



Expanding minds,
improving lives:

2018 REVIEW OF CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH & EMOTIONAL WELLBEING TRANSFORMATION PLAN

2015-2020

Our Joint Vision, Principles and Plan



Refresh document 31st October 2018

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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.

This includes the stakeholders involved in the development of this 2018/19 refreshed plan, listed at 26.1, Table 9, page 35.

To accompany the review, the action plan is included at **Appendix 1**. This is an iterative plan and is updated regularly on the CCG website, following the bi monthly meetings of the Children and Young People's Mental Health & Emotional Wellbeing Local Transformation Plan Group.

The refreshed document will be published on the CCG and Local Authority websites by 31 October 2018, in line with the requirements set out by NHS England.

1. Introduction

- 1.1 This document sets out the Five-year Children and Young Peoples Mental Health and Wellbeing Plan for Newcastle and Gateshead, in line with the national ambition and principles set out in ***Future in Mind – Promoting, protecting and improving our children and young people’s mental health and wellbeing***¹.
- 1.2 A requirement of *Future in Mind* is for areas to develop a local plan focused on improving access to help and support when needed and improve how children and young people’s mental health services are organised, commissioned and provided.
- 1.3 In response, the Newcastle and Gateshead Children and Young People’s Mental Health and Emotional Wellbeing Transformation Plan 2018 Refresh has been developed; building on the foundations of the overarching plan, 2015-20.

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.

- 1.4 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 2017/2019 updated October 2018 and Appendix 1a Risk Log.**)

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

- 2.1 The transformation plan provides a framework to improve the emotional wellbeing and mental health of all children and young people across Newcastle and Gateshead. The aim of the plan is to make it easier for children, young people, parents and carers to access help and support when needed and to improve mental health services for children and young people.
- 2.2 The plan sets out a shared vision, high level objectives, and an action plan which takes into consideration specific areas of focus for local authority areas.

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

2.3 Successful implementation of the plan will result in:

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

2.4 This plan has been developed by a multi-agency group. The providers and stakeholders involved in the development of the plan are listed in section 26.

2.5 Action plans have been informed by the available health needs assessment.

3. National Policy Context

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

3.2 In regard to improving outcomes for children and families, *No Health without Mental Health*² published in 2011, emphasises the crucial importance of early intervention in emerging emotional and mental health problems for children and young people. Effective commissioning will need to take a whole pathway approach, including prevention, health promotion and early intervention.

3.3 ***Future in Mind – Promoting, protecting and improving our children and young people’s mental health and wellbeing***, responds to the national concerns around provision and supply of system wide services and support for children and young people. It largely draws together the direction of travel from preceding reports, engages directly with children, young people and families to inform direction and the evidence base around what works.

3.4 The report introduction includes a statement from Simon Stevens, Chief Executive Officer of NHS England in which he stated *‘Need is rising and investment and services haven’t kept up. The treatment gap and the funding gap are of course linked’*. The report also emphasises the need for a whole system approach to ensure that the offer to children, young people and families is comprehensive, clear and utilises all available resources.

² No Health without Mental Health (2011) HM Government

3.5 The joint report of the Department of Health and NHS England sets out the national ambitions that the Government wish to see released by 2020. These are:

- i. People thinking and feeling differently about mental health issues for children and young people, with less fear and discrimination.
- ii. Services built around the needs of children, young people and their families so they get the right support from the right service at the right time. This would include better experience of moving from children's services to adult services.
- iii. More use of therapies based on evidence of what works.
- iv. Different ways of offering services to children and young people. With more funding, this would include 'one-stop-shops' and other services where the majority of what young people need is under one roof.
- v. Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible. For example no young person under the age of 18 being detained in a police cell as a 'place of safety'.
- vi. Improving support for parents to make the bonding between parent and child as strong as possible to avoid problems with mental health and behaviour later on.
- vii. A better kind of service for the most needy children and young people, including those who have been sexually abused and/or exploited making sure they get specialist mental health support if they need it.
- viii. More openness and responsibility, making public numbers on waiting times, results and value for money.
- ix. A national survey for children and young people's mental health and wellbeing that is repeated every five years.
- x. Professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those who need it.

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

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

- Developing the workforce

- 3.7 The report further sets out 49 recommendations that, if implemented, would facilitate greater access and standards for Children and Adolescent Mental Health Services (CAMHS), promote positive mental health and wellbeing for children and young people, greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.
- 3.8 One of the recommendations is specific to implementing the *Crisis Care Concordat*³ – an agreement between police, mental health trusts and the ambulance service to drive up standards of care for people, including children and young people experiencing crisis such as suicidal thoughts or significant anxiety.
- 3.9 *Future in Mind* also refers to the Children and Young People’s Improving Access to Psychological Therapies programme (CYP IAPT). This is a service transformation programme that aims to improve existing Child and Adolescent Mental Health Services (CAMHS) working in the community⁴. The programme works to transform services provided by the NHS and partners from Local Authority and Third Sector that together form local area CAMHS Partnerships. It is different to Adult IAPT as it does not create standalone services. The programme began in 2011 and has a target to work with CAMHS that cover 60% of the 0-19 population by March 2015.

4. Achieving Parity of Esteem between Mental and Physical Health for children

- 4.1 Parity of Esteem is the principle by which Mental Health must be given equal priority to physical health⁵. It was enshrined in law by the Health and Social Care Act 2012.
- 4.2 In our society mental health does not receive the same attention as physical health. People with mental health problems frequently experience stigma and discrimination, not only in the wider community but also from services. This is exemplified in part by lower treatment rates for mental health conditions and an underfunding of mental healthcare relative to the scale and impact of mental health problems.
- 4.3 This plan contributes to the NHS ambition to put mental health on a par with physical health, in the following ways:

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

⁴ Children and Young Peoples IAPT Programme

⁵ Centre for Mental Health

- **Access to Services;** appropriate waiting times must be established so that children and young people with mental health problems know the maximum waiting time for treatment as individuals with physical health problems do;
- **Parity of Treatments;** many psychological therapies are NICE approved and recommended but the NHS Constitution does not entitle people to them in the same way we are entitled to NICE approved drugs;
- **Access to Crisis Care;** children and young people using mental health services have 24/7 access to a crisis support.

5. Strategic Clinical Network

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

6. Local Policy Context

- 6.1 This transformation plan contributes to the delivery of local priorities detailed within Gateshead Joint Health and Wellbeing Strategy and Newcastle Wellbeing For Life Strategy.
- 6.2 These Strategies aim to inform and influence decisions about health and social care services across Newcastle and Gateshead so that they are focused on the needs of the people who use them and tackle the factors that affect health and wellbeing.
- 6.3 The transformation plan is also aligned with the Clinical Commissioning Group Delivery Plan 2017-19, which acknowledges the need to focus on mental health and wellbeing, including children and young people, particularly those in vulnerable groups (children in care, care leavers, children with special needs) and developing services to support this.

- 6.4 Delivery of this plan will also support the Newcastle and Gateshead 5 Year Forward View for Mental Health delivery plan which includes Mental Health Crisis Care Concordat and will align with the North East and Cumbria Transforming Care Programme and the developing Strategy for Autism Spectrum Disorders.
- 6.5 The transformational work to improve services for children and young people also considers the plans developed to manage systems resilience. Attention is given to ensure that the children and young people's element of the whole population plans, are appropriate and fit with the transformation action plan.

7. Children and Young People's Mental Health: National Profile of Need

7.1 *Future in Mind* states 'Mental health problems cause distress to individuals and all those who care for them. Mental health problems in children are associated with underachievement in education, bullying, family disruption, disability, offending and anti-social behaviour, placing demands on the family, social and health services, schools and the youth justice system. Untreated mental health problems create distress not only in the children and young people, but also for their families and carers, and the wider community, continuing into adult life and affecting the next generation'.

7.2 Information in key policy documents suggests:

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder;
- Between 1 in every 12 and 1 in every 15 children and young people deliberately self-harm;
- More than half of all adults with mental health problems were diagnosed in childhood - less than half were treated appropriately at the time;
- A number of young people aged 15-16 with depression nearly doubled between 1980s and 2000s;
- Proportion of young people aged 15-16 with a conduct disorder more than doubled between 1974 and 1999;
- 72% of children in care have behavioural or emotional problems;
- About 60% looked after children in England have emotional and mental health problems and a high proportion experience poor health, educational and social outcomes after leaving care;
- 95% of imprisoned young offenders have a mental health disorder.

7.3 Just like adults, any child can experience mental health problems, but some children are more vulnerable to this than others⁶. These include those children who have one or more of the following risk factors:

⁶ Better Mental Health Outcomes for Children and Young People; A RESOURCE DIRECTORY FOR COMMISSIONERS

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

8. Children and Young People's Mental Health: Local Profile of Need

- 8.1 The following data is taken from the PHE Fingertips Tool which includes the use of Child and Maternal Health Intelligence Network Service⁷ (CHIMAT). The reports bring together key data and information to support the understanding of key local demand and risk factors to inform planning. The full profile of Children and Young People Mental Health for both Gateshead and Newcastle is available in **Appendix 2a and 2b**.
- 8.2 **Table 1** below shows the estimated prevalence of children with a mental health disorder by CCG within the North East and Cumbria compared to England.

⁷ National Child and Maternal Health Intelligence Network (2015)

Table 1: Estimated prevalence of children and young people with a mental health disorder

Compared with benchmark: Better Similar Worse Lower Similar Higher Not compared

Indicator	Period	England	Cumbria and North East NHS region	NHS Cumbria CCG	NHS Darlington CCG	NHS Durham, Darlington and S...	NHS Hartlepool and Stockton-on-T...	NHS Newcastle and Gateshead CCG	NHS North Durham CCG	NHS North Tyneside CCG	NHS Northumberland CCG	NHS South Tees CCG	NHS South Tyneside CCG	NHS Sunderland CCG
Estimated prevalence of any mental health disorder: % GP registered population aged 5-16	2015	9.2	9.9*	9.4	9.8	10.3	10.0	9.9*	9.6	9.5	9.5	10.6	10.3	10.4
Estimated prevalence of emotional disorders: % GP registered population aged 5-16	2015	3.6	3.8*	3.6	3.8	4.0	3.9	3.9*	3.7	3.6	3.7	4.1	4.0	4.0
Estimated prevalence of conduct disorders: % GP registered population aged 5-16	2015	5.6	6.1*	5.7	6.0	6.4	6.1	6.1*	5.8	5.7	5.7	6.6	6.3	6.4
Estimated prevalence of hyperkinetic disorder: % GP registered population aged 5-16	2015	1.5	1.6*	1.5	1.6	1.7	1.6	1.6*	1.6	1.6	1.5	1.7	1.7	1.7
Hospital admissions as a result of self-harm: DSR per 100,000 population aged 10-24	2014/15	398.8	-	429.3	473.7	504.3	441.8	440.2	399.2	535.5	476.1	602.4	506.3	516.6
Hospital admissions as a result of self-harm (10-24 years)	2016/17	396.0	-	-	485.4	452.4	366.5	378.6	357.5	532.5	480.8	444.0	549.7	379.4

* Source: PHE Fingertips

8.3 The most common mental health disorders in children and young people in Newcastle and Gateshead are conduct disorders. Data indicates that 6% of children and young people aged between 5 and 16 years are diagnosed with a conduct disorder compared to almost 4% of young people with emotional disorders during 2015.

