



**North Tyneside
Clinical Commissioning Group**

Northumbria Healthcare 
NHS Foundation Trust

Northumberland, Tyne and Wear 
NHS Foundation Trust



North Tyneside Council

NORTH TYNESIDE TRANSFORMATION PLAN

2015 – 2020

October 2016 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. This document seeks 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. In our Strategic Direction section and our Action Plan we therefore describe the changes we wish to make based on the THRIVE concepts.

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.

We will ensure that we continue to robustly monitor implementation of the plan using national and local monitoring systems. We have developed a Strategic Children & Young Peoples Emotional Wellbeing and Mental Health Group, which 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, 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.

NHS England reviewed the Transformation Plan and confirmed assurance of the Plan in November 2015. This document aims to provide an update and refresh of the existing Plan.

During the past 12 months, since publication of the Plan, the key stakeholders in North Tyneside have committed to working on the actions we identified. We have made progress on many which we will outline below and are making plans on how we will begin progress on others.

3. NATIONAL AND LOCAL CONTEXT

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

Unfortunately, the funding was received into CCG baselines and was not ring-fenced for spend on CAMHS Transformation. Despite the considerable financial challenge within the CCG, which is in financial Special Measures, the CCG was still able to commit £225,000 to fund initiatives identified in the Transformation Plan, recognising the importance of the CAMHS Transformation Plan. In 2016/17, additional funding of £63,000 has been identified, which has been ring-fenced by the CCG for expenditure on eating disorders or crisis services.

Additionally, the Local Authority has funded the North Tyneside CAMHS service which accounted for approximately 14% of the CAMHS budget. However, the Local Authority is also facing considerable financial challenges and has given notice to the Trust that this funding will not be available from 1 April 2017.

Despite the funding challenges, all stakeholders involved in the Transformation Plan are 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 Trust. Both Trusts have recently (during 2016) been rated as Outstanding by the Care Quality Commission.

Despite having two providers, the Trusts and commissioners have nurtured a positive relationship. This has been enhanced through development of the 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 CAMHS services.

The development of the Sustainability & Transformation Plans also impact on our CAMHS Transformation Plan delivery. All areas in the country have been required by NHS England to develop Sustainability and Transformation Plans (STPs). North Tyneside is part of the Northumberland, Tyne and Wear and North Durham STP, and part of the North Tyneside / Northumberland Local Health Economy.

The STPs are the route map for how the local NHS and its partners can make a reality of the Five Year Forward View, within the Spending Review envelope.

The foundations of our STP are based on the commonalities within our existing Health and Wellbeing Strategies and build on successful partnership working across New Care Models, Better Care Funds and other transformational programmes (e.g. Digital Great North Care Record). We have worked to ensure there is a clear alignment between our STP and the work of the North East Combined Authority Health and Social Care Commission.

We have identified that although we face distinctive challenges within each Local Health Economy, we also share many similar issues and ambitions. Therefore, in developing our operational plans and agreeing contracts we have worked in partnership with CCGs across

our STP and the STP Programme Management Office to ensure alignment and reconciliation of each organisation's operational plan.

Our STP has been produced jointly with input and agreement to the assumptions used in all modelling work by all included Commissioners and Providers.

Mental Health is a significant part of the NTFND STP. Commissioners are therefore working together on specific initiatives and projects relating to CAMHS services which we describe at the appropriate points throughout this document.

4. DATA AND ACTIVITY INFORMATION

We have provided updated data and activity information which we are using to help inform future commissioning.

North Tyneside CAMHS

We receive regular monthly monitoring information from the North Tyneside CAMHS provider, Northumbria Healthcare NHS Foundation Trust. Quarterly meetings are held between the provider and the CCG commissioners to review the data and to address any issues of concern and to identify future commissioning opportunities.

Table 1 - North Tyneside CAMHS 14/15 Number of Referrals

| Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total |
|-----------|-----------|-----------|-----------|-------|
| 355 | 525 | 311 | 339 | 1590 |

Table 2 - North Tyneside CAMHS 15/16 Number of Referrals

| Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total |
|-----------|-----------|-----------|-----------|-------|
| 369 | 319 | 459 | 398 | 1545 |

It can be seen that the service received a higher number of referrals in 2015/16. As with 2014/15, the majority of referrals are from GPs. Since May 2015, we have been monitoring the number of Looked After Children and Children subject to a Child Protection Plan who are receiving a service from North Tyneside CAMHS. The number of Looked After Children has remained relatively steady while the number of children subject to a Child Protection Plan are increasing on a month by month basis. As at October 2016, there are 275 Looked After Children for whom North Tyneside Council is responsible. Of this number the average caseload of Looked After Children who are receiving support from the North Tyneside CAMHS team are as per the table below:

Table 3 - North Tyneside CAMHS Caseload of Looked After Children

| | Average monthly caseload |
|----------------------------------|--------------------------|
| Looked After Children | 41 |
| Subject to Child Protection Plan | 12 |

We do also closely monitor waiting times for access to the North Tyneside CAMHS services. The table below gives the monthly performance rates for waiting times to access the CAMHS service in North Tyneside. KPIs have been agreed, taking effect from April 2016, that:

- 99% of referrals will be seen in 12 weeks or less
- 60% of referrals will be seen in 10 weeks or less

The table below provides a snapshot of performance against the KPIs. This table includes a column for the percentage of referrals seen in 6 weeks or less. Although this is not a locally agreed KPI, we are keen to monitor this to enable comparison towards the national target.

Table 4 - North Tyneside CAMHS Percentage of referrals seen within timeframes April 2016 – August 2016

| | 6 weeks or less | 10 weeks or less | 12 weeks or less |
|------------|------------------------|-------------------------|-------------------------|
| APR | 16% | 62% | 100% |
| MAY | 21% | 71.5% | 99% |
| JUN | 30.5% | 92% | 100% |
| JUL | 24% | 93% | 100% |
| AUG | 22% | 79% | 99% |

It can be seen that the Trust has achieved the KPIs and, in the case of the KPI to see more than 60% of referrals within 10 weeks, has considerably exceeded the target. We are keen to continue to improve the access and will be continuing to work together to achieve this

Intensive Community Team Service

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 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 April – Sept 2016

| Month | Open Cases at Month Start | New Referrals in Month | Open Cases at Month End | Cases Discharged in Month | Total Cases Open in Month |
|-----------|---------------------------|------------------------|-------------------------|---------------------------|---------------------------|
| April | 5 | 8 | 3 | 10 | 13 |
| May | 3 | 17 | 9 | 11 | 20 |
| June | 9 | 13 | 2 | 20 | 22 |
| July | 2 | 7 | 3 | 6 | 9 |
| August | 3 | 2 | 1 | 4 | 5 |
| September | 1 | 12 | 8 | 5 | 13 |

Eating Disorders

From April 2016, providers are required to submit specific information about waiting times for access to in-patient eating disorder services. We have been using data being submitted by providers onto the Unify system to monitor activity for people with eating disorders. The activity numbers are too small to include in this Plan as they could be patient identifiable. However, we can state that all urgent cases were seen in less than 1 week of referral while all routine cases with one exception were seen between 1 – 4 weeks.

