



2017 REVIEW OF CHILD AND ADOLESCENT MENTAL HEALTH TRANSFORMATION PLAN 2015-2020

Our Joint Vision, Principles and Plan



Contents

| | |
|---|----|
| 1. Introduction..... | 5 |
| 2. Governance..... | 5 |
| 3. Our Plan and Progress..... | 6 |
| 4. Sustainability Transformation Partnerships (STP's) and working with other LTPs | 7 |
| 5. Finance update | 8 |
| 6. Baseline Information including local need and inequalities..... | 9 |
| 7. What we have done: | 10 |
| 8. Our Vision..... | 10 |
| 9. Our Principles..... | 11 |
| 10. The Thrive Model | 11 |
| 11. Needs assessment | 12 |
| 12. Service planning..... | 13 |
| 13. A major milestone | 15 |
| 14. Progress made in other areas of our 2015/16 and 2016/17 Action Plan | 16 |
| Workforce Development | 16 |
| Incredible Years | 17 |
| Self-Harm | 17 |
| Mental Health Awareness | 18 |
| Eating Disorders | 18 |
| Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) | 19 |
| Early Intervention and Prevention | 20 |
| The Right Coordinated Response to Crisis | 20 |
| Reducing Inequalities | 21 |
| Learning Disabilities | 21 |
| Improve Perinatal Care | 22 |
| Parent Infant Psychotherapy Service | 23 |
| Early Intervention in Psychosis (EIP) | 24 |
| 15. Next steps | 26 |
| Appendix 1: Action Plan 2017-18 | 27 |
| Appendix 1a Risk Log | 37 |
| Appendix 2: Action Plan Outline 2015-2020 (Review October 2017) | 38 |

Appendix 3 Expanding Minds Improving Lives Case for Change.....42
Appendix 4 Draft Workforce Development Strategy and Data Collection Tool42
Appendix 5 LTP Finance Plan42

Acknowledgements

To all our children, young people, parents, carers and professionals who engaged with us during our listening and co-production phases.

To all of the organisations and groups who helped us make such a success of the listening and engagement to ensure we heard from our communities in order to develop an effective sustainable model that meets their needs.

1. Introduction

NHS Newcastle Gateshead Clinical Commissioning Group, Newcastle City Council and Gateshead Council ("the Partners") have been working together with our communities and stakeholders to understand and plan what needs to happen locally to transform the emotional wellbeing and mental health provision for children and young people and their families across Newcastle and Gateshead.

Our Transformation Plan is a living document and sets out our commitment to ensure that children and young people and their families, and professionals working in the field, were at the heart of the transformation, by ensuring the views and experiences of those who have, are or may use services and those who deliver them were listened to and respected. This refreshed plan describes how we have achieved this over the last two years, and identifies actions which are ongoing in their implementation (**See Appendix 1 Action Plan 2017/18, Appendix 1a Risk Log and Appendix 2 Action Plan Outline 2015 - 2020**).

2. Governance

From the outset we developed a governance framework which was operational at the onset of the transformational work. Good governance is about the processes for making and implementing decisions.

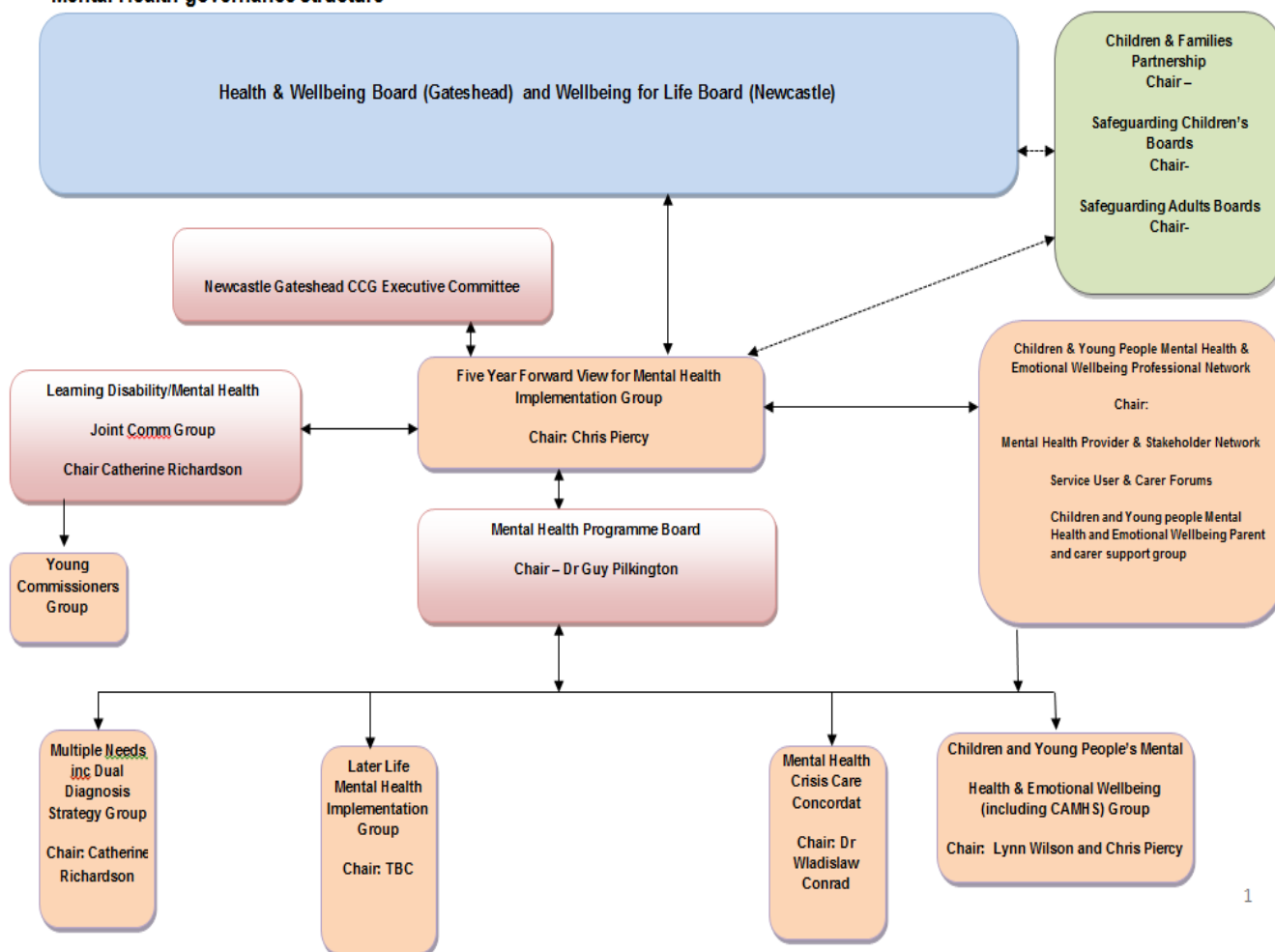
In **Figure 1** we describe our Mental Health Governance Structure and Framework, which has allowed for access to increased knowledge and operational intelligence, has provided challenge and innovation, and has allowed for strategic leadership and decision making.

Accountability has been through the Mental Health Programme Board. Having CAMHS transformational work as a standing item has helped put children and young people much higher on the agenda. There is also a Learning Disability/Mental Health Joint Commissioning group which supports the work of this transformation programme and focusses on place based plans.

At the time of publication we have utilised a partnership approach to agree and refresh with relevant partners such as specialist commissioning, local authorities, local safeguarding boards and local participation groups for children and young people, parents and carers. Due to timing, the plan will continue through the governance processes in terms of sign off and continual progress updates to NHS Newcastle Gateshead CCG Executive, Newcastle Wellbeing for Life Board and Gateshead Health and Wellbeing Board.

Figure 1

Mental Health governance structure



3. Our Plan and Progress

The following table **Table 1** sets out progress against the original case for change (**Appendix 3**). We are now entering the implementation phase of delivering the new model, we continue to reflect on the journey so far, consider what we have learnt together, and review our detailed action plan for 2017-18 (**Appendix 1**).

