

**TITLE OF REPORT: Child and Adolescent Mental Health Services (CAMHS) Transformation Plan**

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## **1. Purpose of the Report**

To seek the views and approval of the Health & Wellbeing Board for the CAMHS Mental Health Services Transformation Plan.

## **2. Background**

NHS Newcastle Gateshead Clinical Commissioning Group, Newcastle City Council and Gateshead City Council ("the Partners") have agreed to work together with our communities to 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. Nationally, regionally and locally there is recognition that the emotional wellbeing and mental health needs of children and young people and their families are not being met.

NHS England guidance for local NHS teams sets out ambitions for CCGs working closely with their health and wellbeing boards and partners on the development of Local Transformational Plans to support improvements in children and young people's mental health and mental health and wellbeing

The impact of not meeting the mental health needs can be significant for the child or young person, their family and our communities with strong evidence supporting the importance of positive emotional and psychological well-being in children and young people. Mental health problems in children may result in lower educational attainment, impact on the family and result in offending and antisocial behaviour.

The negative consequences of not acting early or offering the right support at the right time often place preventable costs and demands on health, social care services, schools and the youth justice system.

Currently there is a fragmented system for supporting children and families, within challenging financial circumstances and there is a need to focus on an integrated, early response service. By working together we will develop a new way of working that ensures a joined up approach in the commissioning and delivery of children and young people's mental health services with no duplication of provision and a single

pathway to the right support at the right time. We want emotional wellbeing and mental health is everybody's business across universal, targeted and specialist provision.

### **3. Proposal**

The CAMHS Transformation Plan accompanying this report sets out the current position of mental health services for children, self-assessment and proposed areas for development in the future. NHS Newcastle Gateshead CCG have been allocated £287,830 to deliver/improve Eating Disorder Services across the Newcastle Gateshead area and a further £720,466 to improve the mental health and wellbeing of children during 2015/16. Further funds are expected in 2016/2017 and beyond if plans are assured. A high level summary of the plan is also attached. The full suite of documents relating to the CAMHS Transformation Plan can be accessed through Council papers online for the HWB through the following link:

[https://myservice.gateshead.gov.uk/Committee/..lg/committeesearch.page?org.apache.shale.dialog.DIALOG\\_NAME=gfcommitteesearch&Param=lg.Committee](https://myservice.gateshead.gov.uk/Committee/..lg/committeesearch.page?org.apache.shale.dialog.DIALOG_NAME=gfcommitteesearch&Param=lg.Committee)

### **4. Recommendations**

The HWB is asked to sign-off and support the CAMHS Transformation Plan.

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Contact: Mr Chris Piercy, Executive Director of Nursing, Patient Safety and Quality, Newcastle Gateshead CCG Tel: (0191) 217 2617

## Annex 1: Local Transformation Plans for Children and Young People’s Mental Health

*Please use this template to provide a high level summary of your Local Transformation Plan and submit it together with your detailed Plan (see paragraph 5.1.4)*

### **Developing your local offer to secure improvements in children and young people’s mental health outcomes and release the additional funding: high level summary**

#### **Q1. Who is leading the development of this Plan?**

(Please identify the lead accountable commissioning body for children and young people’s mental health at local level. We envisage in most cases this will be the CCG working in close collaboration with Local Authorities and other partners. Please list wider partnerships in place, including with the voluntary sector and include the name and contact details of a single senior person best able to field queries about the application.)

he lead accountable commissioning body for children and young people’s mental health at local level.

NHS Newcastle Gateshead CCG working in partnership with Newcastle City Council and Gateshead Council through the CAMHS Collaborative Commissioning Board, which feeds up into the Newcastle Gateshead Mental Health Programme Board and vertically to each of the LAs Children’s Trusts.

- Dr Guy Pilkington, Chair of NHS Newcastle Gateshead CCG - [guypilkington@nhs.net](mailto:guypilkington@nhs.net)
- Chris Piercy - Director of Nursing, Patient Safety and Quality - [c.piercy@nhs.net](mailto:c.piercy@nhs.net)
- Dr Dawn Scott Principal Public Health Consultant, Newcastle City Council (on behalf of both councils and the CCG) - [dawn.scott@newcastle.gov.uk](mailto:dawn.scott@newcastle.gov.uk)
- Sophie Stallworthy – Project Manager - [Sophie.stallworthy@newcastle.gov.uk](mailto:Sophie.stallworthy@newcastle.gov.uk)

#### **Q2. What are you trying to do?**

(Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people’s mental health outcomes. What will the local offer look like for children and young people in your community and for your staff?). Please tell us in no more than 300 words

We have embarked on a 2-3 year redesign of our child and adolescent mental health provision from prevention to intervention, with young people and families at the heart of this redesign. We will collaboratively design and recommission where appropriate a whole system approach to family mental health including mental health promotion and early support underpinned by evidence based practice.

With a focus on helping all families in which there is a child or young person (0-25) and in which one family member (child or adult) has a mental health problem.

The approach will have the following priority areas of action:

- Eating Disorders
- CYP IAPT
- Learning Difficulty
- Crisis response
- Vulnerable groups
- School intervention
- Early intervention
- Personality Disorders
- Workforce development

Our model will be underpinned by the Thrive Model - The AFC–Tavistock Model for CAMHS.

We seek to shift investment over a specified period from reactive interventions to early intervention. As such we will ensure our specialist services are fit for purpose, only those who need to be there will be referred, and where access is deemed appropriate our services will be 'easy in and easy out'. In order to do this we will ensure our universal staff are competent and able to assess and intervene as soon as possible, to refer to a wider range of programmes of support, suitably qualified staff and evidence based programmes.

### **Q3. Where have you got to?**

(Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in *Future in Mind* e.g. progress made since publication in March 2015.) Please tell us in no more than 300 words

We have

1. A project manager and a PH consultant leading the day to day work across the organisations in developing the transformational work, alongside colleagues from the CCG, the local authorities and specialist commissioning.
2. Established a clear and robust project plan and governance framework, and a timeline demonstrating our planned activity.
3. Completed the baselining stage so we better understand the money we are spending on different parts of the whole system, and the prevalence and incidence of mental health in our area, the waiting times and other key performance indicators to better understand access and quality of care issues – including some intense additional work with the present provider to address waiting times.
4. Tendered and successfully appointed an organisation to train and support young people as commissioners

5. Helped secure additional funds through a local VCS bid for engagement and involvement work with children and young people (service users) to explore their experiences using the Arts (Paul Hamlyn Foundation).
6. An Engagement Strategy has been developed.
7. The new CAMHS Collaborative Commissioning Board and the Advisory group are operational.

**Q4. Where do you think you could get to by April 2016?**

(Please describe the changes, realistically, that could be achieved by then.) Please tell us in no more than 300 words

We will have

- A collective understanding of the scope of the work, and our shared spend based on the 'Case for Change' document.
- Shared our intentions with our public – children, young people and family's via public facing communications and a range of consultation events.
- Populated the CAMHS modelling tool, and have started to contribute to the evaluation of its use.
- Started to update and / or created clearer pathways to different parts of the whole system.
- Established a clearer understanding of the needs of our most vulnerable young people and their families. Additional work needs to be done to ensure a fair and targeted offer to the following:
  - Care Leavers,
  - LAC,
  - Adopted children,
  - Those with Learning Difficulties,
  - Those in the youth justice system
  - And those young people not in education, employment and training.

Any in year variations to present contracts will have been agreed.

Our performance management will be enhanced.

We will re-examine and start to improve our present Community Eating Disorder services for children and young people, ensure it is evidence based, and extend it into Gateshead.

<5 CYP IAPT – further develop evidence based parenting programmes will be in place, rolling training out to a range of suitable practitioners to build capability and capacity. This additional work can start as soon as funding becomes available.

We will have commenced the work to enhance the smooth transition from children to adult services where required, or out in to community or universal support systems.

We will have started to develop early intervention and crisis response pathways.

We will have established the level of parental (particularly maternal) mental health to help us better understand the perinatal care required through our work with maternity and health visiting services.

We will have commenced our new consultation work with children, young people, families, providers and professionals, and will have our initial findings to influence future service design.

**Q5. What do you want from a structured programme of transformation support?** Please tell us in no more than 300 words

An understanding of Eating disorder models of care in other areas.

Workforce development guidance.

National / regional working group to support progress against the transformation plans.

Ongoing support from NHS Specialised commissioning.

Recurrent funding.

If any further formal sign off is required we need a good level of advanced notice as working collaboratively across two LAs and the CCG is complex.

Plans and trackers should be submitted to your local DCOs with a copy to [England.mentalhealthperformance@nhs.net](mailto:England.mentalhealthperformance@nhs.net) within the agreed timescales

The quarterly updates should be submitted in Q3 and Q4. Deadline dates will be confirmed shortly and are likely to be shortly after quarter end. These dates will, where possible, be aligned with other submission deadlines (eg, for the system resilience trackers, or CCG assurance process).

DCOs will be asked to submit the trackers to [england.camhs-data@nhs.net](mailto:england.camhs-data@nhs.net) for analysis and to compile a master list



# CHILD AND ADOLESCENT MENTAL HEALTH TRANSFORMATION PLAN 2015-2020

## Our Joint Vision, Principles and Plan

“Expanding Minds, Improving Lives” – motivating and working together to transform children and young people’s mental health

## Acknowledgements

To our children, young people and parents who have already engaged at this early stage.

To all the commissioners, project managers, leaders and frontline staff across Newcastle and Gateshead who have already focused their attention and resources on helping us kick start this transformational change.

To all members of our new Collaborative Commissioning Project Board, Project Team, Advisory Group and sub groups who have moved this work forward with passion and commitment.

To NHS England for the Collaborative Commissioning financial support to help us put the right process in place.

The Local Transformation Plan has been led by the Principal Consultant for Public Health and the Expanding Minds, Improving Lives Project Manager and has been jointly written by the Collaborative Commissioning Project Team (with representatives from NHS Newcastle Gateshead CCG, Newcastle City Council, and Gateshead Council, and North East Commissioning Support Unit). The work has been further supported by the expertise and knowledge of the NHS England Specialist Commissioning Service.



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# 1. Introduction

NHS Newcastle Gateshead Clinical Commissioning Group, Newcastle City Council and Gateshead Council ("the Partners") have agreed to work together with our communities to 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.

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

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

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

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

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

This Local Transformation Plan, which will be published in November 2015, has been produced collaboratively with partners, and reflects the increasingly close relationships between the CCG and the local authorities. Recent legislation (the Care Act 2013, Children and Families Act 2014) is driving joint commissioning, and there is a recognition by all that by working together we have more opportunities to improve outcomes for our communities.

We are committed to ensuring that children and young people and their families are at the heart of the transformation. We will ensure the views and

experiences of those who have, are or may use services are listened to and respected.

Against this context it is also important that we maximise cost effectiveness, including shifting some of our funds upstream into a stronger prevention and early intervention model. The CCG and local authorities all face financial challenges. Over the last 5 years local authorities have been significantly reduced - Newcastle has faced cuts of £150m over 2010/15 with a further £90m anticipated for 2015/18, whilst Gateshead has faced cuts of £90m since 2010. A further £46m is anticipated for 2015/17. Across the NHS a funding gap of £30bn by 2020/21 has been identified to maintain high quality services. Newcastle Gateshead CCG's finance plan for 2015/16 includes efficiency plans totalling £23m

We are guided by the Future in Mind aspirations to improve services by 2020 and our own local plan hopes to accelerate this work through a three year plan of improvement using the 10 key priorities from the Executive Summary, but adapting them to ensure they are locally relevant. In this plan we set out how we intend to do this over the course of our 2-3 year journey, and our key priorities for continuous improvement.

### [Expanding Minds, Improving Lives](#)

“Expanding Minds, Improving Lives” is a time-limited project which has been established to drive the transformational change in Newcastle and Gateshead. The purpose of the project is to radically transform how the emotional wellbeing and mental health needs are support, through a collaborative and co-productive model of service design.

“Expanding Minds, Improving Lives” is led by a Principal Public Health Consultant and benefits from a dedicated Project Manager. A small project team, made up from representatives from each of the three collaborative partners drives the day to day work of the project. The project is also supported by an Advisory Group made up of key stakeholders from across Newcastle and Gateshead and a group of Young Commissioners.

In order to understand our collaborative journey so far and how the “Expanding Minds, Improving Lives” project will support the Transformation Plan from understanding our communities, the present configuration of services and our engagement and involvement plans please see [Appendix 1](#).

## 2. Our Action Plan

We are still at the early stages of our transformation journey led by “Expanding Minds, Improving Lives”. As we are highly committed to engaging children, young people and families alongside professionals in the development of any new or redesigned provision we are not able to produce a detailed action plan for implementation. By spring 2016 the project should identify how we will reshape our provision.

However NHS England has announced new additional funding which requires the CCG to outline specific deliverables for 2015 /16. Whilst these areas of additional funding will fall within the scope of “Expanding Minds, Improving Lives” the CCG have identified interim deliverables whilst the new whole-system approach is developed. These interim deliverables will be developed using the principles set out by “Expanding Minds, Improving Lives”.

