

**North East and
North Cumbria**

GATESHEAD

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

2022-2023

Our Joint Vision, Principles and Plan



**North East and
North Cumbria**

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Glossary

Table 1- Glossary of definitions

ADHD - Attention Deficit and Hyperactivity Disorder	JSNA - Joint Strategic Needs Assessment
ARMS – At Risk Mental State	LA – Local Authority
ASD - Autistic Spectrum Disorder	LAC – Looked After Children
BME - Black and Minority Ethnic	MH – Mental Health
CAMHS – Children & Adolescent Mental Health Service	MHLDA – Mental Health Learning Disability and Autism
CHIMAT – Child and Maternal Health	NENC – North East North Cumbria
CNTW – Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust	NEETS – Not in Employment, Education or Training
CP – Children Protection	NENC ICB – North East North Cumbria Integrated Care Board
CYP – Children and Young People	NENC ICS – North East North Cumbria Integrated Care System
CYPS – Children & Young People's Service	NHS – National Health Service
DNA – Did Not Attend	NHSE – National Health Service England
D – Eating Disorders	NICE - National Institute of Clinical Excellence
EDICT - Eating Disorder Intensive Community Treatment	PHE – Public Health England
EHCP - Education, Health and Care Plans	SENCO - Special Educational Needs Coordinator
EIP - Early Intervention in Psychosis	SEND – Special Educational Needs and disability
EMHP - Education Mental Health Practitioner	SPA Single Point of Access
FT – Foundation Trust	VCS – Voluntary Community Sector
GPs – General Practitioner's	VCSE - VCS – Voluntary Community Sector Enterprise
IAPT - Improving Access to Psychological Therapies	
ICS – Integrated Care System	
ICB – Integrated Care Board	

Acknowledgements

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

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

This includes the stakeholders involved in the development of this 2022/23 refreshed plan, listed at table 15.

To accompany the review, the action plan is included at Appendix 1. This is an iterative plan and is updated regularly on the North East North Cumbria Integrated Care Board (NENC ICB) website.

The refreshed document will be published on the North East North Cumbria Integrated Care Board and Local Authority websites by 30 September 2022, in line with the requirements set out by NHS England.

1 Introduction

- 1.1 This document sets out the 2022-23 Children and Young People's Mental Health and Wellbeing Transformation Plan for Gateshead, in line with the national ambition and principles set out in 'Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing'.¹
- 1.2 A requirement of Future in Mind is for areas to develop a local plan focused on improving access to help and support when needed and improve how children and young people's mental health services are organised, commissioned and provided.
- 1.3 The 2017 Green Paper 'Transforming Children and Young Peoples Mental Health Provision'² and subsequent 2018 refresh 'Government Response to the Consultation on Transforming Children and Young People's Mental Health Provision: a Green Paper and Next Steps' set out a clear direction of travel which focussed 'a far more joined up approach to mental health support, not just across health and education but also other services – a multi-agency approach focused on collectively understanding and meeting the needs of children and young people in an area' (p.14).
- 1.4 The Gateshead system partners have been working together with our communities and stakeholders to understand and plan what needs to happen locally to transform the emotional wellbeing and mental health provision for children and young people and their families across Gateshead.
- 1.5 Our Transformation Plan is a living document and sets out our commitment to ensure that children and young people and their families, and professionals working in the field, are at the heart of the transformation, by ensuring the views and experiences of those who are in receipt of support or may use services and, those who deliver them were listened to and respected. This plan describes what we have achieved over the last few years and identifies actions which are ongoing in their implementation (See Appendix 1 Action Plan 2022-23).
- 1.6 The Covid-19 pandemic has clearly impacted on the work that has taken place in 2020 and 2021 and led to a number of changes in work prioritisation and progress; we will endeavour to demonstrate the opportunities that have been realised from the pandemic as well as the increased demand and

¹ Department of Health NHS England (2015) *Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing* [Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728892/future-in-mind-promoting-protecting-and-improving-our-children-and-young-peoples-mental-health-and-wellbeing.pdf) ([publishing.service.gov.uk](https://assets.publishing.service.gov.uk))

² Department of Health and Social care, Department of Education (2018) Government Response to the Consultation on Transforming Children and Young People's Mental Health Provision: a Green Paper and Next Steps https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728892/government-response-to-consultation-on-transforming-children-and-young-peoples-mental-health.pdf

need for Children and Young Peoples mental health and mental well-being services that have resulted from this life-changing event.

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

2.1 The Transformation Plan provides a framework to improve the emotional wellbeing and mental health of all children and young people across Gateshead. The aim of the plan is to make it easier for children, young people, parents and carers to access help and support when needed and to improve mental health services for children and young people.

2.2 The plan sets out a shared vision, high level objectives, and an action plan which takes into consideration specific areas of focus for Gateshead system.

2.3 Successful implementation of the plan will result in:

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

This plan has been developed by a multi-agency group. The providers and stakeholders involved in the development of the plan are listed in table 15.

2.4 Action plans have been informed by the available health needs assessment and reflect the Gateshead Joint Strategic Needs Assessments³ and Health and Wellbeing Strategy⁴.

³ [Headline data - Gateshead JSNA](#)

⁴ [Health and Wellbeing Strategy 2020.pdf \(gatesheadjsna.org.uk\)](#)

3. Our Vision

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

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

How are we going to achieve our vision?

- 3.1 The Gateshead Local Transformation Plan has been developed to bring about a clear coordinated change across to the whole system pathway to enable better support for children and young people, realising the local vision.
- 3.2 A whole system approach to improvement has been adopted. This means health organisations, local councils, schools, youth justice and the voluntary sector working together with children, young people and their families.
- 3.3 Fundamental to the plan, is partnership working and aligned commissioning processes, to foster integrated and timely services from prevention through to intensive specialist care. Also, through investing in prevention and intervening early in problems before they become harder and more costly to address.
- 3.4 The initial plan is based on the five themes within Future in Mind. The aims for each theme are described below.

Resilience, prevention and early intervention

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

Improving access to effective support

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

Caring for the most vulnerable

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

Accountability and transparency

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

Developing the workforce

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

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

- Promote good mental health, build resilience and identify and address emerging mental health problems as soon as possible
- Ensure children, young people and families have timely access to evidence-based support and treatment when in need
- Improve the experience and outcomes for the most vulnerable and disadvantaged children, ensuring they are adequately supported at key transition points
- Work in partnership to develop multi-agency pathways underpinned by quality performance standards, which will be reported in a transparent way
- Continue to train and develop our workforce to ensure we have staff with the right mix of knowledge, skills and competencies to respond to the needs of children and young people and their families, making every contact count

3.6 Success has been reliant on all professionals signing up to the principles which underpin the new model. The new model is based on a prevention (where possible) and if not, the earliest possible intervention. This will result in prevention of unnecessary escalation – shifting our approach to pre-empt or respond quickly to emotional wellbeing concerns instead of focus on

treating the consequences. To do this we need a cultural shift, and a flexible and responsive workforce.

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

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

3.10 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.

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



4 National Policy Context

- 4.1 National policy over recent years has focused on improving outcomes for children and young people by encouraging services to work together to protect them from harm, ensure they are healthy and to help them achieve what they want in life.
- 4.2 In regard to improving outcomes for children and families, No Health without Mental Health⁵ published in 2011, emphasises the crucial importance of early intervention in emerging emotional and mental health problems for children and young people. Effective commissioning will need to take a whole pathway approach, including prevention, health promotion and early intervention.
- 4.3 Future in Mind – Promoting, protecting and improving our children and young people’s mental health and wellbeing, responds to the national concerns around provision and supply of system wide services and support for children and young people. It largely draws together the direction of travel from preceding reports, engages directly with children, young people and families to inform direction and the evidence base around what works.
- 4.4 The joint report of the Department of Health and NHS England sets out the national ambitions that the Government wished to see (2020). These are:
- i. People thinking and feeling differently about mental health issues for children and young people, with less fear and discrimination.
 - ii. Services built around the needs of children, young people and their families so they get the right support from the right service at the right time. This would include better experience of moving from children’s services to adult services.
 - iii. More use of therapies based on evidence of what works.
 - iv. Different ways of offering services to children and young people. With more funding, this would include ‘one-stop-shops’ and other services where the majority of what young people need is under one roof.
 - v. Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible. For example, no young person under the age of 18 being detained in a police cell as a ‘place of safety’.
 - vi. Improving support for parents to make the bonding between parent and child as strong as possible to avoid problems with mental health and behaviour later on

⁵ No Health without Mental Health (2011) HM Government

- vii. A better kind of service for the children and young people who need it most, including those who have been sexually abused and/or exploited making sure they get specialist mental health support if they need it.
- viii. More openness and responsibility, making public numbers on waiting times, results and value for money.
- ix. A national survey for children and young people's mental health and wellbeing that is repeated every five years.
- x. Professionals who work with children and young people are trained in child development and mental health and understand what can be done to provide help and support for those who need it.

4.5 Future in Mind also refers to the Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT). This is a service transformation programme that aims to improve existing Child and Adolescent Mental Health Services (CAMHS) working in the community⁶. 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.

4.6 The NHS Long Term plan made a commitment to invest in additional support for the most vulnerable young people with complex trauma this is an area we have prioritised for investment in Gateshead.

5. Alignment to Integrated Care Systems Children and Young People Mental Health Workstream

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

5.2 ICS vision

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

5.3 ICS joint working principles

- Working together: System leadership: Accept that relationship building, and the behaviours that enable this, is everyone's responsibility.

