



NEWCASTLE AND GATESHEAD

CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH & EMOTIONAL WELLBEING TRANSFORMATION PLAN 2021-2022

Our Joint Vision, Principles and Plan

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Acknowledgements

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

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

This includes the stakeholders involved in the development of this 2021/22 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.

The refreshed document will be published on the CCG and Local Authority websites by 1ST September 2021, in line with the requirements set out by NHS England.

1. Introduction

- 1.1 This document sets out the 2021-22 Children and Young Peoples Mental Health and Wellbeing transformation 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 wellbeing¹.
- 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 2021-22 has been developed; building on the foundations of the overarching plan, 2015-20 and the 2018 refresh of children and young peoples mental health and well-being and the 2018 green paper transforming children and young peoples mental health provision'

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 plan describes how we have achieved this over the last three years and identifies actions which are ongoing in their implementation (See Appendix 1 Action Plan 2017/2019 updated July 2021 and Appendix 1a Risk Log).
- 1.5 The covid-19 pandemic has clearly impacted on the work that has taken

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

place in 2020 and 2021 and led to a number of changes in work prioritisation and progress; we will endeavour to demonstrate the opportunities that have been realised from the pandemic as well as the increased demand and need for CYP mental health and mental well-being services that have resulted from this life-changing event.

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.

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 local mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies.

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.

2.4 Action plans have been informed by the available health needs assessment and reflect the Newcastle and Gateshead Joint Strategic Needs Assessments and Health and Wellbeing Strategies.

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 Health² 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.
- 3.5 The joint report of the Department of Health and NHS England sets out the national ambitions that the Government wished to see (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’.

² No Health without Mental Health (2011) HM Government

- 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

³ HM Government Mental Health Crisis Concordat: Improving outcomes for people experiencing mental health crisis
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf

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.

- 3.10 The NHS Long Term Plan published in January 2019, restated the Government's commitment to deliver the recommendations in The Five Year Forward View for Mental Health and set out further measures to improve the provision of, and access to, mental health services for children and young people⁵.

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 health⁶. 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:
- 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

⁴ Children and Young Peoples IAPT Programme <https://www.gov.uk/government/news/improved-mental-health-therapies-for-children>

⁵ NHS Long Term Plan (2019) <https://www.longtermplan.nhs.uk/>

⁶ Centre for Mental Health

- 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 NENC ICS Operational Plan 2020-22, 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. This also supports the delivery of the government's national strategy for improving the lives of autistic people and their families and carers in England⁷

⁷ National strategy for autistic children, young people and adults: 2021 to 2026
<https://www.gov.uk/government/publications/national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026>

- 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 Children and young people's mental health has never been so high on the public agenda. But it's vital that we have the basic facts if we are to see realised our vision of better mental health for all children, wherever they live, whatever their background or class.⁸ Information in key policy documents suggests:

- Common mental health issues, such as depression and anxiety, are increasing amongst 16–24-year-olds, with 19% reporting to have experienced them in 2014, compared to 15% in 1993. They are about three times more common in young women (26.0%) than men (9.1%) (McManus et al., 2016)
- One in six school-aged children has a mental health problem. This is an alarming rise from one in ten in 2004 and one in nine in 2017. (NHS Digital, 2020)
- About one in twenty (4.6%) 5–19-year-olds has a behavioural disorder, with rates higher in boys than girls. (NHS Digital, 2018)
- 75% of adults with a diagnosable mental health problem experience the first symptoms by the age of 24. (Kessler et al., 2005; McGorry et al., 2007)
- 70% of children with autism have at least one mental health condition. (Simonoff et al., 2008)
- There is an average 10-year delay between young people displaying first symptoms and getting help.
- There is an average 10-year delay between young people displaying first symptoms and getting help

⁸ Centre for Mental Health. 2021.

<https://www.centreformentalhealth.org.uk/sites/default/files/2021-02/CYP%20mental%20health%20fact%20sheet%202021.pdf>

- Refugees and asylum seekers are more likely to experience poor mental health (including depression, PTSD and other anxiety disorders) than the general population. (Mental Health Foundation, 2016)
- Children from the poorest 20% of households are four times as likely to have serious mental health difficulties by the age of 11 as those from the wealthiest 20%. (Morrison Gutman et al., 2015)
- Self-harm is more common among young people than other age groups. 25% of women and 9.7% of men aged 16-24 report that they have self-harmed. (McManus et al., 2016)

7.3 Certain risk factors can make some children and young people more likely to experience mental health problems than others. However, this doesn't mean a child will definitely or probably go on to have mental health problems⁹. These factors include:

- having a long-term physical illness;
- a parent who has had mental health problems, problems with alcohol or has been in trouble with the law;
- the death of someone close to them;
- parents who separate or divorce;
- experiencing severe bullying or physical or sexual abuse;
- poverty or homelessness;
- experiencing discrimination;
- caring for a relative, taking on adult responsibilities;
- having long-lasting difficulties at school.

7.4 The following data is taken from the PHE Fingertips Tool which includes the use of Child and Maternal Health Intelligence Network Service¹⁰ (CHIMAT). The reports bring together key data and information to support the understanding of key local demand and risk factors to inform planning. The profile for child and maternal health for both Gateshead and Newcastle is available in **Appendix 3a and 3b**.

7.5 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. The table shows that the:

- The rate of hospital admission as a result of self harm (10-24 years) is significantly higher in Gateshead 573.2 and higher in Newcastle 504.2 than England 439.2;
- The percentage of looked after children whose emotional wellbeing is a cause for concern is also higher in Gateshead 46 and Newcastle 40.9

9 Mental Health for All. 2021. <https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people>

10 National Child and Maternal Health Intelligence Network (2021) <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133228> (Newcastle) and <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133228/pat/6/ati/302/are/E08000037/iid/92196/age/2/sex/4/cid/4/tbm/1> (Gateshead)

than England 37.4;

- The rate of primary school pupils with social, emotional and mental health needs in Gateshead is 2.08 and Newcastle 2.11 which are better than both the North East 2.61 and England 2.45;
- The rate of secondary school pupils with social, emotional and mental health needs in Gateshead is 1.55 and Newcastle 2.48 which are better than both the North East 2.88 and England 2.67.

Table 1: Children & Young People's Mental Health and Wellbeing 11

Better 95% Similar Worse 95% Not compared Quintiles: Best Worst

Not applicable

Indicator	Period	England	North East region	County Durham	Darlington	Gateshead	Hartlepool	Middlesbrough	Newcastle upon Tyne	North Tyneside	Northumberland	Redcar and Cleveland	South Tyneside	Stockton-on-Tees	Sunderland
Estimated number of children and young people with mental disorders – aged 5 to 17 New data	2017/18	-	-	8888	1993	3495	1789	2736	4930	3602	5409	2442	2600	3791	4795
Estimated prevalence of emotional disorders: % population aged 5-16	2015	3.6*	3.9*	3.9*	3.8*	3.8*	4.1*	4.2*	3.9*	3.6*	3.7*	4.0*	4.0*	3.8*	4.0*
Estimated prevalence of conduct disorders: % population aged 5-16	2015	5.6*	6.1*	6.1*	5.9*	6.1*	6.5*	6.7*	6.2*	5.7*	5.7*	6.4*	6.3*	5.9*	6.4*
Estimated prevalence of hyperkinetic disorders: % population aged 5-16	2015	1.5*	1.6*	1.6*	1.6*	1.6*	1.7*	1.8*	1.7*	1.6*	1.5*	1.7*	1.7*	1.6*	1.7*
Prevalence of potential eating disorders among young people: estimated number aged 16 - 24	2013	*	41631*	8237*	1413*	2795*	1393*	2558*	7404*	2565*	3881*	1917*	2147*	2881*	4440*
Prevalence of ADHD among young people: estimated number aged 16 - 24	2013	*	44124*	8684*	1474*	2952*	1469*	2755*	7883*	2701*	4156*	2024*	2282*	3075*	4670*
Percentage of looked after children whose emotional wellbeing is a cause for concern	2019/20	37.4	39.0	35.8	37.0	46.0	28.6	37.2	40.9	37.1	55.4	36.4	38.4	43.6	35.5
Hospital admissions as a result of self-harm (10-24 years)	2019/20	439.2	536.6	361.2	505.3	573.2	248.7	604.9	504.2	867.7	1039.8	529.1	484.3	471.2	440.7
Hospital admissions as a result of self-harm (10-14 yrs)	2019/20	219.8	268.7	188.3	307.5	494.7	*	114.4	348.7	293.9	461.3	190.4	236.8	237.8	194.7
Hospital admissions as a result of self-harm (15-19 yrs)	2019/20	664.7	808.4	535.5	802.7	825.6	193.5	905.6	819.6	1125.4	1351.2	927.8	912.1	378.8	837.2
Hospital admissions as a result of self-harm (20-24 yrs)	2019/20	433.7	534.8	356.3	462.8	455.3	483.0	809.5	349.7	1166.5	1280.0	488.8	306.6	758.3	296.4
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Primary school age)	2020	2.45	2.61	2.65	2.61	2.08	2.58	2.10	2.11	3.15	2.97	3.02	3.52	2.21	2.67
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Secondary school age)	2020	2.67	2.88	2.78	3.10	1.55	2.67	3.69	2.48	3.61	2.93	2.75	3.49	2.57	3.25
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (School age)	2020	2.70	3.03	3.01	3.06	2.32	2.61	3.07	2.62	3.66	3.32	3.17	3.71	2.67	3.18
Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS)	2019/20	25.8	27.0	31.0	25.8	28.4	38.4	27.8	22.1	22.9	21.2	32.4	24.5	24.0	29.7

- 7.6 The most common mental health disorders in children and young people in Newcastle and Gateshead are conduct disorders. Data shows that in the North East region conduct disorders have a prevalence of 6.1% (5-16 years) the range is 5.7-6.7. In Newcastle this is 6.2% and Gateshead is 6.1%.
- 7.7 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 disorder.

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 Error! Bookmark not defined.:

- The most recent validated data on local levels of child poverty available is from 2016, when there were 20.5% of children in Gateshead in poverty (compared to 19.4% in 2015); 24.7% of children in Newcastle, the England average is 17% and the North East average is 22.2%;
 - The health and wellbeing of children in Newcastle and Gateshead is generally worse than the England average.
 - Infant mortality rates are similar to the national average; in Gateshead the child mortality rate (10.5) is similar to the region (11.8) England (10.8), whereas in Newcastle the rate is 14.8.
 - Children in Newcastle and Gateshead have worse than average levels of obesity; 24.9% in Gateshead and 24.8% in Newcastle of children in year 6 compared to the region 23.2% and England 21%.
- 7.8 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 are worse than the England average with 5.2% in Gateshead and 9.2% (significantly worse) in Newcastle compared to 5.9% region and 5.5% nationally (2019 data).
- 7.9 During 2018/21 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.
- 7.10 A local Health Needs Assessment has been developed for Gateshead population which is informing our approach in this area (**Appendix 3a**). Newcastle also has a 0-19 health needs assessment¹² (**Appendix 3b**).

