young people of North Tyneside, we cannot focus only on transforming services and how these are accessed. We must also consider on how are going to develop the workforce that delivers these services. *Future in Mind* sets out the national vision for everyone that works with children, young people and their families. We must ensure that this vision; and identified qualities and behaviours to support the same, are embedded in the services we deliver. In order to do this and ensure we have a workforce with the right mix of skills, competencies and experience, we are proposing the development of a robust workforce development strategy.

The strategy will ensure that the professionals across education, social care and health are confident in promoting good mental health and wellbeing and able to identify problems early. The strategy will:

- Ensure that there is data captured about the staffing of the current provision of services in North Tyneside; this includes numbers and skill mix details.
- Include a needs analysis of what is needed in order to transform the services as per the action plan and to meet the needs of the local population. This will ensure there is the capacity and skills to meet the challenge of transformation
- Outline the training needs for those working with children, young people and families in order to develop the skills needed (this will be informed by a training audit)
- Set out how these training needs will be met as part of the five year plan and how they will be resourced
- Identify areas of the workforce where there are issues with capacity and propose recruitment and retentions strategies
- Show how digital or IT solutions can augment the current workforce and services offered
- Include areas for development for commissioners to ensure they too are able to meet the challenge of commissioning and monitoring transformed services

We intend to undertake this work as part of a collaborative approach, working with other CCGs in the region and the relevant providers.

Our Transformation Plan also demonstrates our intentions for developing CYP IAPT, which we see as key to building a children and young people's mental wellbeing workforce across different sectors and professions.

9. MONITORING

We already have a well-developed performance framework for our NHS commissioned services which already capture a range of PROMS, PREMS and CROMS and waiting times for access to services. This is reported on a monthly basis and discussed at contract meetings. This has enabled commissioners to work with providers on areas which have been highlighted as requiring improvement.

We will ensure that we continue comply to all national reporting requirements, including the CYP IAPT reporting requirements and any further new requirements.

We will also develop a data set to monitor the implementation of our Transformation Plan over the next five years. We will review current outcome measures and indicators to identify what is available now and how this can inform our baseline information. We will include service user outcomes where appropriate to measure progress.

Monitoring information will be used to report to the Strategic Implementation Group.

10. GOVERNANCE

A Strategic Implementation Group is being established from October 2015 to oversee the implementation of the local Transformation Plan once it has been signed off by our Health and Wellbeing Board, other key signatories and has received assurance from NHS England. The plan has been developed with relevant partners through our existing partnership group but we will establish this wider Group to ensure we take a whole systems approach to implementation.

The Children's Trust governance structure is currently under review and will be considered on at the October meeting of the Children & Young People Commissioning Executive Board so the final governance arrangements for this strategic group will be agreed at that stage. However, in the meantime, the Strategic Implementation Group will report to the CYPL Commissioning Exec Board and the Health and Wellbeing Board with a link to the Mental Health Integration Board.

For those initiatives which are North Tyneside specific, we will establish a series of Task & Finish Groups, led by the partner organisation as identified in our Action Plan, to undertake these part of our Plan. For other actions which require a regional approach, we will ensure that the appropriate representative(s) from North Tyneside partner organisations will participate and be instrumental in whatever approach is regionally agreed to enable that action to be completed. All Task & Finish group leads or lead son regional programmes will provide updates to the Strategic Implementation Group.

The CCG and Local Authority also undertake to publish this Transformation Plan on our websites once it has received assurance. We will also publish the Easy Ready version of the Plan when it has been completed. This will be a method to ensure accessibility and transparency of our intentions.

11. **FINANCES**

North Tyneside has been allocated a total of £447,000 for 2015/16, which includes a sum of £127,000 specifically for transforming eating disorder services.

The table below describes how we will use Transformation Plan funding for 2015/16:

Service	Purpose	Funding
4.CAMHS IAPT	start up costs	£61,000
5.CAMHS IAPT	staffing costs	£40,000
1. Schools Link Project	staffing costs	£100,000
2.Family Partners	training/supervision	£50,000
3.CAMHS Access	to fund extension of opening hours and provision of community venues	£59,000
8.IT/Social Media Improvements	Update web-site, & infrastructure, potential directory of services	£10,000
6.Eating Disorders	Dedicated staffing resource in CAMHS	£60,000
7.Eating Disorders	Extend capacity in community service provision (part of regional planning)	£67,000
TOTAL		£447,000

We can confirm that these are new projects or are extension of existing services which are not currently funded. We can also confirm that none of these projects or services are being funded from Resilience funds.