In relation to the community eating disorder services commissioned by North Tyneside CCG and provided by Northumberland, Tyne & Wear Trust (the EDICT service) we have activity information for the period April to September 2016. Again, the numbers are too low to

include in this Plan for patient identifiable reasons. However, it does allow commissioners to understand the numbers of referrals to the service and level of input required and length of period of input.

In-Patient Services

For our refreshed Transformation Plan, we received the information below from NHS England Specialised Commissioning team. This help sus to understand what inpatient activity has taken place over the three previous financial years in terms of number of admissions and occupied bed days for each year. We have also gained information on how our inpatient activity compares to the other North East CCGs.

Admission Numbers

The four tables below provide details on the numbers of admissions and the category of admission into Tier 4 services for patients from North Tyneside.

Table 6 - 13/14 Number of Admissions

| Security Level | CAMHS Acute | CAMHS LD | CAMHS Low Secure | CAMHS Medium Secure | CAMHS PICU | Eating Disorder |
|------------------------|-------------|----------|------------------|---------------------|------------|-----------------|
| NHS North Tyneside CCG | 4 | 2 | | | | 1 |

Table 7 - 14/15 Number of Admissions

| Security Level | Acute | Adult Eating Disorder | Autism Spectrum Disorder | Complex Learning Difficulties | Eating Disorder | Learning Difficulties | Low Secure | Medium Secure | Mental Illness | PICU |
|------------------------|-------|-----------------------|--------------------------|-------------------------------|-----------------|-----------------------|------------|---------------|----------------|------|
| NHS North Tyneside CCG | 9 | | | 1 | 4 | 2 | | | | 1 |

Table 8 - 15/16 Number of Admissions

| Security Level | Acute | Adult Eating Disorder | Autism Spectrum Disorder | Complex Learning Difficulties | Eating Disorder | Learning Difficulties | Low Secure | Medium Secure | Mental Health | Mental Illness | PICU |
|------------------------|-------|-----------------------|--------------------------|-------------------------------|-----------------|-----------------------|------------|---------------|---------------|----------------|------|
| NHS North Tyneside CCG | 16 | 1 | | 2 | 2 | | | | | | 6 |

Table 9 - 16/17 Number of Admissions (April 2016 to September 2016)

| Security Level | CAMHS Acute | CAMHS LD | CAMHS Low Secure | CAMHS Medium Secure | CAMHS PICU | Eating Disorder |
|------------------------|-------------|----------|------------------|---------------------|------------|-----------------|
| NHS North Tyneside CCG | | 1 | 1 | | 1 | 1 |

It can be seen that the number and category of admissions has not been consistent over the past 4 years although there does appear to be a significant reduction in in-patient admissions during the current financial year, accepting that the figures only show a partial year effect.

Occupied Bed Days

The following four tables provide details on the number of occupied bed days for the Tier 4 admissions described in the charts above.

Table 10 - 13/14 Occupied Bed Days

| Security Level | CAMHS Acute | CAMHS LD | CAMHS Low Secure | CAMHS Medium Secure | CAMHS PICU | Eating Disorder |
|------------------------|-------------|----------|------------------|---------------------|------------|-----------------|
| NHS North Tyneside CCG | 129 | 363 | 365 | | | 84 |

Table 11 - 14/15 Occupied Bed Days

| Security Level | Acute | Adult Eating Disorder | Autism Spectrum Disorder | Complex Learning Difficulties | Eating Disorder | Learning Difficulties | Low Secure | Medium Secure | Mental Illness | PICU |
|------------------------|-------|-----------------------|--------------------------|-------------------------------|-----------------|-----------------------|------------|---------------|----------------|------|
| NHS North Tyneside CCG | 249 | | | 530 | 396 | 331 | 174 | | | 9 |

Table 12 - 15/16 Occupied Bed Days

| Security Level | Acute | Adult Eating Disorder | Autism Spectrum Disorder | Complex Learning Difficulties | Eating Disorder | Learning Difficulties | Low Secure | Medium Secure | Mental Health | Mental Illness | PICU |
|------------------------|-------|-----------------------|--------------------------|-------------------------------|-----------------|-----------------------|------------|---------------|---------------|----------------|------|
| NHS North Tyneside CCG | 584 | 92 | | 393 | 326 | 145 | | | | | 124 |

Table 13 - 16/17 Occupied Bed Days

| Security Level | CAMHS Acute | CAMHS LD | CAMHS Low Secure | CAMHS Medium Secure | CAMHS PICU | Eating Disorder |
|------------------------|-------------|----------|------------------|---------------------|------------|-----------------|
| NHS North Tyneside CCG | 54 | 304 | 123 | 183 | 45 | 18 |

Occupied Bed Days during 2014/15 increased significantly from 2013/14 to 2014/15. The occupied bed days remained almost the same during 2015/16 with a very small reduction and projections for full year effect in 2016/17 indicate another small fall of approximately 12%.

North East Occupied Bed Days by CCG

The following four tables provide detail of occupied bed days per 1000 population by CCG for the period 2013/14 to 2016/17 (April to September), enabling comparison by CCG.

Table 14 - 13/14 North East Occupied Bed Days by CCG

| CCG | NHS CUMBRIA CCG | NHS DARLINGTON CCG | NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG | NHS HARTLEPOOL AND STOCKTON-ON-TEES CCG | NHS NEWCASTLE GATESHEAD CCG | NHS NORTH DURHAM CCG | NHS NORTH TYNESIDE CCG | NHS SOUTH TEES CCG | NHS SOUTH TYNESIDE CCG | NHS SUNDERLAND CCG | Regional Average |
|------------------------------|-----------------|--------------------|--|---|-----------------------------|----------------------|------------------------|------------------------|------------------------|------------------------|--------------------|------------------------|--------------------|------------------|
| OBD Rate per 1000 population | 13.3 | 56.7 | 36.8 | 20.8 | 32.2 | 17.1 | 22.0 | 36.2 | 25.1 | 13.2 | 35.0 | 26.8 | 26.8 | |