¹² Newcastle City Council. (2016) Newcastle 0-19 Health Needs Assessment.
https://newcastle.gov.uk/sites/default/files/newcastle_0-19_service_needs_assessment.pdf

8. What Children and Young People have told us

- 8.1 In 2017-2019 Newcastle Gateshead CCG ran the 'Expanding Minds, Improving Lives' (EMIL) listening and consultation exercise. In April 2020 Health Watch Newcastle and Gateshead reviewed the implemented changes from the EMIL consultation. Health watch set out 'Eight Ways to Make a Difference' with eight recommendations for improvements (Appendix 10).
- 8.2 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.
- 8.3 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 this into the new model.
- 8.4 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 pre and post diagnosis
 - Waiting times are too long
 - There are rigid and high thresholds for services
 - Transition from Children's to Adults is not smooth
 - Poor communication and handovers between services tasks children, young people and their families to give historical information multiple times
- 8.5 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

8.6 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
- Supporting families to access credible information that can support them to self-care where appropriate
- 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 including adequate handovers between professionals to support the transition to a new service
- 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

8.7 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
- Ability to self-refer is helping service access

8.8 As a result of EMIL changes were made to C&YPs mental health services. This included the setup of a single point of access (SPA) for referrals and an online consultation service known as Kooth. In Spring of 2019 Newcastle Gateshead CCG carried out a survey on SPA and Kooth. Healthwatch has expanded this engagement survey with children, young people and families and presented their findings.

Healthwatch's survey focussed on understanding of the awareness of children, young people and their families of the self-referral process into CYP mental health services, awareness of Kooth and ideas about how best to promote SPA and Kooth.

Brief Summary of results:

- Most respondents were aware they could self-refer into CYP mental health services
- The most popular ideas overall to promote SPA was, in order, via teachers/school staff support, social media, leaflets or poster and finally GPs.
- Most respondents had not hear of Kooth
- The most popular method to promote Kooth was via teachers/school staff support and social media
- SPA was highlighted as good, organised and responsive
- Kooth is not accessible for those who struggle with communication needs

8.9 Newcastle Gateshead CCG, CNTW, Newcastle Council and Gateshead Council have made progress in addressing the recommendations from the Healthwatch report. These actions include:

- Information on CYPs mental health services and Kooth has been added to the CCG website and Newcastle & Gateshead's local offer pages and has been promoted in schools and to GPs in primary care
- CNTW has developed a survey on the experience of SPA and Kooth services
- Information is being gathered around children, young people and families experience of services in relation to Autism Spectrum Disorder. The Partners are working with Healthwatch to improve waiting times
- A social media campaign is under design to promote SPA and Kooth services

8.10 The main Mental Health service provider for Newcastle and Gateshead is CNTW 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 4**.

- 8.11 We are 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.
- 8.12 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 2021/22 and the evidence gathered will support this objective. The Involve North East report can be found at Appendix 5.
- 8.13 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.
- 8.14 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.
- 8.15 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.
- 8.16 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
- 8.14 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
- 8.15 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).
- 8.16 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.
- 8.17 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
- 8.18 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.
- 8.19 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 2021/22 to deliver our vision of co-production and peer support.

8.20 Multi-agency engagement groups and projects

Gateshead

In Gateshead, during the COVID-19 pandemic Gateshead identified a need for a Children, Young People Engagement Working Group. This has members from health, local authority, police, education and the voluntary sector. The purpose of the group is to support new ways of working. To collaborate, develop and link up services and projects in Gateshead. All members of the group have the same interest of making sure the voices of children and young people are heard to further improve services for them in Gateshead. To promote this joint engagement work an engagement newsletter has been devised that will be distributed across Gateshead on a quarterly basis.

Newcastle

In June 2021, Newcastle mobilised the first phase of a new, city wide, integrated approach to early intervention and prevention work with children and families: 'Children and Families Newcastle'. (C&FN) This initiative, part of the overarching Collaborative Newcastle workplan, followed a year of engagement and co-production workshops with partners across the sector.

Over 200 groups were involved in the engagement (over 700 individual responses). Recognising the adverse impact that fragmented and disjointed support provision has on the experience of families seeking help and the outcomes they can achieve, a wide range of agencies worked together to agree the case for change, set the vision and operating principles for the city rather than individual service, and develop our 'Three Big Ideas'.

Community Hubs and Locality Offer

Statutory agencies are partnering with local communities to support hubs that are vibrant social spaces that offer a range of practical, educational and wellbeing activities for babies, children, young people and families, in familiar, local and non-stigmatising venues.

An Integrated Offer

To make it easy to get help and to reduce the pattern of successive onward referral and repeat assessment, Children & Families Newcastle brings together a wide range of universal and targeted services functions into a coherent single offer, with a shared identity and 'branding' and operating from shared delivery spaces.

Family Partners

Children & Families Newcastle has mobilised a new staff role within the system of 'Family Partner', whose purpose is to establish enduring relationships or trust with families. The Family Partner will be available as a touch point for families, helping them to articulate their own concerns and priorities and connecting them into assets and support within their own networks and wider community.

Working across the city in 4 Localities: North, East, Inner West and Outer West, Children & Families Newcastle has a network of delivery venues (hubs and spokes) in each area. Each Locality is led on behalf of C&FN by a Voluntary sector partner, who takes responsibility for maintaining an oversight of the work with families in their area and cultivating the local 'Community Family Offer'.

C&FN has an overarching Integrated Leadership Team, a multiagency team of service managers responsible for effective management of the overall offer, collective workforce development, identification and actioning/escalation of opportunities for further collaboration and accounting for performance and success to the Place for Children Board, Newcastle's strategic CYP decision making board.

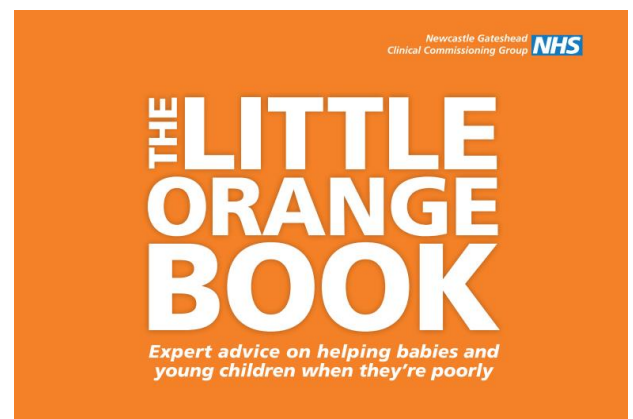
The first 12 months will concentrate on strengthening collaboration, piloting innovative delivery, growing the network of community assets and growing the Family Partner Team.

Next steps for phase 2 involve taking learning from this initial period and exploring possibilities for more formal service integration.

Engagement work examples:

- NHS Newcastle Gateshead CCG, Children, Young People & Families team are working to develop a Teenage Resource, based on the principles of The Little Orange Book (but for teenagers) - <https://newcastlegatesheadccg.nhs.uk/your-health/children-and-young-people/little-orange-book/>

Development of this teenage resource is an example of system working with colleagues from Primary Care, Secondary Care, Public Health, Education, Social Care & Mental Health. The resource will contain specific advice on topics such as mental health, body image, weight difficulties, bullying, smoking, sexual exploitation, drugs & alcohol etc.



- Newcastle and Gateshead year 9 assemblies were arranged to educate our young people about the local services a GP offers to help ensure

they are mentally, emotionally and physically healthy. This engagement has been demonstrated in health watch action plan (Appendix 10)

9 Commissioned Services

- 9.1 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.
- 9.2 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

Universal (Tier 1)	<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 ➤ Zone West
Targeted (Tier 2)	<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 ➤ The Childrens Society ➤ IAPT ➤ HEE CYP MH training posts ➤ Mental Health Support Teams in Schools ➤ School Social Workers – Gateshead
Specialist – community (Tier 3)	<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

	<ul style="list-style-type: none"> ➤ 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
Specialised services (Tier 4)	<ul style="list-style-type: none"> ➤ Assessment and Treatment – Mental Health inpatient ➤ Assessment and Treatment – Learning Disability inpatient ➤ Eating disorders in-patient ➤ Psychiatric intensive care units ➤ 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

10 Data - access and outcomes

- 10.1 A performance framework for Getting help and Getting more help has been developed. As a lead provider model and single point of access the data flows directly via the lead provider.
- 10.2 The CCG has been engaging with the work of NHSE to help to improve data flows and inclusion of voluntary sector data.
- 10.3 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 CCGs in the North which will provide a view of key LTP outcome data metrics including s and CYP Access.
- 10.4 There is one main NHS provider for children and young people in Newcastle and Gateshead which is Cumbria Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) 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 collaboration of VCS organisations.
- 10.5 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 shows Referral information and Waiting Times for the Getting Help Service (Tier 2) - with Table 4 showing the Referral information and Waiting Times for the Getting More help Service (Tier 3).

Table 3: Getting Help Referrals and Waiting Times April 2020 – March 2021

Getting Help	Yearly Total/ Average
Number of new referrals received	1855
Number of accepted referrals	1743
Waiting time from referral to Assessment (average in days)	262
Waiting time from referral to Treatment (average in days)	3

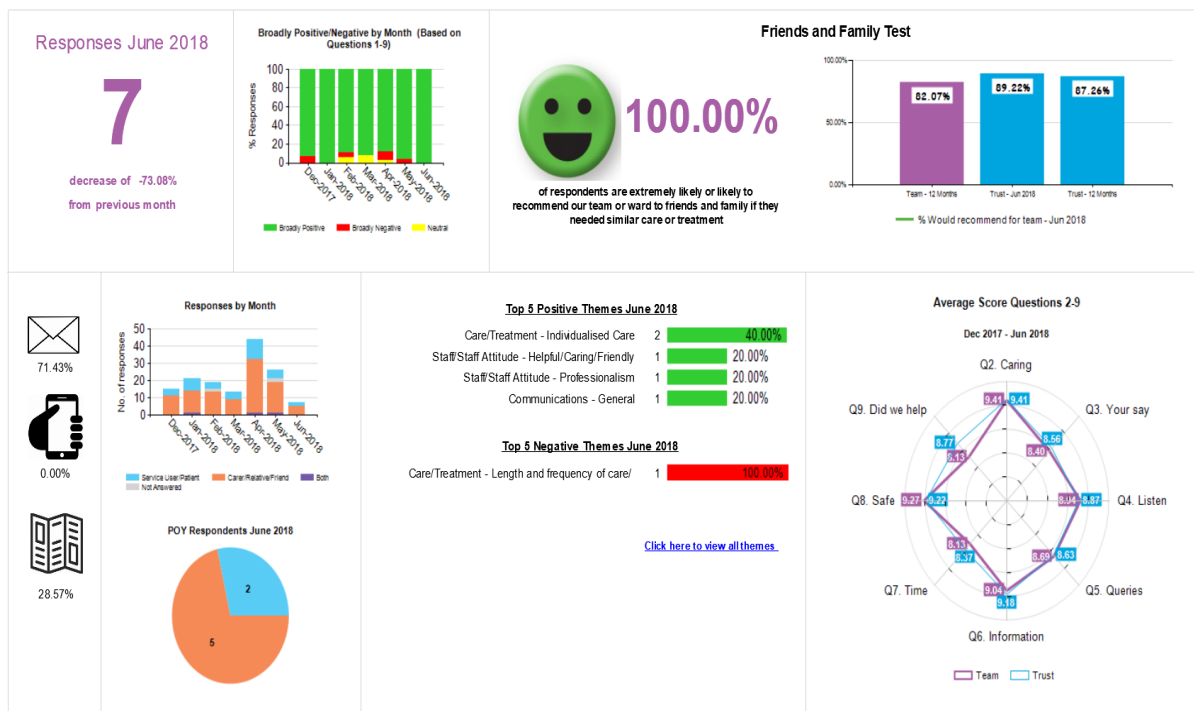
Table 4: Getting More Help Referrals and Waiting Times April 2020 – March 2021

Getting More Help	Yearly Total/ Average
Number of new referrals received	2858
Number of accepted referrals	2838
Waiting time from referral to Assessment (average in days)	94
Waiting time from referral to Treatment (average in days)	99

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

Figure 1 NTW Data

Newcastle and Gateshead Children and Young Peoples Service



10.7 Table 5 below shows DNA rates for CNTW13.

Table 5: NTW CYPS DNA Rates - Agreed standard 16% in line with national average

Service	DNA Rates	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Getting Help	DNA Rates (DNA as a percentage of planned contacts - number in month)	7.0	8.8	8.5	8.7	9.8	9.3	5.5	6.9	8.2	8.4	8.4	7.0
Getting More Help	DNA Rates (DNA as a percentage of planned contacts - number in month)	11.9	11.5	12.2	14.3	14.5	13.2	13.6	11.1	14.1	12.2	12.6	10.8

10.8 As at Q4 2020/21 87% of routine CYPs starting treatment in that quarter were seen within 4 weeks and 93% of all urgent cases were seen within the required standard. Working with the Provider Collaborative arrangements we are working towards achieving the standards of 95% of routine and urgent cases seen within the required timeframe. Please note when a patient DNA occurs this particular waiting time does not count this as a clock stop.

