



North Tyneside
Clinical Commissioning Group

Northumbria Healthcare 
NHS Foundation Trust

Northumberland, Tyne and Wear 
NHS Foundation Trust



North Tyneside Council

NORTH TYNESIDE LOCAL TRANSFORMATION PLAN

2015 – 2020

October 2018 Refresh

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



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1. EXECUTIVE SUMMARY

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

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

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

We published our original Transformation Plan in October 2015, refreshed it in October 2016, October 2017 and this current document is a refresh for 2018. In this document, we seek to demonstrate how we have progressed with developing and improving services for children and young people in North Tyneside.

A key feature of our Plan continues to be to move from the traditional Tiered structure of provision and instead to develop services and systems based on the Thrive model principles, which is an evidenced based model developed on a new conceptualisation of CAMHS services based for the needs of children and young people. The THRIVE model conceptualises four clusters (or groupings) for young people with mental health issues and their families, as part of the wider group of young people who are supported to thrive by a variety of prevention and promotion initiatives in the community. We describe in this document the steps we have taken to providing locality based provision and working more closely with schools which fit the ethos of prevention and promotion.

We have provided updates on what progress we have made to services, the work we are doing at a strategic level often on an inter-CCG or regional basis as well as what we have achieved to date for each initiative as described in our original Transformation Plan.

An important element of our continued work will be to continue to engage with children and young people and to gain their involvement into key parts of the Action Plan. The work that has already been undertaken by the Youth Council has proven to be invaluable in helping us to shape our thoughts and help us to understand what children & young people need. Using some Transformation Plan funding awarded to the CCG, we have been successful in match funding an initiative to gain more involvement and engagement with young people, one of only four areas in the country to do so.

We will ensure that we continue to robustly monitor implementation of the plan using national and local monitoring systems. The Strategic Children & Young Peoples Emotional Wellbeing and Mental Health Group continues to provide this monitoring function. It reports to the Children & Young People Commissioning Executive Board and links to the Mental Health Integration Board, which have responsibility for overseeing implementation of the Plan and ensuring a continued whole system approach to implementation.

2. INTRODUCTION

In our North Tyneside Transformation Plan 2015 – 2020, which was initially written in October 2015 and has been refreshed on a yearly basis, we described our approach to its development, incorporating a number of key principles. These include:

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

We also described how a key feature is to move from the traditional Tiered structure of provision and instead to develop services and systems based on the Thrive model principles and this continues to be a feature of this refresh

NHS England reviewed the Transformation Plan and confirmed assurance of the Plan in November 2015. The Plan was refreshed in October 2016 and again in 2017 providing detail about the progress made since the original Plan was published. This document is a third refresh, and describes the progress we have made since the original plan as well as what our future intentions are in relation to continuing to improve children and young people's mental health and wellbeing.

3. NATIONAL AND LOCAL CONTEXT

National policy over recent years has focused on improving outcomes for children and young people by encouraging services to work together to protect them from harm, ensure they are healthy and to help them achieve what they want in life.

In regard to improving outcomes for children and families, *No Health without Mental Health*¹ 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.

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 the direction of travel from preceding reports, engages directly with children, young people and families to inform direction and the evidence base around what works.

The report introduction includes a statement from Simon Stevens, Chief Executive Officer of NHS England in which 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 also 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.

The joint report of the Department of Health and NHS England sets out the national ambitions that the Government wish to see released 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 the majority of what young people need is under one roof.
- v. Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible. For example no young person under the age of 18 being detained in a police cell as a ‘place of safety’.
- vi. Improving support for parents to make the bonding between parent and child as strong as possible to avoid problems with mental health and behaviour later on.
- vii. 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.

¹ No Health without Mental Health (2011) HM Government

- 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.

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 – moving towards a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

The report further sets out 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.

All key stakeholders involved in the development of the Local Transformation Plan remain committed to implementing, as far as possible, the key national priorities detailed in the *Future in Mind* document as well as the more recently published *Five Year Forward View for Mental Health* document.

In North Tyneside, the majority of CAMHS services are provided by Northumbria Healthcare NHS Foundation Trust, an acute Trust. Our more specialist and in-patient services are provided by Northumberland, Tyne & Wear Mental Health Foundation Trust. Both Trusts were rated (during 2016) as Outstanding by the Care Quality Commission.

The Trusts and commissioners have nurtured a positive relationship. This has been enhanced through development of the Local Transformation Plan and the Children & Young Peoples Mental & Emotional Health Strategy Group meetings, where all parties are striving forward with a common aim of joint approach to service development and improvement for children and young peoples mental health and emotional wellbeing.

Over the course of the Local Transformation Plan 2015-2020, we have invested in widening the scope of the Plan to encompass increased development in prevention and early intervention and early help initiatives, as well as continue with our commitment to statutory provision.

This refresh covers all aspects of the system of care which includes:

- Prevention and early intervention, describing the improvements made in schools, colleges and primary care as well as those initiatives we are intending to implement
- Early help provision with local authorities, Public Health
- Routine care
- Crisis Care and interventions
- In patient provision

- Specialist provision
- How we meet the needs of specific cohorts of children and young people

In earlier versions of this Plan, we have described the expected impact and links with the emerging Sustainability & Transformation Plans. At that time, all areas in the country have been required by NHS England to develop Sustainability and Transformation Plans (STPs).

In autumn 2016, the draft Sustainability & Transformation Plan (STP) for Northumberland, Tyne & Wear and North Durham area was published. Since then, work has been progressing to build on the foundation stones laid by this draft Plan, focussing on agreed priority areas as identified in the STP.

North Tyneside is part of the Northumberland, Tyne and Wear and North Durham STP (NTWND STP), and part of the North Tyneside / Northumberland Local Health Economy.

However, there is a national expectation that STPs will, once they have achieved a sufficiently advanced state, evolve into an Integrated Care System (ICS). An ICS is a partnership model for planning and commissioning services through organisations (NHS organisations, local councils and other key stakeholders) collaborating and taking collective responsibility for managing resources, delivering quality of services and achievement of standards, aiming to improve the health of the ICS population. The emphasis is on collaboration rather than competition.

It is anticipated that an ICS for the North East and North Cumbria along with parts of North Yorkshire will be running in shadow form by April 2019. A joint plan is being developed across acute hospital services, community level services, mental health services, primary care provision including GP services, and independent and third sector provision.

A key feature to the success of the North ICS is the development of locally based Integrated Care Partnerships (ICPs), which are:

“areas...based upon natural geographical areas of patient flow, which is the way local communities identify and use local NHS services. This means local health and care partners joining up across organisational boundaries, with CCGs and trusts working together with shared plans to make improvements together.

These partnerships are underpinned by ‘place based’ planning. These are the existing public authority areas which are co-terminus with councils and in many cases clinical commissioning groups and some hospital trusts.”

Developing Integrated Health and Care Programme Bulletin, Issue 1, September 2018

North Tyneside is part of the North ICP which also includes Northumberland, Newcastle and Gateshead areas. Nine work programme areas have been identified, one of which is mental health. Within that mental health work programme, seven priority areas have been identified one of which is child health. There are three key areas to the child health work:

- Children in crisis
- Building resilience in schools

- Integrating good practice

At relevant sections in this document, information will be provided to demonstrate how North Tyneside is providing or developing services which link to these areas of child health work. North Tyneside will also ensure that future development takes into account the emerging work and findings of the ICP to align local services with best practice.

Our LTP partners in North Tyneside are active in the development of the STP and emerging ICS mental health workstreams. The Director of Childrens and Adult Services at North Tyneside Council is one of the Sponsors of the Children & Young People Mental Health and Wellbeing Steering Group, which is a workstream of the Mental Health STP/ICS. North Tyneside CCG's Director of Contracting & Commissioning also attends that Group to provide input and support. At the time of writing, this Group is a young Group and its aims and objectives are still developing. However, the North Tyneside partners are committed to ensuring that the outputs from the Group will have maximum benefit for children and young people, both regionally and in North Tyneside.

There is a history of CCGs working together to develop joint commissioning proposals where this is appropriate. North Tyneside CCG commissions most of its CAMHS services from Northumbria Healthcare NHS Trust with the specialist community and inpatient services being commissioned from Northumberland, Tyne & Wear Mental Health Trust. Where there are services in common across CCGs, we agree the commissioning arrangements jointly. Examples of this include Specialist community eating disorder services and the Integrated Community Treatment Services, both provided by NTW Trust. As described in the relevant section of this document, the CCGs across North and South of Tyne are working together to review the community eating disorder service.

A series of meetings have been established for managing the Northumberland Tyne & Wear Mental Health Trust (NTW Trust) services, again across a wider CCG footprint. These are:

- Mental Health Strategic Meeting.
This meeting takes place across the North and South of Tyne CCG area. This meeting considers strategic service and pathway developments agreeing priorities for review.
- NTW Workplan meetings,
This meeting is held monthly and involves commissioners and providers, again across North and South of Tyne CCG. It focuses on specific developments identified in the Service Development and Improvement Plan, part of the contract CCGs hold with NTW Trust.
- Contract Meetings.
The Contract Meetings are currently jointly run across the North of Tyne CCGs. Issues and concerns concerning all of the CCGs can therefore be addressed as well as CCG specific issues raised. We share information and data on performance across the CCG areas and work together where there are significant issues of significance.
- Quality Review Group

This Group operates across the NTW provider area. CCGs ensure representation at these meetings. For North Tyneside CCG, representation is via the Deputy Director of Nursing, Quality & Patient Safety.

Working in this way ensures a consistency of approach to service development and innovation across the NTW Trust footprint. It enables identification of areas for future collaboration and CCGs are able to discuss and agree how any particular issues are managed.

An example of joint planning is how North Tyneside CCG has agreed to be the CCG lead for perinatal services across the area, providing input and feedback about perinatal services to the other CCGs to inform a joint approach to strategic development of these services. Another example is Northumberland CCG agreeing to take a similar approach to service development for people with ADHD and autism.

4. COMMUNICATION AND ENGAGEMENT

The involvement of children, young people and their families continues to be central to the development of our local Transformation Plan.² North Tyneside has a rich tradition of participation, advocacy and engagement of young people. Together with all our strategic partners we recognise that listening to the voices of children and young people is crucial to supporting and improving mental health and wellbeing across the borough. For example, representatives from the CCG and Local Authority sit on the Patients Carers Forum to learn from the experiences of patients and carers and to ensure they feed into the commissioning plans of each organisation.

We have a Young Mayor and Young Cabinet³ that includes a Young Member for Health and Wellbeing, who also sit on the Youth Council and the Young Person's Health and Wellbeing Group. They feed their issues, concerns and views into strategic boards such as the Health & Wellbeing Board and our Children and Young People's Mental Health and Emotional Wellbeing Partnership. Mental Health has been a priority area for North Tyneside's Youth Council since 2014, and has been an on-going priority for the British Youth Council. Our Member of Youth Parliament is part of the British Youth Council. The Young Cabinet Member works to develop consultations and scrutiny reports and youth led projects, including a detailed scrutiny report on mental health. Our Young Mayor is committed to raising awareness in schools of mental health support and designed a poster with other Young People which has been distributed to all schools this year.

[Young People - get involved and have your say](#)

Mind your Head : Lesson Plan

Our Young Person's Health and Wellbeing Group have undertaken a considerable amount of engagement work on mental health issues for children and young people. This work has been invaluable in helping us to shape our thoughts around transforming our young people's mental health services, as well as understanding what children & young people need.

The Mind the Gap lesson plan is a fantastic resource that was sent to all schools and briefings to relevant staff were undertaken on how to use it. Our young people worked extremely hard to ensure it was relevant and would allow discussions about mental health to take place in schools. The lesson plan is available for all our middle and secondary schools to help raise awareness of mental health issues and reduce stigma. It has been well received by teachers, parents and young people.

MH:2K - Local young people's participatory research project

The CCG commissioned a specific piece of young people's participatory research in 2017/18 called MH:2K, which was partially funded by the Wellcome Trust, supported by North Tyneside Local Authority and delivered by Involve.

² The refreshed LTP clearly evidence engagement with CYP and their parents/carers from a range of diverse backgrounds, including groups and communities with a heightened vulnerability to developing a MH problem, including CYP with Learning Disability/Autism spectrum disorder/Attention deficit hyperactivity disorder (ADHD)

³ [Young Mayor and Young Cabinet - Portfolios](#)

MH:2K ran from September 2017 to July 2018. MH:2K is an approach to engaging young people in conversations about mental health and emotional wellbeing in their local area. It empowers 14-25 year olds to:

- Identify the mental health issues that they see as most important;
- Engage their peers in discussing and exploring these topics;
- Work with key local decision-makers and researchers to make recommendations for change.

Its design builds on good engagement practice from within and beyond the youth mental health field. Specifically MH:2K features:

- End-to-end youth leadership: MH:2K's youth-led approach means it is grounded in the reality of young people's lives. Young people decide its focus, co-lead its events, and determine its findings and recommendations.
- Peer-to-peer engagement: By empowering young people to reach out to their peers, MH:2K creates a safe and engaging space for participants.
- Focussing on those with mental health issues and from at-risk groups, young people were able to shape decision-makers' understanding of both the mental health challenges they face and what solutions could look like.

Twenty-seven of our young people became 'Citizen Researchers' and were able to start different types of conversations that actively reached a diverse audience of over 500 young people across the borough.

Of the Young Citizen Researchers that were recruited in North Tyneside:

- At least 78% had a history of mental health problems themselves, or had close friends or family with mental health problems;
- 26% reported having had another relevant experience (e.g. they are a young carer, care leaver or had been homeless);
- 15% identified as LGBTQ+;
- 11% were from BAME communities (compared to 8% of the North Tyneside population);
- 8% identified as having a disability.

MH:2K has six elements. In North Tyneside these worked as follows:

- **Recruitment:** We reached out through local statutory and community organisations, and recruited twenty-seven diverse young people to be MH:2K North Tyneside's Citizen Researchers.
- **Design Days:** The Citizen Researchers discussed their views and explored key information on youth mental health. They identified five topics as the top mental health challenges facing young people in North Tyneside. These topics were: healthy relationships; social media and self-esteem; awareness, stigma and support; self-harm and schools. The Citizen Researchers co-designed a workshop template for each topic and received training in areas such as public speaking and facilitation.