Table 15 - 14/15 North East Occupied Bed Days by CCG

| CCG | NHS CUMBRIA CCG | NHS DARLINGTON CCG | NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG | NHS HARTLEPOOL AND STOCKTON-ON-TEES CCG | NHS NEWCASTLE GATESHEAD CCG | NHS NORTH DURHAM CCG | NHS NORTH TYNESIDE CCG | NHS SOUTH TEES CCG | NHS SOUTH TYNESIDE CCG | NHS SUNDERLAND CCG | Regional Average |
|------------------------------|-----------------|--------------------|--|---|-----------------------------|----------------------|------------------------|------------------------|------------------------|------------------------|--------------------|------------------------|--------------------|------------------|
| OBD Rate per 1000 population | 35.9 | 27.6 | 26.7 | 24.0 | 36.4 | 34.0 | 41.7 | 67.8 | 44.1 | 18.4 | 29.8 | 36.4 | 36.4 | |

Table 16 - 15/16 North East Occupied Bed Days by CCG

| CCG | NHS CUMBRIA CCG | NHS DARLINGTON CCG | NHS DURHAM DALES, EASINGTON AND SEDFIELD CCG | NHS HARTLEPOOL AND STOCKTON-ON-TEES CCG | NHS NEWCASTLE GATESHEAD CCG | NHS NORTH DURHAM CCG | NHS NORTH TYNESIDE CCG | NHS NORTHUMBERLAND CCG | NHS SOUTH TEES CCG | NHS SOUTH TYNESIDE CCG | NHS SUNDERLAND CCG | Regional Average |
|------------------------------|-----------------|--------------------|--|--|--------------------------------|----------------------|------------------------|---------------------------|--------------------|------------------------|--------------------|------------------|
| OBD Rate per 1000 population | 50.8 | 19.4 | 38.3 | 17.0 | 26.9 | 50.7 | 41.1 | 58.5 | 57.0 | 24.8 | 38.2 | 39.8 |

Table 17 - 16/17 North East Occupied Bed Days by CCG (April – September)

| CCG | NHS CUMBRIA CCG | NHS DARLINGTON CCG | NHS DURHAM DALES, EASINGTON AND SEDFIELD CCG | NHS HARTLEPOOL AND STOCKTON-ON-TEES CCG | NHS NEWCASTLE GATESHEAD CCG | NHS NORTH DURHAM CCG | NHS NORTH TYNESIDE CCG | NHS NORTHUMBERLAND CCG | NHS SOUTH TEES CCG | NHS SOUTH TYNESIDE CCG | NHS SUNDERLAND CCG | Regional Average |
|------------------------------|-----------------|--------------------|--|--|--------------------------------|----------------------|------------------------|---------------------------|--------------------|------------------------|--------------------|------------------|
| OBD Rate per 1000 population | 63.6 | 18.8 | 21.2 | 44.1 | 32.0 | 47.6 | 35.9 | 59.8 | 37.9 | 25.9 | 35.7 | 41.2 |

In relation to occupied bed days per 1000 population, North Tyneside was above the regional average in 2014/15, close to the regional average in 2015/16 and projections would indicate will be below the regional average in 2016/17.

We will use this information on tier 4 activity in our discussions with Specialised Commissioning to help inform our future commissioning intentions.

5. SERVICE UPDATES

5.1. Strategic Direction

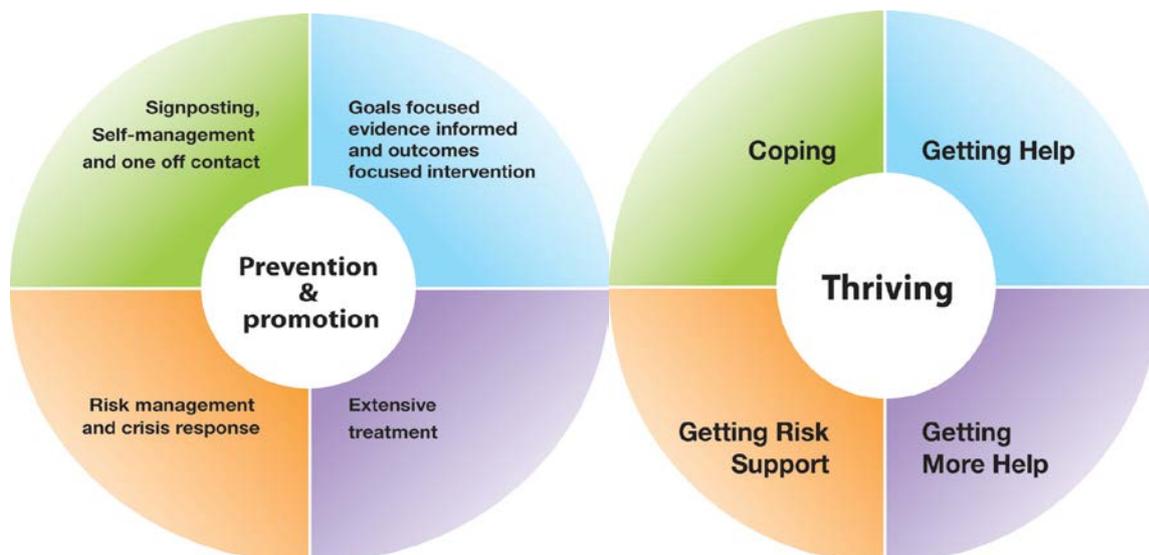
We have described earlier in this document that we have two providers working in CAMHS services in North Tyneside. Whilst this could have caused confusion for patients and fracturing in pathways, we have found that the two services mainly work well together to ensure that children and young people receive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

In determining how we will move forwards with our strategic direction for CAMHS services, we have analysed the findings of the CAMHS Benchmarking report published in November 2015 by the NHS Benchmarking Network identified that the mean waiting time to access CAMHS services across England and Wales increased during 2014/15 to 32 weeks. The North Tyneside service compared very favourably with this, with an identified mean waiting time of less than 12 weeks for routine cases, one of the best access rates in the report, and less than 1 week for urgent cases. This is despite both the referral rate and acceptance rate being comparatively high.

Commissioners are therefore keen to ensure service stability to maintain the good access times and we are not seeking to transform the whole service model. At the moment, this would not be efficient use of time or resources. However, this is not to say that there are not service areas which require improvement and we seek to identify and remedy these as part of our Transformation Plan. Some of these areas 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, while other issues are more local and will be addressed accordingly.

One of the key strategic movement 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.

As described in the Transformation Plan, 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.



We are exploring how the THRIVE model may be introduced in North Tyneside via the Children and Young People’s Mental Health and Emotional Well-Being Strategic group.

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

We are also participants in regional work with the Clinical Senates to understand the implications and impacts of the THRIVE model. We are aware that implementation of the THRIVE model is not without its challenges and we continue to explore these before any changes are made to current commissioned pathways. A regional

We are also 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 are engaged in a workshop with the University and will use the learning from this to further progress our Plans.

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 is being 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 joint work has taken the form of operational level meetings to review criteria and processes, identification of any “stops” in the system and solutions to unblock those “stops”.