Table 5: Newcastle & Gateshead Eating Disorder Services – Referrals

EDICT Referrals	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Number of new referrals EDICT Pathway	1	9	9	12	10	15	6	17	19	11	8	12
Number of accepted referrals EDICT Pathway	1	8	8	10	8	15	6	17	18	11	8	12

2020/2021				
	Q1	Q2	Q3	Q4
Urgent	100%	100%	93%	93%
Routine	97%	96%	91%	87%

10.9 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.

Table 5: Newcastle & Gateshead Eating Disorder Services – Referrals

EDICT Referrals	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Number of new referrals EDICT Pathway	1	9	9	12	10	15	6	17	19	11	8	12
Number of accepted referrals EDICT Pathway	1	8	8	10	8	15	6	17	18	11	8	12

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

10.11 Referrals have increased in 2020/21, more than doubling compared to referrals in 2019/20. Work is ongoing to understand any barriers to access.

10.12 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.

10.13 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.

10.14 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.

11. Analysis of need, gaps and issues

11.1 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 up to 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
- Neurological assessments
- Personality disorder diagnoses
- CYP step down services
- Trauma informed therapeutics
- 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.

12 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.

13 How are we going to achieve our vision?

13.1 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.

- 13.2 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.
- 13.3 Fundamental to the plan, is partnership working and aligned commissioning processes, to foster integrated and timely services from prevention through to intensive specialist care. Also, through investing in prevention and intervening early in problems before they become harder and more costly to address.
- 13.4 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.

- 13.5 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.
- 13.6 Success has been reliant on all professionals signing up to the principles which underpin the new model. The new model is based on a prevention (where possible) and if not, the earliest possible intervention.
- 13.7 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).
- 13.8 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

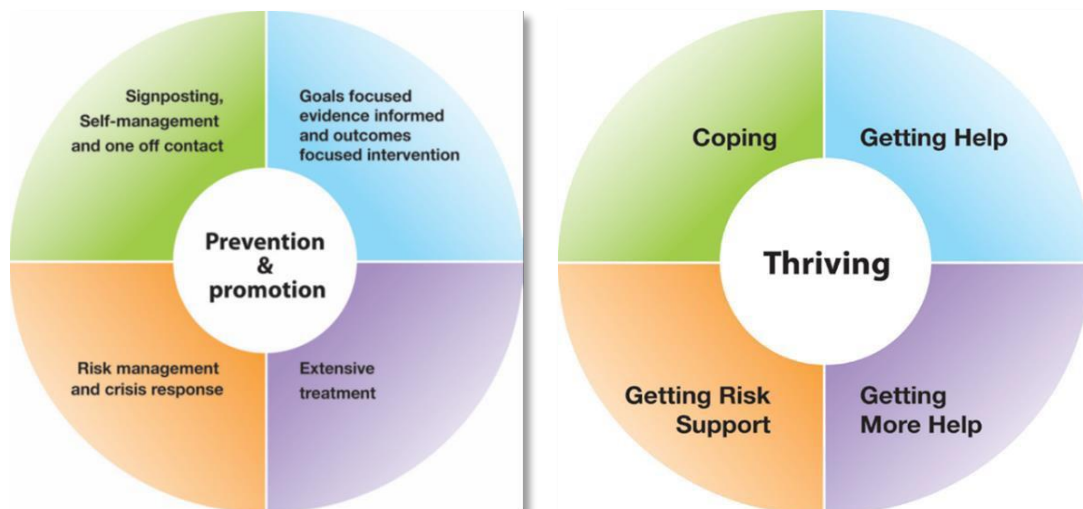
too long). Such provision should always be 'recovery focused', positively supporting children and young people to get back to 'normal' life and live the best lives that they can.

- 13.9 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.

14 The Thrive Model

- 14.1 Our work will be underpinned by and aligned to the Thrive Model (The AFC–Tavistock Model for CAMHS¹) which removes the emphasis from services and re-focuses support to the needs of the child or young person.
- 14.2 The Thrive model also ensures a more flexible, multi-agency response across the whole system that reflects our collaborative approach.¹

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



15 Engagement and Partnership working

- 15.1 A communication and engagement strategy has been developed to support implementation of this plan, which will include children and young people.

- 15.2 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.

16 National Evidence of Effective Interventions

- 16.1 There is a growing evidence-base for a range of interventions which are both clinically and cost effective.
- 16.2 The National Institute for Health and Clinical Excellence (NICE) has produced a number of detailed clinical guidelines to guide intervention in mental health problems occurring in children and young people.
- 16.3 Importantly, both the model of interventions used (e.g. 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 relationships¹⁴.
- 16.4 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.
- 16.5 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).
- 16.5 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 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.

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

17 Towards a Model of Transformation

- 17.1 Based on recommendations within Future in Mind and examples of effective service design, the Newcastle Gateshead Transformation Plan aimed 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. This was delivered through the two new service specifications ‘Getting Help’ and ‘Getting More Help’.
- 17.2 The re-design was 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.
- 17.3 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.
- 17.4 The model aspires to a system where a child or young person presenting with mental health needs, can 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 identifies a lead professional to guide and support the young person and family through their care for as long as they feel this is needed.

18 SEND

- 18.1 In Gateshead a SEND inspection took place in 2017, work has continued to take forward the SEND agenda to strengthen the findings from this report. The CCG and LA work together collaboratively to support the needs of children and young people with special educational needs and disabilities (SEND) and their families/carers.

There are robust assurance processes in place to ensure that the needs of our Children and Young People with SEND are being met and monitored across the System. Annual training programmes are in place to ensure the workforce across Health, Education and Social Care to be able to respond to the requirements of the Children and Families Act 2014 collaboratively, delivery directly to our SENCO's in mainstream and special schools.

Strong relationships between Health, Education, Social Care and our Parent Carer Forum are in place which allows us to develop a shared understanding of the needs of our SEND children and young people being key members of service reviews and co-production to address and improve where required, participation of children, young people and families are key to service development.

There is a dedicated Children, Young People and Families team that included specialist SEND nurses that support our mainstream and special schools, parent carers and families. To further build emotional resilience and minimise the effects of long term emotional and physical abuse and neglect on children and young people with SEND, we are implementing trauma informed, wrap around service offering support at the earliest opportunity.

18.2 Newcastle SEND

Ofsted and the Care Quality Commission (CQC) inspectors returned to Newcastle in May 2021. Our strengths were recognised by the inspectors particularly that the leadership of SEND arrangements has strengthened in Newcastle since the last inspection and is based on a more genuine and committed partnership including with the Parent/Carer Forum. They found that this has resulted in an ambitious inclusion strategy, collaborative commissioning arrangements, and new systems to ensure we improve the quality of our work.

The inspectors acknowledged our ambition for children and young people with SEND. That we want them to have a voice, be safe, happy and included, be well cared for, and be ready for the world of work.

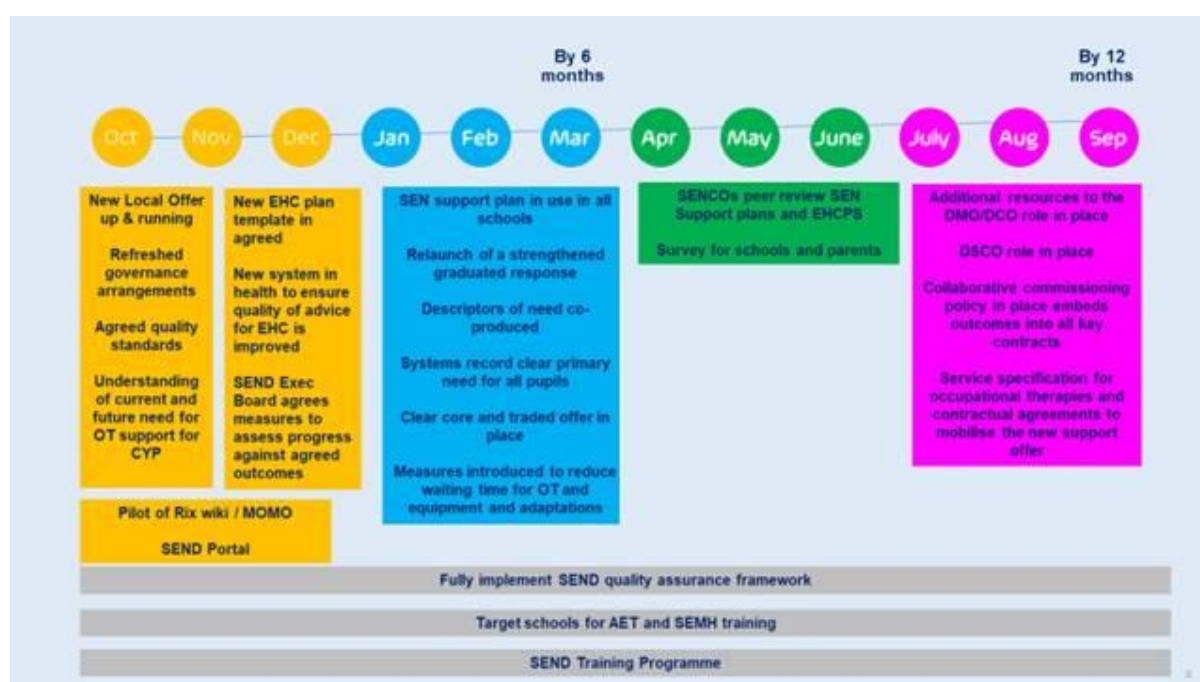


We were delighted that the inspectors recognised the good work which has been achieved by our Local Area SEND partnership. We are very ambitious for all our children in Newcastle and will up the pace of our improvement programme so we can measure progress and improve outcomes for children more quickly.

Since the inspection with the parent carer forum we have co-produced a plan setting what we will do to accelerate change over the next 12 months. Within 12 months you will see:

- A solid SEND Graduated Response system in place to identify, meet needs and improve outcomes.
- Fully implemented SEND quality assurance system 'Getting It Right Together' to improve the quality of our work.
- A therapy offer that meets current and future needs, reduces waiting times and delivers the outcomes and impact that we collectively agree with children, young people, their families collaboratively commissioned with health partners.

The key actions to achieve this ambitious plan are summarised below:



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 21/22 there are further 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, Cumbria Northumberland, Tyne and Wear NHS FT (Tiers 2 and 3) and Sunderland 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). 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

20 Our Plan and Progress

21.1 The following table, Table 7 sets out progress against the original case for change (Appendix 3). Throughout 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 2021-22 (Appendix 1).

