



Children & Young People's Mental Health and Wellbeing

*South Tees Transformation Plan
2015- 2020
(2016 Refresh)*

*Version 4
October 2016*

Children & Young People’s Mental Health and Wellbeing South Tees Transformation Plan

Contents

1	Introduction.....	3
2	What is the Children and Young People’s Mental Health and Wellbeing Transformation Plan?3	
3	National Policy Context	4
4	Local Policy Context.....	6
5	Children and Young People’s Mental Health; National Profile of Need.....	6
6	Children and Young People’s Mental Health; Local Profile of Need	7
7	What Children and Young People have told us	10
8	Commissioned Services.....	11
9	Baseline access, waiting time, workforce and in-patient data.....	13
10	Children and Young Peoples Improving Access to Psychological Therapies (IAPT) Programme status.....	16
11	Analysis of Need, Gaps and Issues.....	17
12	Our Vision.....	20
13	Shared Values and Principles.....	20
14	How are we going to achieve our vision?.....	21
15	Engagement and Partnership.....	23
16	National Evidence of Effective Interventions	23
17	Strategic Clinical Network	24
18	Towards a Model of Transformation	24
19	Achieving Parity of Esteem between Mental Health and Physical Health	24
20	Our Initial Priorities.....	25
21	Collaborative Commissioning	30
22	Investment.....	31
23	Governance.....	33
24	Performance.....	34
25	Equity and Health and Inequalities	35
26	Executive Action Plan	35
Appendix 1	Stakeholder Consultation	36
Appendix 2	Outline Communication Strategy	37
Appendix 3	Executive Action Plan 2015/16-2016/17.....	48
	Footnotes.....	62

Children & Young People's Mental Health and Wellbeing South Tees Transformation Plan

1 Introduction

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

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

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

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

- 2.4 This plan has been developed by a multi-agency group and builds the Teesside CAMHS work. Stakeholders consulted in the development of the plan are listed in Appendix 1.
- 2.5 The plan has been informed by health needs assessment within each local authority area.

3 National Policy Context

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

² No Health without Mental Health (2011) HM Government

- v. Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible. For example no young person under the age of 18 being detained in a police cell as a 'place of safety'.
- vi. Improving support for parents to make the bonding between parent and child as strong as possible to avoid problems with mental health and behaviour later on.
- vii. A better kind of service for the most needy children and young people, including those who have been sexually abused and/or exploited making sure they get specialist mental health support if they need it.
- viii. More openness and responsibility, making public numbers on waiting times, results and value for money.
- ix. A national survey for children and young people's mental health and wellbeing that is repeated every five years.
- x. Professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those who need it.

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

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

3.7 The report further sets out of 49 recommendations that, if implemented, would facilitate greater access and standards for Children and Adolescent Mental Health Services (CAMHS), promote positive mental health and wellbeing for children and young people, greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.

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

3.9 *Future in Mind* also makes reference to the Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT). This is a service transformation programme delivered by NHS England that aims to improve existing Child and Adolescent Mental Health Services (CAMHS) working in the community⁴. The programme works to transform services provided by the NHS and partners from Local Authority and Third Sector that together form local area CAMHS Partnerships. It is different to Adult IAPT as it does not create standalone services. The programme

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

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

began in 2011 and has a target to work with CAMH services that cover 60% of the 0-19 population by March 2015.

4 Local Policy Context

- 4.1 This transformation plan contributes to the delivery of local priorities detailed within Joint Health and Wellbeing Strategies.
- 4.2 The Middlesbrough Joint Health and Wellbeing Strategy aims to ensure children and young people have the best health and wellbeing. Specific priorities include: early help with focus on the family; supporting emotional health and wellbeing of young people and their family; and improving maternal health and early years health and wellbeing outcomes.
- 4.3 A key priority in the Redcar and Cleveland Joint Health and Wellbeing Strategy is to ensure children and young people to have the best start in life. This includes children, young people and families being supported through integrated prevention and early intervention programmes, and improving maternal and early years' health and wellbeing.
- 4.4 The transformation plan also aligned with the NHS South Tees Clinical Commissioning Groups Clear and Credible Plan 2012-17, which acknowledges the need to focus on children and young people, particularly those in vulnerable groups (children in care, care leavers, children with special needs) and developing commissioning intentions.
- 4.5 Delivery of this plan will also support the Clinical Commissioning Groups Mental Health Strategy 2015/20, and will align with the developing Joint Strategy for Autism Spectrum Disorders.

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

- 5.1 Mental health problems cause distress to individuals and all those who care for them. Mental health problems in children are associated with underachievement in education, bullying, family disruption, disability, offending and anti-social behaviour, placing demands on the family, social and health services, schools and the youth justice system. Untreated mental health problems create distress not only in the children and young people, but also for their families and carers, and the wider community, continuing into adult life and affecting the next generation.
- 5.2 Information in key policy documents suggests:
 - 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder;
 - Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm;

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

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

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

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

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

6.2 Tabled below is the 0 to 19 years population for both Middlesbrough and Redcar and Cleveland.

	Male population aged 0-4 years (2014)	Male population aged 5-9 years (2014)	Male population aged 10-14 years (2014)	Male population aged 15-19 years (2014)
Middlesbrough	5,083	4,485	3,972	4,654
Redcar and Cleveland	4,079	3,953	3,626	4,139

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

⁶ National Child and Maternal Health Intelligence Network (2015)

	Female population aged 0-4 years (2014)	Female population aged 5-9 years (2014)	Female population aged 10-14 years (2014)	Female population aged 15-19 years (2014)
Middlesbrough	4,834	4,415	3,900	4,483
Redcar and Cleveland	3,838	3,607	3,419	3,829

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

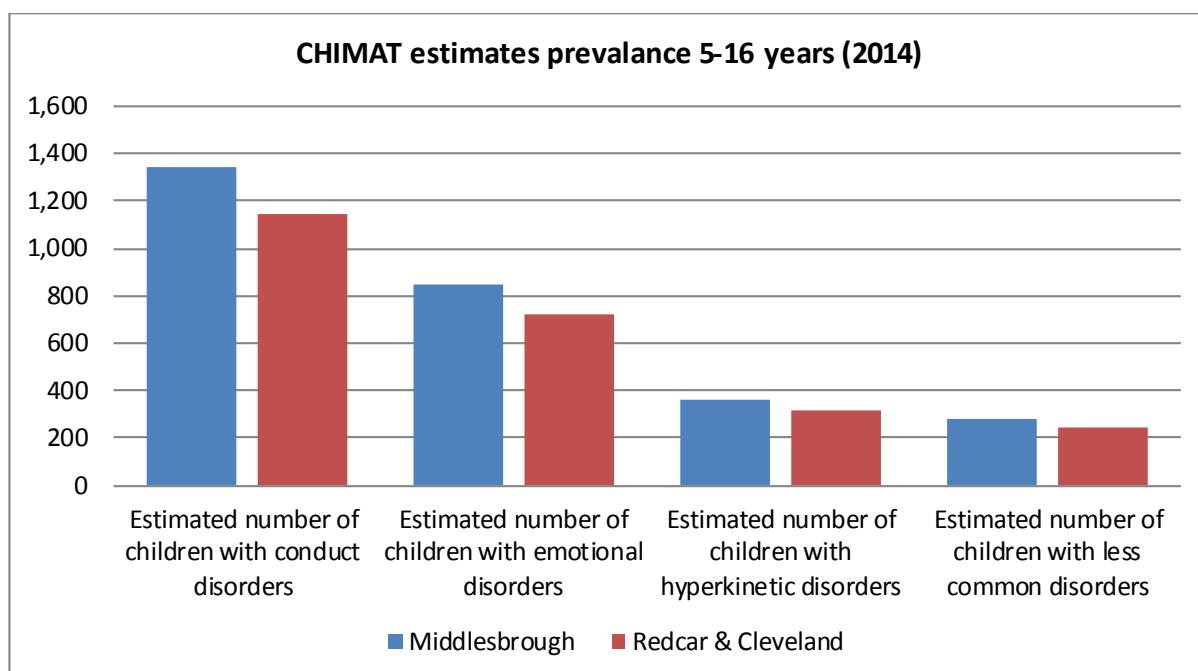
- 6.3 CHIMAT estimate that within Middlesbrough there were 2,150 children and young people of school age who had a mental health condition during 2014; in Redcar and Cleveland this figure is 1,850. The table below shows estimated number of children with a mental health disorder by group between ages of 5 and 10 year and 11 to 16 years old during 2014.

	Estimated number of children aged 5-10 years with mental health disorder	Estimated number of children aged 11-16 years with mental health disorder	Total
Middlesbrough	925	1,230	2,150
Redcar and Cleveland	755	1,100	1,850

Source: Local authority mid-year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (March 2016).
Green, H. et al (2004).