⁶ Children and Young Peoples IAPT Programme <https://www.gov.uk/government/news/improved-mental-health-therapies-for-children>

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

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

6. Local Policy Content

6.1 This Transformation Plan contributes to the delivery of local priorities detailed within Gateshead Joint Health and Wellbeing Strategy.

6.2 This Health and Wellbeing Strategy aims to inform and influence decisions about health and social care services across Gateshead so that they are focused on the needs of the people who use them and tackle the factors that affect health and wellbeing.

6.3 Gateshead Cares is the place-based collaborative for overseeing health and social care integration and transformation in Gateshead which is underpinned through a formal legally binding Alliance Agreement.

6.4 This supports the policy direction for place-based partnerships set out in the Government's White Paper 'Integration and Innovation: working together to improve health and social care for all'

6.5 Members of the collaborative are:

- North East North Cumbria Integrated Care Board – Gateshead Place
- Gateshead Council
- Gateshead Health NHS Foundation Trust
- Cumbria Northumberland Tyne & Wear NHS Foundation Trust
- Community Based Healthcare Limited
- Connected Voice
- The Newcastle upon Tyne Hospitals NHS Foundation Trust

6.6 The overarching vision for Gateshead Cares is as follows:

“Good jobs, homes, health and friends.”

6.7 The vision supports Gateshead’s Thrive agenda – *“Making Gateshead a place where everyone thrives”*, which commits the Partners to these pledges:

- Put people and families at the heart of everything we do.
- Tackle inequality so people have a fair chance.
- Support our communities to support themselves and each other
- Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the borough.
- Work together and fight for a better future for Gateshead.

6.8 Gateshead Carers Objectives

The Partners will work with other partners, stakeholders and local people to improve the health and wellbeing outcomes of Gateshead residents, consistent with Gateshead’s Thrive agenda and within the whole resources available to the local system. In particular, they will work together in order to:

- reduce levels of inequality through tackling the circumstances that lead to inequality
- shift the balance of services from acute hospital care and crisis interventions to community support with a focus on prevention, early help and self-help, matched by appropriate resource levels
- support the development of integrated care and treatment for people with complicated long-term health conditions, social problems or disabilities
- create a joint planning and financial framework for managing the difficult decisions required to ensure effective, efficient and economically secure services, getting the most from the Gateshead £.

6.9 Children and Young People – Best start in Life and Special Educational Needs and disabilities remains a priority for Gateshead Cares in 2022—23.

6.10 The Transformation Plan is also aligned with the NENC ICS Operational Plan 2020-22, which acknowledges the need to focus on mental health and wellbeing, including children and young people, particularly those in vulnerable groups (children in our care, care leavers, children with special needs) and developing services to support this.

6.11 Development of Family Hubs

Family Hubs are a place-based way of joining up locally in the planning and delivery of family services. They bring services together to improve access, improve the connections between family, professionals, services and providers and put relationships at the heart of family support. Family hubs offer support to families from conception to two, and to those with children of all ages, which is 0-19 or up to 25 for those with special educational needs and disabilities with a Start for Life offer at their core.

Gateshead is one of the 75 areas who will benefit from additional funding from 2022 to 2025 to transform our services into a family hub model. Additional funding is also available to develop and improve our start for life offer and support for infant feeding, parent infant relationships and perinatal mental health, parenting support and the home learning environment.

This will build on the success of community hubs stood up during Covid, the Council's model of Locality Working and the current Early Help Offer.

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

7. Currently Commissioned Services

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

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

Table 2 Existing Services

Tier 1 Universal	Tier 2 Targeted
<ul style="list-style-type: none"> • Midwifery • Health Visiting 	<ul style="list-style-type: none"> • CYPS Primary Mental Health Workers

<ul style="list-style-type: none"> • Children's Services • School Nursing • Some Voluntary Services • Action for Children Community Support • Children North East Community Support • Kooth 	<ul style="list-style-type: none"> • Emotional Wellbeing Service – Gateshead • North East Counselling Service • Children North East • Kalmer Counselling • Barnardo's Bereavement and Sexual Abuse Counselling • Eating Distress Service Counselling • Kooth Online Counselling and Support • The Children's Society • IAPT • School Social Workers
Tier 3 Specialist Community	Tier 4 Specialist Inpatient
<ul style="list-style-type: none"> • CYPS – Neurodevelopment pathway diagnostic Community Service • CYPS Learning Disability – Community Service • CYPS – Mental Health community service • CYPS – Community Forensics • Community Eating Disorder Service EDICT • Learning Disability Challenging Behaviour IPBS • Learning Disability - Intermediate Care/Respite • Early Intervention in Psychosis (NB age range 14-65) • Criminal Justice Liaison and Diversion • Perinatal Mental Health • Speech and Language Therapy • Autism Spectrum Disorder Services diagnostic only • ADHD Service 	<ul style="list-style-type: none"> • Assessment and Treatment – Mental Health inpatient • Assessment and Treatment – Learning Disability inpatient • Eating disorders in-patient • Psychiatric intensive care units • Secure Children's Home • Medium Secure (Mental Health and Learning Disability) • Low Secure (Mental Health and Learning Disability) • Complex Neuro-developmental Service

8. Finance Update

- 8.1 Our aim is to shift our approach across the whole system to pre-empt or respond quickly to emotional wellbeing concerns instead of treating their consequences and ensure an early intervention and prevention approach is adopted.
- 8.2 Shifting resources will not happen overnight, and as such we needed to resource additional upstream services during the process of change, whilst maintaining safe and accessible provision.

- 8.3 Efforts are being made to establish the level of investment by all local partners commissioning children and young people’s mental health services for the period April 2019 to March 2023 (See table three and four). This will aid local decision making. Additional detail will follow when available.

Table 3: Actual and Planned expenditure on Child and Adolescent Mental Health Wellbeing services

	Actual expenditure			Plan
	2019/20	2020/21	2021/22	2022/23
Newcastle Gateshead Clinical Commissioning Group	£9,009,378	£9,342,199	£9,922,159	£11,052,927
Gateshead Metropolitan Borough Council	£693,200	£686,573		
NHS England	<i>See point 22.3 below</i>			
TOTAL	£9,702,578	£10,028,772		£11,052,927

Table 4: Key increases year on year – Gateshead Value

Key increases year on year - Gateshead's value	Ghead			Notes
	SDF/MHIS	2021/22	2022/23	
Areas increased year on year				
Investment SDF: CYP Eating disorders CNTW	SDF	£ 53,340		Share of £127k SDF
Investment SDF: Getting help	SDF		£ 163,000	Share of investment
Investment SDF & MHIS: CYP IAPT	SDF & MHIS		£ 172,000	All Gateshead
Investment MHIS: Perinatal CNTW expansion to meet LTP ambitions	MHIS	£ 132,720		Share of investment
Investment MHIS: CYP ICTS Crisis	MHIS		£ 123,060	Share of investment
NR investment MHIS - W List NE Counselling via CNTW *new approval	MHIS		£ 72,800	All Gateshead
Total		£ 186,060	£ 530,860	

- 8.4 It is acknowledged that there are several commissioned services that will contribute to children and young people’s mental health and wellbeing. However, unless commissioned solely for that purpose, they have been excluded from that shown in Table three.

- 8.5 NHS England are a partner organisation commissioning Specialised Services (Tier 4) for Children and Young People and Health and Justice / Offender Health – CAMHS Secure Children’s Home; Liaison and Diversion. These services are commissioned on a regional basis not at CCG level. The information provided by NHS England is expenditure relating to CAMHS Tier 4 Inpatient and Outpatient services. As these services are commissioned on a case-by-case basis NHS England does not commission on a CCG basis and is not able to provide forward estimates of expenditure at a CCG level.

- 8.6 Police and Crime Commissioner fund some services in Gateshead through a Supporting Victims Fund which has four key priority victims’ groups:

- Domestic abuse and sexual violence

- Victims under 18
 - Victims of hate crime
 - Victims with mental health needs and those who are vulnerable due to risk of abuse/harm
- 8.7 Additional investment has been made in KOOTH since 2018, an online mental health service for children, young people. This investment was to increase capacity and expand the age to include up to 25-year-olds. The service offers an online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop and free at the point of use.
- 8.8 NHS England initially provided transformation funding to develop a perinatal mental health service, which commissioners across the North East collaboratively commissioned from March 2019. Newcastle Gateshead CCG have increased investment in this area to ensure the sustainability of the team, meet CCQI standards and allow development to meet Long Term Plan aspirations.