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	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	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 2021/22	
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21 North East and North Cumbria Integrated Care Systems – Mental Health workstream

21.1 North East and North Cumbria Integrated Care System leaders collectively agree to address the inequalities associated with mental ill health and work together to embed a culture of parity of esteem.

Our vision

We will work together as an integrated health and care system to provide sustainable, joined up high quality health and care services that will reduce health inequalities and maximise the health and wellbeing of the local populations of North East and North Cumbria.

Our joint working principles

- Working together: System leadership: Accept that relationship building, and the behaviours that enable this, is everyone's responsibility.
- Working together: Consider the whole system: System leadership is more than just relationship building it is about the 'whole system' rather than just 'your organisation'; recognise that sometimes what is best for the system may not be best for 'your organisation' and despite this still lead on the changes required.
- Working together: Achieving better outcomes for the people of NENC: Our plans will be driven by needs and not driven by existing service structures.
- Working together: Transparency: We will be transparent and enable an 'open book' approach to fully understand our available resources.
- Working together: Place based focus: We will accept that each place will have different assets and needs.
- Working together: Evidence informed: We will use the best available evidence and population health data to inform decisions.
- Taking action to tackle health inequalities in latest phase of COVID-19: We will work together to protect the most vulnerable from COVID-19 and restore NHS services inclusively.

Together we will focus on supporting place-based arrangements and, where relevant, source opportunities to progress 'at scale' solutions.

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.

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 2018 to March 2022 (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			Plan
	2018/19	2019/20	2020/21	2021/22
Newcastle Gateshead Clinical Commissioning Group	£8,990,868	£9,009,378	£9,342,199	£9,726,214
Gateshead Metropolitan Borough Council	£878,976	£693,200	£686,573	£725,786
Newcastle City Council	£6,931,390	£6,817,157	£7,115,871	£7,241,800
NHS England	Awaiting info			
TOTAL	£16,801,234	£16,519,735	£17,144,643	£17,693,800

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 8.

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 Additional investment has been made in KOOTH since 2018, an online mental health service for children, young people. This investment was to increase capacity and expand the age to include up to 25 year old's. 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.
- 22.6 NHS England initially provided transformation funding to develop a perinatal mental health service, which commissioners across the North east collaboratively commissioned from March 2019. Newcastle Gateshead CCG have increased investment in this area to ensure the sustainability of the team, meet CCQI standards and allow development to meet Long Term Plan aspirations.
- 22.7 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).
- 22.8 With reference to the rebasing exercise of the CNTW contract, this is was completed and the impact is reflected in the expenditure levels for Newcastle Gateshead CCG in Table 8.
- 22.9 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.
- 22.10 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).

23 Governance

- 23.1 The governance of the Children and Young People (CYP) work begins at place with a Gateshead CYP Mental Health and Learning Disability and Autism meeting and a Newcastle CYP Mental Health and Learning Disability and Autism working partnership which meet regularly. The full Mental Health, Learning Disability and Autism governance structure for both Gateshead and Newcastle is illustrated below in Figures 3 and 4.
- 23.2 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.

- 23.3 In Figure 3 and 4 we illustrate our Mental Health, Learning Disability and Autism Governance Structures and Frameworks, 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.
- 23.4 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 Newcastle and Gateshead CYP MHLDA partnership groups are formed from key signatories to implement and maintain the action plan.
- 23.5 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.
- 23.6 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. 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 City Futures Board and Gateshead Health and Wellbeing Board (Figures 3 and 4).

Figure 3: Gateshead Mental Health governance structure

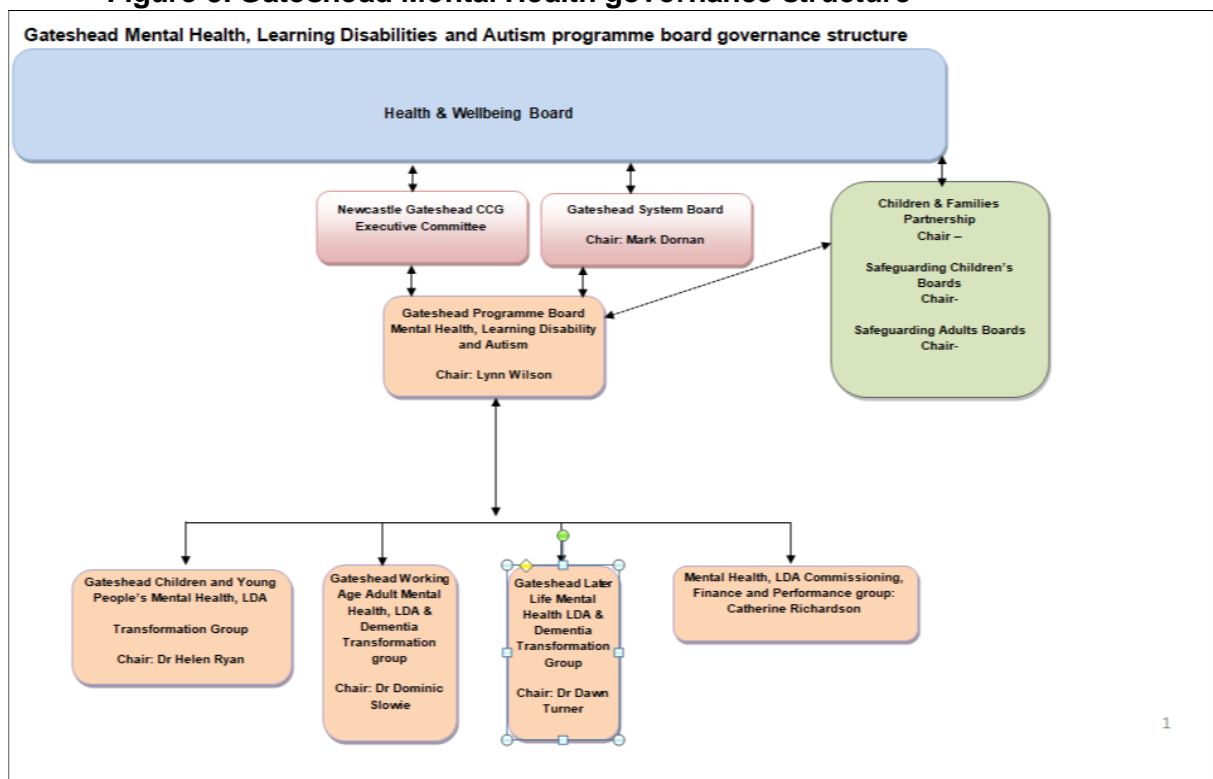
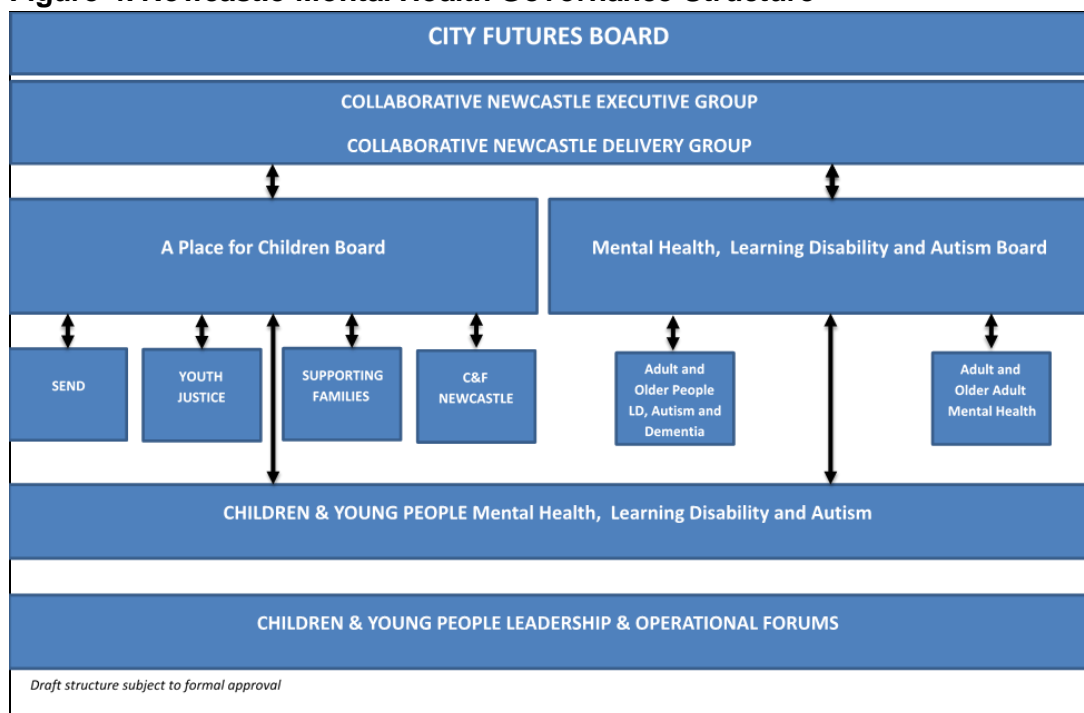


Figure 4: Newcastle Mental Health Governance Structure



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.

An Equality Impact Assessment is planned to be delivered on 21/22 to support the implementation of this plan

- 25.3 Looked after children (LAC)/children in care (CiC) are recognised as a vulnerable group and are prioritised by the local mental health provider and receive timely appointments. Social workers also have access to a CYPS clinician where they can book a consultation for advice and support. This service is across Newcastle and Gateshead. All children across Newcastle Gateshead can access the Single point of access (SPA) and KOOOTH an online support for 11-25 yrs. There are also mental health support workers in schools providing opportunities for pupils to access support from an early stage. A trailblazer is in place across Newcastle and Gateshead where mental health workers are linked to schools to provide emotional health and well-being support to prevent issues escalating to secondary services. The CiC/LAC team supports families through this process until the final court order is granted and children and families can access the services as described in the related sections. A regional adoption agency provides ongoing support through and post adoption to children and families.
- 25.5 The CiC/LAC have the same access as looked after children. Parents and carers can access the single point of access service and receive help and support for the child they are caring for. They can also speak to their social worker who can arrange liaisons with a clinician from the mental health provider.
- 25.6 Care leavers have a leaving care assessment and plan where relevant health information via a 'health passport' designed by the young people themselves which includes contact numbers for mental health services. Gateshead: care leavers = 208 (18-25yrs), Newcastle list for 2021-22 = 50 (400 care leavers total). Care leavers from Newcastle and Gateshead and from other areas may be registered with Newcastle Gateshead GPs due to the transient nature of care leavers. We have plans to carry out an audit to identify appropriate use of coding and what support the care leavers are offered as part of the ongoing theme of improving health support for care leavers.
- 25.7 Although the body of the plan does not list (CIN) Child in need and children on a protection plan it is included in the local profiles (as appendices) recognising their additional vulnerabilities. CIN and CP plans will highlight outstanding mental health needs where support can be obtained as explained above. There is growing acknowledgement of adverse childhood experiences and trauma informed practice.
- 25.8 Where children are living in homes where domestic abuse is confirmed or suspected domestic abuse services offer support to children and young people to address their emotional health and well-being and refer to other services where required. The introduction of the Domestic Abuse bill recognising children as victims in their own right will further strengthen this work.