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

⁷ National Child and Maternal Health Intelligence Network (2015)



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

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

<i>Middlesbrough</i>	<i>Redcar & Cleveland</i>
• 37.0% in poverty	• 29.0% in poverty
• 61.1% in Thorntree	• 62.6% in Grangetown
• 8.8% in Nunthorpe	• 10.0% in West Dyke

6.7 Key messages from the Children and Young Peoples Mental Health and Wellbeing Profiles (2014) for both localities include:

- Self-harm hospital admissions for self-harm (rate per 100,000 aged 10-24) are above the England average;
- Entry into youth justice system (rate per 1,000 aged 10-18) for both areas is 27.2; this being the highest in England;
- The Looked after Children rate (per 100,000) is 114 in Middlesbrough and 63 for Redcar and Cleveland. The average for England is 60.

6.8 Data from Public Health England 2013/14 indicated there were 355 Looked after Children in Middlesbrough and 175 in Redcar and Cleveland, in March 2016 this number has risen to 199. The proportion of Looked after Children in secure units,

children's homes and hostels was greater in Middlesbrough to that in Redcar and Cleveland (15.49% and 11.43% respectively).

6.9 In Teesside, about 2,000 young people aged 16-18 years are estimated to be not in education, employment or training (NEET). All Teesside local authorities have rates above the England average.

7 What Children and Young People have told us

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

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

7.2 A recent local survey (April 2015) with children and young people aged 8-24 years around emotional health and wellbeing helped to shape South Tees Clinical Commissioning Group's priorities including;

- Offer young people emotional and mental health services we know will help them, this work has been carried forward through the Headstart Programme;
- A new drug and alcohol, service for children and young people has been commissioned by the Local Authority to reduce the number of children and young people who use drug and alcohol;

- Young people who get help from children's mental health services will be helped by adult mental health services so they can continue to receive the help they need. This work is supported through the Headstart workstream.
- Support pregnant women and new parents so they can give their baby the best start in life;
- Ensure those with complicated needs including mental health are given access to funding to support their needs through personal health budgets.

7.3 Examples for feedback gathered as part of the survey included;

- Make it (Mental Health) less a taboo subject and raise more awareness of the support and help available;
- Provide more services to help support individuals and guide them in the right direction;
- There is a need for more counsellors;
- More staff are needed to stop waiting lists and get people seen.

7.4 As part of the Middlesbrough HeadStart Lottery Bid, engagement with young people in Middlesbrough has highlighted;

- Young people don't want to be judged - they need to be sure that any person they seek support from inspire trust;
- Young people want services and support delivered at a time and in a location which is suited to them. This includes within the home, school and community;
- Peer support was seen as very important;
- Adaptation to young people's environments was high on the agenda. For example more provision within school to chill out;
- Young people want to be involved in co-production of services and have choice over interventions;
- In terms of specific issues contributing to emotional stress, the pressure of school (transition and meeting targets), peers and social media were cited.

8 Commissioned Services

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

Universal (Tier 1)	<ul style="list-style-type: none"> ➤ Midwifery ➤ Health Visiting ➤ Children's Services ➤ School Nursing ➤ Some Voluntary Services
Targeted (Tier 2)	<ul style="list-style-type: none"> ➤ REACH Partnership delivery in schools in Middlesbrough (funded via HeadStart and Middlesbrough Achievement Partnership) ➤ Core Assets (therapeutic service for young people affected by domestic abuse, specific to Redcar and Cleveland) ➤ Emotional Health and Wellbeing framework (specific to Redcar and Cleveland)
Specialist – community (Tier 3)	<ul style="list-style-type: none"> ➤ CAMHS and Learning Disability – Community Services ➤ CAMHS – Crisis and Liaison ➤ CAMHS – Community Forensics ➤ CAMHS – Community Eating Disorder Service ➤ CAMHS – Looked After Children ➤ Learning Disability Challenging Behaviour ➤ Intermediate Care/Respite ➤ Early Intervention in Psychosis (NB age range 14-35) ➤ Bridgeway (supports children and young people aged between 3-18 years affected by sexual abuse or who display harmful sexual behaviours specific to Redcar and Cleveland) ➤ CAMHS - Secure Children's Homes ➤ Diversion and Liaison
Specialised service (Tier 4)	<ul style="list-style-type: none"> ➤ Assessment and Treatment – Mental Health inpatient ➤ Assessment and Treatment – Learning Disability inpatient ➤ Eating disorders in-patient ➤ Psychiatric intensive care units ➤ Medium Secure (Mental health and Learning Disability) ➤ Low Secure (Mental health and Learning Disability) ➤ Complex Neuro-developmental Service ➤ National Deaf CAMHS

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

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

- 8.4 Urgent and Emergency Care Vanguard Sites; South Tees Clinical Commissioning Group is part of a regional Urgent and Emergency Care Network Vanguard. Vanguard Sites have committed to incorporate Mental Health Crisis as part of their work and will be testing and evaluating all-age models of liaison mental health. These models and development will be covered by a “central oversight” support team.

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

- 9.1 There is one main NHS provider for children and young people in South Tees. Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust provide CAMHS and Eating Disorder Services.
- 9.2 In the spirit of transparency, baseline data to inform this plan have been provided, as detailed below;

Child and Adolescent Mental Health Service (CAMHS) Community Team data South Tees CCG

Referrals

	2013/14	2014/15	2015/16	Apr – Sept 2016
Total referrals	2,041	2,030	3,369	1,594
Accepted referrals	1,876	1,731	2,869	1,298
Non-accepted (re-directed)	165 (8%)	299 (15%)	500 (14%)	269 (16%)

Waiting times

	2014/15 position	2015/16 position	Target
Percentage of patients who attended a first appointment within 9 weeks of external referral - Children and Young People Services	93.41%	98.73%	90%

Direct Contacts

	2015/16	Apr – Sept 2016
Number of face-to-face (direct) contacts	12,434	7,793

Workforce (CAMHS Community and Targeted Team)

	Staff – whole time equivalent (wte)
Clinical Staff	
Consultant	5.7
Band 8c – Psychologist	1.0
Band 8a – Psychologist	2.91
Band 7 – Occupational Therapist	1.0
Band 7 – Qualified Nurse / Nurse Manager	10.75

Band 6 – Qualified Nurse	10.82
Band 4 – Unqualified Nurse	0.70
Band 4 – Psychologist	5.0
Band 3 – Unqualified Nurse	1.0
Total Clinical Staff	38.88
Administrative Staff	
Band 8a – Senior Manager	1.0
Band 4 – Admin and Clerical	2.76
Band 3 – Admin and Clerical	7.63
Band 2 – Admin and Clerical	2.10
Total Administrative Staff	13.49
Total Workforce	52.37

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

Referrals

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

Tees-wide Community Eating Disorder Service - Waiting times

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

Workforce (Tees-wide Community Eating Disorder Service)

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

Direct Contacts (Tees-wide Community Eating Disorder Service)

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

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

Workforce (Tees-wide Crisis and Liaison Service)

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

Direct Contacts (Tees-wide Crisis and Liaison Service)

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

Specialised Services – In-patient data for South Tees CCG

Occupied bed days for CAMHS Tier 4 Beds Only

	2013/14	2014/15	2015/16	2016/17 Apr – Sept
Total occupied bed days	2469	2650	2746	659
Number of Admissions	23	19	43	8

Occupied bed days by service area for 2015-16 and April to October 2016

Service	2015/16	Apr – Oct 2016
Tier 4 CAMHS	1488	371
Complex Learning Difficulty	560	38
Eating Disorder	455	326
Low Secure	572	215
Medium Secure	161	0
Paediatric Intensive Care Unit (PICU)	134	0
Total	3370	950

10 Children and Young Peoples Improving Access to Psychological Therapies (IAPT) Programme status

- 10.1 The national service transformation programme delivered by NHS England aims to improve existing Children and Adolescent Mental Health Services (CAMHS) working in the community, involving the NHS and partners from the local authority and voluntary and community sector that together form local area CAMHS Partnerships.
- 10.2 There has been local involvement with the Children and Young People's Improving Access to Psychological Therapies Programme (CYP IAPT) as part of the North East Learning Collaborative.
- 10.3 The map below indicates timelines for Middlesbrough and Redcar and Cleveland, both sitting in the geography of South Tees Clinical Commissioning Group.