8.4 Table 1 also shows the estimated prevalence of children with conduct, emotional, hyperkinetic and less common disorders by CCG. It should be noted that some children and young people may be diagnosed with more than one mental health disorder⁸.

The mental health and wellbeing outcomes for children and young people are greatly shaped by a wide variety of social, economic and environmental factors such as, poverty, housing, and ethnicity, place of residence, education and environment. It is clear that improvements in mental health and wellbeing outcomes cannot be made without action on these wider determinants.

Key findings from the profile include:

- The most recent validated data on local levels of child poverty available is from 2015, when there were 7,720 or 19.4% of children in Gateshead in poverty (compared to 22.2% in 2014); the England average is 16.6% and the North East average is 21.5%.

⁸ National Child and Maternal Health Intelligence Network (2015)

- The health and wellbeing of children in Newcastle and Gateshead is generally worse than the England average;
 - Infant and child mortality rates are similar to the national average;
 - The level of children under 16 years living in poverty is worse than the England average;
 - Children in County Durham have worse than average levels of obesity; 38.5% in Gateshead and 38.4% in Newcastle of children aged 10-11 years are classified as having excess weight.
 - Gateshead's school census identified 438 children and young people living in Gateshead (aged 5 to 18) with autism.
- 8.5 Young people aged 16-18 years who are not in education, training or employment (NEETS) are more likely to have poor mental health and die an early death. They are also more likely to have a poor diet, smoke, drink alcohol and suffer from mental health problems. Newcastle and Gateshead is significantly worse than the England average with a rate of 5.2 per 1000 population in Gateshead and 5.7 per 1000 in Newcastle compared to 4.2 nationally.
- 8.6 During 2018/19 we have strengthened our approach to supporting Children and Young People with a learning disability and or autism through delivering transforming care with our local transformation plan – this will enable a needs led not condition led approach to supporting children, young people and families.
- 8.7 A local Health Needs Assessment has been developed for Gateshead population which is informing our approach in this area. This is included in **Appendix 2c**.

9. What Children and Young People have told us

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

should be on a ward with people around their age and near to home. And while children and young people are in hospital, we should ensure they can keep up with their education as much as possible.

9.2 The initial listening and engagement phase, has increased our understanding of needs and has helped contextualise our learning. We have built on this learning and incorporated into the new model.

9.3 Feedback shared by children and young people, parents and carers, professionals and stakeholders can be summarised as follows:

- The needs of children and young people are not being met by the existing arrangements
- Waiting times are too long
- There are rigid and high thresholds for services
- Transition from Children's to Adults is not smooth

9.4 Services need to:

- Be accessible and flexible
- Be approachable and non-judgmental
- Sensitive to cultural differences
- Enable getting help at the right time.
- Provide consistency and continuity in approach
- Reflect local needs

9.5 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

- 9.6 What works now:
- 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 CYP 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.
- 9.7 Our main Mental Health service provider for Newcastle and Gateshead is NTW and as the trust engage an independent review of their CYP MH services periodically this informs our approach to improving services. The report from 2016-2017 can be found in **Appendix 3**.
- 9.8 Following the initial listening phase we are now developing a co-productive participatory approach to engagement through working with existing groups of children and young people, and parents, based on groups that have been mapped across Newcastle and Gateshead. We will work with these groups, and wider partners, to develop the appropriate methods to undertake engagement. This approach will be based on both how groups would like to be engaged with, and how they would like to be supported to undertake engagement with others. This will be part of an ongoing participation process, which will be meaningful, useful, and the outcomes of which will be clearly communicated back to participants.
- 9.9 As part of the background to this work, Involve North East have examined good practice in engaging with children and young people, parents and carers. We have also looked at effective models to enhance our co-productive approach to the delivery of our local transformation plan building on the experience of our young commissioners' project. Developing peer support and enabling young people to participate in our transformation is a key area for 2018/19 and the evidence gathered will support this objective. The Involve North East report can be found at Appendix 5.
- 9.10 Working closely with partners, we plan to establish clear feedback mechanisms throughout the engagement process, including keeping stakeholders up to date through regular newsletters, utilising social media, and regular contact with the groups involved in this work.

- 9.11 During July-September 2018, Involve North East were asked by Newcastle Gateshead LTP group to undertake a mapping exercise of groups and organisations across Newcastle and Gateshead with a direct or indirect mental health or learning disability remit for children, young people and parents/carers. The results would be used to inform the engagement of children, young people and their parents/carers in the transformation of mental health and learning disability services for children and young people.
- 9.12 Organisations offering one to one provision only were omitted from the mapping exercise as it was agreed that these organisations would not be suitable for face to face group engagement with young people and their families.
- 9.13 The mapping was separated into the following categories:
- Mental Health groups for young people (0-25)
 - Disability groups for parents and young people (0-25)
 - Youth groups and youth organisations
 - Toddler groups and Sure Start groups
 - Schools Y5-Y13 (Mainstream, Special and Independent)
 - Looked After Children and Foster Carers
- 9.14 A spreadsheet and customised, interactive map was produced to show:
- Organisation/Group name
 - Geographical coverage
 - Age range
 - Named contact
 - Contact details: Phone, email, website
 - Group information
- 9.15 Over 90 mental health, disability and youth groups/organisations were identified during the mapping exercise in addition to over 230 Toddler and Sure Start groups and 49 (over 50) schools (Y5-Y13).
- 9.16 Mental Health groups
- The majority of the mental health groups and organisations identified during the mapping exercise are based primarily in and around both Newcastle and Gateshead city centres. However, these organisations may provide groups and services away from these sites.
 - The majority of Third Sector mental health groups and organisations identified across Newcastle and Gateshead offer services from age 18 only; only those organisations with a specific children and young people remit (Young Minds, Youth Focus North East) appear to offer services for younger children.
 - There appears to be limited support for parents/carers of children and young people with a mental health issue.
- 9.17 Disability groups
- The majority of disability groups identified are based in Newcastle either at Skills for People in Newcastle or at the site of specialist

disability provision (e.g. Thomas Bewick School, Sir Charles Parsons School, Alan Shearer Centre, Welford Day Centre)

- The majority of groups for children, young people and their families are based in Newcastle, with an apparent lack of local support in Gateshead.
- There appears to be a good group/peer support network for parents and carers of children with a disability

9.18 Young People's groups

- In Newcastle, groups and organisations for children and young people are based predominantly in the east and west of the city in areas of higher deprivation (Benwell, Elswick, Byker, Walker).
- Whilst these organisations have a young people remit first and foremost, emotional wellbeing appears to form a large part of their support offer.
- There appears to be less youth provision for children under 11 with the majority of organisations offering services for age 11 and over.

9.19 Google Map link

<https://drive.google.com/open?id=1ytUOpWi9KXzsv-KxEAtwz9mi7ZK8OvK1&usp=sharing>

9.20 The intelligence gathered through the mapping exercise has identified potential gaps in support available in community and where that support is placed through google map. This intelligence will now be built on in 2018/19 to deliver our vision of co-production and peer support.

10 Commissioned Services

10.1 Whilst the local authorities and CCG provides a range of services for children who are in need, and their families and carers, there is an acknowledgement that the needs of vulnerable children and young people are not always met by mainstream commissioned services. This strategy recognises that for some, services need to be commissioned on an individual basis to meet identified needs via continuing care.

10.2 Although not an exhaustive list, **table 2** below details the current tiered services commissioned for children and young people with emotional wellbeing and mental health difficulties. The list excludes universal services.

Table 2 Existing Services

<p>Universal (Tier 1)</p>	<ul style="list-style-type: none"> ➤ Midwifery ➤ Health Visiting ➤ Children’s Services ➤ School Nursing ➤ Some Voluntary Services ➤ Action for Children Community Support ➤ Children North East Community Support ➤ Kooth
<p>Targeted (Tier 2)</p>	<ul style="list-style-type: none"> ➤ CYPS Primary Mental Health Workers ➤ Emotional Wellbeing Service – Gateshead ➤ VCS Collaborative Emotional Wellbeing & Community Counselling Services ➤ Barnardos Bereavement and Sexual Abuse Counselling ➤ Eating Distress Service Counselling ➤ Kooth Online Counselling and Support
<p>Specialist – community (Tier 3)</p>	<ul style="list-style-type: none"> ➤ CYPS – Community Service ➤ CYPS Learning Disability – Community Service ➤ CYPS – Community Forensics ➤ Community Eating Disorder Service ➤ Learning Disability Challenging Behaviour ➤ Learning Disability - Intermediate Care/Respite ➤ Early Intervention in Psychosis (NB age range 14-65) ➤ Liaison and Diversion ➤ Perinatal Mental Health ➤ Community Eating Disorder Service ➤ Speech and Language Therapy ➤ Autism Spectrum Disorder Services ➤ ADHD Service
<p>Specialised services (Tier 4)</p>	<ul style="list-style-type: none"> ➤ Assessment and Treatment – Mental Health inpatient ➤ Assessment and Treatment – Learning Disability inpatient ➤ Eating disorders in-patient ➤ Psychiatric intensive care units ➤ Secure Children’s Home ➤ Medium Secure (Mental Health and Learning Disability) ➤ Low Secure (Mental Health and Learning Disability) ➤ Complex Neuro-developmental Service ➤ National Deaf CAMHS

11 Data - access and outcomes

- 11.1 A performance framework for Getting help and Getting more help has been developed to support the implementation of the new specifications (Appendix 6) which will be in shadow delivery from Jan-March 19 and with implementation within our NTW, STFT and VVCS providers from April 19. Data currently flows separately from our main providers STFT and NTW and the Voluntary Care Sector (VCS). As a lead provider model is continuing to be explored, work is ongoing through the single point of access with the expectation that all commissioned providers will flow data directly via the lead provider.
- 11.2 The CCG has been engaging with the work of NHSE to help to improve data flows and inclusion of voluntary sector data.
- 11.3 Key outcome measures are routinely monitored through contract review meetings with providers. The Newcastle Gateshead CCG Integrated Delivery Report reports routinely on the suite of Mental Health Five Year Forward View metrics. In addition, North East Commissioning Support are developing a report for CCG's in the North which will provide a view of key LTP outcome data metrics including Eating Disorders and CYP Access.
- 11.4 There is one main NHS provider for children and young people in Newcastle and Gateshead is Northumberland, Tyne and Wear NHS Foundation Trust who provide Children (CYPS) and Adult Mental Health Services and Eating Disorder Services. South Tyneside NHS Foundation Trust also provide tier 2 services in Gateshead in addition to a collaborative of VCS organisations.
- 11.5 The total number of referrals received into CYPS's services, number accepted and the waiting times and WTE staff. Work is ongoing to understand the current staffing levels within the CYPS Community Team. **Table 3** show Referral, Waiting times and Staffing