We will rigorously monitor expenditure to ensure that funding is spent on the services or projects described in the above table. Any slippage will be identified and will be reinvested back into those services or projects. Finance will be monitored via the Strategic Implementation Group.

NORTH TYNESIDE CAMHS TRANSFORMATION ACTION PLAN

Strategic Developments						
No. 1	Purpose/Action	Timescale	Led By	KPIs	TP Funding	Progress
1.1	Develop emotional health & well-being strategy, agree the strategy from all partners and the Health & Well-being Board. Implement the strategy by establishing a Childrens & Young People Emotional Health & Wellbeing Strategic Group.	January 2016	LA	<ul style="list-style-type: none"> • Draft produced by October 2015 • Engagement events undertaken Oct – Nov 2015 • Final strategy produced and published on relevant CCG and Local Authority web-sites • 	No cost	Draft produced and engagement events have begun
1.2	Develop Transformation Plan Develop subsequent Implementation Plan aligned with the actions detailed in this Transformation Plan, thereby providing a commissioning framework for Children and Young People's Mental Health & Wellbeing	October 2015 December 2015	All Partners All partners	<ul style="list-style-type: none"> • Publish Transformation Plan on website when received assurance • Establish Strategic Implementation Group with Terms of Reference, governance and membership • Set up regular monthly meetings Establish sub-groups and meeting dates Inclusion on Children & Young People on Implementation Board • Final strategy produced and published on relevant CCG and Local Authority web-sites • Easy read versions will also be published by required timescales on CCG and Local Authority websites 	No cost	
1.3	Review the Transformation Programme to ensure actions remain up to date and appropriate to meet the needs of children & young people in North Tyneside	October 2016 then yearly	All Partners	<ul style="list-style-type: none"> • Plan will be refreshed and updated on a yearly basis to reflect any new guidance, service changes, impact assessments/analysis etc 	No cost	
1.4	Develop the THIRVE model in North Tyneside, instead of the current Tiered system of service provision	June 2016	CCG/All Partners	<ul style="list-style-type: none"> • Liaise with regional CCGs to effect a timetabled programme of change • Use TP and emotional health & well-being strategy to inform changes required to current service model in North Tyneside • Undertake any engagement or consultation exercises as required 	No cost	

				<ul style="list-style-type: none"> • Undertake and implement change as required 		
1.5	Develop a Young Peoples Participation Strategy for Health & Wellbeing	January 2016	LA	<ul style="list-style-type: none"> • Strategy developed and agreed with Youth Council and Healthwatch • Evidence of implementation via updated report from children & young people on an annual basis • Evidence of children & young people input into Transformation Plan and Emotional Health & Well-Being Strategy via meeting notes • 	No cost	
1.6	Develop options for establishment of a 12-25 Youth Service in North Tyneside	Ongoing	CCG/NECS	<ul style="list-style-type: none"> • Research undertaken from other areas of the country where this has been implemented • baseline assessment of existing service configuration undertaken • optional appraisal undertaken • impact assessment undertaken • Review completed and decision made how to progress 	No cost	
1.7	Review transition arrangements between children and adult services	April 2017	NHCT/NTW/CCG/LA	<ul style="list-style-type: none"> • Task & finish review group established • Relevant NICE guidelines implemented 	No cost	
1.8	Review mental health workforce capacity in North Tyneside, linking with other CCGs and Specialised Commissioning where appropriate. Consider: capacity, training, skills, qualifications and experience as well as national and professional body requirements or Guidelines	April 2017	All partners	<ul style="list-style-type: none"> • Production of a workforce development plan 	No cost	

Prevention & Early Intervention & Coping						
No. 2	Purpose/Action	Timescale	Led By	KPIs	TP Funding	Progress
2.1	Increase support at the universal level within schools through regular consultative support with a support workers which will involve:	March 2016	LA/NHCT	Recruitment to 2 x wte skilled workers posts and Peer Worker (configuration to be determined and grade) Number of schools involved in the project	£100,000	