9. Progress and key highlights on 2021-22 action plan

Area	Progress during 2021-22
Overarching areas	<ul style="list-style-type: none"> • An evaluation working group established to review the SPA and CYP MH services. • We continue to build on safe online communities via Kooth, Qwell, Togetherall • A review taking place on training priorities for CYP IAPT services • All providers and young ambassadors have increased awareness to reduce the stigma of mental health over the past year • Membership, governance and terms of references have been reviewed for meetings • A working group has been established and a plan has been put in place to develop a workforce strategy • Resources have been produced to raise awareness of childhood illnesses and to reduce the presentation of CYP at A&E • The Gateshead System is now inputting local contact details of services into the National Healthier Together directive
New models and pilots	<ul style="list-style-type: none"> • Non-recurrent funding sourced to upskill Youth Justice Mental Health Workers in emotional mental health and wellbeing and a VCS service has been commissioned to develop some training. • Non-recurrent funding has been sourced for a pilot via Cradle to support parents who have experienced loss. A pilot has also been commissioned

	<p>for women in poverty who have had a 1st baby. Further plans to develop, expand and invest in the maternal mental health services are ongoing</p> <ul style="list-style-type: none"> • A new support service for LGBTQ+ community has been commissioned. • By working in conjunction with Nexus 133 care leavers now have a free travel pass to enable them to have access to services, further education, employment and social activity. • A new eating disorders model is in place which includes the addition of an extra post. • A children's social care advocacy contract has been commissioned regionally and will run for 36 months with the option for it to be extended. • At Risk Mental State Service (ARMS) first year evaluation is now complete. • A scoping exercise has been completed to evaluate and improve the quality element of the Early Intervention in Psychosis (EIP) pathway.
<p>Crisis and Trauma</p>	<ul style="list-style-type: none"> • An integrated trauma informed care model has been procured which will be embedded within children's social care to assess and review the child's needs and how these can best be met. • Data and business case for additional funding for 24/7 crisis and home treatment support for children and young people has been pulled together and in the process of being reviewed • A paper has been drafted around the model of need and capacity for psychiatric liaison in acute provision for CYP • Crisis and urgent response meetings are arranged with partners to develop and review existing service offer • A new provider collaborative has been agreed with NHSE for specialist-inpatient services
<p>Learning Disability Autism</p>	<ul style="list-style-type: none"> • An Autism Hub is in development which is a mix of a physical and virtual offer, and links with the Early Help Service in the local authority and the development of a locality-based model on PCN footprints. • LD health checks good practice guidance has been developed and shared with primary care and schools. Annual calls were made to GP practices to support the uptake of health checks and a raising awareness video was commissioned. • LD postcards produced to be given to YP and parents to connect them to GP for health checks and flu vaccination. • EHCP review templates have been updated and termly audits are undertaken of the plans. • Clear linkage now seen for SEND through a bi-monthly board meeting and delivery of awareness sessions. • A Speech and Language Therapy review has been completed. High level teaching assistants to be employed.
<p>Education:</p>	<ul style="list-style-type: none"> • MH leads identified for primary and secondary schools and schools taking up the DfE MH leads training

	<ul style="list-style-type: none"> • RISE Mental Health support team (MHST) are delivering evidence-based interventions for CYP with low-moderate mental health problems in schools as well as offer a longer-term support via Healios who deliver virtual therapeutic one to one support • VCSE commissioned to deliver mental, physical health and emotional well-being awareness raising sessions within schools and masterclasses have been organised and led by consultants and specialist nurses to train school staff.
Transitions:	<ul style="list-style-type: none"> • 95% of children and young people now have a transitions plan from children's mental health services to adult mental health services • A piece of work is being conducted across health and social care looking at key transition points across the life-course to better meet the needs of young person and their families • A pilot is being developed to test out improvements from secondary care to primary care transitions.

10. Demand for Children and Young People's Mental Health Services in Gateshead

10.1 What is the data telling us

Children and young people's mental health has never been so high on the public agenda. It is vital that we have the basic facts if we are to see realised our vision of better mental health for all children, wherever they live, whatever their background or class⁷. Information in key policy documents suggests:

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

⁷ Centre for Mental Health. 2021. <https://www.centreformentalhealth.org.uk/sites/default/files/2021-02/CYP%20mental%20health%20fact%20sheet%202021.pdf>

- There is an average 10-year delay between young people displaying first symptoms and getting help.
- Refugees and asylum seekers are more likely to experience poor mental health (including depression, Post traumatic stress disorder and other anxiety disorders) than the general population. (Mental Health Foundation, 2016)
- Children from the poorest 20% of households are four times as likely to have serious mental health difficulties by the age of 11 as those from the wealthiest 20%. (Morrison Gutman et al., 2015)
- Self-harm is more common among young people than other age groups. 25% of women and 9.7% of men aged 16-24 report that they have self-harmed. (McManus et al., 2016)

10.2 Certain risk factors can make some children and young people more likely to experience mental health problems than others. However, this doesn't mean a child will definitely or probably go on to have mental health problems⁸. These factors include:

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

10.3 Headline data for Gateshead

- As of 31st March 2022, Gateshead had 484 children (0-18 years) in care of which:
- 374 were in in house foster care (of which 70 were in connected carer arrangements)
- 46 in in-house residential settings
- 26 placed with parents
- 125 Care leavers

Of these:

- 46 children and young people working with our complex child in need team
- 58 children and young people (age 10-18) in contact with our youth justice services
- 232 children on child protection plans

⁸ Mental Health for All. 2021. <https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people>

Table 5 Headline data for Gateshead

<p>202,419</p> <ul style="list-style-type: none"> • People live in Gateshead 	<p>About 480</p> <ul style="list-style-type: none"> • Children are looked after and live with foster carers, in a childrens home, or with family
<p>39,780 (19.7%)</p> <ul style="list-style-type: none"> • Are children and young people 	<p>About 230</p> <ul style="list-style-type: none"> • Children have a child protection plan to keep them safe
<p>About 1500</p> <ul style="list-style-type: none"> • Children receive support from Early Help 	<p>About 1620</p> <ul style="list-style-type: none"> • Children are in need of extra help and support from social services

10.4 The following data is taken from the PHE Fingertips Tool which includes the use of Child and Maternal Health Intelligence Network Service⁹ (CHIMAT). The reports bring together key data and information to support the understanding of key local demand and risk factors to inform planning.

10.5 Table six below shows the estimated prevalence of children with a mental health disorder by Place (previous Clinical Commissioning Group localities) within the North East and Cumbria compared to England. This data is from 2021 and has not been updated for 2022 currently.

⁹ National Child and Maternal Health Intelligence Network (2021) <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133228> (Newcastle) and <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133228/pat/6/ati/302/are/E08000037/iid/92196/age/2/sex/4/cid/4/tbm/1> (Gateshead)

Table 6: Children & Young People’s Mental Health and Wellbeing¹⁰

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

Not applicable

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

¹⁰ PHE Fingertips Tool. 2021 <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/0>

10.6 Table six shows that the:

- The rate of hospital admission as a result of self-harm (10-24 years) is **significantly higher in Gateshead** 573.2 than England 439.2
- The percentage of looked after children whose emotional wellbeing is a cause for concern is also **higher in Gateshead** 46 than England 37.4
- The rate of primary school pupils with social, emotional and mental health needs in Gateshead is 2.08 which **is better** than both the North East 2.61 and England 2.45
- The rate of secondary school pupils with social, emotional and mental health needs in Gateshead is 1.55 which **is better** than both the North East 2.88 and England 2.67
- The most common mental health disorders in children and young people in Gateshead are conduct disorders. Data shows that in the North East region conduct disorders have a prevalence of 6.1% (5-16 years) the range is 5.7-6.7. In Gateshead this is 6.1%

10.7 Table six also shows the estimated prevalence of children with conduct, emotional, hyperkinetic and less common disorders by place area. It should be noted that some children and young people may be diagnosed with more than one mental health disorder.

10.8 Table 6 shows the ratio of Gateshead Looked after Children who's emotional wellbeing is a cause for concern to be above the England and regional average.

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

Key findings from the profile include:

- The most recent validated data on local levels of child poverty available is from 2016, when there were 20.5% of children in Gateshead in poverty (compared to 19.4% in 2015); the England average is 17% and the North East average is 22.2%;
- The health and wellbeing of children in Gateshead is generally worse than the England average.
- Infant mortality rates are similar to the national average; in Gateshead the child mortality rate (10.5) is similar to the region (11.8) England (10.8).
- Children in Gateshead have worse than average levels of obesity; 24.9% in Gateshead of children in year 6 compared to the region 23.2% and England 21%.

10.9 Education, training and employment

Young people aged 16-18 years who are not in education, training or employment (NEETS) are more likely to have poor mental health and die an early death. They are also more likely to have a poor diet, smoke, drink alcohol and suffer from mental health problems. Gateshead is worse than the England average with 5.2% in Gateshead compared to 5.9% region and 5.5% nationally (2019 data).

10.10 The Joint Strategic Needs Assessment tells us that :

- A total of 4,344 pupils in Gateshead were reported by schools to have a special educational need or disability, which equates to 15.8% of the all age school population (preschool to year 13). Of these, 26.1% had an Education, Health and Care (EHC) Plan and 73.9% were categorised as 'SEN Support'
- Pupils with an EHC Plan account for 4.1% of all pupils in Gateshead. Pupils requiring SEN support account for 11.7% of all pupils in Gateshead.
- Pupils attending a special school - The number of pupils being taught in special schools in Gateshead has risen from 492 in 2015 to 679 in 2021, a 38% increase.^[1]
- The number of children and young people aged 0-25 years with an EHC Plan has increased from 842 in 2015 to 1,393 in 2021, a 65% increase.
- The wards that have a high proportion of children in poverty tend to radiate out from the centre of Gateshead. They include (from highest) Felling (38%), Deckham (31%), High Fell (28%) and Saltwell (26%)

10.11 What are young people and families telling us

A number of consultations and engagement sessions have taken place over the last few years which builds on the earlier work of Expanding Minds and Improving Lives (2017-19) in which our children and young people told us they would like to:

- to grow up to be confident and resilient, supported to fulfil their goals and ambitions.
- to know where to find help easily if they need it and when they do, to be able to trust it.
- choice about where to get advice and support from a welcoming place. It might be somewhere familiar such as school or the local GP; it might be a drop-in centre or access to help online. But wherever they go, the

advice and support should be based on the best evidence about what works.