Table 1 Progress against the original case for change

| Stage | Description | Dates | RAG |
|--|--|-----------------------------|-----|
| Establishing the baseline | Getting the detail about how things currently work – marking out what we want to change and what we don't and why the system should transform | April – July 2015 | |
| Pre-Consultation/Listening | Taking a summary of the current services to the community – service users, children and young people, parents and carers, families, providers and commissioners – and listening to what we hear | Aug 2015 – Jan 2016 | |
| Co-producing a new model of emotional wellbeing care and support | Working together to build on the views shared in the listening phase and designing a new approach that enables people to thrive through prevention and early intervention, and when necessary specialised support | Feb – May 2016 | |
| Engaging with communities about the new approach | Sharing the outcome of the co-production phase and engaging with our communities about the new proposed approach. Continuation of targeted engagement activities | June – April 2017 | |
| Implementing single point of access | Meeting with existing providers to discuss the learning and new approach to service delivery. To enable modification to current service provision and undertake proof of concept piece of work. Establish future contracts and commissioning intentions. | December 2017 – March 2018 | |
| Workforce analysis and strategy development | To ensure that we have a workforce that is skilled to deliver the new model | September 2017 – April 2018 | |
| Implementing new model of delivery | Commence new spec see Appendix 1 | January - April 2018 | |

4. Sustainability Transformation Partnerships (STP's) and working with other LTPs

As a Sustainability Transformation Partnership (STP) footprint we are aware of the clear gaps across health and wellbeing and care and quality in relation to mental health. For example, 75% of people with mental health problems receive no support and people with SMI are at risk of dying on average 15-20 years earlier than the general population with large variation in the numbers of hospital admissions, length of stay and readmissions etc.

The core ambition of the STP is to ensure “no health without mental health”. This will involve the development of an integrated life span approach to the integrated support of mental health, physical health and social need which wraps around the person, from enabling self- management, care and support systems within communities, through to access to effective, consistent and evidence based support for the management of complex mental health conditions.

In the Newcastle Gateshead Local Health Economy of the STP we have specifically identified Expanding Minds Improving Lives (EMIL), and the need to develop a responsive CAMHS model with improved access across a range of locations.

The following outcomes and benefits have been identified for the STP:

- Delivery of milestones in the Mental Health 5 Year Forward View and reduction in demand for secondary and tertiary children and young people’s services, reduction in waiting times, and delivery and monitoring of successful outcomes
- Reductions in admissions and length of stay due to more effective integrated management of co-existing physical and mental health conditions through improved support of primary care, access to housing and employment and wider options in crisis support, and development of the recovery college approach
- Reduction in inappropriate A and E attendances supporting delivery of 4 hour wait target and admissions from care homes arising from poor management of mental health in older people
- Consistent access to and delivery of effective evidence based treatment and support for people with more complex needs, leading to measurable outcome improvement.
- Completion of re-design of mental health in-patient care, which is affordable, high quality, 7 day and consistent
- Delivery of multi-agency workforce plan which identifies the additional staff required by 2020

We will link with other LTP areas in and across the STP footprint to ensure a whole system approach and ensure learning and sharing of innovation is utilised as we transform services and implement new care models.

5. Finance update

As part of the refresh of the plan we have included an overview of the spend on these services, this continues to be reviewed with partners as part of our wider review of CAMHS services. **See Appendix 5 LTP Finance Plan.**

6. Baseline Information including local need and inequalities

Nationally, regionally and locally there is recognition that the emotional wellbeing and mental health needs of children and young people and their families are not being met.

The impact of not meeting the mental health needs can be significant for the child or young person, their family and our communities:

- There is strong evidence supporting the importance of positive emotional and psychological well-being in children and young people.
- Mental health problems in children may result in lower educational attainment, impact on the family and result in offending and antisocial behaviour.
- The negative consequences of not acting early or offering the right support at the right time often place preventable costs and demands on health, social care services, schools and the youth justice system.

Currently there is a fragmented system for supporting children and families, within challenging financial circumstances and there is a need to focus on an integrated, early response service.

In Newcastle Gateshead, we have two main providers which offer mental health and wellbeing services for children and young people, Northumberland, Tyne and Wear NHS FT (Tiers 2 and 3) and South Tyneside Foundation Trust (Tiers 2), alongside community and voluntary sector provision to ensure early identification.

By working together we will develop a new way of working that ensures a joined up approach in the commissioning and delivery of children and young people's mental health services with no duplication of provision and a single pathway to the right support at the right time. Our ambition is for emotional wellbeing and mental health to be everybody's business across universal, targeted and specialist provision.

Work is ongoing to ensure that the transformation programme of work will allow us to increase access to high quality mental health services for an additional 70,000 children and young people per year. Key actions include extending access to Children and Young Peoples (CYPS) services by 7% in 17/18 and 18/19 (to meet 32% of local need). Clear defined targets are being developed alongside the proposed model of transformation. The proposed model will also reflect the need to address 24/7 urgent and emergency response times.

Our case for change outlines key deliverables for Mental Health transformation as set out in the 5 year forward view. As well as access for CYP, a priority within the proposed model is focused on community Eating Disorder teams for CYP to meet access and waiting times standards.

Work continues with local providers to improve the data flow as the proposed model is implemented. Our case for change provides detailed information on the local need and our collaborative journey. Work continues to develop robust baselines and reporting mechanisms to track progress against key deliverables.

As part of our model we will be developing a clearly defined performance framework including activity and waiting times.

We are reviewing with partners ongoing financial commitments beyond any pilot transformation programmes for 17/19 Local Transformation Plan.

7. What we have done:

Action: We said we would launch the Expanding Minds, Improving Lives project.

Update: We launched the project and we;

Listened...

In order to fulfil our commitment to ensuring that children and young people and their families are at the heart of the transformation we have undertaken an extensive listening and engagement exercise with our communities to gather their views based on individual experiences of the current service.

We have also engaged with professionals in organisations providing support to our children and young people to understand their experience of the services and the impact services have on our children and young people.

Learned...

We have learned from this phase and adapted our vision, principles and plan to reflect our learning.

8. Our Vision

'We will improve the emotional health and wellbeing of children, young people and families, who will thrive through access to the right support at the right time in the right place'

Our vision now reflects a more collective approach to supporting our children and young people.

9. Our Principles

Success is reliant on all professionals signing up to the principles which underpin the new model (**See New Proposed Model in Appendix 3**). The new model is based on a prevention (where possible) and if not, the earliest possible intervention.

This will result in prevention of unnecessary escalation – shifting our approach to pre-empt or respond quickly to emotional wellbeing concerns instead of treating their consequences. To do this we need a cultural shift, and a reflective and responsive workforce. We also need choice of provision – a dispersed model of provision (as close to home as possible) to enable children and young people to receive care and support in an environment which will be most therapeutic for them. This may be for instance in a clinic environment, a community building, a school, a café or the park. The choice will be with the family and child primarily.

We need to provide the right support at the right time in the right place (we added ‘the right place’ as children, young people and families have clearly said that the present clinic environment does not work for them).

Access to a variety of types of support and therapy should be easy to access ‘Easy in’ and when appropriate should be easy to leave ‘Easy out’ in a planned and controlled way to prevent relapse (our data highlights some children and young people appearing to be static in their care, in in care for too long). Such provision should be ‘recovery focused’ at all times, positively supporting children and young people to get back to ‘normal’ life and live the best lives that they can.