Equally, the transition between CAMHS and adult mental health services is now also being 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.

We have also employed a specialist eating disorder post within the CAMHS service. As well as providing clinical support, the postholder is also reviewing the pathways and transitions processes between the CAMHS service and the Specialist Eating Disorders Intensive Community Treatment (EDICT) service operated by Northumberland Tyne & Wear Trust, aiming to smooth transitions and remove barriers that may exist between the services.

We are also working with NHS England specialised services team to ensure, at a regional level, the children and young people in our area have access to high quality, responsive and flexible services appropriate to their need and also to ensure that transition is smooth. NHS England has established a CAMHS Forum where we will work with specialised commissioners, other CCG colleagues and relevant stakeholders to review inpatient services.

We understand the importance of communication to move this forward and Terms of Reference have been established for a North Region Specialised Commissioning Team (North East and Cumbria) CAMHS Forum. The remit of the Group is to:

- share intelligence re pressures and gaps within the system.
- co-ordinate responses to key messages from NHS England.
- contribute towards the national service planning initiatives and incorporate up and coming guidance into regional service delivery.
- provide an opportunity to network.
- promote collaboration as well as different services.
- listen to the voice of the child.

Also at a strategic level, we are working with NHS England and the Clinical Senate to review eating disorder services. 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 which will develop this a recovery-focused pathway for eating disorder services. It was agreed important that the events covered 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.

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

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.

Schools Initiatives

To deliver the above, we are undertaking a range of initiatives and schemes, using schools as the platform for delivery of many of these initiatives.

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 intend to undertake an Emotionally Healthy Schools audit to understand how existing materials are being used in schools. We are creating a pack of evidence based resources, self help materials and recommendations and are developing a Charter Mark if schools reach particular standards. If this is as successful as we hope it will be, we will extend this audit, share the resource pack and implement the and Charter Mark system to other services in the community.

A priority is to create an awareness of how important mental health is. We have developed a coordinated communications plan to increase awareness and promote a range of information about mental health the online MindED for Families website which has on line advice and information from trusted sources to help understand and identify early issues and best support for Children and Young People. We are beginning roll-out of this web-site,

intending to include it on all school websites, appropriate voluntary sector websites and other identified websites.

We are exploring how we will roll-out Mindfulness in schools. Small pockets of work in schools in North Tyneside on Mindfulness is reported to have been very well received and have been successful. We are working on sharing these experiences and good practice to potentially focus on providing Mindfulness to help young people deal with exam stress.

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.

Although we were unsuccessful in our bid to be a Schools Link Pilot, 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 are also reviewing 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 will be implemented during the academic year 2016/17.

Digital Media

We identified in our previous Transformation Plan that we would use Transformation Plan funding to implement a young persons led social media project. This now is now being progressed through the Youth Council. We are taking this approach so that we can develop what children and young people tell us they actually want and need and so that they are active in its development. We are also coordinating communications to raise awareness and promote NHS Choices Young Person's Mental health web pages, other trusted sites e.g Young Minds, as well as the local CAMHS improved website.

Family Partners

We also want to strengthen the mental health training and supervision of existing family partners with the support of the CAMHS team. The Local Authority is in the process of implementing a new service delivery model based on creation of locality teams. It is intended that the skills mix of these teams will enhance the whole families approach and thereby strengthen the family partner role in North Tyneside, benefiting those children and families who experience mental health problems.

The new locality teams will also offer earlier intervention to children and young people, including their emotional health and well-being.

It has also been agreed that PMHWs will offer support into the locality teams to enable them to be as effective as possible and to focus on family resilience and improved outcomes.

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

5.3. Getting Help

GP Services

In relation to GP services, we said in our Transformation Plan 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. Receipt of updated access criteria has been delayed slightly as the CAMHS specification is being updated but will be disseminated to GP Practices as soon as the revised specification has been agreed. It is expected that this will be by December 2016

We also committed to holding GP awareness sessions of CAMHS and to identify for GPs appropriate evidence based toolkit(s) to use when managing children & young people with mental health needs. 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.

Childrens & 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. In our Plan, we said that we would provide infrastructure monies from the Transformation Plan funds to support the CYP IAPT service in North Tyneside and that we would develop a robust governance process and will deliver on IAPT outcomes measures. We agreed that we would ensure that we would link with and attend any relevant group or provide information to which would help with the overall development of the CYP IAPT service.

The implementation of the CYP IAPT programme in North Tyneside is being overseen and monitored by the local Transformation Plan Implementation Group. 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.

Several members of the CAMHS team began their training as part of the 2015/16 cohort. This included supervisory training, therapy training, eating disorder training and EHB training. We are continuing training into 2017/18 and have identified another member of the CAMHS team to undertake CBT therapy training.

We will use £11, 250 of the additional non-recurrent childrens & young people mental health funding available in 2016/17 to pay for the difference between national backfill funding and the actual cost of the backfill.

We therefore remain committed to implementation of the CYP IAPT programme and are continuing to access and fund ongoing training for relevant staff members.

Access to North Tyneside CAMHS

Access to the CAMHS service is a priority. Our Transformation Plan described the current waiting times for access to the CAMHS service. Although the access rate is excellent, with 99% of people being seen in 12 weeks or less, the service aspired to see people referred to them within 6 weeks of referral. We also wished to explore introduction of self-referral to the service and to offer more weekend and/or evening appointments, potentially in a range of venues.

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 are preparing to offer access to self-referrals later during 2016/17 for a targeted cohort of young people.

To improve access further to the service, the Trust 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 is also establishing 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.

We are conscious that the discharge rate is higher than the mean in comparison to other services around the country, according to the National Benchmarking Report November 2015. Commissioners and the service are looking at this issue together to seek ways to reduce the discharge rate and potentially ensure that the service is operating as efficiently as possible.

5.4. Getting More Help

Intensive Community Treatment Service

North Tyneside CCG already commissions an intensive community treatment service for children & young people from Northumberland Tyne & Wear Mental Health Trust. The ICTS service aims to keep people out of hospital and maintain community links. 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. This review is underway at the time of writing. 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 is undertaking an internal reorganisation to work more efficiently. Further discussion will take place during the remainder of 2016/17 with the Trust to agree what the service model should be to meet the needs of children and young people in North Tyneside.

Eating Disorders Services

Our Transformation Plan also looked at eating disorder services available to children & young people in North Tyneside. As with the ICTS service, we already commission a community eating disorder service from Northumberland Tyne & Wear Mental Health Trust, the Eating Disorder Intensive Community Treatment (EDICT) service. A review of that service is also underway and is due to report in November 2016. This review will include understanding the pathways between the North Tyneside CAMHS team and the EDICT service.

The review of the EDICT service will also link with the wider work that we are exploring at a regional level, described in the Strategic Direction section above. 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.