- to be recognised as experts in their own care, having the opportunity to shape the services they receive.
- to only tell their story once rather than have to repeat it to lots of different people.
- if in difficulty, not having to wait until they are really unwell to get help. Asking for help shouldn't be embarrassing or difficult and they should know what to do and where to go; and if they do need to go to hospital, it should be on a ward with people around their age and near to home.

As a result of Expanding Minds Improving Lives changes were made to C&YPs mental health services. This included the setup of a single point of access (SPA) for referrals and an online consultation service known as Kooth.

10.12 However as a system, and through our governance process continual learning and incremental change is needed to ensure support is flexible and responsive to the changing needs of our children, young people and their families, which can also be impacted on by political, and environmental factors that are out of our control; the Covid-19 pandemic being a perfect example of this

10.13 A Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis has been carried out following several consultation exercises with young people and their families during the past 12 months, the outcome of which is displayed below:

Strengths	Weaknesses
<ul style="list-style-type: none"> • Staff are committed and dedicated • Training and resources enable staff at tier one to work in community settings • There is good early use of new technologies • Targeted Mental Health in Schools and school-based counselling is well received and evaluated • Whole school approaches to Emotional and Mental Health are good (dedicated worker – link between mental health trust and schools is highly valued) • Children identified with special educational needs have good level of support in schools • Using schools as a community asset • For CYP the approach and convenience/access to VCS provision is important as part of the whole system structure • Access to groups and social/creative activities work • Ability to self-refer is helping service access 	<ul style="list-style-type: none"> • The needs of children and young people are not being met by the existing arrangements pre and post diagnosis • Waiting times are too long • Rigid and high thresholds for services • Transition from Children's to Adults is not smooth – described as a '@cliff edge' • Service configuration and performance • Not enough focus on early intervention and prevention • Greater support for lower-level need /right support from the right services at the right time • Supporting families to access credible information that can support them to self-care where appropriate • Greater integration with education • Lack of choice (location, types of support) • Communication and information sharing • Limited follow-up post referral • Services are not always sensitive to cultural differences

Opportunities	Threats
<ul style="list-style-type: none"> • To work with people and communities to develop person centred and community centric approaches to improve emotional and physical wellbeing • Monopolise on move to place-based working to facilitate better connections and more joined up working with a given locality (PCN footprint) which also includes an Improved understanding roles and functions of key professionals / organisations • With the right skills and resources, • Explore the potential for schools and community-based organisations to work at tier one. • Explore potential of schools and community-based organisations in providing tier 2 support • To improve data sharing and addressing interoperability issues • Build upon opportunities for prevention and self-help through an improved digital offer – to refer and for self-care. 	<ul style="list-style-type: none"> • The pandemic has seen an exponential rise in children and young people reporting mental health issues, as well as a rise of people coming into the care of the Local Authority • Workforce pressures – due to lack of numbers there are not enough clinically trained staff to meet demand • Continuing to work in the way we do now – there needs to be a radical shift in how we meet the needs of our children and young people. • Cost of Living rises which is putting increase strain on families which is negatively impacting on children and young people.

10.14 Benchmarking

In addition to the above local benchmarking against the 49 recommendations detailed within Future in Mind, the subsequent Green Paper for CYP Mental Health and the NHS Long Term Plan indicates that the following areas also require further consideration:

- Perinatal and Maternal Mental Health
- Early Years Provision
- Early Intervention and enhanced training for school
- Self-care / peer support for Children and Young People and Parents
- Psychiatric Liaison for children and young people
- Transition care for vulnerable groups
- Transition between Children and Young People Mental Health services and Adult services – opportunities for up to 25 years of age
- Children and Young People with a learning difficulty or neurodiverse condition who may not be eligible for adult support
- A Speech and Language Therapy Review has taken place however a wider review of therapy services is required
- Children and young people with Autism
- Children and young people with Attention Deficit Hyperactive Disorder
- Neurodevelopmental assessments
- Trauma informed care
- Parental support
- Increasing capacity within the Community Eating Disorder Service

11. What will be our areas of focus in 2022-23?

11.1 Mapping and Resource Allocating

In section 11.2 data of the current demand and capacity for our Gateshead secondary services is presented. Referrals into services has been unprecedented and rapidly increasing particularly from July 2021 in our Getting Help service across Newcastle and Gateshead (see graph 1). In addition to continuing an evaluation of the Single Point of Access described below we intend to map the current system offer for our Children and Young People in Gateshead from their School, GP practice, Community, Voluntary sector and Mental Health Trust Partners to ensure wherever we can we are delivery proactive support, empowering the workforce who support our Children and Young People and allocate our resources as effectively as we can. This work will commence in September 2022 and be complete in conjunction with the planned work to design Family Hubs in Gateshead and ensure we are giving all of our Children the Best Start in Life, as set out in our Gateshead Health and Wellbeing Strategy.

11.2 Improving Access to Services

Based on recommendations within Future in Mind and examples of effective service design, the Gateshead Transformation Plan aimed to re-design mental health services for children and young people from a targeted, tiered model which focuses on services working in specific areas (BME, Looked after Children, 16–18-year-olds and early years) to an integrated comprehensive pathway of care for all children and young people with a Single Point of Access. This transformation supports the principle of developing a system to work for children, young people and their families. This means placing children and their families 'at the centre' of what we do. This was delivered through the two new service specifications 'Getting Help' and 'Getting More Help'.

The re-design was co-produced with children, young people, families and stakeholders, and has developed a strong partnership between the statutory and voluntary sector and mental health services.

Central to the local implementation of Future in Mind and the development of a system without tiers, a framework which provides guidance to services for coordinating the care and support of children and young people. This is based on their needs and the needs of the families including siblings. This approach differs from the medical based model of care and will develop an approach where the child, young person and family are at the centre of care and support.

The model aspires to a system where a child or young person presenting with mental health needs, can access the most appropriate support. A

commitment from stakeholders to ensure that any child or young person is supported and safely handed over to the appropriate lead agency, rather than simply signposting to other services. The lead agency identifies a lead professional to guide and support the young person and family through their care for as long as they feel this is needed.

11.2.1 Services delivered by Cumbria, Northumberland Tyne and Wear as Lead Provider in Gateshead

In response to feedback from people, families, and existing services a single point of access for Tier 2 and tier 3 services has operated since April 2019. This was put in place to make it easier for children and young people to get the help they need at the right place and at the right time.

The service is delivered through a lead provider model, whereby a person is referred to the appropriate service to meet their needs, whilst freeing up clinical time for those Children and Young People who require clinical support. A performance framework for Getting help and Getting more help has been developed. As a lead provider model and single point of access the data flows directly via the lead provider.

The SPA has been operating for a few years now so it seems timely to conduct an evaluation of the model by learning from people's experiences and those of partners who refer in to the service in order to strive for continuous development and improvement to the offer for our children, young people and their families.

Currently the lead provider for the SPA is Cumbria Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) who provide Mental Health and Eating Disorder Services. South Tyneside and Sunderland NHS Foundation Trust also provide tier 2 services in Gateshead in addition to a collaboration of Voluntary Sector Organisations. Referrals to the SPA have steadily increased over the last 18 months.

Together with Newcastle and Gateshead Integrated Care Board we have reviewed and updated the performance framework for Getting help and Getting more help and this has been condensed to enable extraction of relevant data.

Key outcome measures are routinely monitored through regular contract review meetings with providers, and these are reported monthly and quarterly within the performance framework.

Work is ongoing to understand the current staffing levels within the CYPS Community Team. Below tables show referral information and waiting times for the Getting Help Service (Table seven) and the Referral information and Waiting Times for the Getting More help Service (Table eight).

Referrals into the SPA have continued on an upwards trend, the dips in referrals correspond with school holidays. We are seeing increased waiting times across all pathways including waits from SPA- providers due to the demands outweighing capacity see graph one below.

Graph 1- Newcastle - Gateshead CYPS SPA Referrals by Month – Jan 2020 – May 2022

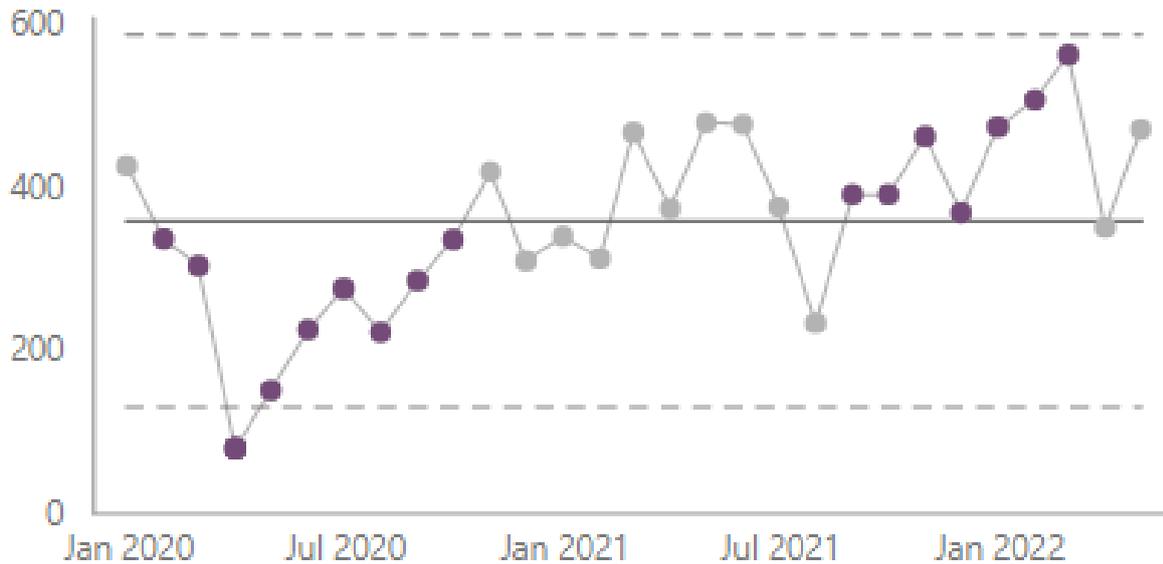


Table 7 Getting Help Referrals and Waiting Times April 2021 – March 2022

Referral received Financial Year	Referral CCG Name	Referrals received	Referrals accepted
2021-22	NHS GATESHEAD CCG	2344	2,276

