

## *GATESHEAD HEALTH AND WELLBEING BOARD AGENDA*

Friday, 21 October 2022 at 10.00 am in the Whickham Room - Civic Centre

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From the Chief Executive, Sheena Ramsey

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Item	Business
1	<b>Apologies for Absence</b>
2	<b>Minutes</b> (Pages 3 - 8)  The minutes of the meeting held on the 9 <sup>th</sup> September 2022 are attached for approval, together with the Action List
3	<b>Declarations of Interest</b>  Members of the Board to declare an interest in any particular agenda item.
4	<b>Updates from Board Members</b>  <u>Items for Discussion and/or Agreement</u>
5	<b>Focus on Alcohol Agenda - Professor Eileen Kaner (Newcastle University), Sue Taylor (BALANCE) and Julia Sharp (Public Health)</b>
5a	<b>The evidence emerging from introduction of MUP</b>
5b	<b>Alcohol Harms, Campaigns and Advocacy</b>
5c	<b>Alcohol-related Harm in Gateshead and Alcohol Support Pathways</b> (Pages 9 - 12)
6	<b>Delayed Discharges - Jo Baxter and Dale Owens</b> (Pages 13 - 26)
7	<b>Winter Pressures Plan - Marc Hopkinson and Lynne Patterson</b> ( <i>Presentation</i> )
8	<b>Gateshead Cares System Board Update - Mark Dornan / All</b>  <u>Assurance Items</u>
9	<b>Gateshead Better Care Fund Submission 2022/23 - John Costello</b> (Pages 27 - 30)  <u>Items for Information</u>
10a	<b>Children and Young People Local Transformation Plan Refresh (final)</b> (Pages 31 - 138)

- 10b | **Health Inequalities Summit: The Deep End of Primary Care (hosted by the North East and North Cumbria Deep End Network), 9th November 2022**  
<https://www.eventbrite.co.uk/e/health-inequalities-summit-primary-care-tickets-427216103867>
- 11 | **A.O.B.**

*Contact: Melvyn Mallam-Churchill, Tel: 0191 433 2149,  
Email: melvynmallam-churchill@gateshead.gov.uk, Date: Thursday, 13 October 2022*

**GATESHEAD METROPOLITAN BOROUGH COUNCIL**  
**GATESHEAD HEALTH AND WELLBEING BOARD MEETING**

**Friday, 9 September 2022**

<b>PRESENT:</b>	Councillor Lynne Caffrey	Gateshead Council (Chair)
	Councillor Jennifer Reay	Gateshead Council
	Councillor Catherine Donovan	Gateshead Council
	Councillor Leigh Kirton	Gateshead Council
	Councillor Gary Haley	Gateshead Council
	Councillor Michael McNestry	Gateshead Council
	Councillor Pamela Burns	Gateshead Council
	Councillor Jane McCoid	Gateshead Council
	Councillor Jonathan Wallace	Gateshead Council
	Dr Mark Dornan	Newcastle Gateshead CCG
	Lisa Goodwin	Connected Voice

<b>IN ATTENDANCE:</b>	Nicola Allen	CBC Health Federation
	Vicky Sibson	Gateshead Council
	Andy Graham	Gateshead Council
	Ed O'Malley	Gateshead Council
	Kirsty Robertson	Gateshead Health FT
	Erin Harvey	Gateshead ICB
	Dale Owens	Gateshead Council
	Joanne Baxter	Gateshead Health FT
	Joanna Clark	Gateshead Health FT
	Georgina Butler	Gateshead ICB

## **HW355 CHAIR ANNOUNCEMENT**

The Chair advised the Board that following the death of Queen Elizabeth II much of the scheduled reports for the meeting would be stood down. Only two reports were to be presented for approval due to their urgency:

Pharmaceutical Needs Assessment (Post-Consultation) and;  
Children and Young People Local Transformation Plan Refresh.

The Chair led the Board in one minute of silence for Queen Elizabeth II.

The Chair introduced Helen Fergusson and Dale Owens to the Board as the new Strategic Directors for Children's Social Care and Lifelong Learning and Integrated Adults and Social Care.

## HW356 APOLOGIES FOR ABSENCE

Apologies for absence were received from Alice Wiseman, Councillor Bernadette Oliphant, Councillor Martin Gannon, James Duncan, Phil Hindmarsh, Phill Capewell, Steve Kirk and Steve Thomas.

## HW357 PHARMACEUTICAL NEEDS ASSESSMENT (POST-CONSULTATION) - EDWARD O' MALLEY

The Board received a report and presentation for approval of the final Pharmaceutical Needs Assessment (PNA) 2022.

The Board received a summary of key findings as follows:

- There are 46 pharmacies in Gateshead, located primarily in areas of higher population density with **98% of the population being within 1 mile of a community pharmacy**.
- In addition, there is one 100-hour pharmacy, three distant selling pharmacies, and one rural general practice provides dispensing services to some of their patients.
- There is **adequate provision of pharmacies across Gateshead Monday to Friday 9am to 5pm**. However, as in previous years, services continue to be more limited in weekday evenings and over weekends.
- On Saturdays, **67% of pharmacies are open in the mornings and 30% are open on Saturday afternoons**. Sunday and evening provision across Gateshead is more limited.
- Although there has been a reduction in pharmacy provision in Gateshead since the last PNA, there **continues to be adequate access to community pharmacies during the weekdays and weekends, although this is more limited in the evenings and on Sundays**.
- Services currently commissioned from pharmacies in Gateshead include emergency contraception, smoking cessation, needle exchange, supervised consumption of methadone, minor ailments, and specialist palliative care drugs. There is adequate provision of all these services across Gateshead.
- The finding described in this PNA is that there continues to be a good delivery of Pharmacy Advanced Services across Gateshead.

The Board were reminded that the final consultation with stakeholders on the draft PNA took place between June-August 2022. It was highlighted that three specific questions were asked, these were:

- 1) Whether the PNA reflects the current pharmaceutical provision in Gateshead;
- 2) Whether there are sufficient community pharmacies to meet the needs of the population; and
- 3) Whether other services could be delivered by community pharmacies.

The Board noted that a total of 20 comments had been received from stakeholders and the public resulting in several minor amendments being made to the PNA. It was reported that in general, participants felt that the pharmaceutical provision in Gateshead is good and sufficient.

The Board expressed concern at the lack of evening and weekend pharmaceutical services, particularly in the west of Gateshead; officers advised that this concern had been recognised in the PNA.

RESOLVED:

- (i) The Board approved the revised Pharmaceutical Needs Assessment for publication.

**HW358 CHILDREN AND YOUNG PEOPLE LOCAL TRANSFORMATION PLAN REFRESH - LYNN WILSON & ERIN HARVEY**

The Board received a presentation and a draft copy of the Gateshead Children and Young People's Mental Health and Emotional Wellbeing Transformation Plan 2022/23.

The Board were advised that the plan is 'system wide' and has been developed to ensure that services are delivering the Children and Young People's Mental Health Key Lines of Enquiries (KLOEs 22/23) and the NHS Long Term Plan for the Children and Young People of Gateshead. It was also reported that sign off for the draft plan is due by 1 October 2022.

A summary of the refreshed plan in 2022/23 was provided, it was also noted that data and evidence for commissioning decisions and intentions were being refreshed and that a particular focus has been placed on prevention and early intervention. The Board also received an update on progress that had been made across 2021/22 which included a focus on the workforce and strategy development.

An overview of how the plan fits in with the Gateshead Health and Wellbeing Strategy was presented; it was highlighted that all services intend to work to the principles within the Strategy including "Give every child the best start in life."

The Board noted that there was emphasis on enabling children, young people and adults to maximise their capabilities and have control over their lives. It was also noted that resources are being developed to support young people in collaboration with service users. A discussion also took place on the impact of absenteeism in schools.

It was confirmed that the draft plan is a 'live' document and will be continually reviewed. A comment was made welcoming the focus of the plan on absenteeism in schools.

RESOLVED:

- (i) The Board approved the draft plan.

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**GATESHEAD HEALTH AND WELLBEING BOARD  
ACTION LIST**

<b>AGENDA ITEM</b>	<b>ACTION</b>	<b>BY WHOM</b>	<b>COMPLETE or STATUS</b>
<b>Matters Arising from HWB meeting on 17<sup>th</sup> June 2022</b>			
<b>Anti-Social Behaviour Review</b>	To bring and update to a future Board meeting	A Tankerville	To feed into Forward Plan
<b>Gateshead Health Protection Board</b>	To receive an annual update on the progress of the Board	M Hopkinson	To feed into Forward Plan
<b>Matters Arising from HWB meeting on 29<sup>th</sup> April 2022</b>			
<b>Climate Change Strategy for Gateshead</b>	To receive an update on progress in taking forward the Climate Change Strategy in six months  To feed into the Implementation Plan being developed for the Health and Wellbeing Strategy	A Hutchinson / L Greenfield	To feed into Forward Plan

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**TITLE OF REPORT:** Northumbria Combating Drugs Partnership

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**Purpose of the Report**

1. The purpose of this paper is to provide an overview of the local arrangements in response to the national requirement to establish Local Combating Drugs Partnerships (LCDP). This paper relates to the 6 local authority areas within the Northumbria Police Force area. Other areas across the Northeast are developing separate similar proposals.

**How does the report support Gateshead's Health & Wellbeing Strategy?**

2. The report supports Gateshead's Health and Wellbeing Strategy by describing how key partners within the Northumbria force area will be coming together to form a Local Combating Drugs Partnership (LCDP) with the aim of reducing the scale and impact of substance misuse

**Background**

3. Chief Executives and Directors of Public Health received notification from government on 15 June 2022 of the requirement to establish new Local Combating Drugs Partnerships on a 'local' basis. In determining the geographic footprint of the partnership local authorities have been encouraged work together across a wider footprint to create a shared arrangement which improves integration and makes it easier for the police and probation for example to serve a partnership at a senior level. This LCDP arrangement comes from the government's ten government's 10-year drug strategy "From Harm to Hope" and is the formal response to the Independent Reviews of Drugs led by Dame Carol Black (2021).
4. There are 3 key strands to this strategy: breaking drug supply chains; delivering world class treatment and recovery and achieving a generational shift in demand for drugs. The strategy has been followed with additional drug and alcohol treatment funding to each local authority DPH, with indicative amounts also set to March 2025.
5. The publication of the guidance on 15 June sets a framework for LCDPs with new Senior Responsible Owner (SRO) as well as the National Combating Drugs Outcomes Framework. It also sets out clear deadlines for local areas to confirm the following by 1<sup>st</sup> August 2022:
  - The footprint of the partnership.
  - A local SRO who should chair the partnership and be responsible for reporting to central government on local cross-cutting delivery against the National Combating Drugs Outcomes Framework, alongside their own specific organisational objectives.

- Partnership lead
  - Public Involvement lead
  - Data and digital lead
  - Names and contacts of others who have agreed the proposed geographical area and SRO:
    - LA Chief Executive
    - LA DPH
    - LA Elected Member
    - PCC
    - Regional Probation Director
    - Integrated Care Board Chief Executive
6. The first meeting and sign off for the terms of reference is then expected by end September 2022 with a joint needs assessment November 2022, and outcomes framework by December 2022.

Outcomes include the following:

National Combating Drugs Outcomes Framework Our ambition: a safer, healthier and more productive society by combating illicit drugs	
<b>What we will deliver for citizens (strategic outcomes)</b>	<b>Measured by:</b>
 <b>Reducing drug use</b>	<ul style="list-style-type: none"> <li>• the proportion of the population reporting drug use in the last year (reported by age)</li> <li>• prevalence of opiate and/or crack cocaine use</li> </ul>
 <b>Reducing drug-related crime</b>	<ul style="list-style-type: none"> <li>• the number of drug-related homicides</li> <li>• the number of neighbourhood crimes</li> </ul>
 <b>Reducing drug-related deaths and harm</b>	<ul style="list-style-type: none"> <li>• deaths related to drug misuse</li> <li>• hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drugs)</li> </ul>
<b>What will help us deliver this (intermediate outcomes)</b>	<b>Measured by:</b>
 <b>Reducing drug supply</b>	<ul style="list-style-type: none"> <li>• the number of county lines closed</li> <li>• the number of moderate and major disruptions against organised criminals</li> </ul>
 <b>Increasing engagement in drug treatment</b>	<ul style="list-style-type: none"> <li>• the numbers in treatment (both adults and young people, reported by opiate and crack users, other drugs, and alcohol)</li> <li>• continuity of care – engagement with treatment within three weeks of leaving prison</li> </ul>
 <b>Improving drug recovery outcomes</b>	<ul style="list-style-type: none"> <li>• the proportion who are in stable accommodation and who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use</li> </ul> <p><b>Key additional components integral to recovery include housing, mental health, and employment</b></p>

## Proposal

7. Chief Executives, DsPH, Northumbria Police, the probation service and the Office of the PCC have agreed that a force wide combatting drugs partnership will be established covering 6 local authorities, supporting the enforcement, drug supply and criminal justice focused outcomes.
8. Paul Hanson Chief Executive of North Tyneside Council has been nominated as the lead chief executive, Alice Wiseman, DPH in Gateshead has been nominated as the Senior Responsible Officer and Kim McGuinness PCC has agreed to chair the partnership.
9. There is no allocated funding for the establishment or coordination of NCDP however Newcastle City Council have offered to be partnership and data lead, with initial support for administration and business support, intelligence and data processes utilising ADDER resources and arrangements (ADDER is the national Addiction, Diversion, Disruption, Enforcement and Recovery programme which has led to additional investment for Newcastle as an identified area, with outcomes to reduce drug prevalence, drug deaths and drug supply. Arrangements have been in place between public health and Northumbria Police

including information sharing agreements and an analyst hub which is already reviewing some of this data) to March 2023 to help coordinate, administer, and establish the NCDP – a proposal for which needs to be in place before end September 2022.

10. The first meeting and sign off for the terms of reference for the Northumbria Combating Drugs Partnership (NCDP) has been approved and will be held on the 4<sup>th</sup> October (due to diary availability). It is then expected a joint needs assessment will be developed by the end of November 2022, and outcomes framework by December 2022 in line with national deadlines. This timeline runs parallel with local authorities planning against the new Substance Misuse Treatment Grant, which will be in place for 2023 to 2025.
11. Further work will be required to develop governance and links with other boards and partnerships (not limited to existing local and regional drug and alcohol partnerships which will retain accountability for the broader agenda and local planning; Community Safety and ASB partnerships, Health and Wellbeing Boards).
12. Whilst the NCDP is being developed, local authorities will also develop local partnerships that will link to the partnership in the force wide footprint with the aim being to coordinate and operationalise local action. Public health will retain responsibility for the strategic oversight of the agenda and local implementation of the national strategy, as well as the budget and localised delivery (including against the breadth of the performance outcomes). Each public health teams' drug and alcohol lead will be working on this area and will be involving and updating local elected members in these discussions.

### **Recommendations**

13. The Health and Wellbeing Board is asked to consider how it would like to be kept updated with the progress from the Northumbria Combating Drugs Partnership.

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**Contact:** Julia Sharp, Advanced Public Health Practitioner, Public Health 0191 4332940

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**21 October 2022**

**TITLE OF REPORT:           Delayed Discharges Harm Assessment**

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## **Purpose of the Report**

To seek the views of the Health & Wellbeing Board on current and future plans to support Health and Social Care to prepare for winter and reduce the harms caused to individuals by delayed discharges and unavailability of social care support to effect timely, safe, discharge.

To appraise the Board of the request for regular monitoring of the situation by Gateshead Health Trust Board.

## **How does the report support Gateshead's Health & Wellbeing Strategy?**

The report supports Gateshead's ambition to:

- Put people at the heart of everything we do
- Support our communities to support themselves and each other
- Work together and fight for a better future for Gateshead

## **Background**

Once people no longer need hospital care, being at home or in a community setting (such as a care home) is the best place for them to continue their recovery. Unnecessary delays in Gateshead are leading to many people remaining in hospital long after they have been deemed safe to discharge.

Whilst it is agreed that staying within an acute setting such as a hospital for longer than is clinically necessary can be harmful we must ensure that resources to enable timely discharge are considered alongside pressures across the system such as care market capacity and prevention.

The substance of this paper was prepared initially at the request of Gateshead Health Trust Board so that they could better understand the challenges with discharges requiring a social care package of support. It highlights the issues around discharges which have been delayed due to a number of issues. These include the seamless coordination of health and care pathways, lack of adult social care provision, additional pressure on NEAS and Accident and Emergency, increased patient safety concerns due to the length of time patients now wait for a bed to become available on our back of house wards. The system financial outlay associated with delayed discharges is significant and in effect creating sustainability issues for all partners. This is having a direct impact on the wellbeing of patients and staff. However, the costs associated with additional and earlier discharges and the impact of central government choosing not to fund Discharge to Assess must also be understood, especially in the context of a social care system which is nationally recognised

to be in severe need of additional funding. Despite considerable work being undertaken to date, underlying problems in achieving timely discharge persist.

The Board is asked to support the multi-agency response focusing on continued joint working across Health and Social Care to ensure system sustainability and enable timely discharge and develop system capacity outside of hospital for patients who can return home.

The Board is asked to note the challenges faced in maintaining prompt and effective discharge and why partners across Gateshead need to urgently address this.

## **1. Introduction**

The introduction of Discharge to Assess within Gateshead as a response to the COVID 19 Pandemic allowed patients to be discharged effectively to the most appropriate setting for their care and followed up in the community where longer-term plans could be made.

However, from November 2021 a steady increase in those awaiting a social care package to facilitate their discharge has had a significant impact on all parts of the health and social care system. This includes patient treatment and care. This paper below outlines the reasons for delayed discharges, the impact on all providers within the system including the ambulance service, the effect on patients and highlights why partners across Gateshead need to urgently address this.