We have also commissioned, using Transformation Plan funding, a dedicated CAMHS worker within the North Tyneside CAMHS service to offer support and treatment to children and young people with an eating disorder as well as develop closer pathways with the EDICT service. The worker is now in post and has undergone Eating Disorders IAPT training. The benefits of this post is that children and young people with eating disorders will be 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.

Early Intervention in Psychosis

In relation to Early Intervention in Psychosis, 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 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.

The service is experiencing workforce shortages to be able to offer Cognitive Behavioural Therapy but is developing an action plan with commissioners to monitor and address workforce issues identified as part of a national self-assessment process. Commissioners will be monitoring progress and working with the Trust and HENE to address workforce issues.

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

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.

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, currently the only one in the North East area. We wish to enhance this service to ensure that it meets the full CCQI Perinatal standards and relevant national recommendations. Commissioners have supported a region-wide bid for funding from NHS England to develop a region-wide community perinatal service which will meet these standards and will provide the enhancements to the existing service that are required. We hope to hear the outcome of this bid before December 2016 and, if successful, will work with key stakeholders to implement the service.

While we are awaiting to hear the outcome of the bid, we are encouraging 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 teams, which is aimed at enhancing the patient experience. We will continue to support improved joint working and pathways reviews amongst providers and services.

Youth offending in the teenage population

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

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 yrs 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.

An in-depth needs assessment is also being carried out on Youth Offenders in North Tyneside to identify the prevalence and trends associated with offending. The needs assessment aims to highlight the issues and needs of our young offenders which will lead to agreeing priorities to improve outcomes and help makes services more aligned to needs. We will use this information to inform future service provision.

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

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

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

The outputs of this work will include:

- Identification of where there are currently gaps in the commissioning and provision of services.
- Growth in capacity where required across the system, where new provision or networks are developed (and where assessment procedures are improved to identify individuals who are currently slipping through gaps).

- Joint Strategic Needs Assessments for Clinical Commissioning Groups to include this cohort of children and young people as part of their Child and Adolescent Mental Health Services Transformation planning.
- A better understanding of the needs of this cohort of children and young people across all commissioning partners, and especially Clinical Commissioning Groups.

These outputs should enable the following outcomes:

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

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.

5.5. Getting Risk Support

Crisis Support

Urgent access to the North Tyneside CAMHS service for children & young people meets, and usually exceeds, the target of 48 hours from the time of referral to being seen. This is monitored through the monthly information provided by the service to commissioners.

Crisis support is also offered by the Intensive Community Treatment Service (ICTS), 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 CAMHS on-call service operates a 24/7 'on-call' consultant psychiatry service, 365 days a year is to ensure that the urgent mental health needs of children and young people presenting within North Tyneside are met. This also complies to the National CAMHS Proxy Measure, Component 3.

While crisis support mainly does work well in North Tyneside, we are working together to consider how we can enhance 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 links with the North Tyneside Mental Health Crisis Concordat Action Plan.

To this end, we have 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 is 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 have identified to bolster crisis provision, will have the maximum positive impact. The research report is due in December 2016 and the options will be considered by the Children & Young People Mental Health & Emotional Well-being Strategy Group. We will then invest identified funding into the option agreed by that Group.

One of the key areas we are very closely monitoring is 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

As part of the work that we have outlined in our Strategic Direction section above, we are working with NHS England Specialised Commissioning, taking a regional approach, to review impacts and pathway development arising from national procurement exercise.

Northumberland, Tyne & Wear Mental Health Trust, the CAMHS Tier 4 provider, is currently reviewing access to inpatient services for children & young people at its Tier 4 resource.

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 intend to do this by:

- Building capacity through provision of Mental Health First Aid for Young People 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. Youth Mental Health First Aid YMHFA is an internationally recognised course, designed specifically for those people who work with young people aged 11 - 18. By training "mental health first aiders" within the community and the workplace, Youth MHFA aims to tackle the prejudice and stigma traditionally associated with mental health problems, and to improve outcomes for those young people and their families who are affected
- 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.

6.3. Getting Help

Our Transformation Plan also demonstrates our intentions for developing CYP IAPT, which we see as key to building a children and young people's mental wellbeing workforce across different sectors and professions. Several staff members in the North Tyneside CAMHS team have undergone CYP IAPT training during 2016/17, including therapist training, and supervisory training and are also committed to Enhanced Evidence Based Practice training. This has been funded via the Transformation Plan funding. Additional funding has been identified for 2017/18 to enable further workforce training in CBT. 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.

A full update for CCGs is expected in February 2017 from the Trust.

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.

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 develop a regional perinatal community services bid which, at the time of writing, we are awaiting the outcome. The reason for developing the bid 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. COMMUNICATION AND ENGAGEMENT

We have a Young Cabinet Member for Health and Wellbeing, who sits on the Youth Council. They feed their issues, concerns and views into adult boards such as the Health & Wellbeing Board. The Young Cabinet Member works to develop consultations and scrutiny reports and youth led projects.

Mental Health has been a priority area for North Tyneside's Youth Council in 2015, and has been an ongoing priority for the British Youth Council. Our Member of Youth Parliament is part of the British Youth Council. We have had a previous Young Cabinet Member for Health and Wellbeing attend a Youth Select Committee in Westminster to discuss the findings and recommendations of our Scrutiny report.

The Mental Health Scrutiny report was developed after considerable work by the Young People's Health & Wellbeing Board investigating and understanding the issues that affect young people's emotional wellbeing and deciding what to do as a result of that.

As we stated in our original Transformation Plan, we took the findings of the Scrutiny Report into account in development of our Transformation Plan. Elements of our Transformation Plan specifically related to the issues that were raised in the Scrutiny Report.

We also outlined how we were in the process of developing a North Tyneside's Children and Young People's Emotional Mental Health & Emotional Wellbeing Strategy and Action Plan. We employed a combination of online surveys and focus groups/workshops during October and November 2015 to ensure as many stakeholders as possible would be engaged. We also held a number of focus groups and workshops with young people via the Participation and Advocacy team who planned a range of existing engagement events also involving the Young Mayor and Youth Council who have mental health as a key priority.

We have used the detail from this engagement work to develop our Action Plan linked to the Strategy. Each segment of the Action Plan identified the priority outcomes for children & young people as told to us by the children & young people during the engagement work and thereby directly input into the Action Plan.

Specifically in relation to the Engagement segment of the Action Plan, we have identified the following high level outcomes:

- Children & Young People and their families will have a positive experience of care and support
- The mental health needs of children and young people will be the responsibility of all partners.
- CAMHS specialist services pathways will be better aligned with locality teams and Early help pathways.
- All partners will understand and act on their responsibility for Children & Young People mental health and emotional wellbeing.
- Children & Young People will have a voice in how services are designed so they better meet needs.