26 Stakeholders involved in the development of the plan

2021/22

- 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 Newcastle City Council	NHS England – Specialised Commissioning Gateshead Council
Healthwatch Newcastle	Healthwatch Gateshead
The Children’s Society	RECOCO – Recovery College
Mental Health Concern	Streetwise
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	Sunderland 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 Provider Collaborative: Commissioning Tertiary Mental Health Services
- 27.2 Building on the success of the New Care Models pilot the NENC CYP Provider Collaborative, for the commissioning of tertiary mental health services, launched on 1st April 2021. It is an opportunity for mental health providers to take on the tertiary commissioning responsibility previously held by NHSE Specialised Commissioning teams, to innovate and transform services with service users and their families at the centre.
- 27.3 Cumbria Northumberland, Tyne and Wear Foundation Trust (CNTWFT), our local specialist mental health provider was part of Wave 2 pilot for CAMHS Tier 4 which went live in October 2017. The pilot was for two years and its impact will be evaluated by NHSE:

- 1) Bringing care back home | Centre for Mental Health

- 27.3 CNTWFT is now lead Provider within the North East and North Cumbria Provider Collaborative, working in partnership with neighbouring trust - Tees Esk and Wear Valley Foundation Trust. This Provider Collaborative Partnership additionally commissions specialised Adult Secure and Adult Eating Disorder services.
- 27.4 The goals of the CYP PC 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 [Provider Collaboratives](#) to invest in improving patient pathways, including community-based care.
- 27.6 The CCG is part of the local [Provider Collaborative](#) Steering Group and will continue to work closely with our [Provider Collaborative](#) 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 CNTWFT. 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 [CYP Provider Collaborative](#).

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 Cumbria 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 instances specialist intervention and treatment to young people up to the age of 18 years with both forensic mental health and complex non-forensic health need. The team works with young people who may:
- have mental health difficulties

- have been in trouble with the police
 - have been accused of harming someone
 - have other professionals worried about them
 - need help in prison or secure home
 - need further help so they don't get into trouble
 - need specialist mental health treatment.
- 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 2021 /22. Workforce strategic plan will support local systems with this expansion and provide assurance that we have the right workforce skills and capacity in the workforce to meet demand. This plan is ever more important due to impact of Covid on children, young people mental and emotional wellbeing.
- 29.3 This programme aims to improve existing working in the community, involving the NHS providers, Primary care Networks, local authority services and voluntary and community sector that together form local area CYP Mental Health Partnerships.
- 29.4 There has been local involvement from Newcastle and Gateshead Children and Young People's Improving Access to Psychological Therapies Partnerships (CYP IAPT) as part of the North East Workforce 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.

- Football Foundation project linking men's mental health messages to football 'On the ball' Social media campaign funded until 2022.
- Developing a 'health access' resource card for asylum seekers and refugees in partnership with Regional refugee forum (RRF), NCC public health, NCVS/HAREF which contains 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 NENC ICS. Newcastle Gateshead CCG is the lead for both partnerships and has re-established the CYP IAPT partnership as sub group of Local Transformation Plan Implementation Groups in both place-based systems.

29.7 During 2019/20 and 2020/21 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 and 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 In February The Children's Society (TCS) took over the RISE Mental Health in Schools service within Newcastle & Gateshead, supporting school aged children who are experiencing low level mental health difficulties that fall below the CYPS threshold. We have recognised to ensure that all schools who are part of the Mental Health in Schools service need to be able to access and feel that all children and young people can access low intensity mental health support when they need to. Therefore, TCS have refreshed the current model to improve coverage and work alongside all schools to ensure the package of support meets individual needs. This briefing outlines the proposed model and how to refer.

The RISE Newcastle and Gateshead Mental Health in Schools service provides a 'Whole School Approach' for low intensity mental health needs. The baseline offer provides 25 hours of our Education Mental Health Practitioners expertise to work with the school/college to shape what will be most beneficial for the children/ young people, parents, and professionals. The 25-hour baseline can be spread across a term or be condensed

depending on the individual needs. We are able to work alongside teaching staff to shape lesson plans that can be incorporated into PHSE time, provide advice and information to assemblies and classes, provide small groups to offer interventions to children who are needing support with their mental health and finally individual sessions where it is identified that a group environment would not be suitable.

The sessions will be developed in partnership with the schools and our Education Mental Health Practitioners (EMHP), with all materials, activities and approaches used being agreed by the schools to ensure that our message fits the ethos of each individual school/college. Our practice managers will work closely with schools/colleges to ensure that the package of support meets their needs and can look at increasing the baseline offer where schools have a larger cohort of pupils. Including clear assessment tools to demonstrate impact achieved, clear referral mechanism for a 'Whole School'. This will prevent children & young people having to wait long periods of time to access the support they require and prevent mild mental health concerns escalating.

- 29.10 Our workforce development plan for this CYP IAPT during 2021/22 will focus on building capacity within the VCS collaborative, expanding our mental health support teams in schools and launching our new model of Children Wellbeing Practitioners aligned to and delivering in Primary Care Networks populations. Further details are in workforce plan appendices which is a live document and will be available on both CCG and Local Authority websites.

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 seemed 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 2019/20 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 subgroup 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 CYPS 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 2019 and included identification of mental health champions, Mental Health 1st Aid.

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 mental health 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
- Be the link for named Emotional Mental Health Practitioner within Mental Health Support Teams, embedding a whole school approach

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 of 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 Wings15 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 9. 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 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.

The CYP LTP will re-launch the young commissioner programme in 2021 with a view to developing a sustainable Young Commissioners model within our place-based alliances.

31.2.8 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.

31.3 Eating Disorders

31.3.1 Eating disorders are complex mental health disorders which impact on physical and mental health, family life and social and occupational functioning. Mortality rates are twice as high in people with eating disorders as in the general population and they have the highest mortality rate of any mental health problem. There is considerable evidence in anorexia nervosa that waiting for treatment is harmful; evidence from the FREED study reinforces how important early intervention and support can be for people who are struggling with their eating.

Nationally, there has been increasing attention on eating disorders over recent years, which is driving the need to consider how best we might improve services locally. National drivers include:

- National best practice guidance (RCPsych);
- Parliamentary Ombudsman Report (“Ignoring the Alarms”, 2017, and “Ignoring the Alarms: too many avoidable deaths from eating disorders”, 2019);
- Learning from when things have gone wrong.
- LTP and new community framework.
- Development of Provider Collaboratives need for whole systems approach to pathway development, emphasising the importance of early intervention, prevention and community-based support.

More recently, as a result of a series of Coroner’s Inquests in the East of England, a prevention of future deaths report (under Regulation 28) has been issued to address concerns about gaps in community provision, more specialist monitoring for adults with an eating disorder and training gaps for staff in primary and secondary care settings. It is highly likely that these recommendations will be applicable nationally as gaps in provision nationally are cited within the report.

Also nationally, there is increasing focus on providing care and treatment to people suffering from significant eating and weight difficulties in the context of complex co-morbidity and in people with autism. There is a growing recognition that current service provision nationally does not meet well the needs to these people.

Across the ICS footprint, and indeed nationally, there are historical variances in delivery/commissioning approaches, specifications and commissioned capacity, and there is an increasingly stark difference in capacity and provision between children’s and adult community ED services, following introduction of national access and treatment targets for children and young people’s services (with associated transformation and development monies) with no comparable programme for services for adults.

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 VCSE provision through Eating Distress services which provides counselling and school-based awareness raising. We have worked collaboratively during 2020/21 to develop a new Eating Disorder model for those aged 16 years and above and which brings together and increases provision available through VCSE, CNTW and embeds the voice of people with lived experience. Some key components of the new model are notes below with the full detail in Appendix 11. The new service start delivery in October 2021 and includes primary care physical health monitoring as an additional element in Newcastle and Gateshead.

- 31.3.2 The current 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.

FREED

As part of the new model and service FREED (First episode Rapid Early intervention for Eating Disorders) programme developed by the South London and Maudsley Trust and implemented in several early implementer New Care Model sites (Leeds being the closest geographically) will be implemented. This model is an innovative, evidence based, specialist package of care for 16–25-year-olds with first presentation eating disorders (duration less than 3 years). FREED overcomes barriers to early treatment and recovery and provides highly co-ordinated early care, with a central focus on reducing the duration of an untreated eating disorder. A more well-known comparison may be Early Intervention in Psychosis services, which operate along similar principles.

Eating disorders typically develop in adolescence and early adulthood, and it has been shown that the longer someone has an eating disorder, the harder it is for them to recover. Treatment outcomes are significantly worse after an illness of more than 3 years duration, compared to outcomes for people who receive early intervention. In evaluation, the FREED model reduced waiting times by 32% for assessment and 41% for treatment, reduced the proportion of people who needed intensive day or inpatient services by 35%, improved treatment outcomes (70% with symptom scores below clinical cut off at 12 months compared to 40-50% in non-FREED patients) and helped 59% of people with anorexia reach a healthy body weight within 12 months of starting treatment, compared with only 17% of non-FREED patients.

The programme has also been shown to offer cost savings of between £26,119 and £183,111 per individual over 3 years through reducing demand on inpatient and specialist intensive day care provision, reducing re-referrals and reducing the number of people who become chronic sufferers as they move through adulthood. Modelling has suggested that there is between £2 and £5 saved for every £1 spent using this model.

Transitions

In considering transitions from children and young people's services to adult services, this is particularly true. There are very different treatments recommended by NICE for the two groups; many generic mental health teams feel unsupported to work with people with an eating disorder. The findings and recommendations of the national Ombudsman's report, "Ignoring the Alarms" (including the PHSO follow up report of June 2019) add to this picture. Further work is planned between the Provider Collaboratives and the CYP ED Community teams over the coming 6 months to develop better management of these transitions. Our ambitions and principles include:

- An ambition to eliminate transitions wherever possible, and rather provide a needs-led continuity of care based on developmental and individual requirements
- Where transitions are required, begin the process of transition as early as possible, proactively involving all appropriate services for an individual's specific needs
- Taking account of individual circumstances, work proactively across services to identify and agree the most appropriate treatment approaches for young people with co-morbidities, based on individual need rather than diagnosis. This will also agree arrangements to facilitate continuity of care with the same professional as required
- Clear mechanisms to provide appropriate levels of support for families as young people move between services
- Adopt a more systemic, pathway management approach

31.3.4 NWE Eating Distress Service - Early Intervention and Prevention Programme

For Children and Young People Offered to up to 25-year-olds.

NWE's training officer delivers talks and training in the community to help prevent the onset or maintenance of an eating disorder with the aims of increasing knowledge and understanding of the conditions as well providing crucial information about where to access support

The service has delivered a whole a package of talks "Roads to Resilience" to over twenty Secondary Schools in the Northeast. Examples of schools and PRU's we have worked in.

Sacred Heart Catholic High School; Beacon of Light School (Pupil Referral Unit); Castleview Academy; Benfield School; Newcastle College (Sixth

Form); Monkwearmouth Academy; Newcastle High School for Girls · Dame Allan's School; Whitley Bay High school; Tyne Metropolitan College.

Roads to resilience is a range of interactive talks which aims to increase the emotional resilience of young people and help prevent the onset, or further development, of mental health problems.

Examples of the talks include.

- 1: My Armour – Designed to strengthen emotional resilience and understanding of how to 'bounce back' during difficult times.
- 2: Me & My Eating Disorder – Designed to help identify the early warning signs, symptoms and triggers of an eating disorder and provide information about where to access help
- 3: Living for Likes – Designed to explore the impact social media is having on our Mental Health.
- 4: Body Positive – Designed to help people develop body confidence, realise their beauty, purpose, and the joy of living with a unique body.

#FirstSteps Film Campaign

We have launched an online film campaign to help reach a larger audience and encourage those struggling with the condition to take their first steps towards recovery. The films are also used within the delivery of our training programme

Our films aim to: -

- Highlight how a young person's life can be affected by an eating disorder
- Identify signs and symptoms of common eating disorders
- Explore some of the underlying triggers linked to the development of an eating disorder
- Encourage those with eating distress to seek help at the earliest point

The films are designed to help prevent the onset, or further development, of an eating disorder and to encourage young people to take the first steps toward treatment.