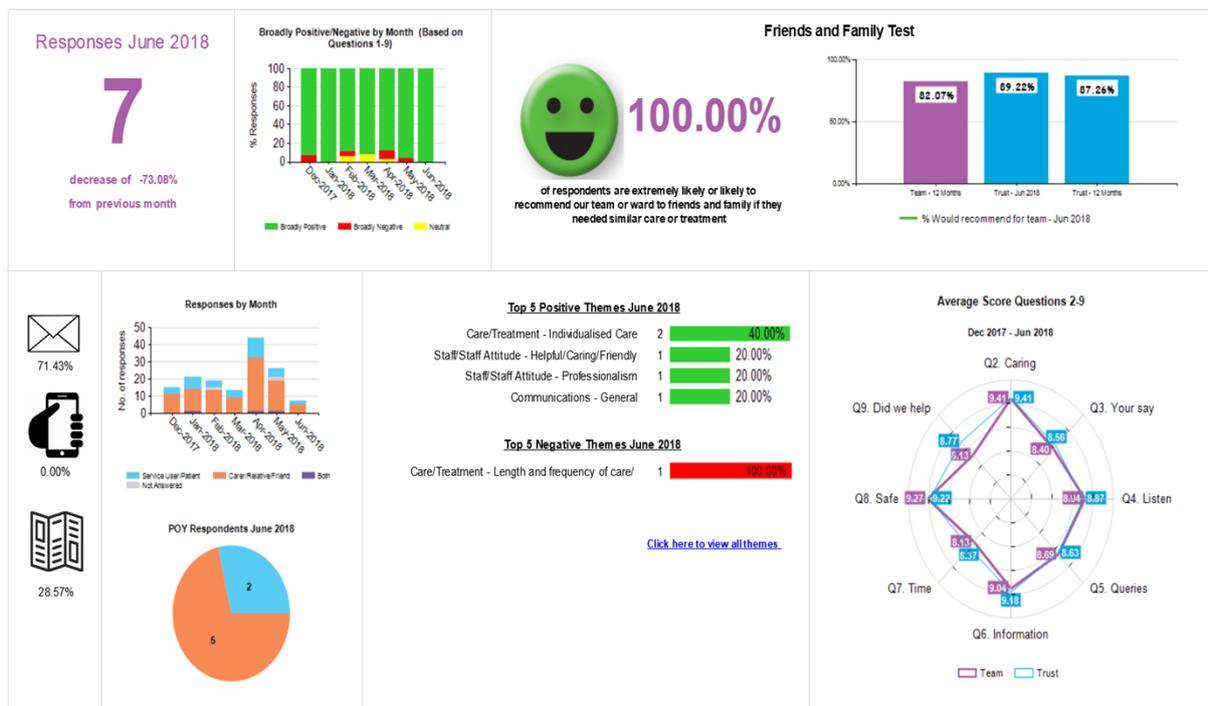
Table 3: Referral, Waiting times and Staffing

CCGs	Provider	Total CCG population 0-under 18 (17y 365d)*	Total referrals received by provider 2017-18	Total referrals accepted by Provider 2017-18	Average waiting time at 2017-18 year end to first contact (proxy assessment)	Average waiting time at 2017-18 year end to second contact (proxy treatment)	Total on the waiting list at 2017-18 year end that have been referred but not yet had first contact waitlist	Total on the waiting list at 2017-18 year end assessed and accepted but not yet started treatment	WTE staff at year end
Newcastle Gateshead CCG	Northumberland Tyne & Wear NHS Trust	97620	2,995	2,637	140 days	154 days	638	1,282	104.86
	South Tyneside NHS Foundation Trust,		827	552	168 days	224 days	316	161	7.87
	Streetwise,		602	506	15 days	58 days	80	25	2
	Children North East - Gateshead		126	108	37 days	10 days	29	7	
	North East Counselling		161	141	10 days	35 days	0	0	
	Kalmer Counselling		56	52	14 days	14 days	0	5	
	Children North East - Newcastle		134	130	57 days	17 days	31	1	

11.6 Historical CROMS, PROMS and PREMS data is included in quarterly NTW performance report and there is a plan to expand consistent outcome monitoring across all providers. NTW data is shown in Figure 1 below:

Figure 1 NTW Data

Newcastle and Gateshead Children and Young Peoples Service



11.7 Table 4 below shows DNA rates for NTW⁹.

Table 4: NTW CYP's DNA Rates - Agreed standard 16% in line with national average

	June 16	Sept 16	Dec 16	March 17	June 17	Sept 17	Dec 17	March 18
DNA First Appt	23.9%	27.1	27%	27.2%	26%	29%	23%	28%
DNA Subsequent Appt.	17.7%	19.4	20.8%	18.9%	21%	22%	21%	22%

11.8 Table 5 details outcome measures including DNA rates from STFT Emotional Wellbeing Service

	April 17	May 17	June 17	July 17	Aug 17	Sept. 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 19 18	March 18	April 18	May 18	June 18
Number of New Referrals	36	65	39	47	22	42	36	28	47	41	19	68	18		
Number of New Contacts	29	34	34	26	19	17	23	22	19	32	25	20	16		
Number of Review Contacts	104	131	115	83	83	96	108	89	67	93	95	111	84		
Total Contacts	133	165	149	109	102	113	131	111	86	125	120	131	100		
Number Discharged from Service	27	48	35	37	24	27	49	32	27	49	32	58	29		
Did not Attend	9	12	9	7	12	9	6	12	10	48	19	27	19		
Cancelled By Service	6	1	2	1	4	0	1	2	9	8	0	20	2		
Group Sessions - Number of Sessions	5	14	10	7	0	6	4	10	4	2	6	3	3		
Group Sessions - Number of People Attending Sessions	21	95	84	144	0	128	26	138	32	27	55	25	19		
Average Waiting Time (Weeks)	9	9	11	14	16	16	19	22	25	25	26	27	28		

11.9 As at Q1 2018/19 97.4% of routine CYPs starting treatment in that quarter were seen within 4 weeks and 88.9% of 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.

⁹ NTW Quarterly Performance Reports

Table 6: Newcastle & Gateshead Eating Disorder Services – Referrals and Waiting Time

PMF15: Proportion of people up to age 19 years with a referral of an Eating disorder seen within Nationally Mandated Timeframes	April			May			June			July			August		
	Seen within Nationally Mandated Timeframes	Eating Disorder Referral Received in the Reporting Period	Percentage	Seen within Nationally Mandated Timeframes	Eating Disorder Referral Received in the Reporting Period	Percentage	Seen within Nationally Mandated Timeframes	Eating Disorder Referral Received in the Reporting Period	Percentage	Seen within Nationally Mandated Timeframes	Eating Disorder Referral Received in the Reporting Period	Percentage	Seen within Nationally Mandated Timeframes	Eating Disorder Referral Received in the Reporting Period	Percentage
Gateshead - Proportion of people up to age 19 years with a referral of an Eating disorder (routine cases) that wait 4 week or less from referral to start of NICE-approved treatment or Non Treatment	1	1	100.0%	1	1	100.0%	1	1	100.0%	1	1	100.0%	2	2	100.0%
Gateshead - Proportion of people up to age 19 years with a referral of an Eating disorder (urgent cases) that wait 7 days or less from referral to start of NICE-approved treatment or Non Treatment			NaN			NaN	1	1	100.0%	1	1	100.0%			NaN
Newcastle - Proportion of people up to age 19 years with a referral of an Eating disorder (routine cases) that wait 4 week or less from referral to start of NICE-approved treatment or Non Treatment	1	1	100.0%	2	2	100.0%			NaN				4	5	80.0%
Newcastle - Proportion of people up to age 19 years with a referral of an Eating disorder (urgent cases) that wait 7 days or less from referral to start of NICE-approved treatment or Non Treatment			NaN			NaN	0	1	0.0%						NaN

11.10 The Community Eating Disorder Service is currently delivered as part of CYPS in Gateshead and an EDICT service in Newcastle.

11.11 The referrals have increased in 17/18 the numbers are still relatively low and further work is underway to understand any barriers to access.

11.12 These services are currently meeting the national waiting times target for the Community Eating Disorder Service and we would expect this to continue following the increased resources.

11.13 Work is ongoing using the Eating Disorder Workforce Calculator to understand the current capacity and any additional capacity required within Newcastle and Gateshead Eating Disorder services.

11.14 Newcastle Gateshead CCG are below the CCG regional average for occupied bed days for 2016/17 however the focus on early intervention within the new model and the proposed expansion of Psychiatric Liaison Services for Children and Young People working closely with Intensive Care and Treatment Services for CYP should reduce the need for hospital admission.

12 Analysis of need, gaps and issues

12.1 Local benchmarking against the 49 recommendations detailed within *Future in Mind*, the subsequent Green Paper for CYP Mental Health and Transforming Care programme indicates that the following areas require further consideration:

- Early years provision
- Perinatal mental health
- Early intervention/enhanced training for schools
- Self-care / peer support for children and young people and parents
- Designated Mental Health lead in schools
- Psychiatric Liaison for CYP
- Transition care for vulnerable groups – e.g. Learning Disability, Care Leavers
- Transition between CYP Mental Health services and adult services – opportunities for upto 25 years of age
- CYP with Learning Disabilities and those who may be vulnerable who don't receive formal diagnosis e.g. those classed as having a learning difficulty
- Speech and Language Therapy
- CYP with autism
- CYP with ADHD
- Parental support
- FASD (Fetal Alcohol Syndrome)
- There is an identified need to increase capacity within the Community Eating Disorder Service and the need to develop a revised service model.

13 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.

14 How are we going to achieve our vision?

- 14.1 The Newcastle and Gateshead Local Transformation Plan has been developed to bring about a clear coordinated change across to the whole system pathway to enable better support for children and young people; realising the local vision.
- 14.2 A *whole system* approach to improvement has been adopted. This means health organisations, local councils, schools, youth justice and the voluntary sector working together with children, young people and their families.
- 14.2 Fundamental to the plan, is partnership working and aligned commissioning processes, to foster integrated and timely services from prevention through to intensive specialist care. Also, through investing in prevention and intervening early in problems before they become harder and more costly to address.