To achieve these outcomes, we will:

- Improve local intelligence and data collection about CYP emotional wellbeing and mental health.
- Regularly carry out needs assessments to ensure we have up to date information and intelligence about mental health and wellbeing in CYP.
- Youth participation to be embedded throughout the mental health system and services users will be invited to co-produce preventative and more specialist services and communications.

- Link to other local strategies and work programmes for children and young people with specific needs e.g. Special Educational Needs and Disabilities (SEND).
- Review outcome monitoring of services regarding effectiveness and quality.
- Monitor early help assessments and access and waiting time measurements across specialist services.
- Multi-agency safeguarding will be a key element of any new service or pathway design

Young people are represented on the Children and Young People's Emotional Health and Wellbeing Board by attendance of a team member. The team have led on consultations for Public Health to help inform decisions made around services that young people receive in the Borough.

This has led to such youth led projects as the "Mind Your Head" Lesson Plan. This lesson plan is being incorporated into the school curriculum in North Tyneside, which is a very positive step forward to addressing mental health issues amongst children and young people.

North Tyneside CCG is committed to continuing to engage and involve children and young people as we progress with our Plans

8. GOVERNANCE

We established our Strategic group, the Childrens & Young People's Mental Health & Emotional Wellbeing Strategic group, to over seen the oversee the implementation of the local Transformation Plan.

The Group consists of:

- CCG Commissioner
- LA Commissioner
- Youth Council
- Public Health
- Northumbria Healthcare NHS Foundation Trust
- Northumberland, Tyne and Wear NHS Foundation Trust
- Youth Justice
- Education
- Voluntary and Community Sector

and is chaired by the Director of Public Health. The Group is accountable to the Mental Health Integration Board and the Children and Young People's Learning Commissioning Executive Board.

The Group has responsibility for overseeing implementation of the Plan as well as developing an overarching and wider Plan for children and Young Peoples emotional health & wellbeing. The Group has met several times and is actively monitoring and managing the work involved in the Transformation Plan as well as the wider Plan. A report is provided to the Group at each meeting on progress with implementation of the transformation Plan.

A strategy has also been developed which incorporates the Transformation Plan key features and which describes how the above organisations will work together to continue to improve services for children and young people. The strategy document has been approved by the Health & Wellbeing Board and the consequent action plan is being developed.

There are some actions which require a regional approach and we are ensuring that appropriate representation from North Tyneside partner organisations participate and are instrumental in whatever approach is regionally agreed to enable that action to be completed.

The CCG and Local Authority also undertake to publish our 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.

9. FINANCES

North Tyneside had been allocated a total of £447,000 for 2015/16, which included a sum of £123,000 specifically for transforming eating disorder services.

As described earlier, North Tyneside CCG faces particular financial challenges and is currently operating under legal directions. Because the funding was not ring-fenced and was included in CCG baselines, North Tyneside CCG could not release the full amount. However, £225,000 of the original funding was identified from 2015/16 funding with a further £63,000 identified in 2016/17, totalling £288,000.

The table below describes how we will use Transformation Plan funding for 2016/17:

Table 18 – CAMHS Transformation Plan Funding Expenditure

| Service | Purpose | Funding |
|------------------------------|---|-----------------|
| CAMHS IAPT | Implement the national CYP IAPT programme | £81,000 |
| CAMHS Access | to fund extension of opening hours and provision of community venues | £74,000 |
| IT/Social Media Improvements | Update web-site, & infrastructure, potential directory of services | £10,000 |
| Eating Disorders | Dedicated staffing resource in CAMHS | £60,000 |
| Eating Disorders - Crisis | Undertake research into crisis models and develop options for North Tyneside. Implement agreed option | £63,000 |
| TOTAL | | £288,000 |

As stated above, £123,000 was identified for eating disorder provision. The conditions of this funding allows funding to be used for crisis services and it has 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 crisis services.

The CCG has also received additional non-recurrent funding during 2016/17 for Children and Young Peoples Mental Health services. This has not been reflected in the table above as, at the time of writing the CCG is awaiting confirmation of how much funding it will actually receive. However, we do intend to use part of this additional funding to fund backfill for those CAMHS IAPT therapists to undertake therapist training. We have also decided that we will use some of this additional funding to pay for research into crisis models and to develop a range of options for crisis services in North Tyneside.

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.

NORTH TYNESIDE CAMHS TRANSFORMATION ACTION PLAN

| Strategic Developments | | | | | | |
|------------------------|--|-----------------------------------|----------------------------------|---|------------|---|
| No. 1 | Purpose/Action | Timescale | Led By | KPIs | TP Funding | Progress |
| 1.1 | Develop emotional health & well-being strategy, agree the strategy from all partners and the Health & Well-being Board. Implement the strategy by establishing a Childrens & Young People Emotional Health & Wellbeing Strategic Group. | January 2016 | LA | <ul style="list-style-type: none"> • Draft produced by October 2015 • Engagement events undertaken Oct – Nov 2015 • Final strategy produced and published on relevant CCG and Local Authority web-sites | No cost | Engagement events undertaken Strategy developed ACTION COMPLETE |
| 1.2 | Develop Transformation Plan Develop subsequent Implementation Plan aligned with the actions detailed in this Transformation Plan, thereby providing a commissioning framework for Children and Young People's Mental Health & Wellbeing | October 2015 December 2015 | All Partners All partners | <ul style="list-style-type: none"> • Publish Transformation Plan on website when received assurance • Establish Strategic Implementation Group with Terms of Reference, governance and membership • Set up regular monthly meetings Establish sub-groups and meeting dates Inclusion on Children & Young People on Implementation Board • Final strategy produced and published on relevant CCG and Local Authority web-sites • Easy read versions will also be published by required timescales on CCG and Local Authority websites | No cost | Transformation Plan agreed and published as described Implementation ongoing as per individual actions Transformation Plan Refresh by 31.10.16 – on track |
| 1.3 | Review the Transformation Programme to ensure actions remain up to date and appropriate to meet | October 2016 then yearly | All Partners | <ul style="list-style-type: none"> • Plan will be refreshed and updated on a | No cost | Programme monitored at quarterly |