We are keen to develop two new stories/characters from the BAME and the LGBTQI communities.

Our current films are: -

Tommy's story – vimeo.com/385450327

Kayla's story - vimeo.com/383501047

Amy's story - vimeo.com/354255812

Liam's Story - vimeo.com/356359201

Examples of feedback

- ✓ “Very creative and innovative training. The energy of the delivery of the training and knowledge shared was brilliant”. MA Social Work student
- ✓ “The passionate and enthusiastic trainer who made everything easy to learn”. Teacher at Dame Allan’s
- ✓ “Clear, relevant, informative, delivery very effectively, humour, trainer was professional, well informed and approachable. Good balance of theory and practical/real life” Teacher at Dame Allan’s
- ✓ “Good presentation. Good points well explained. Interesting and informative”. Adult Social Worker (Drug and Alcohol)
- ✓ “Delivered in very effective and interesting way. very engaging and interesting”. MH Student Nurse
- ✓ “Thank you so much for the engaging talks today. You have certainly got the students talking about it more. Teacher at Monkwearmouth Academy.

1.1. Early Intervention

There is significant evidence pointing to the value of early intervention in supporting recovery, preventing more serious illness and minimising disruption to an individual’s life. However, we know across our geography currently for adults with an eating disorder there are:

- Variable approaches at each stage of the pathway in different areas
- Variable levels of skill and confidence (e.g., within primary care) to identify, assess and support people with an eating disorder and their families
- Limited access to specialist interventions at an early stage
- Limited capacity within the Community and Voluntary sector to provide support at any stage within the pathway
- Significantly greater challenges for ‘at risk’ groups

In line with ambitions in the Long-Term Plan, and clinical evidence from FREED (South London and Maudsley NHS Foundation Trust), we know that establishing an appropriate and responsive community infrastructure, providing proactive treatment and interventions, will be critical to enable us to achieve our vision. If achieved, this will help us accelerate new approaches and scope future requirements for 16–25-year-olds

A Vision for the Future

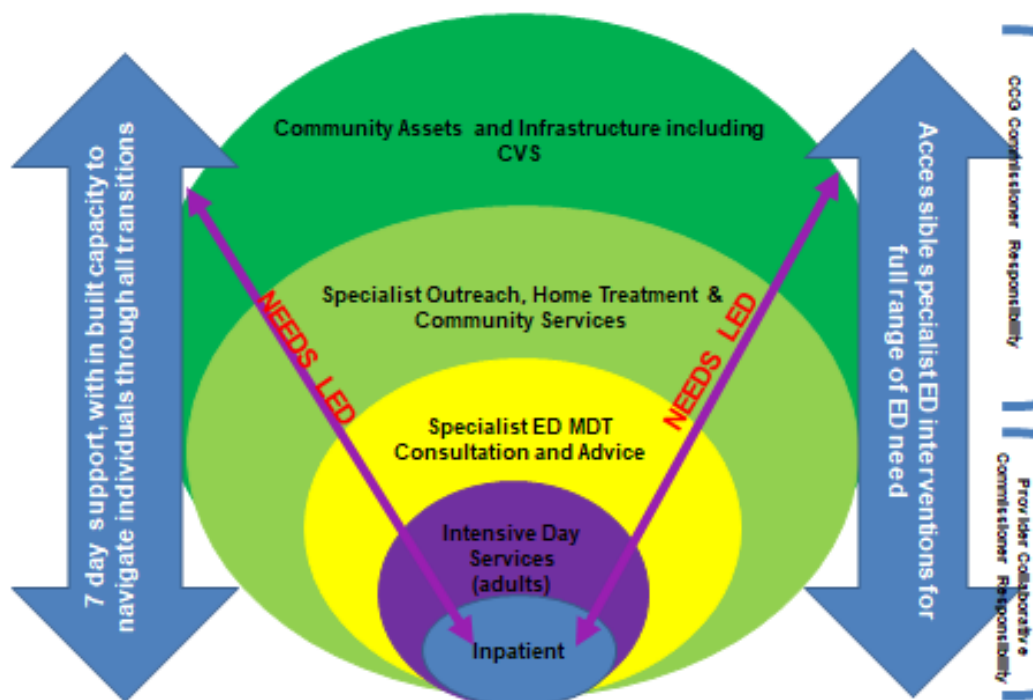
Our vision, developed with and supported by CCGs, NHSE Commissioners, VCS colleagues, ASHN representatives, service users and clinical staff, is built upon a clear premise that specialist services are based on need, not BMI, and are wrapped around the person no matter where they are located. It provides a more consistent and streamlined approach across the footprint to ensure all individuals can consistently access equitable, high quality care at the right time and in the right place to meet their needs. This will necessarily minimise reliance on inpatient admissions and maximise opportunities to provide care closer to home within local communities. The

new model is underpinned by the core principles of recovery, efficiency and sustainability, stressing the importance of greater integration and collaboration across the health and social care system to achieve improved quality outcomes for service users. Key opportunities include:

- Developing a user-led approach to service development and improvement, and embedding lived experience within our offer
- Embedding FREED principles and approaches across our geography to facilitate better management of transitions from CYP services and improved outcomes from early intervention
- Developing equitable, specialist community provision across the footprint to allow parity of access to the necessary support to meet needs as close to home as possible (in line with the Long Term Plan)
- Maximising opportunities to share and use best practice
- Maximising opportunities to address health and access inequalities across our unique geography
- Workforce development and retention across the system
- System-wide focus to enable better collaboration and smoother pathways
- ***Developing a centre for AED research***

The model that is proposed is shown below, with further detail provided at Appendix 11:

Aspirational Needs-Based Model for Adult Eating Disorder Services in North Cumbria and the North East



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.
- Expanding CYP IAPT in both Getting Help and delivery in Primary Care Networks
- We have commissioned community counselling and CBT provision, including a specific service for children with Learning Difficulties and or Autism.
- 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.
- Kooth online support is available to all children and young people in Newcastle and Gateshead and in 2021 we extended this offer from 11-18 years up to 25 years. Kooth offers early intervention as well as online support and counselling. Live sessions with topic areas driven by young people cover a range of topics – example below from July 2021.

What's on Kooth in July?

kooth

<p>Kooth Live Forum: Online Gaming</p> <p>DATE: July 2nd TIME: 7.30pm to 9pm</p> <p>INFO: Online gaming can be great fun! It can be a brilliant way to hang out with friends, or even make new ones. However, there's some tips and tricks to ensure we stay safe. Join this live forum to learn more about them, and to also chat about your favourite games!</p>	<p>Kooth Live Forum: Summer Plans to Keep Connected</p> <p>DATE: July 5th TIME: 7.30pm - 9pm</p> <p>INFO: As the summer holidays approach it's common to have worries around missing out, feeling lonely, and managing friendships. Come along to this live forum where we will explore connecting with others, ourselves and nature this summer.</p>
<p>Kooth Discussion Forum: Plastic Free Plans</p> <p>DATE: July 7th TIME: N/A</p> <p>INFO: It's Plastic Free Month, so we thought we'd talk all about it. Whether this is your first year trying to cut down on plastic, or you've been doing it for a while - stop by and let us know any plans you might have!</p>	<p>Kooth Live Forum: Breaking Gender Stereotypes</p> <p>DATE: July 14th TIME: 7.30pm - 9pm</p> <p>INFO: Breaking gender stereotypes is something everyone should be allowed to do on their own terms. Join this live forum where we'll be celebrating gender identities of all kinds and thinking about ways that we can express who we are, challenging stereotypes, and discussing why this is so important!</p>
<p>Kooth Live Forum: Self Care: Tricks & Tips</p> <p>DATE: July 19th TIME: 7.30pm - 9pm</p> <p>INFO: What exactly is self compassion? Join this live forum where we will explore exactly what it is, and how you might practice it.</p>	<p>Kooth Discussion Board: Black Leaders Awareness Day</p> <p>DATE: July 19th TIME: N/A</p> <p>INFO: BLAD is a day for us to experience the wisdom of past, current, and next-generation black leaders. So join us to share who inspires you!</p>
<p>Kooth Discussion Board: Mindfulness Matters</p> <p>DATE: July 28th TIME: N/A</p> <p>INFO: This week on Kooth we're talking all about mindfulness! Why not stop by and talk about how you've found mindfulness, or any tips you might have?</p>	<p>Kooth Podcast: Celebrating Friendships</p> <p>DATE: July 30th TIME: N/A</p> <p>INFO: Join the Kooth team as they chat about some of the reasons they're celebrating their own friends, as well as some tips they've picked up about making new friendships! Find us on Apple podcasts, Spotify and Google podcasts.</p>



Find all of this and much more on **Kooth.com**

Anna Freud

- Anna Freud Workshops were held in both Newcastle and Gateshead in 2020. These workshops focused on joint working between health, social care and education settings, developing relationships and opportunities for improved collaboration and support for shared planning to address effectively the needs of children and young people.
- Embedding mental health trained staff into early help teams, building capacity and awareness of mental health and developing opportunities for intervening earlier and avoiding crisis.
- Designing and delivering respite for young people with a learning disability and or autism and their families through holiday clubs, building further the expertise in the workforce.

If U Care Share

IUCSF provide practical and emotional support to Children and Young People bereaved by suicide. Dedicated support officers work individually and in a family context with young people to provide the support. To date they have supported 28 CYP under 25 in Newcastle Gateshead CCG (15 – 16-25's, 13 under 16) IUCSF have developed age-range specific activity booklets for print that can be provided to children and teenagers that engage with the service. These include activities around emotions, memories, calming and positive exercises that can be carried out at home and during appointments. These are being sent out via post whilst working remotely.

In addition, IUCSF have worked with 14 schools across Newcastle and Gateshead CCG as part of the MH Trailblazer programme known as RISE, this included primary, secondary and a specialist education provider. The

sessions increase the knowledge and confidence of participants to identify young people who may be experiencing a mental health issue and how best to respond.

Healthwatch

The Eight Ways to Make a Difference report focused on the Single Point of Access (SPA) for Children and Young People for mental health services provided by CNTW and also the Kooth service. The action plan is being progressed for both place-based areas (Newcastle and Gateshead). Some of the actions from the report sought to ensure that the SPA and Kooth services were well publicised. Following this recommendation, the services have been shared on the CCG website, Local Offer, parent carer forum, other Children and Young People groups and on social media. We have also shared information on these services with schools and GPs.

Trauma Informed Care and Treatment

Over the past two years, we have made significant progress in developing services in both Newcastle and Gateshead. Within Newcastle, a trauma-informed residential support team (TRST) is already in place, utilising expertise from Clinical Psychology, Occupational Therapy and Speech and Language Therapy to understand and formulate the needs of CYP in local authority residential care. All residential care staff have been trained in trauma-informed care and the training has been further embedded with regular consultation and formulation sessions focussed on understanding high risk behaviours of concern. The team have also developed strong working relationships with the Virtual School and specialist education providers to enhance the understanding of these young people's needs within education settings. There has been a commitment through the Children in Care Strategy within Newcastle Social Care to delivering trauma-informed care, and interest has been expressed by partner agencies such as the Police, Youth Offending Services and Education to access further specialist training in this area.

Within Gateshead, there is a commitment to creating a similar model, and service level agreements are in the process of being written. Both local authority areas have committed significant levels of funding to extending and enhancing their residential care provision, drawing on trauma-informed principles including promoting stability and safety within residential care environments. Further to this, there is clear evidence of a commitment to co-production; NHS digital recently commissioned a project with Newcastle and Gateshead Social Care on the experience of accessing health services for Care Leavers called DigitalMe.