Table 8 Getting More Help Referrals and Waiting Times April 2021 – March 2022

Referral Received Financial Year	Referral CCG Name	Referrals Received	Referrals Accepted	Percentage %
2021-22	NHS GATESHEAD CCG	1108	1103	99.5

First Seen Financial Year	Referral CCG Name	Reporting Pathway	Number of Assessments	Average waiting time referral to assessment - days
2021-22	NHS GATESHEAD CCG	ADHD pathway	27	129
2021-22	NHS GATESHEAD CCG	Autism Spectrum pathway	137	228
2021-22	NHS GATESHEAD CCG	Learning Disabilities pathway	53	60
2021-22	NHS GATESHEAD CCG	Mental Health pathway	375	67
2021-22	NHS GATESHEAD CCG	Neuro pathway	41	165

- Neurodevelopmental and Mental Health Pathways

The ADHD, Autism and Neuro pathway referrals all fall under the Neurodevelopmental pathway.

From April 2021 – March 2022, we saw an increase in referrals into the Mental Health Pathway however following initial assessment a number of young people were then transferred across to the Neurodevelopmental pathway for assessment.

Table 9 Getting More Help Treatment Pathways and Waiting Times April 2021 – March 2022

Second CYPS Contact Financial Year Name	Referral CCG Name	Reporting Pathway	Number of referrals starting treatment	Average waiting time referral to treatment - days
2021-22	NHS GATESHEAD CCG	ADHD pathway	21	145
2021-22	NHS GATESHEAD CCG	Autism Spectrum pathway	120	264
2021-22	NHS GATESHEAD CCG	Learning Disabilities pathway	36	115
2021-22	NHS GATESHEAD CCG	Mental Health pathway	256	92
2021-22	NHS GATESHEAD CCG	Neuro pathway	27	202

- Consultation with our Children Young and Families

During Covid the Points of You, the reporting system was stood down which meant service user and carer feedback was reduced and then due to some ongoing work with the new system the CYPs services have just recently being implemented and therefore you will see an increase in responses from May 2022.

Table 10- Points of You 1st April 2021 to August 2022



Table 11- Newcastle & Gateshead Eating Disorder Services – Referrals

EDICT

Financial Year Name	Reference Description	Numerator	Denominator	Percentage %
2021-22	Eating Disorder Referrals Waiting - Routine	23	25	92
2021-22	Eating Disorder Referrals Waiting - Urgent	2	2	100

- Eating Disorders

As at Q4 2021/22 for the eating distress service 88% of routine CYP started treatment in that quarter were seen within 2 weeks Working with the Provider Collaborative arrangements CNTW are working towards achieving the standards of 95% of routine and urgent cases seen within the required timeframe.

The Community Eating Disorder Service is currently delivered by the Eating Disorders Intensive Community Team (EDICT) in Gateshead.

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

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

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

- Perinatal Services

Table 12: Perinatal Access rates at sub-ICB level - rolling 12 month access

Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
4.1%	4.3%	4.6%	4.9%	5.1%	5.3%	5.5%	5.6%	5.8%	5.8%	5.9%	5.9%

The access rate is defined as "The number of women accessing services in the last 12-month period as a % of ONS 2016 births"

- Early Intervention Psychosis (EIP)

Table 13 EIP figures below

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
EIP Referrals	14	19	20	8	7	6	5	11	6	5	9	5
Seen Within 2 Weeks	14	18	16	8	6	5	4	8	4	4	9	5
%	100%	95%	80%	100%	86%	83%	80%	73%	67%	80%	100%	100%

Gateshead has just received an overall performing well in 2021-22 from the National Clinical Audit of Psychosis

11.3 Trauma Informed Care Services

Development of a Trauma Informed Care Approach in Gateshead

11.3.1 *NICE Guidelines for Looked After Children*

1.1 The recently reviewed NICE guidelines clearly describe the impact of trauma on the cared for children population and makes clear recommendations regarding the development of services. The guidelines inform that the most common reason for children becoming looked after was abuse or neglect, and other adverse childhood events experienced by looked-after children and young people include physical abuse (48%), emotional abuse (37%) and sexual abuse (23%).

1.2 The guidelines indicate that the emotional and mental health looked-after children and young people can be compromised and indicates that the rate of mental health disorders in the looked after population is 45%, and 72% for those in residential care.

1.3 Further to this, there is recognition that frequent placement moves can keep looked-after children and young people from receiving the support they need by disrupting treatment plans and access to services and are linked to poorer mental health and a lessened sense of belonging. The guidelines recommend that practitioners and services involved with these children need to work collaboratively to assess and review the child's needs and how these can best be met.

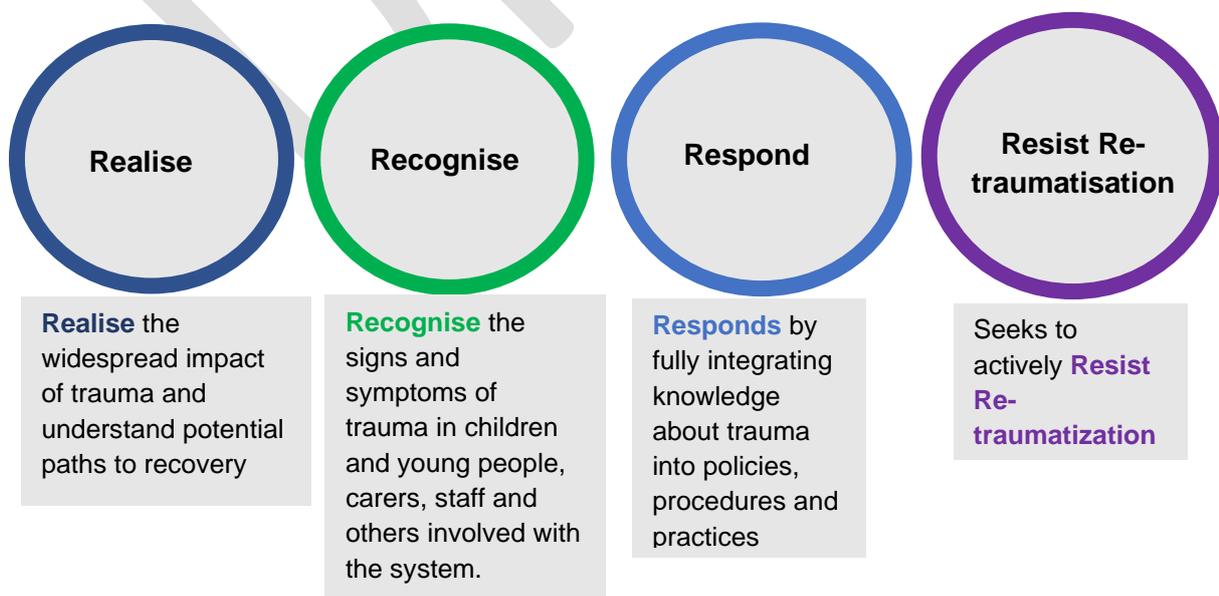
1.4 Finally the guidelines recognise that Care Leavers as a group also have poorer outcomes on key measures such as housing, health, employment, and continuing in education and training post 16

11.3.2 *Independent Review of Children’s Social Care and Trauma-informed Care*

- 1.5 The Independent Review of Children’s Social Care highlights that there is has been no significant benefit of mental health investment on children in care or care experienced adults and families. The review advocates for multi-agency services that are designed around children and families and that services are delivered by a highly skilled and knowledgeable workforce.
- 1.6 The recent publication “Trauma-informed Care; understanding the use of trauma-informed approaches in children’s social care” by the Early Intervention Foundation, has also identified that “*trauma-informed care is widely used and perceived to add value to children’s social care*”. These recommendations also stated that a clear definition of trauma-informed care is required and that the benefits need to be identified and evaluated.
- 1.7 The national recommendations would indicate that the most effective way to deliver positive outcomes for children and young people is to create an embedded clinical team within the local authority to support the co-ordination of services around the CYP which may include specialist psychological assessment and formulation and expertise such as neurodevelopmental and/or speech, language and communication difficulties.