	<p>Planning and delivering multi-agency training to meet the specific needs of school communities</p> <p>Explore opportunities with young people and third sector providers to develop peer support</p> <p>Embedding training to develop a whole school ethos which is accepting and supportive of mental health needs</p> <p>Provision of appropriate direct intervention for children and young people in the community</p> <p>Offering targeted ADHD support and intervention in schools</p> <p>Improve support and intervention for LAC and CSE young people</p> <p>Evaluation and analysis of training and approaches/intervention being used in schools at the whole school, group and/or individual level</p>			<p>Number of other organisations involved</p> <p>Number of staff trained</p> <p>Qualitative survey of impact on referrals into CAMHS</p> <p>Number of children supported at an early intervention and prevention stage</p> <p>Qualitative survey of school satisfaction</p>		
2.2	<p>Work with Family Partners to increase the protective factors around children and young people within the family context partners and to focus on children and families experiencing mental health problems and who would benefit from a whole family approach</p>	March 2016	LA/ NHCT	<p>Improved mental health of parent/child as demonstrated by</p> <ul style="list-style-type: none"> - Engagement with treatment, where relevant and no re-referral within 6 months - Family demonstrated reduced social isolation by participation in an intervention programme for 8 weeks or more <p>Number of families each family partner has supported</p>	£50,000	

				<p>Family partners trained in mental health provision</p> <p>Feedback from families, colleagues and partners</p> <p>Objective indicators of improvement in families, relating to crime, work, school attendance, domestic violence, health problems, children needing early help</p>		
2.3	<p>Develop a Parenting Support Service for:</p> <ul style="list-style-type: none"> - parents of children who have a learning disability - parents who have a learning disability - Other agencies 	April 2016	NHCT/ LA	<p>Decrease the number of children referred to specialist services</p> <p>Better outcomes for children and families</p> <p>Positive impact on statutory services e.g. child protection teams</p>	Alternative Funding	
2.4	<p>Improve IT access for children and young people by:</p> <p>Updating the current website for the specialist CAMHS service, involving young people in this action</p> <p>Development of policies to communicate with young people via telephone, text, e-mail, Skype and other media</p> <p>Identification of IT champions within the specialist CAMHS service and Young People Participation Group to improve IT access and improve management of issues using IT facilities</p> <p>Ensuring the IT infrastructure for CYPS IAPT supporting mobile working is appropriate</p>	March 2016 – March 2019	All partners	<ul style="list-style-type: none"> • Web-site updated with input from children & young people • Communication policies developed • New communication methods trialled • New communication methods evaluated, including children & young people • New communication methods implemented • IT champions identified and involved in work • IT infrastructure for mobile working implemented and used 	£10,000	

2.5	Identification of perinatal mental health model of care in early years settings	Requires regional agreement	NHSE/ CCG	Review undertaken of existing model Research of models undertaken and benchmarked against existing model Options developed for new model Preferred option for new model implemented	Perinatal Funding (to be released)	
2.6	Review existing perinatal services on a regional basis and develop a long term plan for review of perinatal mental health services developed and agreed across partners, in line with national guidance and funding stream.	Requires regional agreement	NHSE/ CCG	Development of service specification Data gathering exercise is completed Development of unified pathway	Perinatal Funding (to be released)	

Getting Help						
No. 3	Purpose/Action	Timescale	Led By	KPIs	TP Funding	Progress
3.1	<p>Fulfill the requirements of being a member of the CYP IAPT programme and the North East, Yorkshire and Humberside Children and Young People's CYP IAPT Learning Collaborative</p> <p>Ensuring CAMHS staff undertake identified CYP IAPT training and appoint into IAPT capacity so the training offered is put into practice, establishing and maintaining the IAPT capacity</p> <p>Ensure involvement in the Learning Collaborative by attending meetings</p> <p>Gain feedback from children, young people and families to improve collaboration and participation. Identify</p>	December 2015	NHCT	<ul style="list-style-type: none"> National KPI data set 	<p>For 15/16: £61,000 set up costs £40,000 staffing costs</p> <p>£80,000 from 16/17 onwards</p>	