- **Roadshow:** Over four months, the Citizen Researchers used their workshop templates to co-lead twenty-nine events for their peers. In total, they engaged 522 young people across North Tyneside, which included specific workshops with carers, looked after children, LBGTQ young people and other vulnerable groups.
- **Results Day:** The Citizen Researchers used the information collected during the Roadshow to determine MH:2K North Tyneside's findings on the pressures facing young people. They worked with key decision-makers to co-create MH:2K's recommendations for solutions.
- **Big Showcase:** The Citizen Researchers presented their findings and recommendations to fifty-five senior decision-makers and researchers from North Tyneside and further afield.
- **Local Advisory Panel:** From its very beginning, MH:2K North Tyneside was supported by North Tyneside's Children and Young People's Emotional Wellbeing and Mental Health Strategic Partnership which acted as a Local Advisory Panel for the project.

The vibrant discussions, opinions and findings have given us new insights and perspectives about how we can most effectively support good mental health for our young people locally. The CYP MHEW group will continue to work and listen to young people involved in MH:2K to take forward their recommendations in the coming year.

Engagement through our voluntary sector partners

Our commissioned voluntary sector partners are crucial to engaging with our young people and ensuring that we reach groups and communities with heightened vulnerabilities to developing a mental health problem and some examples are given below:

The Phoenix Detached Youth Project (PDYP)

One young person supported our contribution to the borough wide event in recognition of World Mental Health day by writing and recording a song on the theme of 'Survive, Thrive, be alive' titled 'tomorrow'.

The Chorus of tomorrow is;
*"I wanna feel to be alive
 And I'll run to survive
 I want to be free to thrive and stay alive
 Cos I don't wanna die
 I wanna see tomorrow"*
 Liam Shotton

"PDYP continue to be a key player in North Tyneside's World Mental Health Day event ensuring the voices of young people with experience of mental health and emotional well-being are a part of the day. Their contributions (film, music etc) are always a personal highlight of the day, sharing insights into what it is to be

a young person with mental health difficulties living in North Tyneside". Beth Williams, User Development worker, Launchpad, North Tyneside

Re-designing the clinic setting for Child and Adolescent Mental Health Service (CAMHS) in North Tyneside

Young people in North Tyneside are also driving forward an exciting re-design of our local mental health clinic where the Child and Adolescent Mental Health Service (CAMHS) is based in partnership with Northumbria Healthcare NHS Foundation Trust.

Students from St Thomas More RC Academy worked with the trust and Tyne & Wear Citizens to make changes to the clinic at Albion Road Resource Centre in North Shields to make it more young people friendly. As put forward by the young people, the décor and environment is going to be revamped, age-appropriate artwork is to be displayed and the waiting room is going to be rearranged to allow separate areas for young children and adolescents. In addition, the use of clinic rooms is going to be reviewed so that they are appropriate for all ages. Having input directly from people who are using the CAMHS service is invaluable and improving access to our services and making sure the environment is the best it can be to deliver high quality care is a key priority.

Digital Media

Following previous engagement with children and young people who said that they would like to access support online we have commissioned Kooth.com. Young people stated that they like the idea of online support and said it is a convenient way to get support and also can eliminate the stigma often associated with asking for help.

The Kooth website contains details of counselling options, messaging forums, self-help tools, an online magazine and more. The service aims to help with a range of topics including relationships, friendships, bullying, exam pressure, eating disorders, self-harm and general health.

Young people register anonymously on the site, which gives them access to both drop-in and booked online chats with [British Association for Counselling and Psychotherapy](#) certified counsellors and emotional wellbeing practitioners.

Kooth will enhance the existing mental health support and services available to young people in North Tyneside. Having qualified counsellors, information and advice for our young people to access online will make support more easily available. Available until 10pm each night, 365 days per year, it provides a much needed out of hours service for advice and emotional support.

Also, having listened to how children and young people wish to engage and communicate with services, our CAMHS service has commissioned and are working in conjunction with Healios a digital healthcare technology company to provide online assessments, interventions and behavioural change techniques to young people and their families who are currently on our waiting lists and we have identified as the most appropriate to receive digital support via an agreed set of selection criteria. This is at the early stages of implementation and we will monitor how the service

used, how children and young people engage with the system and what the impact may be on assessments and waiting times in the service.

5. SERVICE UPDATES

5.1. Strategic Direction

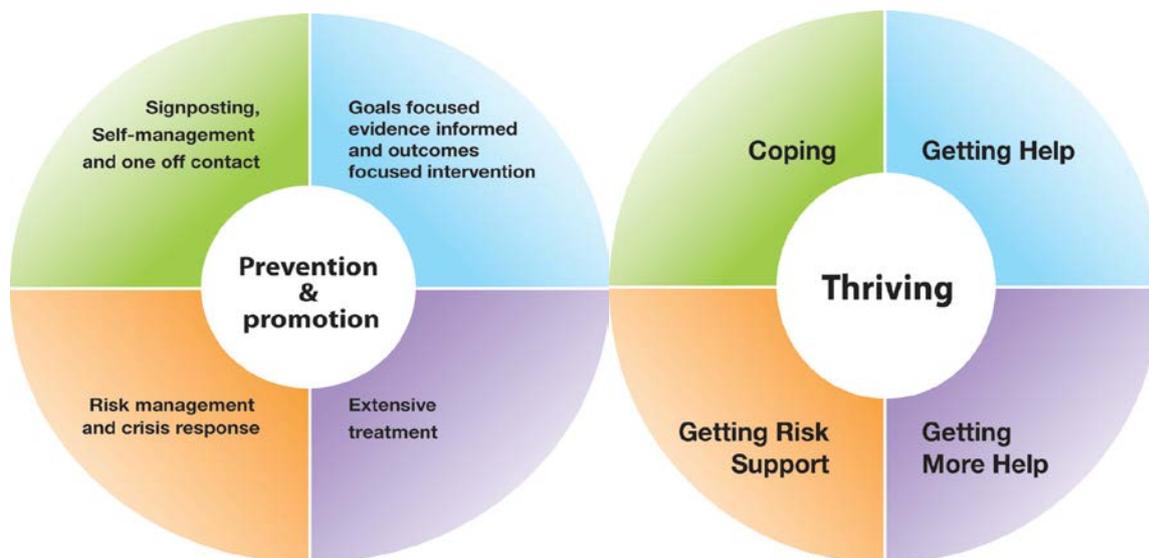
We have described earlier in this document that we have two providers working in CAMHS services in North Tyneside. Whilst this could have caused confusion for patients and fracturing in pathways, we have found that the two services work well together to ensure that children and young people receive a quality service and experience. Having a joint focus via the Transformation Plan continues to enhance working relationships and enabled commissioners and providers to find solutions to operational issues.

The partners involved in the development of this LTP and in the care and provision of children and young people have, since the LTP was originally written, sought to identify how we can remedy any service areas which require improvement.

Some of these areas are locally based, unique to North Tyneside while others are at an STP footprint level and we will work with other commissioners to effect the necessary changes. For example the improvements we wish to make within eating disorder services are being addressed at a regional level, while other issues such as support to manage mental health in schools are more local and have been or are being addressed on that basis.

One of the key strategic movements that we are in the process of implementing is to base future service provision on the THRIVE model. Our Transformation Plan described our plans for in the context of the THRIVE model.

The THRIVE model below conceptualises four clusters (or groupings) for young people with mental health issues and their families, as part of the wider group of young people who are supported to thrive by a variety of prevention and promotion initiatives in the community. The image to the left describes the input that offered for each group; that to the right describes the state of being of people in that group - using language informed by consultation with young people and parents with experience of service use.



The THRIVE model has been introduced in North Tyneside via the Children and Young People’s Mental Health and Emotional Well-Being Strategic Group.

This group used evidenced based tools, specifically service mapping, to undertake a review of existing service provision and to provide a gap analysis. We used the outcomes from this work to inform where and how commissioners and providers needed to focus or reconfigure service provision in our future plans.

During 2016/17, we were engaged in work with the Education Policy Institute and Durham University as part of the appreciative enquiry being undertaken, looking for best practice and recommending evidence based interventions that would support implementation of the transformation plans. We engaged in a workshop with the University, the outcome of which focussed on the preventative section of the pathway. We used the learning from this workshop to further progress our Plans. From this work, we focussed on working with schools and engagement with young people to effect a more preventative approach to children and young peoples mental health provision.

Transitions and smooth pathways are always of high concern to patients and carers. We recognise this in our Transformation Plan. As we have already mentioned, having two service providers in the borough could lead to friction and divisiveness and confusion for people accessing services. Our joint work between providers and commissioners has enabled us to tackle transitions issues head-on.

Joint work was undertaken between the IAPT service in North Tyneside with the CAMHS service to review pathways and access criteria to enable as smooth a transition as possible. This resulted in regular operational level meetings to review criteria and processes, identification of any “stops” in the system and solutions to unblock those “stops”.

Our previous LTPs have described how the transition between CAMHS and adult mental health services are reviewed. Updated processes to begin the transition

process from young peoples to adult services now begins at a slightly earlier point than previously, with the CAMHS team providing support for the young person when beginning to access adult services. This has enabled smoother service transitions and has removed some of the thresholds between services.

More recently, regular interface meetings are taking place which include NTW Trust's Community Treatment Teams , Northumberland Healthcare Trust's IAPT service and the CAMHS team. Through these interface meetings, actions have been identified to continue to improve transitions for children and young people to adult services. It is also relevant to note that a joint monthly clinic is held between the CAMHS service and the adult ADHD service.

North Tyneside also has a joint policy on transition between the two CAMHS providers, including an escalation policy, which is in the process of being reviewed and updated. Both Trusts are reporting that the transitions process works well.

The Transitions CQUIN was included in the 2017/19 national CQUIN scheme intending to "incentivise improvements to the experience and outcomes for young people when they transition out of Children and Young People's Mental Health Services (CYPMHS) on the basis of their age. [The] CQUIN is constructed so as to encourage greater collaboration between providers spanning the care pathway."

The CQUIN is included in the contract with Northumberland, Tyne & Wear Mental Health Trust and progress towards/achievement of the CQUIN is regularly monitored.

The Trust is asked to submit data and written information describing their progress towards achievement of the CQUIN requirements. A monthly meeting is then held between representatives from North Tyneside CCG, NECS and Northumberland CCG representatives to determine if the information and evidence provided by the Trust is sufficient to agree that the outcome or progress milestone has been achieved. To ensure a quality perspective, the CQUIN report is also taken to the Quality Review Group. Equally, from a contractual and commissioning perspective, it is also discussed at the monthly contract meetings between CCG commissioners and the Trusts.

North Tyneside partners continue to be involved in and input into regional and national strategic developments. For example, we continue to work with NHS England to implement the national review (New Models of Care) of inpatient care in the North East. We also have a representative on the newly established regional commissioners forum. We also describe in relevant sections of this document how we provide input and support into the developing mental health Integrated Care System work.

Like most other areas in England the local population data that we hold on Children and Young People's Mental Health and Emotional wellbeing level in North Tyneside is poor. Therefore partners agreed to carry out a comprehensive Health and Wellbeing survey to include in-depth questions on Mental Wellbeing in all schools across North Tyneside in Year 4,6,8 and 10 by March 2019. The survey will be

carried out bi-annually to monitor mental health and emotional wellbeing trends across this cohort.

The findings of the surveys will be analysed and give a good understanding of any different results across North Tyneside e.g. in different geographical areas. The on-line surveys will give detailed information on the wellbeing of pupils and enable the local partnership to commission and shape services to make them suitable to needs.

Over the past few years of our Local Transformation Plan, we have concentrated on meeting national standards and access to services. During the previous year (2017/18) year, we continued to embed ways of working to improve access but also focussed on mental health in schools and education which has resulted in initiatives such as the Emotionally Healthy Schools Resource Pack and collaboration with the Anna Freud Centre. It is our intention to continue to focus on mental health in schools and education and on prevention.

An integral part of this is our approach to implement the current Green Paper requirements in relation to provision of mental health in schools and also waiting times for access to CAMHS. North Tyneside CCG, in partnership with North Tyneside Local Authority and Northumbria Healthcare NHS Foundation Trust applied to be a Wave 1 trailblazer site. We learned earlier in December 2018 that our bid was not successful. However, we remain committed to achievement of the principles of the Green Paper and have been successful in bidding for some non-recurrent funding to begin the process of reducing access times to the CAMHS service, particularly for Emotional Disorders. We will use the feedback from the Wave 1 application to consider how we will progress the requirements of the Green Paper, including identification of potential alternative funding options to implement the Green paper requirements.

In the sections below, we have outlined what we intended to do for each initiative as described in our original Transformation Plan and what we have achieved to date.

5.2. Prevention, Early Intervention & Coping

We have a key strategic focus on prevention and early intervention. The promotion, protection and improvement of the mental health of children and young people is seen as a key priority in local health and wellbeing strategies and commissioning plans and a priority for the Health and Wellbeing Board.

Our ambition is to give every child in North Tyneside the best start in life and help them develop into healthy and resilient adults. Half of lifetime mental disorder has arisen by the age of 14 and 75% by the mid-20s. Therefore, services to prevent mental disorder have greatest impact in pre-teenage years. Evidence shows that programmes that increase parenting skills and whole school social and emotional learning programmes build resilience for children and families and this is our key focus as outlined below:

As part of the work we have been undertaking to develop the Children & Young Peoples Emotional Health & Well-being Strategy and as part of the implementation of the Transformation Plan, we have identified the principles we expect from promoting resilience, prevention and early intervention:

- promoting good mental wellbeing and resilience, by supporting children and young people and their families to adopt and maintain behaviours that support good mental health
- preventing mental health problems from arising, by taking early action with children, young people and parents who may be at greater risk
- early identification of need, so that children and young people are supported as soon as problems arise to prevent more serious problems developing wherever possible.