- 10.4 As part of the programme Routine Outcome Monitoring is being rolled out to Children and Adolescent Mental Health Service (CAMHS) teams to help improve the quality and experience of services for children and young people. More information is available at www.cypiapt.org

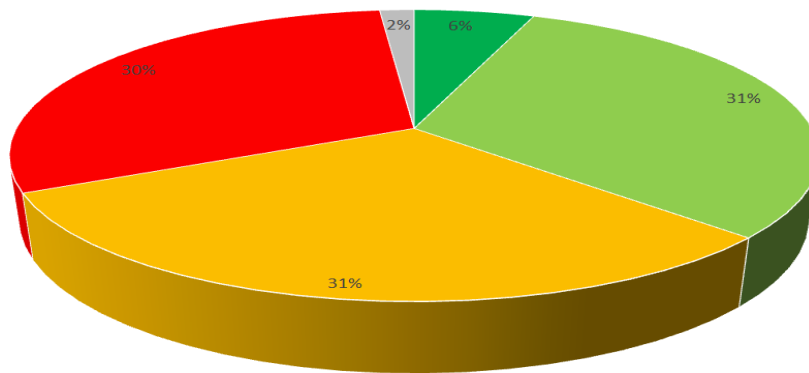
11 Analysis of Need, Gaps and Issues

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

11.2 The graphs below will summarise the current local position;

Readiness Status (percentage of recommendations)

- 1. Fully Implemented
- 2. Partially Implemented
- 3. Changes Agreed but Not Started
- 4. Not Ready/ Anticipate Some Barriers to Change



Readiness by Theme



- 1. Fully Implemented
- 2. Partially Implemented
- 3. Changes Agreed but Not Started
- 4. Not Ready/ Anticipate Some Barriers to Change
- 5. Not At All Ready/ Anticipate Significant Barriers to Change
- 6. Still to Populate

11.3 Within the Self-assessment against the 49 recommendations within *Future in Mind* the following areas have been identified as “Not Ready”;

Recommendation Number and Details	
11.	Extending use of peer support networks for young people and parents based on comprehensive evaluation of what works, when and how.
18.	Enabling clear and safe access to high quality information and online support for children, young people and parents/carers, for example through a national, branded web-based portal.
21.	Commissioners and providers across education, health, social care and youth justice sectors working together to develop appropriate and bespoke care pathways that incorporate models of effective, evidence-based interventions for vulnerable children and young people, ensuring that those with protected characteristics such as learning disabilities are not turned away.
22.	Making multi-agency teams available with flexible acceptance criteria for referrals concerning vulnerable children and young people. These should not be based only on clinical diagnosis, but on the presenting needs of the child or young person and the level of professional or family concern.
27.	Improving the skills of staff working with children and young people with mental health problems by working with the professional bodies, NHS England, PHE and HEE, to ensure that staff are more aware of the impact that trauma has on mental health and on the wider use of appropriate evidence-based interventions.
30.	Having lead commissioning arrangements in every area for children and young people’s mental health and wellbeing services with aligned or pooled budgets by developing a single integrated plan for child mental health services in each area, supported by a strong Joint Strategic Needs Assessment.
32.	By co-commissioning community mental health and inpatient care between local areas and NHS England to ensure smooth care pathways to prevent inappropriate admission and facilitate safe and timely discharge.
34.	By Ofsted and CQC working together to consider how to monitor the implementation of the proposals from this report in the future.
41.	Implementing the recommendations of the Carter Review of Initial Teacher Training (ITT) to commission a sector body to produce a framework of core content for ITT which would include child and adolescent development.
42.	By continuing investment in commissioning capability and development through the national mental health commissioning capability development programme.

11.4 We can identify examples of positive progress and investment in the South Tees area. In recent years we have already seen the following;

- Delivery of the BOND (Better Outcomes, New Delivery) programme, funded by the Department for Education to build capacity in schools to commission emotional health and well-being services from the voluntary and community sector. This resulted in schools developing a shared needs assessment based on a school survey;
- Stage 2 development of the HeadStart Lottery-funded programme, building on the work of BOND to improve the emotional resilience offer for 10-14 year olds in Middlesbrough through interventions in school, the community, at home and through digital media;

- Development in Redcar and Cleveland of a common framework for the procurement of counselling and emotional wellbeing interventions in schools;
- Embedding of specialist CAMHS workers in Looked after Children services;
- Implementation in 2015 of a South Tees specialist community perinatal mental health service;
- Launch of a CAMHS Crisis and Liaison Service.

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

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

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

The outputs of this work will include:

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

These outputs should enable the following outcomes:

- Full clinical pathway consideration for all children and young people who have received services delivered via NHS England Health and Justice directly commissioned provision.

- Children and young people who have been in contact with NHS England Health and Justice directly commissioned services will be better linked to mainstream services in the community, in the future.
- Parity of benefits from Children and Adolescent Mental Health Services Transformation for this cohort of children and young people.

12 Our Vision

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

12.2 This definition supports our overarching vision:

Our vision is to transform provisions of support for children and young people’s mental health services into a system without tiers. Rather than being exclusively on the caseload of ‘one’ team, different types of therapy and support will be provided flexibly according to the needs and preferences of the child or young person and their family or carers. This change will be subject to consultation with children and young people to ensure that the nationally direction in Future in Mind fits with local priorities.

We will also investigate changes to the contract with the main provider specialist services to reduce transitional boundaries, such as allowing young people to remain in services past the age of 18 where appropriate.

‘Children and Young People across South Tees will be supported to reach their potential and when faced with difficulties will have access to quality evidence based services’.

13 Shared Values and Principles

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

- Children, young people, their family/carers will be involved in future design of services;
- Building of capacity across the system to deliver evidence-based outcomes and focussed pathways is needed;
- Resilience will be built across the whole system;
- Resources should to be re-focused towards prevention and earlier intervention (whilst including consideration of, and adequate provision for, children and young

people with identified mental health problems that require access currently to specialist mental health services);

- Reducing unmet need and increasing choice of, and access to, services for targeted and high risk groups;
- High quality, cost effective services, based in community settings (except for highly specialist clinical provision) and offering flexible provision to a wide range of needs and to the broad diversity of the population;
- Clear service pathways between and within services will be developed in partnership and be communicated widely;
- Services will adopt holistic, family centred approaches including the active participation of children and young people in developing solutions to their own needs, and in decisions around service planning and development;
- Support for parents and carers from pre-birth onwards to better support their child's emotional development in the early years of life will be prioritised within family and adult services;
- Vulnerable groups, such as Looked After Children, neuro-behavioural issues, learning disability or victims of abuse, will have access the support they need;
- '*No door is the wrong door*'; and aspire towards '*one child, one assessment, one plan*'.

14 How are we going to achieve our vision?

14.1 The South Tees Transformation Plan has been developed to bring about a clear coordinated change across to the whole system pathway to enable better support for children and young people; realising the local vision.

14.2 A *whole system* approach to improvement has been adopted. This means health organisations, local councils, schools, youth justice and the voluntary sector working together with children, young people and their families.

14.3 Fundamental to the plan, is partnership working and aligned commissioning processes, to foster integrated and timely services from prevention through to intensive specialist care. Also through investing in prevention and intervening early in problems before they become harder and more costly to address.

14.4 The initial plan is based on *Future in Mind* and organised according to its five themes. The five themes and the aim of each theme (also from *Future in Mind*) are listed below.

Resilience, prevention and early intervention

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

Improving access to effective support

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

Caring for the most vulnerable

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

To be accountable and transparent

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

Developing the workforce

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

14.5 In keeping with the above within *Future in Mind*, locally we want to;

- Promote good mental health, build resilience and identify and address emerging mental health problems as soon as possible
- Ensure children, young people and families have timely access to evidence based support and treatment when in need
- Improve the experience and outcomes for the most vulnerable and disadvantaged children, ensuring they are adequately supported at key transition points

- Work in partnership to develop multi-agency pathways underpinned by quality performance standards, which are reported in a transparent way.
- Implement robust governance structures to oversee this transformation process that incorporate the voice of the child, family and community
- Continue to train and develop our local workforce to ensure we have staff with the right mix of knowledge, skills and competencies to respond to needs of children and young people and their families.

15 Engagement and Partnership

15.1 A communication and engagement strategy is being developed to support implementation of this plan, which will include children and young people. An outline summary is detailed in Appendix 2.

14.6 A *whole system* approach will be needed to achieve the best outcomes in an efficient and sustainable way. This means health organisations, local councils, schools, youth justice and the voluntary sector working together with children, young people and their families.

16 National Evidence of Effective Interventions

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

16.2 The National Institute for Health and Clinical Excellence (NICE) has produced a number of detailed clinical guidelines to guide intervention in mental health problems occurring in children and young people.

16.3 Importantly, both the model of interventions used (e.g. CBT, medication, family therapy) and the way the clinician works in collaboration with a family or young person (the therapeutic or working alliance) can have a significant effect on clinical outcomes. Thus services need to be commissioned and designed in such a way that allows full provision of evidence-based interventions as well as facilitating the development of good therapeutic relationships⁸.