14.3 The initial plan is based on the five themes within *Future in Mind*. The aims for each theme are described below;

Resilience, prevention and early intervention

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

Improving access to effective support

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

Caring for the most vulnerable

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

Accountability and transparency

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

Developing the workforce

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

14.4 In keeping with the above *Future in Mind*, we want to:

- Promote good mental health, build resilience and identify and address emerging mental health problems as soon as possible;
- Ensure children, young people and families have timely access to evidence-based support and treatment when in need;

- Improve the experience and outcomes for the most vulnerable and disadvantaged children, ensuring they are adequately supported at key transition points;
- Work in partnership to develop multi-agency pathways underpinned by quality performance standards, which will be reported in a transparent way;
- Continue to train and develop our workforce to ensure we have staff with the right mix of knowledge, skills and competencies to respond to the needs of children and young people and their families, making every contact count.

14.6 Success is reliant on all professionals signing up to the principles which underpin the new model (See New Proposed Model in **Appendix 4**). The new model is based on a prevention (where possible) and if not, the earliest possible intervention.

14.7 This will result in prevention of unnecessary escalation – shifting our approach to pre-empt or respond quickly to emotional wellbeing concerns instead of focus on treating the 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 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).

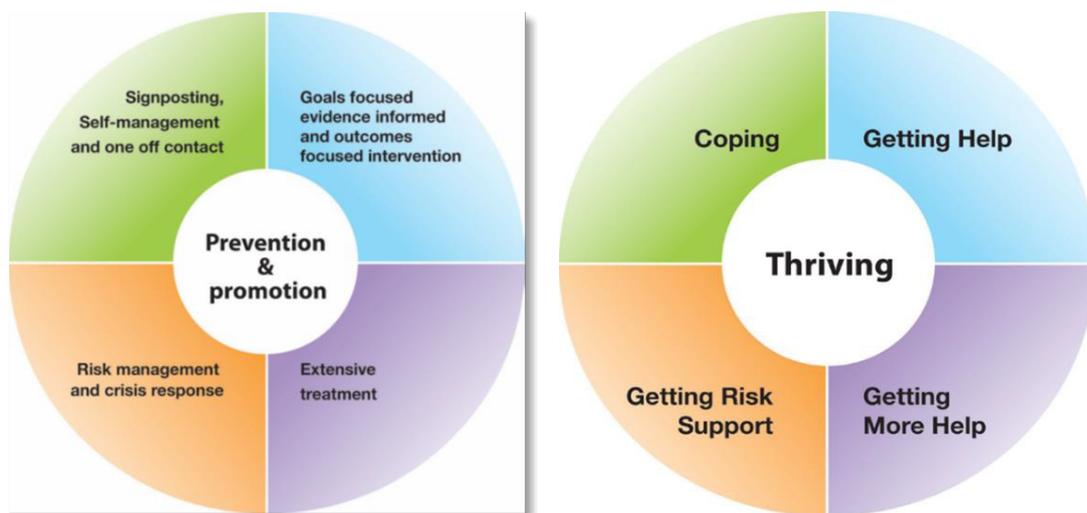
14.8 Access to a variety of types of support and therapy should be easy to access ‘Easy in’ and when appropriate should be easy to leave ‘Easy out’ in a planned and controlled way to prevent relapse (our data highlights some children and young people appearing to be static in their care, in care for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

14.9 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 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.

15 The Thrive Model

- 15.1 Our work will be underpinned by and aligned to the Thrive Model (The AFC–Tavistock Model for CAMHSⁱ) which removes the emphasis from services and re-focuses support to the needs of the child or young person.
- 15.2 The Thrive model also ensures a more flexible, multi-agency response across the whole system that reflects our collaborative approach. ¹

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



16 Engagement and Partnership working

- 16.1 A communication and engagement strategy will be developed to support implementation of this plan, which will include children and young people.
- 16.2 A *whole system* approach will be needed to achieve the best outcomes in an efficient and sustainable way. This means health organisations, local councils, schools, youth justice and the voluntary sector working together with children, young people and their families.

17 National Evidence of Effective Interventions

- 17.1 There is a growing evidence-base for a range of interventions which are both clinically and cost effective.
- 17.2 The National Institute for Health and Clinical Excellence (NICE) has produced a number of detailed clinical guidelines to guide intervention in mental health problems occurring in children and young people.

- 17.3 Importantly, both the model of interventions used (e.g. Cognitive Behavioural Therapy, medication, family therapy) and the way the clinician works in collaboration with a family or young person (the therapeutic or working alliance) can have a significant effect on clinical outcomes. Thus, services need to be commissioned and designed in such a way that allows full provision of evidence-based interventions as well as facilitating the development of good therapeutic relationships¹⁰.
- 17.4 Any changes implemented as part of this transformation plan will be and have been planned and commissioned as integrated, multi-agency services with care pathways that enable the delivery of effective, accessible, holistic evidence-based care, underpinned by the principles of CYP IAPT promoting evidence-based practice with services rigorously focused on delivering outcomes for our children, young people and families.
- 17.5 Early Intervention in Psychosis (14 years plus) - The CCG has already committed the nationally defined level of funding to the Service Provider. National guidance, workforce requirements and gaps in delivering NICE concordant care are being collated to ensure national requirements are met going forward including the delivery of interventions for those At Risk Mental State (ARMS).
- 17.6 CYP's Liaison Services - National guidance around the delivery of all-age 24/7 Liaison Services has been received. The national transformation funding (across all ages) is shown below and has been used to initially develop Adults and Older People Liaison. To ensure compliance with national requirements of access standards we are prioritising during 18/19 the integration of CYP and Adult Services into a 24/7 provision. Further analysis and planning is required to review current gaps in provision against the national standards and develop the required plans for assurance.

18 Towards a Model of Transformation

- 18.1 Based on recommendations within *Future in Mind* and examples of effective service design, the Newcastle Gateshead Transformation Plan aims to re-design mental health services for children and young people from a targeted, tiered model which focuses on services working in specific areas (BME, Looked after Children, 16-18 year olds and early years) to an integrated comprehensive pathway of care for all children and young people with a Single Point of Access. This transformation supports the principle of developing a system to work for children, young people and their families. This means placing children and their families 'at the centre' of what we do.
- 18.2 This re-design has been co-produced with children, young people, families and stakeholders, and has developed a strong partnership between the statutory and voluntary sector and mental health services.

¹⁰ Models of Intervention
<http://www.jcpmh.info/wp-content/uploads/jcpmh-camhs-guide.pdf>

- 18.3 Central to the local implementation of *Future in Mind* and the development of a system without tiers, a framework which provides guidance to services for coordinating the care and support of children and young people. This is based on their needs and the needs of the families including siblings. This approach differs from the medical based model of care and will develop an approach where the child, young person and family are at the center of care and support.
- 18.4 The model will aspire to a system where a child or young person presenting with mental health needs, will be able to access the most appropriate support. A commitment from stakeholders to ensure that any child or young person is supported and safely handed over to the appropriate lead agency, rather than simply signposting to other services. The lead agency will identify a lead professional to guide and support the young person and family through their care for as long as they feel this is needed.

19 Service Planning and Innovation

- 19.1 As we are on a transformational journey we acknowledge not all things can change overnight however we have made progress in developing and implementing new model of transformation, while listening throughout from children, young people, families and carers. As a result of what we have heard and as part of our iterative process to change, we are challenging services to strengthening delivery upstream, working towards an early intervention model.
- 19.2 The range of VCS and online provision is developing and during 19/20 ambitious plans for earlier and increased access to Getting Help. This includes the increased use of Apps and an online offer for 11-18-year olds (and those aged up to 25 years if in looked after system) through Kooth.
- 19.3 We have been moving from a fragmented system of supporting children and families, within challenging financial circumstances and have developed a model of transformation focusing on integrated, early response services.
- 19.4 In Newcastle Gateshead, we have two main NHS 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). Our community and voluntary sector provision is key in supporting early identification, IAPT and Tier 2 provision.
- 19.5 By working together we have developed 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 point of access to the right support at the right time. Our ambition is for mental health and emotional wellbeing to be everybody's business across universal, targeted and specialist provision.
- 19.6 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). Clearly defined targets were developed alongside the model of transformation. The model will also reflect the need to address 24/7 urgent and emergency response times.

- 19.7 Our case for change outlines key deliverables for Mental Health transformation as set out in the 5 year forward view for Mental Health. 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 and access to Psychiatric Liaison through Core 24.
- 19.8 Work continues with local providers to improve the data flow as the proposed model is implemented. This includes a lead provider contract which will ensure the data flow from services delivering our new specifications and clearly defined performance outcomes for Getting Help and Getting More Help.
- 19.9 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.
- 19.10 We are reviewing with partners ongoing financial commitments beyond any pilot transformation programmes for 18/19 Local Transformation Plan.

20 Our Plan and Progress

- 20.1 The following table, **Table 7** sets out progress against the original case for change (**Appendix 2**). 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 2018-19 (**Appendix 4**).

Table 7: 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 – December 2018	
Workforce analysis and strategy development	To ensure that we have a workforce that is skilled to deliver the new model	September 2018 – April 2019	
Implementing new model of delivery	Commence new specification see Appendix 4.	January - April 2019	

21 Sustainability & Transformation Partnerships (STP's) and working with other LTPs

21.1 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.

21.2 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.

21.3 In the Newcastle Gateshead Local Health Economy, local place-based systems are developing in both Newcastle and Gateshead. Mental health and children's services remain priorities for both.

21.4 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.
- Reduction 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.

21.5 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.

22 Finance Update

22.1 Efforts are being made to establish the level of investment by all local partners commissioning children and young people's mental health services for the period April 2014 to March 2015 (See **table 8**). This will aid local decision making. Additional detail will follow when available.

Table 8: Actual and Planned expenditure on Child and Adolescent Mental Health and Wellbeing services

	Actual expenditure			Planned expenditure		
	2015/2016 Baseline £	2016/2017 £	2017/2018 £	2018/2019 £	2019/2020 £	2020/2021 £
Newcastle Gateshead Clinical Commis	£7,292,057	£8,279,086	£9,045,228	£9,141,153	£9,619,994	£8,715,994
Gateshead Metropolitan Borough Cou	tbc	tbc	tbc	tbc	tbc	tbc
Newcastle City Council	£1,955,348	£1,867,446	£6,331,084	£6,596,460	£6,769,817	£4,459,359
NHS England	£2,117,204	£3,270,791	£3,440,991	Not available	Not available	Not available
TOTAL	£11,364,609	£13,417,323	£18,817,303	£15,737,613	£16,389,811	£13,175,353

22.2 It is acknowledged that there are a number of commissioned services that will contribute to children and young people's mental health and wellbeing.