Discharge to Assess was funded by Central Government through a range of schemes up until March 2022. Central Government made the decision not to fund Discharge to Assess from April 2022, therefore it is not a requirement, but is strongly encouraged as best practice. Partners in Gateshead agreed to work together to sustain the Discharge to Assess arrangements, with temporary funding identified for 2022/23. Unfunded discharge to assess pathways that create additional need for capacity on the social care market would be considered as 'new duties' on local government under current legislation and local funding solutions to resolve system issues need to be agreed in the absence of a national funding settlement.

## **2. Key Issues and findings**

At the commencement of December 2022, NHSE set Trusts a target of reducing their delayed discharges in order to ensure that there was enough capacity to manage any winter surge in patient activity. At the time the target was set, 25 patients within Gateshead were waiting for care outside hospital. Despite efforts from all partners, this number peaked in January 2022 at 106 patients and each day there remain between 30 and 40 patients in hospital whose needs could be met in another setting. Whilst the Government has recognised the pressures in the social care system, there is national consensus that the measures identified to address the issues will not 'fix' the endemic issues within social care.

There are a number of reasons why patients are waiting longer for social care support.

These include:

- The capacity of the home care market in Gateshead reduced by around 15% from April 2021 to May 2022 resulting in lengthy delays to find packages of care.
- This compounded an already significant crisis in the social care market, largely driven by poor recruitment and retention to social care roles (which is reflected nationally as well as locally and regionally).

- Discharge to assess means people are earlier on in their recovery journey, which in turn increases the acuity of the people requiring support.
- The array of social care employees who left care homes and domiciliary care organisations due to their refusal to be receive Covid vaccinations, impacted upon the resources of Providers and recruitment issues for some organisations to replace such employees, continues to prevail (102 care home workers were identified as having left; the number was harder to quantify in domiciliary care).
- Since June 21, the waiting list for people waiting for home care has risen from an average of 10 to around 130 packages of care (August 2022 figures - for individuals within their own homes) in addition to those awaiting discharge.
- Other sectors (commercial employers) have increased the amount they pay for their workers. They have been able to recruit and retain both existing ASC workers and the future workforce.
- Council directly provided bed based provision has reduced (Shadon House closed)
- PRIME reablement service prioritised to capacity however this affects the ability to support and keep people out of hospital<sup>11</sup>, and is also impacting on overall success of reablement (i.e. reduction in longer term needs) which will have an adverse impact across the health and care system.
- The marked increase in complexity of PRIME referrals (high proportion of ‘double-up’ poc) elicits recurring social care costs for the Local Authority.
- Existing providers have seen challenges with sickness and staff retention. Week commencing 11 July 2022, it was estimated that 14% of staff in these providers were unavailable through illness or isolation due to Covid.
- Long term provision of social care – many patients leaving hospital require a longer-term package of care (post 28 days). At present it is proving difficult to move these patients from the short-term services in a timely manner due to the long-term Home Care challenge.
- Additional Short-Term Support – Many people continue to need services in excess of 4 weeks before they can withdraw support. The 28 days is the national guidance but true reablement averages around 6 weeks.
- Availability of Care Home beds: Only the PIC’s are set up to support Pathway 2 discharge to assess with a dedicated staff team, including health. Due to the funding challenge, Gateshead has operated on a spot placement model since April 22 with homes accepting cases on a case-by-case basis. Additional Health resources haven’t followed the patients into these beds, which is ultimately reducing the chances of reablement to move people back home. The Independent Providers aren’t contractually obliged to accept people from hospital. There are 150 empty care home beds in Gateshead with about a third of these with staff available. Our contract arrangements, processes and reluctance of some providers is the challenge, not the availability of beds
- Finance: although there is a pooled budget, this amount is fixed for hospital discharge and Discharge to Assess was not funded by the Government. The pooled budget

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<sup>11</sup> There has been a 72% reduction in community access to intermediate care services since the pandemic and the focus on hospital discharge. However, this has a significant impact on admission avoidance.

was set up to meet the social care and nursing needs of people but didn't include redirections of resources to invest in therapies in the Community as per the hospital guidance. The overall number of individuals in hospital within Gateshead has not reduced thereby making the redirection of resource extremely challenging.

- Funding for the recovery of Health and Social Care (from the NI levy) has largely been allocated to the NHS

All of these have impacted discharge and it is important that we work together as a system to solve these going forward and the Discharge Strategic Group agreed a number of measures to mitigate the above with varying degrees of success. These included measures to support staff retention, including expediting the pay aware and retention and recruitment grants.

### 3.1 The scale of the problem

The Trust records all patients who no longer meet the criteria to reside and are awaiting discharge on pathways 1-3 (i.e. waiting for support outside hospital). NHSE suggested a target for a Trust the size of Gateshead should be that no more than 18 patients (which represents 2/3 of a ward). The following is the position since November 2021, consistently above the NHSE target. It should be noted that during the January peak, no elective surgery could be carried out, 60 escalation beds were opened and the Trust considered calling a major incident due to lack of available bed capacity.

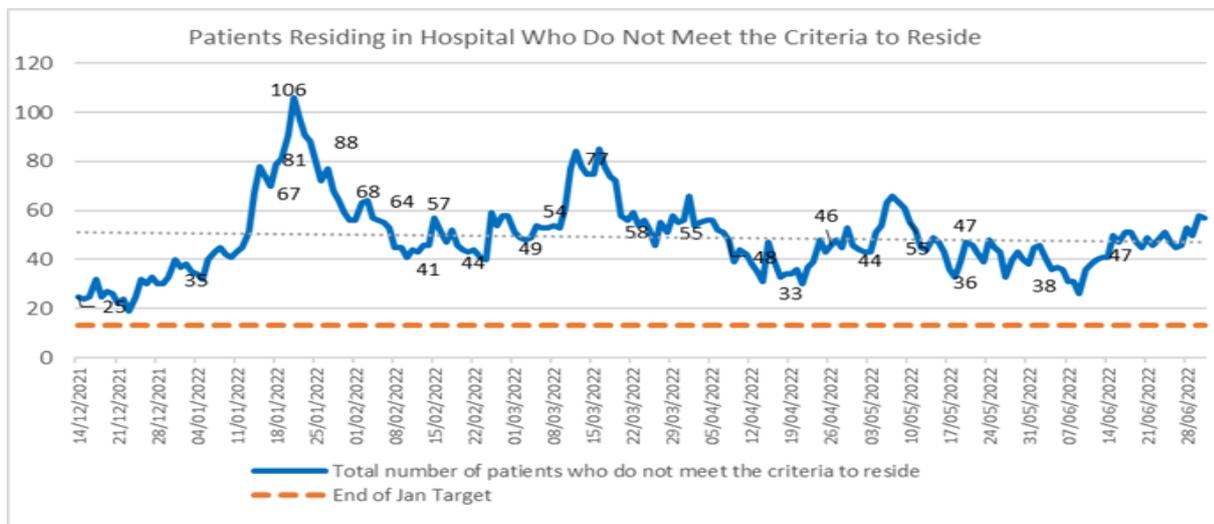


Figure 1 – Patients who remain in hospital who longer meet the Right to Reside, Daily Sitrep. Please note that these figures include Sunderland and Durham delayed discharges.

Appendices 3, 4 and 5 provide further detail on those patients who have remained in hospital after they have been declared as not meeting the criteria to reside there.

### 3.2 How does this effect our Gateshead patients?

#### 3.2.1 Inpatients waiting for discharge

Evidence shows that it is better for people to spend as short a period of time as possible in hospital. Health and social care can then be delivered in a joined up way at home. Hospital stays are associated with increased deconditioning, higher likelihood of hospital acquired infection, pressure damage due to decreased mobility, increased inpatient falls, isolation

from friends and family (even when open visiting is in place) and increased vulnerability in the older population. Inpatient falls within the Trust can be seen at appendix 1 and show an increase during this winter as staff are stretched managing patients. This is due to extra beds being opened due to delayed discharges which significantly depletes staffing ratios.

Between January and March, seven patients contracted COVID in hospital while waiting for a discharge placement; this could have been avoided had they been discharged in a more timely manner.

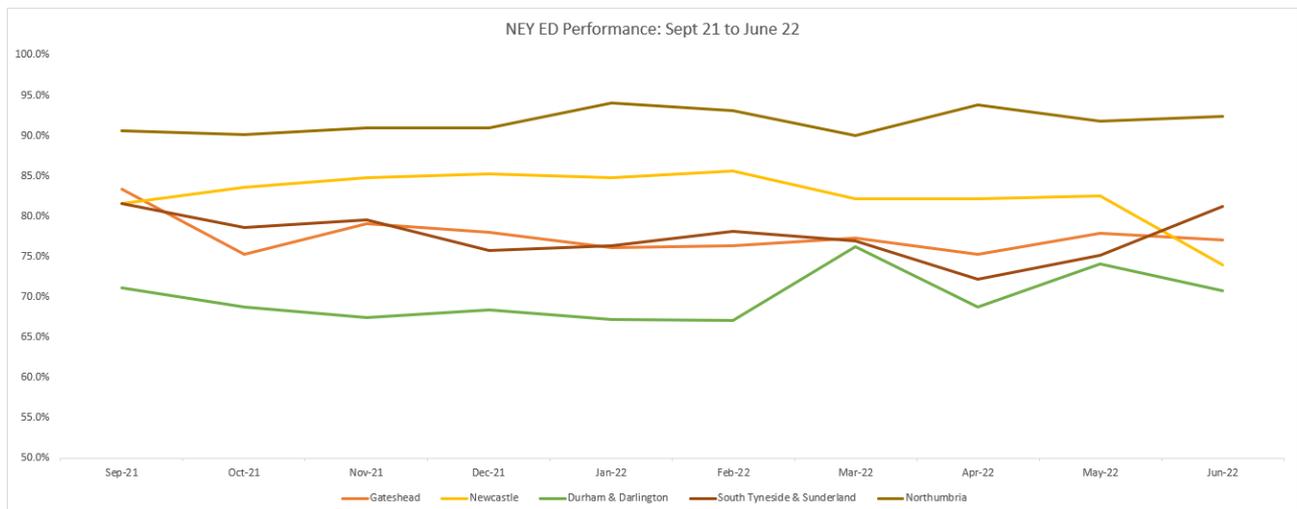
Patients have an increased chance of readmission: delays of two or more days as been shown to negate any benefits from intermediate care or rehabilitation efforts and delays of greater than 7 days leads to a decline in muscle strength of 10% due to the inevitable immobility associated with inpatient stays<sup>2</sup>.

Patients who are not discharged in a timely way to their home with support may never return home as they become deconditioned, become more challenging to rehabilitate effectively and then require long term residential care, this is not a good outcome for those patients.

It is also a poor outcome for the system as residential placements are more expensive and these costs are borne on a long term basis by social care.

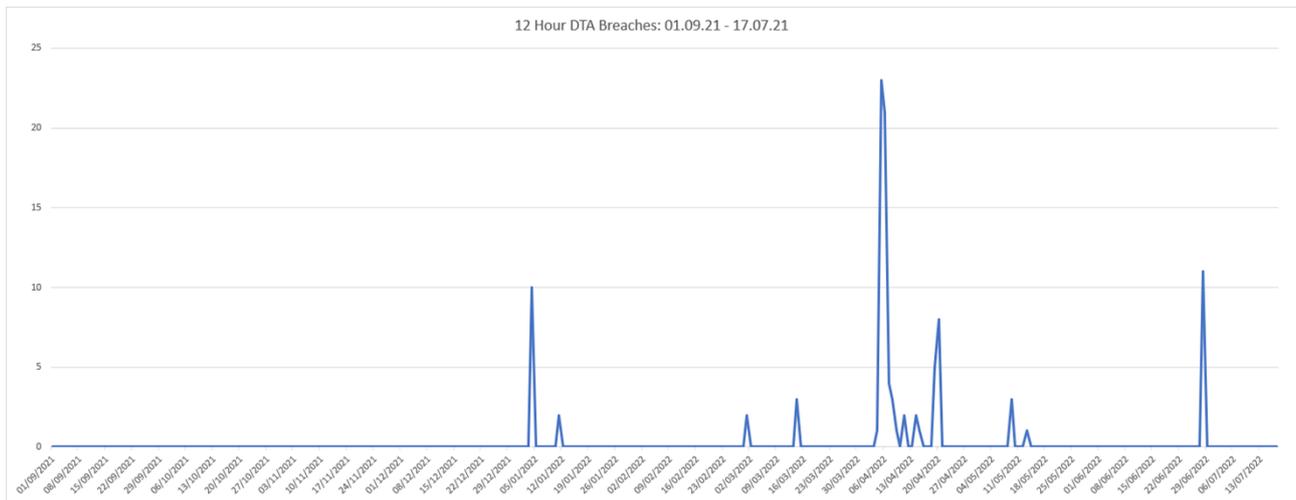
### 3.2.2 Patients waiting for a bed to become available

Maintaining effective flow across the hospital is vital for patient safety and delivering good care. When beds are occupied by patients awaiting discharge, there are overall less beds for patients to be admitted to and this means longer waits in Accident and Emergency. Gateshead has consistently been good for A&E performance with figures at the top end of regional performance but recently we have been challenged to maintain this position, partly due to the decline in the availability of social care provision.



Gateshead Health experienced problems with patients waiting more than 12 hours in A&E due to availability of inpatient beds. This led to increased complaints from patients and a much poorer care experience as A&E is not equipped to offer longer term care.

<sup>2</sup> [Hospital-associated complications of older people: a proposed multi-component outcome for acute care - PMC \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/)



The days of 5<sup>th</sup> and 6<sup>th</sup> of April were particularly challenging. There were three days where more than 300 patients attended A&E each day. There were 56 patients waiting for discharge on pathways 1-3 and COVID continued to affect the Trust with 67 inpatients. In one of the worst days on record for the Trust, 45 people waited for more than 12 hours a bed. This caused immense stress to the staff on the ground and led to a number of case reviews. This could have been avoided if even half of the discharges delayed had been effectively discharged.

### **3.2.3 Patients waiting at home or in the ambulance queue**

Another significant impact is for patients who have called 999 and are waiting for an ambulance. NEAS must respond to a life threatening emergency within 7 minutes and a serious emergency within 18 minutes. If the ambulance cannot admit patients to hospital, they cannot remain on the road and instead queue outside A&E. This means that patients will wait at home longer for an ambulance before they are transferred to hospital and both ourselves and NEAS have examples of where patients have suffered significant harm as a result of this.

The scale of the harm caused to these patients was iterated in a HSIB report and the relevant information can be found in appendix 2<sup>3</sup>. This information shows that an increase in hospital of patients who no longer meet the criteria to reside leads to an increase in harm to patients seen by the ambulance service.

### **3.2.4 Patients waiting for planned surgery**

The Covid response has resulted in significant delays for patients awaiting surgery, often in chronic pain while they wait. Patients requiring cancer surgery and investigation are prioritised but are waiting an increased length of time for their surgery, a difference which can mean the difference between cure or not. This group needs to be accommodated in a bed with nursing support, if this resource has been allocated to patients waiting for discharge, surgery needs to be cancelled which causes unnecessary distress to these

<sup>3</sup> Harm cause by delays in transferring patients to the right place of care (June 2022) Healthcare Safety Investigation Bureau

patients. This is also expensive as theatre time is lost and the Trust relies on increased levels of elective activity to generate income as part of NHSE’s Elective Recovery Fund.

### 3.3 The quality of care provided to patients

Safe staffing levels are key to maintaining quality patient care. The RCN suggests that one nurse should look after no more than eight patients during the day. The very sickest people in Gateshead are in hospital, they are often unable to undertake basic tasks for themselves and require support with all personal care. Due to the volumes of patients waiting for discharge a the ratio of nurse to patient has been stretched to one to 14 patients. This happens when escalation beds are opened in bays taking these from 4 patients to 6 patients. Patients are also asked to “sit out” on chairs if they are likely to go home that day. This means that staff are telling us they are “burnt out” and increases sickness rates and retention.

#### How much does this cost?

The Trust estimates that the cost of having the escalation areas open is approximately £1.2 million per month.

The table below identifies the volumes of patients who have stayed in hospital who no longer meet the criteria to reside, with their total length of stay and the bed days lost since medically optimised and associated costs of the delays on discharge.

Delays attributed to Local Authorities account for a total of 977 patients who have not met the criteria to reside, been medically optimised and remain in hospital. Split per pathway is given below.

Local Authority Responsible																										
	Volumes of patients in hospital who do not meet the criteria to reside (based on reason at 8am on reporting day)						Lengths of Stay for patients who do not meet the criteria to reside (Discharged Patients)						No of days lost (since medically optimised) who do not meet the criteria to reside (Discharged Patients)						Cost to the Trust (£400 per bed day) since medically optimised - for those who no longer meet the criteria to reside (Discharged Patients)							
	Jan	Feb	March	April	May	June	Jan	Feb	March	April	May	June	Jan	Feb	March	April	May	June	Jan	Feb	March	April	May	June	Totals to date	
Pathway 1	75	67	109	111	59	136	98.5	70.5	42.1	47.3	37.6	33.9	5721	2747	2693	3343	2586	1979	£2,288,400	£1,098,800	£1,077,200	£1,337,200	£1,034,400	£791,600	£7,627,600	
Pathway 2	51	55	68	78	35	94	102.7	83.1	42.9	59.2	45.1	41.8	2184	2141	1143	1970	1133	1126	£873,600	£856,400	£457,200	£788,000	£453,200	£450,400	£3,878,800	
Pathways 3	7	5	14	14	9	40	95.3	87.3	47.6	62.7	48.9	46.1	260	445	179	514	293	622	£104,000	£178,000	£71,600	£205,600	£117,200	£248,800	£925,200	

Figure 2 – LA Summary Table. Assumes bed day cost of £400.