We have also identified the following High Level Outcomes:

- Children and young people will have the best start in life.
- Children and young people will be resilient and thrive.
- Children and young people will learn to support themselves and others.
- Parents will have access to information and support before and after the birth of their children.
- Fewer children and young people will develop mental health problems
- Frontline workers will have more understanding and be able to better recognise potential mental health problems and promote emotional wellbeing.

We are delighted to have been approached by Barnardos to take part in a national Strategic Partnership with Barnardo's. This is a long term programme of work (5 years +). This National Strategic Partnership aims to improve outcomes for Children and Young People in North Tyneside by testing different innovative models of working which are sustainable, create system change with a focus on prevention and early intervention with lessons being shared. North Tyneside is one of only 4 areas around the country to have been approached by Barnardos for this work, in recognition of the quality of service provision in the area.

Supporting maternal mental health during and after pregnancy

Perinatal mental illness (PNM) affects up to 20% of women, and covers a wide range of conditions. If left untreated, it can have significant and long lasting effects on the woman and her family. Perinatal mental health problems can also have long-standing effects on children's emotional, social and cognitive development. PNM is a key priority in the development of the regional Local Maternity System and also our local ICS plans for mental health. There is recognition of the need to support the development of local professional knowledge and skills in perinatal and infant mental health.

We have rolled out the evidence based Institute of Health Visiting training to frontline staff in 18/19. Staff involved in the training included Midwives, Health Visitors, Locality Teams and Children's social care staff. This training will enable a wide range of staff to understand the importance of perinatal mental health and recognise the symptoms and how to support women appropriately to prevent problems escalating.

In addition, the Perinatal Community Mental Health Team provides a community service to support women experiencing mental health difficulties related to pregnancy, childbirth and early motherhood. They also work to minimise the risk of relapse in those women who are currently well but who have a history of severe mental illness.

The CCG has funded this service for a number of years and continues to recurrently fund it, recognising the national and strategic expectations around provision of perinatal care. The CCG has also agreed to be the perinatal commissioning lead on service quality on behalf of the other CCGs. We also continue to work with the NTW Trust and other CCGs to ensure that the perinatal service being rolled out in other CCG areas, as well as North Tyneside, meets the relevant national standards and quality requirements for the service.

Children's Public Health 0-19 Service / Healthy Child Programme

North Tyneside Council provides its own children's public health service that has a significant role in supporting our vulnerable children, young people and their families. This service starts in the antenatal period and continues until the age of 19. It includes health visitors, public health school nurses, staff nurses/midwife, teenage pregnancy midwife and community nursery nurses.

The 0-19 Public Health Service also plays a key part in preventative work and early identification of families in need of additional support. The service offers 1:1 and group support and CHAT health text based support. In addition, the service works closely and effectively with CAMHS staff, Primary Mental Health workers and schools to support low level mental health needs of children and young people.

Parenting programmes and reducing Parental Conflict

The central role of positive parenting practices in healthy child development is crucial and a range of Evidence Based Parenting Programmes are on offer across North Tyneside. These include Solihul Parenting Programme, the Parent Factor in ADHD and the Healthy Relationships Programme. These parenting programmes are usually group-based with parents meeting weekly for 6-12 weekly sessions of two

hours, but may be one-to-one. They have an emphasis on parent and child wellbeing and relationships.

In addition, North Tyneside Council purchased a multi-user licence for online parenting courses that every resident can access: www.inourplace.co.uk. The online courses are written by Child and Adolescent Mental Health Services (CAMHS) professionals with other health and education workers. The courses are based on the Solihull Approach which aims to improve emotional health and wellbeing by supporting relationships in families. These have been widely publicised via primary care, 0-19 services and our voluntary sector and uptake has been good.

In the coming year North Tyneside will be rolling out 'Reducing Parental Conflict training' to a range of staff (over 100 staff). There is strong evidence that conflict between parents whether together or separated can have a significant negative impact on children's mental health and long-term life-chances and we believe this approach to reducing Parental Conflict will support healthy relationships within families and prevent mental health problems arising.

We will be building capacity to deliver the evidence based New Forest Parenting Programme (NFPP) to staff across the CAMHS service and Locality Teams within the Local Authority. Staff trained will be those working directly with families who have school age children up to 12 years of age who are experiencing behaviours that are in line with ADHD symptoms.

NFPP works with parents to think about the attachment relationship they are forming with their child and how to improve it if needed. It considers attributions of the parents and children in relation to the child's behaviours and uses the behavioural approach of social learning theory and functional analysis to bring about changes in the child's behaviour whilst building on strengths. In addition, systemic theories are used to identify patterns of behaviour and their meaning within the family and the wider network in which the child operates. NFPP is a parent led intervention which provides parents with a tool kit of ideas which they can use with their child to improve behaviour.

Once a pool of staff is trained North Tyneside will have 2 groups running in parallel which would focus on:

1. Cases within CAMHS or on the CAMHS waiting lists.
2. Cases known to Localities who are not in CAMHS, but are families /young people who are experiencing difficulties.

The intention is to have a rolling programme – as one programme ends another is ready to go we should get as many of the trained clinicians delivering quite quickly to keep skills up.

Schools Initiatives

We have described in previous iterations of the Local Transformation Plan that we are undertaking a range of initiatives and schemes, using schools as the platform for delivery of many of these initiatives. North Tyneside partners continue to support

schools to promote and protect the mental health and wellbeing of children and young people. Our Strategic Group works very closely with Headteachers and regularly update them to ensure a co-ordinated approach across the system. More detail on these initiatives is outlined below:

Many of our schools already deliver a range of initiatives and programmes that contribute to improving mental health and emotional needs. As part of a universal approach to mental health in schools, a range of resources are already provided into all schools in North Tyneside including the evidenced “Mind Your Head” resources. PHSE lessons include exploring mental health and such topics as emotions and feelings, bullying and a safe environment. The PHSE Association ‘Preparing to teach about mental health and emotional wellbeing’ guidelines and lesson plans are circulated to schools to use and Pastoral care in schools is already recognised as good with leads identified in schools.

We want all our schools to adopt a Whole School Approach which will be characterised by a concern for the entirety of school life, and the health and wellbeing of students, staff, parents and the community. We created a pack of evidence based resources and self help materials.

We are also working with Educational Psychology services in North Tyneside to determine their role and what input they can provide into schools as part of our universal approach.

We are working with the Wallsend Partnership to address specific issues relating to mental health in schools. We are undertaking a needs assessment coordinated through Public Health to gain a more in-depth understanding of the issues that schools and children & young people face, which will help the Partnership to direct funding in the most beneficial way.

The CAMHS team also reviewed the training packages that are available to schools and how they can be tailored and delivered to meet the specific requirements identified by schools. The new system of training was launched in March 2017.

North Tyneside’s Emotionally Healthy Schools Resource pack

North Tyneside’s Emotionally Healthy Schools Resource pack was launched in March 2017. It draws together current evidence based best practice, training and existing resources into one place to promote a borough wide, whole school and college approach to supporting the mental health and emotional wellbeing of our young people. We know that many schools are already doing an excellent job at supporting pupils and there are examples of good practice but mental health and emotional wellbeing remains high on the list of headteacher’s concerns both locally and nationally. Our aim is to ensure that best practice is shared and we have a consistent approach across the borough. It was updated in 2018 and can be accessed here: <http://my.northtyneside.gov.uk/category/994/emotionally-healthy-schools-resource-pack>.

Mental Health First Aid training in secondary schools

Having teachers who understand basic mental health first aid (MHFA) is an important step in the process of getting early intervention with young people.

15 schools received MHFA Training which included practical advice on how to deal with issues such as depression and anxiety, suicide and psychosis, self-harm, and eating disorders in young people.

Anna Freud Schools Link Programme

The Strategic group submitted a successful expression of interest to take part in the Mental Health Services and Schools Link Programme 2017-18 which was run by the Anna Freud National Centre for Children and Families and the DfE. A series of workshops brought together Children and Young People's Mental Health Services (CYPMHS), schools and colleges, voluntary sector colleagues and other CYP services together to strengthen communication and joint working arrangements between schools and mental health professionals. Over 100 professionals were involved in the workshops and North Tyneside was asked to take part in a regional evaluation of the programme.

One of the outcomes from the workshops was to improve referrals from schools. Two twilight sessions were organised for Primary and Secondary SENCOs for additional training to improve the quality of referrals. These sessions were facilitated by the Consultant Child and Adolescent Psychiatrist at CAMHS.

We aim to continue to work with schools to implement some of the improvements identified in the workshops during the coming year e.g. set up a termly Mental Health School Mental Health Leads Network where school staff would come together with CAMHS, Educational Psychology and School Improvement staff.

We are also continuing to explore opportunities for further work with the Anna Freud Centre into 2019/20.

Support offered via commissioned voluntary sector partners.

Statutory organisations fund a range of prevention and early intervention services through our local voluntary sector partners who are particularly focused on reaching some of the most vulnerable young people in North Tyneside.

Phoenix Detached Youth Project (PDYP): Helping Hands Project

Helping Hands provides support to young people regarding their mental health and emotional wellbeing and is delivered in partnership with the Connexions service in North Tyneside. This is a Borough wide service and year on year an increase in the number of referrals and this year there has been 75 young people attending across the five groups. Referrals come from a range of statutory and voluntary sector organisations, but the main referrer continues to be CAMHS (Child and adolescent mental health service) followed by Connexions. This year due to the increase in numbers and complexity of young people's needs the group has strengthened links with CAMHS and now attend PDYP team meetings.

Four of the groups meet during the evening but the fifth group takes place during the day. This means 'older' young people who aren't in education, employment or training have more opportunity to gain age appropriate and practical support for example using public transport and meeting in different places.

This year Helping Hands has focused on topics such as; resilience, self-esteem, confidence, stress, friendships, social interactions and communication skills. This is done through; discussions, sharing experiences and other resources such as games or worksheets. In the school holidays young people identify activities that they would be interested in and as social isolation is something many people feel, this is a vital element of Helping Hands.

As well delivering the Helping Hands groups PDYP also work with other young people regarding their mental health and this is often on a one to one basis. There are many things that can have a detrimental impact on young people's mental health and emotional well-being and as PDYP are incorporating the importance of resilience across all their work with young people.

Young Carers' Mental Health

Our Young Carers' Centre has a specialist Mental Health Carer Support Worker who works with young carers in North Tyneside to discuss the impact of caring responsibilities on health and wellbeing. The worker provides individually tailored advice, information and support to meet needs.

The Base : Barnardos

The CCG commissions the Barnardos service called the Base which is sited in Whitley Bay. The Base offers a drop in service on weekday afternoons to young people aged 16-25 years to provide advice, information and support on a range of issues. This can include such issues as mental health, relationships and family problems, housing/homelessness etc. Practical support is also available which includes laundry, emergency food and toiletry supplies, sexual health services such as C-cards. A number of programmes to support training and employment are also available.

5.3. Getting Help

GP Services

In relation to GP services, we said in our previous Transformation Plans that all Practices need to receive updated CAMHS access criteria to ensure that referrals are appropriate and to prevent “bouncing” of referrals around the System. The CAMHS specification between the CCG and Northumbria Healthcare Trust was updated for financial year 2017/18 and the consequent updating of the criteria has been shared with GP Practices.

We also committed, in earlier Plans, to holding GP awareness sessions of CAMHS. Several sessions have since been held including:

- Suicide Prevention and Self Harm by Young People, July 2017, which includes an overview of the principles of risk assessment and individualised care planning; case study based strategies for managing complex primary care presentations
- Depression (all age), December 2017 which covered pathways and identification of depression, different types of depression and management approaches, case study discussions
- Children & Young Peoples Mental Health (February 2018) which included topics on: how GPs can assess mental health difficulties in children and young people; how to make referrals to the CAMHS team; the difference between urgent and routine referrals; raising awareness of the availability of services other than CAMHS; case studies and discussion.

More sessions will continue going forward which we will tailor to meet requests from GPs.

In addition to CCG arranged education sessions, the North Tyneside CAMHS provide sessions on a 6 monthly basis as part of Northumbria Healthcare Trust’s GP events. Sessions include such topics as “When to Worry” and “What is a Red Flag”. Part of these sessions includes providing information to GPs about appropriate evidence based toolkits that they can use and where they can be accessed.

We said in previous versions of this Plan that we would identify for GPs appropriate evidence based toolkit(s) to use when managing children & young people with mental health needs. A range of toolkits have been identified and these were provided to GPs, including at the education events.

Children & Young People Improving Access to Psychological Therapies Programme

A considerable proportion of our Transformation Plan funding is being spent on the Children & Young People Improving Access to Psychological Therapies programme. We have used Transformation Plan monies to support the infrastructure for development of CYP IAPT in North Tyneside, develop a robust governance process as well as deliver on IAPT outcomes measures.

The CYP IAPT service in North Tyneside continues to meet with other providers as part of the North Tyneside and Northumberland partnership. In North Tyneside, the following training has been undertaken by CAMHS staff:

- Leadership training x 5 staff members
- Supervision training x 1 staff member
- Evidence Based Practice Course – 2 x members of staff
- Systemic training x 2 members of staff
- CBT training – 1 x member of staff
- Systemic Eating Disorders 1 x member of staff

We have offered IAPT training to Educational Psychologists but, to date, no member of staff has been able to take up this offer. However, a member of staff from Barnardos who provides grief counselling to children and young people in North Tyneside has undergone IAPT training. We will continue to work to identify and encourage more uptake from other providers.

As well as undertaking appropriate national training, staff also attend a monthly teaching and training programme which is delivered either by members of staff themselves or via external speakers, depending on the subject.

The service ensures that NICE Guidance is adhered to when delivering IAPT and the work of the team is audited against this guidance

We have evaluated the outcomes from the Commission for Health Improvement Experience of Service Questionnaire and have used this to help identify where and how further improvements can be made to both the CAMHS service as a whole and in relation to how therapy is offered. One of the areas of feedback from children and young people related to convenience of location. Based on this, a new initiative has been implemented whereby DBT sessions are being offered at universal level in schools. We will monitor the outcomes of this initiative, giving the project time to bed-in, and consider how we will continue this provision based on the monitoring information and feedback received. We will be able to analyse how and where IAPT sessions will take place, workforce needs and how the service can be further developed.