However, unless commissioned solely for that purpose, they have been excluded from that shown in Table 10.

- 22.3 NHS England are a partner organisation commissioning Specialised Services (Tier 4) for Children and Young People and Health and Justice / Offender Health – CAMHS Secure Children’s Home; Liaison and Diversion. These services are commissioned on a regional basis not at CCG level. The information provided by NHS England is expenditure relating to CAMHS Tier 4 Inpatient and Outpatient services. As these services are commissioned on a case by case basis NHS England does not commission on a CCG basis and is not able to provide forward estimates of expenditure at a CCG level.
- 22.4 Police and Crime Commissioner fund some services in Newcastle and Gateshead through a Supporting Victims Fund which has four key priority victims’ groups:
- Domestic abuse and sexual violence
 - Victims under 18
 - Victims of hate crime
 - Victims with mental health needs and those who are vulnerable due to risk of abuse/harm
- 22.5 Newcastle Gateshead CCG have been in ongoing discussions with NTW, STFT and VCS collaborative of providers working towards mobilization of "Getting Help" and "Getting more help" specifications and are exploring lead provider opportunities going forward.
- 22.6 The aim Getting Help and Getting More Help and the lead provider model is the expectation that this arrangement will deliver both a service which intervenes earlier, but also one which is delivered as a cost-effective service, with costs more in line with other providers.
- 22.7 New services commissioned in 2017/18 include KOOTH, an online mental health service for children, young people. The service offers an online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop and free at the point of use.
- 22.8 NHS England have provided transformation funding to develop a perinatal mental health service, which commissioners across the North east are seeking to collaboratively commission from March 2019.
- 22.9 In addition to the above expenditure several funding bids have been submitted which are pending a decision including a Mental Health Support Teams in educational settings and waiting list initiative through NHS England Trailblazer bid (Amount applied for almost £1m).
- 22.10 It is noted that during the course of 2018/19 a full rebasing exercise of the NTW contract is underway which may impact on the future planned

expenditure levels of Newcastle Gateshead CCG.

- 22.11 Figures provided by Newcastle City Council for planned expenditure include Carers service. Part way through 2018/19 the Council changed commissioning arrangements for Carers, previously Young Carers was a separately commissioned service with an annual value of £110,000 a year. From Nov 2018/19 onwards, the service is now commissioned as a single contract for all Carers and cannot be disaggregated.
- 22.12 The main reason for the apparent reduction in funding from Newcastle City Council is due to the school nursing service which is commissioned ending in October 2020, only a part year cost is included in 2020/21 (£3.1m in 2020/21 compared to £5.4m in 2019/20).

Figures for Gateshead Council are to be confirmed.

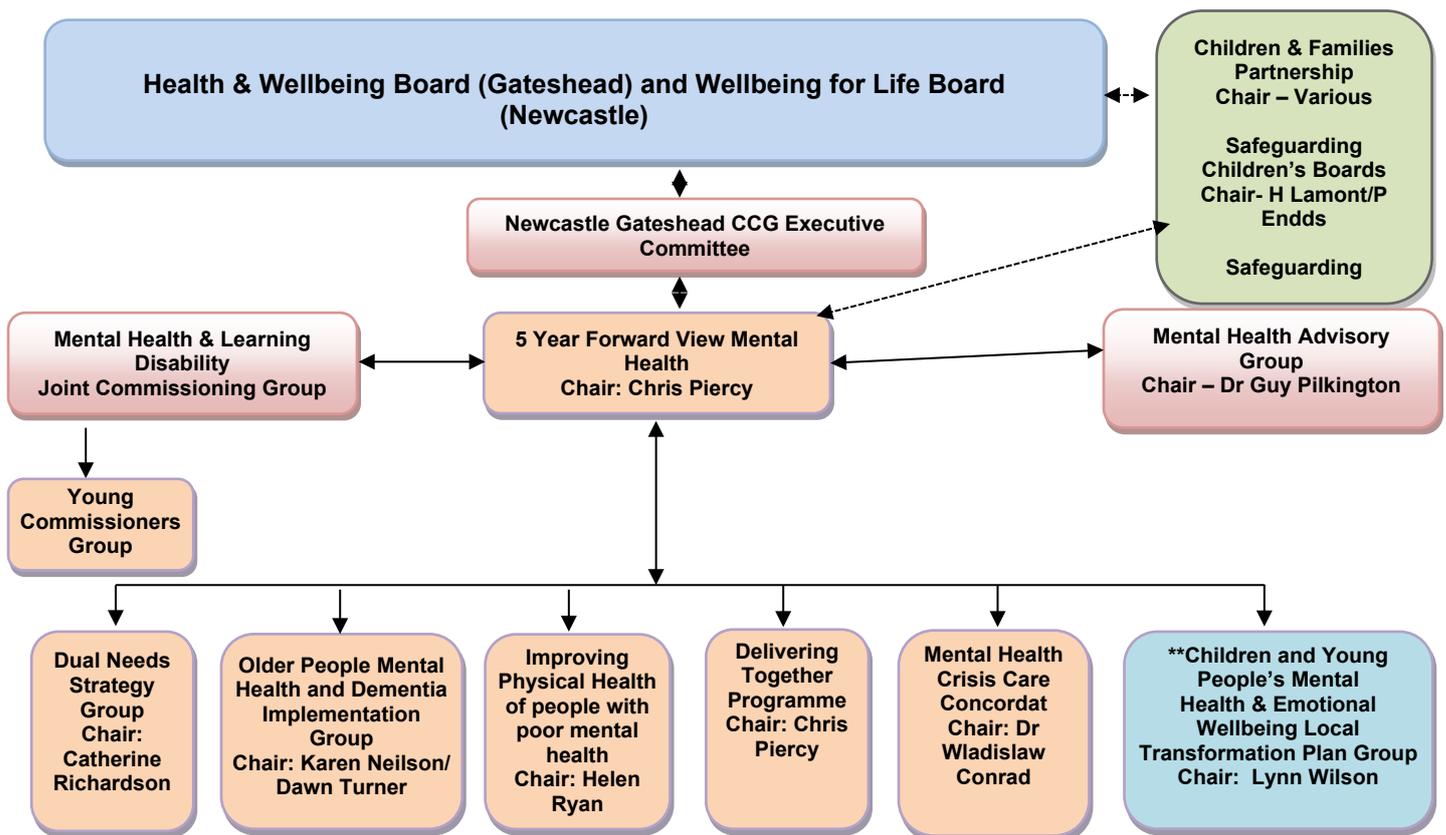
23 Governance

- 23.1 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.
- 23.2 In Figure 3 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.
- 23.3 The Children and Young People Mental Health & Emotional Wellbeing Local Transformation Plan submit quarterly performance reports which contains a range of indicators to the Mental Health 5 Year Forward View group. The Local Transformation Implementation Group is formed from key signatories to implement and maintain the action plan.
- 23.4 Having Children and Young People's Mental Health transformation work as a standing item has helped put children and young people much higher on the agenda.
- 23.5 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, and the Mental Health Crisis Care Concordat which aims to develop joined up service responses to people who are in mental health crisis.
- 23.6 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. The Children and Young People's Mental Health & Emotional Wellbeing Local Transformation Plan Group** has membership from across the system and is the group that drives

forward the actions from the plan. Terms of Reference can be found at **Appendix 7**.

- 23.7 The plan will continue to be updated and be managed through the governance structure with progress updates to Newcastle Gateshead CCG Executive, Newcastle Wellbeing for Life Board and Gateshead Health and Wellbeing Board. Figure 3

Figure 3: Mental Health governance structure



24 Performance, “Measuring Success”

- 24.1 A performance framework has been developed to support implementation of this transformation plan.
- 24.2 Measurable key performance indicators have been agreed to enable monitoring of progress and demonstrate improved outcomes and will form part of the assurance process required by NHS England.
- 24.3 Involvement and feedback from children, young people and their families on experience of services will be reviewed on a regular basis.

25 Health and Inequalities

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

26 Stakeholders involved in the development of the plan 2018/19

- 26.1 **Table 9** below lists the stakeholders that were engaged with to support the development and implementation of the plan.

Table 9: Stakeholders

Newcastle Gateshead Clinical Commissioning Group	NHS England – Specialised Commissioning
Newcastle City Council	Gateshead Council
Newcastle Gateshead 5 Year Forward View for Mental Health group and associated subgroups Sub Groups:	
<ul style="list-style-type: none"> • Children and Young People’s Mental Health and Emotional Wellbeing Local Transformation Plan Group • CYP Engagement Group • Young Commissioners Group • Learning Disabilities and Mental Health Joint Commissioning Group • Dual Needs Strategy Implementation Group • Mental Health Crisis Care Concordat 	
Healthwatch Newcastle	Healthwatch Gateshead
VOLSAG	RECOCO – Recovery College
Mental Health Concern	Streetwise
Northumberland, Tyne and Wear NHS Foundation Trust	South Tyneside NHS Foundation Trust
Newcastle Hospitals NHS Foundation Trust	North East Counselling
Counselling North East	Kalmer Counselling
Barnardo’s	ZenZone – Kooth

27 New Care Models for Commissioning of Tertiary Mental Health Services

- 27.1 The New Care Models (NCM) for the commissioning of tertiary mental health services is a national pilot introduced as part of the Five Year Forward View for Mental Health. It is an opportunity for mental health providers to take responsibility for the tertiary commissioning budget currently held by NHSE Specialised Commissioning teams, to demonstrate their ability to innovate and transform services with service users and their families at the centre. The pilot is closely linked to the national review of CAMHS inpatient services and the Transforming Care agendas.
- 27.2 Northumberland, Tyne and Wear Foundation Trust (NTWFT), our local specialist mental health provider was part of Wave 2 pilot for CAMHS Tier 4 which went live in October 2017. The pilot is for two years and its impact will be evaluated by NHSE.
- 27.3 NTWFT also work in partnership with a neighbouring trust - Tees Esk and Wear Valley Foundation Trust around New Care Models for Adult Secure beds.
- 27.4 The goals of the CAMHS NCM are to:
- Avoid admission where possible
 - Decrease length of time spent as an inpatient
 - Reduce the number of patients cared for out of the local area, and repatriate those who currently receive specialist mental health care a long way from home
 - Ensure funds are spent as effectively as possible.
- 27.5 Any expenditure gains are retained by the New Care Model Partnerships, to invest in improving patient pathways, including community-based care.
- 27.6 The CCG is part of the local NCM Steering Group and will continue to work closely with our NCM partners to ensure the provision of effective integrated pathways of care as expenditure gains are realised. NGCCG currently commission an Intensive Community Treatment Service (ICTS) and Eating Disorder Intensive Community Treatment Service from NTWFT. These services were established in 2010/11 and provide intensive community-based care close to home for children and young people with high mental health needs, to prevent inpatient admission. The services work in partnership with community children and young people's mental health services and where appropriate CAMHS NCM.