<b><i>Transforming the way we think</i></b>	emotional wellbeing is everybody’s business
<b><i>Co-production</i></b>	engaging, listening to and involving our communities in designing their services
<b><i>Focusing on evidence and best practice</i></b>	Understanding the needs of our communities and the best practices to meet those needs
<b><i>Collaborative commissioning</i></b>	NHS Newcastle Gateshead CCG, Gateshead Council, Newcastle City Council agree to collectively commission services to deliver key priorities that support the vision
<b><i>Prevention and early intervention</i></b>	shifting our approach to pre-empt or respond quickly to emotional wellbeing concerns instead of treating their consequences
<b><i>Thriving</i></b>	the emotional state we want our children and young people to attain.
<b><i>Best value and efficiency</i></b>	provision must be high quality, affordable and produce successful outcomes

The implementation of the Local Transformation Plan will be managed and overseen by the Collaborative Commissioning Project Board. This Board will monitor delivery, resolve issues and manage risks.

### Overarching Priorities

#### Workforce Development

If we are to be successful in transforming mental health services for the children and young people of Newcastle and Gateshead, we cannot focus only on transforming services and how these are accessed. We must also consider

on how are going to develop the workforce that delivers these services. *Future in Mind* sets out the national vision for everyone that works with children, young people and their families. We must ensure that this vision; and identified qualities and behaviours to support the same, are embedded in the services we deliver. In order to do this and ensure we have a workforce with the right mix of skills, competencies and experience, we are proposing the development of a robust workforce development strategy.

The strategy will ensure that the professionals across education, social care and health are confident in promoting good mental health and wellbeing and able to identify problems early. The strategy will:

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

Our transformation plan demonstrates the intentions for developing CYP IAPT, which we see as key to building a children and young people's mental wellbeing workforce across different sectors and professions.

## Services Closer to Home

We want young people to be treated as close to home as is possible. We will support young people to stay in the community when it is safe and appropriate but also ensure access to specialist inpatient care when required.

## Equity of Access

Services across Newcastle and Gateshead Local Authority/CCG areas are varied. Through this transformation plan we will address the issue of inequity and ensure that the services are being developed to allow equitable access for residents of both Newcastle and Gateshead.

## Parity of Esteem

Valuing mental health equally with physical health or “Parity of Esteem” is at the cornerstone of this work. Not only do we want to ensure that mental health provision is on an equal footing with physical health, we want to ensure that those who work in specialist and universal services are trained to understand the needs of the whole person not just the presenting condition.

We therefore want to ensure our specialist workforce and our universal workforce are suitably trained to identify emerging issues as soon as possible and have the capacity and capability to undertake suitable and timely assessment and find our children, young people and their families the right support, in the right place at the right time.

## Meeting the Needs of our Communities

To commission effective and fit for purpose services it is important that we understand the needs of our diverse communities. In developing our plan we have utilised our comprehensive Case for Change document, which provides more detailed information on children and young people’s mental health than the Newcastle Future Needs Assessment and the Gateshead Joint Strategic Needs Assessment. The Case for Change is a ‘living’ document which will be updated throughout the “Expanding Minds, Improving Lives” project.

We are committed to ensuring that our communities are at the heart of this transformation, and that we work effectively across our organisations to support them to do so. In [Appendix 1](#) we outline the extensive work we have undertaken to involve children and young people, families and our communities in our transformation work.

## Key priorities for development 2015/16 and beyond

### Eating Disorders

We already have a community based Eating Disorder service to prevent in-patient admissions which requires review. We will review this service with CCG partners to assure ourselves of compliance with the national model. This will

involve a review of workforce, capacity, pathways and funding. We also wish to enhance the collaborative approach between this service and the routine community based CAMHS service who currently provide a lower level intervention. We will therefore fund a dedicated eating disorders post within the CAMHS team to facilitate seamless collaborative working.

We aim to ensure any new development better meets the needs of both our Gateshead and Newcastle residents providing equity in access and improvement in waiting times.

We will create pathways which support effective early identification and appropriate referrals to ensure positive outcomes for those requiring this additional support. In this way we would reduce the need for in-patient admissions, reserving this for those most in need.

We believe a more advanced and intensive local community (possibly home based) offer will ensure the active involvement of the whole family, which we know can improve outcomes. Establishing a local offer will also help enhance support after discharge with local services more connected.

We will use some of the present funds available to explore best practice including visiting Leeds Young People's Intensive Treatment Service for Eating Disorders and other areas of best practice.

We will work with those families, children and young people who have experienced eating disorder services in the past, and ask them how we could improve provision and therefore experience and outcomes.

We will also engage professionals from statutory and non-statutory provision to help us to better understand the impact on families and what the new redesigned provision should look like. This will therefore be a key line of enquiry within the "Expanding Minds, Improving Lives", pre consultation phase.

In 2015/16 we will:

- Commence the review of the existing provision
- Allocate short-term project management capacity to lead the review
- Consult with children and young people and their families about how the provision should be improved
- Explore best practice developments

- Allocate additional resources where appropriate to the existing provision to support improved access in the interim whilst developing a new model.
- Align and work more closely with community and voluntary sector provision to ensure early identification
- Begin to upskill relevant universal service providers via the development of a workforce training plan
- Establish a more robust data performance monitoring set around eating disorders including exploring IT systems.

## CYP IAPT

We are committed to CYP IAPT and its ongoing development to build capacity and capability through the training and supervision of staff in existing services. We believe that CYP IAPT is central to transforming mental health services across the whole system.

We have two very different models of delivery in Newcastle and Gateshead. Newcastle is a multi-agency partnership model and Gateshead is a single agency delivery model. Gateshead may in time be able to enhance their delivery across a broader range of agencies to mirror the very successful Newcastle model.

In 2015/16 we will:

- increase 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.
- Ensure all CYP IAPT providers have fair access to supervision, specifically CS organisations.
- Ensure our non-statutory CYPS IAPT providers are able to provide the data required in reporting outcomes and ensure there and IT infrastructure to support this work.
- Support the capacity of the CYP IAPT project management function

## Improve Perinatal Care

Given the strong link between parental mental health and children's mental health it is essential that we are able to effectively identify existing and emerging mental health issues and provide appropriate support.

Following our local Infant Mental Health consultation we will review the 33 recommendations contained within the consultation report, and review



current arrangements to ensure they are strengthening families, supporting early attachment, avoid early trauma and are building resilience within families.

In 2015/16 we will:

- Review and respond to the 33 recommendations contained within the Infant Mental Health consultation
- Link our perinatal care developments to our existing developments such as evidence based programmes (e.g. PIP) in order to reduce inappropriate referrals to the perinatal unit
- Review the pending Perinatal Care National Guidance

## Early Intervention and Prevention

Through “Expanding Minds, Improving Lives” we will explore how we can best shift our approach across the whole system in order to pre-empt or respond quickly to emotional wellbeing concerns instead of treating their consequences.

A clear objective of the Partners has been to shift the funding of mental health services upstream to support this approach and also reduce demand on specialist Tier 3 services where appropriate. Shifting resources cannot happen overnight, and as such we need to resource additional upstream services during the process of change, whilst maintaining safe and accessible provision.

In 2015/2016 we will:

- review, expand and develop the use of primary mental health workers to enable early access to support for mild to moderate mental health problems and to support the development of arrange of professionals within universal and targeted services e.g. health visitors, school nurses, social workers, GPs.
- Explore the further development of a schools model of support for mild to moderate mental health problems building upon the local learning from Targeted Schools Mental Health programme (Newcastle) and the Emotional Wellbeing and Mental Health team (Gateshead).
- In partnership with NHS England Specialised Commissioning service we will develop pathways to enable services to be provided closer to home

## Crisis

Ensuring children and young people in crisis receive appropriate support is essential in developing a multi-faceted and responsive mental health system. We want to ensure that where a crisis situation occurs children and young people receive the right support in the right place, particularly to avoid unnecessary hospital admission.

In Newcastle and Gateshead we have a strong multi-agency response to supporting children and young people in crisis to prevent inappropriate detention. Our Crisis Care Concordant supports these established processes and s136 situations are reported on through the Crisis Care Concordant arrangements.

In 2015/16 we will:

- Explore an integrated crisis team model - e.g. the Leeds model of crisis care and the use of short term crisis accommodation.
- Link to a new model of crisis response presently being developed locally for adults, and we will review this again once the first phase for adults has been implemented. We will explore the development to see if children and young people can be added to an amended all-age model.
- We will consider one access point for all people in crisis, with staff suitably trained to meet the age and maturity of those in crisis.
- Develop clarity around how data related to crisis for children and young people is reported and acted upon through the Crisis Care Concordant arrangements.

## Reducing Inequalities

We know that certain vulnerable groups of young people are disproportionately represented in the mental health system.

In 2015/16 we will

- explore ways to provide more effective support to vulnerable young people, by adopting models of integrated working (as used in local youth offending teams) within targeted services such as 16+ / care leavers services.
- Consider further strengthening/ increasing capacity of the integrated model of delivery within the youth justice system.

- Identify areas of improvement for vulnerable groups such as specific cultural and ethnic groups, and groups at particular risk (i.e. those at risk of sexual exploitation).

## Learning Disabilities

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

In 2015/16 we will:

- 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
- 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.
- Consider 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

## Young people at risk of developing personality disorder

We want to prevent avoidable admissions to hospital for young people at the risk of developing personality disorder. This group of young people in particular pose a significant challenge in regards to hospital admissions and we need to explore how we can support them to get the right support at the right time.

In 2015/16 we will:

- Review how services can be developed for those young people who are at risk of developing personality disorder and present with challenging behaviours, where hospital admission is not recommended.
- Prepare a workforce development plan to support a range of professionals to become skilled, competent, and confident in working with young people at risk of developing personality disorders to support early intervention and prevention of avoidable hospital admissions.

## Action Plan Outline 2015-2020

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

## Action Plan Outline 2015-2020

Transformation Priority	2015/16	2016/17	2017/2018	2018/19
Early Intervention and Prevention	Review, develop and expand the use of primary mental health workers. Review integrated working arrangements. Review schools model for increased early intervention and prevention. Develop interim improvement plan	Implement interim improvement plan – aligning to Expanding Minds, Improving Lives.	Implement improved early intervention and prevention arrangements.	New whole system approach in place.
The Right Coordinated Response to Crisis	Explore integrated crisis team model linking to other local developments, and one access point for all. Develop interim improvement plan Review data collected related to crisis to inform an improved data system to support the Crisis Care Concordant.	Begin to implement interim improvement plan – aligning to Expanding minds, Improving Lives. Begin to implement new ways of working, and improved data collection.	Continue to implement interim improvement plan	New whole system approach in place
Reducing Inequalities	Identify priority areas for improvement linked to the NFNA and the GHD JSNA, and the Expanding Minds, Improving Lives	Begin implementation of interim improvement plan – aligning to Expanding Minds, Improving Lives.	Monitor new arrangements and continue improvement activities.	Monitor new arrangements and continue improvement activities.

## Action Plan Outline 2015-2020

Transformation Priority	2015/16	2016/17	2017/2018	2018/19
	<p>Case for Change.</p> <p>Explore ways to provide more effective support to vulnerable groups.</p> <p>Develop interim improvement plan.</p>			
Learning Disabilities	<p>Review the skill mix and capacity in the community team and the Behavioural Assessment Team</p> <p>Review the skills of the CYP IAPT provides to work with CYP with learning disabilities.</p> <p>Review parenting programmes to ensure they are fit for this group of children and young people.</p>	<p>Begin to implement interim improvement plan – aligning to Expanding minds, Improving Lives</p>	<p>Monitor and review new arrangements.</p>	
Young People at Risk of Developing Personality Disorders	<p>Review services available for young people at risk of developing personality disorders.</p>	<p>Begin to implement interim improvement plan – aligning to Expanding Minds, Improving Lives.</p>	<p>Monitor and review new arrangements.</p>	

# Local Transformation Plan

## Appendix 1

# Our Collaborative Journey

## 1. Introduction

In January 2015 the Partners agreed to adopt a collaborative commissioning approach to improving mental health provision for children and young people and their families across Newcastle and Gateshead. To support our new collaborative approach to transform the mental health system a successful bid for funding from NHS England (“NHSE”) was made. Our transformational work and the process and model of change we have adopted is supported through this additional funding.

We agreed that in transforming mental health provision, we would:

- Establish a joint project to design a whole system approach to family mental health including mental health promotion and early support, which would be underpinned by the best possible evidence based practice.
- Focus on helping all families in which there is a child or young person (0-25), and in which one family member (child or adult) has a mental health problem.

We want our new approach to:

- place children, young people and their families at the heart of the transformation
- determine what level of specialist mental health provision is required locally – ensuring we find the right balance between good targeted clinical care but not over medicalising our work
- establish evidence based and effective therapeutic services
- Develop a children’s services workforce in which mental health is everyone’s business.
- have clear and strong links to other developing initiatives

### 1.1 Collaborative Commissioning Arrangements

To ensure the best working arrangements across the three organisations a robust governance structure has been established that allows for involvement from stakeholders (see [Appendix 1](#)).