We are conscious of the expectation outlined in the 2017-2019 NHS Operational Planning and Contracting Guidance that 32% of children and young people with a diagnosable condition should be able to access evidence based interventions by 2018/19. Published data up to September 2018 shows that the CCG has achieved an access rate of 56% to date which significantly outperforms the target of 32%, demonstrating our commitment to implementation of the CYP IAPT programme. We are continuing to access and fund, via CCG funding, ongoing training for relevant staff members.

Access to North Tyneside CAMHS

Access to the CAMHS service continues to be a priority as it has been in previous years.

We identified £63,000 Transformation Plan funding to help the North Tyneside CAMHS service to develop capacity to extend appointment availability, offering more choice. The CAMHS team has undergone a period of transformation and more appointments are now being offered, including evening appointments. The service has also explored self-referral options, taking into account governance and issues around consent, patient capacity and confidentiality and intended to offer access to self-referrals later during 2016/17 for a targeted cohort of young people. This work was temporarily postponed while other service configuration took place, including the changes to the Primary Mental Health Worker roles described in Section 5.2 above. However, we are continuing with our intention to offer self-referral and will review when self-referral can be implemented during 2018/19.

It is relevant to note that the CAMHS team in North Tyneside, has reconfigured its access system by introducing an assessment clinic, operating in a similar way to an MDT. All referrals are discussed at the assessment clinic before onward referral to the most appropriate team or professional within the service. This has had a positive impact on waiting time and access to the service and ensured that children and young people are receiving the most appropriate care as quickly as possible.

The service has also established a Youth Forum to provide more patient and carer input into future service provision. Again, this is a positive move and the service is working closely with patient and carer representatives to effect this.

Previously, we had reported in the Transformation Plan that the access rate to the CAMHS team had been very good. Our previous Transformation Plan had described the current waiting times for access to the CAMHS service. Although the access rate was excellent, with 99.8% of people being seen in 12 weeks or less, the service aspired to see people referred to them within 6 weeks of referral.

The chart below provides an overview of the source of referrals into the North Tyneside CAMHS team for the period 2016-2018.

Tables 1 and 2 below provide some detail about the referral rates to the North Tyneside CAMHS service over a 2 year period between February 2017 to January 2019.

Table 1
New Referrals to North Tyneside CAMHS February 2017 to January 2018

Referrals received	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Yearly total
Accepted	117	125	91	124	106	104	49	86	115	118	92	71	1198
Rejected	42	34	27	40	60	48	37	41	50	49	41	27	496
Total number of referrals received monthly	159	159	118	164	166	152	86	127	165	167	133	98	1694
Percentage of accepted referrals	74%	79%	77%	76%	64%	68%	57%	68%	70%	71%	69%	72%	71%
Percentage of rejected referrals	26%	21%	23%	24%	36%	32%	43%	32%	30%	29%	31%	28%	29%

Table 2**New referrals to North Tyneside CAMHS February 2018 to January 2019**

Referrals received	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Yearly total
Accepted	128	128	91	148	96	117	77	98	157	138	106	123	1407
Rejected	27	30	34	45	48	54	24	17	39	32	35	36	421
Pending											1	3	4
Total number of referrals received monthly	155	158	125	193	144	171	101	115	196	170	142	162	1832
Percentage of accepted referrals	83%	81%	73%	77%	67%	68%	76%	85%	80%	71%	69%	72%	77%
Percentage of rejected referrals	17%	19%	27%	23%	33%	32%	24%	15%	20%	29%	31%	28%	23%

* Change in comparison to the number of referrals received over the previous reporting year (Feb'17-Jan'18) – increase by 8%

It can be seen that the number of referrals to the CAMHS specialist team has increased during the time period within the above tables. It is also useful to note that the percentage of accepted referrals has increased which would indicate that the work undertaken with schools and other referrals has proven beneficial in that more referrals in the period February 2018 to January 2019 are appropriate referrals.

However, from March 2018, we have seen a considerable increase in referral rates to the CAMHS team, from an average of 141 referrals per month in 2017/18 to 146 per month 2018/19, representing a 3.2% increase. We have noted that referrals to the neurodevelopmental pathway are particularly high and this has had an adverse impact on the waiting times for commencement of treatment for children and young people on this pathway.

The waiting list and times for August 2018 are described in table 3 below

Table 3**Internal Waiting Times To Specialist CAMHS Teams as at August 2018**

Internal waiting times to Specialist CAMHS Teams in August 2018	Average wait (weeks)	Longest wait (weeks)	Total number of patients on the waiting list
Emotional Disorders Team	18	26	44
Neurodevelopmental Disorders Team	25	39	207
PMHW Team	8	12	N/A
Specialist ADHD Team	6	6	6
Specialist Eating Disorder Team	1	1	
Total number of patients on the internal waiting list			257

In recognition of the pressures on the CAMHS team, the CCG has identified additional funding in-year in 18/19 and which will be recurrent from 2019/20. The 2018/19 funding will be used to boost capacity within the team, focussing on the neurodevelopmental pathway. A plan has been developed, agreed and recruitment is underway.

The CCG and the provider are working together to review the existing services which will take place early in 2019. The outcomes of this review are expected to ensure a sustainable service in the longer term which can meet the needs of children and young people with neurodevelopmental issues and reduce waiting lists and times to meet the Green Paper access requirements.

We are working to understand the reason for the considerable increase in referrals and there does not appear to be a singular reason. We appreciate that this is not a local issue but is being experienced at a national level. Nevertheless, we acknowledge that such a level of wait is not acceptable and must be addressed.

During 2018/19, we have also begun to see an increase in the waiting list and time for access to treatment for children and young people with emotional disorders following assessment. An essential element of the review outlined above is to understand current configuration and funding of the service.

The CCG has also successfully bid for some non-recurrent funding (£51,490) from NHS England as part of a waiting list initiative. This funding is being used to begin a targeted reduction of the waiting list for emotional disorders. The CAMHS team has identified some members of staff who are on part-time contracts and who are willing to increase their hours for a period of time to undertake this targeted work. This funding would allow for those contracts to be extended until the end of the financial year and therefore fulfil the requirements of the bid. In the longer term, the CCG and CAMHS team will continue to work together to ensure sustainability within the service. The CCG has identified non-recurrent funding in 2018/19 (£140,000) for the CAMHS service to aid with waiting lists and times, particularly in neurodevelopmental services. Recurrently, the CCG has identified £230,000 for the CAMHS service. A review of the service is underway to help determine how this funding can be best utilised to ensure that the service is sustainable in the longer term.

Pending the outcome of this review, the CCG is considering how it may access further funding to improve these waiting times. This may be by submitting a bid for national funding as part of the Wave 2 Green Paper funding process but the CCG is also exploring other options. We are looking at opportunities to improve access coupled with provision of mental health workers in schools, recognising that the latter initiative will impact on the former.

Looked After Children

For Looked After Children, we said that we wanted to focus on support with emotional health and well-being for LAC children and increase earlier intervention opportunities. More LAC prevention and reduction was also necessary as was

increasing the numbers of specialist foster carers who can work with the most challenging children and young people.

The LAC pathway was recently reviewed and further work will be done in the coming months to ensure this is fit for purpose moving forward to take into account how best to continue to meet the needs of LAC children within funding constraints. There is a commitment from all partners that LAC will continue to be prioritised in any new service model. A dedicated psychologist currently supports this pathway and provides advice and support to staff, foster carers and families.

Specifically in relation to children leaving care, the locality teams being created by the Local Authority will support their emotional health and wellbeing needs, with additional support from CAMHS and RHELAC services. We will also consider provision of further training to foster carers

We are now starting to develop a second version of the Resource Pack for social care staff, foster carers and the community and voluntary sector. This will become an 'Emotionally Healthy Organisation Resource Pack'.

As part of the Children's Transformation Board a number of workshops are being held with senior managers, including Looked After Services to look at the mental health skillset needed across our children's workforce, what training we can provide to existing staff, what specialist CAMHS can offer and what other or additional specialist mental health input is required and how these needs could be addressed. This work aims to ensure our whole workforce is equipped to meet the mental health and emotional wellbeing needs of our children and young people ensuring the needs of Looked After Children are met.

**Table 4
Caseload analysis by Children & Young People in Special Circumstances**

Looked after children	36	37	37	36	31	35	67	62	62
Subject to Child Protection Plan	9	12	12	11	10	9	7	8	7
Total	45	49	49	47	41	44	74	70	69

RHELAC

The RHELAC Team has reviewed and renewed its offer to looked after children in North Tyneside. The team consists of a range of trained professionals including a psychologist post based in the CAMHS service, a counsellor, education Psychologists, a CAMHS social worker, a senior teacher, a virtual School Head and, from April 2019, an Occupational Therapist. A range of interventions and support is on offer which encompasses clinical psychology; person centred counselling; therapy, EMDR; DDP, therapeutic training, friends resilience, mindfulness, sensory attachment therapy.

The team describes its aims for looked after children as:

- That they have the opportunity to recover from any trauma and loss they have experienced.

- That they have the opportunity to build and re-build lasting relationships with the adults in their lives that will see them through to adulthood.
- That their needs are fully assessed and support is available to meet their physical, emotional and educational needs.
- That they experience stability at home and at school.
- That any gaps in their knowledge are filled to enable academic progression and positive outcomes.
- That their needs are fully understood through accurate and timely assessments.
- That the past is not a barrier to the future and dreams and ambitions are nurtured and supported.

This will be done through the multi-agency, trans-disciplinary, co-located team of specialists that work together to support the child and their network as described above. The approach is based on the Neuro-sequential Model of Therapeutics. This works on the basis that children that have experienced adverse childhood experiences have developmental gaps that need addressing. This model recovers and repairs each part of a child's brain in a specific, phased and effective order from the bottom up.

Following a competitive application process North Tyneside CAMHS and RHELAC Services were successful in its bid to be one of nine pilot sites to improve mental health and wellbeing assessments for children entering care. Working with the Anna Freud National Centre for Children and Families, along with a consortium of partners , including action for children, research in practice and the children's outcome research consortium over a period of 2 years, a new assessment framework is to be introduced. The aim is to increase awareness of the level of the young persons mental health needs and create a shared understanding of these needs across the child's network.

5.4. Getting More Help

Intensive Community Treatment Service (ICTS)

North Tyneside CCG already commissions an intensive community treatment service for children & young people which is provided by Northumberland Tyne & Wear Mental Health Trust.

The Intensive Community Team Service (ICTS) is provided by Northumberland, Tyne & Wear Trust. This service aims to allow day and outpatient services for children and young people with mental health needs that were previously delivered from centralised clinic/hospital settings to be delivered through best practice community focused models working in partnership with community CAMHS teams and multi-agency partners to allow care to be provided closer to home.

The CCG agreed with the Trust that a review of activity and pathways would take place during 2016/17 to enable an informed decision on future commissioning and funding which was completed. We are aware through our discussions with the Trust that the emphasis of the ICTS team has been focussing more on prevention of admission of children and young people in crisis rather than having a community focus. Consequently, the Trust has undertaken, during 2017/18, an internal reorganisation to work more efficiently in order to develop that community focus.

Further discussion took place during the latter part of 2017/18 with the Trust to agree what the service model should be to meet the needs of children and young people in North Tyneside. Following this, we have held joint meetings between the ICTS team and the CAMHS team to ensure that that each service is clear about each other's referral criteria and processes and will result in smooth pathways between the two services.

The table below provides information about the activity levels for access to the service for people from North Tyneside.

Table 5
Northumberland, Tyne & Wear Trust Activity Information for North Tyneside Intensive Community Team Service

Report Month	NT open cases at month start	NT new referrals in the month	NT open cases at month end	NT cases discharged in month	NT total cases open in month
Dec-16	2	4	2	4	6
Jan-17	2	12	8	6	14
Feb-17	8	12	10	10	20
Mar-17	10	13	8	15	23
Apr-17	8	6	3	11	14
May-17	3	14	6	11	17
Jun-17	6	18	6	18	24
Jul-17	6	7	6	7	13
Aug-17	6	7	7	6	13
Totals	49	89	54	84	138

Community Eating Disorders Services

There are two providers offering eating disorder services to patients in North Tyneside. Both services offer NICE Concordant treatment.

Northumbria Healthcare NHS Foundation Trust offer Tier 2 and 3 Children & young Peoples Mental Health Services. The Trust has employed a nurse specialist, using Transformation Plan funding, who is part of the CAMHS Team and can offer support and treatment to children and young people with an eating disorder as well as ensure that the pathway between its service and the EDICT service is as smooth as possible. The main benefit of this post is that children and young people with eating disorders are seen and begin treatment swiftly. Expertise and input can be shared amongst the services to ensure that any necessary onward referrals or input are as timely as possible and are appropriate to meet the person's needs. The nurse specialist provides services which are evidence based NICE Concordant and has also undertaken appropriate training to ensure she has the appropriate skills and competencies to deliver these services.

Northumberland Tyne & Wear Mental Health Trust provide the Eating Disorder Intensive Community Treatment service (EDICT) which is a specialist eating disorder service supports young people and their families in the community to manage their condition and prevent hospital admission. EDICT provide family based therapy in a range of settings as well as specialist clinical assessment and inreach to paediatric and acute mental health settings.

Activity information is submitted by both providers and is uploaded onto the Unify system to ensure that it is appropriately recorded to monitor against the national Access and Waiting Time Standard for Children and Young People with an Eating Disorder.

Table 6

Urgent Cases: The number of Patients Started Treatment by Week Since Referral

North Tyneside CCG	>0-1 week	>1-4 weeks	>4-12 weeks	12 plus	Total number of completed pathways (all)	% within 1 week
2017/18	11	-	-	-	11	100.0%
2016/17	14	2	2	-	18	77.8%
TOTAL	25	2	2	-	29	
Percentage seen by weeks	86.21%	6.90%	6.90%	0.00%		
Cummulative percentage seen by weeks	86.21%	93.10%	100.00%	100.00%		

It can therefore be seen that the access standard for urgent referrals being seen within 1 week of referral was achieved in 2017/18. We can confirm that the rate has also been achieved in 2018/19 to date. All twenty one children referred in the last two years were seen within 1 week of referral.