Number of patients in hospital who do not meet the criteria to reside 1 Jan to 28 June 2022

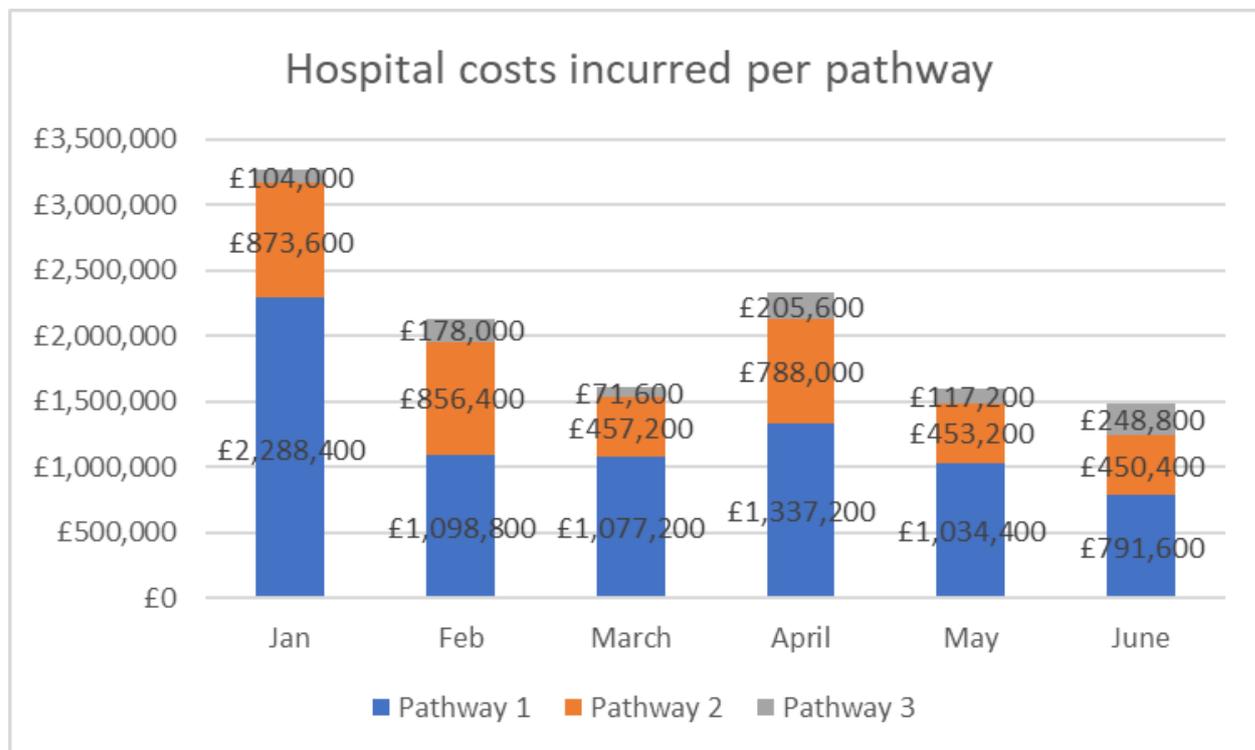


Figure 3 – LA patients: volumes per pathways (up until 28/06/2022)

These figures do not include the costs of ongoing social care for people who have been unable to return home at the time they are ready to do so because of a lack of a care package. These individuals have then been placed in a residential setting and then moved into long term 24 hour care at a significant cost.

### 3.4 From the Patients’/Persons’ perspective

Some of the issues this winter in hospital have resulted in care far below the level which our staff want to provide. These include:

#### Accident and Emergency Challenges

- A patient aged over 60 with cancer which had metastasised to their bones waited on a trolley for 17 hours in A&E before a suitable bed could be found. This would have further exacerbated their discomfort.
- A 48 year old patient with suspected sepsis needed to lie down due to an acute headache. There were no trolleys available due to pressure on equipment.
- A 70 year old patient with Chronic Obstructive Pulmonary Disease remained in the Emergency Department for over 12 hours as their condition deteriorated partly due to a delay in admission to a respiratory ward where they could be cared for by specialists but instead they had to be moved back into the resuscitation area.
- An 80 year old patient attended A&E , she was very frail with minimal medical issues, however she had significant social stresses and her family believed she was unsafe at home. She will be going home but due to non availability of beds waited 12 hours on a trolley before she could move to an assessment area. On assessment, she was

medically fit to return home but needed support in the form of a respite bed or package of care which delayed her discharge leading to an admission.

### Discharge Challenges

A patient aged over 90 was admitted with heart failure. Patient declared medically optimised on 10 days later and no longer needing of acute hospital care. However, by this time pre-existing POC (QDS x2) with Comfort Call had been closed. For 7 days Comfort Call tried to source new POC but were unable to owing to staffing capacity issues. Possibility of utilising an interim bed was broached with the family, however, several concerns were raised about this not being a suitable place for the patient who has underlying comorbidities. At the time Care Homes were not allowing visiting. The package was then sourced, by this was almost two months had passed after the patient was ready to leave hospital.

### Post discharge/admission avoidance challenges

- 83 year old man admitted to hospital following a fall, with comorbidity of stroke, heart bypass and diabetes. Required a package of care x4 daily, with 2 care workers. This couldn't be sourced for discharge, so he was admitted to a care home, where he became deconditioned and sadly wasn't able to return to his own home.
- 88 year old man with Alzheimer's Disease and heart failure, who was waiting for a package of care for four months. In the meantime PRIME reablement were supporting, but this meant they couldn't support hospital discharge or admission avoidance.

## **3.5 Staff experience**

These pressures put enormous strain on our workforce across the health and social care system. The site resilience team, who are responsible for unblocking any barriers to patients moving smoothly through the system report feeling frustrated with the ongoing delays. Staff in ED and the Emergency Admissions Unit cannot deliver the work they need to as they have insufficient space to see and treat acutely unwell patients. Social Care providers are having to support people with much greater complexity, often with less resource. Colleagues working in the discharge hub, and those sourcing services feel under significant pressure and scrutiny, often in response to issues which they have no strategic control over.

Staff are working very hard to ensure that patients do not come to significant harm and are kept safe. Some of the more established staff report that they have worked here over twenty years without experiencing such as they currently are, even though summer normally allows some respite from pressures. They are finding the situation concerning and demoralising.

## **Proposal**

It is proposed that an urgent system response is required to prevent further issues entering the winter period from overwhelming existing services. A key issue is The availability of domiciliary care and residential care services that can meet the increasingly complex needs of people discharged from hospital

Being in hospital for an extended period of time and more than clinically required is proven to have adverse effects on patient outcomes and overall recovery. It is vital that we work together as a system to prevent patients remaining in hospital longer than they need to.

Patients who are discharged with potential to improve should be offered rehabilitation and therapy services which in some instances this results in them no longer requiring care. The current lack of availability in therapy and reablement services partially being exacerbated by lack of appropriate provision within the care market is preventing flow in the system and increasing need on a long term basis.

The actions taken to date are:

1. The Chief Operating Officer for Gateshead Health has been identified as the system lead Executive for discharge.
2. A daily operational meeting and weekly (which can be escalated to daily) strategic meeting is in place to ensure that discharges take place and review any issues which have prevented a discharge. These bring together the Director for the Gateshead system, the Lead Commissioner for Social Care, the Director for Social Care, Two service managers from Adult Social Care, Director of Nursing at the (former CCG), Deputy Director of Finance at the (former CCG), Director of Operations for Community Services and the Community Services transformation lead.
3. Joint collaboration meetings have been set up with support from NHSE/I. Including an appraisal of the Trust's discharge process.
4. Self assessment against best practice for discharge has been undertaken, this has informed areas for improvement.
5. Work to improve live data flows has commenced to promote more same day discharge.
6. Two further domiciliary care providers have been commissioned to provide care to patients returning home. These operate on a different model to make provision more attractive for providers. (this is in addition to the work undertaken to bolster the social care market at the beginning of 2022).
7. Agreement between partners and ICB for an enhanced discharge budget to pay for care for individuals outside hospital on discharge in order to maintain a discharge to assess model.
8. Demand and capacity has now been completed to understand the gap analysis for social care provision.
9. A Rapid Process Improvement Workshop has taken place to identify areas for efficiency and improvement on discharge between hospital and social care provision – 26 problems were identified.<sup>4</sup>
10. A Discharge system co-ordinator post is in process, the creation of this post is designed to resolve any blockages which may impede discharge.

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<sup>4</sup> RPIW 22/7/2022 [https://youtu.be/cN\\_Box0TQmo](https://youtu.be/cN_Box0TQmo)

11. A company has been engaged to work with us from October 2022 to March 2023 to speed up the placement of individuals in care home settings (pathway 2).

However, there remains concern that despite these steps, the underlying problems with the social care market remain in terms of long term funding, labour market shortages and same day provision. In order to address these we have committed to the following actions:

- 1) The 100 Day Discharge Challenge – this involves our patients in pushing for their own discharge and highlights the benefits of safe, early discharge.
- 2) Further help has been requested via the ICS and we are exploring options around external support and have suggested a peer review with Durham who do not appear to be experiencing the same difficulties.
- 3) A system review of flow across health and social care systems to maximise access to reablement and therapy services, reduce demand whilst improving access to long term care is to be completed asap. This will inform future models and commissioning arrangements including the consideration of direct service provision where this does not currently exist.
- 4) A peer review by Durham colleagues of the discharge process.

It remains vital that partners have full consideration of any changes made to out of hospital provision that will impact on other parts of the system and ensure that these are understood by all partners and mitigating actions taken.

## **Recommendations**

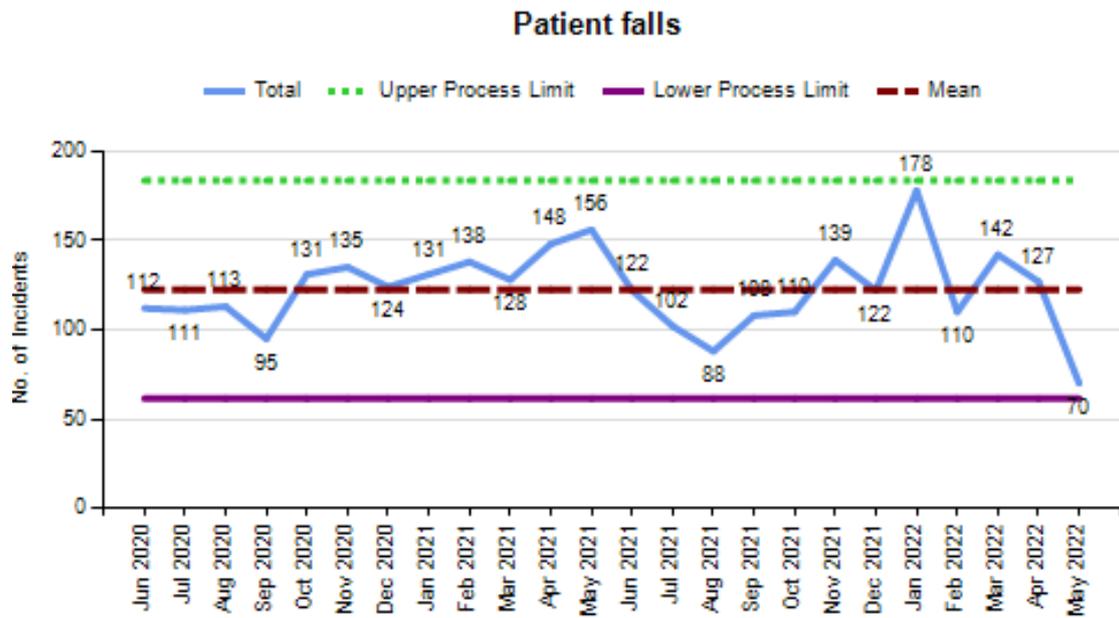
The Health and Wellbeing Board is asked to consider the contents of this report and support ongoing work to expedite timely discharge thus ensuring that we can safely care for all our patients.

Members are asked to note that the ongoing challenges suggest that this situation is unlikely to resolve without significant decisive action to improve the situation within social care for both hospital discharge and longer term packages of care.

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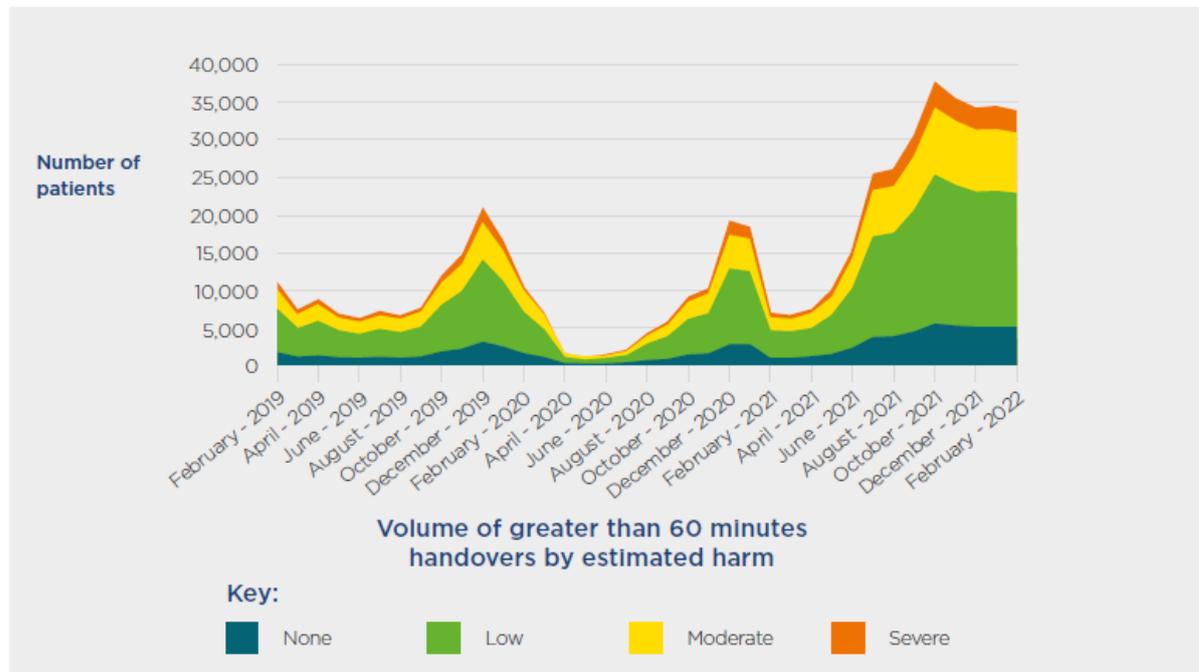
**Contact:** Joanne Baxter, Chief Operating Officer, Gateshead Health  
Dale Owens, Director of Social Care, Gateshead Council

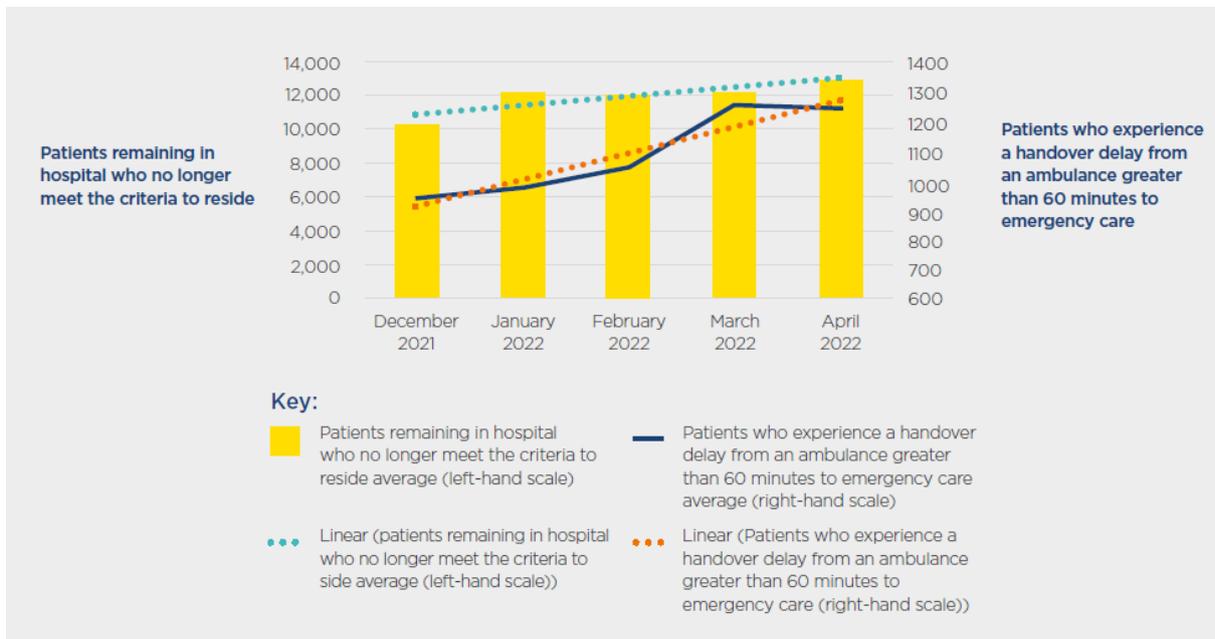
## Appendix 1 – Patient Falls



## Appendix 2 Data on harm from HSIB Report

**Figure 3** Representation of volume of patients by potential harm: time series (Association of Ambulance Chief Executives, 2022)