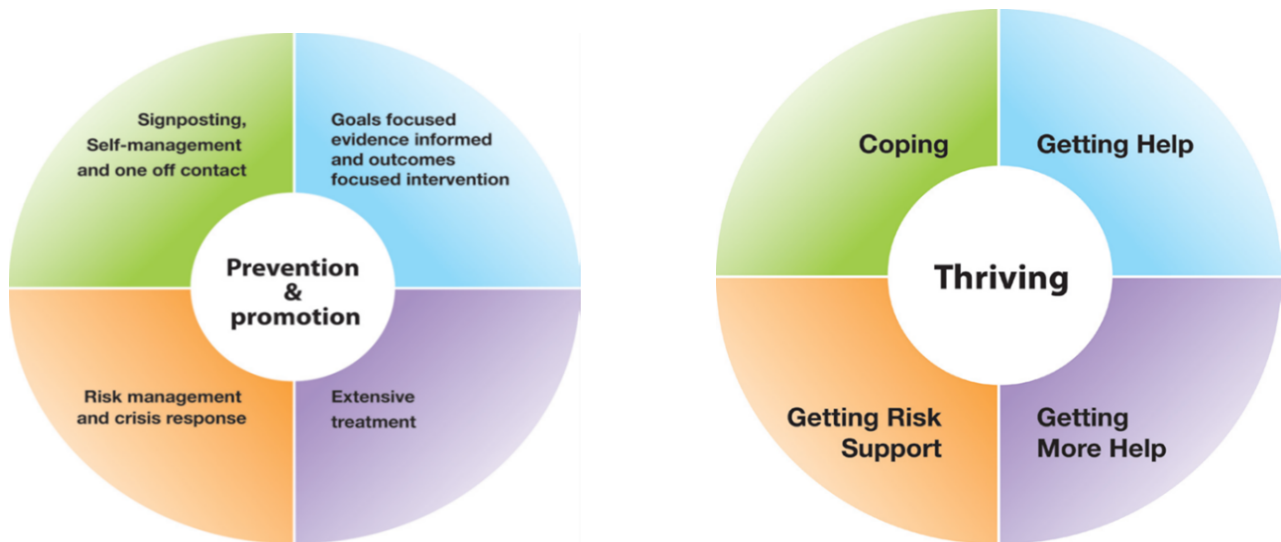
Within this context the needs of children and young people and families are at the heart of what we do and provide, not the needs of services. When someone is referred on we expect ‘No bounce’ by this we mean that individuals should not be bounced from service to service. There should be a shared care and joint planning approach whereby the original referrer always keeps the child or young person in mind and in sight, ensuring everything is going to plan and supporting that recovery focused model of care.

10. The Thrive Model

Our work will be underpinned by and aligned to the Thrive Model (The AFC–Tavistock Model for CAMHS¹) which removes the emphasis from services and re-focuses support to the needs of the child or young person.

The Thrive model also ensures a more flexible, multi-agency response across the whole system that reflects our collaborative approach. ¹

¹ Thrive, The AFC-Tavistock Model for CAMHS, November 2014.



11. Needs assessment

The prevalence of Mental Illness among Children & Young People in Gateshead and Newcastle suggests that just under 1 in 10 children aged 5 to 16 will have some form of mental disorder, with the prevalence increasing with age. The research indicates the most prevalent condition is emotional disorders, with up to 1 in 27 young people aged 5 to 16 having the condition.

The listening and engagement phase has increased our understanding of need and has helped contextualise our learning. It is this learning that has contributed to the new proposed model development. Summarised as follows:

What works:

- Staff are committed and dedicated
- Training and resources enable staff at tier one to work in community settings
- There is good early use of new technologies
- Targeted Mental Health in Schools and school based counselling is well received and evaluated
- Whole school approaches to Emotional and Mental Health are good (dedicated worker – link between mental health trust and schools is highly valued)
- Children identified with special educational needs have good level of support in schools
- Using schools as a community asset
- For C&YP the approach and convenience/access to VCS provision is important as part of the whole system structure
- Access to groups and social/creative activities work.

What needs to be improved?

- Service configuration and performance
- More / improved early intervention / prevention
- Greater support for lower level need /right support from the right services at the right time
- One point of access
- Greater integration with education
- More choice (location, types of support)
- Communication and information sharing
- Poor communication as system is fragmented and complicated
- Lack of clarity around role and expectation of CYPs staff
- Limited follow-up post referral
- Transitions out of CHYP Mental Health Services
- Improved school readiness – need to do more pre school
- “Cliff edge” at 18 with move to adult mental health services
- Moving between CYPs and other services needs to be easier
- Workforce and training
- With the right skills and resources, schools and community based organisations are ideally placed to work at tier one.
- With added capacity and / or support of mental health workers, there is the potential of schools and community based organisations in providing tier 2 support
- Improved understanding roles and functions of key professionals / organisations

12. Service planning

As we are on a transformational journey we acknowledge not all things can change overnight. In year, using some of the transformation funds we have piloted 3 key areas of work as a result of what we have heard and as part of our iterative process to change.

All are aimed at strengthening the upstream, early intervention model we are striving to achieve.

- i. We have procured an interim offer of tier 2 counselling provision for those experiencing mild to moderate mental health problems, including procurement of a specific service for those children with learning difficulties. All successful providers were voluntary and community sector providers and were asked to provide the following:

The provider(s) were required to offer a range of counselling techniques and methods appropriate to age and maturity, and where deemed appropriate also offer support to the family. The provider(s) offer:

- A choice of counselling interventions including group, individual, online etc.

- Involvement with parents or carer if deemed appropriate
- A selection of meeting points / venues for delivery of provision
- Varied access e.g. professional and self-referral
- Clearly demonstrate how outcomes data will be collected and monitored
- Clearly demonstrate how the service will reach and engage vulnerable young people
- After initial assessment, the provider will assess whether the service is suitable to the child or young person's needs. Where support is best provided by another provider the professional will be responsible for onward referral or the provision of supporting information.

In addition to this two new service specifications have been developed for the commissioning of 'Getting Help' referred to as tier 2 this includes the single point of access; and, 'Getting More Help' referred to as tier 3.

- ii. Self-harm response – Our data analysis (a component of the case for change) highlighted that the rate of hospital admissions for self-harm for 10-24 year olds in Gateshead is higher than the national average. In 2014, the Gateshead self-harm rates were identified by both the Gateshead Local Safeguarding Children Board (LSCB) and the Gateshead Children & Families Overview and Scrutiny Committee (OSC) as a priority area of work. The Gateshead CAMHS Steering Group set up a multi-disciplinary self-harm sub group to carry forward this piece of work which resulted in the development of a self-harm protocol for all professionals within the children's workforce across Gateshead and to look at the current training provision around self-harm and to identify any gaps in provision. We have therefore procured some additional training for schools staff to help them identify and support children and young people in need.

A team of multi-agency professionals from the NHS, local authority and tier 2 & 3 CAMHS services have developed the bespoke training together. The providers will initially deliver a programme of self-harm training to key staff members in Gateshead Secondary Schools, other professional groups will be considered for the training in the future. Post evaluation learning from this will be shared across the Newcastle footprint.

- iii. Mental Health Awareness Training for specific frontline staff is a crucial element of our workforce development. However, children and young people highlighted many instances where training specifically for schools based staff would have improved both their chance of early identification and intervention but also would have improved their whole school experience. We agreed to focus our first mental health awareness training at schools staff. Training began in 2017 and includes identification of mental health champions.

Our vision is that every maintained and non-maintained school in Newcastle and Gateshead has a member of staff who is the designated mental health champion. The named mental health champion will be the 'go to' person in each school where a problem arises that cannot be easily resolved. The mental health champion will need to:

- Be knowledgeable about the services available (in and outside of the school environment) to support a child or young person should they need to access service provision
- Each named mental health champion is supported by a named CAMHS professional.
- Engage in the mental health awareness training
- Cascade the learning from the mental health awareness training to teaching and non-teaching staff within their school
- Learning will be shared in a variety of ways that are appropriate to the individual school setting
- Be influential in the school e.g. of sufficient status to help ensure change can happen within the school setting

To support schools and their designated mental health champion a programme of mental health awareness training will be delivered.

13. A major milestone

On the 10th February 2016, we came together at Tyneside 'Pop Up' Cinema with multi agency providers, children and young people and families to celebrate the work of our children who worked with Helix Arts and Roots and Wings² to develop their CHAOS DVD, and the Young Commissioners recruited, trained and supported by Youth Focus North East supported.

At the event we showcased the DVD and those who took part spoke of their experiences as service users and what it felt like to take part in the Arts Project. The Young Commissioners also took to the stage and impressed the audience with their understanding of the issues for children and young people and what they hoped to achieve as Young Commissioners.

The link to the chaos Video can be seen here <https://vimeo.com/173909530>

At the event Commissioners from the CCG and two local authorities made the following pledges to the audience.

² www.rootsandwings.design/work/camhs-report

Schools

Focus specific workforce development at school staff to enable them to identify early and emerging mental health problems, increase their ability to support children and young people, or refer on where appropriate. Work is currently underway in Gateshead schools to develop emotional wellbeing and resilience through programmes such as Mindfulness. The development of apps for children is also being explored as a result of the increase in permanent school exclusions.