Table 7
Routine Cases: The Number of Patients Started Treatment by Week Since Referral

North Tyneside CCG	>0-1 week	>1-4 weeks	>4-12 weeks	12 plus	Total number of completed pathways (all)	% within 4 weeks
2018/19 to Q3	26	15	2	1	20	
2017/18	6	13	2	-	21	90.5%
2016/17	4	16	1	1	22	90.9%
	10	29	3	1	43	
Percentage seen by weeks	23.26%	67.44%	6.98%	2.33%		
Cumulative percentage seen by weeks	23.26%	90.70%	97.67%	100.00%		

The national waiting time standard for routine referrals is for patients to have started treatment within 4 weeks of referral. The 2017/18 data shows that 90.5% of referrals were seen within that 4 week standard. 85% of referrals were seen within the 4 week standard in 2018/19 (by quarter 3). For the last three years, the CCG has not met the threshold of 95% of patients being seen within 4 weeks. The provider has investigated the circumstances where the target was breached in relation to three patients in 2018/19 and discovered that the patients had actually been treated within the target time but data quality issues in recording had resulted in incorrect dates being submitted onto the national recording system. Since then, the Trust has reviewed its monitoring processes and undertaken awareness sessions regarding the importance of accurate recording to address data errors.

At a strategic level, we continue to work with NHS England and the Clinical Senate to review eating disorder services, taking into account the national standards for Eating Disorders. A Health Care Needs Assessment for adults with severe eating disorders was commissioned by NHS England Specialised Commissioning Team through Public Health England and was developed with input from a number of organisations including: Northumberland, Tyne and Wear NHS Foundation Trust, Tees, Esk and Wear Valleys NHS Foundation Trust, NIWE Eating Distress Service and the Northern England Strategic Clinical Networks. The focus of this work was to

ascertain whether the current service provision is meeting the needs of this population, to understand if variation in service usage exists and to identify any unmet need.

The Health Care Needs Analysis made recommendations including the requirement to define a recovery-focussed model of care for the treatment of severe eating disorders in the North East and Cumbria which needs to address the perverse incentive around low BMI and admission thresholds.

A series of events are being held to develop a recovery-focused pathway for eating disorder services. It was agreed that it was very important that the events should cover all ages. Local aims were developed to focus this work:

1. To develop a recovery focused approach to eating disorders for the North East and Cumbria.
2. To improve access to psychological support
3. To focus on specific areas of the current eating disorder pathway to review and ensure evidence-based practice
4. To implement standard outcome measures which are consistent through the eating disorders pathway.
5. To ensure a seamless transition between children's and adult eating disorder services.

The events that have been held highlighted several areas to be addressed in order to achieve our aims:

- The need for further work on gaining a consensus among all stakeholders on the principles and components of a person-centred, recovery-focused model, prior to implementing this as part of the pathway;
- There needs to be further engagement with service users and carers to fully understand the meaning of recovery to them and to ensure this is embedded in any model going forward;
- The need for stronger collaborative working between NHS England, CCGs, providers and third sector organisations;
- The importance of prioritising work on the provision of effective community-based services and early intervention as a key part of the eating disorders pathway;
- The importance of transitions between each part of the pathway and making these smoother for patients;
- The importance of better identification of eating disorders in primary care including improved management and monitoring in this setting and improved interface between primary, secondary and specialist services.

To address the key areas listed above, a series of further focussed events are planned which are expected to foster a collaborative, whole-system approach to improving services for people with eating disorders across the North East and North Cumbria. The focus for the forthcoming events will be:

- Service user and carer event, aiming to raise awareness of the Health Care Needs Assessment recommendations and understand views on recovery;
- Community element of the eating disorders pathway;

- Transition – with a focus on moving between children and young people's and adults eating disorder services;
- Early intervention in primary care, and early psychological support.

This work started during 2017/18 and is continuing. Key stakeholders in North Tyneside, including the CCG, Northumbria healthcare Trust and Northumberland Tyne & Wear Mental Health Trust have been active participants in these regional events on eating disorders to help inform and support the regional work and direction of travel for eating disorder services in the region, as well as within North Tyneside.

The CCGs across North Tyneside, Northumberland and Newcastle Gateshead are also working together to look at the pathways and community level services. We want to ensure that community eating disorder services are meeting standards and to work with providers to effect any service developments that may be necessary to ensure the standards are met. This work also involved NHSE Specialised Commissioning in relation to the in-patient eating disorder services.

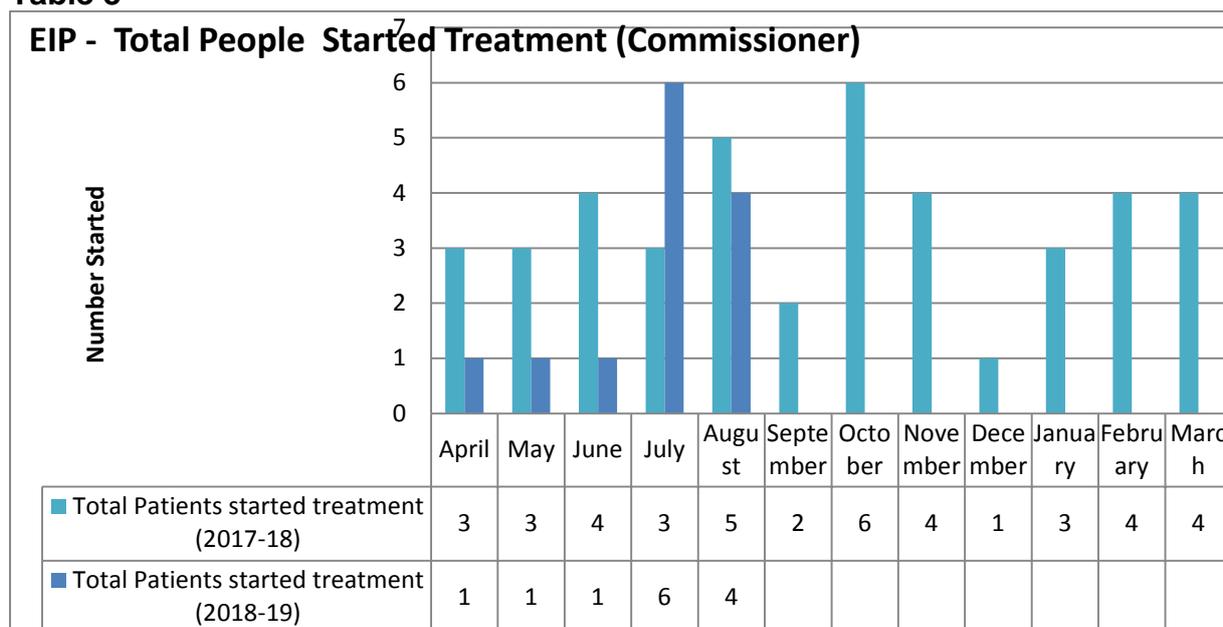
A review of eating disorder services was undertaken to ensure that provision was compliant to NHS England's commissioning guidance and to identify gaps in the current service. Because the EDICT service is a regional service and is commissioned across Northumberland, North Tyneside and Newcastle Gateshead CCG areas (i.e. for a population of over 500,000), this review was undertaken at a regional level. It had previously been noted that the level of referrals into the EDICT service from North Tyneside seemed particularly low. However, regular meetings are held between the two services and, consequently, the pathways and system for referrals between the services are operating well. We will continue to hold joint meetings between the teams and will monitor pathways and referral systems to ensure transitions between services work well.

Early Intervention in Psychosis

In relation to Early Intervention in Psychosis (EIP), we said in our Plan that commissioners and Northumberland, Tyne & Wear Mental Health Trust, the provider in North Tyneside, would work together in readiness for implementation of the new access and waiting time standard and would ensure that the necessary policies, processes and data capture systems are established by April 2016.

To date, via monitoring information gained during regular contract meetings between the CCG and Northumberland Tyne & Wear Mental Health Trust, the new EIP standards for both access and waiting times have been achieved and are consistently achieved.

Table 8



**Table 9
EIP Access Standards**

Org name	People started Treatment within 2 weeks %	People started Treatment within 6 weeks %	People started Treatment within 12 weeks %	Total started	Median Waited (in weeks)
NHS NORTH TYNESIDE CCG	54.5%	90.9%	100.0%	11	

The EIP access and waiting time standard requires that a majority of patients experiencing First Episode Psychosis are treated with a NICE recommended package of care within two weeks of referral. The standard increases from 50% in 2017/18 to 60% in 2020/21. For 2018/19, the standard is 53%. The latest published position shows North Tyneside to have achieved 54.5% which although close to the standard, is above the minimum requirement. We do continue to monitor this standard at the monthly contract meeting with NTW Trust, the provider for this service. The numbers of people referred to the EIP service from North Tyneside are small therefore missing the access target for 1 patient can have a significant effect on achievement of the target.

Previously, NTW Trust had experienced workforce shortages in EIP services across the region.

The service is using nationally identified reporting mechanisms for qualitative information about the service as well as relevant interventions and outcomes.

The service accepts people from the age of 14, but will work with younger children in partnership with community CAMHS who will maintain case lead. Caseloads of

under 18's are monitored periodically as part of the CCQI audit for EIP NICE concordance.

It is now expected that consideration be given to commissioning ARMS which means at risk mental state. This is a term used to describe early, low levels signs of psychosis being experienced by young people aged 14-35 years. These low level signs usually happen for several weeks or months before psychosis. Mental health services are trying to work with young people when they are at risk in the hope that they might delay the onset of psychosis or perhaps stop a first episode happening at all. The CCG and the two mental health providers in North Tyneside will work together to review the national ARMS requirements and ensure that, if there is a requirement to do so, services are commissioned accordingly.

Mental Health Services for People with Learning Disabilities

Our Transformation Plan described that we would review the pathway for psychiatry provision for children with learning disabilities. This review would include understanding current use of psychiatry time and prescribing practice. Current caseload will be identified and analysed with the psychiatrist. This will help to identify the number of sessions that will be required and will enable the Trusts to identify which Trust could potentially offer the service, aiming to eliminate the issues of governance and accountability raised above.

The review was undertaken as described above, including commissioners, Northumbria Healthcare NHS Trust and Northumberland Tyne & Wear Mental Health Trust. By working together, we have achieved an outcome which will considerably improve access to services for children with learning disabilities. Northumberland, Tyne & Wear Trust has recruited to a substantive psychiatrist post instead of provision of a locum. The postholder is providing sessions into the North Tyneside service, including being an integral part of the MDT as well as prescribing medications and undertaking reviews. This means that the postholder has a more involved approach to the clinical management and care of children with learning disabilities in North Tyneside while children with learning disabilities and a mental health issues will experience a more stable and sustainable service and improved access to services.

We are continuing to review this system of working, working with both Trusts, to ensure that the expected outcomes are being achieved.

Perinatal Care

In our Transformation Plan we described the work that is ongoing at the regional level. We said that we would feed the outcomes of this work into the Transformation Plan. North Tyneside already has a community perinatal service, provided by Northumberland Tyne & Wear Mental Health Trust, which had for several years been the only one in the North East area, provided by Northumberland, Tyne & Wear Mental Health Trust. Using national funding, other CCGs more recently worked with the Trust to implement community perinatal services into their areas. The intention is to ensure that the North Tyneside service, and the wider service, meets full CCQI Perinatal standards and relevant national recommendations. The current service

meets this standard and CCG areas who have newly commissioned the service using the national funding are considering how they will commission in the longer term. For North Tyneside, we have committed to continuing to fund the existing service.

We have encouraged the community perinatal service to link more closely with other mental health services. The outcome of this is that there is improved joined up work going on including the management of individual cases. For example, the IAPT service works very closely with the perinatal community service, attend each other's MDTs where appropriate to do so for specific cases and consequently, develop joint plans. Joint training has also been provided to the respective Trust teams, which is aimed at enhancing the patient experience. We will continue to support improved joint working and pathways reviews amongst providers and services.

Young People in the Youth Justice System

During 2016, an in-depth needs assessment was completed by Public Health on Youth Offenders in North Tyneside, which identifies the prevalence and trends associated with offending. The needs assessment highlighted the issues and needs of our young offenders and is being used to inform strategic direction and decision, particularly within the Local Authority in relation to its Transformation Care programme. It is expected that this programme will lead to agreeing priorities to improve outcomes and help make services more aligned to needs, as well as informing future service provision. The needs assessment included in depth case studies on 11 of our most prolific re-offenders which highlighted that all had experienced many adverse childhood experiences outlined above. There were also high levels of emotional and mental health needs identified and school exclusions were high. Many of the Young Offenders did not engage with interventions or the local CAMHS service.

We are conscious that young teenage children with learning disabilities and other impairments are more likely to go to prison if they offend compared to other young people because the youth justice system fails to recognise their needs. The partners in North Tyneside are committed to working together to ensure that young people in the youth justice system are not disadvantaged in this way. To achieve this, a North Tyneside Youth Offending Action plan has been developed which identifies priority areas, which are detailed below, with specific actions sitting underneath each priority area.

- Preventing young people entering the Youth Justice System (First Time Entrants).
- Reducing the number of young people who commit a further offence and work with those who have re-offended to reduce the number
- To ensure that Custody is used for those only when appropriate
- To improve the health and wellbeing of young people involved in anti social behaviour and offending.
- To develop innovative approaches to diversionary work with partners

- To implement the recommendations of the HMIP Thematic inspection of “Public Protection”

Progress against the actions are regularly reviewed at the North Tyneside YOT Management Board meetings, with a number of actions now being completed.