A Collaborative Commissioning Project Board (“the Board”) has been established made up of senior representatives from the Collaborative Partners and representatives from NHS England and Northumbria University (which is



responsible for CYP IAPT). The terms of reference for the Collaborative Commissioning Board is available at [Appendix 2](#)

The Board is ultimately responsible for driving the transformation of mental health provision. To deliver the transformation the Collaborative Commissioning Board has established a dedicated project, “Expanding Minds, Improving Lives” to develop and implement the transformational vision.

Through the Board and the senior representation on it we will ensure we have joint performance monitoring arrangements in place that allows us to identify emerging and changing needs of our populations and any concerns or issues as they arise.

Joint commissioning also requires more robust data sharing and monitoring arrangements. We have committed to working with NHS Central Southern Commissioning Support Unit to assist in the continued development of the CAMHs modelling data tool.

## 2. “Expanding Minds, Improving Lives”

“Expanding Minds, Improving Lives” is a time-limited project which has been established to drive the transformational change in Newcastle and Gateshead.

“Expanding Minds, Improving Lives” is led by a Principal Public Health Consultant and benefits from a dedicated Project Manager. A small project team, made up from representatives from each of the three collaborative partners drives the day to day work of the project. The project is also supported by an Advisory Group made up of key stakeholders from across Newcastle and Gateshead and a group of Young Commissioners.

As well as the Collaborative Commissioning Board, the project also reports to the Newcastle and Gateshead Mental Health Programme Board, and the Children’s Trust Boards and CAMHs Partnerships across the two areas to ensure wider accountability.

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### *Our Vision:*

*‘Our communities are enabled to improve the emotional health and wellbeing of children, young people and families, who will thrive through access to the right support at the right time.’*

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### The “Expanding Minds, Improving Lives” Approach

- We will focus on children and young people aged 0-25 and their families.
- We will work together with our communities to design an effective whole system model of support that values the strengths within families.
- We will ensure everyone understands their own roles and responsibilities for creating and sustaining emotional wellbeing.
- We will enable our children and young people and their families to be resilient.
- We will collaboratively commission services across health, social care and education and where appropriate across geographical areas.

## Our principles

<b><i>Transforming the way we think</i></b>	emotional wellbeing is everybody's business
<b><i>Co-production</i></b>	engaging, listening to and involving our communities in designing their services
<b><i>Focusing on evidence and best practice</i></b>	Understanding the needs of our communities and the best practices to meet those needs
<b><i>Collaborative commissioning</i></b>	NHS Newcastle Gateshead CCG, Gateshead Council, Newcastle City Council agree to collectively commission services to deliver key priorities that support the vision
<b><i>Prevention and early intervention</i></b>	shifting our approach to pre-empt or respond quickly to emotional wellbeing concerns instead of treating their consequences
<b><i>Thriving</i></b>	the emotional state we want our children and young people to attain.
<b><i>Best value and efficiency</i></b>	provision must be high quality, affordable and produce successful outcomes

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## Outcome

If successful “Expanding Minds, Improving Lives” will deliver an integrated, early response to the emotional and psychological needs of children, young people and families will improve outcomes, reduce inequalities and reduce the impact of poor mental health on the economy and individuals.

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## Expanding Minds, Improving Lives Budget

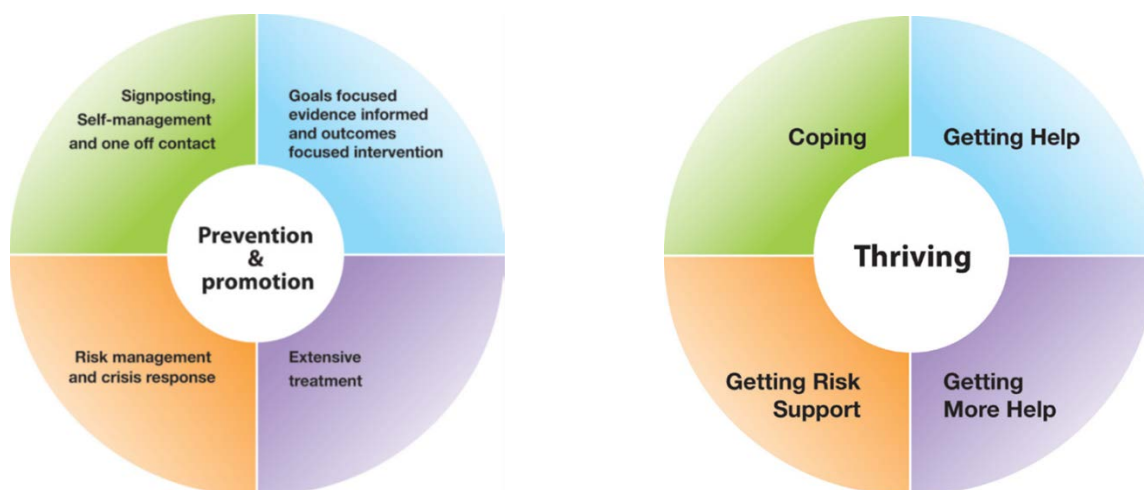
NHS Newcastle Gateshead CCG was one of only 8 CCGs nationally to receive funding from NHS England to support CAMHS collaborative commissioning. The £75,000 funding award (“the project budget”) is being used to deliver Expanding Minds, Improving Lives.

### 3. The Thrive Model

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

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

This approach has been supported in our early discussions with partners and stakeholders with a clear recognition of the need of services to be flexible across any model. It is acknowledged that thresholds and criteria are useful to determine the right support at the right time but can also create barriers in the present system. This has led us to understand that we need further development of our pathways in and out of care.



### 4. Our Communities at the heart of the Transformation

We are committed to ensuring that our communities are at the heart of this transformation, and that we work effectively across our organisations to support them to do so.

#### 4.1 “Expanding Minds, Improving Lives”

“Expanding Minds, Improving Lives” is a dedicated project which will work with our communities to identify how to best transform services and meet the needs of children and young people and their families.

To ensure involvement from our diverse communities throughout “Expanding Minds, Improving Lives” we have put in place a number of mechanisms / forums:

- **The Advisory Group**

The Advisory Group is a means for “Expanding Minds, Improving Lives” to share early thinking with key stakeholders, who have knowledge and experience of working with children and young people and mental health services, so that they may guide and influence the development of the project.

Membership of the group is broad and includes parent/carer representatives, school leaders, community and voluntary sector representatives, Healthwatch and universal, targeted, and specialist providers.

The terms of reference for the Advisory Group are attached at [Appendix 3](#)

- **Young Commissioners**

We are also using the project budget to commission Youth Focus, a voluntary organisation based in Gateshead, to recruit, develop and support a group of young people aged 13 to 19 (or up to 25 if the young person has learning difficulties or disabilities) to become co-commissioners who will help to shape future mental health services for children and young people and their families across Newcastle and Gateshead.

Once the Young Commissioners are trained (Autumn 2015) they will act in a challenge and scrutiny role, encourage wider involvement of young people, and will have a role in decision making throughout this process.

The role description for the Young Commissioners is at [Appendix 4](#)

- **Action!:Story**

Action: Story! delivered by Helix Arts, aims to empower young people aged 9 to 14 who access CAMHS to have a voice in the commissioning process for this service. By taking part in a film project, the young people will be given an opportunity to express how they feel about their journey within the service and how they would like to see it change. They are working with professional filmmakers and designers in workshop settings to explore and voice their experiences. The filmmakers and designers will also work separately with commissioners to explore the issues raised and feedback to the young people as an iterative process throughout the project.

A younger age range was selected for this targeted piece of work, to ensure representation from younger children outside of the scope of the Young Commissioners role.

Action: Story! has been funded by the Paul Hamlyn Foundations following Helix Art's successful bid supported by the Partners.

- **Engagement Strategy**

We have worked with a senior communications and engagement specialist in the North East Commissioning Unit, to develop a robust engagement and involvement plan that will ensure we engage with all our broad stakeholders, using appropriate methods and forums (for example making use of social media to reach children and young people), and targeting those who find services hard to reach.

We are also keeping our stakeholders up to date with progress through a range of methods. The Advisory Group develops "Key Messages" at its regular meetings and these are circulated to the group by email for wider dissemination to their organisations and networks. The October Key Messages are at [Appendix 5](#). The chair of the NHS Newcastle Gateshead CCG also provides updates to wider stakeholders on a three monthly basis. The updates produced to date are at [Appendix 6](#).

- **Moving from the "Collaborative Commissioning Project" to "Expanding Minds, Improving Lives"**

To make the transformation project more meaningful to children and young people and their families, we held a workshop with young people to name the project. Through this workshop the name "Expanding Minds, Improving Lives" was developed, with the strapline "Motivating and working together to transform children and young people's mental health". This step was taken as we recognise the importance of using language in a



*A distinctive brand has been developed for the "Expanding Minds, Improving Lives" to ensure it clearly identifiable from other transformation initiatives.*

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way meaningful to our communities and we will continue to ask children and young people and their families to challenge us throughout this process.

- [Advisory Group call of evidence](#)

So that the project does not lose sight of previous engagement and involvement activity around mental health needs a call for evidence was made to the Advisory Group. The call for evidence asked for summaries of existing work that has been completed so that it can be included in our “Case for Change” document. 22 submissions were received and a high level summary of this information is contained in [Appendix 7](#).

## 4.2 Other involvement activities

“Expanding Minds, Improving Lives” will drive the overarching transformation of commissioned specialist mental health services. However we will also involve children and young people, parents and carers and the wider community in other initiatives:

- [Improve Perinatal Care](#)

Although we await the confirmed funding and commissioning guidance to improve perinatal care NHS Newcastle Gateshead Clinical Commissioning Group (CCG) and Newcastle City Council have undertaken a review of infant emotional health services currently being provided by Sure Start, Health Visiting and Northumberland, Tyne and Wear NHS Foundation Trust (NTW). The overall aim of the project was to understand parents’ experience of the current infant emotional health services to identify gaps in current provision and what further support or services would be useful for parents. This consultation was carried out by Involve North East a registered charity, specialising in innovative and practical involvement that aims to improve health and wellbeing services,

A consultation report has been produced by Involve North East, which contains 33 recommendations. The consultation report, see [Appendix 8](#), and will help to inform future commissioning alongside formal guidance.

- [Involving young people in the Children and Young People’s Improving Access to Psychological Therapies \(CYP IAPT\) process](#)

In Newcastle we are developing a part time post for a young person to work alongside commissioners of the CYP IAPT partnership. The young person will help the CYP IAPT partnership to:

- develop young people service user friendly websites;
- Support CYP IAPT Partnership organisations to identify ways to engage young people in their services, helping them to identify ideas and plan their participation strategy;
- Work directly with young people and obtain the views of service users to explore user experience and ideas for improvement of services;
- Ensure young people have access to appropriate and relevant advice and information, which enables them to make informed choices and decisions about their lives.

We will also link this participation worker to the Young Commissioners offering the opportunity for the successful candidate to train alongside them if they so wish. The Participation Worker will be based within Children North East, a local charity that is a member of the CYP IAPT Board and the Advisory Group.

In Gateshead there has been small pockets of participation work with young people since the start of the programme. A part time post for a 'participation worker' to work alongside the CYP IAPT partnership is currently being developed. The worker will help the CYP IAPT partnership to: develop services across Gateshead and ensure the service is meeting the needs of young people.

- **Deciding Together**

NHS Newcastle Gateshead CCG are working to redesign inpatient Adult specialist mental health services across Newcastle Gateshead through their "Deciding Together" project, which launched in 2014.

As "Deciding Together" commenced before "Expanding Minds, Improving Lives" we have been able to learn from their model of engaging communities. NHS Newcastle Gateshead CCG have undertaken an extensive pre-consultation to help develop their case for change and we have replicated this model in "Expanding Minds, Improving Lives" albeit over a shorter period of time.



## 5. Working with Our Partners

Through our robust Governance arrangements we have a strong partnership model to ensure that all parts of the system can connect. We understand that to transform how the emotional wellbeing and mental health needs of children and young people and their families are met it is essential that we understand all facets of support. In this way we will be able to deliver a joined up approach that links services so that pathways are easier to navigate for all children and young people, including the most vulnerable.

### NHS England

NHS England Specialised Commissioners are active on the Board to ensure a good connection between the work they do, and the CCG / LA commissioned services.

### Local Authority Services

#### Public Health

In order that we can improve health and address inequalities public health engagement has been essential. A principal public health consultant leads the project, strongly supported by a project manager, and Public Health specialists from both areas sit on the Board. Involving Public Health has helped in the facilitation of conversations between health providers and health commissioners and local authority services.

#### Services

Targeted Services are key to supporting a whole system transformation of mental health services, particularly in relation to vulnerable groups. Local authority commissioning managers from both areas are members of the Board, and service managers from targeted services (Youth offending Team, Children's Social Care, Educational Psychology) are members of the Advisory Group.

### Community and Voluntary Services

Community and voluntary services across Newcastle and Gateshead deliver a range of mental health services. Representatives from this sector from Newcastle and Gateshead have been invited to join the Advisory Group, including Healthwatch.

In Newcastle, community and voluntary sector organisations are also members of the CYP IAPT partnership and this multi-agency approach is being considered in Gateshead.

## Schools and Colleges

Schools and colleges are often one of the first places outside of the family that identify emerging mental health needs. School representatives from both areas are members of the Advisory Group, however we recognise we need greater representation from colleges and universities.