16.4 Any changes implemented as part of this transformation plan will be planned and commissioned as integrated, multi-agency services with care pathways that enable the delivery of effective, accessible, holistic evidence-based care, underpinned by the principles of Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) Programme promoting evidence based practice with services rigorously focused on delivering outcomes for our children, young people and families.

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

17 Strategic Clinical Network

- 17.1 The Strategic Clinical Network will focus on priority service areas to bring about improvement in the quality and equity of care and outcomes of their population, both now and in the future.
- 17.2 As an example, the Strategic Clinical Network Perinatal Mental Health Working Group, supported by the Maternity Clinical Advisory Group, has been established to develop guidance for health professionals with regard to promoting women's mental health and wellbeing during the perinatal period. This working group has developed a service specification and aims to gather simplistic data which will identify further need.
- 17.3 The Clinical Commissioning Groups will take the opportunity to link into the Strategic Clinical Network Perinatal Mental Health Working Group for guidance to develop services to provide seamless support, to ensure women receive co-ordinated and continuous care.

18 Towards a Model of Transformation

- 18.1 In line with the principles within *Future in Mind*, the South Tees Children and Young Peoples Mental Health and Wellbeing Transformation Plan support the principle of developing a system to work for children, young people and their families. This means placing the children and their family 'at the centre' of what we do; regardless of the current tiered service model.
- 18.2 Echoing what young people have told us, any re-design will be co-produced with children, young people and families, as well as stakeholders. We will also build on previous partnership working between the statutory and voluntary sector and mental health services to support the transformation process.

19 Achieving Parity of Esteem between Mental Health and Physical Health

- 19.1 Parity of esteem is the principle by which mental health must be given equal priority to physical health⁹. It was enshrined in law by the Health and Social Care Act 2012.
- 19.2 In our society mental health does not receive the same attention as physical health. People with mental health problems frequently experience stigma and discrimination, not only in the wider community but also from services. This is exemplified in part by lower treatment rates for mental health conditions and an underfunding of mental healthcare relative to the scale and impact of mental health problems.
- 19.3 This plan contributes to the NHS ambition to put mental health on a par with physical health, in the following ways:

⁹ Achieving Parity of Esteem between Mental Health & Physical Health

- Access to services - Appropriate waiting times must be established so that children and young people with mental health problems know the maximum waiting time for treatment as individuals with physical health problems do.
- Parity of treatments - Many psychological therapies are National Institute for Health and Clinical Excellence (NICE) approved and recommended but the NHS Constitution does not entitle people to them in the same way we are entitled to National Institute for Health and Clinical Excellence (NICE) approved drugs.
- Access to crisis care - Children and young people using mental health services have 24/7 access to a crisis support.

20 Our Initial Priorities

20.1 As this is a five-year plan, a phased approach is to be adopted, with priorities being re-visited on an annual basis, and will be informed by feedback from children and young people and their parents/carers and latest policy guidance.

20.2 At the core of this plan is building capacity and capability across the system so that we make measurable progress towards closing the health and wellbeing gap and securing sustainable improvements in children and young people's mental health outcomes by 2020.

20.3 Overall priorities within the first phase of the plan are included in table below. It should be noted that some priorities will be specific to a locality area rather than South Tees wide.

Identified local priority	What will success look like	CCG actions	Middlesbrough actions	Redcar and Cleveland actions
Promoting resilience, prevention and early intervention				
Promote good mental health, build resilience and identify and address emerging mental health problems as soon as possible				
Improve access to perinatal mental health care	<ul style="list-style-type: none"> • Access to newly commissioned Community Perinatal Mental Health Service • Recognition and intervention to prevent deterioration of mental health • Improved outcomes for the women and their family • Reduced need for specialist inpatient treatment which is provided in Morpeth 	<ul style="list-style-type: none"> • An application has been submitted to NHSE for additional resources to enhance current service provision. 		

Identified local priority	What will success look like	CCG actions	Middlesbrough actions	Redcar and Cleveland actions
Attachment work to enhance bond between parent and child, avoid early trauma and help build resilience and improve behaviour	<ul style="list-style-type: none"> • Increase in the number of professionals trained • Increase in the numbers of parents referred into emotional health support services e.g. IAPT 	<ul style="list-style-type: none"> • The programme of work in respect of IAPT has been rolled forward to 16/17 and will be evaluated for its effectiveness. 	<ul style="list-style-type: none"> • Implementing Early Words Together programme for children and parents (M2) • Training of frontline staff in attachment and attunement (M2) 	<ul style="list-style-type: none"> • Commissioning of attachment and attunement training from the Wave Trust (RC1)
Support the 0-19 age range in relation to system change, service redesign and developing integrated multi agency pathway	<ul style="list-style-type: none"> • Services are accessible and delivered in a timely manner • Children and young people are satisfied with services 	<ul style="list-style-type: none"> • Multi-agency commitment to system change aiming for greater prevention in multi-agency pathway 	<ul style="list-style-type: none"> • Further development of Headstart early intervention and resilience to integrate with Tier 3 provision and schools (M1/M6) • Support the development of Voluntary Community Sector (VCS) capacity to introduce a local model of preventative support (M5) • Explore the development of a pre-school Headstart offer for 0-3 year olds that creates a seamless offer for parents, babies and infants in PVI nurseries (M7) • Explore development of 16-19 resilience offer (M8) 	

Identified local priority	What will success look like	CCG actions	Middlesbrough actions	Redcar and Cleveland actions
Develop points of access where children and young people and families can access appropriate support inclusive of peer support, information and guidance	<ul style="list-style-type: none"> • Services designed through co- production with children and young people and families • More children and young people will have access to peer support • 		<ul style="list-style-type: none"> • Enhancement of local peer support model (M3) 	<ul style="list-style-type: none"> • Peer support mapping and development (RC2)
Improve access to bereavement care for children and young people	<ul style="list-style-type: none"> • More children and young people who have been bereaved will have access to timely support • Children and young people are able to cope 		<ul style="list-style-type: none"> • Specialist 0-5 bereavement service funded to support children in understanding grief, coping skills, giving opportunities to remember, and helping family and carers to support the child. Service will work across Teesside (M4) 	
Improving access to effective support – a system without tiers Ensure children, young people and families have timely access to evidence based support and treatment when in need				
Implement access and waiting time standards for children and young people with eating disorders	<ul style="list-style-type: none"> • More children and young people will access to the Community Eating Disorder Service • Implementation of waiting time standards • Reduced potential for in-patient admission 	<ul style="list-style-type: none"> • Additional funding has been made available to community services to enhance the current service offer 		
Ensure access to mental health crisis support and intervention, in line with principles within the Crisis Care Concordat	<ul style="list-style-type: none"> • The most vulnerable young people are supported and receive emergency intervention when required • Comprehensive assessment for children and young people in crisis within 4 hours of referral • Young people receive community based support as close to home as possible 	<ul style="list-style-type: none"> • A review to be undertaken to evaluate its effectiveness alongside Intensive home treatment pilot 		

Identified local priority	What will success look like	CCG actions	Middlesbrough actions	Redcar and Cleveland actions
	<ul style="list-style-type: none"> Positive impact on hospital admissions (unintentional and deliberate injuries; mental health) 			
<p>Review need and impact of intensive home treatment and explore most effective model of service delivery (potentially linked with the crisis service model) for children and young people with complex needs</p>	<ul style="list-style-type: none"> Care in settings that is acceptable to individual and their parent/carer Admission avoidance (when appropriate) Intensive support and continuity of care post discharge from inpatient treatment to other services (facilitate stepped care) 	<ul style="list-style-type: none"> Application submitted and has been successful to develop an intensive home treatment service. The specification for this is currently under development 		
Care for the most vulnerable				
Improve the experience and outcomes for the most vulnerable and disadvantaged children, ensuring they are adequately supported at key transition points				
<p>Proactive follow-up of children, young people or their parents who do not attend (DNA) appointments</p>	<ul style="list-style-type: none"> Reduced percentage of children and young people who Do Not Attend in CAMHS 	<ul style="list-style-type: none"> A checklist of actions has been developed by TEWV when an appointment isn't attended TEWV reviews DNAs as part of their weekly performance management arrangements TEWV have identified there is a link between waiting times and DNA's, therefore as waiting times have reduced so have DNAs TEWV ensure appointments are at flexible times and at a place convenient for families 		