Also in response to the outcomes of the Needs Assessment, partners in North Tyneside submitted and were successful in a funding bid to the NHS Health & Justice Collaborative Commissioning Network to enhance mental health services for children and young people in contact with the justice system. This bid complemented the aspirations within our Transformation Plan. We were successful in our bid and work was therefore undertaken focussing on training children and young people’s practitioners working with young offenders and their families in an Enhanced Case Management approach, which is based on the Trauma Recovery Model (TRM). The training:

- Provided YOT practitioners and managers with increased knowledge and understanding in relation to how early attachment, trauma and adverse life events can impact on a young person’s ability to engage effectively in youth justice interventions
- Provided a psychology-led approach to multi-agency case formulation and intervention planning. It is expected that this, in turn, would enable youth justice staff to tailor and sequence interventions more effectively according to the developmental and mental health needs of individual young people.

The training took place in September 2018 at which North Tyneside Youth Offending Team practitioners and a wide range of partners received both Trauma Recovery Model (TRM) training and the Enhanced Case Management (ECM) practice model. The training provided YOT practitioners and managers with increased knowledge and understanding in relation to how early attachment, trauma and adverse life events can impact on a young person’s ability to engage effectively in youth justice interventions.

The TRM has given practitioners a roadmap to follow that aims to address the causes of the offending – abuse, maltreatment, trauma, etc. – rather than the symptoms (the offending itself). The key underlying principle is that behaviour in these children is developmentally driven, so any interventions must be sequenced accordingly.

Following this training, it was highlighted that there is now a need for a clinical psychologist to provide a psychology-led approach to multi-agency case formulation and intervention planning. Having such a post would enable youth justice staff to tailor and sequence interventions more effectively according to the developmental and mental health needs of individual young people. The North Tyneside partners therefore submitted another bid to NHS England (December 2018) to develop the Enhanced Case Management process.

Enhanced Case Management is a process that is lead by the YOT and case formulation undertaken by a Clinical Psychologist. The Enhanced Case Management process will be used for the most complex cases where previous interventions or

activities have had no positive impact. Evidence from other areas has showed a vast improvement in Young Offenders behaviour and outcomes using a TRM approach.

The Enhanced Case Management approach uses the TRM to guide both assessments and interventions.

The model draws together knowledge and research from a number of different subject areas:

- Child development
- Attachment
- Early brain development
- Trauma research
- Adverse childhood experiences research
- Criminology & desistance theory

In January 2019, we learned that NHS England will provide funding for the remainder of 2018/19 for this post. NHS England is awaiting confirmation from central government as to their financial allocation for 2019/20 but we have been informed that our bid for additional funding for 2019/20 will be forwarded for funding. We are very hopeful that, assuming the funding allocation is received, that we will receive the funding for 2019/20.

Assuming we will be successful in receiving further health funding for this service, clinical supervision will be offered to Youth Offending Team staff who manage cases under the ECM approach by the clinical psychologist. This will provide an opportunity for staff to:

- reflect on and review their ECM practice;
- discuss individual ECM cases in depth;
- discuss changing or modifying their ECM practice;
- explore and process any personal impact of working with this group of young people;
- identify training or continuing professional development needs in relation to the ECM approach.

It is also relevant to highlight that the North Tyneside Youth Offending Service has employed a community nursing post to work within the team. The purpose of the role is to focus on identifying health needs and vulnerability within the young people (and their family). The nurse works within the North Tyneside Liaison & Diversion team working with people under the age of 18 years in Youth Offending Teams (YOT) and other Criminal Justice settings.

The aim of the nurse's post is to ensure that the health care needs of young people are considered. Working with this hard to reach group where vulnerabilities such as mental health, substance misuse and / or learning disability or behavioural need is suspected the nurse assesses clients' needs and what support/ care needs to be provided. If further specialist assessment is indicated the nurse will work with partner organisations across statutory and voluntary sector agencies to address the complex and diverse range of needs to improve outcomes and reduce longer term re-offending.

Sexual Assault Referral Centre

The Sexual Assault Referral Centre (SARC) for children and young people from North Tyneside is based at the RVI Hospital in Newcastle. We have been made aware of some regional service improvement work which has started. Information has been received by the regional team from SARC managers about lack of information or understanding about referral pathways and criteria to other mental health services as well as what those services can offer.

Staff in commissioning and provider services has provided some input into this regional service improvement work which aims to develop pathways for identifying, screening, assessing and how referrals of victims who have mental health issues and come into contact with the Sexual Assault Referral Centre . It is expected that victims of sexual assault will be able to be referred into appropriate treatment services to meet their needs and will also be supported through the criminal justice process if this is needed.

The draft documentation (North East of England Sexual Assault Assessment Services: Mental Health Assessment and Mental health Pathways dated 24.10.18) describes how the work will be conducted as follows “Current processes and pathways will be identified and reviewed both within and between the SARCs and onward referral services to identify opportunities for learning and service development with a view to designing a whole care pathway approach within and between the SARCs and mainstream/third sector mental health services. In conjunction with other initiatives (e.g. the CAC project in Durham) it is envisaged that this will further **build the evidence for the effectiveness of the approach** and support both service delivery and future collaborative commissioning in regards to mental health provision for victims of sexual assault. “

A draft pathway diagram has been developed which is intended to provide some guidance about the most appropriate way to manage people who have a mental illness

The draft documentation continues:

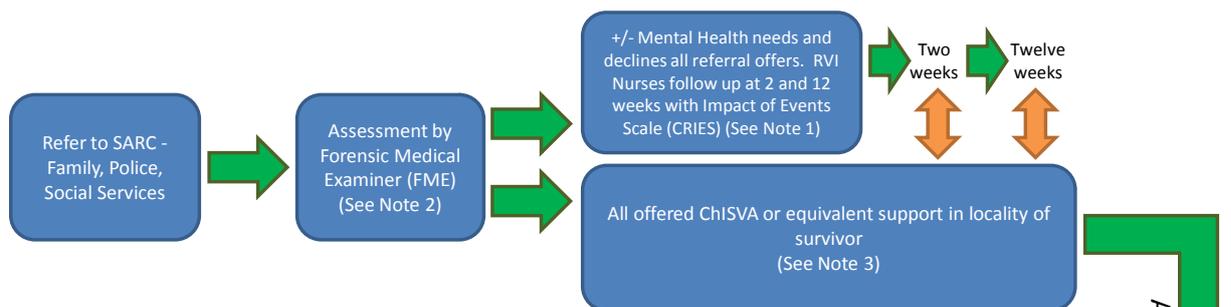
“Our work in the implementation phase of the project demonstrated that PTSD was assessed by the IES as severe in both a counselling service and an ISVA service in 80% of all cases. This knowledge is required if an appropriate referral is to be made the appropriate MH service.

However, there is no point in assessing a high/severe case of PTSD if no specialist service exists locally to offer treatment/intervention. A clear task for the local ‘Task and Finish’ groups should be to clarify these pathways with Mental Health Trusts both for Adults and Children and Young People.

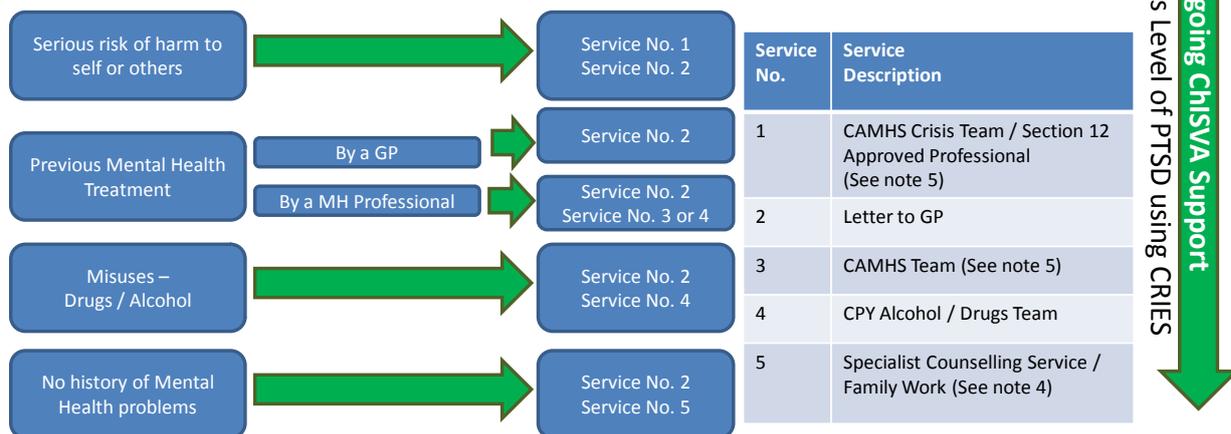
A final caveat is that there will be local variations to individual services. For example, in Durham the IAPT service has agreed to provide a MH assessment for all acute and historic cases and thence either offer the client EMDR or CBT or refer them on to an appropriate agency on the pathway.”

The work undertaken to date recognises that using a structured outcome measure to identify and assess levels of PTSD is likely to have an impact on crisis and independent sexual violence advisors. Work has already begun to review referral pathways into a range of mental health services including IAPT, and CAMHS teams from the children and young people’s SARC at the RVI.

Model SARC Pathway for Mental Health – Children and Young People



Features of an assessment for Mental Health



Children and Young Person (CYP) Notes

Note No.	Information
Note 1	The nurses at the RVI should use the Children's Revised Impact of Event Scale (CRIES) to assess Post-traumatic stress disorder (PTSD) at 2 and 12 weeks. If PTSD is severe the Child Independent Sexual Violence Advisor (ChISVA) should be informed as well as the GP.
Note 2	The forensic examiner should include all the elements identified in the CYP standards. Forensic examiner notes should be routinely audited to ensure this occurs.
Note 3	All ChISVA’s should be trained to use the CRIES to measure PTSD. IF this is at a severe level there should be an agreed local pathway with Mental Health Services (To discuss with all ‘Task and Finish’ groups)

Note 4	All staff working in specialist counselling services should also be trained to use the CRIES to assess PTSD at the end of treatment and compare this with the pre-treatment score (obtained by RVI or ChISVA)
Note 5	A formal pathway should be discussed between the SARC and the Child and Adolescent Mental Health Services (CAMHS) crisis teams in both the Northumbria and Tees, Esk and Wear MH Trusts. This should also cover routine referrals to CAMHS.

Liaison & Diversion

Liaison and Diversion (L&D) services identify people who have mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system as suspects, defendants or offenders. The service can then support people through the early stages of criminal system pathway, refer them for appropriate health or social care or enable them to be diverted away from the criminal justice system into a more appropriate setting, if required.

L&D services aim to improve overall health outcomes for people and to support people in the reduction of re-offending. It also aims to identify vulnerabilities in people earlier on which reduces the likelihood that people will reach a crisis-point and helps to ensure the right support can be put in place from the start.

The main things that L&D services do for the people they see are identification, screening, assessment and referral to other services. These are explained below:

Identification: Criminal justice agencies working at the Police and Courts stages of the pathway are trained to recognise possible signs of vulnerability in people when they first meet them. They then alert their local L&D service about the person.

Screening: Once someone is identified as having a potential vulnerability, the L&D practitioner can go through screening questions to identify the need, level of risk and urgency presented. It also helps determine whether further assessment is required.

Assessment: Using approved screening and assessment tools an L&D practitioner will undertake a more detailed assessment of the person's vulnerability. This provides more information on a person's needs and also whether they should be referred on for treatment or further support.

Referral: The L&D practitioner may refer someone to appropriate mainstream health and social care services or other relevant interventions and support services that can help. A person is also supported to attend their first appointment with any new services and the outcomes of referrals are recorded. L&D services will also provide a route to treatment for people whose offending behaviour is linked to their illness or vulnerability.

The police, probation and the judiciary make decisions based on the evidence and information presented to them. L&D services record all information about a person's health needs and share these with relevant agencies so they can make informed decisions about case management, sentencing and disposal options.

The National Operating Model for Liaison and Diversion states that services should be 'all age' covering young people from the age of criminal responsibility (i.e. 10 years) and adults. Nationally, various different models of delivery have emerged in an attempt to provide L&D services to both adults and young people. In North Tyneside, we have youth provision which is delivered via the YOT and adult L&D provision and which is provided through a contract with Northumberland Tyne & Wear Mental Health Trust.

The liaison & Diversion services essentially screen for a wide range of vulnerabilities including: Mental health, learning disability/difficulty, Autism, Substance misuse, Acquired brain injury etc. If there is a need for a specialist assessment, the team will refer to the appropriate service and will facilitate all onward referrals dependent on need.

The L&D staffing model in the Youth Offending Team is currently 1 FT YOT worker, 1 PT SALT, and 1 seconded health worker working within normal office hours. The workers identify the majority of cases for L&D via specific forms which are sent by the police to the YOT when a child or young person comes into contact with the police. The workers are recognised as being high performers for engaging young people with L&D.

We are aware that we have specific challenges in North Tyneside where we have a high level of drug and alcohol related needs and emotional behavioural issues in children and young people. We need to consider if we are adequately meeting demand and operating at best times within available resources, getting health outcomes data recorded (did individuals attend their appointments) from onward referral services. We will also be taking part in the planned procurement services for Liaison & Diversion services across the North East which will help determine the future contracting model.

Forensic CAMHS

The CCG has commissioned forensic CAMHS outpatient services for several years. Along with other CCGs in the region and in recognition of the high and complex needs of this vulnerable group of children and young people, the CCG is actively engaged in the commissioning of a new Forensic Child and Adolescent Mental Health Service (FCAMHS) pilot across the North East and North Cumbria.

National funding has been received for the FCAMS service until 2021 and a formal evaluation of the outcomes of the pilot is expected. This will help inform the future model and future commissioning of this service. North Tyneside CCG is aware of the potential pressure on funding to pick up its share of the cost of the service therefore we have included this service on our future pressures list to enable planning accordingly. The table below details the national funding available for this service:

Table 10
National Funding for FCAMS 2017/18 to 2019/20

Funding		2017/18 £k (Jan-March 2018)	2018/19 £k	2019/20 £k	Total £k
Spec Com	Non-Recurring allocation (time limited for 3 years)	£205,000	£520,000	£520,000	£1,245,000
Allocation					
NTW Role as Lead Provider	Non-Recurring allocation (time limited for 3 years)	£20,000	£20,000	£20,000	£60,000
Service Delivery]	Non-Recurring allocation (time limited for 3 years)	£125,000	£500,000	£500,000	£1,125,000
IT costs	Non Recurring slippage (one off payment)	£60,000			£60,000
Total		£205,000	£520,000	£520,000	£1,245,000

* Please note: Mobilisation cost for December 2017 was £80.00

The FCAMS pilot service, which started in April 2018, is provided in partnership between Northumberland, Tyne and Wear NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust.