In respect of partnership working within Newcastle and Gateshead Children and Young People's Mental Health Services (CYPS), all CYP who are in the care of the local authority access a priority assessment pathway within the service. CYPS have developed a complex trauma pathway and are working in partnership with the Provider Collaboratives to enhance the pathway to

ensure that CYP with high risk of harm to self are able to access specialist psychological interventions including Dialectical Behaviour Therapy (DBT), Structured Clinical Management (SCM), and trauma-based approaches including Eye Movement Desensitisation and Reprocessing (EMDR). Where CYP are not able to access structured psychological interventions, CYPS works closely in partnership with TRST to ensure responses to high-risk behaviours are managed by all services with a clear understanding of young person's story.

Finally, Newcastle and Gateshead CYPS offer both locality areas a consultation service to consider the wellbeing needs of all looked after children from a trauma-informed perspective. These consultations are available to social care as well as partner agencies including Youth Offending Services, Education and foster carers. This service provides the opportunity to develop trauma-informed formulations for CYP as they progress through their care journey.

Vision for the future

Although significant progress has already been made our locality, there is a recognition that these models can be further developed and enhanced in order to ensure that we can reach all CYP with complex needs in the most effective way. In order to achieve this, our vision is to extend the capacity of current services to work with all CYP with complex needs, including those who remain with their families or live-in foster care. In order to achieve this in a sustainable way, we will need additional staffing capacity and will also need to review the current roles to ensure that we are achieving the best outcomes.

31.5 The Right Coordinated Response to Crisis

31.5.1 We have explored further integrated crisis models linking to other local developments, developing a deeper understanding of when children and young people don't have their mental health support needs met effectively. In 2021/22 we will go further in our design to pilot rapid response integrated crisis provision with a strong focus on those at higher risk e.g. looked after children

31.5.2 We have stepped up our offer to CYP in 2020 ensuring a 24/7 Crisis service. However further work is needed to review the children and young people Psychiatric Liaison offer as currently this provision is not available to CYP. This is an area we will look to scope in 2021/22

31.6 Reducing Inequalities

- Delivering Physical Health Checks for CYP over the age of 14 years. Following significant work with GP practices the number of health checks for 14 – 25-year-olds across rose to 64% in 2020 – 2021. The

appointment of SEND specialist nurses has resulted in improved support to individuals to promote the benefit of an annual health check and to communicate to parents the benefits. This work is in progress and will need recurrent attention as generations of children and families move into the system. We recognise there is still work to be done to integrate health advice and planning into EHCPs

- 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).
- We have undertaken some additional targeted work with LGBTQplus 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).
- 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 since 2019 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.
- We have achieved significant progress in our annual health checks in 20/21 for those with a LD from the age of 14 compared to previous years and an action for the plan regarding this will be to undertake more in depth work in 21/22 to determine individual factors that might be preventing uptake of the checks in the CYP group.

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 utilised to provide a dedicated counselling service for those children and young people with a Learning Disability.

Newcastle is 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 focused work around autism in Tees through the Transforming Care Accelerator site will support this development.

The Dynamic Support register of CYP explores physical as well as mental health needs, and this is reflected in CTRS and CETRAs.

CNTW follows the principles of STOMP and STAMP, which aim to reduce use of psychotropic medication to the essential minimum and to prevent unwanted side effects including unwanted weight gain and metabolic compromise.

31.8 Speech and Language Therapy (SaLT)

- 31.8.1 Outcomes from Newcastle and Gateshead SALT review are being progressed and further work is anticipated - this will include services to children and young people with a Learning Disability. Review considers the growing need for SALT availability across ASD and other services including Youth Offending.

31.9 Autism

- 31.9.1 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.
- 31.9.2 Following the launch of the National Autism Strategy further work is underway to assess our local service offer to children, young people and their families to understand our place-based systems objectives and next steps.
- 31.9.3 Gateshead have developed an autism hub which is a volunteer-run service with the venue provided by Gateshead Council. This hub offers
- a monthly drop-in session where visitors can browse information files and resources, meet other parents and carers, and discuss specific issues with autism professionals
 - two support group meetings per month, one during the daytime and one in the evening

The Gateshead Autism Information Hub Facebook page exists to supplement these services by providing basic information about autism and locally available services and support, primarily for those people who may not be able to attend the above face to face sessions.

In terms of Autism Assessment and post diagnostic support pathway, this is a key priority for delivery of improvements starting in 2021/22. Prioritising and reducing waiting time for assessment and understanding the needs of families following diagnosis.

31.10 Improve Perinatal Care

31.10.1 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.

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.

2021/22 NG CCG has increased investment in order to increase numbers of clients seen the CNTW perinatal service. This is in line with the ambitions of the Long-Term Plan. A revised service specification has been agreed that will see the CNTW service provide as service to:

- all women of reproductive age with a current or previous serious mental illness have access to pre-conceptual advice and information on the risks of pregnancy and childbirth on their mental health and the health of the foetus/infant, including the risks and benefits of psychotropic medication, Seen within 6 weeks of referral.
- deliver a timely service (in line with national recommendations) to meet the requirements of mothers and infants in a community setting without undue delay, maintaining and promoting good mental health throughout their pregnancy and postpartum year. Assessment to be carried out within 2 weeks of referral.
- All women requiring psychiatric admission in pregnancy or following delivery will have follow-up by a specialist community team.
- Partners/Carers will be offered an assessment to identify any needs that they may have and will be signposted appropriately.
- There will be an improvement (or maintenance were already well) in the patient's quality of life as the result of referral to a specialised perinatal community mental health team. This will be measured via the CORE.
- To reflect experiential outcomes and measures for women (and their

partners/families where appropriate) who have been referred to a specialised perinatal community mental health team, including the Friends and Family Test

- Direct involvement in training for other services and agencies

31.11 Parent Infant Psychotherapy Service

31.11.1 The Parent Infant Psychotherapy service is based on the Parent Infant Partnership model overseen by the charity PIPuk – currently this service is only available in Newcastle.

31.11.2 Based on national prevalence data for maternal ill health and the current birth rate we estimate that approximately 215 families in Newcastle will benefit from interventions offered by this service. 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.

The service promotes the importance of the first relationship with the baby and parent/s, offering direct therapeutic support to families where necessary, in order to support and strengthen these relationships and includes additional work with Fathers.

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 Cumbria, 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 were 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 capacity issues, caused by increases in incidence in under 35s. The service has managed this by only providing an 18-month pathway for over 35s. NICE concordant care is offered, but there is limited availability for cognitive behavioural therapy. 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 60% 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). A new service has been developed to deliver treatment and monitoring for this patient group.
- 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 children and young people. The percentage of children and young people 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 The EIP service provides NICE recommended interventions including Cognitive Behavioural Therapy for psychosis, Family Interventions Individual Placement Support, Carer support and physical health monitoring and interventions to all service users. CBT capacity is insufficient to meet demand.

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.

The delivery plan below details further work which will be delivered through place-based partnerships and will be incorporated into a holistic Children and Young People Strategy in both Newcastle and Gateshead, reflecting differences in population, providers and needs at place.

32.3 This delivery plan and the new CYP strategies 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 – Local Transformation Delivery Plan

MHCYP MH & EW Local Transformation delivery plan							
ACTION PLAN 2021 - 2022							
Area	Transformation Priority		Objective	Update	Lead	Timescale	RAG
1	Expanding Minds, Improving Lives - Children and Young People Local Transformation	1.1	Evaluation phase by phase of Getting Help including Single Point of Access and Getting More Help Services.	CNTW to update - Draft evaluation of SPA received further work to be completed date to be confirmed	CCG CNTW	September 2021	
		1.2	Incorporate peer support into Newcastle Gateshead model	All secondary schools developed peer support model. To be confirmed by LA and VCS ReCoCo are making good progress towards establishing a Rollercoaster type set-up for Newcastle and Gateshead. Update received from Alisdair Cameron	LA VCS CCG	October 2021	
		1.3	Review full pathways which specifically include pathways relating to: a) Services within VCS.	Timeline to be developed - Completed	CCG	October 2021	

		b) Inpatient CYP MHS pathway including specialised commissioning.		NHSE	January 2022	
		c) Mental health and behavioural support for CYP in contact with the Justice System.		CCG	March 2022	
		d) Perpetrators and/or victims of crime, including sexual assault and those in the welfare system and on the edge of care.		CCG	March 2022	
		e) Those requiring bereavement support including support after suicide.		CCG	April 2022	
		f) FASD Pathway.			April 2022	
		g) Urgent and Emergency Response.			January 2022	
		h) Substance Misuse Pathway.	Completed		October 2022	
		i) Talking Therapies.	16+ Completed		October 2021	
		j) LD Diagnostic and MH Autism Support		NTW VCS	December 2021	
	1.4	Adopt better use of technology within CYP MH services, including SPA. Increase the use of texts, e-mails and skype etc. for	Project to be picked up by Young Commissioners who will lead on this. NTW to incorporate in SPA. Update required at next meeting in May 2019 Young Commissioners to lead on "Anti-	NTW CCG	01 December 2021	

			appointments. This work should be informed by CYP and families	Stigma" campaign.			
		1.5	Develop support pathways for children and young people and for parents and carers who have alcohol problems	Completed	Gateshead LA	September 2018	
				Currently in procurement	Newcastle LA	December 2019	
		1.6	All schools, colleges and 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. Primary Care lead to be agreed Update required prior to next meeting regarding timescales - to be reviewed and updated 2021	CCG/TCS	December 2021	
		1.7	In partnership with YP and learning from Young Commissioner Project, co-produce sustainable model for Young Commissioners		CCG	December 2021	
2	Workforce Development Plan	2.1	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	This will include VCS and IAPT workforce.	CNTW CCG	January 2022	

		2.2	Implementation of workforce development strategy including demand and capacity planning for specific programmes including CYPS and IAPT.	CCG developed TNA and workforce mapping tool. Demand modelling and capacity tool developed	NHSE Catherine Richardson	September 2021	
3	Eating Disorders	3.1	Demonstrate improvements to early intervention and avoidable hospital admissions, implement regional approach. Review current ED provision with consideration of prevention. Early intervention and community delivery for those aged up to 25 years	Link MST work with LA developments. Workshops to be arranged as soon as possible. Agreement that adults and children's workshops should be separate. CCG and NTW to jointly work to assess implications of Eating Disorder Waiting Times Standard and develop improvement plan if required CR to send out new guidance ACTION	Catherine Richardson CNTW NIWE	October 2021	
		3.2	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	New model agreed to be implemented from Q3 2021/22 John Padgett to be invited to meeting in May 2019. MFT is provided as part of the CYPS –IAPT training. North of Tyne Community Eating Disorders Service (CEDS) Team - 2 staff attending training. One new staff member still requires training. South of Tyne CEDS Team have 1 person on the CYPS-IAPT course enabling 2 members of that team to attend the training this year. Update received from Jane Robbongoing Meeting required for Feb/March 2020, delegates TBC. Ann Drummond to pick up.	CNTW/CCG	October 2021	

4	CYP IAPT	4.1	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	To link workforce development plan and WD network between Newcastle and Gateshead IAPT programme transformation lead by CCG with developments in PCN's and VCSE Getting Help providers	CCG	September 2021	
		4.2	Review training priorities and target workforce - training opportunities for working with under 5's and Learning Disability and Autism.		CCG	April 2022	
		4.3	Undertaking scoping - re: extension of the current CYP IAPT programme to train staff to meet the needs of children and young people who are not supported by the existing programme	Link to workforce planning with CNTW, VCS and STFT	CCG TBC	October 2021	
5	Early Intervention and Prevention	5.1					