Identified local priority	What will success look like	CCG actions	Middlesbrough actions	Redcar and Cleveland actions
		<ul style="list-style-type: none"> Routine outcomes measures are being utilised to support in the reduction of DNAs. 		
Optimise model of specialist care and support for Looked After Children and Children in Need, including those with complex behavioural and mental health needs	<ul style="list-style-type: none"> Looked after children and children in need have timely access to services and appropriate interventions Reduction in number of placement breakdowns 	<ul style="list-style-type: none"> Review of LAC CAMHS service being undertaken by Local Authorities to understand service impact. 		<ul style="list-style-type: none"> Increased capacity for LAC and CIN services, develop appropriate care pathway and increase Primary Mental Health Worker capacity (RC3/RC6)
Support for young carers	<ul style="list-style-type: none"> Raised awareness of support available for young carers Development of Young Carer Champions Young carers identified in schools 	<ul style="list-style-type: none"> Each Local Authority has a young carers support service in place The CCG are working with the LA's to understand how they can enhance these service to identify and support more young carers. 		<ul style="list-style-type: none"> Awareness raising in schools to increase numbers of young carers on registers (RC4)
Accountability and transparency Implement robust governance structures to oversee this transformation process that incorporate the voice of the child, family and community				
Establish locality implementation groups to coordinate engagement with children and young people through a variety of means; and to monitor progress against the Transformation Plan, including risk	<ul style="list-style-type: none"> Young People are experts by experience and there should be no service about them, without them Publication of an annual report setting out key achievements, areas for improvement and further action required 	<ul style="list-style-type: none"> Governance updated to combine South Tees-wide transformation planning and engagement with young people with CYP IAPT planning 	<ul style="list-style-type: none"> Headstarters group for children and young people work with Middlesbrough locality Headstart Board 	
Developing the workforce Continue to train and develop our local workforce to ensure we have staff with the right mix of knowledge, skills and competencies to respond to needs of children and young people and their families				
Training in universal settings including Primary Care	<ul style="list-style-type: none"> Parents/carers and professionals in universal settings are more confident and able to 	<ul style="list-style-type: none"> Tees-wide programme of training and scoping of conduct 		<ul style="list-style-type: none"> Training of Young Health Champions via the Health Improvement

Identified local priority	What will success look like	CCG actions	Middlesbrough actions	Redcar and Cleveland actions
	<p>respond to emotional and mental health needs and are clear about when and how to access additional help</p> <ul style="list-style-type: none"> • Network of Mental Health Youth Champions • Reduction in number of non-accepted CAMHS referrals. 	disorder		Service to include Mental health First Aid (RC5)
Embedding principles of the CYP IAPT programme	<ul style="list-style-type: none"> • CYP-IAPT dashboard data to demonstrate needs are being met; what services users think of their support • To be ranked in highest quartile when national bench marking undertaken 	<ul style="list-style-type: none"> • Governance updated to combine South Tees-wide transformation planning and engagement with young people with CYP IAPT planning 	<ul style="list-style-type: none"> • Develop a coordinated cross-South Tees approach to workforce development, including CYP IAPT (M10) 	

21 Collaborative Commissioning

21.1 South Tees Clinical Commissioning Group already commissions a number of services with Hartlepool and Stockton-on-Tees Clinical Commissioning Group and both local authorities.

21.2 It is the aspiration, over the duration of this plan, to develop a specific collaborative commissioning model for children and young people's mental health and wellbeing. This will support local joining up services between the Clinical Commissioning Group, local authorities and other partners, enabling all areas to accelerate service transformation.

21.3 Across the South Tees, agreement has been reached via the South Tees Integration Executive group to establish a joint commissioning group for children's services, and this also reports via the Children's Trust to the Health and Wellbeing Board in each locality. The membership of the group includes; South Tees Clinical Commissioning Group (supported through North of England Commissioning Support (NECS); Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV); Redcar and Cleveland and Middlesbrough Councils with representation from education, public health and social care; Voluntary and Community Sector representation (VCS); and Adult Social Care.

21.4 This group is tasked with identifying and implementing joint or integrated commissioning opportunities in the areas of mental health and Special Educational Needs and Disabilities. Called "READY TO ACHIEVE", the group focuses on commissioning that will support children and young people to access education and achieve their potential.

22 Investment

22.1 The level of investment by all local partners commissioning children and young people's mental health services for the period April 2014 to March 2015 is shown below. It is acknowledged that there are a number of commissioned services that will contribute to children and young people's mental health and wellbeing. However, unless commissioned solely for that purpose, they have been excluded from that shown in the table.

Partner organisation	Description	2014/15 Spend	2015/16 Spend	Additional information
NHS England	Specialised services (Tier 4) for children and young people	Not available	Not available	Services are commissioned on a regional basis not at a CCG level
	Health and Justice – CAMHS Secure Children's Homes; Diversion and Liaison	Not available	Not available	Services are commissioned on a regional basis not at a CCG level
NHS South Tees CCG	CAMHS	£5,384,263	TBC	<i>Estimate</i> costs are based on work undertaken by TEWV to disaggregate the total contract value (CYP, Adult, Older People) by service line for MH & LD for 2014/15; all recurrent
	CAMHS - LD	£684,123	TBC	
Middlesbrough Borough Council	Mental health for new parents	£18,889	This initiative is now complete	Schools based initiative using a preventative and early intervention approach to support parents with sub-threshold symptoms of low mood and anxiety, focusing on antenatal and postnatal depression
	Health and emotional health wellbeing in early years and schools	£80,000	£53,000	Healthy Schools coordination and school readiness posts
	Youth Mental Health First Aide	£25,000	£25,000	PH contribution to the Tees MH training hub which offers bespoke mental health training including Youth Mental Health First Aid
	Young ISVA	£20,000	£20,000	Bernardo's sexual violence abuse support

Partner organisation	Description	2014/15 Spend	2015/16 Spend	Additional information
Middlesbrough Achieve Partnership	The Bungalow Project	£115,000	Project now ended	Costs for 2013/14 were £85,779 and 2014/15 incurred the balance of £115,000; total spend is £200,779
	Public health funding allocation	£600,000	£600,000	
	The Reach (Mind)	£65,386.51	Not available	
	Reach (Link CLC)	£12,810	Not available	
Middlesbrough Education		Not available	Not available	Individual settings invest where children identified for SEND ; additional services commissioned by individual settings e.g. counselling unknown
Redcar & Cleveland Borough Council	Therapeutic service for children and families affected by Domestic Abuse	£100,000	£100,000	
	Therapeutic Services for Children who have been sexually harmed or display sexually harmful behaviour includes support for CSE	£87,000	£87,000	Service jointly commissioned with Middlesbrough, Stockton-On-Tees and Hartlepool Borough Local Authorities
	LAC CAMHS	£77,000	Not available	Joint with Middlesbrough, embedding in locality teams with social care
	Emotional Health Tier 2	£178,000	Not available	Shows annual planned spend only-joint commissioning with local schools
Redcar & Cleveland Education	Emotional Health Tier 2	Not available	Not available	Joint with public health and social care

22.2 South Tees Clinical Commissioning Group has been awarded an additional £608,737 per year to spend on supporting the implementation of this transformation plan. Of this, £173,771 per year has been specifically allocated by the government to establish or develop a local eating disorder service. Use of the remainder is for local discretion, with further funding yet to be allocated to support improvements in perinatal mental health care.

Initial allocation of funding for eating disorders and planning in 2015/16	Additional funding available for 2015/16 when Transformation Plan is assured	Minimum recurrent uplift for 2016/17 and beyond if plan is assured
£173,771	£434,966	£608,737

22.3 We aim to use this additional resource to best effect, to fund local priorities which will help deliver improved outcomes for our local population. A breakdown of the costings is provided in the executive action plan in Appendix 3.

22.4 The total plan spend is above the allocation in order to provide agreed priorities in case of slippage.

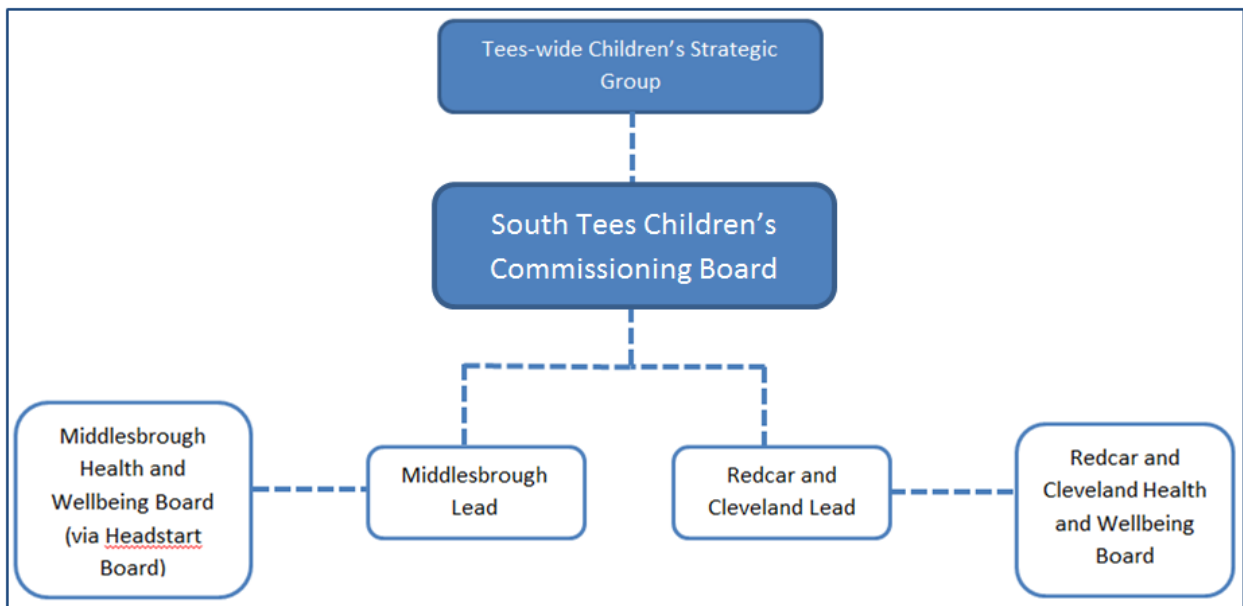
23 Governance

23.1 The South Tees Children and Young People's Commissioning Board provides the CCG- level oversight of the Transformation Plan. The function and roles of the meetings are to:

- Receive updates from locality leads on progress against Local Transformation Plans and coordinate shared priorities
- Agree priorities for CYP IAPT training for the South Tees area, to feed up to the Tees-Wide Strategy Group (with Hartlepool and Stockton-on-Tees CCG)
- Act as a central point for discussion of other areas of work including SEND and Children's Equipment
- Respond to requests for expressions of interest, information, bids etc. from NHS England
- Develop the shared vision for children's health services in South Tees, in conjunction with the Tees Wide Children's Strategic Group

The Board consists of the CCG and commissioning support representatives, locality leads from Middlesbrough and Redcar and Cleveland Local Authorities (who are responsible for progressing locality plans), and individuals from providers including statutory and voluntary sector groups. Consultation with young people is via existing forums including Middlesbrough Headstarters.

23.2 The governance framework is shown below:



23.3 Ultimate accountability for delivery remains with the Health and Wellbeing Boards and the Governing Body of NHS South Tees Clinical Commissioning Group, who also authorise the planned finances.

24 Performance

24.1 A performance framework will be developed to support implementation of this transformation plan.

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

24.3 Indicators may include, but not limited to:

- Process outcomes – activity (including accepted and non-accepted referrals), waiting times;
- Evidence based routine outcome measures showing improvements in emotional wellbeing of children and young people receiving services;
- In-patient acute hospital admissions for self-harm among young people;
- In-patient admissions to specialist services (Tier 4);
- Numbers of NEETs among young people in contact with mental health services;
- Feedback from children and young people and their families on experience of services.

25 Equity and Health and Inequalities

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

26 Executive Action Plan

- 26.1 An executive action plan is detailed in Appendix 3. As this is *living* document it will be subject to change as the plan develops.

Appendix 1 Stakeholder Consultation

Stakeholder Group	Date
Redcar and Cleveland - Health and Wellbeing Board	25 th October 2016
Redcar and Cleveland – Children’s Trust	18 th August 2015
Teesside CAMHS Group	21 st August 2015
Middlesbrough - Health and Wellbeing Board	1 st November 2016
NHS South Tees Clinical Commissioning Group Executive	26 th October 2016
NHS South Tees Clinical Commissioning Group Mental Health and Learning Disabilities Workstream	17 th October 2016
NHS England – Specialist Commissioning	KLoE return to be submitted 14 th November 2016
NHS England – Health and Justice	20 th October 2016
Middlesbrough – Headstart Board	5 th October 2016
Middlesbrough Children and Young People’s Delivery Partnership.	12 th October 2016
Children and Adolescent Mental Health Services – Clinical Meeting	Various



Communications Approach

*for Children and Young People's
Mental Health and Emotional Wellbeing*

NHS South Tees Clinical Commissioning Group

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

Change Record

Date	Author	Version	Summary of Changes

Reviewers

Name	Position

Distribution This document has been distributed to:

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

Background

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

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

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

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

Successful implementation of the plan will result in:

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

Communications Approach

The broad approach to communications handling will be as follows.

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

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

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

Local Policy Context

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

Key Messages

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

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

Plan Development

NECS communications and engagement team, with local authority partners.

Stakeholders and Audiences

Key Stakeholders

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

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

Overview of Audiences

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



- **Local, Regional and National Communication Leads** - Local Authority and NHS commissioner and provider stakeholders, including NHS England's core team and specialised commissioning.
- **Media** – Local, regional, national trade and national/local consumer.

Engagement and Partnership

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

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

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

Clinical Engagement

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

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

Equality Impact Assessment

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

Risks

Risk	Mitigation
Slippage in agreeing or realising transformation plans.	<ul style="list-style-type: none"> • Clarity on sign-off process/ timeframe. • Potential to phase communication activity as transformation plans are agreed.
Lack of cohesion/consistency due to many partners / stakeholders and different roles.	<ul style="list-style-type: none"> • Clarity on roles/responsibilities for communications leads. • Agreed strategy/roles with overarching core collateral, key messages, frequently asked questions etc. • Close working across communications teams/identified leads in stakeholder organisations.
Lack of engagement or agreement from key local stakeholders on transformational plans.	Robust communications and engagement plans developed by local teams with handling (local or wider footprint) as required.
High profile influencers e.g. providers (or staff), not supportive and delay service re-design.	<ul style="list-style-type: none"> • Robust process for identifying and pre-empting operational issues with real-time updates for communications leads. • Clear process for handling responses, led locally but ensuring alignment with national messages. • Position in context of wider transformation plans (wider roll-out).
Change for some individuals not managed well, supported or concern amongst families re: change.	<ul style="list-style-type: none"> • Early identification and management of potential operational issues. • Early notification from operational leads for communications leads to inform handling.
Destabilizes current providers; uncertainty amongst staff that impacts on quality of care.	<ul style="list-style-type: none"> • Programme messages reflected through operational discussions/ meetings. • Once transformation plans are confirmed, clear messages on managed transition.
Change does not happen at a fast pace: <ul style="list-style-type: none"> • Potential changes to staff terms and conditions, such as working hours. • People resist shifts in power and control. 	<ul style="list-style-type: none"> • Local leads ensure staff are engaged in any change process to maximise the potential for them to come on board and be accepting of any changes.
Not complying with national guidance and legislation – Care Act, Human Rights Act, Mental Capacity Act, Duty to Involve. Failure to work in accordance with principles of best practice.	<ul style="list-style-type: none"> • There is a commitment to the transformation programme from all parties. • There are internal processes to check compliance with the law.

Ways of Working and Roles

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

Confirmation of roles and responsibilities to follow.

Key Activity

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

Detail to follow.

Timescales

This work relates to timelines starting earlier in the summer (2016) and phase of work to end in March 2017. It will be adapted and developed to take on further additional timings for the longer term implementation of plans after this period.

Current key milestones:

- **September** – agree draft document
- **September to October** – engage key stakeholder groups, agree final plan
- **November** - plan signed off Uploaded to CCG and Local Authority Web sites

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

Evaluation and Monitoring

Suggested measures for monitoring by communications leads for review are:

- Digital – traffic (unique web visitors, bounce rates);
- Social media – commentary/sentiment;

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

Appendix B – Local Communications Plan

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

Appendix 3 Executive Action Plan 2015/16-2016/17

Reference	Identified local priority	Brief description	Costs (full year effect)	Lead	Partners	Outcomes	Timescale	Additional information
CCG wide schemes								
ST1	Improve access to perinatal mental health care	Community perinatal mental health service; business case available	South Tees CCG contribution £170,000 excluding CQUIN payment	South Tees CCG	Hartlepool & Stockton-On-Tees CCG	Access to advice and information; deliver a timely service; support women in their own community safety and effectively avoiding unnecessary admission	Service already in place, application for enhanced element will be provided in 2016/17	Service commissioned collaboratively with Hartlepool and Stockton-On-Tees CCG Will need to benchmark against new guidance once published Application submitted for additional money to enhance our existing service.
ST2	Implement access and waiting time standards for children and young people with eating disorders	Enhancement of existing service model to be evidence compliant	Additional £173,771	South Tees CCG	Hartlepool & Stockton-On-Tees CCG	Improved waiting times and access, improved outcomes, reduced admissions to Tier 4	2016/ 17	Will continue to work collaboratively with Hartlepool and Stockton-on Tees CCG We are planning to use the Eating Disorder funding to increase availability of intensive home treatment services operating between tiers 3 and 4. Eating Disorders services will work jointly with the Acute Liaison service where necessary to facilitate discharge.