28 Forensic CAMHS

- 28.1 In recognition of the high and complex needs of this vulnerable group of children and young people, the CCG are actively engaged in the commissioning of a new Forensic Child and Adolescent Mental Health Service (FCAMHS) pilot across the North East and North Cumbria. The service is funded nationally until 2021. Following formal evaluation by NHSE, NG CCG will need to consider inclusion in financial plans.
- 28.2 The service is provided in partnership between Northumberland, Tyne and Wear NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust. It commenced on 1 April 2018 and delivers forensic consultation, assessment and in some instance's specialist intervention and treatment to young people up to the age of 18 years with both forensic mental health and complex non-forensic health need. The team works with young people who may:
- have mental health difficulties
 - have been in trouble with the police
 - have been accused of harming someone
 - have other professionals worried about them
 - need help in prison or secure home
 - need further help so they don't get into trouble
 - need specialist mental health treatment.
- 28.3 Critically, the team will offer advice and support across agencies to support children and young people with non-forensic presentations but who require a co-ordinated risk management plan.
- 28.4 The team is available to agencies who have contact with young people in the youth justice system or whose behaviour is such that it requires support from a forensic specialist service.
- 28.5 The service is community based and works with young people and their professional group to support transitions both into and out of secure care hospital settings, secure welfare environments and custodial settings.

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

- 29.1 CYP IAPT is not a service but a transformation mechanism which underpins whole system outcome improvement and transformation and workforce planning.
- 29.2 The 5 principles of CYP IAPT are demonstrated throughout our local transformation programme the expansion to the workforce continues into 2018/19. Workforce strategic plan will support this expansion and provide assurance that local needs are met.

- 29.3 The National Service Transformation programme aims to improve existing CAMHS working in the community, involving the NHS and partners from the local authority and voluntary and community sector that together form local area CAMHS Partnership.
- 29.4 There has been local involvement with Children and Young People's Improving Access to Psychological Therapies Programme (CYP IAPT) as part of the North East Learning Collaborative.
- 29.5 Raising awareness and reducing stigma through the delivery of awareness campaigns that promote good mental health and de stigmatise mental ill health (Time to Change, 5 Ways to Wellbeing). Examples include:
- Action has been taken through embedding anti-stigma campaign 'Time to Change' (TTC) and 5 ways to wellbeing into new campaigns/interventions across Newcastle to raise awareness.
 - Newcastle/Gateshead LA working with Recovery college on a bid for a Time To Change Hub
 - Football Foundation project linking men's mental health messages to football 'On the ball' Social media campaign funded for 3 years. Launch date Sep 2018
 - Developing a 'health access' resource card for asylum seekers and refugees in partnership with Regional refugee forum (RRF), NCC public health, NCVS/HAREF which will contain information on how and where to access relevant, local mental health support as well as primary care services and community/social groups.
- 29.6 Newcastle and Gateshead CYP IAPT Partnerships are currently members of CYP IAPT Collaborative and have agreed to be involved in the North East Collaborative with HEE, NHSE, and clinical networks to plan CPD across the STP area. NG CCG will from January 2019 act as lead for both partnerships and re-establish the CYP IAPT partnership as sub group of Local Transformation Plan Implementation Group.
- 29.7 During 17/18 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.
- 29.8 We have reviewed the Newcastle/Gateshead model of delivery, including clinical supervision and reporting infrastructure. Support to the workforce has been key action to 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.
- 29.9 Our workforce development plan for this programme during 2018/19 will focus on building capacity within the VCS collaborative with 9 new trainees being

trained in the coming year.

- 29.10 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.

30 Youth Offender Health

- 30.1 There are significant challenges in relation to young people transitioning from youth to adulthood. Ministry of Justice and NHS England have undertaken a review, led by the Youth Justice Board to map out the Youth Offending Teams services in the country. Youth Offending Team models are variable regionally and nationally.
- 30.2 As Local Authority funded services (with statutory funding input from CCG's) Youth Offending Team's seem to be struggling with delivering the level of service required to manage the level of need.
- 30.3 Models vary according to Local Authority priorities, so for example in one Local Authority area there may be a need for the Youth Offending Teams to work within the Troubled Families Programme. NHS England are currently working with the Youth Justice Board lead to get a better understanding of the funding in place and whether there is a constant funding allocation pre-Liaison and Diversion compared to now.
- 30.4 There is a strong evidence base that many of the children and young people who came into contact with the Criminal Justice System have mental health and communication problems. There is evidence that suggests the access to CAMHS and Speech and Language Therapy is problematic.
- 30.5 Looked after Children are more likely to come into contact with the Criminal Justice System and Learning Disabilities feature highly within secure children's settings and prisons.
- 30.6 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.
- 30.7 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 and the development of a vulnerable parent's pathway 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.

31 Progress made in other areas of our 2017/18 Action Plan

31.1 Self Harm

31.1.1 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-old 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.

31.1.2 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.

31.2 Workforce Development

31.2.1 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 included identification of mental health champions.

31.2.2 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, this reflects the vision within the recent Green Paper. 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

31.2.3 To support schools and their designated mental health champion a programme of mental health awareness training has been delivered.

31.2.4 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 Wings¹¹ to develop their CHAOS DVD, and the Young Commissioners recruited, trained and supported by Youth Focus North East supported.

31.2.5 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>

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

31.2.7 The Young Commissioner project was evaluated in 2018 and the report is available in Appendix 8. Youth Focus: North East took regular feedback from the Young Commissioners as well as holding dedicated evaluation sessions during the project. Some of the highlighted points are:

- The Young Commissioners feel that their involvement is meaningful. They have the opportunity to share their views, be listened to and also learn from others. They do not feel patronised by the commissioners and have also welcomed the degree of honesty and plain-speaking those commissioners have shown in

¹¹ www.rootsandwings.design/work/camhs-report

explaining the challenges faced in trying to improve the mental health system.

- They have enjoyed the variety of tasks they have been asked to carry out. This has led to a range of good experiences and that the work hasn't become dull.
- They feel that Youth Focus: North East has 'their back' and that the commissioners take them seriously. They also welcome the fact that the commissioners don't talk down to them or seek to take over. They have developed a good working relationship.
- There is the view that the first year of the project had lots of opportunities and a sense that the work was moving towards something tangible. The second year of the project feels as though it has stalled – not a lot has happened and there has been no real change in the mental health system across Newcastle and Gateshead.
- At the very end of the Young Commissioners contract, a meeting was held at Gateshead Civic Centre comprising a host of organisations delivering mental health services and support. One of our Young Commissioners attended this meeting and had the opportunity to share her thoughts and ideas with a range of partners. She felt it was a very positive discussion.
- The Young Commissioners felt that their role reduced in the second year of the project, when they had been expecting it to either increase or for their involvement to have greater influence in securing real change.

31.2.8 The CYP LTP group is focussed on developing a sustainable Young Commissioners project taking on the learning and feedback from the initial project and appreciating the Young People involved have mainly moved onto college and in some cases out of area. A new cohort will be recruited in 2018/19.

31.2.9 In the 2017/18 action plan a key action was to produce a comprehensive workforce development strategy and commence a review of existing workforce including FTEs and skill mix and setting out training needs.

31.2.10 We are currently undertaking a workforce analysis across the Newcastle and Gateshead that will inform the development of a workforce strategy but continue to face some challenges gathering all the information more so for the wider workforce out with core commissioning arrangements.

31.2.11 Newcastle CYP IAPT Partnership and Gateshead CYP IAPT Partnership, during 2017/18 received funding from NHS England to support workforce development and provide backfill salary costs for trainee roles. This funding was received through Newcastle Gateshead CCG. The following trainees were supported:

CYP IAPT FUNDING	
Training Newcastle	Training Gateshead
2 Counselling Therapists(@ £18,750 each)	1 CBT Therapist(@ £18,750 each)
1 CBT Supervisor (@ £12,500 each)	1 EEBP (@ £3,250 each)
Total Received £72,000	

31.2.12 However, in 2018 we have developed a CPD network and information forum to support the workforce, share skills and knowledge and create a forum for challenge and support. This forum meets regularly and will continue into 2019.

31.2.13 Newcastle and Gateshead hosted Anna Freud workshops during 2018. This was an exciting opportunity to support the mental health and wellbeing of children and young people in our area by improving the way that mental health services and schools and colleges work together.

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

31.2.15 Our intention is to further develop the workforce development strategy as part of the implementation phase of our new model. See Appendix 8 for the Draft Workforce Development Strategy and Data Collection Tool and Training Needs Analysis October 2018.

31.2.16 Throughout the plan we do refer 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 Maudsley interventions
- Family therapy
- Psychotherapy
- Art therapy
- Systemic practice
- Crisis intervention and work
- Parenting factor - parenting work

31.2.17 CYP Psychological Wellbeing Practitioner (PWP) roles as an area of good practice enhance the workforce. Central funding is available for the first year providing training and salary costs at AfC Band 4.

31.2.18 Building on experience from the first trach of CYP Psychological Wellbeing Practitioners, South Tyneside NHS FT who provide our Emotional Wellbeing Service in Gateshead, secured central funding for 2 practitioners. The practitioners started 1 April 2018 on a one-year fixed term contract and are proving to be an invaluable asset.

31.2.19 The PWP's are trained in evidence-based interventions and provide high volume low intensity intervention either face to face, over phone or guiding CYP through computer based programmes of support. Outcome measurement is an integral part of the role as per CYP IAPT. We know that the resulting qualification makes the individuals highly employable, good value for money and integral to the development of our workforce. We plan to take advantage to the opportunity to develop out increase our PWP workforce in the next 12 months focusing on VCS providers. Our workforce strategy will ensure practitioners are retained in our service on a substantive basis.

31.2.20 With support from Newcastle and Gateshead ICP's, we have recently applied to become a trailblazer for Mental Health Support Teams in schools and colleges and waiting time pilot, implementing a model to deliver on 4 weeks wait to treatment. If successful, this will support the delivery of our model in schools and test delivery through pilot sites.

31.2.21 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:

- 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 increased permanent school exclusions.
- 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 and that the workforce are skilled in supporting children and young people effectively.

- 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 and workforce development.

31.2.22 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 was delivered from January 2018.

31.2.23 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.

31.2.24 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 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 because of receiving the training.

31.2.25 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.

31.2.26 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 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.