**Appendix 3 Patients not meeting the criteria to reside as a % of all patients in hospital**

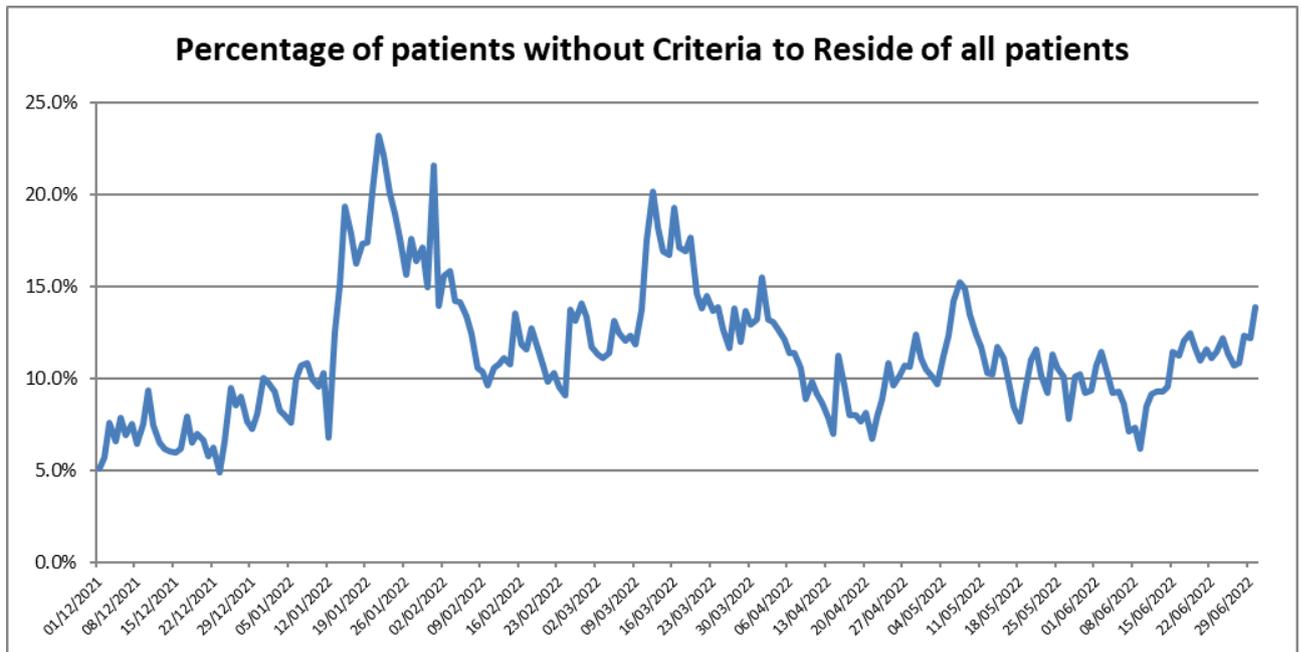
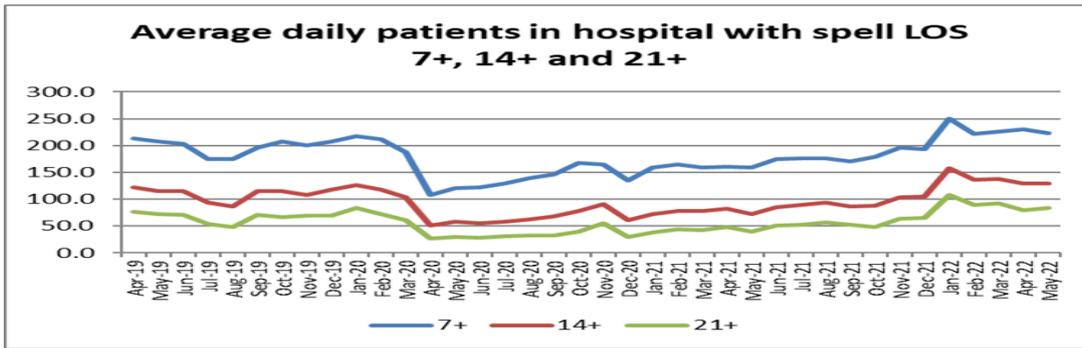


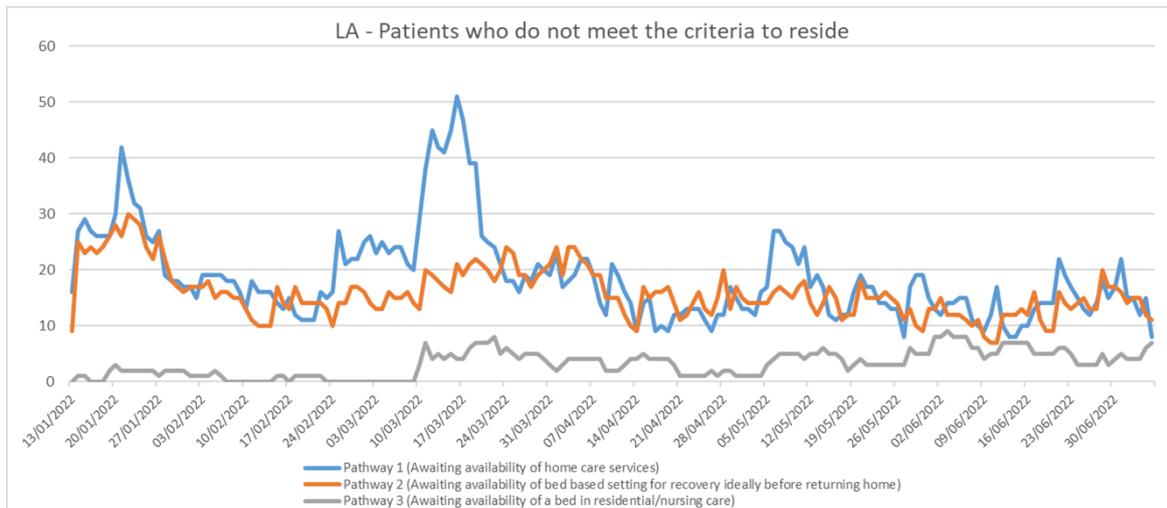
Figure 2 – Percentage of patients in hospital who do not meet criteria to reside as a % of all patients residing in hospital.

This has also had an impact on patient Length of Stay in hospital which has steadily risen over the last 24 months and is currently higher than pre-pandemic levels

### Appendix 4: Average Length of Stay in Hospital



### Appendix 5: Length of Stay after patient no longer meets the right to reside



**TITLE OF REPORT: Gateshead Better Care Fund Submission 2022-23**

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### **Purpose of the Report**

1. To set out the Better Care Fund Plan submission requirements for 2022-23, how they have been met and to seek the retrospective endorsement of the Health and Wellbeing Board to the Gateshead submission to NHS England in order to support integrated health and care the benefit of local people.

### **How does the report support Gateshead's Health & Wellbeing Strategy?**

2. The Better Care Fund (BCF) submission for Gateshead supports Gateshead's Thrive agenda and our Health and Wellbeing Strategy 'Good Jobs, Homes, Health and Friends' and, in particular, its policy objectives to:
  - Enable all children, young people and adults to maximise their capabilities and have control over their lives
  - Strengthen the role and impact of ill health prevention
3. The narrative BCF Plan recognises that the health and care needs of local people can only be addressed by partners working together through a whole system response. It is also recognised that interventions and approaches that are multifaceted and complementary are more likely to be successful in helping people in Gateshead to thrive. Prevention is embedded within key programmes of work.

### **Background**

4. The Better Care Fund (BCF) has been in place since the 2013 spending round, with the goal to secure a transformation in integrated health and social care. The BCF created a local single pooled budget to incentivise the NHS and local government to work more closely together around the needs of people, placing their wellbeing as the focus of health and care services, and shifting resources into community and social care services for the benefit of local people, communities and the health and care economy.
5. The most recent BCF submission for Gateshead to NHS England (NHSE) was for 2021/22 which was submitted last November. As part of the current NHS planning round, there is a requirement for areas to prepare a BCF submission for the current year – 2022/23. The timescale for producing the submission was very tight and colleagues across the system have worked together to meet the planning

requirements, including the submission of a plan for 2022/23 by the deadline of 26<sup>th</sup> September 2022, set by NHSE.

## **BCF 2022/23 Planning Requirements**

6. NHSE guidance on BCF Planning Requirements for 2022/23 sets out details of national conditions to be met, funding requirements, metrics to be included in plans (against which the progress made by local areas will be monitored), the process for agreeing plans and providing necessary assurance to NHSE.
7. For 2022-23, there are four national conditions that all BCF plans must meet to be approved. These are:
  - (i) A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board.
  - (ii) NHS contribution to adult social care to be maintained in line with the uplift to the NHS minimum contribution (for Gateshead, this represents an uplift of 5.7%).
  - (iii) Invest in NHS commissioned out-of-hospital services.
  - (iv) Implementing the BCF policy objectives.
8. The core requirements of the submission largely remain the same as for previous years:
  - A BCF Planning template that sets out details of income and expenditure against schemes, metrics and compliance with national conditions
  - A Narrative Plan that accompanies the Planning template and which provides details of:
    - Our approach to integration;
    - Our priorities for 2022/23;
    - How we will meet BCF policy objectives to:
      - enable people to stay well, safe and independent at home for longer
      - provide the right care in the right place at the right time
    - How we have developed the Plan
    - How the needs of particular groups will be met
    - Our governance arrangements
9. There is a new requirement to complete a Capacity & Demand template for intermediate care as part of the submission to NHSE. Areas were asked to review demand for, and anticipated capacity for intermediate care, split by:
  - demand from community sources
  - demand for supported discharge from hospital
10. Health and care colleagues have worked together to complete the Gateshead BCF submission for 2022-23 in line with national requirements, through the Integrated Commissioning Group.

## BCF Schemes 2022-23

11. As for the previous BCF submission (2021-22), schemes have been grouped under the following broad areas:

- Managing discharges and admissions
- Service pressures
- Planned care
- Carers
- Disabled Facilities Grant
- Market shaping and stabilisation
- Transformation

## BCF Funding 2022/23

12. Details of the BCF financial breakdown for Gateshead for 2022/23 is set out below:

<b>BCF Contribution</b>	<b>2022/23 (£)</b>
Minimum NHS Contribution	£18,715,926 *
Disabled Facilities Grant (capital funding for adaptations to houses)	£ 2,111,149
Improved Better Care Fund	£ 11,386,636**
<b>Total</b>	<b>£32,213,711</b>

\* i.e. an uplift of 5.7% on the Minimum NHS Contribution from 2021/22

\*\* i.e. an uplift of 3% on the Improved Better Care Fund from 2021/22

13. As we were already at the mid-point of 2022/23 at the time of submission of our BCF Plan, we have sought to ensure the continuity of schemes in the current year in line with planning guidance requirements and to use the 2022/23 uplift to:

- provide additional support for 'discharge to assess' including increased community capacity from the minimum NHS contribution (£938,000) so that the process adopted under the hospital discharge programme can be continued;
- increase LA core spending power for key schemes (£334,800) from the Improved BCF contribution.

## Gateshead BCF Submission for 2022/23

14. Existing joint working arrangements in place have been used to develop our BCF submission for 2022/23, including the Integrated Commissioning Group and Gateshead Cares System Board.

15. The Gateshead BCF submission documents for 2022-23 can be accessed through the following link: <https://www.gateshead.gov.uk/article/3933/Gateshead-Better-Care-Fund>

### **Approval and Monitoring of BCF Plans**

16. Assurance of final plans will be led by Better Care Managers with input from NHS England and local government representatives.
17. Reporting will recommence in 2022-23 and will cover progress in implementing BCF plans, progress against metrics and ongoing compliance with the national conditions of the fund.

### **Recommendations**

18. The Health & Wellbeing Board is asked to
- (i) note the key components of the national BCF planning requirements for 2022/23 and how they have been met, as set out in this report;
  - (ii) endorse, retrospectively, the 2022/23 BCF submission for Gateshead.

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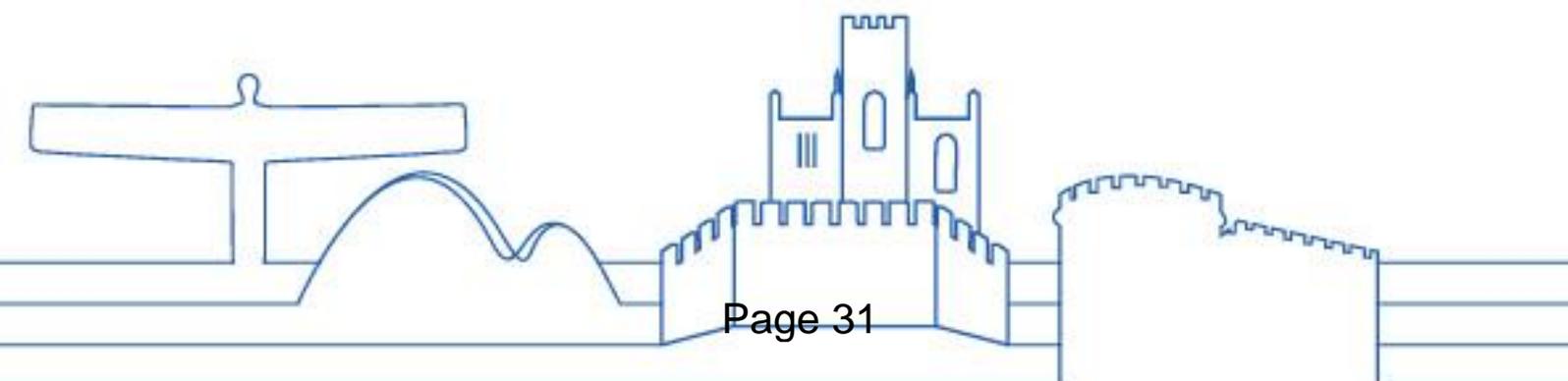
**Contact:** John Costello (0191) 4332065



**Gateshead's Children and  
Young People's Mental  
Health and Emotional  
Wellbeing, Local  
Transformation Plan**

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**Our Joint Vision, Principles and Plan**



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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 the Gateshead Health and Wellbeing Board who have approved this updated plan and continue to support the system to action our transformation priorities.

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 and 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'.<sup>1</sup>
- 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 People's Mental Health Provision'<sup>2</sup> 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 several 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 we will endeavour to demonstrate

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<sup>1</sup> 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 \(publishing.service.gov.uk\)](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)

<sup>2</sup> 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](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)

the opportunities that have been realised from the pandemic as well as the increased demand and need for children and young people's mental health and mental wellbeing 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 Assessments<sup>3</sup> and Health and Wellbeing Strategy<sup>4</sup>.

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<sup>3</sup> [Headline data - Gateshead JSNA](#)

<sup>4</sup> [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.

3.7 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.

3.8 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.

3.9 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.



<sup>1</sup> 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 Regarding improving outcomes for children and families, No Health without Mental Health<sup>5</sup> 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.

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.

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’.

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<sup>5</sup> No Health without Mental Health (2011) HM Government

- vi. Improving support for parents to make the bonding between parent and child as strong as possible to avoid problems with mental health and behaviour later on
- vii. A better kind of service for the 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.

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 community<sup>6</sup>. 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.

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

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

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.
- 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 Context**

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 Cares 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 2022-2023.

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.

### 6.12 **Perinatal and Maternal Mental Health**

For Gateshead the expansion work around access to Perinatal services is linked with the Family Hub development and Government investment.

National funding has been made available for at least 66,000 women nationally with moderate to severe perinatal mental health (PMH) difficulties to have access to specialist community care. That's an additional 568 women/birthing people by 2023/24 across Newcastle/Gateshead.

This objective is monitored through the access target, which is 10% of the 2016 birth rate receiving a face to face or videoconference assessment within the month. As of July 2022, Newcastle/Gateshead have assessed 350 women (6.1%) according to the national PMH dashboard. Reasons for not meeting the target are:

- Further investment is indicated
- Issues around staff retention
- COVID-19

An aim of the team is to provide specialist PMH services to those women/birthing parents that need it beyond baby's first birthday. The Newcastle/Gateshead service will see women past 12 months on an extraordinarily agreed case basis currently. Work is underway to consider this offer on an regular basis.

The team have been undergoing training to be able to provide NICE-recommended psychological interventions for women who have moderate to severe or complex mental health difficulties within the perinatal period. To meet this target in Gateshead more staff will need to be trained to provide therapeutic interventions.

Team Working Principles:

- Think family – not just the mum.
- The perinatal frame of mind – think about the needs of multiple family members.
- Stay curious – inclusivity – who is important to the family

### **6.13 Aligning Resources into Primary Care**

Gateshead have been developing early intervention roles to work within primary care settings in partnership with Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) and Primary Care Networks (PCNs) through the Additional Roles Reimbursement Scheme (ARRs). This has seen Adult Mental Health Practitioners embedded into PCN areas to support triage, assessment and signposting for individuals presenting with mental health needs.

In Gateshead as well as developing a PCN Children and Young People's team, due to be dispersed to the PCNs in April 2023 to enhance access to psychological interventions (CYP IAPT programme) the system is also piloting Children and Young People Practitioner roles under the ARRs scheme with two PCN areas.

Gateshead understands this shift in resources is enabling services to provide early intervention and prevention support for all Gateshead residents including Children, Young People and their Families.

## 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"> <li>• Midwifery</li> <li>• Health Visiting</li> <li>• Children’s Services</li> <li>• School Nursing</li> <li>• Some Voluntary Services</li> <li>• Action for Children Community Support</li> <li>• Children North East Community Support</li> <li>• Kooth</li> </ul>	<ul style="list-style-type: none"> <li>• Emotional Wellbeing Service – Gateshead</li> <li>• North East Counselling Service</li> <li>• Children North East</li> <li>• Kalmer Counselling</li> <li>• Barnardo's Bereavement and Sexual Abuse Counselling</li> <li>• Eating Distress Service Counselling</li> <li>• Kooth Online Counselling and Support</li> <li>• The Children's Society</li> <li>• IAPT</li> <li>• School Social Workers</li> </ul>
Tier 3 Specialist Community	Tier 4 Specialist Inpatient
<ul style="list-style-type: none"> <li>• CYPS – Neurodevelopment pathway diagnostic Community Service</li> <li>• CYPS Learning Disability – Community Service</li> <li>• CYPS – Mental Health community service</li> <li>• CYPS – Community Forensics</li> <li>• Community Eating Disorder Service EDICT</li> <li>• Learning Disability Challenging Behaviour IPBS</li> </ul>	<ul style="list-style-type: none"> <li>Assessment and Treatment – Mental Health inpatient</li> <li>Assessment and Treatment – Learning Disability inpatient</li> <li>Eating disorders in-patient</li> <li>Psychiatric intensive care units</li> <li>Secure Children’s Home</li> <li>Medium Secure (Mental Health and Learning Disability)</li> <li>Low Secure (Mental Health and Learning Disability)</li> </ul>

<ul style="list-style-type: none"> <li>• Learning Disability – Intermediate Care/Respite</li> <li>• Early Intervention in Psychosis (NB age range 14-65)</li> <li>• Criminal Justice Liaison and Diversion</li> <li>• Perinatal Mental Health</li> <li>• Speech and Language Therapy</li> <li>• Autism Spectrum Disorder Services diagnostic only</li> <li>• ADHD Service</li> </ul>	Complex Neuro-developmental Service National Deaf
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## 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.