6	The Right Co-ordinated Responses to Crisis	6.1	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.	Workshop planned 20.02.19. Need to review the offer for residents outside Newcastle and Gateshead. A further 3 dates have been put in the diary. Options will go to CCG Exec when developed	CCG - Commissioned Separately	July 2019	
		6.2	Develop the model for intensive home treatment for children and young people with complex needs	Part of new care model update next meeting Urgent Response Meetings are back in the diaries aiming to develop integrated model	CCG	September 2021	
		6.3	Ensure access to 24/7 crisis and home treatment support for CYP		CNTW/CCG	October 2021	
		6.4	Review and model the need and capacity for psychiatric liaison in acute provision		CNTW/CCG	October 2021	
		6.5	Develop a multi-agency crisis care pathway and review existing service offer	Part of new care model update next meeting Key priority - no child psychology liaison in A&E - currently waiting for funding to start new model.	CNTW	April 2022	
7	Reducing Inequalities	7.1	Monitor new arrangements and	Refresh joint strategic needs assessment CYP mental health and wellbeing to	Gateshead LA	December 2021	

			continue improvement activities	inform future commissioning. JSNA to involve CCG MH lead clarity is required on who is lead for this action in Gateshead	Newcastle LA		
		7.2	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	Clinical Leads reviewing Health Checks. SALT report to be circulated - update requested for May 2019	Clare Scarlett	September 2021	
		7.3	Establish provision and pathway for CYP with Dysphagia	Update next meeting	Clare Scarlett	December 2021	
8	Learning Disabilities	8.1	Monitor and review new arrangements for Getting Help and Getting More Help and impact of CYP with Learning Disability and or Autism	Within evaluation - new model in CNTW for delivery	CNTW Judith Turner	October 2021	
		8.2	Review local impact of the Accelerator site for Learning Disability Transformation Programme.	Establish roll out and share learning	NHSE	Feb 2022	

8.3	Ensure services are responsive to individual needs and can wrap around those YP with complex needs to prevent placement breakdown and inappropriate admission or increase in risky or offending behaviour	EOI drafted for NHSE funding to support Trauma Informed Care	CCG/CNTW	April 2022	
8.4	Review learning from LeDeR mortality review with a view to implementing local action, preventing where possible further deaths.	A lesson learned group will provide a report -	CCG	September 2021	
8.5	Learning Disability and Learning Difficulty	Diagnostic pathway to be developed - request support from ODN	ODN TBC	April 2022	
8.6	Ensure clear linkage and communication to SEND plans and strategy groups		Send leads	October 2021	
8.7	Review physical health pathway noting the issue of increased susceptibility to mental health conditions for those with LD and/or Autism		Clare Scarlett	June 2022	

9	Speech and Language Therapy SaLT	9.1	Review SALT provision to ensure appropriate levels of support is available at the right time	to confirm if completed			
10	Autism	10.1	Scope local need and service development to deliver assessment and treatment compliant with National and Local Standards for children and young people with learning disabilities, autistic spectrum disorder, attention deficit and hyperactivity disorder. To improve access and multi-agency intervention and develop post diagnostic support.		Place LDA plans and CCG	March 2022	
11	Workforce	11.1	Workforce Development (Autism) including parental/carer training programme for diagnostic and post diagnostic support	Strengthen mainstream school/setting offer for supporting CYP with communication and interaction needs - (autism/SLCN) through development of a specialist teacher team.	Newcastle LA	01 November 2021	
					Gateshead LA	November 2021	

12	Perinatal	11.2	Trailblazer - Mental Health Support Teams in Schools	The Children Society is current provider. Some workforce issues and attrition places are confirmed for sept 21 with Northumbria Uni. Confirmed whole school approach model	TCS/CCG	September 2021	
		11.3	Co-production plan and approach	To be developed	Place systems	November 2021	
		12.1	Establish comprehensive perinatal maternal mental health pathway from primary care to specialist services including psychology and mental health offer in general maternity provision		CCG	October 2021	
		12.2	Implement a service model to include support for both parents		CCG	April 2022	
		12.3	Ensure local birthing units have access to a specialist perinatal mental health clinician.		CCG	April 2022	
		12.4	Ensure provision is community based and all ages	Review NEWPIP model	CCG	October 2021	
		12.5	Establish support to men as part of this pathway		CCG	October 2021	

13	Transitions	13.1	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	95% of children will have a transitions plan.	CNTW CCG	September 2021	
		13.2	Improve support to children and young people in transition years, particularly between services for: Pre and Post - 16-year old's Primary Secondary Secondary + 16, CYPs Care Leavers	CYPs for 2019 confirmed up to 19 years and will be extended year on year going forward.	CNTW	March 2022	
		13.3	Review whether work is needed to improve pathways between pre-school years and school		CNTW	March 2022	
		13.4	Transitions between CYP physical health		GTSH FT NuTH	October 2021	

			needs i.e. OT, Specialist Nursing, SALT, Physio, communication aids. Environmental controls to be reviewed to ensure children and young people receive support required.		CCG		
14	Specialist In-Patient	14.1	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	Update on action required CAMHS New Care Model (NCM) sets out to reduce reliance on inpatient beds, reduce length of stay, provide care closer to home and avoid out of area placements. Data shows that the NCM is achieving this, with inappropriate out of area placements all but eliminated. To support the process of referrals, admissions and discharges we have developed a Clinical Case Management Team with a 7-day presence. The team works extended hours to provide a robust and consistent response to requests for admission, ensuring that when admission is indicated a bed is located and accessed quickly and easily. The Clinical Case Management Team also manages "repatriation" of young people from out of area hospital placements back to the region. As a New Care Model we've also committed to reducing placements outside of the area	CNTW	October 2021	

		14.2	Explore opportunities to increase outreach work through utilisation of children's centres and general practice.	<p>Part of New Care Model</p> <p>New Care model has made a commitment to provide care closer to home through a reduction in the reliance on inpatient beds. A key driver has been NHS England's Transforming Care Programme, through which the closure of 11 Learning Disability beds at Ferndene was agreed. This trajectory commenced in March 2021 and concludes March 2022. A clinical project team, comprising front line staff and managers, has worked hard to develop plans for the reinvestment of the resource released by the bed closures. The reinvestment approved by NHS England and the Specialised Services Partnership Board, has seen the development of Intensive Positive Behaviour Support (IPBS) in the Community, essentially providing the function of the (now closed) Riding Ward in a community setting. The IPBS team for CNTW is now fully recruited and working extended hours seven days per week, with young people and their families/carers in their schools, homes and other settings. In addition to holding a caseload, the team also provides advice and scaffolding to existing Community Learning Disability teams. This is primarily achieved through monthly consultation clinics in each locality, giving professionals from existing community teams the opportunity to discuss their most complex/challenging cases with highly skilled members of the IPBS team complex clinical cases. A full</p>	CNTW	October 2021	
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				evaluation will be undertaken as part of the on-going New Care Model programme, but early feedback suggests that the approach is working well, and this is backed up by the corresponding reduction in inpatient admissions of young people with a learning disability.			
15	Sexual Abuse and/or Exploited	15.1	Ensure those who have been sexually abused and/or exploited receive comprehensive assessment and referral to appropriate evidence-based services. To include reasonably adjusted approach for those young people with a learning disability and		TBC	June 2022	





			or autism working with specialist services as required			
16	Early Intervention in Psychosis (EIP)	16.1	Improve the quality element of the EIP standard by providing Cognitive Behavioural Therapy for psychosis. Family Interventions and Individual Placement Support to all service users. Development of staff to provide further evidence-based interventions is required to improve NICE concordance		CNTW CCG	October 2021
17	At Risk Mental State	17.1	Establish and evaluate ARMS service	Submit ARC evaluation and scope embedding IPS within the service Expand service up to 35 years and explore extending length of time within service for some clients who need a more flexible intervention to meet needs	CCG CNTW	April 2022
18	Advocacy	18.1	Review offer and model for young people's advocacy - Young Commissioners "What does good look like"	Review Model	CCG	June 2022

19	Online Support	19.1	Access to on-line support and counselling through KOOTH	Expand to those aged up to 25 years and evaluate	CCG	May 2022	
20	Reducing Stigma and Increasing Awareness of Mental Health	20.1	Raising awareness and reducing stigma through the delivery of awareness campaigns that promote good mental health and de-stigmatise mental ill health. <i>(Time to Change, 5 Ways to Wellbeing)</i>	Newcastle supporting awareness campaign. Gateshead and Newcastle Mental Health 4 campaigns Young Commissioners to pick up this work.	Public Health Iain Millar Michelle Stamp	Ongoing	
21	Transparency and Governance		TBC				
22	Health and Justice		TBC				
23	Data access and outcomes		TBC	Equality Impact Assessment is planned to be delivered on 21/22 to support the implementation of this plan			
24	Digital Enabled Care Pathways		TBC				

STRATEGIC/ OPERATIONAL RISK (or both)	RISK IDENTIFIED & POTENTIAL IMPACT	RAG	ACTION PLAN	LEAD OFFICER(S)
Strategic/Operational Risk	Non-engagement of staff in Transformation Plan	Yellow	System partners already well engaged in delivering the Local Transformation Plan and service development to date however impact of Covid pandemic has reduced workforce capacity during 2020/21 to proactively engage in regular updates with priority begin on delivery of services.	All partners
Strategic/Operational Risk	Data sharing and performance metrics quality issues	Red	Data under CNTW Lead Provider to improve ensuring meaningful and transparent for children, young people families and carers	CNTW
Strategic/Operational Risk	Manage the increase in Covid generated demand and suppressed demand for mental	Red	Scope expected increase in demand and align with workforce plan	
Operational Risk	Workforce/appropriately trained staff to deliver evidence-based interventions	Red	Workforce analysis already underway.	All partners

Strategic/Operational Risk	Activity increase exceeds resource allocation based on current activity levels with no		Phased approach and review/agreement before proceeding to next phase	CCG and providers
Operational Risk	Increased referrals to Children's Services including Early Help and services supporting Looked After Children		CCG to confirm appropriate plan to support.	CCG and Local Authorities
Operational Risk	Capacity/availability of staff within current system not meeting required staffing		Staffing structure and training needs to be reviewed as part of the workforce plan to ensure workforce meets capacity and capability. Recruitment to posts is challenging and new roles development could help support	All partners

	 newcastle_0-19_ser vice_needs_assessm  A public mental health approach to cc
Appendix 4 Independent review of their CYP MH services 2016-2017	 NTW Engagement Paper
Appendix 5 Involve North East	 Summary of best practice when engagi
Appendix 6 New Specifications for Getting Help and getting More Help and Performance Framework	 Microsoft Word Document  Microsoft Word Document  Microsoft Excel Worksheet
Appendix 7 CYPMH Transformation Plan Group Terms of Reference	 GATESHEAD CYP MHLDA ToR 16.11.20  Newcastle CYP MHLDA ToRv2.docx

<p>Appendix 8 Draft Workforce Development Strategy and Data Collection Tool</p>	 <p>Updated - Response to CYP MH Workforce</p>
<p>Appendix 9 Young commissioners project and learning</p>	 <p>Expanding Mind Improving Lives - proj</p>
<p>Appendix 10 Healthwatch report: Eight ways to Make a Difference</p>	 <p>Health watch recommendations Ga</p>
<p>Appendix 11 IMPROVING PATHWAYS FOR ADULTS WITH EATING DISORDERS IN THE NORTH EAST AND NORTH CUMBRIA</p>	 <p>IMPROVING PATHWAYS FOR ADU</p>