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| | the needs of children & young people in North Tyneside | | | yearly basis to reflect any new guidance, service changes, impact assessments/ analysis etc | | meeting of Strategic Group |
| 1.4 | Develop the THIRVE model in North Tyneside, instead of the current Tiered system of service provision | ongoing | CCG/All Partners | <ul style="list-style-type: none"> • Liaise with regional CCGs to effect a timetabled programme of change • Use TP and emotional health & well-being strategy to inform changes required to current service model in North Tyneside • Undertake any engagement or consultation exercises as required • Undertake and implement change as required | No cost | <p>Working on a regional basis to develop THRIVE model.</p> <p>Strategic Group now developing service based on THRIVE principles</p> |
| 1.5 | Develop a Young Peoples Participation Strategy for Health & Wellbeing | December 2016 | LA | <ul style="list-style-type: none"> • Strategy developed and agreed with Youth Council and Healthwatch • Evidence of implementation via updated report from children & young people on an annual basis • Evidence of children & young people input into Transformation Plan and Emotional Health & Well-Being Strategy via meeting notes • | No cost | Strategy developed |
| 1.6 | Develop options for establishment of a 12-25 Youth Service in North Tyneside | Ongoing | CCG/NECS | <ul style="list-style-type: none"> • Research undertaken from other areas of the country where this has been implemented | No cost | Initial scoping work on this initiative has started but is not a priority at the moment. |

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| | | | | <ul style="list-style-type: none"> • baseline assessment of existing service configuration undertaken • optional appraisal undertaken • impact assessment undertaken • Review completed and decision made how to progress | | |
| 1.7 | Review transition arrangements between children and adult services | April 2017 | NHCT/ NTW/ CCG/ LA | <ul style="list-style-type: none"> • Task & finish review group established • Relevant NICE guidelines implemented | No cost | Review of transition arrangements has taken place and new protocols are being implemented |
| 1.8 | Review mental health workforce capacity in North Tyneside, linking with other CCGs and Specialised Commissioning where appropriate. Consider: capacity, training, skills, qualifications and experience as well as national and professional body requirements or Guidelines | April 2017 | All partners | <ul style="list-style-type: none"> • Production of a workforce development plan | No cost | Review ongoing |

| Prevention & Early Intervention & Coping | | | | | | |
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| No. 2 | Purpose/Action | Timescale | Led By | KPIs | TP Funding | Progress |
| 2.1 | <p>Increase support at the universal level within schools through regular consultative support with a support workers which will involve:</p> <p>Planning and delivering multi-agency training to meet the specific needs of school communities</p> <p>Explore opportunities with young people and third sector providers to develop peer support</p> <p>Embedding training to develop a whole school ethos which is accepting and supportive of mental health needs</p> <p>Provision of appropriate direct intervention for children and young people in the community</p> <p>Offering targeted ADHD support and intervention in schools</p> <p>Improve support and intervention for LAC and CSE young people</p> <p>Evaluation and analysis of training and approaches/intervention being used in</p> | March 2016 & ongoing | LA/ NHCT | <p>Recruitment to 2 x wte skilled workers posts and Peer Worker (configuration to be determined and grade)</p> <p>Number of schools involved in the project</p> <p>Number of other organisations involved</p> <p>Number of staff trained</p> <p>Qualitative survey of impact on referrals into CAMHS</p> <p>Number of children supported at an early intervention and prevention stage</p> | Alternative funding | Work ongoing |

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| | schools at the whole school, group and/or individual level | | | Qualitative survey of school satisfaction | | |
| 2.2 | Work with Family Partners to increase the protective factors around children and young people within the family context partners and to focus on children and families experiencing mental health problems and who would benefit from a whole family approach | March 2016 | LA/ NHCT | <p>Improved mental health of parent/child as demonstrated by</p> <ul style="list-style-type: none"> - Engagement with treatment, where relevant and no re-referral within 6 months - Family demonstrated reduced social isolation by participation in an intervention programme for 8 weeks or more <p>Number of families each family partner has supported</p> <p>Family partners trained in mental health provision</p> <p>Feedback from families, colleagues and partners</p> <p>Objective indicators of improvement in families, relating to crime, work, school attendance, domestic violence, health problems, children needing early help</p> | Council service | Universal multi-skilled locality teams being established to achieve the action |
| 2.4 | <p>Improve IT access for children and young people by:</p> <p>Updating the current website for the specialist CAMHS service, involving young people in this action</p> <p>Development of policies to communicate with young people via telephone, text, e-mail, Skype and other media</p> <p>Identification of IT champions within the specialist CAMHS service and Young People Participation Group to improve IT</p> | March 2016 – March 2019 | All partners | <ul style="list-style-type: none"> • Web-site updated with input from children & young people • Communication policies developed • New communication methods trialled • New communication methods | £10,000 | This work has commenced, being lead by the Youth Council |

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| | <p>access and improve management of issues using IT facilities</p> <p>Ensuring the IT infrastructure for CYPS IAPT supporting mobile working is appropriate</p> | | | <p>evaluated, including children & young people</p> <ul style="list-style-type: none"> • New communication methods implemented • IT champions identified and involved in work • IT infrastructure for mobile working implemented and used | | |
| 2.5 | <p>Identification of perinatal mental health model of care in early years settings</p> | <p>Requires regional agreement</p> | <p>NHSE/CCG</p> | <p>Review undertaken of existing model Research of models undertaken and benchmarked against existing model Options developed for new model Preferred option for new model implemented</p> | <p>Perinatal Funding (to be released)</p> | <p>North Tyneside CCG already commissions a community perinatal service. A regional bid for national funding has been submitted and we are awaiting the outcome</p> |
| 2.6 | <p>Review existing perinatal services on a regional basis and develop a long term plan for review of perinatal mental health services developed and agreed across partners, in line with national guidance and funding stream.</p> | <p>Requires regional agreement</p> | <p>NHSE/CCG</p> | <p>Development of service specification Data gathering exercise is completed Development of unified pathway</p> | <p>Perinatal Funding (to be released)</p> | <p>North Tyneside CCG already commissions a community perinatal service. A regional bid for national funding has been submitted and we are awaiting the outcome</p> |

| Getting Help | | | | | | |
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| No. 3 | Purpose/Action | Timescale | Led By | KPIs | TP Funding | Progress |
| 3.1 | <p>Fulfill the requirements of being a member of the CYP IAPT programme and the North East, Yorkshire and Humberside Children and Young People's CYP IAPT Learning Collaborative</p> <p>Ensuring CAMHS staff undertake identified CYP IAPT training and appoint into IAPT capacity so the training offered is put into practice, establishing and maintaining the IAPT capacity</p> <p>Ensure involvement in the Learning Collaborative by attending meetings</p> <p>Gain feedback from children, young people and families to improve collaboration and participation. Identify 2 participation leads</p> <p>Develop a CYP IAPT steering group to involve parents</p> <p>Provide appropriate IT support for the CYP IAPT initiative in line with national reporting requirements</p> <p>Develop robust CAMHS IAPT governance process</p> | ongoing | NHCT | <ul style="list-style-type: none"> National KPI data set | <p>For 15/16: £61,000 set up costs £40,000 staffing costs</p> <p>£81,000 from 16/17 onwards + non-recurrent funding for backfill for therapist training</p> | CYP IAPT training in progress for identified staff members. |
| 3.2 | Consider development of a self-referral process into the CAMHS service | March 2017 | NHCT/CCG | <p>Analyse potential case increase</p> <p>Analyse potential staffing structure to meet predicted demand</p> <p>Determine if self-referral system can be offered</p> | Alternative funding to be considered following analysis | Self referral is to be trialled to specified group of young people |
| 3.3 | Consider reducing access times to the CAMHS service to 6 weeks | March 2017 | NHCT/CCG | <p>Analyse potential staffing structure to meet target referral to first treatment timescale</p> <p>Determine if reduction to 6 week referral to first treatment can be offered</p> | Alternative funding to be considered following analysis | Review to minimise waiting times ongoing. |
| 3.4 | Improve the current pathway for LD prescribing to identify and treat children with ADHD in a community setting to be part of a holistic approach. | April 2017 | NHCT/CCG | <p>Review of existing pathway undertaken</p> <p>Review of existing resources undertaken</p> <p>Identification of options to maximise resources</p> <p>Implement new</p> | No cost | Review underway |