We have held targeted workshops with school staff as part of our “pre-consultation and listening” to hear their experiences and views, and a wider range of opportunities to engage with schools, colleges and universities will be delivered throughout the project.

## Supporting Partnership Working

### Kaizen Planning Event

To begin the transformation journey in February 2015 a two day workshop was held for those involved in the commissioning process to start to understand the current system and funding arrangements. This helped the Partners to shape our vision and understand what is presently commissioned across the whole system

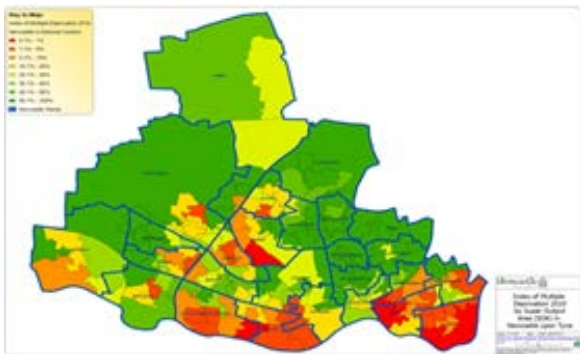
### Local Transformation Planning Workshop

In September 2015 senior representatives from the CCG, public health, LA commissioning, specialist mental health providers, youth offending teams, NHS England came together to discuss the statutory commissioned system across Newcastle and Gateshead and priorities areas for review.

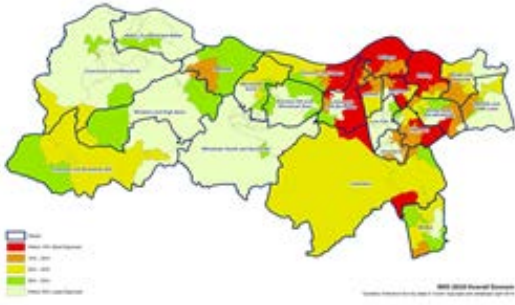
# 6. Understanding our Communities

## 6.1 Overview

To commission effective and fit for purpose services it is important that we understand the needs of our diverse communities.

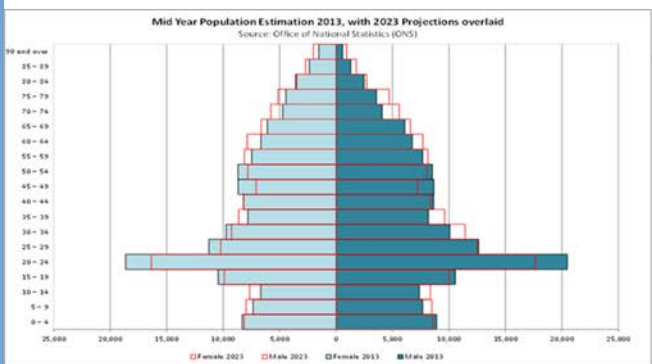


Newcastle IMD Map



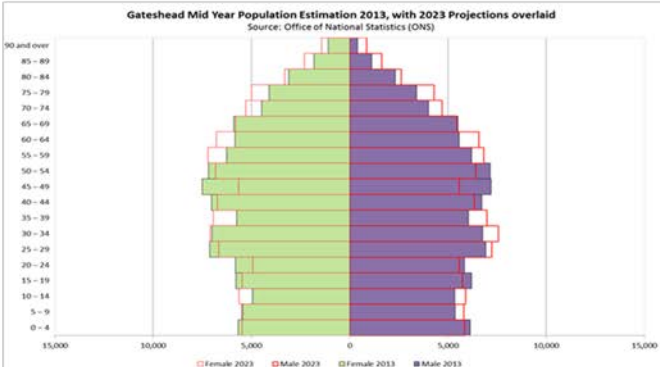
Gateshead IMD Map

- The level of child poverty in both areas is higher than England average 27% in Newcastle and 22% in Gateshead.
- 60% of NCL and 44.3% of GHD children live in the 30% most deprived areas nationally
- The health and wellbeing of children in Gateshead and Newcastle is generally worse than the England average.



**Newcastle**

- Overall Population: 284,000
- Live births 2013: 3406
- % aged 0-4 years: 6%
- % aged 0-19 years: 23%
- % aged 0-25 years: 37%
- Projected 2023: 1.5% increase
- Projected 0-19: 2.5% increase



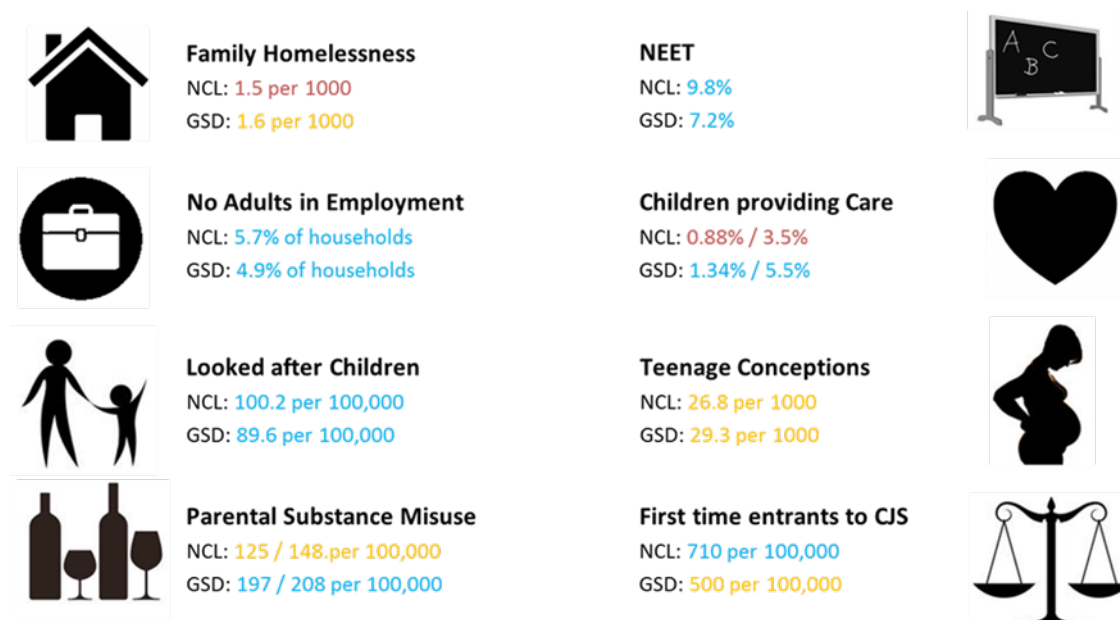
**Gateshead**

- Overall Population: 200,000
- Live births 2013: 2297
- % aged 0-4 years: 6%
- % aged 0-19 years: 22%
- % aged 0-25 years: 28%
- Projected 2023: 3% increase
- Projected 0-19: 1.1% increase

## 6.2 Vulnerable Groups

Mental health problems in children and young people are the result of complex interactions between constitutional factors (including genetic factors) and environmental factors with the relative contributions varying by disorder and by individual. Although any child or young person can develop a mental health problem there are individual and family/social factors and experiences which can increase vulnerability to developing mental health problems.

Although children and young people in these groups may be at higher risk, this does not mean that as individuals they are all equally vulnerable to mental health problems. A range of protective factors in the individual, in the family, and in the community influence whether a child or young person will experience problems. In particular, receiving consistent support from a trusted adult is a strong protective factor.



**KEY:** Lower than England Average / Similar to England Average / Higher than England Average

## 6.3 Cultural and Ethnic Diversity

In general, rates of mental health problems are thought to be higher in minority ethnic groups in the UK than in the white population, but they are less likely to have their mental health problems detected by a GP. Depression in ethnic minority groups has been found to be up to 60% higher than in the white population.

## Newcastle

In the 2011 Census 81.7% of Newcastle's population was white British and 14.7% comprised other ethnic groups (2011 Census: ONS). However the proportion of BME children is much higher than the adult population. Currently BME children account for 26% of the school population.

In the 2011 Census, 13.4% (37,600 people) of people in Newcastle were born outside of the UK compared with 6.8% in 2001. The largest proportion of the non-UK born population is from South Asian commonwealth countries – India (9% of the non-UK born population), Pakistan (7%) and Bangladesh (6%). A further 9% of Newcastle residents were born in China.

Wards in the west of the city (Elswick, Westgate, Wingrove) are the most diverse in terms of black and minority ethnic backgrounds.

## Gateshead

In the 2011 Census 96% of Gateshead's population was White British. In a 2015 population analysis this updated to 94.1%, with 5.9% comprised other ethnic groups. In Gateshead 8% of its school children are from a minority ethnic group..

Gateshead is the home to a sizable community of orthodox Jews, acclaimed for its higher educational institutions. Talmudic students from many countries come to Gateshead to attend its yeshivas and kollels. Young Jewish women come to study at the Teacher Training College and Beis Chaya Rochel. Based in the Bensham area, the community includes a few hundred families.

## 6.4 Mental Health Prevalence

Nationally we know that mental health problems in children and young people are common.

Estimate of mental health problems in children and young people:

- 9.6% or nearly 850,000 children and young people aged between 5-16 years have a mental disorder
- 7.7% or nearly 340,000 children aged 5-10 years have a mental disorder
- 11.5% or about 510,000 young people aged between 11-16 years have a mental disorder

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*This means in an average class of 30 school children, 3 will suffer from a diagnosable mental health disorder*

## Our local data

Some of our key local data is included below. For our complete review of available local data see our draft “Case for Change” document at [Appendix 10](#).

Newcastle	Gateshead	North East	England
<b>Estimated prevalence of any mental health disorder (5-16 years)</b>			
10.1 %	10.0 %	10.1 %	9.6 %
<b>Estimated prevalence of emotional disorders (5-16 years)</b>			
4.0 %	3.9 %	3.9 %	3.7 %
<b>Estimated prevalence of conduct disorders (5-16 years)</b>			
6.2 %	6.1 %	6.2 %	5.8 %
<b>Estimated prevalence of hyperkinetic disorders (5-16 years)</b>			
1.7 %	1.6 %	1.6 %	1.5 %
<b>Estimated prevalence of potential eating disorders (16-24 years)</b>			
7404	2795	-	-
<b>Estimated prevalence of ADHD (16-24 years)</b>			
7833	2952	-	-

### Public Health Data

Newcastle	Gateshead	North East	England
<b>Child Admissions for Mental Health: per 100,000 aged 0-17 years</b>			
53.2	74.3	81.9	87.6
<b>Young People Hospital Admissions for Self Harm: per 100,000 aged 10-24 years</b>			
334.9	517.6	532.2	352.3
<b>Child admissions due to alcohol: per 100,000 aged under 18</b>			
45.0	70.5	71.1	42.7
<b>Child admissions due to substance misuse: per 100,000 aged 15-24 years</b>			
73.8	114.5	116.8	75.2
<b>Child admissions due to unintentional &amp; deliberate injury: per 10,000 aged 0-4</b>			
159.7	144.2	158.6	112.2
<b>Child admissions due to unintentional &amp; deliberate injury: per 10,000 aged 15-24</b>			
123.3	194.1	173.4	136.7

### Public Health Data

**KEY:** Lower than England Average / Similar to England Average / Higher than England Average

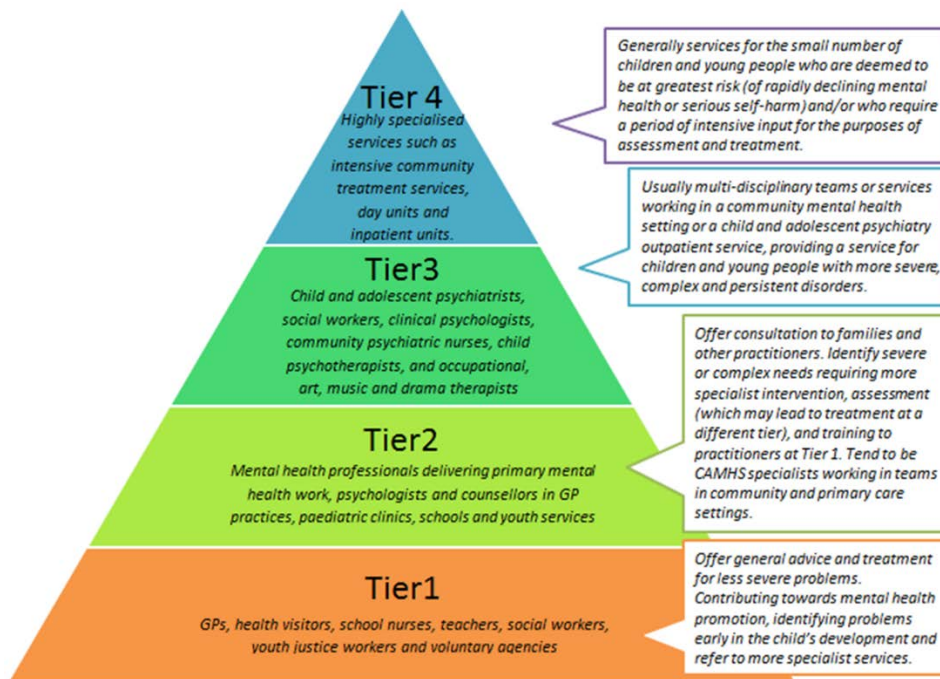
This data and our “Case for Change” (see [Appendix 10](#)) tells us that:

- Estimated local mental ill health prevalence is either similar to or slightly above the national average.
- Local mental health indicators – actual admissions to hospitals – have some areas of greater concern. Namely there are a significantly higher level of admissions for mental health reasons in Gateshead compared to the England average.
- Of those in contact with specialist mental health services, there are a greater proportion of males (55%) and older age young people (19-25 years).
- There are lower numbers of 0-4 year olds accessing services, although parenting interventions may be in place.
- Our school aged children are telling us they are worried about exams and tests.
- Mental health is a common concern factor (both child and parent) for families involved with our social care services reflecting national prevalence statistics
- Mental health is a common issue for young people involved with our youth offending teams reflecting national prevalence statistics

## 7. Present Configuration of Services

In this section we describe the services which children and young people currently access to support their emotional wellbeing and mental health needs.