Reference	Identified local priority	Brief description	Costs (full year effect)	Lead	Partners	Outcomes	Timescale	Additional information
								Variation of current contract to be completed with new specification to be signed off and implemented.
ST3	Ensure access to mental health crisis support and intervention, in line with principles within the Crisis Care Concordat	24/7 CAMHS Crisis and Liaison Service	Additional £50,000 to existing CCG contribution £388,000 excluding CQUIN	South Tees CCG	Hartlepool & Stockton-On-Tees CCG	Improved access and waiting times, children are treated at the right place, in the right timeframe as close to home as possible; improved outcomes, reduced admissions to paediatric wards in Acute Hospitals	2015/16	Service commissioned collaboratively with Hartlepool and Stockton-On-Tees CCG as commissioning intention in 2014/15 Current service 8am-12mn; with on-call arrangements overnight. We are gathering data on utilisation during the on-call hours to determine the most effective model for delivering care at times of low demand. As well as Transformation funding, we are planning to invest Liaison funding in the CAMHS Liaison part of the service, which will increase capacity

Reference	Identified local priority	Brief description	Costs (full year effect)	Lead	Partners	Outcomes	Timescale	Additional information
								to respond to crisis 24/7 Service commenced on a 24/7 basis in July 2016, monitoring needs to be undertaken to understand the impact this is having. New specification needs to be finalised and varied into existing contract.
ST4	Review impact of pilot of intensive home treatment and explore most effective model of service delivery (potentially linked with the crisis service model) for children and young people with complex needs	Development and implementation of Intensive Home treatment Pilot. Specification to be developed and varied into contract Evaluation to be undertaken across Intensive Home Treatment and Crisis and Liaison to review effectiveness to inform development of integrated service model. The model is for the delivery of intensive home treatments to children and young people with complex needs; reduction in in-patient admissions; choice; care closer to home	£215,675.50.	South Tees CCG	Hartlepool & Stockton-On-Tees CCG	Commissioning intention proposal 2016/17	2016/17	Would be dependent on collaboration with Hartlepool and Stockton-On-Tees CCG Monies from Vanguard and not CAMHS allocation

Reference	Identified local priority	Brief description	Costs (full year effect)	Lead	Partners	Outcomes	Timescale	Additional information
ST5	Proactive follow-up of children, young people or their parents who do not attend (DNA) appointments	Develop a plan to understand the issues and what support is needed when children, young people or their parents/carers do not attend appointment explore potential CQIUN linked to assertive outreach	£0	South Tees CCG	Hartlepool & Stockton-On-Tees CCG	Commissioning intention proposal 2016/17 Reduction in % of Did Not Attend appointment	2016/17	Scoping in year 1 Provider has undertaken review of DNAs and the implemented processes to reduce the number of DNAs.
ST6	Locally have high numbers of presenting with Conduct Disorder	Scoping exercise to gain a greater understanding around the population, service provision available.	£50,000	South Tees CCG	Hartlepool & Stockton CCG	We are also going to review the skills within the workforce and identify opportunities and examples of interventions which could be delivered within universal settings.	Ongoing	We propose to work collaboratively across the region to identify areas of best practice in implementing the NICE guidance for conduct disorders and create a plan to replicate this in the South Tees area. It is expected that this will influence the working of our Tier 2 Targeted services, which are increasingly working within schools, as well as specialist Tier 3 TEWV have been asked to undertake a scoping exercise on conduct disorder to understand where children and young people are presenting and what support is needed in those settings.

Reference	Identified local priority	Brief description	Costs (full year effect)	Lead	Partners	Outcomes	Timescale	Additional information
ST7	Autism Spectrum Disorder (ASD) waiting lists across Tees are increasing and lack of coordinated post diagnostic support and OT assessments for children with sensory needs	Tees wide ASD steering group established and CI previously completed to reduce waiting times for children and young people Recognised that ASD multi agency and whole system change required	£80,000	South Tees CCG	Middlesbrough Council; Redcar and Cleveland Council; Education; TEWV; Acute Trust; Spec Comms; Heath & Justice; PCC; YOS; H&J	To appoint project manager to dedicate time to ASD for South Tees and Link with HAST as undertaken similar approach To review current pathway and undertake value mapping, undertake 3P (Production-Preparation-Process) event to redesign pathway and to develop new ASD specification for potential procurement in partnership with local authority and education	2016/17	Linked to the development of an all-age ASD strategy Job description and service specification to be developed Post to be hosted by Redcar and Cleveland Council.
ST8	Training programme in Primary Care and other settings; development of Young People Mental Health and Wellbeing 'champions'	Trainer costs; backfill	£80,000	South Tees CCG	Practices TEWV VCS PH	Increased awareness amongst staff working in Primary Care, other settings; named champions – which would be able to offer support to peers in regard to children's mental health and wellbeing	2015/16 16/17	To be completed as part of the Conduct disorder scoping and training pilot
ST9	Embedding principles of the CYP IAPT programme	Backfill arrangements to allow training	£146,000	Tees-wide Board	TEWV VCS	Improved skill set of the workforce; professionals working with children and young people are able to respond to a broader range of needs; workforce with right skills and competencies to complement existing experience	Ongoing	Monies identified from Waiting list initiative to ensure greater number of staff with evidence based practice skills to ensure 2 nd appointment wait times reduced To enhance roll out to non TEWV staff

Reference	Identified local priority	Brief description	Costs (full year effect)	Lead	Partners	Outcomes	Timescale	Additional information
ST10	Project coordination to ensure CCG deliverable	To coordinate steering group and CCG priorities To ensure engagement with children and young people to move towards tier less model	£40,000	South Tees CCG	Middlesbrough Council and Redcar and Cleveland council	Part time project coordinator to drive the CCG priorities and to support both leads from each local authority to deliver schemes and agree priorities for 17/18	16/17	Redcar council to host post Job description and service specification to be developed
Middlesbrough schemes								
M1	Building capacity of Headstart programme team to coordinate and strengthen system wide children and young people's emotional wellbeing service delivery	To support the 0-19 age range in relation to system change, service redesign and developing integrated multi agency pathway Develop and Implement a model of prevention, resilience and early identification	£56,250	MBC	CCG	Headstart Board working on wider programme management structure with Middlesbrough Council taking proposed posts through Council job evaluation protocols.	2015/16	As a result families, children and young people will receive services which are accessible appropriate and timely
M2	Improve identification of perinatal/ parental mental health by promoting early intervention to reduce the impact of maternal depression	Parental mental health has a significant impact on bonding, attachment and parenting skills. Implement and monitoring attachment, attunement training programmes for midwives, health visitors and early years workers as part of the wider workforce development strategy and attachment to be given priority as an integral family approach.	£37,500	Public Health	CCG Primary schools	Delivered within targeted primary schools: Linthorpe Community Primary, Green Lane Primary Academy, Newham Bridge Primary, Easterside Academy and Park End Primary. Provider appointed and recruiting frontline staff for the training sessions. 12 professional per cohort from a range of disciplines including midwives, health	2015/16	Early words together programme supports changes in the home learning environment leading to parents displaying increased confidence in identifying supporting their child's early literacy 25 families engaged in each school: Newham Bridge, Green lane, Easter Side, Linthorpe and Park End at a

Reference	Identified local priority	Brief description	Costs (full year effect)	Lead	Partners	Outcomes	Timescale	Additional information
		Through Early Words Together families are supported by training community volunteers to provide peer support		TEWV	NHS Northern School of Child and adolescent Psychotherapy	<p>visitors, school nurses and teachers</p> <p>Evaluation of training e.g. increased learners knowledge, future training needs</p> <p>Increase in numbers of mothers referred into IAPT (talking therapies)</p> <p>Increase in numbers of Mother completing IAPT</p>		<p>cost of £4272 (£854 per school, £35 per child) Capacity available to deliver to all schools town wide over the 5 year period. More young children who are ready for school (closing the gap with the UK average for the proportion of children achieving 'good' attainment at the end of Early Years Foundation Stage</p> <p>Joint work is being undertaken with R&C BC</p> <p>Ten week bespoke course in infant mental health addressing difficulties in the parent- infant relationship</p> <p>Improved resilience for parents who accessed IAPT services</p> <p>More families able to support their children effectively in achieving</p>