Settings

Develop a “dispersed model of access” to suitable and user friendly provision. We will work with young people to ensure the provision chosen is suitable and inviting.

Changing Need

Ensure services can respond to the changing maturity (not just by age) of children and young people to ensure decision making, treatment and support, is shared appropriately.

We also asked providers to make pledges openly to demonstrate their commitment to specific change.

14. Progress made in other areas of our 2015/16 and 2016/17 Action Plan

Workforce Development

Action: We said we would produce a comprehensive workforce development strategy and commence a review of existing workforce including FTEs and skill mix and setting out training needs.

Update: We are currently undertaking a workforce analysis across the partnership that will inform the development of a workforce strategy, but have faced some challenges gathering all of the information.

The workforce development strategy will be based on training needs assessment of wider children and young peoples workforce; staffing data (wte, discipline, skill set) and financial information.

Throughout the plan we do make reference to workforce and training as the various workforce professions are discussed. For example we know that our current providers deliver a wide range of Interventions and therapies which include:

- Dialectical Behaviour Therapy (DBT)
- Cognitive behaviour therapy (CBT)

- Cognitive behaviour therapy informed intervention – chill out group/graded exposure/friends groups
- Eye movement desensitisation therapy (EMDR)
- Positive behaviour management (PBS)
- Sleep Scotland sleep clinics
- Interpersonal therapy (IPT)
- Attention deficit hyperactivity diagnosis (ADHD) – assessment and diagnostics
- Autism spectrum disorder – assessment and diagnostics
- Eating disorder – assessment and diagnostics and maudlsey interventions
- Family therapy
- Psychotherapy
- Art therapy
- Systemic practice
- Crisis intervention and work
- Parenting factor - parenting work

Our intention is to further develop the workforce development strategy as part of the implementation phase of our new model. **See Appendix 3 for the Draft Workforce Development Strategy and Data Collection Tool.**

In the Case For Change Feedback , the engagement and listening phase identified a need to ensure the wider infrastructure is in place for implementation of the new model. This included:

Incredible Years

24 multi agency early years staff across Newcastle & Gateshead have now received Incredible Year’s Training, and as such we have built capacity across the system. These staff are now trained in the delivery of training to parents. Five group sessions have been delivered to parents in Newcastle, with further sessions programmed in over the next few months. Delivery of the programme in Gateshead is scheduled for January 2018.

Self-Harm

We have procured training for secondary schools staff to help them identify and support children and young people in need. The providers will initially deliver a programme of self-harm training to key staff members in Gateshead Secondary Schools, other professional groups will be considered for the training in the future. This training will be evaluated prior to a decision being made on extending delivery across Newcastle.

The training is delivered in 2 parts:

- An initial 4 hour training session that will include looking at what self-harm is and the main forms of self-harm, Identify significant risk factors for self-harm and also describe how young people who self-harm are assessed and managed.

- A follow up training session looking at how participants have utilised the training and what systems, procedures and policies have been introduced into their schools following the training.
- The training programme will be fully evaluated looking at how participants have benefitted from the training and how schools have adapted their policies and procedures as a result of receiving the training.

Mental Health Awareness

Mental Health Training Teaching and Non-Teaching Staff

A consistent message throughout the listening phase was that extra capacity and workforce development was a priority for universal provision. Non-recurrent transformation funding was used to commission If U Care Foundation to develop a mental health awareness training programme that would engage participants representing all 185 schools in Newcastle and Gateshead.

The key deliverables in this training programme includes:

- Enable participants to recognise the early signs of mental ill health in children and young people
- Depression and anxiety
- Suicide and self-harm
- Psychosis
- Eating disorders
- Provide participants with brief intervention tools to promote protective factors and resilience, including age appropriate resources and tools that they can disseminate and cascade/use within the school environment.
- Enable participants to address issues such as bullying and stigma
- Provide an understanding of how the current CAMHS system works and what provision is available to them to utilise in order to support a young person or child with a mental health issue.
- Enable participants to develop a standard and positive model of good mental health that can be applied within the school environment promoting a whole school approach to mental health, which includes promoting mental wellbeing amongst staff groups.

Eating Disorders

Action: We said we would commence and implement a review of existing provision, consult with existing service users and providers, explore best practice, and begin to develop an interim improvement plan.

Update: Eating Disorders

The CYPS Community Eating Disorder Team delivers a service to children and young people who are referred because they meet the threshold for an eating disorder or where an eating disorder is suspected. The team provide an assessment and where applicable

deliver interventions in accordance with the Access and Waiting time Guidance for Children and Young People's Eating Disorder Services 2016. The team work intensively with children and young people where there is significant risk of an inpatient admission and proactively monitor and support young people admitted to an eating disorder inpatient service to facilitate their earliest possible discharge providing ongoing community care thereafter.

Collaborative partners have met regionally as an information sharing and learning exercise. Subsequently we have locally decided that:

- A regional approach to the development and delivery of eating disorder services is favourable. It is hoped that a collaboratively commissioned model will improve access to services. Further workshops are planned late October / early November to take forward this work across the STP footprint.
- As such the eating disorders work will become a sub group within the governance framework of the CAMHS transformational work. A performance framework will be developed to include measurement and monitoring of 1 week urgent referrals and 4 week routine referrals.
- As at Q2 2017/18 80% of routine CYPs starting treatment in that quarter were seen within 4 weeks and all urgent cases were seen within the required standard. As part of the ED transformation work we are working towards achieving the 2020 standards of 95% of routine and urgent cases seen within the required timeframe. This will be embedded within the performance framework which is currently in development.
- Whilst developing this area we are taking into consideration key deliverables for mental health transformation as set out in the NHS Operational Planning and Contracting Guidance 2017 - 2019.

Children and Young People's Improving Access to Psychological Therapies (CYP IAPT)

Action: We said we would provide training to support under 5s

Update: We have increased our delivery of CYP IAPT to meet the needs of under 5's by introducing a robust evidence based training programme for the delivery of 'Incredible Years' across Newcastle and Gateshead.

Action: We said we would review the Newcastle/Gateshead model of delivery, including clinical supervision and reporting infrastructure.

Update: In year transformation funds have been utilised to support the workforce and ensure all children's IAPT trainees have gained access to appropriate trainee supervision (this has been particularly important to VCS providers); IT and analytical support has been provided alongside project management, these roles and functions remain under review. Further workforce development included upskilling the current IAPT workforce to be BABCP accredited. Work is ongoing to upskill the workforce for under 5s, however this is subject to course availability with local universities.

Whilst developing this area we are taking into consideration key deliverables for mental health transformation as set out in the recently published NHS Operational Planning and Contracting Guidance 2017 -2019.

Early Intervention and Prevention

Action: We said we would:

- Review, develop and expand the use of primary mental health workers,
- Commence review of integrated working arrangements.
- Commence review of schools model for increased early intervention and prevention.
- Begin to develop interim improvement plan

Update: Our aim was to shift our approach across the whole system in order to pre-empt or respond quickly to emotional wellbeing concerns instead of treating their consequences and ensure an early intervention and prevention approach is adopted.

Shifting resources could not happen overnight, and as such we needed to resource additional upstream services during the process of change, whilst maintaining safe and accessible provision.

- We have commissioned community counselling and CBT as an interim provision, including a specific service for children with Learning Difficulties.
- A contract has been awarded to deliver Mental Health Awareness training to schools in Newcastle and Gateshead. This training is to be delivered to professionals from every school in Newcastle and Gateshead.
- Multi agency staff in Gateshead are delivering Self Harm training to frontline staff in secondary schools. This directly responds to a higher prevalence of self-harm in Gateshead highlighted through the Case for Change and local knowledge. This training will be evaluated and used as a pilot with the aim for future roll out across Newcastle.

The Right Coordinated Response to Crisis

Action: We said we would explore integrated crisis team model linking to other local developments, and one access point for all. Begin to review data collected related to crisis to inform an improved data system to support the Crisis Care Concordat and begin to develop interim improvement plan.

Update: The listening phase has highlighted the need for an early intervention crisis response that is defined by the individual, and often does not require a clinical response. The new conceptual model acknowledges this and we continue work to develop this aspect of the model.

Reducing Inequalities

Action: We said we would identify areas of improvement for vulnerable groups such as specific cultural and ethnic groups, and groups at particular risk (i.e. those at risk of sexual exploitation).