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| 3.5 | Improve management of children with autism in North Tyneside by reviewing existing pathways to identify any potential inefficiencies or duplication and will redesign those pathways , seeking opportunities to maximise existing resources. | April 2017 | NHCT/ CCG | pathway Audit the pathway using NICE Guidelines undertaken Audit of Parent/Carer or Young Person's experience undertaken New pathway implemented | No cost | Review underway |
| 3.7 | We will improve awareness raising of CAMHS issues amongst GPs to ensure that referrals to CAMHS services are appropriate. | Ongoing | CCG | All Practices will receive updated CAMHS access criteria GP awareness session of CAMHS will be held, evidenced by membership list of attendees Evidence based toolkit is circulated for GP s to use when managing children & young people with mental health needs | No cost | Awareness raising provided and is part of an ongoing programme for GPs Updated access criteria will be circulated when new specification with the service has been finalised |

| Getting More Help | | | | | | |
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| No. 4 | Purpose/Action | Timescale | Led By | KPIs | TP Funding | Progress |
| 4.1 | Extend CAMHS specialist clinic hours and provide specialist CAMHS services in community venues Improve access for LAC and CSE young people by increased flexibility of access criteria and increase outreach work | October 2016 | NHCT | Extended clinic hours are offered Extended clinic hours are advertised Monitor take up of clinics Increase in consultation with LAC and CSE Number of direct contacts | £74,000 | Clinic hours extended Alternative venues available |
| 4.2 | Development of specialist attachment therapy in the specialist CAMHS service and explore opportunities to develop other specialist services & clinics to ensure access for children and young people in North Tyneside to appropriate treatment | April 2017 | NHCT/ CCG | Review completed Decision made whether and how to develop this provision | No cost | ongoing |

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| | levels | | | | | |
| 4.4 | Review the Intensive Community Treatment Service | November 2016 | CCG/NECS | Review process & remit developed and agreed Review process undertaken Recommendations considered Options developed Options implemented | No cost | Review underway |
| 4.5 | Review the existing Eating Disorder Intensive Community Treatment Service and develop an integrated eating disorders community based service across Northumberland, North Tyneside, Newcastle/Gateshead CCGs along with NHSE, Specialised Commissioning, in line with NICE Guidelines | November 2016 | NT CCG/ NLAND CCG/ NCLC- GHEAD CCG/ NHSE | Review undertaken Option Appraisal completed Integrated service(s) commissioned and funded | No cost | Review underway |
| 4.6 | Strengthen links between regional EDICT and North Tyneside CAMHS services and provide direct intervention for children & young people with eating disorders via the CAMHS service. | February 2016 | NHCT | Employment of dedicated CAMHS clinical staff to offer direct support to North Tyneside CAMHS referrals, working with the EDICT team Development of revised, improved pathway between CAMHS and EDICT services for CAMHS referrals and young people with and LD and eating disorder Review prior to Oct 2016 and determine how to incorporate with Action above | £60,000 (funded from Eating Disorder monies) | Post holder appointed. Pathways being developed |
| 4.7 | Work with EIP provider to ensure compliance to access waiting times by April 2016 | April 2016 | CCG/NECS/NTW | Access waiting time targets are met by April 2016 | No cost | Waiting times achieved |
| 4.8 | Review the EIP service to ensure compliance with NICE Concordat and address workforce issues | April 2017 | CCG/NECS/NTW | Workforce gaps identified and action plan developed and implemented | No cost | Workforce development issues identified and Trust & CCGs continuing to work together |
| 4.9 | Consider re-commissioning the psychiatry services for children with learning disabilities following a review of the pathway and analysis of current caseload | March 2016 | CCG/NECS | Data analysis available Pathway reviewed and outcomes determined Plan to re-commission developed and implemented | No cost | Service commissioned |

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| 4.10 | Develop a service for hard to reach groups who access the Youth Justice System and Youth Offending Team services | October 2016 | NHCT /YOT | Service developed People will be seen within agreed timeframe 10 weeks, measuring percentage compliance | Alternative funding | Nursing post established within team Needs assessment being undertaken |
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| Getting Risk Support | | | | | | |
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| No. 5 | Purpose/Action | Timescale | Led By | KPIs | TP Funding | Progress |
| 5.1 | Develop a multi-agency model of crisis intervention across agencies | April 2017 | All partners | Multi-agency model agreed and implemented | £63,000 | Will be determined following research as per section below |
| 5.2 | Map existing crisis provision and develop solutions and options via evidence based models and working within existing resources. | December 2016 | All partners | Development of business case and options with evidenced KPIs Evidence of involvement of children & young people in this work | 16/17 Non-recurrent funding to fund research | Research commissioned and underway |
| 5.3 | Work with NHSE, Specialised Commissioning, to review bed usage for inpatients. Develop a strategy on in-patient bed usage in line with national requirements | April 2017 | NHSE | Bed usage monitoring analysis undertaken Plan developed on bed usage programme in line with national requirements Plan implemented | Funded from existing resources | Regional group established lead by specialised commissioning |
| 5.4 | Work in partnership with public health to meet the needs of emerging groups including children & young people with transgender issues, including development of a potential community pathway | May 2017 | LA/ CCG/ NTW/ NHCT | <ul style="list-style-type: none"> • Ensure regular agenda item on Implementation Group to address issues • Agree actions and how they will be implemented • Update Transformation Action Plan as required | No cost | Ongoing work |
| 5.5 | Full regional analysis of eating disorder in-patient capacity and impact on community based provision to be undertaken with Specialised Commissioning. | June 2017 | NHSE/ CCG | Analysis undertaken Impact assessment undertaken Inpatient services commissioned according to outcomes Capacity released identified and plan developed to direct released resources in line with national guidelines | No cost | Regional group established. Needs assessment undertaken. Modelling work commenced. |