Whilst we are moving away from a tiered model in order to describe the current provision we have used tier descriptions. However as we transform our provision we will structure descriptions around the Thrive model. For clarity the diagram below sets out the services within each tier.



## 7.1 Specialist Tier 4 Services

NHS England is responsible for the commissioning of tier 4 services. However the Collaborative Partners have a key role in ensuring that tier 4 referral pathways are clear, referrals are appropriate and the transfer of a child or young person's between tier 3 community services and tier 4 tertiary services is smooth.

We will be working closely with specialised commissioning to review these arrangements. This includes particular focus on the development of tier 3+ Intensive Community Treatment Service (ICTS), Eating Disorders Intensive Community Team (EDICT) and Early Intervention in Psychosis (EIP), ensuring all safeguards are in place and that the transfer of care causes the minimum of distress to the child, young person and their family.

The CCG contributes funding to regional Tier 4 services, however the commissioning of these services remains the responsibility of NHS England.

## 7.2 Commissioned Specialist Mental Health Services

### The Children and Young People's Service (CYPs) – Newcastle and Gateshead

CYPS, operated by the Northumberland, Tyne and Wear NHS Foundation Trust (“NTW”) provides a single service to all children and young people aged 0-18 years who present with mental health difficulties.



CYPs is commissioned by the CCG and operates in both Newcastle and Gateshead. Referral rates to Tier 3 CAMHS have increased greatly in recent years, with the number of cases rising by more than 40% between 2003 and 2009/10.

The models of care for CYPs in Newcastle and Gateshead are different

In Newcastle CYPs provides:

- Tier 3 Community Provision (e.g. emotional and anxiety disorders, separation, phobias, depression, conduct, eating disorders, autism, ADHD).
- Specialist Tier 3+ Community Eating Disorders (EDICT)
- Tier 2 primary mental health worker role providing interface between tiers 1 and 2, consultation for staff, training and education, some clinical input in support of multi-agency role. 50% direct patient care and 50% training / awareness raising
- Tier 3 Children in special circumstances (Looked after children, child protection plan, learning disability, life limiting, refugee, asylum, young carer).

In Gateshead CYPs provides:

- Tier 3 Community Provision (e.g. emotional and anxiety disorders, separation, phobias, depression, conduct, eating disorders, autism, ADHD).
- Intensive support (Tier 3+) services for children and young people with acute mental health needs.
- Targeted and specialist (Tiers 2 and 3) services for children and young people with moderate to severe learning disabilities.
- Targeted and specialist (tiers 2 and 3) services for children and young special circumstances (Looked after children, child protection plan, learning disability, life limiting, refugee, asylum, young carers).

## CYPs Tier 3

### Learning Disability

Services for children and young people with a learning disability are provided through collaboration between the Children and Young People's Services and Community Learning Disability Team in Newcastle.

In Gateshead there is a specialist provision for children and young people with learning difficulties and disabilities including specialist schools, education and social care services to provide integrated packages of care.

CYPs and specialist learning disability clinicians work flexibly to ensure that the needs of children and young people across the spectrum of ability, learning difficulty and disabilities are met including access to a broad range of appropriate therapies.

NTW provide enhanced packages of care to all children and young people with complex and severe mental health needs, including children and young people with learning disabilities, to prevent unnecessary in-patient admission and also support earlier discharge from in-patient services.

### Psychosis

Services for children and young people experiencing psychosis are provided through collaboration between CYPs and the Early Intervention in Psychosis Team in Newcastle.

In Gateshead specialist services including Early Intervention in Psychosis Service and Forensic services are provided as part of the CYPs. Young people with first episode psychosis will be seen by the Early Intervention in Psychosis Service.

### Eating Disorders Intensive Community Treatment (EDICT) Newcastle

The EDICT service is a specialist service delivering Tier 3+ eating disorder services into the community and which offers an enhanced community based alternative to centralised and clinic/hospital based day and outpatient services. The service provides enhanced support and capacity to locality focused Community CAMHS Teams in support of early intervention and preventative best practice eating disorder approaches that will support an ongoing reduction in the numbers of children, young people and families who reach crisis.

The service is intended to be flexible and responsive to the needs of children and young people that are at 'increased or significant risk' of requiring inpatient admission. This service will also pro-actively monitor the status of children and young people admitted to inpatient facilities to allow for step down care back into the community to be safely facilitated and at the earliest opportunity.

## Eating Disorders Team - Gateshead

The eating disorder team works intensively with those with complex and high risk eating disorders and is part of the Tier 3+ service.

The Eating Disorders Team offer specialist partnerships and a time limited, intensive community treatment for children and young people referred to the team. There is an expectation that the Care Co-ordinator from the wider team will remain involved throughout the child or young person's treatment to ensure continuity of care and to ease the transition for the child or young person out of the Eating Disorders Team once progress has been made. Children and young people who continue to deteriorate despite intensive community treatment will be referred directly to a Specialist Eating Disorder Inpatient Unit by the ED team.

The service has developed a paediatric liaison service across South of Tyne and Wear. The team deliver a group programme with parents/carers on the impact of an eating disorder on the family and separately are developing a group for young people on eating disorder issues.

The Eating Disorders Team works closely with the adult eating disorder team to facilitate transfer of cases where someone requires ongoing care beyond 18 years.

## Intensive Community Treatment Service (ICTS)

### Newcastle

Previously in North of Tyne a Tier 3+ ICTS was commissioned to allow day and outpatient services for children and young people with mental health needs. It has been designed on a best practice community focused model working in partnership with community CAMHS teams and multi-agency partners to allow care to be provided closer to home.

The service is meant to be preventative in that it will provide an alternative to bed based care, retaining children and young people within their local community wherever possible.

The CCGs in the North of Tyne area are continuing to commission this service currently.

### Gateshead

The service meets the needs of those at highest risk and with complex needs through a range of interventions. ICTS currently responds to all urgent and emergency referrals to the service.

ICTS provide ongoing assessment and intensive community treatment for children, young people and their carers who are both known to CYPs and have an allocated key worker/care coordinator.

ICTS also work with those children and young people who have not previously been known to the service but have presented with an acute mental health difficulty

## Tier 2

### CYPs and Youth Offending Team (“YOT”) Integrated Working

Newcastle’s YOT has a co-located CYPS nurse who liaises with existing CYPS staff and provides a swift CYPS response (both assessment and intervention) when this is needed. The co-location also allows for CYPS to become knowledgeable about YOT processes and aids interaction between agencies in pursuit of improved mental health / emotional wellbeing of young people in the criminal justice system.

In Gateshead, CYPS provides a part time worker into the Gateshead YOT who provides assessment and intervention where appropriate and signposts young people to other services. The integrated worker provides advice and training on identifying children and young people with mental health needs, direct support to young people, consultancy advice (including contribution to risk plan), continuity of provision, transition planning for young people entering and leaving custody.

### Emotional Health and Wellbeing Team – Gateshead (Tier 2)

Services for children and young people and families in Gateshead with moderately severe mental health needs that cannot be met by universal or early intervention services. This service is delivered by the NHS South Tyneside Foundation Trust commissioned by the CCG and Gateshead Council.

- **Direct services** include : group work, brief intervention, talking therapies and counselling.

- **Indirect services** include : training, consultation and joint work and increasing the capacity of universal service providers to meet the mental health needs of children, young people and their families
- **Referral criteria** -Children, young people aged 4-18 years (and their families and carers) living in Gateshead with moderate levels of mental health need.  
The child/young person is aware of and willing to access EWT  
Primary intervention has already been made and this has not created significant change/ improved the emotional resilience of the child/young person.
- **Exclusion criteria** - Children and young people with mild to moderate mental health needs that can be met by universal or early intervention services  
Children and young people, in special circumstances with moderate levels of mental health needs whose needs can be met by the specialist Children and Young People's Service (please see detailed CYPs service information further on)

### Other Provision

The CCG also commissions additional specialist support for children and young people.

Barnado's is commissioned to provide:

- bereavement care for children and young people (0-18yrs)
- support to improve the health and well-being of young people (aged 16 – 25) at risk of suffering mental illness or becoming homeless or in housing need and facilitate their transition into parenthood, adulthood and independence.

### Performance Management of Current Specialist Services

The CCG contracts with a range of providers of mental health services. Contract management arrangements are supported by the North of England Commissioning Support Service who are responsible for undertaking regular formal contract review meetings with the CCG's providers. For more significant contracts CCG officers are also present at the contract review meetings.

The CCG is developing closer links with NHS England specialised commissioning team in the context of the joint commissioning agenda, in order to ensure visibility on commissioning issues which span the specialist and non specialist elements of care pathways.

As the main provider of specialist services, NTW, covers a large geographical area the CCG works with neighbouring CCGs to monitor performance across the region.

### 7.3 Targeted Services

Across Newcastle and Gateshead there are a number of targeted services and programmes that support a range of needs of children and young people and their families. To transform how the emotional wellbeing and mental health needs of children and young people and their families are met it is essential that we understand all facets of support so that we can deliver a joined up approach that links services.

In both areas there are established statutory services (Children's Social Care, Youth Offending Teams, and troubled families) that work with children and young people and families that have complex needs. In some of these services there are specific arrangements in place to mental health needs.

There are also a range of targeted parenting programmes, some of which have a strong evidence base, to support vulnerable groups. Examples include the Parent Infant Partnership (PIP), Parents under Pressure (PUP), Incredible Years, Parenting Factor in ADHD.

### 7.4 Universal Services (Tier 1 CAMHS)

Universal services provide the first opportunity to support the emotional wellbeing and mental health needs of children and young people and their families. In most instances it is the first place that mental health needs are identified beyond the family and in the Q1 performance information into CYPs in both Newcastle and Gateshead GPs and schools were the main referrers into the service.

Whilst universal services are not directly within the remit of this transformation plan they are within the sphere of influence to support the transformation of specialist provision.

#### GPs

There are 34 GP practices in Newcastle and 31 GP Practices in Gateshead. GPs deliver assessment of need, advice and support, referral and signposting.

Ensuring the earliest possible assessment of need by GPs will help them ensure the right support at the right time. Any increase in Tier 2 provision will ensure they have a variety of services to refer to beyond specialist services.

## Schools

There are 94 schools in Newcastle and 84 schools in Gateshead. In both areas there has been a commitment to continue a local version of the previously national Healthy Schools programme. We have exceptional local engagement into this programme.

65 of Newcastle's schools are members of the Targeted Mental Health in Schools programme, which provides Newcastle schools with a therapeutic service for counselling and peer group work. Schools that join the programme receive 1 session a week and are able to purchase additional sessions as required by the needs of their students. Schools within the programme are also required to nominate an individual to act as the TAMHs Champion within their school, who provides a robust link between schools and counselling services and are kept up to date by a primary mental health worker from CYPs.

In Gateshead within the Healthy Schools team there is a seconded mental health worker from the Emotional Wellbeing and Mental Health Team, who provides additional support to schools around emotional health and mental health issues including delivering training courses and in-depth support where required.

Both Newcastle and Gateshead are committed to the continued use of the Health Related Behaviours Questionnaire as a means to capture a self-reported view of children and young people's health including their emotional wellbeing and mental health.

## Midwives, Health Visitors and School Nursing

From the 1<sup>st</sup> November local authorities are responsible for commissioning Health Visitors and the Family Nurse Partnership. As part of the transfer the key health provision programme for children under five is 'The Healthy Child Programme – Pregnancy and the First Five Years of Life'.

Transition to parenthood and maternal mental health are absolutely key to improving outcomes for the next generation of babies and children, and health visitors are key in improving parent and infant mental health.

The transfer of the 0-5 Healthy child Programme will enable commissioning to be joined up across the age spectrum of 0 to 19 (and up to 25 years for young people with special educational needs and disabilities). School nurses deliver

the child health programme from 5-19 years, as part of an interdisciplinary team, this presents a unique opportunity for local authorities and local partners to improve continuity and outcomes for children and their families by transforming and integrating health, education, social care and wider council-led services.

Mental health disorders during pregnancy and the postnatal period can have serious consequences for the health and wellbeing of a mother and her baby, and also for her partner and other family members, NICE 2007. Midwives are key professionals in assessing mothers at risk of perinatal mental health disorders, therefore reducing the effects on the mother, foetus and family.