	<p>2 participation leads</p> <p>Develop a CYP IAPT steering group to involve parents</p> <p>Provide appropriate IT support for the CYP IAPT initiative in line with national reporting requirements</p> <p>Develop robust CAMHS IAPT governance process</p>					
3.2	Consider development of a self-referral process into the CAMHS service	March 2017	NHCT/ CCG	<p>Analyse potential case increase</p> <p>Analyse potential staffing structure to meet predicted demand</p> <p>Determine if self-referral system can be offered</p>	Alternative funding to be considered following analysis	
3.3	Consider reducing access times to the CAMHS service to 6 weeks	March 2017	NHCT/ CCG	<p>Analyse potential staffing structure to meet target referral to first treatment timescale</p> <p>Determine if reduction to 6 week referral to first treatment can be offered</p>	Alternative funding to be considered following analysis	
3.4	Improve the current pathway for LD prescribing to identify and treat children with ADHD in a community setting to be part of a holistic approach.	April 2017	NHCT/ CCG	<p>Review of existing pathway undertaken</p> <p>Review of existing resources undertaken</p> <p>Identification of options to maximise resources</p> <p>Implement new pathway</p>	No cost	
3.5	Improve management of children with autism in North Tyneside by reviewing existing pathways to identify any potential inefficiencies or duplication and will redesign those pathways , seeking opportunities to maximise existing resources.	April 2017	NHCT/ CCG	<p>Audit the pathway using NICE Guidelines undertaken</p> <p>Audit of Parent/Carer or Young Person's experience undertaken</p> <p>New pathway implemented</p>	No cost	
3.6	Improve access to personal health budgets for children and young people	April 2017	NECS/ CCG	<p>Analysis of current PHB uptake undertaken</p> <p>Uptake of PHB increases</p>	Personal Health Budgets	

	and their families by continuing to roll out the existing programme and identification of other priority groups.					
3.7	We will improve awareness raising of CAMHS issues amongst GPs to ensure that referrals to CAMHS services are appropriate.	May 2016	CCG	All Practices will receive updated CAMHS access criteria GP awareness session of CAMHS will be held, evidenced by membership list of attendees Evidence based toolkit is circulated for GP s to use when managing children & young people with mental health needs	No cost	

Getting More Help						
No. 4	Purpose/Action	Timescale	Led By	KPIs	TP Funding	Progress
4.1	Extend CAMHS specialist clinic hours and provide specialist CAMHS services in community venues Improve access for LAC and CSE young people by increased flexibility of access criteria and increase outreach work	October 2016	NHCT	Extended clinic hours are offered Extended clinic hours are advertised Monitor take up of clinics Increase in consultation with LAC and CSE Number of direct contacts	£59,000 (15/16) £20,000 (from 16/17)	
4.2	Development of specialist attachment therapy in the specialist CAMHS service and explore opportunities to develop other specialist services & clinics to ensure access for children and young people in North Tyneside to appropriate treatment levels	April 2017	NHCT/ CCG	Review completed Decision made whether and how to develop this provision	No cost	
4.3	Develop a Positive Behaviour Support Service to maintain children with	April 2017	NHCT	Reduction in number of children with learning disabilities requiring hospital admissions	No cost	

	challenging behaviour and/or complex needs within North Tyneside			Reduction in number of out of borough placements Increase in number of children remaining at home and transitioning to ISLs safely		
4.4	Review the Intensive Community Treatment Service	March 2016	CCG/ NECS	Review process & remit developed and agreed Review process undertaken Recommendations considered Options developed Options implemented	No cost	
4.5	Review the existing Eating Disorder Intensive Community Treatment Service and develop an integrated eating disorders community based service across Northumberland, North Tyneside, Newcastle/Gateshead CCGs along with NHSE, Specialised Commissioning, in line with NICE Guidelines	October 2016	NT CCG/ NLAN CCG/ NCLE- GHEAD CCG/ NHSE	Review undertaken Option Appraisal completed Integrated service(s) commissioned and funded	£67,000 (funded from Eating Disorder monies 2015/16)	
4.6	Strengthen links between regional EDICT and North Tyneside CAMHS services and provide direct intervention for children & young people with eating disorders via the CAMHS service. Interim measure pending outcome of options appraisal described above	February 2016	NHCT	Employment of dedicated CAMHS clinical staff to offer direct support to North Tyneside CAMHS referrals, working with the EDICT team Development of revised, improved pathway between CAMHS and EDICT services for CAMHS referrals and young people with and LD and eating disorder Review prior to Oct 2016 and determine how to incorporate with Action above	£60,000 (funded from Eating Disorder monies 2015/16)	
4.7	Work with EIP provider to ensure compliance to access waiting times by April 2016	April 2016	CCG/N ECS/ NTW	Access waiting time targets are met by April 2016	No cost	
4.8	Review the EIP service in light of the Final Technical Guidance to be issued	April 2016	CCG/ NECS/ NTW	Technical Guidance is reviewed Gaps identified and action plan developed and implemented	No cost	
4.9	Consider re-commissioning the psychiatry services for people with learning disabilities following a review	March 2016	CCG/ NECS	Data analysis available Pathway reviewed and outcomes determined Plan to re-commission developed and	No cost	