Update: We are undertaking some additional targeted work with LGBT young people, young people and parents from BME communities, youth offenders, looked after children, young carers, parents of foster children, young people not in employment or education and deaf/hard of hearing parents, children and young people to ensure that our learning to date fully represents their own experiences and views. The report was produced by Roots and Wings (2017).

In continuing to develop and implement the new conceptual model we are acutely aware of the need to ensure links with the broader systems in place to support vulnerable children. We are still considering with present providers how we successfully integrate child and adolescent mental health work into the day to day services supporting vulnerable groups e.g. Youth Offending, Looked after Children. We are avoiding the need for separate provision but are developing a needs based model of care e.g. those with the highest needs being prioritised into care.

We are working hard to ensure that these CAMHS developments link effectively with other on-going transformation plans e.g. Troubled Families. We have supported the Review and Re-commissioning of the 0-19 Service to ensure that inequalities are addressed for vulnerable groups such as young parents through the Family Nurse Partnership (Gateshead) and the development of a vulnerable parents pathway (Newcastle) to incorporate the mental health and emotional wellbeing support as part of the core offer for the universal service. With many transformational plans at different stages of development, establishing the links and suitable care pathways is challenging, however there is a commitment to ensure integration.

Learning Disabilities

The North East & Cumbria Learning Disability Fast Track Plan includes an intention to ensure early intervention and proactive work with families that starts at the earliest possible stage in childhood.

Action: We said we would:

- Review the skill mix in community teams to ensure that learning disability specialists are part of the team and that teams have the training and expertise to work with children and young people with a Learning Disability.
- Work with the Behavioural Assessment and Intervention Team to ensure that they have the capacity to develop a Positive Behavioural Support Training Plan that will support professionals working with children and young people with behaviours that challenge.

- Ensure strengthening the CYP IAPT providers to ensure that they have the skills and capacity to work with children and young people with Learning Disabilities.
- Ensure that parenting programmes are suitable for families caring for children with learning disabilities.

Update: With the available data we reviewed the skill mix of providers and also reviewed the current provision, we have heard during our listening phase that open/fast access to a seamless service is key for this cohort. In year transformation funds were utilized to provide a dedicated counselling service for those children and young people with a Learning Disability and is currently being evaluated and will influence the interim improvement model.

Improve Perinatal Care

Action: Review and respond to the 33 recommendations contained within the Infant Mental Health consultation

Update:

Perinatal

The Community Perinatal Mental Health Team provides a community mental health service for women with mental health problems related to pregnancy, childbirth and early motherhood. The team works to minimise the risk of relapse in those women who are currently well but who have a history of severe mental illness. The service provides:

- Mental health and risk assessment, care co-ordination of women, appropriate, time-limited, evidence based treatments and interventions jointly agreed with the worker and the women, collaborative working with women and, wherever possible, their families.
- Specialist Perinatal medical support and advice to woman, their families and referrers into the service, including up-to-date and comprehensive medication advice.
- Support and advice to promote the detection, prediction and prevention of maternal mental health problems. Developing pathways of care and appropriate tolls to facilitate this within primary and secondary care services.
- Provision of care in the most appropriate setting. Ensuring accessibility and choice. Dependent on need woman will be seen 1-2 weekly.
- Education, advice and appropriate self-help literature given to women and their families.
- Signposting to other statutory and non-statutory services as appropriate.
- Provision of short- and long-term placements for mental health, Health Visitor and midwifery students.
- Multidisciplinary involvement in the planning of effective maternal mental health care.
- Appropriate communication about care with other services as required, taking into account confidentiality.

- The service provides maternal mental health training and advice to statutory and non-statutory groups, as well as structuring training programmes that incorporate recent Department of Health and NICE Guidelines.

The 0 - 19 service in Newcastle now has a specialist health visitor for children with additional needs. This role includes the supporting and training of staff, as such staff have had access to training days focused on particular conditions commonly presenting in childhood. Part of the role is also about signposting for staff so they can better support families and signpost as appropriate back into specialist services when needed.

The team have also received presentations at the health visitor professional forum from organisations such as Contact a Family, Cauldwell Trust and Downs Syndrome Association. Staff are more aware of how to access information regarding other services and can signpost appropriately. Staff have continued to access Early Help and Support from Children's Centres via the CAF process and have regular updates regarding this process.

Action: Link our perinatal care developments to our existing developments such as evidence based programmes (e.g. PIP) in order to reduce inappropriate referrals to the perinatal unit

Parent Infant Psychotherapy Service

Update: In 2014, Newcastle City Council secured over £2.7m of government funding to transform the way families with infants are helped to overcome poor mental health and parental substance misuse.

The funding - which was secured following a successful bid to the government's Transformation Challenge Award - was awarded to develop two new key projects in the city for families experiencing mental ill-health, alcohol & substance misuse, family conflict and neglect. These projects were the development of: a Parents under Pressure Programme (PUP), and a Parent Infant Psychotherapy Service.

The aim of both of these initiatives is to reduce the need for costly support services in later life and, instead, focus on providing families with the up-front support they need to turn their lives around.

The Parent Infant Psychotherapy service is based on the Parent Infant Partnership model overseen by the charity PIPuk.

Following a consultation with key stakeholders and parents, Newcastle City Council undertook a competitive tendering exercise and have awarded a contract to Children North East to deliver this service. The service is now known as "NewPiP and is fully staffed with a clinical psychologist lead, psychotherapists and a specialist health visitor.

The service started to receive referrals in early summer and although numbers are still relatively small (44), parents are engaging with this therapeutic intervention and work is ongoing to develop staff skills and knowledge in relation to improving parental mental health and infant attachment and referral pathways.

Based on national prevalence data for maternal ill health and the current birth rate we estimate that approximately 215 families will benefit from interventions offered by this service. We anticipate that the service will work closely with acute perinatal mental health team as well as front line service providers such as midwives, health visitors and our community family hub which consists of our Surestart Children's Centres and early help and family support services.

Action: Review the pending Perinatal Care National Guidance when published.

The Perinatal work will involve commissioners and providers working in collaboration, using findings of the National Maternity Review "Better Births" to inform strategic and local plans.

Early Intervention in Psychosis (EIP)

Update: The Access and Waiting Time Standard for EIP and the Five Year Forward View tasks the service to see 50% of new cases within two weeks and be able to offer service users a NICE compliant care package. This covers an age range of 14-65. The standard extended EIP services to assess and treat people showing signs of an At Risk Mental State for psychosis (ARMs).

The Newcastle and Gateshead EIP teams continue to achieve the access part of the standard, with performance routinely above 70%. This includes people under the age of 18 from any referral source. There is a joint working protocol with CYPS which encourages co-working to ensure the young person receives the optimal treatment package.

Action: The first CCQI audit of NICE concordance highlighted a number of gaps in service provision. Referral rates for the service have increased markedly since the service was extended, beyond what was anticipated from increasing the age range from 35 to 65. This appears to be consistent with trends in all urban areas of England and included increases in CYP. The percentage of CYP on the caseload is monitored annually. This additional demand has impacted on caseload size and the ability to offer treatments and is being closely monitored by the CCG.

Next steps will work towards improving the quality element of the standard to provide Cognitive Behavioural Therapy for psychosis, Family Interventions and Individual Placement Support to all service users. Development of staff to provide further evidence based interventions is required to improve NICE concordance.

15. Next steps

We will continue to use the Newcastle Future Needs Assessment (NFNA) and the Gateshead Joint Strategic Needs Assessment (JSNA) to support our work and help us to understand the key issues facing children, young people and families in Newcastle and Gateshead as we continue on our transformational journey in the coming months.

The following bullet points indicate the ongoing areas of work required to ensure we meet our ultimate aim to improve the emotional health and wellbeing of children, young people and families, who will thrive through access to the right support at the right time in the right place.

- Awareness raising through GP Child Health Leads across Newcastle and Gateshead
- Implement the two new service specifications with providers 'Getting Help' and 'Getting More Help'
- Variation to contracts to include improved performance and activity data that will inform a robust performance framework
- Phase one to four implementation of the new model
- Test out our new delivery model, this will influence how we refine care pathways
- Continued workforce development across children's workforce
- Continued work around transitions
- Continue to work collaboratively with the LD transformation board on a regional and local level. This will also include how it interfaces with SEND reforms.
- Review current workforce arrangements
- A bid was successful as an early adopter perinatal mental health service by provider, we are now developing the model and transforming the service.
- A bid has been submitted to improve mental health in schools and improve collaborative working between mental health services, schools and colleges.