## 8. Children & Young People's IAPT

The Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT) is a service transformation programme delivered through NHS England that aims to improve existing Child and Adolescent Mental Health Services (CAMHS) working in the community. 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.

Newcastle and Gateshead are in different 'waves' of the national CYP IAPT programme. With Newcastle in Wave 3 and Gateshead in Wave 4. This means that Newcastle's CYP IAPT arrangements are more developed.

### Governance arrangements and membership

Newcastle has adopted a multi-agency partnership model for the delivery of CYP IAPT. The partnership is made up of the CCG, Newcastle City Council, NTW, Streetwise, Your Homes Newcastle, Children North East, Barnado's.

Gateshead has a collaborative 2014-2015 which includes the Emotional Wellbeing Team (South Tyneside Foundation Trust) and CYPs (NTW). There is currently no third sector organisations within the partnership although this may change in the future.

Northumbria University are the main training provider for evidence based and NICE approved CYP IAPT course. However, in Newcastle we have also provided Incredible Years training and the training is a group of UK based trainers and mentors.



## Collaboration and Participation

Newcastle has improved collaboration and participation with children, young people and families in the following ways:

- The imminent appointment of a CYP IAPT participation worker (awaiting the funds from Northumbria University). This post will be hosted by Children North East at the West End Youth enquiry service (WEYES).
- We have a strong track record of CYP and family's engagement and participation an issue we discuss at our monthly meetings at the CYP IAPT and TAMHs joint Board. Agenda items allow for ongoing discussions and the sharing of information generated through individual organisations.
- Within the past year we have developed Self-Assessment Action Sheets which are assessed through a peer mentorship system. The model allows organisations to demonstrate how CYP and families have been engaged against the nine CYP IAPT participation Priorities.

In Gateshead a part time post for a participation worker to work alongside the CYP IAPT partnership is being developed. The worker will help the CYP IAPT partnership to develop services across Gateshead.

## Demand Management

Newcastle is developing a 'distribution model' to help us with demand management. This model requires clarity in terms of data and information governance and consent but will help us address and manage demand, counsellor gender preference, and inappropriate referrals. It will also help us ensure trainees have access to cases so they can meet their training requirements.

## Evidence Based Interventions

As Newcastle a multi- agency model access to a choice of evidence based interventions is enhanced to include:

- Incredible Years and strengthening Families Programmes
- The triple P programme  
Triple P gives parents simple and practical strategies to help them confidently manage their children's behaviour, prevent problems developing and build strong, healthy relationships. Triple P is currently used in 25 countries and has been shown to work across cultures, socio-economic groups and in many different kinds of family structures.

- Cognitive Behaviour Therapy
- Systemic Family Practice
- Interpersonal Therapy

Newcastle also has locally evidenced good practice through Skype Counselling (Streetwise). We will learn from the adult model of Internet Delivered Therapy to enhance this model and consider it's roll out to other partners.

Gateshead has been able to choose from a range of therapeutic interventions, CBT (cognitive behaviour therapy), parenting intervention for children with Conduct Disorder, Systemic family Practice and recently added to the curriculum is IPT-A (Interpersonal Psychotherapy or Adolescents).

### Ongoing / Future Developments

With the onset of the HSCIC Mental Health Service dataset for statutory organisations, as a multi-agency model the Newcastle partnership needs to consider how it will collect data, what that data will look like and how we will roll out of routine outcome monitoring.

In Newcastle there is huge concern regarding the ongoing supervision of staff trained within the VCS organisations who are members of the partnership. During the training the supervision is paid for through the University. Small VCS organisations are at a disadvantage as they will have to find these costs for the supervision out of their charitable funds, often through independent supervisors who charge a premium rate. In comparison specialist mental health providers have robust supervision in place in their infrastructure through the very nature of their work.

We need to consider a financial package to support this supervision need. This is against a backdrop of huge financial cuts, where contracts are not secure, or only funded short term, and this leaves Newcastle with immense concern regarding the future ability of VCS organisations to sustain the model and excellent work they are undertaking.

Newcastle presently have a well-attended CYP IAPT / TAMHS Board providing a governance and action planning arena. It needs to put in place a more formal reporting to the CCG as we develop local indicators and data reporting systems.

The Gateshead partnership will be exploring how their partnership model may expand to include other non-statutorily commissioned providers.

## 9. Finance

### Transparency around resources

We are committed to having an open and honest conversation with our communities about the services we commission and what these cost. In this section we set out the cost of the existing specialist services commissioned by the CCG and the local authorities as outlined in 7.2.

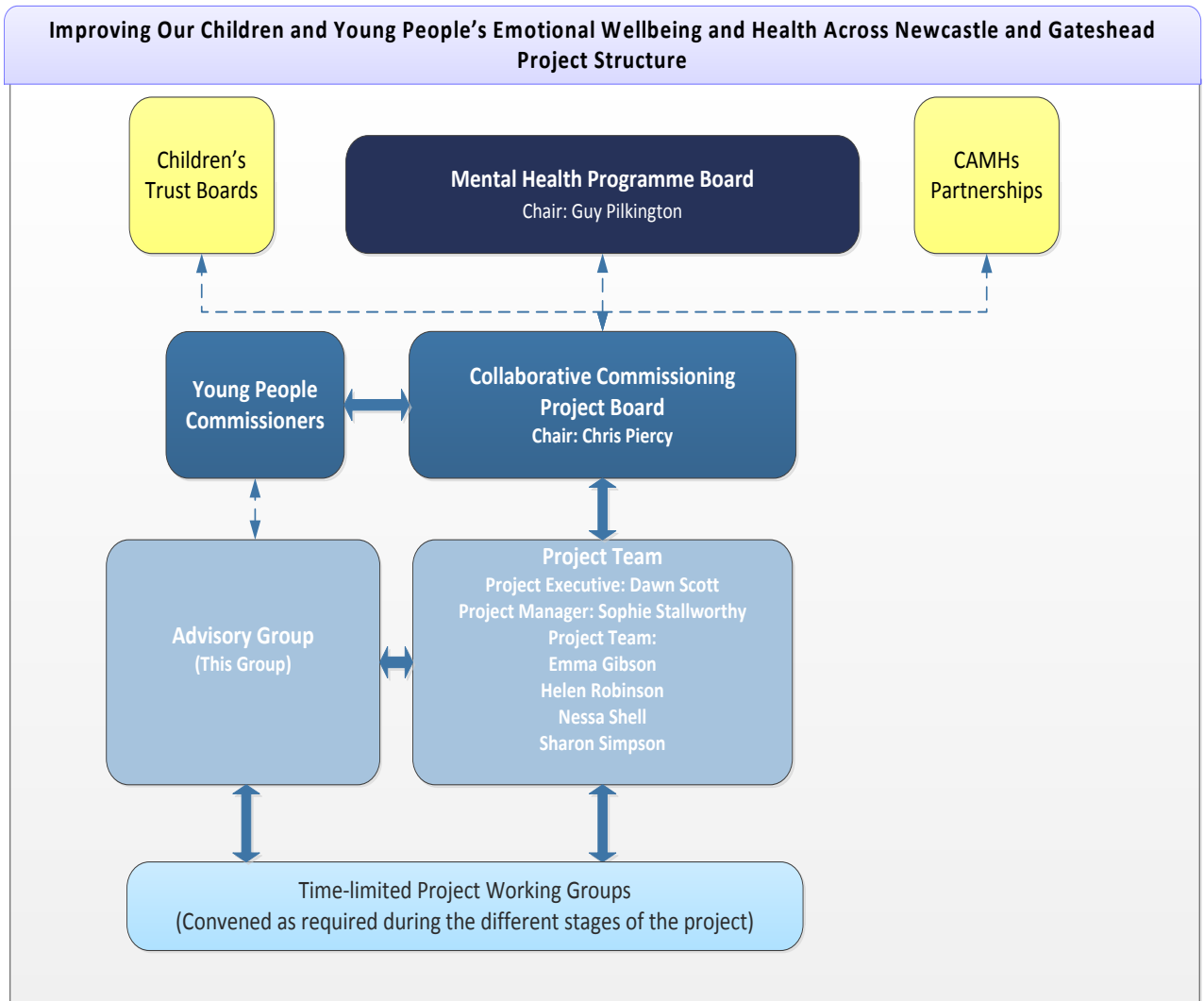
Service description	Contract Value
<b>CCG Spend</b>	
Adolescent Eating Disorders (EDICT)	£127,523
CAMHS Tier 4 Community Service	£277,285
NoT CYPS (Newcastle/Ghd)	£3,202,607
OP Comm Forensic CYPS	£58,936
Under 10's Looked after Children	£341,009
CAMHS Tier 4 Community Service	£289,778
Court Diversion/Liaison	£3,386
OP Comm Forensic CYPS	£51,944
NoT CYPS (NInd)	£44,344
South of Tyne CYPS (SInd/ST)	£1,848,443
Barnado's - YP Support	£74,925
Barnado's Bereavement Counselling	£17,665
<b>Total existing CAMHS related spend from Newcastle Gateshead CCG 2015/16 Budget</b>	<b>£6,337,845</b>
<b>Local Authority Spend</b>	
Gateshead - Emotional Health and Wellbeing Team	£190,149
Newcastle - Looked after children	£250,000
Newcastle - Targeted Mental Health Services	£137,000
<b>Total LA spend 2015/16 Budget</b>	<b>£577,149</b>
<b>CCG Additional Funds Linked to the Local Transformation Plan</b>	
Eating Disorders	£287,830
Other transformational priorities	£720,466
<b>Total transformation funds</b>	<b>£1,008,296</b>
<b>Total funds available in 2015/16</b>	<b>£7,923,290</b>

The funding required for transformation in 2015/16 is detailed in the tracker. Some of the transformation plans will take several years to be fully implemented. The initial funding will be required to support the Local Transformation Plan, including initial planning, commissioning and support to existing services.

## Appendices - Our Collaborative Journey

# Appendix 1 – Governance arrangements and high level project plan

## Governance Arrangements



## High Level Project Plan

<b>Stage</b>	<b>Description</b>	<b>Dates</b>
<b>Project initiation and set-up</b>	Setting out what we want to do and how we are going to do it	16 Feb 2015 - 10 April 2015
<b>Establishing the baseline</b>	Getting the detail about the current mental health system - marking out what we want to change and what we don't, and why the system should transform	13 April 2015 - 31 July (16 weeks)
<b>Pre-consultation and listening</b>	Taking the baseline to the community - service users, children and young people, parents and carers, families, providers and commissioners- and listening to what we hear	3 Aug 2015 - 13 November 2015 (15 weeks)
<b>Co-producing a new model of emotional wellbeing care and support</b>	Working together to design a new system that enables people to thrive through prevention and early intervention, and when necessary specialist support	16 November 2015- 5 February 2016 (12 weeks)
<b>Formal Consultation</b>	Formally consulting on the proposed new system	8 February 2016- 28 April 2016 (12 weeks)
<b>Implementing</b>	Putting our new system in place	May 2016 - 28 April 2017

# Appendix 2 – Terms of Reference Collaborative Commissioning Project Board

## COLLABORATIVE COMMISSIONING OF EMOTIONAL WELLBEING AND MENTAL HEALTH SERVICES FOR FAMILIES PILOT

### 1. Purpose

1.1 To improve emotional wellbeing and mental health outcomes of families in Newcastle and Gateshead.

### 2. Function

2.1 The Collaborative Commissioning Pilot (CCP) is a commissioner led partnership and will improve emotional wellbeing and mental health outcomes of families by working with and through those who access and provide services.

2.2 It will bring together NHS (CCG's/NHSE), Local Authority (LA) and Schools commissioners to act as a single forum to inform the strategic development and commissioning of emotional wellbeing and mental health services.

2.3 The Collaborative Commissioning Pilot will create and agree a Programme Plan to design and collaboratively commission a radically different whole system, whole family response to the psychological and emotional needs of children and young people and families in Newcastle and Gateshead. (See Draft Programme Plan).

### 3. Partnership Membership

3.1 The following will be members of the Collaborative Commissioning Pilot Partnership:

- |  |                        |
|--|------------------------|
| • Gateshead CCG                          | Chris Piercy (Chair)   |
| • Newcastle West CCG                     | Guy Pilkington         |
| • Newcastle North and East CCG           | David Jones            |
| • Gateshead LA                           | Martin Gray            |
| • Newcastle LA                           | Rachel Bailie          |
| • Gateshead Public Health                | Paula Philips          |
| • Newcastle Public Health                | Dawn Scott             |
| • Gateshead Schools                      | TBA                    |
| • Newcastle Schools                      | TBA                    |
| • North of England Commissioning Support | Rebecca Eadie          |
| • NHS England                            | Caris Vardy or nominee |
| • Northumbria University                 | Tony Machin            |

3.2 Members will represent their agencies and will also bring experience and knowledge about other sectors and organisations. However their primary duty is to act in the interest of children and young people and families.

3.3 Members will ensure that children, young people, parents and carers have been involved in the design and commissioning of services. It is the role of this group to challenge work streams in this respect.

3.4 Members should have the authority to delegate resources on behalf of their organisation.

3.5 Members are committed to ensuring key messages are cascaded from the CCP across their respective organisations and partnerships to ensure executive teams and front line staff are appropriately informed.