Reference	Identified local priority	Brief description	Costs (full year effect)	Lead	Partners	Outcomes	Timescale	Additional information
								positive outcomes (meeting Government targets for Families Turned Around through the Troubled Families Programme)
M3	Enhance the local peer support model and access to support for children and young people	<p>Designed through co-production with children, young people and families</p> <p>Develop points of access where children and young people and families can access appropriate support inclusive of peer support, information and guidance</p> <p>Map existing peer support networks</p> <p>Enable MyPlace to co-produce with young people and re-shape peer support programmes through existing services</p>	£18,750	MAP	MBC	<p>Delivery continues through MyPlace</p> <p>Develop local programme which will increase the number of children and young people involved in the local co-production of peer support</p> <p>Increased number of children and young people (CYP) accessing peer support through CYP friendly settings</p>	2015/16	Fewer children with negative emotional wellbeing issues including self-harm, low self-esteem or being bullied
M4	Improve access to bereavement care for children and young people	Enhance current bereavement support for children under five of age to offer Component 1 and have strategies in place for clients to access specialist Component 2 and 3 services	£37,500	Public Health	CCG VCS	<p>Cruse Bereavement commissioned and service commenced April 2016.</p> <p>Number of children under five supported through bereavement counselling services</p> <p>Increased capacity to</p>	2015/16	<p>Reduction in waiting list for bereavement support</p> <p>Increase in numbers of under-five who access component 1,2 and 3</p> <p>A gap exists for the</p>

Reference	Identified local priority	Brief description	Costs (full year effect)	Lead	Partners	Outcomes	Timescale	Additional information
						deliver specialist Component 3 support services		support of under-five children locally who require specialist bereavement interventions (Component 3) which include psychological support services, specialist counselling/ psychotherapy services or specialist palliative care services.
M5	Support the development of Voluntary Community Sector (VCS) capacity to introduce a local model of preventative support	Support the development of VCS capacity to introduce a local model of preventative support that will improve emotional wellbeing outcomes	£75,000	MVDA	Public health	<p>MVDA submitted their proposal which requires sign off agreement by Board</p> <p>Model developed and agreed;</p> <p>increase in the number of VCO's providing preventative support;</p> <p>increase in the numbers of children and young people benefiting from preventative services</p>	2015/16	Specific deliverables for the prevention elements suggested as priorities

Reference	Identified local priority	Brief description	Costs (full year effect)	Lead	Partners	Outcomes	Timescale	Additional information
M6	Headstart Implementation	Roll out the Headstart programme across all Middlesbrough schools, with resilience workers in school providing low-level support at the pre-CAMHS level. Also funds the Headstarters programme of young people's involvement and coordination resource.	£150,000	MBC		Promoting resilience, prevention and early intervention Improving access to effective support	2016/17	
M7	Pre-School Headstart	Explore the development of a pre-school Headstart offer for 0-3 year olds that creates a seamless offer for parents, babies and infants in PVI nurseries.	£35,000	MBC		Promoting resilience, prevention and early intervention Improving access to effective support	2016/17	
M8	Post 16 Headstart	Explore the development of a post 16 Headstart offer that support young people aged 16-19 years old	£20,000	MBC		Promoting resilience, prevention and early intervention Improving access to effective support	2016/17	

Reference	Identified local priority	Brief description	Costs (full year effect)	Lead	Partners	Outcomes	Timescale	Additional information
M9	Workforce Development	Implementation of a workforce development programme for the early intervention and prevention of mental health	£30,000	MBC		Upskill and development of the workforce	2016/17	
M10	CYP IAPT – Developing the Workforce	Workforce development opportunities in respect of IAPT	£10,000	R&C BC	MBC TEWV	Development of workforce opportunities Improving access to CYP IAPT	16/17	Working jointly with R&C BC to develop and coordinate a Tees wide approach
Redcar & Cleveland schemes								
RC1	Promoting attunement and attachment between mother/care and baby	Implementation and monitoring attachment, attunement training programme for midwives, health visitors, social workers and early intervention workers. Training will be procured from external provider. Once trained, workers to provide early identification of attunement problems, offer intervention (Video Interactive Guidance and other tools) thus	15/16 £60,000 16/17 £60,000	R&C BC	MBC	Increase in the number and range of professionals trained; evaluation of training e.g. increased learners knowledge	2016/17	As this is also a Middlesbrough priority there is an option to jointly procure a provider to deliver workforce training.

Reference	Identified local priority	Brief description	Costs (full year effect)	Lead	Partners	Outcomes	Timescale	Additional information
		<p>preventing attachment disorders later in childhood. (Capacity in existing workforce to deliver intervention). This will form part of wider workforce development programme.</p> <p>User groups will be Mothers and infants.</p> <p>Redcar and Cleveland workforce to be trained</p>						
RC2	Develop and implement a model for peer support with children and young people – Young Health Champions	<p>Mapping exercise re peer support networks for children and young people and parents; scope utilising existing networks, groups, local expertise</p> <p>Fund local provider to work with children and young people to design a navigator support programme through the services available</p>	£20,000	R&C BC	Children and young people VCS	Report produced of existing peer support networks across the borough; services designed through co- production with children and young people and families; navigator peer support programme for young people	2015-2020	
RC3	Optimise emotional and mental health support for Children in Need (including those subject to a Child Protection Plan and Looked After Children, including those with complex behavioural and mental health	<p>Improve access, capacity in specialist care and support for Looked after Children (LAC) and Child in Need (CiN) and those with complex behavioural needs</p> <p>Develop an appropriate care pathway, which incorporates effective</p>	<p>15-16 £110,000 16/17 £201,000</p>	R&C BC	Middlesbrough Council, South Tees CCG, TEWV	<p>Reduced number of Out of Area Placements; reduced number of placements; reduced number of placement breakdowns</p> <p>Children prevented from coming into care</p> <p>Better emotional health in families</p>	March 2016 – March 2020	<p>Part funded by existing budget, plus £40,000 to develop more cohesive model of mental health support for LAC.</p> <p>This project will inform development of commissioning plan for Looked After</p>

Reference	Identified local priority	Brief description	Costs (full year effect)	Lead	Partners	Outcomes	Timescale	Additional information
	needs), developing links with IAPT	<p>evidence base interventions for LAC, CiN and those with behavioural needs</p> <p>To increase capacity of Primary Mental Health Workers to review out of area placements to gain understanding of mental health need and gaps in service provision</p> <p>Pathway and capacity for children in need of support to access appropriate therapies and services – to develop alongside TEWV, a single point of access for referrals in conjunction with social care to determine the most appropriate form of support to children in need. This will include intensive family intervention in some cases</p> <p>0-18 years and their families (including new mothers/attunement warning signs)-all children in need of support open to social care/early help</p> <p>Will include development of single point of access including recruitment of an officer to develop and</p>				<p>An improvement in the emotional wellbeing and mental health of all children and young people</p> <p>All children, young people and their families will have access to mental health care based upon the best available evidence and provided by a range of agencies with an appropriate range of skills and competencies</p>		Children

Reference	Identified local priority	Brief description	Costs (full year effect)	Lead	Partners	Outcomes	Timescale	Additional information
		embed the work across all 4 projects.						
RC4	Support for young carers	<p>Awareness sessions in schools</p> <p>To fund the local Provider of Young Carers for Redcar and Cleveland (Junction) to facilitate a series of awareness raising sessions in schools</p> <p>Increased number of Young Carers Champions in secondary schools</p> <p>Better awareness and identification of young carers in schools and among professionals working in adult mental health</p> <p>Under 18 young carers</p> <p>Costing for materials and transport cost of young carers</p>	£2,000	R&C BC	Junction	<p>Number of Young Carer Champions</p> <p>Number of young carers identified in schools</p> <p>Increased awareness of young carers for staff</p>	2016-2020	<p>Target of 4 schools per year, including evaluation</p> <p>Further funding has been provided in 16/17 (£2k) which has been included in the full year effect, to enhance the current contract R&C BC have with the Junction to support in better awareness and identification of young carers in schools and among professionals working in adult mental health</p>

Footnotes

1. Department of Health NHS England (2015) *Future in Mind – Promoting, protecting and improving our children and young people’s mental health and wellbeing*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf
2. No Health without Mental Health (2011) HM Government
<https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>
3. HM Government Mental Health Crisis Concordat: Improving outcomes for people experiencing mental health crisis
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf
4. Children & Young Peoples Improving Access to Psychological Therapies Programme
<http://www.cypiapt.org/children-and-young-peoples-project.php?accesscheck=%2Findex.php>
5. Better Mental Health Outcomes for Children and Young People A RESOURCE DIRECTORY FOR COMMISSIONERS
www.CHIMAT.ORG.UK/CAMHS/COMMISSIONING
6. National Child and Maternal Health Intelligence Network (2015)
<http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=41&geoTypeId=> Accessed 31-Aug-15
7. National Child and Maternal Health Intelligence Network (2015)
<http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=41&geoTypeId=> Accessed 31-Aug-15
8. Joint Commissioning Panel for Mental Health; Guidance for Commissioners of Children and Adolescent Mental Health Services
<http://www.jcpmh.info/wp-content/uploads/jcpmh-camhs-guide.pdf>
9. Achieving Parity of Esteem between Mental Health & Physical Health
<http://www.centreformentalhealth.org.uk/parity-of-esteem> = Accessed 11-Oct-15