8.4

**Table 3 Actual and Planned expenditure on Children and Young People Mental Health and Emotional Wellbeing services**

	Actual expenditure			Plan
	2019/20	2020/21	2021/22	2022/23
<b>Newcastle Gateshead Clinical Commissioning Group</b>	£9,009,378	£9,342,199	£9,922,159	£11,052,927
<b>Gateshead Metropolitan Borough Council</b>	£693,200	£686,573		
<b>NHS England</b>	See section 8.5 below			
<b>TOTAL</b>	<b>£9,702,578</b>	<b>£10,028,772</b>		<b>£11,052,927</b>

**Table 4 Key increases year on year- Gateshead Value**

Key increases year on year - Gateshead's value		Ghead		Notes
		Summary of increases		
Areas increased year on year	SDF/MHIS	2021/22	2022/23	
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
<b>Total</b>		<b>£ 186,060</b>	<b>£ 530,860</b>	

8.5 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.

8.6 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.

8.7 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

8.8 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.

8.9 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. This investment will be evaluated in 2022-2023 and further investment may be considered in conjunction with the development of the family hubs and thematic working group focusing on perinatal and maternal mental health.

8.10 Funding has been made available in 2021-2022 and 2022-2023 to support initiatives to reduce waiting times for services in Gateshead.

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

Area	Progress during 2021-22
<b>Overarching areas</b>	<ul style="list-style-type: none"> <li>• An evaluation working group established to review the SPA and CYP MH services.</li> <li>• We continue to build on safe online communities via Kooth, Qwell, Togetherall.</li> <li>• A review taking place on training priorities for CYP IAPT services</li> <li>• All providers and young ambassadors have increased awareness to reduce the stigma of mental health over the past year.</li> <li>• Membership, governance, and terms of references have been reviewed for meetings.</li> <li>• A working group has been established and a plan has been put in place to develop a workforce strategy.</li> <li>• Resources have been produced to raise awareness of childhood illnesses and to reduce the presentation of CYP at A&amp;E.</li> <li>• The Gateshead System is now inputting local contact details of services into the National Healthier Together directive.</li> </ul>
<b>New models and pilots</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Non-recurrent funding has been sourced for a pilot via Cradle to support parents who have experienced loss. A pilot has also been commissioned for women in poverty who have had a 1<sup>st</sup> baby. Further plans to develop, expand and invest in the maternal mental health services are ongoing.</li> <li>• A new support service for LGBTQ+ community has been commissioned.</li> <li>• 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.</li> <li>• A new eating disorders model is in place which includes the addition of an extra post.</li> <li>• 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.</li> <li>• At Risk Mental State Service (ARMS) first year evaluation is now complete.</li> <li>• A scoping exercise has been completed to evaluate and improve the quality element of the Early Intervention in Psychosis (EIP) pathway.</li> </ul>
<b>Crisis and Trauma</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

	<ul style="list-style-type: none"> <li>• 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.</li> <li>• A paper has been drafted around the model of need and capacity for psychiatric liaison in acute provision for children and young people.</li> <li>• Crisis and urgent response meetings are arranged with partners to develop and review existing service offer.</li> <li>• A new provider collaborative has been agreed with NHSE for specialist-inpatient services.</li> </ul>
<b>Learning Disability Autism</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Learning Disability 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.</li> <li>• Learning Disability postcards produced to be given to young people and parents to connect them to GPs for health checks and flu vaccination.</li> <li>• EHCP review templates have been updated and termly audits are undertaken of the plans.</li> <li>• Clear linkage now seen for SEND through a bi-monthly board meeting and delivery of awareness sessions.</li> <li>• A Speech and Language Therapy review has been completed. High level teaching assistants to be employed.</li> </ul>
<b>Education:</b>	<ul style="list-style-type: none"> <li>• Mental Health leads identified for primary and secondary schools and schools taking up the DfE Mental Health leads training.</li> <li>• RISE Mental Health Support Team (MHST) are delivering evidence-based interventions for children and young people with low-moderate mental health problems in schools as well as an offer of longer-term support via Healios who deliver virtual therapeutic one to one support.</li> <li>• 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.</li> </ul>
<b>Transitions:</b>	<ul style="list-style-type: none"> <li>• 95% of children and young people now have a transition plan from children's mental health services to adult mental health services.</li> <li>• 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.</li> <li>• A pilot is being developed to test out improvements from secondary care to primary care transitions.</li> </ul>

## 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 class<sup>7</sup>. Information in key policy documents suggests:

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

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

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 or probably go on to have mental health problems<sup>8</sup>. 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 31<sup>st</sup> 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

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

**Table 5 Headline data for Gateshead**

**202,419**

**People live in Gateshead**

**39,780 (19.7%)**

**Are children and Young People**

**About 1500**

**Children receive support from Early Help**

**About 480**

**Children are looked after and live with foster carers, in a children's home or with a family**

**About 230**

**Children have a Child Protection Plan to keep them safe**

**About 1620**

**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 Service<sup>9</sup> (CHIMAT). The reports bring together key data and information to support the understanding of key local demand and risk factors to inform planning.

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<sup>9</sup> 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)

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 showing Children & Young People's Mental Health and Wellbeing<sup>10</sup>

10.6 Table six below 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 below shows the estimate 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

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

### Table 6 Children and Young People's Mental Health and Wellbeing

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 <span style="background-color: #90EE90; padding: 2px;">New data</span>	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

10.8 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).

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 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.<sup>[1]</sup>
- 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%)

#### 10.10 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 Children and Young People's mental health services. This included the setup of a single point of access (SPA) for referrals and an online consultation service known as Kooth.

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.

10.11 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:

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

<ul style="list-style-type: none"> <li>• Explore the potential for schools and community-based organisations to work at tier one.</li> <li>• Explore potential of schools and community-based organisations in providing tier 2 support</li> <li>• To improve data sharing and addressing interoperability issues</li> <li>• Build upon opportunities for prevention and self-help through an improved digital offer – to refer and for self-care.</li> </ul>	<ul style="list-style-type: none"> <li>• Cost of Living rises which is putting increase strain on families which is negatively impacting on children and young people.</li> </ul>
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## 10.12 Benchmarking

In addition to the above local benchmarking against the 49 recommendations detailed within Future in Mind, the subsequent Green Paper for Children and Young People's 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. Our system priorities in 2022-2023

### 11.1 Mapping and Resource Allocating

Below in section 11.3 data from 2021-22 for the demand for our Gateshead secondary services is presented. 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 delivering proactive support, empowering the workforce who support our Children and Young People and allocating our resources as effectively as we can. This work will commence in September 2022 and be completed in conjunction with the planned work to develop 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.

### **11.3 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 (SPA) 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.

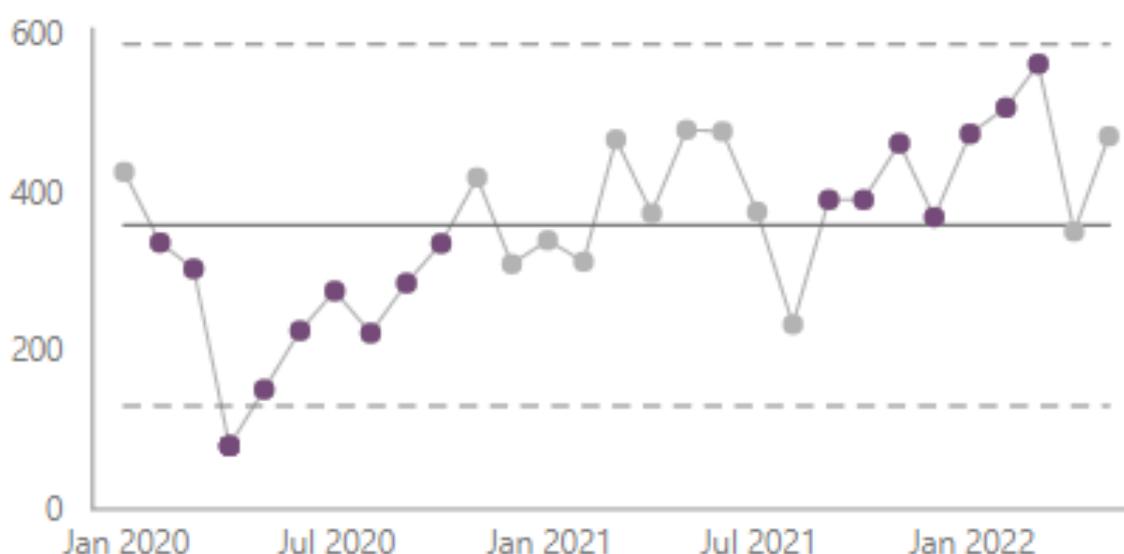
Key outcome measures are routinely monitored through regular contract review meetings with providers, and these are reported monthly and quarterly within the performance framework.

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

The Attentive Deficit Hyperactive Disorder (ADHD), Autism and pathway referrals all fall under the Neurodevelopmental pathway.

From April 2021 to March 2022, CNTW 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

In Perinatal Services the access rate is defined as "The number of women accessing services in the last 12-month period as a % of ONS 2016 births". Perinatal services in Gateshead have been in recent years invested in. The services feature in the NHS Long Term Plan for expansion of access.

**Table 10: 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%

Early Intervention and Psychosis service, who deliver services to 14–30-year-olds in Gateshead, has just received an overall performing well in 2021-22 from the National Clinical Audit of Psychosis.

**Table 11 Early Intervention in Psychosis Target measures April 2021-March 2022**

	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%

In our Eating Disorder Service at Q4 2021/22 for the eating distress service 88% of routine children and young people who 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.

**Table 13- 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

### **Consultation with our Children Young and Families**

During Covid the Points of You (table 12), 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 children and young people's services have just recently being implemented therefore you will see an increase in responses from May 2022.

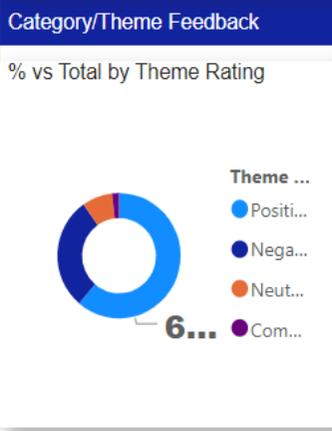
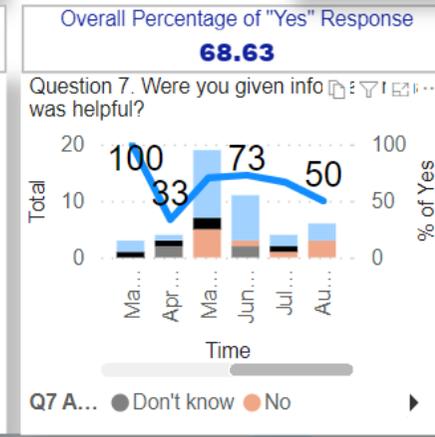
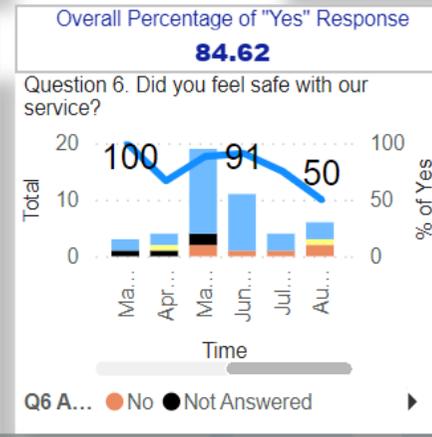
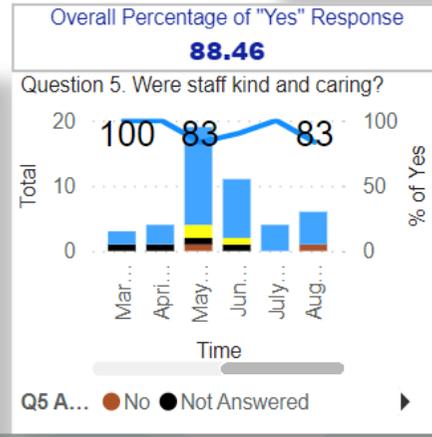
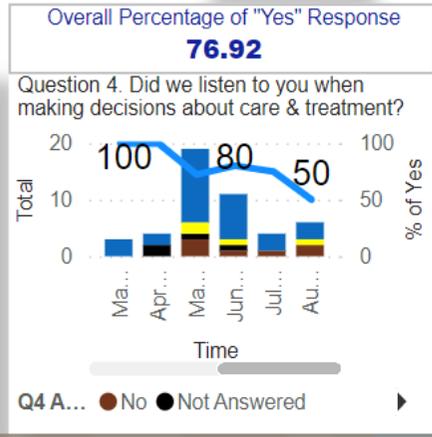
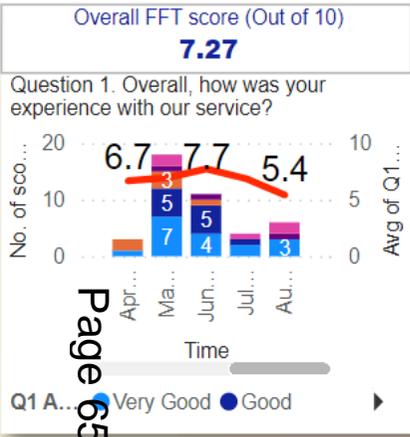
Table 12- Points of You 1<sup>st</sup> April 2021 to August 2022



Total number of surveys last month <b>4</b>	Total number of censored surveys <b>4</b>	Locality Central Locality Care Gr... ▾	Team & Ward Multiple selections ▾	CQC Core Service All ▾
No. of FFT answered last month <b>4</b>	Total number of concern surveys <b>1</b>	01/04/2021 31/08/2022		PersonType All ▾

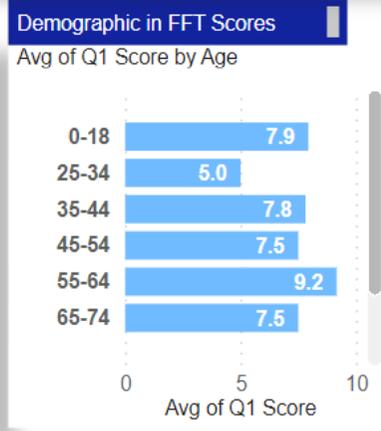
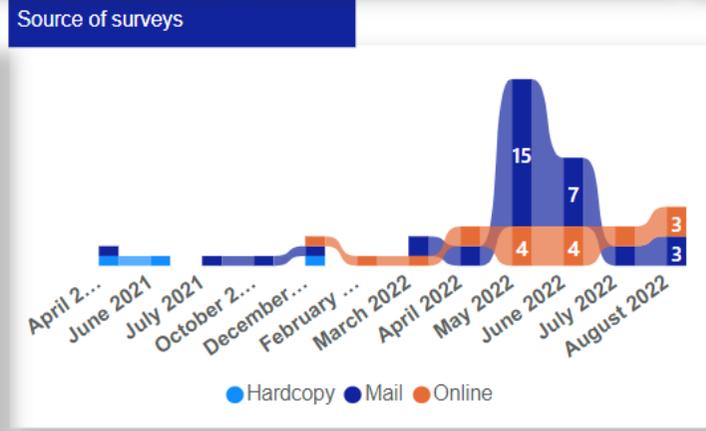
Scores at a glance

Service User / Patient : <b>11</b>	On behalf of Service User / Patient : <b>7</b>	Carer / relative / friends : <b>36</b>	Not specified Person Type : <b>2</b>
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Hints: Click down arrow to see Themes

Category	Compliment	Positive	Neutral	Negative
Access to Treatment or Drugs		1		2
Appointments		4	2	5
Clinical Treatment				2
Communications	1	56	6	34
Facilities			2	
Other			2	
Patient Care	1	48	4	15
Prescribing		1		2
Privacy, Dignity and Wellbeing		3		1
<b>Total</b>	<b>5</b>	<b>169</b>	<b>22</b>	<b>80</b>



## 11.4 Trauma Informed Care Services

### Development of a Trauma Informed Care Approach in Gateshead

#### *NICE Guidelines for Looked After Children*

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%).

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.

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.

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

#### *Independent Review of Children's Social Care and Trauma-informed Care*

The Independent Review of Children's Social Care highlights that there 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.

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.