3.6 Members will have a named deputy

3.7 The CCP will review attendance rates regularly.

#### 4. Quorum

4.1 Commissioning decisions can only be made when the relevant commissioner is present.

4.2 The CCP will be quorate when there is a Chair/Vice Chair, a representative from each CCG and each LA.

4.3 The CCP will make recommendations about key commissioning decisions to the individual agencies responsible for the decision.

4.4 Monthly meetings will be scheduled on the last Tuesday each month at 9:30am.

#### 5. Chair

5.1 The chair of the CCP will be provided by the CCG. The CCP will review the chair and vice chair positions when they review the terms of reference.

#### 6. Budget

6.1 Because financial management is a key part of good governance, decisions and recommendations should not be made in the absence of budget information.

6.2 The CCP must advise relevant agencies of the need to realign resources and the risks and benefits where there is evidence that services are not contributing to the improvement of outcomes for children, families and young people, and the risks of not doing so.

#### 7. Expectations of the Chair and Board members

7.1 The Chair and Board will:

- Represent the views of their agency as appropriate;
- Report back to their agency, sector or stakeholder group as appropriate;
- Provide factual information about the role of their agency and its work;
- Work with other partnership members to implement the Programme Plan
- Accept that all partners have an equal status and that our main concerns is improving outcomes for children, young people and their families;
- Demonstrate commitment to the participation of parents carer, children and young people;
- Demonstrate commitment to joint working, and to act as a champion of it within their agency or sector;
- Work collaboratively to respect diversity;
- Scrutinise and challenge information received;
- Prepare for meetings by reading papers, attending promptly, regularly and for the



## 8. Decision Making

8.1 If after a full debate the CCP feel that they cannot resolve an issue or manage a risk, the matter will be referred for decision to the Newcastle and Gateshead Mental Health programme Board. The Children's Trust Boards in Newcastle and Gateshead will be consulted about these issues / risks.

8.2 Agenda items to be submitted a week prior to the meeting.

## 9. Key Relationships and Accountabilities

9.1 The CCP will work within the Newcastle Wellbeing for Life and Gateshead Health and Wellbeing Boards arrangements, The CCP is accountable to the Newcastle and Gateshead Mental Health programme Board and each agencies internal governances arrangements.

9.2 The CCP will report to the Newcastle and Gateshead Mental Health Programme Board, and both Children's Trust Boards every quarter.

9.3 There are several groups / partnerships contributing to the emotional wellbeing and mental health outcomes of families and therefore the CCP need to work with and through them.

## 10. Delegation

10.1 The CCP will devolve responsibility for ensuring the delivery of the Programme Plan to work stream leads when appropriate.

## 11. Review

11.1 The work of the CCP will be subject to regular review taking into account stakeholder experience. Terms of reference will be reviewed annually.

# Appendix Three – Terms of Reference Advisory Group

## **Collaborative Commissioning: Improving our children and young people's emotional wellbeing and health across Newcastle and Gateshead**

### **Advisory group**

#### **Terms of Reference**

##### **1. Background to the Advisory Group**

The NHS Newcastle Gateshead CCG and local authorities have agreed to work together to commission a radically different whole family response to the psychological and emotional needs of children and young people.

To deliver the collaborative vision there will be an open and honest conversation about how the new system should support the emotional wellbeing and mental health needs of our children and young people and families to enable them to be resilient and thrive. Through early and timely response to mental health concerns we want to enable children and young people to achieve their aspirations and support educational attainment.

Children and young people and their families will be at the heart of the transformation with a commitment to involve young people and their families in the development of the new approach.

Schools and the wider community are integral to the development of any new system and we need to ensure we involve schools, the community and voluntary sector, service providers and other stakeholders throughout the process.

To ensure that the system transformation is undertaken in a co-productive and inclusive manner an Advisory Group, made up of key stakeholders, will be established to inform and contribute to the project.

##### **2. Purpose of the group**

The Advisory Group is a means for the Project to share early thinking with key stakeholders to the commissioning process, who have knowledge and experience of working with children and young people and mental health services, so that they may guide and influence the development of the project.

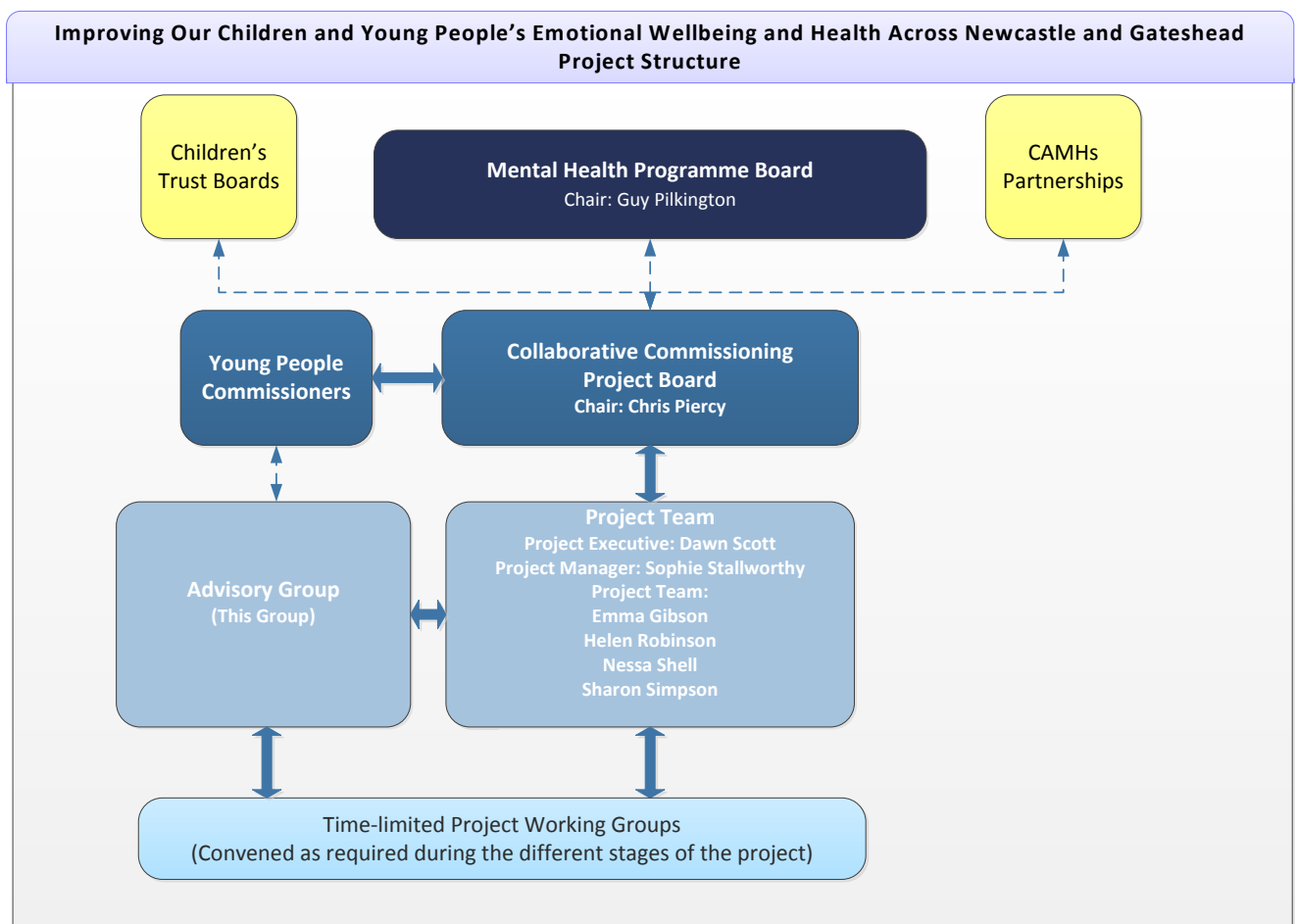
The primary focus of the Advisory Group will be the development and coordination of communications and engagement activity around all stages of the Project's public engagement consultation process.

The Advisory Group's main objective is to ensure a bottom-up co-productive consultation process and provide a forum which allows two way communications and discussions between commissioners, key third sector and scrutiny partners.

In particular to ensure the process is carried out in a positive and non-stigmatising way which reflects the social model of disability. It should also ensure that views expressed outside of the Project are captured and fed into appropriate organisations for quality and general service improvement purpose.

The Advisory Group will also support the Project to reflect the cultural diversity across Newcastle and Gateshead in the development of engagement strategies, communications and activities.

### 3. Governance arrangements and key relationships



The Advisory Group provides advice, guidance and intelligence on the Collaborative Commissioning process and insights gained to the Collaborative Commissioning Project Team, the Young Commissioners and the Project Board.

A non-provider member of the Advisory group will also sit on the Project Board.

The Advisory Group will ensure the vision, approach and principles of the Collaborative Commissioning project board are at the heart of this process:

*Our Vision for Newcastle and Gateshead*

Our communities are enabled to improve the emotional health and wellbeing of children, young people and families, who will thrive through access to the right support at the right time.

#### *How we will deliver our vision*

- We will focus on children and young people aged 0-25 and their families
- We will work together with our communities to design an effective whole system model of support that values the strengths within families
- We will ensure everyone understands their own roles and responsibilities for creating and sustaining emotional wellbeing
- We will enable our children and young people and their families to be resilient.
- We will collaboratively commission services across health, social care and education and where appropriate across geographical areas.

#### *Our principles*

- *Transforming the way we think:* emotional wellbeing is everybody's business
- *Co-production:* engaging, listening to and involving our communities in designing their services
- *Focusing on evidence and best practice:* understanding the needs of our communities and the best practices to meet those needs
- *Collaborative commissioning:* NHS Newcastle Gateshead CCG, Gateshead Council, Newcastle City Council agree to collectively commission services to deliver key priorities that support the vision.
- *Prevention and early intervention:* shifting our approach to pre-empt or respond quickly to emotional wellbeing concerns instead of treating their consequences
- *Best value and efficiency:* provision must be high quality, affordable and produce successful outcomes.
- *Thriving:* the emotional state we want our children and young people to attain.

#### **4. Key related documents**

- CCG's communications and public engagement strategy
- Section 242 NHS Act 2006 – the legal duty to involve current and potential service users or their representatives in everything to do with planning, provision and delivery of NHS services.
- Equality Act 2010 – that all protected groups are considered and that the Equality Delivery System is used appropriately in the context of communications and engagement.
- Domain 2 of the CCG authorisation process – “meaningful engagement with patients, carers and communities”. This means showing how the CCG ensures inclusion of patients, carers, public, communities of interest and geography, health and wellbeing boards and local authorities and how the views of individual patients and practice populations are translated into commissioning intelligence and shared decision-making.

- Children and Families Act 2014 – joint commissioning of services and ensuring provision in our cities meets the needs of children and young people.
- The CCG's Constitution
- The NHS constitution
- The CCG's commissioning intentions
- Procuring and Commissioning for a Fair and Sustainable City – Newcastle City Council Procuring and Commissioning Plan
- Newcastle City Council Plan
- Newcastle Children and Young People's Plan
- Gateshead Council Plan
- Gateshead Children and Young People's Plan

## **Membership**

- Communication and engagement specialist (Chair)
  - Collaborative Commissioning Project Manager
  - Community Voluntary Sector Rep Newcastle x 2
  - Community Voluntary Sector Rep Gateshead x 2
  - Schools representatives – Newcastle x2
  - Schools representatives – Gateshead x 2
  - Parent & Carer Representative – Newcastle
  - Parent & Carer Representative – Gateshead
  - Public Health representative
  - Gateshead Council Representative
  - Newcastle City Council Representative
  - NHS Newcastle Gateshead CCG Representative
  - Healthwatch - Newcastle
  - Healthwatch - Gateshead
  - Northumberland Tyne and Wear NHS Foundation Trust
  - Newcastle upon Tyne Hospitals NHS Foundation Trust
  - South Tyneside NHS Foundation Trust
  - Helix Arts
  - Young Commissioners Organisation
- Other key partners will be invited to join the group as indicated by the group's work.

Members of the Advisory Group are expected to be active participants in the Project, which may mean additional support outside of the monthly meetings.

## **Frequency of meetings**

Every month.

## **Secretariat**

The Project team will organise meeting notes and arrangements.

Notes will be taken of each meeting, highlighting key actions and by whom. These notes will be reviewed at each meeting for accuracy and for actions to be taken. An agenda will be published in advance of meetings, and members are able to put forward items for discussion at the discretion of the chair.

Declarations of interest are made at the beginning of every meeting, and any member who declares an interest against a specific agenda item may be asked to leave the meeting whilst that item is being discussed. Such an occurrence will be noted in the meeting notes.

## **Review date for terms of reference**

6 months

# Appendix Four – Young Commissioners Role Description

## About the Project

Expanding Minds, Improving Lives is a joint project between NHS Newcastle Gateshead Clinical Commissioning Group (CCG), Newcastle City Council and Gateshead Council.

The project will research how current mental health services for children, young people and families are delivered, and examine ways of redesigning services to make them more accessible and fit for purpose.

We are looking for a team of Young Commissioners to be a part of this exciting project, to work alongside statutory commissioners to decide on how mental health services should be redesigned to better suit the needs of children, young people and families.