31.3 Eating Disorders

31.3.1 We recognise that in Newcastle and Gateshead we have 2 differing service offers for Community Eating Disorder Services and alongside this provision we have a VCS provision through Eating Distress services which provide counselling and school-based awareness raising. We will commission 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.

31.3.2 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.

31.3.3 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.

31.3.4 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.

- As such the eating disorders work will become a sub group within the governance framework of the CYP MH transformation work. Our performance framework includes monitoring of 1-week urgent referrals and 4-week routine referrals.
- Community based provision, prevention and early intervention expansion should be scoped.
- As at Q1 2018/19 97.4% of routine CYPs starting treatment in that quarter were seen within 4 weeks and 88.9% of 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.

31.4 Early Intervention and Prevention

31.4.1 Our aim is to shift our approach across the whole system 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.

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

- Our model of Getting Help will gradually move resources from Getting More Help into early intervention as we transform services to deliver more interventions up stream.
- We have commissioned community counselling and CBT 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.

31.5 The Right Coordinated Response to Crisis

31.5.1 We have explored integrated crisis team models linking to other local developments, and one access point for all. We have reviewed data collected relating to crisis to inform an improved data system to support the Crisis Care Concordat and begin to develop interim improvement plan.

31.5.2 The listening phase 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. The review of Psychiatric Liaison model in NG highlighted that provision is not currently available to CYP. A business case will be proposed to NGCCG to propose age inclusive approach to access.

31.6 Reducing Inequalities

31.6.1 We have identified 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).

31.6.2 We have undertaken 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).

31.6.3 We have commissioned specific service delivered through Barnardo's supporting CYP who have experienced sexual exploitation.

31.7 Learning Disabilities

31.7.1 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.

31.7.2 Action taken through 2017/18 includes:

- 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.

31.7.3 With the available data we reviewed the skill mix of providers and 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. Currently Newcastle are exploring parent programme for Autism which Barnardos deliver called Cygnet - has a much broader scope than current parenting programmes e.g. Early Bird and early Bird plus Access to the community of practice and learning from the focussed work around autism in Tees through the Transforming Care Accelerator site will support this development.

31.8 Speech and Language Therapy (SaLT)

31.8.1 Outcomes from previous Newcastle SALT review are being reviewed and further work is anticipated - this will include services to those with Learning Disability. Need to look at the growing need for SALT availability across ASD and other services including Youth Offending. Further required to look at SALT provision across Gateshead but both link with SEND work. Work is required to improve the quality of EHCPs which is captured in the 2018/19 action plan.

31.9 Autism

31.9.1 We have reviewed the current CYP Mental Health LTP to embed autism and Learning disability throughout and ensured the Implementation group and CPD network are briefed on the key issues and clear on the next steps for 2018/19.

31.9.2 A new work stream has been developed recently to look at priorities and how we look to develop and embed NE&C Transforming Care autism advice and post diagnostic support. Discussions with Barnardos as above.

31.9.3 Gateshead Autism Strategy has been consulted on and which takes a life course approach.

31.10 Improve Perinatal Care – to include all age proposal

31.10.1 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, considering 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.

31.10.2 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.

31.10.3 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.

31.10.4As we progress into 2018/19 action plan delivery as key action is commissioning of Perinatal Mental Health provision which is all age, community based and offers provision to men. There will be clear links made to our existing developments such as evidence based programmes (e.g. PIP) in order to reduce inappropriate referrals to the perinatal unit. Currently commissioning of Perinatal Mental Health services are through NHS England Transformation Funding.

31.11 Parent Infant Psychotherapy Service

31.11.1 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.

31.11.2 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.

31.11.3 The aim of both 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.

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

31.11.5 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. This service commenced early 2018

31.11.6 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 Sure start Children's Centres and early help and family support services.

31.11.7 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.

31.12 Early Intervention in Psychosis (EIP)

- 31.12.1 In relation to Early Intervention in Psychosis (EIP), we said in our Plan that commissioners and Northumberland, Tyne & Wear Mental Health Trust would work together in readiness for implementation of the new access and waiting time standard and would ensure that the necessary policies, processes and data capture systems are established by April 2016.
- 31.12.2 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, with performance routinely around 80%.
- 31.12.3 We do understand that the service is experiencing workforce shortages. This is linked to increases in incidence. While unable to offer full NICE concordance, all elements, except, can be provided but not for the entire caseload. An action plan with commissioners to monitor and address workforce issues identified as part of a national self-assessment process is in place. Commissioners will be monitoring progress and working with the Trust and HENE to address workforce issues.
- 31.12.4 The service is using nationally identified reporting mechanisms for qualitative information about the service as well as relevant interventions and outcomes.
- 31.12.5 The service accepts people from the age of 14 but will work with younger children in partnership with community CAMHS who will maintain case lead. EIP services have joint protocols with CAMHS and make decisions about who leads on care, based on the needs of the child/young person. Caseloads of under 18's are monitored periodically as part of the CCQI audit for EIP NICE concordance.
- 31.12.6 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).
- 31.12.7 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.
- 31.12.8 The first CCQI audit of NICE concordance highlighted several 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.

31.12.9 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.

31.13 Child Friendly Cities

31.13.1 Newcastle signed up to work with UNICEF in 2017 to become one of only four UK Child Friendly Cities by 2020. Our young people chose the three thematic badges, “Equal and Included”, “Safe and Secure” and “Health”. Alongside the three mandatory badges these will underpin our approaches to all the work in the city with children, young people and their families.

32 Next steps

32.1 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 our transformational journey in the coming months.

32.2 The following bullet points indicate the ongoing areas of work required to ensure we meet our 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.

32.3 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

Action Plan 2017-2019 updated October 2018						
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	Lead provider shadow working January 2019	CCG NTW	Jan 2019 – March 2020 October 2019	Yellow
		Scope position to extend up to age 25 years.				
		Incorporate multi-media access for SPOA	NTW scoping options	NTW	March 2019	Yellow
		Evaluation phase by phase of Getting Help inc single point of access and Getting More Help services		CCG/NTW	March 2019	Yellow
		Incorporate peer support into new model spec	All secondary schools developed peer support model. Added to spec – not yet agreed by providers	CCG	May 2018	Green
		Include priority assessments for vulnerable groups into spec including LAC	In new spec	CCG	March 2018	Green
Ensure all requirements are	Agreement by	CCG	April 2018	Green		

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Area	Transformation Priority	Objective	Any update	Lead	Timescale	RAG
		captured within the financial plan.	February 18 – link to NHSE Planning Guidance and MHIS			Green
		Develop performance framework and incorporate recommendations from Childrens Commissioner Childrens Mental Health in England indicators (Oct 2017), KPI's and agreed outcome measures	Draft shared with NTW and STFT to be agreed May 18. Embedded as part of the lead provider model	CCG	May 2018	Green
		Review demand and waiting times for CAMHS service	Quarterly updates - standing item	CCG	Ongoing	Yellow
		To review activity/demand on VCS services		NTW VCS	March 2019	Green
		Review full pathways which specifically include pathways relating to: <ul style="list-style-type: none"> • services within VCS • inpatient CHYP MHS pathway including specialised commissioning • mental health and 	Timeline to be developed	CCG	October 2019	Yellow

Action Plan 2017-2019 updated October 2018						
Area	Transformation Priority	Objective	Any update	Lead	Timescale	RAG
		<p>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.</p> <ul style="list-style-type: none"> • those requiring bereavement support including support after suicide. • FASD pathway • Urgent and emergency response • Substance Misuse Pathway • Talking Therapies • Eating disorders community up to 25 years • Youth Offending MH, LD, Autism support pathway 				

Action Plan 2017-2019 updated October 2018						
Area	Transformation Priority	Objective	Any update	Lead	Timescale	RAG
		Adopt better use of technology within CYP MH services Increase the use of texts, emails and skype etc. for appts. This work should be informed by CHYP and Families.	Young Commissioners project to be refreshed to lead this NTW to incorporate	NTW/CCG	October 2019	Yellow
		Develop support pathways for children and young people and for parents/carers who have alcohol problems		Gateshead Council	Sept 2018	Green
				Newcastle City Council	June 2019	Yellow
		CHYP supported to develop mental health and wellbeing APP promoting self-care. Explore any development of apps for schools with Young Commissioners	Many Apps in existence, review from CHYP to establish if another still required and/or which Apps we promote/support for NG. Part of school exclusions action plan	CCG Gateshead Council Newcastle City Council	July 2018	Green

Action Plan 2017-2019 updated October 2018						
Area	Transformation Priority	Objective	Any update	Lead	Timescale	RAG
		All schools, colleges, primary care will have a named lead on mental health – link to Green Paper and MH designated lead in schools	LA leads to be identified for updates	Gateshead Council Newcastle City Council	April 2019	
		In partnership with YP and learning from Young Commissioner project, co-produce sustainable model for young commissioners		CCG	October 2019	
2	Workforce Development Plan	Develop a comprehensive workforce strategy based on training needs assessment of wider children and young people's workforce; staffing data (wte, discipline, skill set) and financial information.	NTW/STFT underway with workforce group. This will include VCS and IAPT workforce Joint session CPD May 2018	NTW with All partners support	Dec 2018	
		Implementation of workforce development strategy including demand and capacity planning for specific programmes including CHYP IAPT	CCG developed TNA and workforce mapping tool for partners	All	April 2018 – March 2019	

Action Plan 2017-2019 updated October 2018						
Area	Transformation Priority	Objective	Any update	Lead	Timescale	RAG
		CPD CYP MH, LD and Autism events established regular basis		CCG	Ongoing	
3	Eating Disorders	Demonstrate improvements to early intervention and avoidable hospital admissions, implement regional approach.	To link MST work with LA developments	CCG NTW	April 2019	
		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	NTW to update	NTW	October 2018	
		A performance framework will be developed to include measurement and monitoring of 1-week urgent referrals and 4-week routine referrals.	ED performance is included in draft perf framework	CCG	April 2018	
		Review current ED provision		CCG	October 2019	

Action Plan 2017-2019 updated October 2018						
Area	Transformation Priority	Objective	Any update	Lead	Timescale	RAG
		with consideration of prevention, early intervention and community delivery for those aged up to 25 years				
4	CYP IAPT	Continue implementation of improvement plan ensuring providers have the skills and capacity to work with children and young people including those with Learning Disabilities, autism or both and speech language and communication needs	NHSE contract until December. To link workforce development plan and WD network between Newcastle and Gateshead.	CCG	October 2019	
		Review training priorities and target workforce - training opportunities for working with under 5's and Learning Disability and Autism	Deliver quarterly sessions with IAPT partners and CHYP MH workforce as CPD network	CCG	October 2019	
		Undertake scoping re extension of the current CYP IAPT programme to train staff to meet the needs of		CCG	Jan 2019	