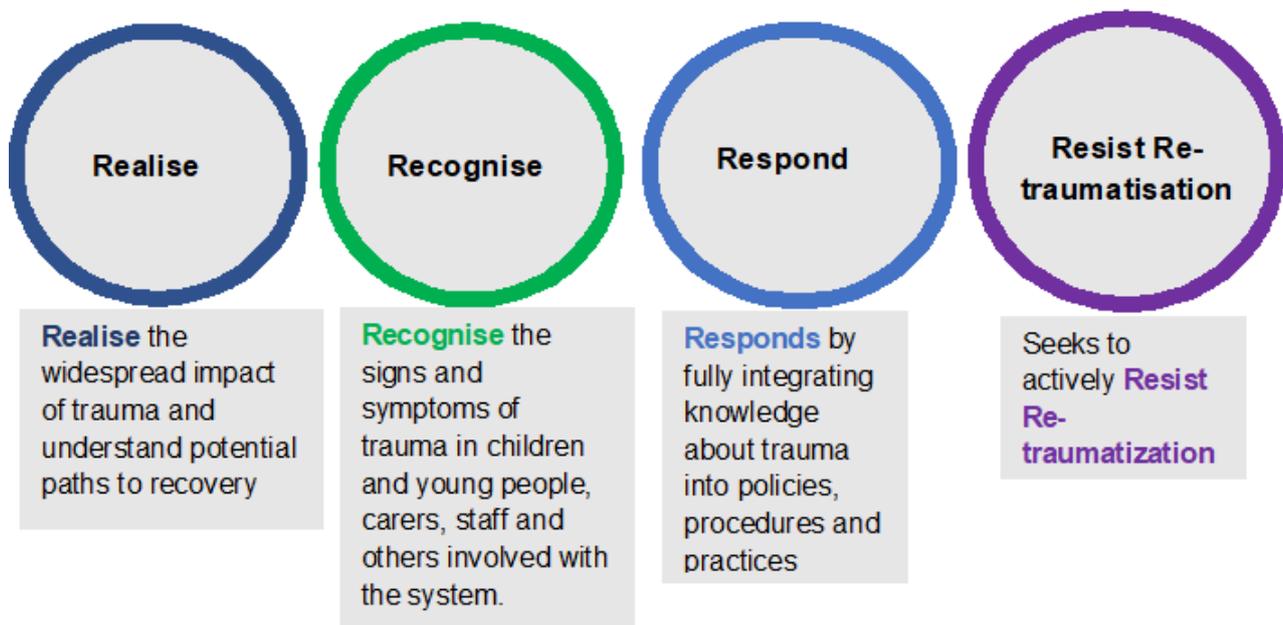
The national recommendations would indicate that the most effective way to deliver positive outcomes for children and young people is to create an embedded clinical team within the local authority to support the co-ordination of services around the children and young people which may include specialist psychological assessment and formulation and expertise such as neurodevelopmental and/or speech, language and communication difficulties.

### *Building and Sustaining Trauma-Informed Organisations*

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) illustrated in figure one below.

**Figure 1- The 4 R's of Trauma informed Care**



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.

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.

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.

The team is expected to 'go live' in late winter to early spring in 2022-2023; learning and progress will be captured through a performance framework and a series of learning and reflection workshops to inform incremental change.

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

CYP IAPT is not a service but a transformation mechanism which underpins whole system outcome improvement and transformation and workforce planning.

The 5 principles of CYP IAPT are demonstrated throughout our local transformation programme the expansion to the workforce continues into 2022/23. 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 the impact of Covid-19 on children and young people's mental and emotional wellbeing.

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 Children and Young People's Mental Health Partnerships.

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

## 11.6 Youth Offender Health

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.

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.

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.

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 health<sup>11</sup>. 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 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:
- Access to Services; appropriate waiting times must be established so that children and young people with mental health problems know the maximum waiting time for treatment as individuals with physical health problems do.
  - Parity of Treatments; many psychological therapies are NICE approved and recommended but the NHS Constitution does not entitle people to them in the same way we are entitled to NICE approved drugs.
  - Access to Crisis Care; children and young people using mental health services have 24/7 access to a crisis support.
- 12.6 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:
- 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.

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<sup>11</sup> Centre for 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.
- An Equality Impact Assessment is planned to be delivered on 22/23 to support the implementation of this plan.

12.7 We are mindful 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 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

### 13.3 Key areas of focus work in 22/23 include:

- For our Gateshead Children and Young People with Special Educational Needs and Disabilities (SEND) there is a focus on preparation for adulthood, community inclusion, health outcomes, independent living and employment

- There has been a document called 'ages and stages' developed for operational use in Gateshead to understand transition points around support and responsibility of funding
- There has been work undertaken to map the post 16 options for our Children and Young People and in particular those with SEND
- We have focused on improving employment opportunities by working with prospective employers, including work experience placements, supported internships and traineeships. There is an annual careers event for SEND learners where Young People and Families can meet prospective employers and seek advice and guidance
- Professionals are working together with Young People and families from School year 9 to prepare Young People for transitions as part of annual reviews so each service can plan and prepare the Young Person and their family
- We are working with GP practices, Paediatricians, Young People and their families to improve transitions where the GP will become the main health care provider when the Young Person leaves the care of paediatrics. Ready Steady Go is being piloted as part of the transition pathway
- We are focusing on preparing the young person and their family to manage their own health needs if they will not be transferring to adult services when leaving children's services, which may include meeting their GP if they have ongoing health needs
- Several GP practices in Gateshead are working towards 'young people friendly practice kitemark' which means they will welcome young people, support their right to be seen without a parent, to maintain their confidentiality, and make reasonable adjustments to meet the specific needs of young people
- We are providing support as a system around Young People making choices for living independently from parents, which may include living alone or in shared accommodation, supported living, 'shared lives', and assistance to apply for benefits
- We are exploring some pilot work to ensure the transition of Children from School Year 6 (Primary School) to School Year 7 (Secondary School) is as supported as needed for each Child. The work is currently scoping all those Year 6 children who may need support in moving to Year 7 to understand what support we need to provide Children, Young People, Families and Education staff.

## **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. As below demonstrates:

- 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.
- Gateshead System 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

- In Gateshead a full-time Designated Clinical Officer for Special Educational Needs and Disabilities (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.
- Gateshead System supports 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 of each meeting, on the Local Offer website.
- There is 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 North East and North Cumbria Integrated Care Board, 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 are 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, CNTW and Gateshead Communications Team worked together to update the online 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*

In order to further promote awareness of the Children and Young People's Mental Health Services, from Summer 2021 to Summer 2022, Gateshead have used the CCG, Local Authority, and voluntary and community sector partners' social media accounts (including presences on Facebook and Twitter) - as well as on the organisations web pages- to regularly push messages around the availability of various types of Children and Young People's Mental Health Services, including promoting online support services that have been contracted in Gateshead. 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.

- 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 undertake engagement work on behalf of Gateshead place.
- Work has been undertaken to develop effective models to enhance Gateshead 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.
- Summary of other 2022 communications and engagement highlights and achievements within Children and Young People's Mental Health Services:
  - 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 information (adult and children and young people) appears prominently on Gateshead websites
  - There is a dedicated Children and Young People Mental Health page and a handy links page
  - Gateshead have promoted, through press releases, a range of different Children and Young People's 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, Gateshead 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 Gateshead undertake in 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 including services young people
- Template content recently provided to GP practices in Gateshead, to be used on practice websites, outlining the range of mental health services (including for Children and Young People's Mental Health Services). Similar information will also be sent to partner organisation

#### 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

- 14.5 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:**

1. Ensuring our Teachers and Education settings have the skills they need to support provide early intervention emotional wellbeing needs for our Children and Young People in Gateshead
2. 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

3. **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
4. Ensuring the communication needs of our children is met in Gateshead with universal and specialist services where appropriate

#### 15.10 Special Educational Needs and Disabilities (SEND)

In Gateshead a SEND inspection took place in 2017, work has continued to take forward the SEND agenda to strengthen the findings from this report. The Health, Social Care and Education Partners 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 are able to respond to the requirements of the Children and Families Act 2014 collaboratively, delivering to our SENCOs in mainstream and special schools.

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

There is a dedicated Children, Young People and Families team which includes specialist SEND nurses and a Designated Clinical Officer 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 has 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 ICB 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 GP 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 child or young person 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 children and young people 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.

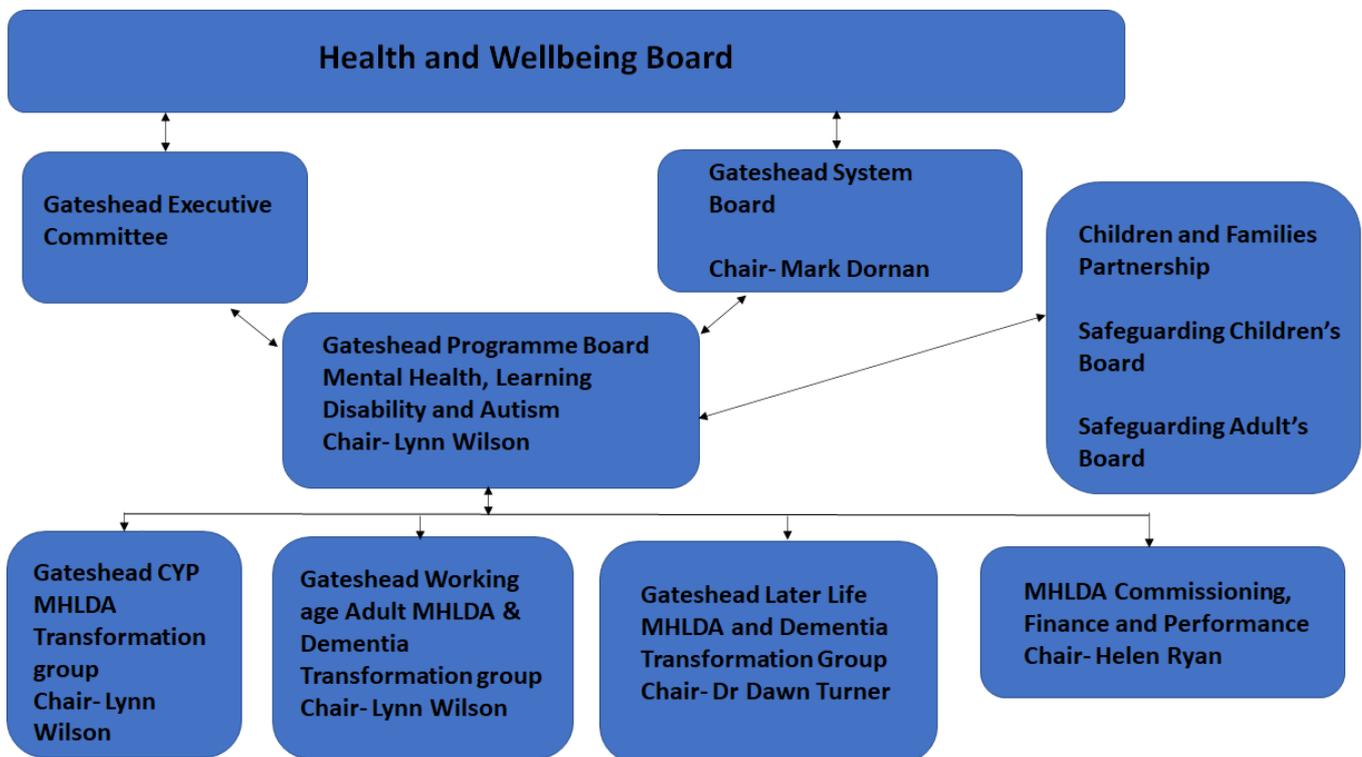
To further build emotional resilience and minimise the effects of long term emotional and physical abuse and neglect on children and young people with SEND, we are implementing trauma informed, wrap around service offering support at the earliest opportunity.

## **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.
- 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.

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.

17.4 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

17.5 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 join 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.

17.6 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

17.7 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 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 in appendix one 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

### Appendix -1

#### Extract of the Gateshead Children and Young People Mental Health and Emotional Wellbeing Delivery Action Plan 2022-20223 V-2.0

Transformation Priority	Objective(s)	Action(s)	Update(s)	Time scale	RAG	Total RAG	Senior Responsible Officer	Lead	Ref to NHE KLoE
<b>1. Give every child in Gateshead the best start to life</b>									
Page 87	Undertake a full review and evaluation of the SPA service	Working group established	TOR, Scope and timeline produced	May-22	Green	Yellow	Gateshead System Director	ICB CNTW	4
		Roots & Wings to present their findings from a review of SPA with stakeholders	Draft report shared internally, and queries raised for consideration	Nov-22	Yellow				
		Data to be collected and reviewed around referrals and where people are triaged onto	New data template is being completed by the partnership of getting help providers and collated by CNTW as lead provider from April 2022	July 22	Green				
		Redesign the referral form collaboratively to ensure ease for completing and electronic access where applicable	CBC attend meeting on 30.08.22 to highlight the mechanics behind a GP referral form. Agreement to have 2 forms YP/Professional - meeting scheduled to take place 05.09.22 to finalise forms with a date of 10.10.22 for forms to 'go live'. Group to think about some targeted campaigning that can be undertaken, before winter pressures ensue.	Nov-22	Green				
1.2	Undertake a review of the Mental Health and Wellbeing Community Service offer as a whole to	Establish a task and finish group in conjunction with Best Start to Life work stream (1.6)	Discussions underway with Early Help and ongoing plans to develop Family Hubs, to link external partners and ensure a joined-up system	Mar-23	Purple	Purple	Gateshead System Director	ICB CNTW STSFT	4

	Children, Young People and Families	Design and hold a system wide workshop event to map the current offer and demand to allocate resources effectively	Organising event for December	Nov-22					
1.3	Implement and monitor the new model of care programme to ensure children and young people in need of specialist in-patient care are able to access services in a timely manner and as near to home as possible	Ensure support is available to reduce admissions to Tier 4 inpatient services	New Care Model (NCM) sets out to reduce reliance on inpatient beds, reduce length of stay, provide care closer to home and avoid out of area placements. Data shows that the NCM is achieving this, with inappropriate out of area placements all but eliminated. To support the process of referrals, admissions and discharges CNTW have developed a Clinical Case Management Team with a 7-day presence.	May-22			Gateshead System Director	ICB	4, 8, 9

		Ensure Gateshead is linked to Provider Collaborative strategic vision and planning for the new care model programme	Provider Collaboratives has now been agreed with NHSE and has been recruited and mobilised - Provider Collaborative is a new way of commissioning and delivering specialised mental health, learning disability and autism services. The collective focus of a Provider Collaborative is on the health of local populations and the delivery of transformation in pathways of care. A Provider Collaborative builds on the foundations of New Care Models for tertiary services. Providers within our Partnership are Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust. The formation is linked to the NHS Implementation Plan 2019/20 – 2023/24. Ongoing conversations to ensure Gateshead is represented.	Mar-23					
		Ensure any Gateshead children and young people who are admitted into inpatient beds outside of the locality are escalated to Gateshead system	Escalation pathway in place	Mar-23					
1.4	Review the mental health support offer for children and young people in contact with the Youth Justice system	Work as a partnership to strengthen the mental health and emotional wellbeing offer for our children and young people in the youth justice system	In 2021 an in-depth review of case files took place between the Integrated care systems and Youth Justice Service; this allowed a greater understanding of the needs of this cohort of young people. Referrals for young people to access support around mental health and emotional wellbeing are triaged via the single point of access. The Children Young People Service Community Clinical Manager sits on the Gateshead Youth Justice panel and meets with	Mar-23			Gateshead System Director	ICB GBC	4, 13

			<p>commissioners regularly to continuously review and update the on the demand for services</p> <p>VCS services commissioned to develop some bespoke training for service, and which will include sessions with the service over the year</p> <p>Funding available to consider health support for Youth Justice service</p>						
1.5	Explore the development of a Needs Led Model	Continue to explore and consider a Needs Led model during SPA, Community, Inpatient, Best start to life and pre/post support reviews		Mar-23			Gateshead System Director	ICB CNTW GBC STSFT	
		Ensure local evidence-based service models promote needs-based care	<p>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.</p> <p>The Thrive model also ensures a more flexible, multi-agency response across the whole system that reflects our collaborative approach</p>	Mar-23					3, 4, 6

		<p>Understand the local need &amp; co-existing physical health conditions (asthma, epilepsy, obesity, deafness) for CYP</p>	<ul style="list-style-type: none"> <li>• Masterclasses to be organised and led by consultants and specialist nurses to train school staff</li> <li>• Input into the National Healthier Together directive and to include the Teenage Resource</li> <li>• Funding for newly commissioned services is non-recurrent and a robust evaluation will take place</li> <li>• EHC plans are put in place for young people and the health components are updated at each review with termly audits undertaken of the plans</li> <li>• Ensure a YP has a Personalised asthma action plan / Allergy Action Plan</li> <li>• Nexus commissioned to enable 133 care leavers to travel free so that they can attend health related appointments and reduce their isolation</li> <li>• New support service commissioned for those identifying as LGBTQ+ - Human Kind to deliver 1:1 interventions, peer support, support for parent/carer/family members and roll out training sessions to school staff and primary care staff</li> <li>• Henry pilot programme commissioned with 0-19 service and public health around healthy weight and working with families</li> </ul>	<p>Mar-23</p>					
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- Raising awareness of asthma/allergies, diabetes, epilepsy in schools