## Interested?

You need to:

- Be aged 13 – 19 (or up to 25 if you have a learning difficulty or disability)
- Live in Newcastle or Gateshead local authority area
- Passionate about changing services for children and young people
- Able to commit to one or two meetings per month

This is an 18 month project, and ideally you will be able to commit to the full 18 months, however we recognise that your circumstances might change, and we are flexible to suit your life.

You don't need to have accessed mental health services to be involved.

## What's in it for you?

- Full training will be given, so that you feel comfortable in your role.
- You will have the opportunity to gain a vInspired Award (50hr or 100hr) and an ASDAN Leadership award
- A great opportunity to gain experience and learn new skills for your CV
- Be part of a unique, important and exciting project
- An incentives budget for you to decide what to spend it on e.g. trips
- All of your travel expenses will be reimbursed, and we will provide refreshments at meetings

## **What next?**

To apply, please fill in the expression of interest form, and tell us a little bit about yourself and why you'd like to become a Young Commissioner. E-mail your completed form to [Louise@youthfocusne.org.uk](mailto:Louise@youthfocusne.org.uk) by noon on 23 October 2015, or post it to:

**Louise Patterson, Youth Focus: North East,**

**Suite 6, New Century House,**


**West Street, Gateshead, NE8 1HR**

If you have any questions about the project please contact Steve Watson or Jack Wilson by telephone on 0191 477 9966 or via the e-mail address above.

Two days training will be held on **Thursday 29 & Friday 30 October 2015** in Gateshead from 10am – 4pm. Further details will be sent to you about the location closer to the dates.



## Appendix 5 – Key Messages October



**Expanding minds, improving lives:**  
Motivating and working together to transform children and young people's mental health

**Key messages update**

**Issue 1**

**We have a new name!**

It was agreed by the Collaborative Commissioning Project Board and the Advisory Group that we should work with young people to develop a new name for the collaborative commissioning project which was more meaningful for young people and their families. A workshop was held in August with young people to do this which was extremely positive, and the young people who attended were very engaged with and supportive of what we are trying to do. In the short period of time we had the young people developed the following name for the project:

**Expanding minds, improving lives: Motivating and working together to transform children and young people's mental health.**

The reaction we have had so far from colleagues and professionals has been very positive – the name and the strapline will serve as reminders as to the purpose of the work – and indeed it 'does what it says on the tin'.

We will now use this name and the creative style on all our correspondence.

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**Young commissioners update**

We are very pleased to announce that we have appointed Youth Focus North East to run our Young Commissioners project.

This involves recruiting, training and supporting young people to become co-commissioners with the statutory commissioners, with the aim of transforming mental health services for children and young people and their families across Newcastle and Gateshead.

Based in Gateshead, Youth Focus: North East, is an independent charity which works across the region to improve the lives of young people. For over 25 years they have delivered projects which have been developed and co-delivered alongside young people. They have extensive experience of developing programmes on health issues with young people, and have been a regional hub for the development of funding and commissioning initiatives involving young people.

**Can you help with young commissioners?**

The plan is to recruit and train 20 young people aged 13 - 19 (or up to 25 with learning disability) to play an active role in the re-commissioning of mental health services for children and young people and their families across Newcastle and Gateshead. The project will last for 18 months from September 2015. The Young Commissioners will be fully supported for the life of the project to work in collaboration with the Expanding Minds, Improving Lives Project Team and Project Board, as active participants and decision makers in the co-production and design of the new whole system, whole family approach

to emotional wellbeing and health services for children and young people and their families across Newcastle and Gateshead.

If you or your organisation is interested in getting involved with this work please contact: Claire Troman on [claire@youthfocusne.org.uk](mailto:claire@youthfocusne.org.uk), 0191 4779966.

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## Helix Arts - Action: Story!

What is Action: Story!?

Action: Story! aims to empower young people who access CAMHS to have a voice in the commissioning process for this service. By taking part in a film project, the young people will be given an opportunity to express how they feel about their journey within the service and how they would like to see it change. The young people will be instrumental in helping us to determine which services they look at. They will work with professional filmmakers and designers in workshop settings to explore and voice their experiences.

The filmmakers and designers will also work separately with commissioners to explore the issues raised and feedback to the young people as an iterative process throughout the project. The young people will also have a chance to meet with these commissioners at an event in December to showcase the work produced and discuss issues raised collectively.

We would like to work with young people who are:

- Aged 9 - 14 years
- Accessing tier 2 & 3 CAMHS services
- Living in the Newcastle or Gateshead areas
- Willing and available to commit to attending 8 workshops in September / October
- Willing and available to attend an event in December
- Interested in making a film
- At a point in their lives where they are able to articulate how they feel about their experiences of services

Time line of activity:

- July/August: Young people recruitment
- September/October: Action: Story! Workshops
- November: Film created
- January: Young people and commissioner event
- February: Commissioner pledges published
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## Case for change

To make any changes to the way services are arranged, there is a requirement to have a 'case for change'. This is an iterative document and services as the main repository for what we already know about the issues of children and young people's emotional and mental health and wellbeing.

We have started to draft this document using public health needs assessment information from a range of local and national sources.

The call for evidence we did earlier in the summer was also very helpful in starting to build this case for change.

As we progress through this process, we will continually add to the case for change. In particular we will include the insights we gain from the professional and public involvement activity.

We've received many helpful comments from the groups that we have presented what we have found so far too – we will circulate it shortly. It's very important that we all recognise this is a working draft document only at this stage.

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### **Engagement strategy**

We are currently formulating our engagement strategy – bringing together the work being carried out with children and young people (as highlighted above with Helix Arts and the Young commissioner's project).

We want to ensure we are hearing from a full range of professional groups and organisations, we well as young people themselves and their parents, carers, and siblings.

We will be calling for groups to help us with our engagement approaches – so please look out for more information coming soon.



[ngccg.enquiries@nhs.net](mailto:ngccg.enquiries@nhs.net)

# Appendix Six – Updates from the Chair of the Collaborative Commissioning Project Board



## Information for providers and stakeholders

2 April 2015

Dear Colleague

### **Collaborative commissioning of emotional wellbeing and mental health services for families in Newcastle and Gateshead**

I am writing to you as Chair of the Mental Health Programme Board to update you on the Board's project to help redesign Child and Adolescent Mental health provision.

Following from discussions with stakeholders, Newcastle and Gateshead CCGs and local authorities agreed to initiate a collaborative commissioning project (CPP). This project aims to design and commission a radically different whole system, whole family response to the psychological and emotional needs of children and young people. It will particularly focus on jointly designing delivery within the current tiers 3 and 4 of the system; both areas have undertaken to develop their tier 1 and tier 2 responses locally, within the spirit of the overarching project.

By commissioning collaboratively we believe we will be able to develop innovative ideas to improve outcomes by supporting the emotional wellbeing and mental health of children and young people and their families across Newcastle and Gateshead.

All stakeholders recognised that making this change will require long term commitment, and the project is therefore expected to last for up to three years. To enable delivery of this complex project the CCG has also been successful in securing some NHS England resources for project support.

Since January 2015 a working group has been developing a draft vision and project plan.

To deliver our collaborative vision we want to have an open and honest conversation about how the new system should support the emotional wellbeing and mental health needs of our children and young people and families to enable them to be resilient and thrive.

We want our communities to be at the heart of the transformation and we will be engaging with children and young people, parents and carers, families, service providers and other stakeholders throughout the process, as we design our new approach. Our engagement approach will build upon and learn from the on-going



engagement and listening the Mental Health Programme Board's Deciding Together consultation has adopted around specialist adult mental health services.

The Mental Health Programme Board will oversee our work, and we will reflect their principles in the delivery of the project, together with our overarching project principles. We will also be reporting regularly to the Newcastle and Gateshead CAMHs Partnerships and Children's Trust Boards.

The project will soon begin in earnest and attached to this letter we have included our draft vision and high level plan, to provide more clarity about how this project will progress and timescales we expect to work to. We hope this will enable you to be fully engaged in the next stages.

This is an exciting and ambitious project and we look forward to involving you throughout.

Sincerely

A handwritten signature in black ink, appearing to read 'Guy Pilkington', with a long horizontal flourish extending to the right.

Dr Guy Pilkington  
Chair of the Gateshead  
and Newcastle Mental  
Health Programme Board

Distribution: current service providers (statutory and non-statutory), NCVS, GVOC, VOLSAG, CAMHs Partnerships, Children's Trust Board, broader community and voluntary groups, health, social care, education



### **Information for providers and stakeholders**

27 July 2015

Dear Colleague,

In April 2015 I wrote to inform you about the launch of the collaborative commissioning project (CPP) which is seeking to improve the emotional health and wellbeing of children, young people and families across Newcastle and Gateshead. The aim of the CCP is to design and commission a radically different whole system, whole family response to psychological and emotional needs of children and young people.

I wanted to provide you with an update on the progress of the CCP and make you aware of upcoming opportunities to get involved.

#### **Progress against the project plan**

Over the last few months the project team has been working hard to pull together a baseline position of emotional wellbeing and health provision across our two areas. This baseline position statement is important as we need to understand how the current mental health system is performing before we can identify opportunities for change. It is also important for us all to understand what is within the scope of our work. The baseline position statement will be completed in August, and will be shared through 'listening' events commencing in September 2015.

Our baselining work has taken us longer than anticipated to complete due to the challenges with unpicking and analysing the contract and performance information from each of the partner organisations. Given this delay and following feedback from partners we have reviewed our project plan and extended the timings of the engagement, design and consultation phases. Whilst we have extended the project timescale we are still working to an ambitious timescale as we aim to be in a position to describe our new approach in May 2016. The revised timescales for each stage of the project are attached in appendix 1.

#### **Establishing an Advisory Group**

An Advisory Group of stakeholders to help inform and develop the project has been established, and has now met twice. The Advisory Group is made up of a range of representatives including parent and carer representatives, schools, the community and voluntary sector, Healthwatch, service providers and statutory commissioners. The Advisory Group is a means for the Project to share early thinking with key stakeholders to the commissioning process, who have knowledge and experience of working with children and young people and mental health services, so that they may guide and influence the development of the project. We are very pleased indeed with the involvement of different organisations in this group and their support is critical to this process.

The terms of reference for the group are attached in appendix 2.

### **Children and Young People at the heart of the transformation**

We want children and young people to be at the heart of the transformation of our mental health services. To support this approach we have set aside part of the project budget to support the development and coordination of a group of Young Commissioners who will become co-commissioners of the new whole system approach. We are seeking an organisation to recruit, develop and support the Young Commissioners, and a specification setting out the requirements of this contract has been launched on the North East Procurement Organisation portal:

[https://www.qtegov.com/procontract/supplier.nsf/frn\\_home?ReadForm](https://www.qtegov.com/procontract/supplier.nsf/frn_home?ReadForm).

The project team is also working closely with Helix Arts to provide younger children with a voice in the commissioning process. Through Action: Story! Helix Arts will be working with young people aged 9-14 years, who are already accessing mental health services, in a film project about their journey within services and how they would like to see it change. A brief summary of Action: Story! is provided in appendix 3.

### **Listening and Pre-Consultation**

We are now in the process of planning engagement events as part of our Listening and Pre-Consultation stage of the project. We are developing a range of events and forums that will enable us to understand the experiences and views of the broad range of stakeholders which is so vital to the transformation of our services. Some of these events will be targeted at certain stakeholders, for example schools and young people, but other events will have a broader multi agency focus. We are also exploring opportunities to make use of other engagement methods including social media.

The project team will circulate shortly more information about events and engagement opportunities as dates and mechanisms are finalised.

In the meantime if you have any queries about the project please contact Sophie Stallworthy, Project Manager at [sophie.stallworthy@newcastle.gov.uk](mailto:sophie.stallworthy@newcastle.gov.uk).

Sincerely,



Dr Guy Pilkington  
Chair of the Gateshead  
and Newcastle Mental  
Health Programme Board

Distribution: current service providers (statutory and non-statutory), NCVS, GVOC, VOLSAG, CAMHs Partnerships, Children's Trust Board, broader community and voluntary groups, health, social care, education

## Appendix Seven – Call for Evidence Summary

### Summary of information received

Overall there were 22 responses received which included national surveys as well as local surveys undertaken and individual organisations. (See attached appendix)

Many of the responses were evaluations of services of one to one support or interventions with children and young people.

The main issues identified from responses were

- Exam stress – pressure to do well at school
- Lack of confidence/ anxiety
- Bullying
- Isolation
- Relationships – peers, family and other adults
- Body image
- Problems in immediate family, e.g. violence, abuse

Although issues such as depression and self harm were mentioned it was apparent from the information received that children and young people were identifying issues at an early stage and therefore this highlights the importance of intervening early

Not all the responses received showed the feedback from children and young people and their parents. However the following points were identified

- The importance of having someone to listen to them
- Consistency and continuity in approach
- Role models
- Accessibility and flexibility in service delivery
- Not having to wait long to see someone
- Professionals who were approachable and non-judgmental
- Getting help at the right time.

The responses received provide a good baseline in terms of what we already know as well as giving a good starting point for areas which will need to be developed further in the ongoing engagement and consultation with young people



## Appendix Eight – Infant Mental Health Report

## Appendix Nine – Draft Case for Change