The plan will be reviewed and refreshed as a minimum at least once a year with all system partners, children, young people, families and carers involved in the process; it is a living document that that will be updated by the partners as milestones are reached and actions are implemented.

| Appendix 1: Action Plan 2017-18 | | | | | | |
|--|---|---|-------------------|-------------|-----------------------------|------------|
| Area | Transformation Priority | Objective | Any update | Lead | Timescale | RAG |
| 1 | Expanding Minds, Improving Lives | Implementation of new whole system approach: Getting Help inc single point of access and Getting More Help services | | CCG | Dec 2017 – Sept 2018 | |
| | | Incorporate multi-media access for SPOA | | CCG | April 2018 | |
| | | Evaluation phase by phase of Getting Help inc single point of access and Getting More Help services | | CCG | January 2018 – October 2018 | |
| | | Implementation of new whole system approach: New model | | CCG | April 2018 | |
| | | Incorporate peer support into new model spec | | CCG | April 2018 | |
| | | Evaluation new model | | CCG | April 2019 | |
| | | Ensure all requirements are captured within the financial plan. | | CCG | April 2018 | |
| | | Develop performance framework and incorporate recommendations from Childrens Commissioner Childrens Mental Health in England indicators (Oct 2017), KPI's and agreed outcome measures | | CCG | December 2017 | |
| | | Review demand and waiting | | CCG | December 2017 | |

| | | | | | |
|--|--|---|--|--------------|----------------|
| | | times for CAMHS service | | | |
| | | To review activity/demand on VCS services | | Third Sector | December 2017 |
| | | <p>Review full pathways which specifically include pathways relating to:</p> <ul style="list-style-type: none"> • services within VCS • inpatient CHYP MHS pathway including specialised commissioning • mental health and behavioural support for CHYP in contact with the Justice System perpetrators and / or victims of crime, including sexual assault and those in the welfare system and on the edge of care. • those requiring bereavement support including support after suicide. | | CCG | Jan – May 2018 |
| | | Adopt better use of technology within CAMHS services Increase the use of | | CCG | September 2018 |

| | | | | | | |
|----------|-----------------------------------|--|--|-----|-------------------------|--|
| | | texts, emails and skype etc for appts. This work should be informed by CHYP and Families. | | | | |
| | | Develop support pathways for children and young people and for parents/carers who have alcohol problems | | LA | Sept 2018 | |
| | | CHYP supported to develop mental health and wellbeing APP promoting self care | | CCG | July 2018 | |
| | | All schools, colleges, primary care will have a named lead on mental health | | CCG | Sept 2018 | |
| 2 | Workforce Development Plan | Develop a comprehensive workforce strategy based on training needs assessment of wider children and young peoples workforce; staffing data (wte, discipline, skill set) and financial information. | | All | April 2018 | |
| | | Implementation of workforce development strategy | | All | April 2018 – March 2019 | |
| 3 | Eating Disorders | Demonstrate improvements to early intervention and avoidable hospital admissions, implement regional approach | | CCG | Dec 2017 | |

| | | | | | | |
|---|-----------------|---|--|-----|-----------|--|
| | | <p>Build capacity within community mental health services to deliver evidence based eating disorder treatment - Specialist Community Eating Disorder Team to have opportunity to access the multi-systemic family therapy, linked to Children and Young People IAPT</p> <p>A performance framework will be developed to include measurement and monitoring of 1 week urgent referrals and 4 week routine referrals.</p> | | | July 2018 | |
| 4 | CYP IAPT | <p>Continue implementation of improvement plan ensuring providers have the skills and capacity to work with children and young people including those with Learning Disabilities</p> <p>Review training priorities and target workforce - training opportunities for under 5's and</p> | | CCG | July 2018 | |

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|---|--|---|---|-----|--------------|--|
| | | LD and Autism Undertake scoping re extension of the current CYP IAPT programme to train staff to meet the needs of children and young people who are not supported by the existing programme | | | | |
| 5 | Early Intervention and Prevention | Implement improved early intervention and prevention arrangements. | | CCG | April 2018 | |
| | | Deliver early intervention and prevention through the health visitor, family nurse partnership and school nurse new specification and contract | In service spec contract start date July 2018 | LA | July 2018 | |
| | | Pilot mindfulness in Gateshead schools x3 | Staff training commenced | LA | June 2018 | |
| | | Incorporate mental health and wellbeing in schools via 0-19 contract | In service spec contract start date July 2018 | LA | July 2018 | |
| | | Promote CYP mental health and wellbeing opportunities via early help social care model | Service changes underway | LA | April 2018 | |
| | | Submit DfE bid for mental health in schools programme for Gateshead and Newcastle | Submitted 19/10/17 | LA | October 2017 | |

| | | | | | | |
|----------|---|---|---|--------|---------------|--|
| | | Explore development of apps for schools with Young Commissioners | Part of school exclusions action plan | LA/CCG | April 2018 | |
| 6 | The Right Coordinated Response to Crisis | Continue to implement interim improvement plan developing options for early intervention crisis response based on a 24/7 model of care and provided in their local communities ensuring care is provided as close to home as possible or within their own homes. Develop the model for intensive home treatment for children and young people with complex needs. Develop of a multi-agency crisis care pathway | | CCG | December 2018 | |
| 7 | Reducing Inequalities | Monitor new arrangements and continue improvement activities | Refresh joint strategic needs assessment CYP mental health and wellbeing to inform future commissioning | LA | April 2018 | |
| | | Promote education and employment opportunities for care leavers | | LA | April 2018 | |

| | | | | | | |
|----|--------------------------------|--|--|-----|---------------|--|
| 8 | Learning Disabilities | Monitor and review new arrangements. Understand local impact of the LD transformation programme ensure services are responsive to individual needs and are able to wrap round those YP with complex needs to prevent placement breakdown. | | CCG | Dec 2018 | |
| 9 | Autism | Scope local need and service development to deliver assessment and treatment compliant with national and local standards for children and young people with learning disability, autistic spectrum disorder, attention deficit and hyperactivity disorder, to improve access and multi-agency intervention | | CCG | December 2018 | |
| 10 | Perinatal Mental Health | Review the pending Perinatal Care National Guidance when published and the better births recommendations Review impact of perinatal maternal mental health pathways | | LA | Dec 2018 | |

| | | | | | | |
|----|--------------------|--|--|-----|----------------|--|
| | | <p>on primary care and specialist services to establish potential need for a community perinatal mental health service</p> <p>Implement a service model to include support for both parents which is equitable place based.</p> <p>Ensure local birthing units have access to a specialist perinatal mental health clinician.</p> | | | | |
| 11 | Transitions | <p>Implement best practice in regard to transition from children's mental health services to adult mental health services within the new service model.</p> <p>Improve support to children and young people in transitions years, particularly between services for pre and post-16yr olds, Primary secondary, Secondary- +16, CAMHSAMHS, Care leavers</p> <p>Undertake CHIMAT transitions tool with CAMHS service and</p> | | CCG | September 2018 | |

| | | | | | | |
|----|--------------------------------------|---|--|-----|--------------|--|
| | | <p>with social care (children's and adults' services)</p> <p>Use outcomes of tool to develop clear pathway of support between services for children and young people and those for adults</p> <p>Review whether work is needed to improve pathways between preschool years and school</p> | | | | |
| 12 | Specialist In-Patient | <p>Implementation and monitoring of programme to ensure children and young people in need of specialist in patient care are able to access services timely and near to home as possible.</p> <p>Explore opportunities to increase outreach work through utilisation of children's centres and general practice.</p> | | NTW | October 2018 | |
| 13 | Sexual Abuse and/or exploited | <p>Ensure those who have been sexually abused and/or exploited receive</p> | | CCG | July 2018 | |

| | | | | | | |
|----|--|---|--|---------|---------------|--|
| | | <p>comprehensive assessment and referral to appropriate evidence based services</p> <p>Develop and implement comprehensive assessment and provide care plan which is owned by young person which includes access to appropriate evidence based services with a Lead Professional supporting throughout.</p> | | | | |
| 14 | Early Intervention in Psychosis (EIP) | <p>Improve the quality element of the EIP standard by providing Cognitive Behavioural Therapy for psychosis, Family Interventions and Individual Placement Support to all service users. Development of staff to provide further evidence based interventions is required to improve NICE concordance.</p> | | NTW/CCG | December 2018 | |