<p>1.6</p>	<p>Develop a multi-agency plan for Family Hubs and Best Start for Life (3-year programme)</p>	<p>Establish and explore the minimum and go further expectations and system led initiatives</p>	<p>Gateshead is one of 75 Local Authorities who are eligible for funding from the national Family Hubs and Start for Life programme funding package for the period 2022-2025. The programme includes new investment for essential services in the crucial start for life period from conception to age two, and services which support parents to care for and interact with their children. There are a number of specific funded strands, one of which is perinatal mental health and parent-infant relationship. This funding is to be used to promote positive early relationships and good mental wellbeing for babies and their families.</p> <p>The focus is on:</p> <ul style="list-style-type: none"> <li>• Mild to moderate perinatal mental health difficulties</li> <li>• Perinatal mental health support for parents and co- parents</li> <li>• Primarily universal parent-infant relationship support</li> </ul> <p>A multi-agency steering group has been set up to manage this development. Thematic working groups are being established in August/September 2022 to plan how Gateshead will meet the minimum expectations of the programme and explore go further options.</p>	<p>Dec-22</p>			<p>Gateshead System Director</p>	<p>GBC PH CNTW ICB STSFT VCSE</p>	<p>2, 6</p>
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1.7	Review the Pre and Post Diagnostic support available for children and young people	3-year Learning Disability and Autism Plan being developed by Gateshead system	Workshops delivered with Learning Disability & Autism stakeholders to revise 3-year plan and understand emergent concerns - May 2022 Consultation underway with community providers and experts by experience of the revised 3-year plan to identify gaps and key priorities/concerns from providers and service users, presentation delivered to INSIGHTS group July 2022 and accessible materials developed by the group, including easy read slides and a survey - next update due mid-September 2022 VCS organisation (NE Youth) commissioned through Community Mental Health Grants scheme to support young people with additional needs inc. Autism & ADHD in Blaydon to improve their wellbeing and mental health Community group (Harlow Green Unite) commissioned through Community Mental Health Grants scheme to develop a sensory garden for CYP and older people living in Harlow Green to develop intergenerational links, reduce social isolation and increase community opportunities for CYP with neurodiversity Mapping undertaken of pre-and-post diagnosis support to identify community provision within Gateshead Mapping undertaken of the services available to support parents and carers of CYP throughout the diagnostic process Research project planned for Nov-Jan delivered by INVOLVE NE to understand the impact of the Gateshead Autism Hub and feasibility for longer-term commissioned	Mar-23			Gateshead System Director	ICB GBC CNTW GHFT VCSE	4, 8
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			<p>funding CNTW are continuing to work with partnership agencies and the voluntary sector organisations to support children young people whilst they are on the waiting assessment pathway within the neurodevelopmental pathway. Feedback from families and young people have found this really helpful in terms of addressing what the current needs are and enables support whilst they are waiting for an assessment CNTW have commissioned Children NE to deliver 3 distinct autism groups with neurodiverse children and young people in Gateshead and Newcastle</p>						
<b>2. Ensure access to Mental Health services and support is available and improved (the following are the targeted areas in 22/23)</b>									
<p>Learning Disability Page 95</p>	<p>Monitor and review new arrangements for Getting Help and Getting More Help and impact of CYP with Learning Disability and or Autism</p>	<p>Develop and approve a new monitoring framework in the Getting Help service</p>	<p>Framework is currently in draft to be signed off and implemented</p> <p>Kalmer counselling offer support for those young people with a diagnosis of Learning Disabilities and Autism where appropriate and feedback following support is positive</p>	<p>Mar-23</p>			<p>Gateshead System Director</p>	<p>ICB CNTW VCSE GBC</p>	
	<p>Review the local impact of the Accelerator site for Learning Disability Transformation Programme</p>	<p>Establish roll out and shared learning of the pilot programme (Parental Support and policy development in schools)</p>	<p>NHSE to provide an update</p>	<p>Mar-23</p>					<p>1, 2, 4, 6, 8</p>
	<p>Review learning from LeDeR mortality review with a view to implementing local action, preventing where possible further deaths</p>	<p>Ensure learning is shared from 21/22 report and ongoing progress for LeDeR review completion in 22/23 is monitored</p>	<p>Annual report now available for 21/22 from the lessons learned group</p> <p>Discussion to take place to look at Gateshead data</p>	<p>Mar-23</p>					

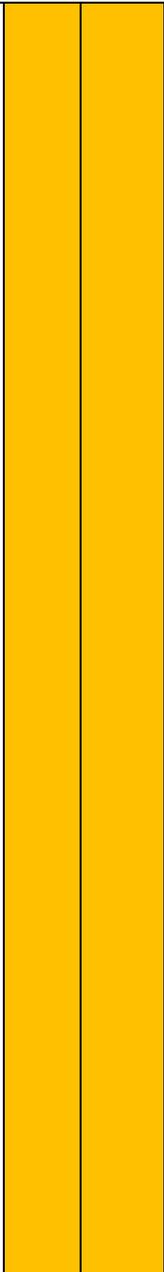
	<p>Ensure Gateshead is sighted on the national discussion regarding how to better identify children and young people who have a learning disability</p>	<p>Ensure Gateshead is aware if support is available from the NHSE national team and or regional Transforming Care team</p>	<p>Discussions are continually ongoing with national and regional colleagues about how to better identify people who have learning disability. Continue national networking with colleagues who have tried or are interested in trying a new set of approaches e.g. Morecombe Bay</p> <p>Meeting arranged with chair and programme manager of the Children's Health and Wellbeing Network and programme manager of the CNE Learning Disability Network and agreed in principle some joint working on paediatrician role</p> <p>Ensure Gateshead is aware if support is available from the NHSE national team and/or regional Transforming Care team</p> <p>LD audit update meeting organised with clinical learning lead within PCN for September 2022</p>	<p>Mar-23</p>					
	<p>Ensure clear linkage and communication to SEND plans and strategy</p>	<p>Designated Clinical Officer to be a member of the Local Transformation Plan for children and young people meeting</p>	<p>Designated Clinical Officer to provide updates on SEND as required</p> <p>Staff update session on raising the awareness of SEND took place in CCG on 03/12/21 and provided an update on work to date</p> <p>Quarterly - the CCG Quality, Safety and Risk Committee receive an update report on progress and highlight any challenges/issues</p> <p>Gateshead SEND board that meets bi-monthly and receives assurance from the strategy groups as well as updates in</p>	<p>Jan-22</p>					

			relation to the performance dashboard and assurance checklist						
	Ensure physical health pathways are inclusive for children and young people with a learning disability	Review physical health pathway noting the issue of increased susceptibility to mental health conditions for those with LD and/or Autism	<p>Teenage Resource raising awareness physical and mental health - accessible version for SEND YP also planned</p> <p>Waiting for confirmation from NHSE regarding digital proposal around work with EHCPs/Theatre Company Twisting Ducks</p> <p>GP Awareness Sessions for students Year 9 and above. Raising awareness of what support GP practice can offer as well as confidentiality and signposting to what services available.</p>	Mar-23					

2.2 Autism	Scope local need and service development to deliver assessment and treatment compliant with National and Local Standards for children and young people with learning disabilities, autistic spectrum disorder, attention deficit and hyperactivity disorder, to improve access and multi-agency intervention and develop post diagnostic support.	Review autism pre and post diagnostic support that is available in Gateshead	Assessment of CYP clinical autism & ADHD pathway to take place from September 2022 Mapping undertaken of pre-and-post diagnosis support to identify community provision within Gateshead Mapping undertaken of the services available to support parents and carers of CYP throughout the diagnostic process. Research project planned for Nov-Jan delivered by INVOLVE NE to understand the impact of the Gateshead Autism Hub and feasibility for longer-term commissioned funding, to build on the 2021 Gateshead Autism Review Report	Nov-22			Gateshead System Director	ICB CNTW VCSE PCNs	1, 2, 6, 8
		Gather the data for waiting times for Gateshead children and young people	Data received and a waiting list initiative established in Newcastle Gateshead. Monthly meetings to be established to monitor the service.  CNTW continue to work in partnership with other agencies to both reduce waits for neurodiversity assessments but also support young people and families whilst on the waiting list, CNTW are currently working with commissioners across Newcastle and Gateshead to look at more provision, CNTW have provided information on age range of those waiting along with geographical information.	Mar-23					
		Complete a report to present the services available for those with Autism	The final Autism Review report was reviewed by the commissioning team in May 2022 - Workshop held to determine national, local and regional priorities and impact at Gateshead place  Further work has been undertaken to extend the review to organisations	Mar-23					

			offering services in vocational skills, employment preparation and support, healthy relationships and domestic abuse, and other social support and development for CYP who are neurodiverse						
		Explore the development of the Autism in schools project in Gateshead	Discussions regarding the funding have been held and this will be considered in 22/23 funding allocations	Oct-22					
2.3 Attention Deficit Hyperactivity Disorder (ADHD)	Understand the number of Gateshead children and young people being referred for an ADHD assessment	Waiting list initiative commenced with Psychiatry UK, commissioned by CNTW in the Getting More Help service	Pathways review for children and young people's Autism and ADHD pathways will begin in September 22 which will include understanding the waiting list data across the North region of the ICB	Mar-23			Gateshead System Director	ICB CNTW	1, 8
2.4 Fetal Alcohol Spectrum Disorder (FASD)	Ensure mental health services are available for children and young people with a diagnosis of FASD	Scope with services if the current mental health offer is inclusive for those with an FASD diagnosis		Mar-23			Gateshead System Director	ICB CNTW GHNHSF T	8
2.5 Eating Disorders	Demonstrate improvements to early intervention and avoidable hospital admissions and how funding is spent to meet the needs of Gateshead children and young people	RISE Mental Health Teams in Schools to explore allocating transformation funding to Eating Distress North East (EDNE)	After conducting a scoping exercise at the end of April 2022, EDNE decided not to go ahead with the proposed RISE project. This was due to the tight timeframe for delivery. In addition, organisational changes within EDNE over the summer of 2022 meant there was no capacity to develop and manage the project effectively in the relevant timeframe.	Dec-23			Gateshead System Director	ICB CNTW VCSE	4, 6, 9

		Workshops commissioned with EDNE to support Gateshead system	To reassess this offer from September	Mar-23					
		Monitor the new role (band 6 EDNE) commissioned to support young people	To reassess this offer from September	Mar-23					
		Consider implications of Avoidant Restrictive Food Intake Disorder (ARFID) diagnosis and how current commissioned services can support	Regional work of ARFID currently in early stages with Task and Finish Group recently been established and some mapping of Data commenced	Nov-22					
		CCG and CNTW to jointly work to assess implications of Eating Disorder Waiting Times Standard and develop improvement plan if required considering the pre and post COVID position	CNTW and ICB regional team to lead this work on a regional (North CNTW) footprintCommunity Adult Eating Disorder Team is fully established and mobilised across the CNTW area, this role includes care coordination and treatment of patients with a primary diagnosis of Anorexia and/ or Bulimia. The team offer joint working with CTT's, including assessment to ensure the most appropriate service is accessed to meet their current MH needs. Community ED team work closely with partner agencies as well as offering scaffolding and training.A FREED champion has been appointed and we will be launching FREED in Sept, FREED is First Episode of Rapid Early Intervention for Eating Disorders for young people aged 16-25 who have presented with an eating disorder for 3 years or less. The role sits with the adult Eating Disorder Team but is developing strong links with CYPS Eating Disorders to ensure patients access care and treatment within a 4-week timeframe.	Mar-23					

<p>2.6 Children and Young People improving access to psychological therapies programme (CYP IAPT)</p>	<p>Continue implementation of improvement plan ensuring providers have the skills and capacity to work with children and young people including those with Learning Disabilities, Autism or both and speech language and communication needs</p>	<p>To link workforce development regional plan to Gateshead</p>	<p>Discussions ongoing to develop training offer for staff within the new Family Hubs and Early Helps teams, to improve capacity to support CYP and families and increase specialist knowledge around neurodiversity - potential for this to be extended to external delivery providers</p> <p>Training &amp; induction plan developed for incoming adult peer support workers and psychological wellbeing practitioners, to be undertaken from Sept 2022 onwards - this will include inductions to a range of internal and external providers</p> <p>The standard of work force plans in the Local Transformation Plans across the region have not been fit for purpose. NHSEI and HEE have not been able to use them in terms of planning training or developing regional/national workforce plans. The HEI has not been able to plan courses effectively and the range of RTT courses have reduced over the years.</p> <p>The Children and Young People’s Workforce Development Report, North East, Yorkshire &amp; Humber Report was launch at an event on 15 June 2022. A working group from across the region is developing an action plan and we have allocated funds to “second” a Project Manager for 6 months to support the implementation.</p> <p>There is a national workforce project working on similar issues to those</p>	<p>Mar-23</p>		<p>Gateshead System Director</p>	<p>ICB STSFT</p>	<p>4, 6</p>
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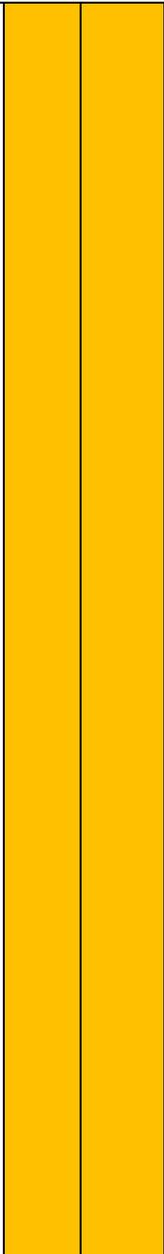
			<p>identified in the report and Hayley Savage and I are member of the group. We can ensure the work in each group is aligned.</p>						
	<p>Review training priorities and target workforce - training opportunities for working with under 5's and Learning Disability and Autism</p>	<p>Gateshead has own training centre with Northumbria Uni</p>	<p>Conversations ongoing to identify systems training need across basic autism and ADHD awareness through care providers, clinical staff and the voluntary sector</p> <p>Meeting scheduled with clinical leads to identify autism support for U5s</p> <p>Inpatient training- the current training is being delivered by the Midlands CYP IAPT Learning. Negotiations with CNTW to deliver the future training is ongoing. CPD for EMHPs.</p> <p>The regional team have held 4 CPD events for EMHP's, all of which have received positive feedback.</p>	<p>Mar-23</p>					

	<p>Undertaking scoping - re: extension of the current CYP IAPT programme to train staff to meet the needs of children and young people who are not supported by the existing programme</p>	<p>Ensure this scoping is linked to the wider workforce planning in Gateshead system and wider regional workstream</p>	<p>CYP IAPT workers once qualified in Oct/Dec 22/23 will be retained until March 23 in the Emotional Wellbeing Team to support with the waiting list for Getting Help services. During this time with the Best start to Life and Mental Health Community mapping pathways will be designed to ensure workers are able to work in PCN geographies and pathways complement the point of access for services.</p> <p>Regional Research- The Collaborative has allocated continued funding in 2022/23 to support local research into the effectiveness of parenting support, Parent Peer Support Workers, Low Intensity interventions, Work Force Planning and a “Trainee Tracker” (to follow up on where staff go to work after they complete their course and if they continue to use the therapeutic approaches they have trained in).</p> <p>Enhanced Evidence Based Practice (EEBP) training course -This programme for 2022/23 has been funded by the collaborative and HEE. The regional team intend requesting funding from HEE for the whole course in 2023/24.</p> <p>Parent/carer/YP involvement in university courses- The regional team have engaged a parent to support University staff to involve parents, carers and young people in the delivery of courses.</p>	<p>Mar-23</p>					
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2.7 Complex Trauma	Design a pilot service to embed trauma informed care system wide 5-25yrs	Procurement of a Trauma Informed Care Service underway	Evaluations underway due to award by September 22	Oct-22		Gateshead System Director	ICB	4, 6
		18 months of data collection which is linked to the vanguard, then evaluate the model and see if it is right for Gateshead.	Will commence collection once service is underway, mobilisation of service will design full outcome measures for local and national collation	Mar-24				
		A review to be carried out start of 2023 to allow service to embed	Service will be monitored and reviewed during implementation and pilot delivery	Dec-22				
		Develop the trauma informed organisations and training and embed in Children's Services	Accredited training will be designed and delivered by the procured service	Mar-24				
	Further explore if peer support needs to be commissioned/established as part of Gateshead services	Peer support workers to be considered for new commissioning initiatives	Trauma informed care model team structure proposed to have peer support workers Voluntary organisation (Young Women's Outreach Project) commissioned through the Mental Health Community Grants scheme to develop peer research and support programme for CYP with a learning disability, difficulty or who are autistic to understand the mental health and wellbeing implications of day to day life post-covid Conversations ongoing with organisations developing adult peer support worker models to understand learning and best practice and whether this is translatable to CYP services	Mar-23				
2.8 At Risk Mental State	Ensure services are available at an early stage to support those with an at-risk mental state	Establish and evaluate an ARMS service	1st year evaluation complete	Mar-23		Gateshead System Director	ICB CNTW	2
2.9 Early	Improve the quality element of the EIP standard by providing	Service agreed and evaluation scoped	The National Clinical Audit of Psychosis (NCAP) for 21/22 has been published for Gateshead	Mar-23			ICB CNTW	4, 5, 11

Intervention Psychosis (14+)	Cognitive Behavioural Therapy for psychosis.						Gateshead System Director		
	Family Interventions and Individual Placement Support to all service users.	Ensure we have the sufficient service for EIP in Gateshead	Ongoing conversations around placement hubs and joining the work up using this model. Ongoing discussions around commissioning of IPS workers to ensure this is available for young people in Gateshead.						
	Development of staff to provide further evidence- based interventions is required to improve NICE concordance		EIP continues to offer evidence-based interventions, shadowing scoring of the NCAP audit to investigate evidence- based care suggests that Gateshead EIP was top performing on CBT and Family Intervention but needed improvement on IPS. The service has expanded to meet demand for ARMS cases, and now includes an IPS component. The service can still only offer an 18-month pathway for over 35s accepted by EIP and would need additional resource to expand this pathway to 3 years.						
10 Response to Crisis	Ensure crisis services are supported by Gateshead system and teams are multi-agency	Crisis and Urgent Response Meetings arranged with partners	Multi-agency workshop undertaken in July 2022 to scope the existing crisis pathway including and possible service developments and existing gaps and pressures - a similar approach to be taken with CYP  Pathway map developed - further detail needed for CYP  Draft adult crisis pathway review paper prepared - further detail needed for CYP	Mar-23			Gateshead System Director	ICB CNTW VCSE	4, 6, 8
	Develop the model for intensive home treatment for children and young people with complex needs	This is part of the new care model update due September meeting		Mar-23					

	Ensure access to 24/7 crisis and home treatment support for CYP	Clarification from CNTW requested on activity, cost and workforce.	Proposal from CNTW received to be considered	Nov-22					
	Review and model the need and capacity for psychiatric liaison in acute provision	Paper drafted by NUTH to be discussed at CNTW Work plan with Newcastle Gateshead initially to understand potential system impact	Gateshead to remain linked into this conversation	Mar-23					
2.11 Community nursing and therapy services	Review of all services and workforce to be undertaken	SALT review to be undertaken	Report shared from complete review	May-22			Gateshead System Director	ICB GHNHSFT	2, 5,
		Consideration to be given within the review of the services if the effect of COVID in the nursery and reception years where large numbers of children requiring SALT support is needed	Discussions will be held with GHNHSFT around 0-5 provision and Autism diagnosis pressures	Sep-22					
		Consider use of non-recurrent funding available to support therapy services	Paper completed in draft for consideration	Sep-22					
		SALT staff to be included in the trauma informed care procurement	1.5 fte SALT workers added into the proposed staff model	Dec-22					
2.12 Online Support	Review access to on-line support and counselling	Identify partners delivering on-line support	Online services: Kooth, Tyneside Mind - Alt to Crisis 16+ -, Togetherall and therapy bites  Linked into the National Healthier Together platform - online signposting tool that promotes MHEWB support services available locally to the person who is in need	Sep-22			Gateshead System Director	ICB CNTW VCSE	6, 12
		CNTW as Lead Provider to undertake a review of the Kooth service as significant cost increase seen.	CNTW signpost to Kooth however some of the other providers use a blended approach, CNE, Emotional wellbeing team and NECS.	Sep-22					