	of the pathway and analysis of current caseload			implemented		
4.10	Develop a clinical pathway for identification and treatment of young people who offend that have a learning disability	October 2016	NHCT /YOT	Service developed People will be seen within agreed timeframe 10 weeks, measuring percentage compliance	Alternative funding	

Getting Risk Support						
No. 5	Purpose/Action	Timescale	Led By	KPIs	TP Funding	Progress
5.1	Develop a multi-agency model of crisis intervention across agencies	April 2017	All partners	Multi-agency model agreed and implemented	No cost	
5.2	Map existing crisis provision and develop solutions and options via evidence based models and working within existing resources.	October 2016	All partners	Development of business case and options with evidenced KPIs Evidence of involvement of children & young people in this work	No cost	
5.3	Work with NHSE, Specialised Commissioning, to review bed usage for inpatients. Develop & implement a strategy on in-patient bed usage in line with national requirements	April 2017	NHSE	Bed usage monitoring analysis undertaken Plan developed on bed usage programme in line with national requirements Plan implemented	Funded from existing resources	
5.4	Work in partnership with public health to meet the needs of emerging groups including children & young people with transgender issues, including development of a potential community pathway	January 2017	LA/ CCG/ NTW/ NHCT	<ul style="list-style-type: none"> • Ensure regular agenda item on Implementation Group to address issues • Agree actions and how they will be implemented • Update Transformation Action Plan as required 	No cost	
5.5	Full regional analysis of eating disorder in-patient capacity and impact on community based provision to be undertaken with Specialised	March 2016	NHSE/ CCG	Analysis undertaken Impact assessment undertaken Inpatient services commissioned according to outcomes	No cost	

	Commissioning.			Capacity released identified and plan developed to direct released resources in line with national guidelines		
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SIGNATURES

NHS NORTH TYNESIDE CCG



Maurya Cushlow
Accountable Officer
NHS North Tyneside CCG

SPECIALISED COMMISSIONING

We have received confirmation that a representative from the Specialised Commissioning Team will sign off Plans as part of the Assurance process.

NORTH TYNESIDE HEALTH & WELLBEING BOARD

The date of the next Health & Wellbeing Board in North Tyneside is 29th October. Councillor Lesley Spillard has agreed the Plan and will formally present the Plan for sign off by the Board at that meeting.

Appendix 1

Service Short Name	Trust Description	Values 13/14 Price (£)	13/14 Activity	14/15 Price (£)	14/15 Activity	15/16 Price (£)	15/16 Activity	Notes
N'bra FT Comm CAMHS	Northumbria Acute	1,596,749	-	1,609,007	-	1,583,263	-	Activity to be identified
N'bra FT Comm CAMHS	Northumbria Non Acute	261,950	-					
EIP	NTW	500,769	1,816	608,734	2,792	582,814	4,152	
Eating Disorders (Incl EDICT)	NIWE	6,549	-	6,432	-	6,432	-	
Eating Disorders (Incl EDICT)	NTW	245,931	-	278,485	316	457,521	318	
ICTS	NTW	290,006	-	-	341	443,431	714	
CYPS	NORTH TYNESIDE COUNCIL	33,000	-					
CYPS	NTW	33,314	1,498	-	1,022	104,612	864	15/16 renamed U10's LAC
CAMHS Tier 4 Looked After Children	NTW Northumbria Non Acute	51,106	-	326,836	-	81,304	-	
Looked After Children	NTW	93,930	-	103,301	-			15/16 included in NTW CYPS
Forensics	NTW	51,647	6	58,206	5	74,528	9	
CHC		45,931	-	291,232	-	413,232	-	
Non NHS	ACORNS	29,711	-	29,176	-	17,049	-	
Non NHS	BARNARDO'S	33,767	-	33,159	-	33,373	-	
Other		53	-	73	8	-	42	
		3,274,412	3,320	3,394,827	4,484	3,797,559	6,099	