Appendix 1a Risk Log

| STRATEGIC/ OPERATIONAL RISK (or both) | RISK IDENTIFIED & POTENTIAL IMPACT | RAG | ACTION PLAN | LEAD OFFICER(S) |
|--|--|-----|--|---------------------------|
| Strategic/Operational Risk | Non engagement of staff | | System partners already well engaged in the process and service development to date and ongoing mechanism in place. Risk reviewed 5YFVMH Imp Group | All partners |
| Strategic/Operational Risk | Data sharing and performance metrics not yet agreed | | Performance metrics to be agreed with relevant organisations and mechanisms for reporting | All partners |
| Strategic/Operational Risk | Disruption/confusion in the system | | Phased approach accompanied by communication plan aimed to minimise/eliminate disruption/confusion. | NTW and STFT |
| Operational Risk | Workforce/appropriately trained staff to deliver evidence based interventions does that workforce exists | | Workforce analysis already underway. Further links to be identified within STP LWAB and LWAG | All partners |
| Operational Risk | Lack of clarity re voluntary sector involvement | | CCG to advise/confirm agreed arrangement with voluntary sector. | CCG |
| Strategic/Operational Risk | Activity increase exceeds resource allocation based on current activity levels with no further resource identified | | Phased approach and review/agreement before proceeding to next phase identified in mobilisation. | CCG and providers |
| Operational Risk | Increased referrals to Children's Services | | CCG to confirm appropriate plan to support. | CCG and Local Authorities |
| Operational Risk | Capacity/availability of staff within current system not meeting required staffing | | Staffing structure and training needs to be reviewed as part of the workforce plan to ensure workforce meets capacity and capability. | All partners |

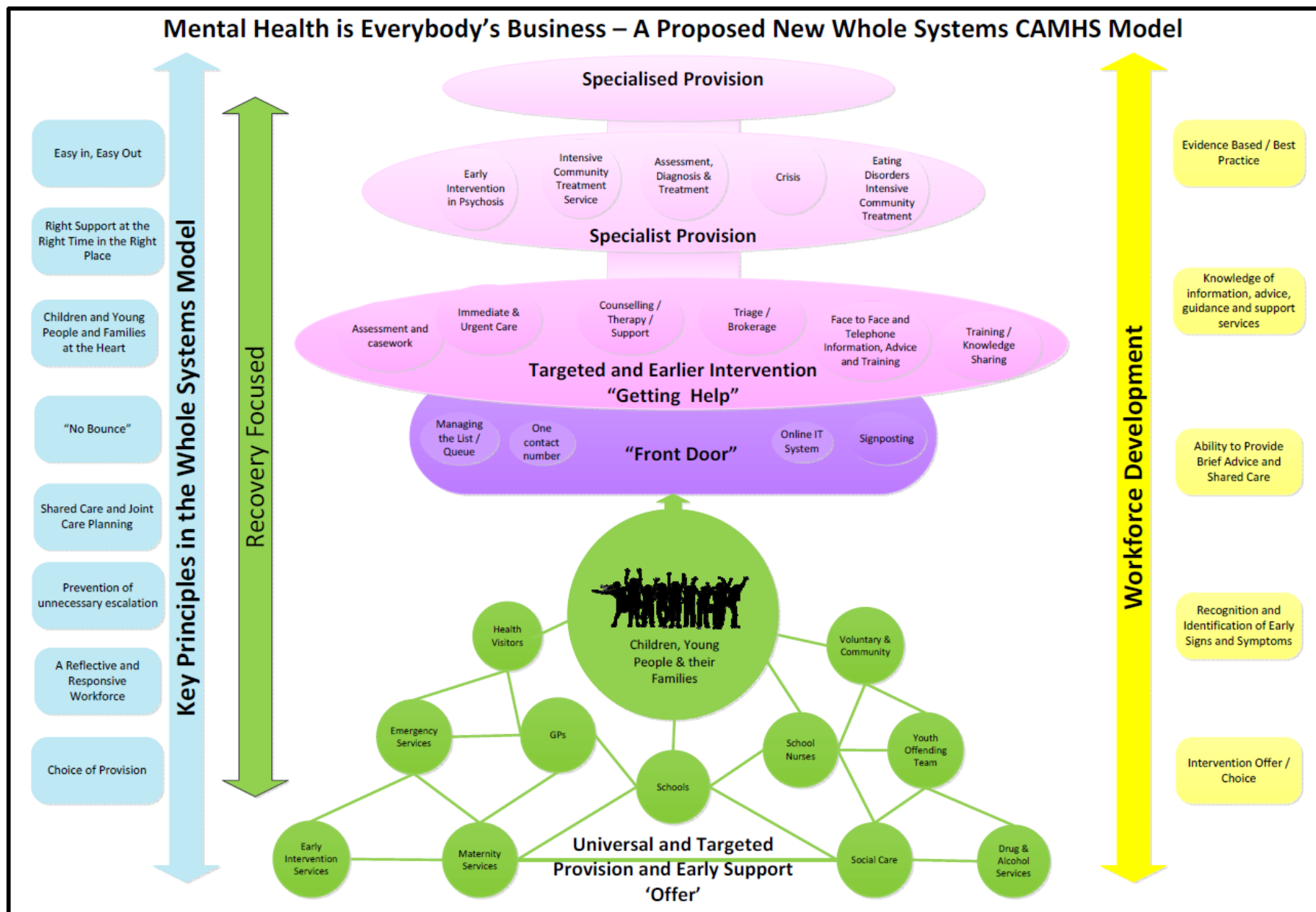
| Appendix 2: Action Plan Outline 2015-2020 (Review October 2017) | | | | | | |
|--|--|--|---|--|---|--|
| <i>Transformation Priority</i> | <i>2015/16</i> | | <i>2016/17</i> | | <i>2017/2018</i> | <i>2018/19</i> |
| <i>Expanding Minds, Improving Lives</i> | <i>Launch transformation project</i> | | <i>Complete transformation project, formal consultation and commence implementation</i> | | <i>Implementation of new whole system approach</i> | |
| <i>Workforce Development Plan</i> | <i>Review existing workforce including FTEs and skill mix and setting out training needs.</i> | | <i>Begin implementation of workforce development plan – aligning Expanding Minds, Improving Lives</i> | | <i>Continue implementation of workforce development plan.</i> | <i>Fully trained workforce within transformed new whole system approach.</i> |
| <i>Eating Disorders</i> | <i>Review existing provision, consult with existing service users and providers, explore best practice, and develop an interim improvement plan.</i> | | <i>Begin implementation of interim improvement plan – aligning to Expanding Minds, Improving Lives.</i> | | <i>Able to demonstrate improvements to early intervention and avoidable hospital admissions. Continue implementation of improvement plan.</i> | <i>Fully implemented improved model of care.</i> |
| <i>CYP IAPT</i> | <i>Gateshead review partnership model of delivery. Newcastle review arrangements for</i> | | <i>Gateshead develop arrangements for clinical supervision and reporting infrastructure. Develop under 5 CYP IAPT</i> | | <i>CYP IAPT is compliant with national guidelines and fit for purpose locally.</i> | |

| Appendix 2: Action Plan Outline 2015-2020 (Review October 2017) | | | | | | |
|--|--|--|---|--|---|--|
| <i>Transformation Priority</i> | <i>2015/16</i> | | <i>2016/17</i> | | <i>2017/2018</i> | <i>2018/19</i> |
| | <i>clinical supervision and reporting infrastructure. Training to support under 5s CYP IAPT</i> | | | | | |
| <i>Early Intervention and Prevention</i> | <i>Review, develop and expand the use of primary mental health workers. Review integrated working arrangements. Review schools model for increased early intervention and prevention. Develop interim improvement plan</i> | | <i>Implement interim improvement plan – aligning to Expanding Minds, Improving Lives.</i> | | <i>Implement improved early intervention and prevention arrangements.</i> | <i>New whole system approach in place.</i> |
| <i>The Right Coordinated Response to</i> | <i>Explore integrated crisis team model linking to other</i> | | <i>Begin to implement interim improvement plan – aligning to Expanding minds,</i> | | <i>Continue to implement interim improvement plan</i> | <i>New whole system approach in place</i> |