THE FCAMS Information Pack circulated on 30 July 2018, describes the pilot as delivering “forensic consultation, assessment and in some instances specialist intervention and treatment to young people up to the age of 18 years with both forensic mental health and complex non forensic health need. The team works with young people who may:

- have mental health difficulties
- have been in trouble with the police
- have been accused of harming someone
- have other professionals worried about them
- need help in prison or secure home
- need further help so they don't get into trouble
- need specialist mental health treatment.

Critically, the team will offer advice and support across agencies to support children and young people with non-forensic presentations but who require a co-ordinated risk management plan.

The team is available to agencies who have contact with young people in the youth justice system or whose behaviour is such that it requires support from a forensic specialist service.

The service is community based and works with young people and their professional group to support transitions both into and out of secure care hospital settings, secure welfare environments and custodial settings.”

ADHD and Autism

In our Transformation Plan, we identified that improvements can be made to the learning disabilities prescribing pathway to identify and treat children with ADHD in a community setting to be part of a holistic approach. We would therefore expect that these improvements will result in a shift from the “Getting More Help” category to “Getting Help”. As we have progressed, we have decided that rather than focussing on prescribing, we will review the whole pathway for children with learning disabilities who also have ADHD which would include prescribing.

In recognition of the importance being placed on ensuring support for children and young people with ADHD and their families/carers, we have established a multi-agency group for ADHD, involving parents/carers of people with ADHD, in line with NICE Guidance. NICE Guidelines state:

“Every locality should develop a multi-agency group, with representatives from multidisciplinary specialist ADHD teams, paediatrics, mental health and learning disability trusts, forensic services, child and adolescent mental health services (CAMHS), the Children and Young People's Directorate (CYPD) (including services for education and social services), parent support groups and others with a significant local involvement in ADHD services.

The group should:

- oversee the implementation of this guideline
- start and coordinate local training initiatives, including the provision of training and information for teachers about the characteristics of ADHD and its basic behavioural management
- oversee the development and coordination of parent-training/education programmes
- consider compiling a comprehensive directory of information and services for ADHD including advice on how to contact relevant services and assist in the development of specialist teams. **[2008]”**

<https://www.nice.org.uk/guidance/cg72/chapter/Recommendations>

The Group held its first meeting in November 2017. As well as the aims outlined above, the group will also be responsible for overseeing implementation of the decisions made by the Local Authority Cabinet which, via a sub-group of Cabinet, has developed a report on the needs of people with ADHD in North Tyneside and, an action plan to effect change.

Our waiting time and list data demonstrates that there is an increasingly significant pressure on neurodevelopmental services within the CAMHS service, although it should be noted that the wait for children's ADHD services is 6 weeks. This is not limited to North Tyneside but is a national issue and, equally, also applies to adult ADHD and autism services.

We are reviewing the latest prevalence studies of ADHD and autism to understand how many potential referrals that the service could expect to receive. Some of the latest studies of autism indicate that 1.1% of the population in the UK may be on the autism spectrum. This means that over 695,000 people in the UK may be autistic, an estimate derived from the 1.1% prevalence rate applied to the 2011 UK census figures. For North Tyneside's population, 1.1% of 0-17 year olds would equate to 451 children.

In recognition of the particular pressures on the neurodevelopmental disorders part of the service, the CCG has made available a sum of funding during 2018/19 (£140,000) to help alleviate immediate waiting list pressures in this particular area. The aim is to ensure sustainability of the service and the CCG and Trust are working together to review the service, which will commence in January 2019, to ensure that the service is sustainable in the longer term.

During 2019, we will also work with partners, including families and carers to establish an Autism Strategy which will encompass both children and young people's services and adults services and will include transitions between the services.

5.5. Getting Risk Support

Crisis Support

Crisis Support for children and young people in North Tyneside is provided by a combination of Northumbria Healthcare NHS Foundation Trust and Northumberland Tyne & Wear Mental Health Trust.

There is a dedicated 24/7 urgent and emergency mental health service for children and young people and their families in North Tyneside. This has not changed since the original Transformation Plan was written in 2015.

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

Crisis support is also offered by the Intensive Community Treatment Service (ICTS), provided by Northumberland, Tyne & Wear Mental Health Trust, working together with the North Tyneside CAMHS service. The availability of this service is a positive benefit for children and young people, aiming to keep people out of hospital and maintain community links.

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

The tables below provide information about new referrals to the North Tyneside CAMHS service

Tables 11 and 12 below provide a monthly breakdown of the emergency and urgent appointments offered by the service from February 2017 to January 2018 and then from February 2018 to January 2019.

Table 11
Emergency and Urgent Referrals Offered by North Tyneside CAMHS February 2017 to January 2018

	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Yearly Total
Number of appointments offered monthly	7	10	9	14	6	11	7	9	22	28	25	21	169

Table 12
Emergency and Urgent Referrals Offered by North Tyneside CAMHS February 2018 to January 2019

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Yearly Total*
Number of appointments offered monthly	13	21	16	21	22	23	15	22	31	24	18	18	244

*Change in comparison to the number of emergency/urgent appointments offered over the previous reporting year (Feb'17-Jan'18) – increase by 44%

It can also be seen that there is a significant increase (44%) in emergency and urgent referrals being offered by the North Tyneside CAMHS service. Again, this may be a result of the service reconfiguring, using Transformation Plan funding, during 2018 to enable direct referrals from Headteachers and SENCOs within schools in North Tyneside, which is a positive benefit for children and young people in North Tyneside.

In 2016, we commissioned a clinician to research crisis support models for children & young people and to develop a range of options for the commissioners to consider. This was to ensure that we are absolutely confident that we have appropriately considered all options and can be sure that the additional CAMHS Transformation Plan funding we had identified to bolster crisis provision, will have the maximum positive impact. The research report was received in December 2016, and the options considered by the Children & Young People Mental Health & Emotional Well-being Strategy Group. The Strategy Group agreed with the recommendations highlighted in the report that the focus needs to be on preventative services and, in particular, support for schools. We developed a schools resource pack and how we have also invested the funding available via the Transformation Plan monies into the CAMHS team to provide a professional to professional link between the CAMHS team and schools, opened up direct referrals from SENCOS and Headteachers into the CAMHS service and enabled an urgent appointment each day to be available for those particularly urgent referrals.

During 2017/18, we undertook a review of our model of crisis intervention across agencies to ensure that the current pathway is working as smoothly as possible and to identify if there are any areas which could be improved. This involved service users and carers representatives and was undertaken in partnership with Healthwatch North Tyneside.

Part of this pathway review was to understand the relationship between the CAMHS Team and the adult liaison psychiatry services which is based at The Northumbria Hospital in Cramlington and is available 24/7. Feedback from both teams is positive.

In line with recent national expectations, we will review the possibility of creating an all-age liaison psychiatry services. However, this will present issues in North Tyneside for several reasons.

Firstly, further work is needed to understand if there is sufficient need for such a development. Currently, there is a maximum of 1 referral per week during the out of hours period, and often it is considerably less than this. We need to be conscious about our responsibility for efficient use of public funding for a service which may not be sufficiently utilised to justify either the costs of such a service and inappropriate use of valuable clinical time. It is also relevant to note that people access services in North Tyneside via The Northumbria Hospital site at Cramlington and also at the North Tyneside General Hospital therefore, logistically, it would be very difficult to resource a CAMHS presence at both sites. Our current system allows flexibility to ensure that the on-call and crisis services can access either site and offer the appropriate intervention when and where it is needed.

One of the key areas being closely monitored is the use of police cells as a place of safety for children and young people detained under s136 of the Mental Health Act. We are pleased to confirm that police cells have not been used for any children & young people in these circumstances since 2014. We do continue to monitor this and receive regular information at our bi-monthly Crisis Concordat meetings.

In-Patient Services

We have described elsewhere in this Plan, how we link to the STP/ICS Plans and also how we work across CCGs, where appropriate to do so, to ensure that we plan and commission children and young people's mental health services across a semi-regional and more local footprint.

Northumberland, Tyne & Wear Mental Health Trust, the CAMHS Tier 4 provider for North Tyneside area, is currently reviewing access to inpatient services for children & young people at its Tier 4 resource. The CCG is working with the Trust and Specialised Commissioning to be fully informed of and analyse the impact of the new provision.

Here we describe how we will work with Specialised Commissioning for integrated urgent and emergency care, including admission avoidance, and also how community services will grow while inpatient beds are decommissioned.

The information that we have provided below is lifted from the stakeholder briefing about New Care Models, dated September 2018, produced by the North East and Cumbria Specialised Services Partnership. It provides the level of detail required to help an understanding of how services will be changing over the coming years to meet the requirements of the Five Year Forward View for Mental Health.

"[New Care Models] NCMs began as a national pilot, part of NHS England's 'Five Year Forward View for Mental Health'. The pilots offered the opportunity for secondary mental health providers to take responsibility for tertiary commissioning budgets and were available for children and adolescent mental health services (CAMHS) Tier 4 inpatient services, adult secure and adult eating disorders services. The aim was to demonstrate their ability to innovate and transform services in the best interests of service users and their families and to provide care as near to home as possible.

Northumberland, Tyne and Wear NHS Foundation Trust (NTW) and Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) were chosen as pilot sites for CAMHS and adult secure services.

In March 2018 a letter was circulated by NHS England confirming that the programme will extend beyond the initial two years and in effect become “business as usual”.

The CCGs and local authorities are represented on [the] partnership board. We recognise the importance of working across health and social care organisations to deliver these new care models and the support of partner organisations is vital to our success.”

Specifically in relation to Tier 4 mental health services for children and young people, the briefing continues:

“National objectives for NCMs are

- to reduce length of stay for young people and children admitted to tier 4 beds
- to build capacity and capability for CAMHS clinicians to manage young people and children in mental health services in the community (Tier 3) more effectively and avoid admissions (Tier 4) where ever possible
- work with NHS England’s case managers and clinical commissioning groups (CCGs) to co-ordinate care
- young people to be safely and effectively cared for in their homes during mental health crisis periods

They align to the objectives of the recent national Tier 4 service review and other national drivers for children’s mental health including Future in Mind.

In October 2017 NTW became NCM site for children and young people (tier 4 mental health services and tier 4 learning disability services). The programme includes the development of revised clinical pathways across Northumberland, Tyne, Wear and North Cumbria for tier 4 mental health services and across the whole of the North East and North Cumbria for tier 4 learning disability services

The fundamental aims of our NCM are to:

- reduce reliance on inpatient beds
- reduce length of stay
- provide care closer to home
- reduce out of area placements

To achieve this we will introduce new integrated models that ensure the individual is at the centre of care with specialist service provision wrapped around them, no matter where they are located.

As part of the Transforming Care agenda we [NTW Trust] are committed to reducing the reliance on inpatient beds. Our aim is to reduce from 26 to 15 beds.

Key to this is the development of an outreach model of care, which would replace the inpatient service currently provided at the Riding Ward in Ferndene, Prudhoe. The Riding is a six bed unit providing comprehensive assessment and treatment for patients aged from 4-18 years with mild to moderate learning disability (4 to 12 year olds) or moderate to severe learning disability (13 to 18 year olds). In addition young people admitted to Riding will present requiring assessment and treatment for complex mental health/behavioural and emotional needs. This service supports young people from Northumberland, Tyne and Wear as well as Durham, Darlington, and Teesside and North Cumbria

We [NTW Trust] will develop a small, highly specialised team who will work intensively with young people. They will also work with the community teams and help them develop the skills they need to support families in the longer term. We are working with TEWV and Cumbria Partnerships FT to develop the service and ensure a consistent standard of service across all localities.

As well as replacing inpatient services provided by Riding ward (a closure of six beds), we [NTW Trust] will have reduced a further five beds on the Ferndene site by the end of June 2019, which results in 15 learning disability beds in the future model as prescribed by the national NHS Transforming Care programme.

Overall:

Riding Ward – reduction of six beds (6 to 0)

Fraser Ward – reduction of four beds (12 to 8)

Stephenson House – reduction of one bed (8 to 7)

To date we [NTW Trust] have been able to close four beds (two on Riding ward and two on Fraser ward). We aim to close the remaining beds on Riding ward by the end of September. Final bed reductions will take place in 2019.

Reducing out of area placements is another important part of our work. These are most frequently used for specialist eating disorder placements and mental health low secure care (these services are typically provided by TEWV). Our aim is to implement models of care that will enable us to support people closer to home whenever possible and appropriate, and we anticipate creating a pathway that will see the development of additional local capacity to support young people with disordered eating.

We have recognised that the urgent care pathway is crucial to making sure that admissions to hospital are for the right people, at the right time and for the appropriate length of time. As part of this we will develop a robust bed management system for Ferndene. We have made some progress with this and referrals are now reviewed by a multi-disciplinary team. The next step is to develop a bed management system that would provide a consistent, robust and swift response throughout the week. This system will facilitate appropriate patient flow through the wards with a focus on admissions, discharges and repatriations from out of area placements. Recruitment to this team is to begin imminently.

Next steps:

- developing Stephenson House to additionally provide mental health low secure care
- exploring options for a developing a safe haven to support young people in the community
- continue to bring people back into services closer to home
- reduce average length of stay and ensure patients are treated in the least restrictive environment
- develop new community pathways and step-down services linking with local third sector organisations and housing providers
- release savings from repatriation and length of stay to invest in our community infrastructure to facilitate integration back into the community when patients are safe and well enough to do so, with a supportive network wrapped around them.
- review the patient cohort to inform the development of new services and patient pathways
- develop clear, measurable and meaningful quality indicators to drive improvement and consistency across services
- work collaboratively with local CCGs, the independent sector and charitable organisations, to make better use of the services and resources available to us within our local communities.”