11.3.3 *Building and Sustaining Trauma-Informed Organisations*

- 1.8 The Early Intervention Foundation recommends that a clear definition of trauma-informed care is identified and implemented throughout the system. One of the most commonly utilised definitions is the 4 R’s of Trauma-informed care (Substance Abuse and Mental Health Services Administration, 2014) identified below in figure 1



1.9 Using these principles the ambition is to embed a trauma informed approach across the Gateshead system in the following way;

Realise and Recognise

- Practitioners at all levels of the within the Gateshead system should have a basic realisation about trauma and understand how trauma can affect families, groups, organisations and communities as well as individuals.
- Children and Young People's experiences and behaviour are understood in the context of coping strategies designed to survive adversity and overwhelming circumstances – whether these occurred in the past or are currently being experienced.
- There is widespread recognition and acknowledgement of the impact of secondary trauma; that professionals, staff and carer who are working with children and young people who have experienced trauma may experience emotional distress which can have a detrimental impact on their wellbeing.
- Mechanisms for the recognition of secondary trauma and compassion fatigue are embedded within supervision practices and/or through screening methods, and approaches to support this are considered (e.g. Schwartz Rounds).

Respond and Resist Re-Traumatisation

- There is a recognition that “relationships heal trauma” and day to day interactions with children and young people are the most important factor in recovery.
- Agencies are actively supported to resist a “referral culture”; to introduce multiple new professionals into the lives of children and young people who have experienced trauma within relationships.
- Agencies are supported to acknowledge that breakdowns within home or school placements exacerbate feelings of rejection and abandonment and increase symptoms of trauma.
- Practitioners are supported to identify when compassion fatigue or secondary trauma may be impacting on their capacity to support an individual child or young person, including how this may impact on anxiety around risk behaviours.

11.3.4 A recent procurement exercise has taken place to appoint a provider to work collaboratively with children's social care to co-ordinate, integrate and deliver trauma informed care and will have genuine co-production at the centre of the service using Peer Supporters with lived experience.

11.3.5 Links with the following local authority systems and wider partners will be essential, although this list is not exhaustive.

- Gateshead Virtual School (GVS)
 - Children within our Care Team
 - Care Leaver Team
 - Complex Child in Need Team
 - Kinship Care Team
 - Youth Justice Team
 - Platform Drug and Alcohol Service
 - Independent Reviewing Officers
 - One Voice Youth Network
 - Northumbria Police
-
- In order to ensure that the 4 R's of trauma-informed care are embedded within strategic decision making, this team will also have a presence at relevant system boards e.g. Corporate Parenting Board, Youth Justice Board, Health and Wellbeing Board and Safeguarding Children Board. CNTW are already a key strategic partner in these areas.
-
- The team is expected to 'go live' in December 2022; learning and progress will be captured through a performance framework and a series of learning and reflection workshops to inform incremental change.

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

- 11.4.1 CYP IAPT is not a service but a transformation mechanism which underpins whole system outcome improvement and transformation and workforce planning.
- 11.4.2 The 5 principles of CYP IAPT are demonstrated throughout our local transformation programme the expansion to the workforce continues into 2022 /32. Workforce strategic plan will support local systems with this expansion and provide assurance that we have the right workforce skills and capacity in the workforce to meet demand. This plan is ever more important due to impact of Covid on children, young people mental and emotional wellbeing.
- 11.4.3 This programme aims to improve existing working in the community, involving the NHS providers, Primary care Networks, local authority services and voluntary and community sector that together form local area CYP Mental Health Partnerships.

- 11.4.5 The workers identified to support this system change are due to qualify in their training by December 2022.

11.4 Youth Offender Health

- 11.4.1 There are significant challenges in relation to young people transitioning from youth to adulthood. Ministry of Justice and NHS England have undertaken a review, led by the Youth Justice Board to map out the Youth Offending Teams services in the country. Youth Offending Team models are variable regionally and nationally.
- 11.4.2 There is a strong evidence base that many of the children and young people who came into contact with the Criminal Justice System have mental health and communication problems. There is evidence that suggests the access to CAMHS, and Speech and Language Therapy is problematic.
- 11.4.3 Looked after Children are more likely to come into contact with the Criminal Justice System and Learning Disabilities feature highly within secure children's settings and prisons.
- 11.4.4 In continuing to develop and implement the new conceptual model we are acutely aware of the need to ensure links with the broader systems in place to support vulnerable children. We are still considering with present providers how we successfully integrate child and adolescent mental health work into the day-to-day services supporting vulnerable groups e.g. Youth Offending, Looked after Children. We are avoiding the need for separate provision but are developing a needs-based model of care e.g. those with the highest needs being prioritised into care.

12. Reducing Inequalities

- 12.1 Promoting equality and addressing health inequalities is central to this transformation plan.
- 12.2 This Transformation Plan aims to uphold the principles within Future in Mind which include ensuring those with protective characteristics such as learning disabilities are not excluded.
- 12.3 Parity of Esteem is the principle by which Mental Health must be given equal priority to physical health¹¹. It was enshrined in law by the Health and Social Care Act 2012.
- 12.4 In our society mental health does not receive the same attention as physical health. People with mental health problems frequently experience stigma and discrimination, not only in the wider community but also from services. This is exemplified in part by lower treatment rates for mental health conditions and

¹¹ Centre for Mental Health

an underfunding of mental healthcare relative to the scale and impact of mental health problems.

- 12.5 This plan contributes to the NHS ambition to put mental health on a par with physical health, in the following ways:
- 12.6 Access to Services; appropriate waiting times must be established so that children and young people with mental health problems know the maximum waiting time for treatment as individuals with physical health problems do.
- 12.7 Parity of Treatments; many psychological therapies are NICE approved and recommended but the NHS Constitution does not entitle people to them in the same way we are entitled to NICE approved drugs.
- 12.8 Access to Crisis Care; children and young people using mental health services have 24/7 access to a crisis support.
- 12.9 No plan for mental health or improvements to services will have as much impact without a focus on the wider determinants of health which can negatively impact on a person or family's emotional and physical wellbeing. In addition to the work on Best Start in Life and the development of family hubs across the borough, there are several streams of work that is taking place in support of this plan which includes:
- 12.10 Development of a new Housing Strategy and Allocations and Lettings Policy

A corporate review and procurement of Homelessness Accommodation which includes housing and accommodation for young people over the age of 16 and care leavers, and for those who are experiencing poor mental health.

A locality-based project in Birtley, bringing together all parts of the system to deliver targeted support with identified inequalities and design new ways of working with people and communities to better meet their needs.
- 12.11 An Equality Impact Assessment is planned to be delivered on 22/23 to support the implementation of this plan.
- 12.12 We are conscious as Gateshead System on the impact of the emerging cost-of-living crisis on our Families and particularly our Children and Young People we will ensure we work together for Gateshead to ensure we continue to reduce inequalities.

13. Transitions

13.1 We recognised that transitions for our Children, Young People and Families at all stages of life can be difficult to navigate. As a system we are committed to ensuring these transition points are as smooth as they can be the right support is accessible to ensure this journey does not feel difficult in Gateshead.

13.2 Our ambitions and principles include:

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

14. Engagement and Partnership Working

14.1 There is a commitment to ensure that people have a say in decisions about their care and in the development of local services and to involve and consult appropriately with representatives of the locality in decisions concerning service changes within the Gateshead locality. This influences and supports inclusion of the voice of the child, engaging with 'Hard to Reach Groups' using the networks and places people trust e.g. current community groups and networks including specific targeted groups. This produces positive changes in individual service user's experiences and provide a clear point of access to offer feedback.

Ensuring:

- Mechanisms to engage with a wide range of people at locality level
- Provide feedback mechanism to ensure boards are sighted on public/community views
- Provide a forum for members of the public via the local engagement board

- Provide opportunities for collaborative working across sectors with an ability to build capacity for participation and engagement.

14.2 A communication and engagement strategy is in development to support implementation of this plan, which will include children and young people as well as:

- Mapping and articulating the implications of the various statutory requirements, policy drivers, quality standards and legal requirements
- Mapping out the wide range of stakeholders (service user, carers, equality groups, voluntary sector etc.) and their existing processes
- Identify possible new ways of Engagement and Participation, and what these can offer to meet the agreed principle

14.3 A whole system approach will be needed to achieve the best outcomes in an efficient and sustainable way. Engagement will continue to take place with health organisations, local councils, schools, youth justice and the voluntary sector working together with children, young people and their families in a variety of ways.

- We are committed to listening to the voices of children, young people and families in everything we do, working to create more opportunities for children, young people and families to play an active part in the development of services and ensure their voices are heard during decisions that will affect them. Established working groups with our young people and parent carer forum are in place to actively work together to ensure voices are heard and listened to.
- North East and North Cumbria Integrated Care Board at Gateshead Place believe that the voice, opinions and experiences of children and young people should be at the heart of the development and delivery of our services and have a particular focus for our Special Educational Needs and Disability (SEND) population.
- In Gateshead a full time Designated Clinical Officer for SEND is in post and will work with partners to strengthen our SEND services and give assurance for health services for young people aged 0-25.
- In partnership with Gateshead Council, we support the SEND Young People's Forum, which is open to all local children and young people with SEND. The group meets monthly and provides accessible minutes on the Local Offer website.
- There is also a GP Children's Clinical Lead for Mental Health post in place to enhance and ensure co-production, representing and championing the views and needs of children and young people including those children with additional needs.