Action Plan 2017-2019 updated October 2018						
Area	Transformation Priority	Objective	Any update	Lead	Timescale	RAG
		children and young people who are not supported by the existing programme				
5	Early Intervention and Prevention	Implement and monitor Getting Help model which includes greater emphasis on prevention and early intervention.		CCG	March 2019	
		Evaluate the impact of early intervention and prevention through the health visitor, family nurse partnership and school nurse new specification and contract (Gateshead)	In service spec contract start date July 2018	Gateshead Council	October 2019	
		Pilot mindfulness in Gateshead schools x3 (Gateshead)	Staff training commenced	Gateshead Council	June 2018	
		Incorporate mental health and wellbeing in schools via 0-19 contract (Gateshead)	In service spec contract start date July 2018	Gateshead Council	July 2018	
		Promote CYP mental health and wellbeing opportunities via early help social care model (Gateshead)	Service changes underway	Gateshead Council	April 2018	
		Early help Newcastle		Newcastle City	October 2018	

Action Plan 2017-2019 updated October 2018						
Area	Transformation Priority	Objective	Any update	Lead	Timescale	RAG
				Council		
		Submit DfE bid for mental health in schools programme for Gateshead and Newcastle	Workshops commence March 2018 with AFF. 43 schools in Gateshead and 20 schools in Newcastle	CCG Gateshead Council Newcastle City Council	June 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.	Workshop planned Feb 20 th . Need to review the offer for residents outside Newcastle and Gateshead. Update at the next mtg re PLT and EIP service for YP	CCG NTW NTW	December 2018 April 2019 April 2019	

Action Plan 2017-2019 updated October 2018						
Area	Transformation Priority	Objective	Any update	Lead	Timescale	RAG
		Develop of a multi-agency crisis care pathway. Establish is the right support is in place for Looked after Children, Care Leavers, those on the edge of care, Out of Area Placements		Newcastle City Council Gateshead Council	October 2019	
7	Reducing Inequalities	Monitor new arrangements and continue improvement activities	Refresh joint strategic needs assessment CYP mental health and wellbeing to inform future commissioning JSNA to involve CCG MH lead	Gateshead Council Newcastle City Council	December 2019	
		Promote education and employment opportunities for care leavers to clarify Newcastle position	Employment in Gateshead group working on this, also supported housing is out to the market with emotional wellbeing support. To link to Skint service who can	Gateshead Council Newcastle City	April 2018	

Action Plan 2017-2019 updated October 2018

Area	Transformation Priority	Objective	Any update	Lead	Timescale	RAG
		<p>Newcastle In addition to a range of other activities learning and employment is the focus of:</p> <ul style="list-style-type: none"> • A dedicated Connexions worker attached to the Post-16 social work team • A Generation NE adviser attached to the Post-16 team two days per week • New learning/employment opportunities circulated on an ongoing basis to a wide range of specialists including care homes • Council pre-apprenticeships organised to target vulnerable young people, including care 	<p>also support</p> <p>Maintaining and developing learning and employment opportunities for care leavers is overseen and collaborative approaches instigated via the MALAP and Corporate Parenting Advisory Groups</p>	<p>Council</p>		

Action Plan 2017-2019 updated October 2018						
Area	Transformation Priority	Objective	Any update	Lead	Timescale	RAG
		leavers <ul style="list-style-type: none"> LAC/Care leavers offered guaranteed interviews for any Council apprenticeships 				
		Develop and evaluate mechanisms are effective to support the physical health of children and young people with learning disabilities and or autism including access to physical health checks for those aged 14+ and effective use of educational health care plans			September 2019	
		Establish provision and pathway for CYP with Dysphagia			October 2019	
8	Learning Disabilities	Monitor and review new arrangements for Getting Help and Getting More Help and impact of CYP with Learning Disability and or Autism.	LD, Autism and ADHD are to be incorporated into Getting Help and Getting More Help with ASD detailed specification	CCG Gateshead Council Newcastle City Council	April 2019 – March 2010	

Action Plan 2017-2019 updated October 2018						
Area	Transformation Priority	Objective	Any update	Lead	Timescale	RAG
		<p>Review local impact of the Accelerator site for Learning Disability Transformation programme ensure services are responsive to individual needs and can wrap round those YP with complex needs to prevent placement breakdown and inappropriate admission or increase in risky or offending behaviour</p> <p>Review learning from LeDeR mortality review with a view to implementing local action, preventing where possible further deaths.</p> <p>Learning Disability and Learning Difficulty to review use and develop local solution which supports</p>				

Action Plan 2017-2019 updated October 2018						
Area	Transformation Priority	Objective	Any update	Lead	Timescale	RAG
		<p>those YP who are borderline LD but may be very vulnerable.</p> <p>Ensure clear linkage and communication to SEND plans and strategy groups</p> <p>Review physical health pathway noting the issue of increased susceptibility to mental health conditions for those with LD and/or Autism</p>				
9	Speech and Language Therapy	Review SALT provision to ensure appropriate levels of support is available at the right time.	October 2018 Conversations have commenced between LA and CCG to review the current service provision in order to transform the current services with a particular		June 2019	

Action Plan 2017-2019 updated October 2018

Area	Transformation Priority	Objective	Any update	Lead	Timescale	RAG
			focus around the SEND agenda.			
10	Autism	<p>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</p> <p>Workforce development including parental/carer training programme for diagnostic and post diagnostic support.</p>	<p>Needs assessment done in Gateshead, JY developing the strategy. Spec needs to link to schools.</p> <p>Strengthen mainstream school/setting offer for supporting CYP with communication and interaction needs (autism/SLCN) through development of a specialist teacher team.</p> <p>Develop post diagnostic support offer for parents of</p>	Gateshead LA	<p>December 2018</p> <p>Spring 2019</p>	

Action Plan 2017-2019 updated October 2018						
Area	Transformation Priority	Objective	Any update	Lead	Timescale	RAG
			CYP with autism to include parent training programme.		June 2019	
10	Perinatal Mental Health	<p>Review the pending Perinatal Care National Guidance when published and the better births recommendations</p> <p>Review impact of perinatal maternal mental health pathways 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</p>	NHSE funding ends March 2019.	CCG/NTW	Dec 2018 – October 2019	

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Area	Transformation Priority	Objective	Any update	Lead	Timescale	RAG
		<p>have access to a specialist perinatal mental health clinician.</p> <p>Ensure provision is community based and all age.</p> <p>Establish support to men as part of this pathway.</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 – reviewing the level of service offer between adults and CYP's. Establish timeline to extend to transition up to 25 years where appropriate.</p> <p>Improve support to children and young people in transitions years, particularly</p>	<p>Each child to part of performance framework = 95% will have a transitions plan.</p> <p>VCS age range 13-25.</p>	CCG	September 2019	

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Area	Transformation Priority	Objective	Any update	Lead	Timescale	RAG
		<p>between services for pre and post-16yr old's, Primary secondary, Secondary- +16, CAMHSAMHS, Care leavers</p> <p>Undertake CHIMAT transitions tool with CAMHS service and 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> <p>Transitions between services for CYP physical health needs i.e. OT, Specialist</p>				

Action Plan 2017-2019 updated October 2018						
Area	Transformation Priority	Objective	Any update	Lead	Timescale	RAG
		Nursing, SALT, Physio, communication aids, environmental controls to be reviewed to ensure CYP receive support required.				
12	Specialist In-Patient	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. Explore opportunities to increase outreach work through utilisation of children's centres and general practice.	Development day to be planned for June 2018	NTW NHSE	October 2019	
13	Sexual Abuse and/or exploited	Ensure those who have been sexually abused and/or exploited receive comprehensive assessment and referral to appropriate		CCG	July 2019	

Action Plan 2017-2019 updated October 2018						
Area	Transformation Priority	Objective	Any update	Lead	Timescale	RAG
		<p>evidence based services. To include reasonably adjusted approach for those YP with learning disability and or autism working with specialist services as required.</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> <p>Workforce development of specialist knowledge for CYP with learning disability and or autism.</p>				
14	Early Intervention in Psychosis (EIP)	Improve the quality element of the EIP standard by providing Cognitive Behavioural Therapy for psychosis, Family		NTW/CCG	October 2019	

Action Plan 2017-2019 updated October 2018						
Area	Transformation Priority	Objective	Any update	Lead	Timescale	RAG
		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	Advocacy	Review offer and model for YP advocacy – young commissioners ‘what does good look like’			October 2019	
16	Online support	Access to online support and counselling provided as pilot through use of KOOTH. Evaluate pilot			May 2019	
17	Reducing Stigma and Increasing Awareness of Mental Health	Raising awareness and reducing stigma through the delivery of awareness campaigns that promote good mental health and de stigmatise mental ill health (Time to Change, 5 Ways to Wellbeing).		Public Health	May 2019	

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	Yellow	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	Red	Performance metrics to be agreed with relevant organisations and mechanisms for reporting	All partners
Strategic/Operational Risk	Disruption/confusion in the system	Yellow	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	Red	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	Yellow	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	Red	Phased approach and review/agreement before proceeding to next phase identified in mobilisation.	CCG and providers
Operational Risk	Increased referrals to Children's Services	Red	CCG to confirm appropriate plan to support.	CCG and Local Authorities
Operational Risk	Capacity/availability of staff within current system not meeting required staffing	Red	Staffing structure and training needs to be reviewed as part of the workforce plan to ensure workforce meets capacity and capability.	All partners

Table of Appendices

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<p><i>Appendix 2a Gateshead Mental Health and Wellbeing Children and Young People Profile</i></p> <p><i>Appendix 2b Newcastle Mental Health and Wellbeing Children and Young People Profile</i></p> <p><i>Appendix 2c Gateshead Health Needs Assessment – Autism</i></p>	<p> Adobe Acrobat Document</p> <p> Adobe Acrobat Document</p> <p> Microsoft Word Document</p>
<p><i>Appendix 3 Independent review of their CYP MH services 2016-2017</i></p>	<p> NTW Engagement Paper</p>
<p>Appendix 4 Expanding Minds Improving Lives Case for Change</p>	<p> Case for Change.docx</p>
<p>Appendix 5 Involve North East</p>	<p> Summary of best practice when engagi</p>

<p>Appendix 6 New Specifications for Getting Help and getting More Help and Performance Framework</p>	 Microsoft Word Document  Microsoft Word Document  Microsoft Excel Worksheet
<p>Appendix 7 CYPMH Transformation Plan Group Terms of Reference</p>	 ToR CHYP MH.docx
<p>Appendix 8 Young commissioners project and learning</p>	 Expanding Mind Improving Lives - proj
<p>Appendix 9 Draft Workforce Development Strategy and Data Collection Tool</p>	 Workforce Plan.docx  Workforce Development TNA Or