In light of the aims and objectives of the New Care Models ways of working, we have reviewed our current usage of inpatient services. Relevant statistical information and analysis is provided below.

We have analysed the admission figures for children and young people from North Tyneside accessing inpatient beds. The table below provides an overview of the number and type of admission. It can be seen that the number of admissions is quite erratic year on year. It should also be noted that the admission level for 18/19 is the Year To Date figure as at November 2018.

Table 13
Admission Numbers into Inpatient Beds by Type 2016/17 to 2018/19 – North Tyneside Patients

Service Type	Financial Year			Grand Total
	16/17	17/18	18/19	
CAMHS Acute	5	7	1	13
CAMHS LD	1	3		4
CAMHS Low Secure		1		1
CAMHS PICU	1	2		3
Eating Disorder	1	5		6
Grand Total	8	18	1	27

In comparison to other CCG areas in the region, the level of admissions for North Tyneside is similar, as can be seen in the table below.

Table 14
Number of Admissions 2016/17 – 2018/19

Number of Admissions CCG	Financial Year			Grand Total
	16/17	17/18	18/19	
North Tyneside	8	18	1	27
South Tyneside	6	15	4	25
Newcastle Gateshead	36	36	20	92
Northumberland	34	21	8	63
Grand Total	6	15	4	25

The table below provide some insight into bed usage for children and young people from North Tyneside

Table 15
InPatient Bed Days by Type April 2016 – September 2018

Service type	Occupied bed days	Proportion of bed days	No of admissions	Average no of days per admission
Eating Disorder	769	31%	6	128
CAMHS PICU	225	9%	3	75
CAMHS Acute	676	27%	13	52
CAMHS LD	304	12%	4	76
CAMHS Low Secure	485	20%	1	485
	2459	100%	27	91

Through our data, we know that 18 children or young people occupied bed days between April 2016 to September 2018 with 6 individuals being admitted more than once during this period. One person was actually admitted 6 times. Acute patients occupied the largest proportion of beds over this period although the average occupied beds days, at 52 days, was the lowest, and were the most frequently admitted bed type. In contrast, the highest occupied bed days were CAMHS low secure at an average of 485 days.

Specifically in relation to in-patient eating disorder admissions, it can be seen from Table 16 below that in-patient activity can be quite erratic. For example, in North Tyneside, there was 1 in-patient admission in 2016/17, 5 in 2017/18 but, at the time this table was collated, none in 2018/19. What can also be seen is a quite dramatic reduction in in-patient admissions across the region, which would support the national requirement to reduce inpatient stays while improving access to community level services.

Table 16
Number of Admissions for Eating Disorders by CCG April 2016 to September 2018

CCG	16/17	17/18	18/19 (as at Nov 18)	Total
North Tyneside	1	5	0	6
South Tyneside	0	0	0	0
Newcastle Gateshead	6	6	1	13
Northumberland	3	3	1	9
DDES	2	1	0	3
HAST	4	3	1	8
North Durham	4	5	3	12
Sunderland	1	3	0	4
North Cumbria	5	4	3	12
South Tees	1	5	0	6
Darlington	3	2	0	5

We are aware that access to Tier 4 inpatient services is challenging across the region and this has contributed to community eating disorder services having to be more flexible and responsible. We continue to work with our providers to ensure that any patient from North Tyneside receives an appropriate and safe level of care to meet their needs.

6. WORKFORCE

6.1. Overview

In our original Transformation Plan, we identified that we need to have a detailed overview of workforce capacity across the range of mental health provision which we commission.

To meet the vision described in Future in Mind for everyone that works with children, young people and their families, we said that we need to have a workforce development strategy. We intended that this strategy would ensure that the professionals across education, social care and health are confident in promoting good mental health and wellbeing and able to identify problems early.

We said that this Strategy would:

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

This work is commencing within the regional as part of a collaborative approach, working with other CCGs in the region and relevant providers. The newly established regional Children & Young People Mental Health Steering Group includes “Support the development of an effective, skilled local CYP MH workforce across the Clinical Network footprint;” in its Terms of Reference.

Following the THRIVE model of provision, we have described progress on workforce training as below:

6.2. Coping

In terms of high level outcomes, we have identified that we require that:

- North Tyneside has a workforce with the appropriate level of skills to work with all children and young people to build resilience and support and identify mental health needs.
- Schools and college staff will be confident and competent in supporting and recognising mental health issues.
- GPs will be better equipped to support children and young people

- The universal workforce for C&YP services and those working in the voluntary sector and locality teams are confident and competent around their role to make sure that there are no unnecessary referrals to specialist CAMHS services.
- Improved information systems and information sharing within and between agencies.

We planned to do this by:

- Building capacity through training to staff in locality teams, schools and other youth settings so they have skills to identify the early signs of anxiety, emotional distress and behavioural problems among school children.
- Ensuring that frontline staff across North Tyneside understand the importance of making 'every contact count' for wellbeing and the opportunities to help people to build their resilience and look after their wellbeing.

Significant progress has been made towards achieving these objectives with the introduction of the Emotionally healthy Schools Resource Pack in March 2017 described in Section 5. Evaluation is now underway. Anecdotal evidence to date suggests that the pack is very positively received.

PMHW's now form part of all the Locality Hub Teams and are working to provide support to health and social care colleagues in identifying emotional and mental health needs for children and young people in their caseloads, building their knowledge base and acting as a conduit to ensure appropriate referral to getting help and Getting More Help interventions.

6.3. Getting Help

Our Transformation Plan also demonstrates our plans for developing and expanding CYP IAPT, which we see as key to building a children and young people's mental wellbeing workforce across different sectors and professions. Several staff members in the North Tyneside CAMHS team have undergone CYP IAPT training during the past few years, including therapist training, and supervisory training and are also committed to Enhanced Evidence Based Practice training. The CAMHS Lead Clinician and Senior Manager have completed the training thereby enabling the CYP IAPT ethos to be a fundamental component of service delivery. This has been funded via the Transformation Plan funding. The team is also accessing Participation and Outcomes training.

We have accessed IAPT training for the newly appointed member of staff in the CAMHS team specialising in eating disorder services to enhance the skills of that member of staff and therefore improve outcomes for children & young people accessing that service.

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

NTW Trust is working towards compliance of the standards and is ensuring the necessary policies, processes and data capture systems are in place. It is good news that the teams within the Trust are performing so well and they have made a great effort to change their practice to ensure swifter assessments. This was also helped by a surge of new staff from the additional funding. The workforce planning does demonstrate differences between the actual staffing levels and the levels that NTW Trust claims to require to offer NICE compliant services to include the new age range. The Trust has used the scoring chart to measure compliance to delivery of NICE concordat care and it is likely that it will be noted that parts of the service, as in most of the rest of the country) will “require improvement”

CCGs did invest in EIP services and this has now been used by the Trust to recruit staff. Should further national investment be available, further recruitment will take place. Our workforce analysis would indicate that further investment should prioritise CBTp therapists and support workers.

6.4. Getting More Help

North Tyneside CAMHS service provides this level of intervention in North Tyneside and staff are being trained in CYP IAPT as we have described above, ensuring that the workforce in targeted and specialist services via the CYP IAPT core Curriculum.

Analysis of workforce nationally indicates that on average, community CAMHS have 66 wte per 100,000 population. Our local service exceeds this benchmark with over 80 wte per 100,000 population. The workforce has a varied skill mix with higher than average numbers of nursing, medical and clinical psychology staff. There are few mental health practitioners/therapists. The next phase of our workforce strategy aims to consider this further and new roles such as PWP's will be explored. The service is a very low user of bank and agency staff compared to the national average and staff satisfaction is higher than national average.

6.5. Getting Risk Support

We want to ensure that there are no skill gaps in the training of staff working with children and young people with learning disabilities, autistic spectrum disorder and those in inpatient setting.

We have addressed a workforce issue around access to appropriately trained and skilled psychiatry for the Community Learning Disabilities Team. The Community Learning Disabilities services provided by Northumbria Healthcare Foundation Trust but, because of the specific skills required to appropriately and effectively treat the mental health needs of children and young people with learning disabilities, the Trust cannot offer the required psychiatric supervision and input into the service. By taking a joint approach with Northumberland, Tyne & Wear Mental Health Trust, we have been able to identify a skilled and experienced psychiatrist employed by the mental health trust who will offer the supervision support and training to the acute trust staff. This type of cross-working and skills sharing is strengthening the workforce in North Tyneside and is improving outcomes for our patients.

North Tyneside has also invested in a community perinatal support service. The learning from this service has been used to secure funding for a regional perinatal community service. The reason for developing the service across neighbouring CCG's on the basis of the North Tyneside service is that our experience demonstrates that skilling and training a community workforce has a significant positive impact in terms of outcomes for patients and also demonstrates benefits for other services such as health visitors, midwives and primary care services such as IAPT services.

7. GOVERNANCE

North Tyneside's Strategic group, the Children & Young People's Mental Health & Emotional Wellbeing Strategic Group, has been established since the inception of the Transformation Plan.

Terms of reference are in place detailing the purpose of the Group, which include the following:

- a. Provide strategic leadership, for national, regional and local drivers, for children and young people's mental health in North Tyneside.
- b. Implement and review of the action plan.
- c. Oversight and review of the Local Transformation Plan.
- d. Regular collaboration with young people

The Group is chaired by the Director of Public Health and the vice chair is the CCG Commissioner for Mental Health and Learning Disabilities services. Membership consists of the following organisations/services:

CCG Commissioner

LA Commissioner

Public Health

Northumbria Healthcare NHS Foundation Trust

Northumberland, Tyne and Wear NHS Foundation Trust

Youth Justice

Early Intervention and Prevention

LAC representative

Education

Education Psychology

Voluntary and Community Sector

Youth Council

0-19 team representative

Childrens social work representative

LA mental health team representative

Inclusion of the personnel detailed above is to ensure strategic alignment across the whole system of service provision for children and young people. For example, inclusion of education has ensured that the LTP has addressed the mental health or behavioural needs of children and young people in schools. This collaborative input has led to implementation of some specific initiatives within North Tyneside such as development of the Emotionally Healthy Schools Toolkit and the work with the Anna Freud Centre. This work is described earlier in this document

To date, the Local Transformation Plan has been an integral part of the wider, overarching Children and Young Peoples Emotional Health & Wellbeing Plan with t The Strategy Group having responsibility for overseeing implementation of both the

LTP, and the wider Plan for Children and Young Peoples Emotional Health & Wellbeing. However, we have reviewed this arrangement as part of our LTP refresh and, because of the collaborative nature of our working, we are now developing a single Plan which incorporates the actions of both Plans. A template has been produced which is based on the following headings:



We have begun to populate the Plan accordingly and it will be finalised after the refresh of this LTP thereby ensuring that it is as up to date as possible. This will also ensure that all other strategies, including the SEND and Transforming Care programmes are suitably aligned with the single Plan.

The Strategic Group meets regularly and actively monitors and manages the work involved in the Transformation Plan. A report is provided to the Group at each meeting on progress with implementation of the Transformation Plan.

Our current strategy and the future Plan will describe how the above organisations will work together to continue to improve services for children and young people. The current strategy document has been approved by the Health & Wellbeing Board and is reviewed by the Health & Wellbeing Board to ensure that it remains on target. The future Plan will continue to have this level of scrutiny and oversight.

These developments we have described in both this section and through this document have provided North Tyneside with a solid platform upon which to build future services and hence submit an expression of interest in becoming a Wave 1 Trailblazer site. Although we have not been successful in this wave of bids, we fully intend to learn from feedback on our bid and potentially submit a bid as part of the Wave 2 process.

Another example is the consultation work undertaken during 2017/18 with children & young people in North Tyneside. £10,000 of the Transformation Funds was identified to undertake engagement work with children & young people which attracted a further £30k investment from the Wellcome Trust. The initiative called the Mi:2K and the details have been included in Section 7 Communication and Engagement above.

For reporting purposes, there is dual accountability to Mental Health Integration Board and the Children and Young People's Partnership Board, with oversight provided by the Health & Wellbeing Board. The Strategy Group reviews the funding available through the LTP and consensus on expenditure is agreed via the Group.

The Strategy Group has therefore agreed the funding expenditure as detailed in section 9 **Finances of** this Plan.

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

This refreshed Transformation Plan has been signed off by the Chair of the Health & Well-Being Board.

8. FINANCES

The current financial envelope for the Transformation Plan is £288,000. However, this does not reflect the total funding available for childrens mental health and wellbeing being spent in the borough and is, in fact, this is only a very small amount of the total funding. Where appropriate through this document, we have identified further funding on service provision as well as the source of funding

Specifically in relation to Transformation Plan funding, the table below describes how we will use Transformation Plan funding for 2019/20:

Table 17
CAMHS Transformation Plan Funding Expenditure

Service	Purpose	Funding
CAMHS IAPT	To continue the roll out of the national CYP IAPT programme	£81,000
CAMHS Access	to improve access to the CAMHS service, recognising pressures on the system	£74,000
Engagement	To build on the MH:2K engagement project and develop other involvement and engagement projects	£10,000
Eating Disorders	Dedicated staffing resource in CAMHS at Tier 2 and 3 level	£60,000
Crisis	To provide capacity within the CAMHS team, enabling continuation of direct access to CAMHS from SENCOs and Headteachers and provision of the professional telephone advice line	£63,000
TOTAL		£288,000

£123,000 was identified for eating disorder provision in North Tyneside. The conditions of this funding allows funding to be used for crisis services and it was been decided in North Tyneside by the Children and Young People's Mental Health and Emotional Wellbeing Strategic Group that use of £63,000 of the funding for eating disorders would be more appropriately directed to the crisis services described in the table above.

We will continue to rigorously monitor expenditure to ensure that funding is spent on the services or projects described in the above table. Any slippage will be identified and will be reinvested back into those services or projects. Finance will be monitored by the CCG and in line with NHS England requirements.