| Appendix 2: Action Plan Outline 2015-2020 (Review October 2017) | | | | | | |
|--|--|--|---|--|--|--|
| <i>Transformation Priority</i> | <i>2015/16</i> | | <i>2016/17</i> | | <i>2017/2018</i> | <i>2018/19</i> |
| <i>Crisis</i> | <i>local developments, and one access point for all. Develop interim improvement plan Review data collected related to crisis to inform an improved data system to support the Crisis Care Concordant.</i> | | <i>Improving Lives. Begin to implement new ways of working, and improved data collection.</i> | | | |
| <i>Reducing Inequalities</i> | <i>Identify priority areas for improvement linked to the NFNA and the GHD JSNA, and the Expanding Minds, Improving Lives Case for Change. Explore ways to provide more</i> | | <i>Begin implementation of interim improvement plan – aligning to Expanding Minds, Improving Lives.</i> | | <i>Monitor new arrangements and continue improvement activities.</i> | <i>Monitor new arrangements and continue improvement activities.</i> |

| Appendix 2: Action Plan Outline 2015-2020 (Review October 2017) | | | | | | |
|--|--|--|---|--|---|----------------|
| <i>Transformation Priority</i> | <i>2015/16</i> | | <i>2016/17</i> | | <i>2017/2018</i> | <i>2018/19</i> |
| | <i>effective support to vulnerable groups. Develop interim improvement plan.</i> | | | | | |
| <i>Learning Disabilities</i> | <i>Review the skill mix and capacity in the community team and the Behavioural Assessment Team Review the skills of the CYP IAPT provides to work with CYP with learning disabilities. Review parenting programmes to ensure they are fit for this group of children and young people.</i> | | <i>Begin to implement interim improvement plan – aligning to Expanding minds, Improving Lives</i> | | <i>Monitor and review new arrangements.</i> | |

| Appendix 2: Action Plan Outline 2015-2020 (Review October 2017) | | | | | | |
|--|--|--|--|--|---|----------------|
| <i>Transformation Priority</i> | <i>2015/16</i> | | <i>2016/17</i> | | <i>2017/2018</i> | <i>2018/19</i> |
| <i>Young People at Risk of Developing Personality Disorders</i> | <i>Review services available for young people at risk of developing personality disorders.</i> | | <i>Begin to implement interim improvement plan – aligning to Expanding Minds, Improving Lives.</i> | | <i>Monitor and review new arrangements.</i> | |



Draft Workforce Development Strategy and Data Collection Tool

Workforce plan (Draft)

Workforce planning, training and development needs to underpin the transformational change required in the Transformation Plan, however we acknowledge that building system wide capacity and capability to enable transformation is a challenge.

At STP level the North East and North Cumbria 'local' Workforce Action Board (WAB) is established, with membership of the from senior managers and clinical leaders selected to represent profession and/or sector rather than organisation because of their knowledge, experience, credibility and authority to make decisions on behalf of their constituency.

The LWAB is intended to:

- Agree the strategic workforce priorities to achieve transformation and sustainability across the 3 STP areas.
- Agree workforce change programmes led by Trusts, CCGs and others • Influence HEE led workforce programmes
- Engage with local and national stakeholders to co-ordinate inputs from both HEE and other STP member organisations

We also have a Workforce Action Group (WAG) to ensure 'local' workforce concerns and ambitions are fed into WAB commissioning decisions. The group has agreed to look at how we work collectively across the system to understand current and future workforce requirements, recognising that we will need to move from organisational to system workforce planning across health and social care; this requires us all to have an appreciation of current organisational workforce issues as well as working collectively to align future workforce to new models of care.

We are currently undertaking a workforce analysis across the partnership that will inform the development of a workforce strategy, but have faced some challenges gathering all of the information. We are reviewing the existing workforce including FTEs and skill mix and setting out training needs, the information collected to date is outlined in the Children and Young People Mental Health and Emotional Wellbeing Workforce Data Collection Tool (2017 Refresh).

Our intention is to further develop the workforce strategy plan as part of the implementation phase of our new model.

However, we already know some key areas of focus for the workforce that have been identified through the STP workstreams as follows

- Focus on prevention and early intervention with C&YP at risk of or with mental health problems, working with schools to improve mental health and wellbeing.
- Integrated community, acute and mental health pathways, with a focus on improving the physical and mental health of the population.
- Reduce suicide beyond national targets and a zero suicide ambition
- FYFV and local integrated pathways will focus on the improvement of care, in particular ensuring all ages receive evidence based care and the measurement of outcomes, contributing to closing the gap in terms of care and quality

Children and Young People Mental Health and Emotional Wellbeing Workforce Data Collection Tool (2017 Refresh)

| Core Services | | | Allied Services | | |
|--|---|---|--|---|---|
| | Number of Practitioner/Clinical staff in post October 16 | Number of Practitioner/Clinical staff in post October 17 | | Number of Practitioner/Clinical staff in post October 16 | Number of Practitioner/Clinical staff in post October 17 |
| School Based Services (insert as many rows as necessary) | | | School Based Services (insert as many rows as necessary) | | |
| Sub-Total | | | Sub-Total | | |
| LA Based Service (insert as many rows as necessary) | | | LA Based Service (insert as many rows as necessary) | | |
| Services targeted at other vulnerable children - YOT | | 7FTE | | 37FTE | |
| Services targeted at other vulnerable children - LAC | | | | | |
| Services targeted at other vulnerable children - PRS | | | | | |
| Services targeted at other vulnerable children – Education Support Workers | 3FTE | 3FTE | | | |
| Services targeted at other vulnerable children – Educational Psychology | 9.4 FTE | 9.4FTE | | | |
| Services targeted at other vulnerable children – Primary Behaviour Support Workers | 6FTE | 6FTE | | | |
| Services targeted at other vulnerable children – Higher Incident needs Team (HINT) | 8FTE | 8FTE | | | |
| Services targeted | 23.6FTE | 23.6FTE | | | |

| | | | | | |
|---|-------|----------|--|--|--|
| at other vulnerable children –Lower incident needs team (LINT) | | | | | |
| Services targeted at other vulnerable children – Early years assessment intervention team | 12FTE | 12FTE | | | |
| Sub-Total | | | Sub-Total | | |
| Third Sector Based Services (insert as many rows as necessary) | | | Third Sector Based Services (insert as many rows as necessary) | | |
| | | | DISC (Platform) Young People's Drug and Alcohol Services (Gateshead) | One children and young people's substance misuse practitioner post who takes a lead role in emotional health and wellbeing | One children and young people's substance misuse practitioner post who takes a lead role in emotional health and wellbeing |
| Sub-Total | | | Sub-Total | | |
| NHS Based Services (insert as many rows as necessary) | | | NHS Based Services (insert as many rows as necessary) | | |
| Consultant | | 5.9FTE | | | |
| Speciality Dr's | | 1.8FTE | | | |
| Learning Disability | | 11.35FTE | | | |
| Mental Health | | 37.03FTE | | | |
| Neurological | | 20.69FTE | | | |
| ICTS | | 13.07FTE | | | |
| Eating Disorder | | 5.3FTE | | | |
| Sub-Total | | | Sub-Total | | |
| Total | | | | | |

LTF Finance Plan

Children and Young People Mental Health and Emotional Wellbeing Finance Table (2017 Refresh)

| Service Type | Newcastle LA Funded 15/16 | Newcastle LA Funded 16/17 | Gateshead LA Funded 15/16 | Gateshead LA Funded 16/17 | CCG Funded 15/16 | CCG Funded 16/17 | Other funding source 16/17 |
|------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|------------------|------------------|----------------------------|
| Total by commissioner | tbc | tbc | £556,584 | £586,112 | £7,292,057 | £8,279,086 | £3,270,791 |

Note

1. Newcastle City Council figures to follow.
2. Ongoing review of spending and costs for future years