- A system-wide engagement working group is in place to ensure that all the key organisations in Gateshead can work collaboratively, sharing good practice and working together to engage with our children, young people and families. This group includes NENC ICB, Gateshead Council and wider health and social care colleagues as well as voluntary sector organisations and the parent carer forum.
- The group works together on areas like the Local Offer, Special Educational Needs and Disabilities where a particular focus has been on Improving the uptake of Learning Disability Health Checks in our GP settings and schools, developing an Awareness Calendar across partners to promote emotional mental health and wellbeing and offer a contact list of services available, implementing the Hear By Right standards (a standard designed to ensure the voice of the child is heard) and evaluation, as well as sharing information through a quarterly engagement newsletter. The newsletter outlines projects that are currently being undertaken to ensure that children, young people, their families and carers all remain informed of all work and projects that is relevant to them, and how they can get involved.
- The Children's Society – RISE Team

Since February 2021, North East and North Cumbria Integrated Care Board at Gateshead Place has worked with the Children's Society to deliver the RISE programme, which is designed to support children and young people aged 5-18 with their emotional well-being and mental health. The programme uses a whole-school approach, supporting students and staff. In 2022, the team commissioned our engagement provider, Involve North East, to undertake a review of the service, to gather further feedback and to ensure that the offering is delivering high quality mental health support for children and young people. During May 2022 schools across Gateshead were contacted to provide feedback. Thirty-nine schools shared their views, and the findings were compiled into a report which also makes a number of recommendations to further improve the service offer. The report is now with the team to help inform them and influence the future direction of the service, as it goes forward in 2023.

- Single Point of Access (SPA)

In 2022, we worked with CNTW and our Communications Team to update our web materials to improve the Single Point of Access information, ensuring that it is relevant and easy to access for all children and young people. SPA is a team of clinicians and call handlers who receive referrals for Children and Young People up to the age of 18 across Newcastle and Gateshead who need support with their mental health. Following triage, SPA will transfer the referral into the most appropriate service across Getting Help and Getting More Help. The Getting Help Service is a partnership between NHS and VCS

organisations working to support children and young people's mental health and wellbeing across Newcastle and Gateshead.

The SPA team transfer referrals to the most appropriate organisation based on that child or young person's needs.

With the exception of Kooth which is an entirely online service, all providers in the partnership offer online and telephone appointments as well as face to face sessions.

Kooth can be accessed directly by young people without a referral from SPA by visiting [Kooth.com](https://www.kooth.com)

- KOOTH

In order to further promote awareness of the CYPF mental health services, from Summer 2021 to Summer 2022, we have used the CCG, Local Authority, and voluntary and community sector partners' social media accounts (including presences on Facebook and Twitter) - as well as our own web pages- to regularly push messages around the availability of various types of CYPF mental health services, including promoting online support services that we have contracted, such as Kooth; an anonymous website which helps children and young people to explore their mental health concerns whilst also allowing them to seek professional support, but who may prefer not to access services through a traditional route such as via a GP.

Summary of other 2022 communications and engagement highlights and achievements within CYP MH:

- Kooth – regular sharing of monthly schedule of posts on social media, as well as ad-hoc generic mental health related posts
- Mental health range of services info (adult and CYP) appears prominently on website (old CCG one and current interim ICB one for NG)
- We have also created a dedicated children and young people mental health page and a handy links page.
- We have promoted, through press releases, a range of different CYPF mental health initiatives throughout the year, piggybacking on broader mental health aimed at whole-population stories (for example around the launch of Qwell, Togetherall, and the Mind helpline).
- From December 2021 to March 2022 we undertook a digital Mental Health campaign (for all ages) as part of winter service use campaign, which was featured on a number of third party websites and local media outlets. This provided increased click-through traffic to the relevant pages of our website.

- The forthcoming Little Book of Useful Stuff, "your toolkit for healthy life" will include mental health information (target launch date: October 2022). This publication will be available online as well paper version and easy read. The publication will support the work we undertake with our secondary schools in Year 9 assemblies to promote access to GPs from the age of 14+.
- CCG pages in Gateshead Council News have regularly featured mental health service information – the range of services for everyone including young people.
- Template content recently provided to GP practices in Gateshead, for them to use on their practice websites, outlining the range of mental health services (including for CYP). Similar info will also be sent to partner organisation
- Involve North East are an independent organisation who specialises in involvement and engagement, who work with integrity, ensuring people's voices influence the design of services they receive. Involve North East have been commissioned to undertaken engagement work on behalf of Gateshead place.
- Work has been undertaken to develop effective models to enhance our co-productive approach to the delivery of our local transformation plan building on the experience of our young commissioners' project. Developing peer support and enabling young people to participate in our transformation is a key area to build on in 2022-23 and the evidence gathered will support this objective.
- Enhancing the system's coproduction and engagement a SEND ambassador/ 'Young Mayor' is being recruited too. The use of young ambassadors is increasingly seen as good practice and adds value to already established processes by embedding the voice of the child into them, through direct involvement in key service activity. This role would represent and champion the views and needs of those children with additional needs.

14.4 Multi-agency engagement groups and projects

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

newsletter has been devised that will be distributed across Gateshead on a quarterly basis.

Gateshead system commissioned a theatre company Access 27 to deliver training to our front-line staff across the system to consider the impact on the mental health of our children and young people (C&YP) due to COVID-19. The virtual training was a 2-hour package comprising of a 27-minute performance and 1.5-hour interactive training session.

The performance highlighted key themes for our C&YP from the pandemic in a creative and thought-provoking way. It looks at what it was like for C&YP in lockdown, the effects of not going to school, safeguarding and domestic violence, children in care settings and much more

- 13.5 Working closely with partners, we plan to establish clear feedback mechanisms throughout the engagement process, including keeping stakeholders up to date through regular newsletters, utilising social media, and regular contact with the groups involved in this work. Regular attendance at the Gateshead Parent Carer Forum and School network meetings. Newsletters are produced on a quarterly basis and shared across North East and North Cumbria Integrated Care Board at Gateshead Place.

15. Education

- 15.1 Gateshead is committed to giving children and young people the best start in life. We aim for our children and young people to develop their independence and to become confident and participating adults who lead fulfilling and productive lives.
- 15.2 Our vision that “Children and Families” are at the heart of everything we do, ensuring all children can thrive and reach their full potential and be advantaged by organisations working together.
- 15.3 We focus on the best start in life, particularly during the first critical 1001 days of a child's life (from conception to age 2) as care during this period of rapid growth and brain development has been found to have significant influence on a child's life outcomes.
- 15.4 This provides the most effective way of ensuring people have the best chance of thriving, and living an enjoyable life in good health, is to make sure they have a good start in life, a good education, good health, a warm and loving home, good friends and support networks, access to good quality work and enough income to meet their needs.

15.5 This plan acknowledges the progress we have made to date, but also sets out what we intend to do, in partnership, to ensure that all the children and young people of Gateshead, regardless of their background or individual circumstances, can lead happy, successful, fulfilling lives.

15.6 Early Years services, including health, education, and social care where appropriate, work together with families to support children throughout their early years so that children start school ready to learn. The Gateshead system is committed to prevention, promoting early identification of difficulties, and early intervention to prevent a progressive requirement for additional support. Increase focus on health and wellbeing, including building resilience, and promoting good mental health, especially in the wake of the Covid 19 pandemic.

15.7 A key priority for us to strengthen our support for transitions from one key stage to the next, and into post-16 education, training, employment or adult life, including independent living where desirable and appropriate.

To support this work we have three key groups in place:

Early Years Sub-group - Leads on the delivery of the key priorities for children 0-4 years across schools, settings and services, ensuring processes and systems are effective.

5- 16 Years Sub-group - Leads on the delivery of key priorities for children 5-16 years across schools and services. It also develops policy and practices in line with the Code of Practice for SEND pupils 5-16 years. It monitors the Accessibility Strategy, progress data from the data sub- group, training for schools, SENCO support and networking.

Post 16 Sub-group - Leads on the delivery of key priorities for young people over 16 years across schools, colleges and services including:

- Quality assurance of post 16 special needs provision
- Preparation for Adulthood and Post 16 Transition
- Promoting mental wellbeing and support for mental ill health in relation to post 16 young people

15.8 A whole school approach to the promotion of mental wellbeing with the collaboration of health and education to deliver trauma informed support. The mental health offer in Gateshead has been increased to meet the demand, and to improve access to support at a range of levels.

15.9 A key focus during 2022 -2023 is:

- Ensuring our Teachers and Educators have the skills they need to support and providing early intervention emotional wellbeing needs for our Children and Young People in Gateshead

- Transitions across health, education and social care, ensuring that young people are enabled to work towards their own aspirations, and that they are fully prepared to transition to adult services and into adulthood
- **Improving Absenteeism in Schools:** Poor attendance at school, whether due to absenteeism or exclusion, leads to multiple social, educational, and lifelong socioeconomic disadvantages. In 2022- 2023 NENC ICB at Gateshead Place will undertake a project which identify those children and Young People who are persistently absent from school exploring the reasons for absenteeism and the interventions that can be put in place to mitigate
- Ensuring the communication needs of our children is met in Gateshead with universal and specialist services where appropriate

15.10 The CCG and LA work together collaboratively to support the needs of children and young people with special educational needs and disabilities (SEND) and their families/carers.

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

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

15.11 There is a dedicated Children, Young People and Families team which includes specialist SEND nurses who support our mainstream and special schools, parent carers and families. Some of the projects the team support are:

Special School Eye Care Service

- Children with learning disabilities are 28 times more likely to have a sight problem than other children. A third of children attending special schools will need glasses.
- Gateshead was the first authority in the country to sign all its special schools up to the NHS-funded special schools eyecare service.
- Since beginning the service in April 2021 the service have delivered over 5,000 sight tests covering North East & Yorkshire, London and North West. Of the 5,043 tests carried out 92.41% were their first sight test. They have issued 2,154 glasses of which 10.95% was children and young people who had attained glasses for the first time.

In Gateshead 33 tests have been completed since April 2022 over 2 of our Special Schools. Of these 33, 17 children received glasses with 11 receiving glasses for the first time.

Developing our asthma/allergy support for primary care and schools

- Asthma is common – about 1 in 10 children and Young People in the UK suffer from it. If asthma is mild, the symptoms may not be too much of a problem and, particularly if people take their asthma medications correctly, they can have no symptoms at all. As a result, a lot of people don't worry about asthma or don't take symptoms too seriously.
- The CCG has secured some non-recurrent funding for a pilot in Gateshead to improve the care of children and young people with asthma and allergies who are 'not brought' or do not attend asthma reviews at their GP surgery.
- The team will work with a PCN or group of practices to look at a transformational way of working to undertake Asthma and Allergies Reviews. The plan is to work with schools within the PCN footprint to identify children and young people who require Asthma Reviews and to undertake the review within the school setting as opposed to the CYP attending the practice.
- Training will be offered to school staff to allow them to support the child/young person should they be having an exacerbation of their symptoms. Alongside these sessions update training could be provided to school staff for a number of long-term conditions and CYP with medical devices. We currently have the support of a Practice Nurse and Pharmacist who will go into schools to carry out asthma reviews, ensure the child/young person is using their inhaler correctly and offer training and support to school staff. The Beat Asthma Bundle of Care package is supporting this training by offering e-learning modules for these staff but also for responsible staff in Schools to upskill their knowledge and offer confidence when supporting the children/young people.

Awareness Sessions for Schools

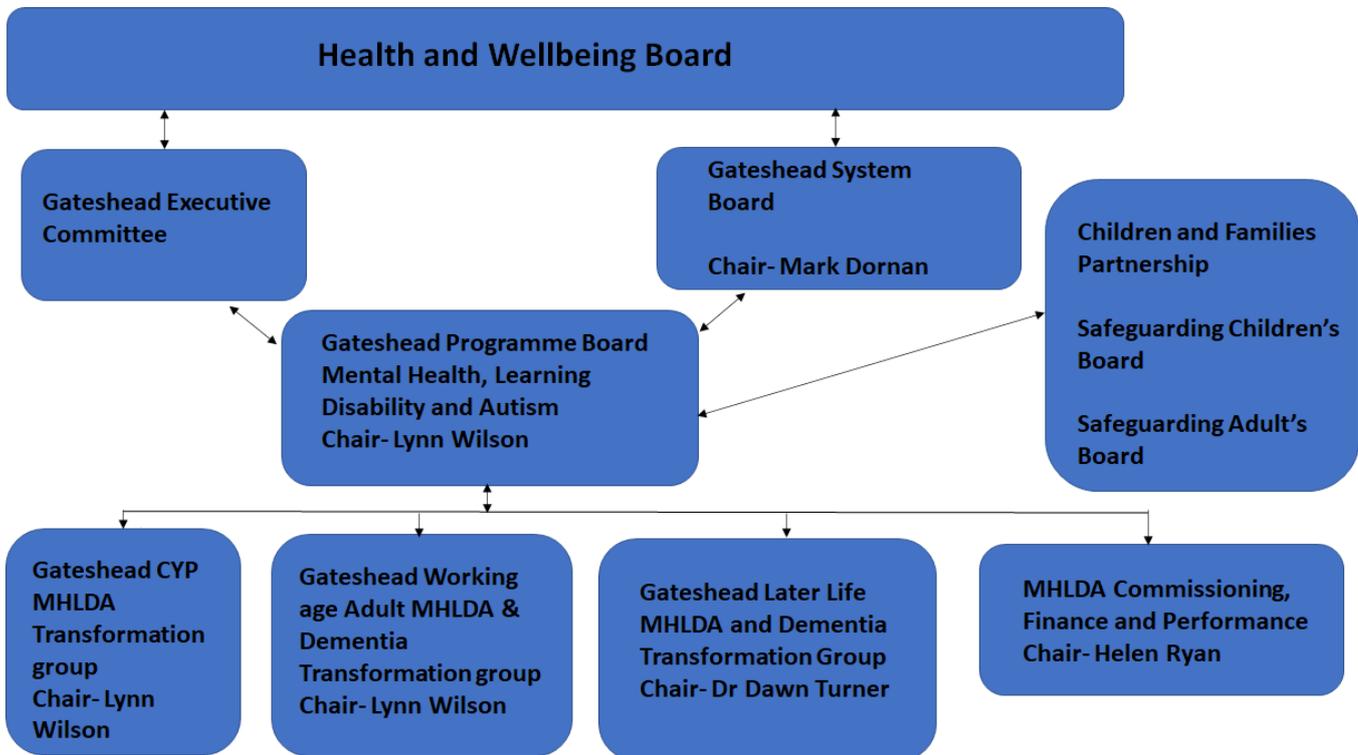
- Good relationships have been developed with Early Years, Mainstream, Special Schools and local Colleges, who have attended an awareness session delivered by our team to support the work for our SEN children and young people. From this we have developed Case Studies to highlight the process of this work which supports our commitment and evidences the importance of our practice. We include the outcomes from these sessions within our case studies and continue to be approached by Schools for support, and we are able to co-ordinate and direct appropriately where the support is required.

To further build emotional resilience and minimise the effects of long term emotional and physical abuse and neglect on children and young people with SEND, we are implementing trauma informed, wrap around service offering support at the earliest opportunity.

16. Transparency and Governance

- 16.1 The governance of the Children and Young People work begins at place with a Gateshead Children and Young People Mental Health and Learning Disability and Autism group which meets bi-monthly. The full Mental Health, Learning Disability and Autism governance structure for Gateshead is illustrated below in Figure 2.
- 16.2 From the outset we developed a governance framework which was operational at the onset of the transformational work. Good governance is about the processes for making and implementing decisions.
- 16.3 In Figure 2 we illustrate our Mental Health, Learning Disability and Autism Governance Structures and Frameworks, which has allowed for access to increased knowledge and operational intelligence, has provided challenge and innovation, and has allowed for strategic leadership and decision making.
- 16.4 The Children and Young People Mental Health & Emotional Wellbeing Local Transformation Plan compile quarterly performance reports which are presented to the Gateshead CYP MHLDA partnership groups, Gateshead system Board and Health & wellbeing Board
- 16.5 Having Children and Young People's Mental Health transformation work as a standing item has helped put children and young people much higher on the agenda.
- 16.6 At the time of publication we have utilised a partnership approach to agree and refresh with relevant partners such as specialist commissioning, local authorities, local safeguarding boards and local participation groups for children and young people, parents and carers. Terms of Reference can be found at Appendix 2 which was most recently updated in May 2022.
- 16.7 The plan will continue to be updated and be managed through the governance structure with progress updates to Gateshead Cares System Collaborative Board, and Gateshead Health and Wellbeing Board (Figure 2).

Figure 2: Gateshead Mental Health governance structure



17. Workforce

- 17.1 There are plans to create a multi-agency Gateshead Cares workforce strategy and meetings to develop this will start in September 2022 to support resilience plans for the whole system.
- 17.2 The workforce plan will engage with all stakeholders in the Gateshead system. This will include making links with all key organisations.
- 17.3 We have identified the current workforce gaps, and this will be used to support the overall Gateshead workforce plan as part of the local transformation plan.
- 17.4 It has been identified that there is provision in the system which may not be being used to its full potential and that some services have capacity to see more people while other such as crisis teams are stretched.

We need to ensure that there is a sound understanding of all the services in Gateshead and Provider Forums are being set up from September 2022 to March 2023 to discuss key topics/themes to share information on the service available around that key theme so other professional are aware.

- 17.5 A website will be used to host a page to enable Gateshead residents to be able to access information about local health and wellbeing services near to them.

Plans to work with the 111 team to explore the choices patients are given around low level mental health and wellbeing provision rather than an onward referral to their GP.

A platform for professionals which all mental health and wellbeing services could be listed would give a comprehensive list of all services GP, paramedics, secondary care and other primary care colleagues could access to know what services are available across Gateshead

- 17.6 Gateshead is considering a new staffing model with onward progression to fill gaps in the workforce. We are hoping to use this model in Gateshead to grow and retain our own staff within Gateshead, with a clear workforce career pathway. We are also looking at working together across the system to progress plans on joint apprenticeships and placements, so people have an opportunity to work in other areas not only building their skills but giving them an opportunity to identify career prospects through training and development.
- 17.7 We are focusing on ensuring our workforce is culturally competent and Connected Voice – HAREF – are supporting with training. We recognise the need to expand this offer and consider our Jewish population in Gateshead
- 17.8 Within each placement people will be able to identify the skills needed to work there and access the relevant training – this will be part of the Gateshead Cares Workforce Plan.

18. Stakeholders involved in the development of the plan 2022/23

Table 15 below lists the stakeholders that were engaged with to support the development and implementation of the plan.

NENC ICB – Gateshead place	NHS England – Specialised Commissioning
Kalmer Counselling	Gateshead Council
Barnardo's	Healthwatch Gateshead
The Children's Society	RECOCO – Recovery College
Mental Health Concern	Sunderland South Tyneside NHS Foundation Trust
Zen Zone - Kooth	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
North East Counselling	Gateshead Health NHS Foundation Trust

19. Next steps

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

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

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

20. Appendices

1. Action Log and Risk Log	 CYP MHEWB LTP Delivery-action plan 2
2. Terms of Reference	 CYP MHLDA TOR V1.0 2022-23.docx