<p>2.13 Perinatal and Maternal Mental Health</p>	<p>Increasing access to specialist community PMH services and extending community services from preconception to 24 months after birth</p>	<p>Scope the current services and data submitted nationally</p>	<p>Discussions locally and nationally have commenced around data being provided for National targets. Recovery action plan submitted to reach target of 10% access</p> <p>Work stream in Best Start to Life will commence September to include Perinatal and Maternal mental health as a priority focus</p> <p>National funding has been made available for at least 66,000 women nationally with moderate to severe perinatal mental health (PMH) difficulties to have access to specialist community care. That's an additional 568 women/birthing people by 2023/24 across Newcastle/Gateshead.</p> <p>This objective is monitored through the access target, which is 10% of the 2016 birth rate receiving a face to face or videoconference assessment within the month. As of July 2022, Newcastle/Gateshead have assessed 350 women (6.1%) according to the national PMH dashboard. Reasons for not meeting the target are:</p> <ul style="list-style-type: none"> <li>• 66% of the LTP indicative funding has been invested in specialist PMH services across the patch.</li> <li>• Issues around staff retention.</li> <li>• Covid</li> </ul>	<p>Mar-23</p>		<p>Gateshead System Director</p>	<p>ICB GBC PH</p>	<p>3, 6</p>
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		<p>Support families when a new born arrives and evaluate commissioned service</p>	<p>Commission Cradle service with Gateshead FT for women who have lost a baby before 24 wks. Funding allocated and offer being developed with provider</p> <p>Within our Maternity agenda we have also recently supported the Cradle Charity – this is a national pregnancy loss charity working with Healthcare professionals within the NHS to support their pregnancy loss services. They provide Cradle Comfort Bags to hospitals which are filled with essential toiletries made available to women or couples receiving care, during or following pregnancy loss. QE Gateshead is currently one of the hospitals supporting this initiative.</p>	<p>Mar-23</p>					
		<p>Support young mums under the Family Nurse partnership and evaluate commissioned service</p>	<p>Commission Children's Foundation at RVI to run a pilot for women in poverty who have had a 1st baby. To be evaluated by Local Clinical Research Network "The Children's Foundation" baby boxes. The Children's Foundation are supporting babies in the North East to have the best possible start in life. This pilot will identify first time mums on maternity pathways. The pathways identified are specifically for women who are vulnerable or from areas of high deprivation. The pilot will evaluate the impact of the baby boxes on maternal mental health and baby development. Each baby box will include developmentally stimulating toys, games and books helping parents to promote the best start through a</p>	<p>Mar-23</p>					

			<p>focus on laughing, talking, reading, singing and playing, all known to stimulate optimal brain development in children. They will also contain essential resources like a change mat, carry sling, bath towel, thermometer, play mat, first toothbrush, feeding spoon and room thermometer and blanket to help those in fuel poverty. The boxes will also include a mattress and bedding, providing babies with a safe sleeping space in the first few months, allowing them to stay close to parents, encouraging bonding and optimal attachment.</p>						
		<p>To provide specialist PMH services to those women/birthing parents that need it beyond baby's first birthday.</p>	<p>An aim of the team is to provide specialist PMH services to those women/birthing parents that need it beyond baby's first birthday. The Newcastle/Gateshead service will see women past 12 months on an extraordinarily agreed case basis currently. Work is underway to consider this offer on an regular basis.</p>						

	Expanding access to evidence-based psychological therapies within PMH services, including parent-infant, couple and family interventions.	To provide NICE-recommended psychological interventions for women who have moderate to severe or complex mental health difficulties within the perinatal period.	The team has undergone training to help expand the offer, but they need to increase the number of people who can offer therapeutic interventions to be able to meet this deliverable.	Mar-23					
	Ensuring partners of women accessing specialist PMH services and MMHS receive evidence-based assessment of their mental health and are signposted to support as required	Scope current services available for fathers and partners and consider commissioning further services if required	<p>Principle:</p> <ul style="list-style-type: none"> <li>• Think family – not just the mum.</li> <li>• The perinatal frame of mind – think about the needs of multiple family members.</li> <li>• Stay curious – inclusivity – who is important to the family.</li> </ul> <p>Teams offer a ‘getting to know you’ assessment and carers assessment. They are not currently commissioned to offer an official dads/partners assessment; however, it is worth noting that teams do work with the whole family.</p>	Mar-23					
	Implementing Maternal Mental Health Services, that will integrate maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from trauma or loss in the maternity context	To receive the evaluation of the ongoing regional pilots in South Tyneside and Cumbria	Presentation of the pilot sites due to the ICB in October 2022	Mar-23					

	Reaching women from groups who are currently under-represented in services is an essential element of the LTP expansion.	Use access-friendly approaches, including assertive outreach and co-working into community and faith groups. Target Women from ethnic minority backgrounds, particularly Black African, Asian and White Other (who have lower rates of access to MH services in the perinatal period) and Young mothers (45% perinatal MH needs in mothers under 25)		Mar-23						
<b>3. Gateshead's Health and Wellbeing intentions are implemented for the children, young people and families in Gateshead with a focus on reducing inequalities</b>										
Page 1 of 1	3.1	Support the implementation of the Health and Wellbeing Board Strategy action plan	Refresh joint strategic needs assessment CYP mental health and wellbeing to inform future commissioning	Task and Finish Groups recently established and looking at refresh document across Education, Health and Social Care	Mar-23			Gateshead System Director	ICB PH GBC	3
			Report to Health and Wellbeing Board as required	Update of 22/23 CYP LTP plan to be presented and approved at the Health and Wellbeing Board on 9th September 2022	Sep-22					
		Develop and evaluate mechanisms that are effective to support the physical health of children and young people with learning disabilities and or Autism including access to physical health checks for those aged 14+ and effective use of	Data by practice reviewed and support provided to primary care to increase uptake. Need data for next refresh.	Data on annual health checks numbers are usually sent monthly to Claire Dovell who present directly to the Gateshead meetings  Meetings with Practice facilitator at least 6 x a year to review data and actions that are evident from the data or requested by medical director and to give general support to practices.	Mar-23					

	<p>educational health care plans</p>	<p>Establish a working process for LD annual health checks</p>	<p>Learning Disability health check good practice guidance has been developed and shared with primary care and schools.            EHCP review templates have been updated with a detailed Health section which includes a prompt from 14+ to discuss during the review the importance of the LD Health check. LD Postcard has been developed and to be given to families following annual review, this will then be handed to GP to introduce the young person to practice and ensure they are on LD Practice Register and offered health check.            Ongoing work is taking place to develop easy read guides for young people Non-recurrent funding has been received and a LD YP Health Check DVD/you tube to be developed by March 2022.            Video now produced and circulated across the Gateshead System Annual Calls are made to practices supporting the uptake of LD Health checks and help remove any barriers LD Health check data is reviewed by the CYP&amp;F team in order to support practices where required. Achieved the target figures and above for our young people Good practice guidelines also developed.            Meeting held with foster carers and raised awareness of support services and annual update delivered for foster carers</p>	<p>Mar-23</p>					
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3.3	Continuing to develop an understanding of local need and advancing health	Work as system to ensure we have up to date data to reduce inequalities	The work will ensure those children and young people from a black, Asian and minority ethnic background are represented in equality work and also engagement	Mar-23			Gateshead System Director	PH ICB GBC	1, 2, 3, 6
3.4	All children and young people and their families who experience MH problems or who may be vulnerable and at greater risk of developing MH problems have accessible mental health support	Ensure this group of individuals is considered in the wider SPA/Community service evaluation and mapping and the Best start to life and family hub work stream		Mar-23					
3.5	All CYP in the following groups will have access to services: <ul style="list-style-type: none"> <li>▪Looked after children, including those placed in your area from other authorities</li> <li>▪Children on a child protection plan and children in need</li> <li>▪Adopted children</li> <li>▪Unaccompanied asylum-seeking children</li> <li>▪Children living with connected carers</li> <li>▪Care leavers, including information on the numbers within the area</li> </ul>	Ensure representation from the team supporting our Gateshead Cared for and Care experienced Children	Designated Look After Children Nurse on the membership. To update around ongoing work related to children and young people who are cared for, and care experienced	Nov-22					

<b>Children and Young People are effectively supported by the right services at the right time, specifically at points of transition</b>									
14 14	Implement best practice in regard to transition from children's mental health services to adult mental health services within the new service model	Transition meetings and discussions internally continue to take place and more fluid 'moving on care plan' is being developed.	Transition work from Paediatric Services to GP Services ongoing currently.	Mar-23			Gateshead System Director	ICB GBC PH CNTW STFST	3, 4, 6, 7
		95% of children will have a transitions plan	Audit to be developed to assess care plan completion  CNTW continue to work with children, young people and families to ensure a smooth transition to Adult Service where appropriate and continue to work with young people in CYP's to complete treatment started in children's service to age 18-19 in some cases where appropriate and maintain contact with young people until transition is complete.	Mar-23					

4.2	Ensure the right service offer is available for young people 18-15	Review the level of service offer between adults and CYP's	CNTW are linking in internally in terms of children transitioning in to adult mental health and where they should go if they don't meet the criteria.						
4.3	Establish timeline to extend to transition up to 25 years where appropriate	Timeline to be reviewed regarding extending transition up to 25 years due to increase in referrals into all of CYPS pathways	CYPS for 2019 confirmed up to 19 years and will be extended year on year going forward No further update on extending transitions up to 25 years	Mar-23					
4.4	Improve support to children and young people in transition years, particularly between services for: Pre and Post - 16-year old's Primary Secondary Secondary + 16, CYPS Care Leavers	Initial findings on transition (Health, Education and Social Care) and could inform a larger piece of transformation work across the whole system.	Transition stages report across Early Years, 5-16 and Post 16 to be shared  LA have done work with schools around preparing for adulthood	Mar-23					
		Accommodation group meeting scheduled for April 2022 to think about transition and accommodation for young people.	A piece of work is also being conducted across health and social care looking at key transition points across the life course to improve customer experience, system and process and new support options to better meet need of people and their families.	Mar-23					
		Start to look at a pilot to look at how to improve secondary care to primary care transitions and feedback to be given as work progresses		Mar-23					
		Implement strategies to support a YP in school year 6-7		Mar-23					

<b>5. Gateshead children, young people and families are supported to maximise their capabilities, have control over their lives and coproduce Gateshead system initiatives</b>									
5.1	<p>Ensure the Voice of the Child and Coproduction is central to decision making in Gateshead</p>	<p>Assess the current coproduction engagement and expand this</p>	<p>Three Young Ambassadors have been employed by the Local Authority to ensure that cared for and care experienced Children and Young People are represented in multiple decision-making forums, making sure that their voice are heard. The young ambassadors each have two broad themes, Jake is attached to the Health agenda and is also linking in with the Gateshead RISE team.</p> <p>Can consult the young ambassadors, SEND Youth Forum and Youth Assembly</p> <p>Adopt Hear by Right across the partnership</p> <p>We are committed to listening to the voices of children, young people and families in everything we do. Our team is 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.</p> <p>A system-wide engagement working group is helping 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</p>				<p>Gateshead System Director</p>	<p>GBC ICB</p>	<p>3, 6, 7, 10</p>
									Mar-23

families. This group includes NENC ICB, Gateshead Council and wider health and social care colleagues as well as voluntary sector organisations.

The group works together on areas like the Local Offer, Special Educational Needs and Disabilities, developing an Awareness Calendar, Hear By Right (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 the work that we and our partners are currently doing 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.

In Gateshead we believe that the voice, opinions and experiences of children and young people with SEND should be at the heart of the development and delivery of our services. 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.

Following on from the success of the Little Orange book the children, young people and families team are developing a health resource for teenagers. This had included extensive engagement to find out the views of children and young people aged 11-25, parent, carers and professionals in the form of three electronic surveys (young people, parents/carers, and professionals) and virtual group sessions with young people using the online engagement tool 'Menti'.

Skilling up GP practices with a 'Children and young person friendly' kitemark. The checklist will include around 10-12 actions that practices work towards, to obtain accreditation as a 'young person friendly practice'. Our Children, Young People and Families team are working with 7 practices to develop a toolkit to ensure the kitemark is achievable and as simple as possible to obtain. INE have carried out some engagement work to get the views of our young people in Gateshead on their experience with Primary Care.

Enhancing the system's coproduction and engagement with a 'SEND ambassador' or 'Young Mayor'. 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.

The Children, Young People and Families Team are working together with the SEND Involvement Worker at Gateshead Council and filmmaking equipment and biteable software have been purchased to ensure to engagement and participation is accessible for all.

The SEND Involvement worker, Alex Thompson is now a jointly commissioned post across NENC ICB / Gateshead Council to support with systemwide co production, engagement and participation.

We are working on the development of a mapping exercise of children, young people's groups across Gateshead so we have access to young people from various different backgrounds whilst working on projects that require coproduction.

Community Mental Health Grant funding delivered to Young Women's Outreach Project to continue their peer researcher scheme, involving CYP who experience trauma, complex mental health conditions and neurodiversity

			MHLDA Commissioning attended development meeting for Gateshead Youth Strategy meeting Jul-22						
Ensure awareness is raised around mental wellbeing for children and young people	Raise awareness of childhood illnesses and where to get support to reduce presentation at A&E and promote positive mental health	Little orange book produced to support parents to manage childhood issues (illness - rag rating, absenteeism from school) aimed at - 0-5yrs. This is being evaluated and a report will be shared	Sep-22						
	Development of the teenage resource	Feedback received from parent/carers, YP on topics to be included in Teenage Resource - 13+	Nov-22						
	Supporting Schools	SPA: RISE MHST, Services offered to schools; Autism Education Trust - Let's Learn about Autism' packs; Covid 19 Impact on C&YP Training to Gateshead system; Trauma Informed Approach, Teenage Resource; Local Offer	Ongoing						
	Supporting those who work with children and young people	Access 27 commissioned to deliver workshops around impact of Covid on YP to schools, health professionals, social care. Training around signposting	Ongoing						

			to mental health services in Gateshead for CYP					
		Explore and progress making GP practices CYP friendly	GP Kitemark being developed to support this work	Mar-23				
5.3	Ensure we focus on reducing stigma associated with mental health, learning disabilities and neurodevelopmental differences	Raising awareness and reducing stigma through the delivery of awareness campaigns that promote good mental health and de-stigmatise mental ill health. (Time to Change, 5 Ways to Wellbeing)	Assess if the youth ambassadors can support this work  Development of an Awareness Calendar, promoting campaigns and raising awareness around health and wellbeing issues	Mar-23				
5.4	Review offers and model for young people's advocacy	Review of offer and model to be progressed jointly with LA	Children's social care advocacy contract for CYP commissioned regionally. A new contract has been awarded to NYAS. - contract runs from March 2022 for 36 months plus 2 x 12-month options to extend.	Jun-22				

**Gateshead children and young people are given the tools and support they need to engage in education**

Page 121	Monitor and support the needs of CYP with SEN/SEND	Support children with complex needs and consider transition from nursery to school.	Work ongoing, but still being developed	Mar-23		Gateshead System Director	GBC ICB	2, 4, 6, 8, 10, 12
		Ensure all children who need an EHCP have one	Work ongoing, but still being developed	Mar-23				
		Employ a YP with a focus around SEND to get the voice of the child through engagement and co-production work	Young Mayor/Ambassador Locally but also nationally post pandemic we are seeing a huge increase on our services from young people looking for support across a range of services, Covid has highlighted the problems that previously existed with some young people not accessing care in a timely enough manner to have a positive impact on their health and wellbeing, this role will help support young people identify and access service for them.	Dec-23				

			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. This ambassador post would be ringfenced for a SEND young person, work is underway to identify the relevant apprenticeship scheme and develop the recruitment process.						
6.2	Further develop a model around Mental Health services in schools	RISE MHST to deliver evidenced based model for CYP with mild-moderate MH problems based on the individual needs of schools in Gateshead	RISE submit data via NHSE MHSDS data set An action plan has been produced and is continually updated following an intensive support session held in January 2022	Sep-22					
		RISE MHST to support senior mental health leads in each Gateshead school to introduce or develop their whole school approach		Mar-23					
		RISE MHST to link with wider partners in the Gateshead system	New programme board developed to support wider system and social emotional mental health agenda	Sep-22					
		Look to expand RISE MHST by bidding for next round of MHST's - Wave 9,10		Mar-23					
6.3	Ensure Senior mental health leads are in all Gateshead Schools	School leads to be identified	Complete	Sep-22					
		Understand which schools have applied for DfE funding regarding the mental health lead training	Gateshead system position update for training in schools- 36 responses received with one school having completed the training. 14 are part way through the training. 20 haven't started any training of these 13 want to take part and 7 do not wish to or just don't	Mar-23					

			have capacity to complete it. Of the 13 who want to take part 6 are on waiting lists and 7 either haven't got round to it or did not know about it.						
		Exercise to be undertaken to establish which schools have undertaken or are going to undertake MH Training	May-July 2022 - DfE have further funding for SMH Lead training which has been promoted and schools are taking up the offer	Mar-23					
6.4	Establish a programme of raising awareness sessions to be delivered into schools to include YP who self-harm, or have suicidal thoughts	Sessions to be delivered by GPs to raise awareness of positive MH & support available at Y9 assemblies	Ongoing work will start again in September 22 term	Sep-22					
		Sessions to be delivered to raise awareness of what a Healthy Relationship should look like and where to get support if needed for secondary schools' students and teaching staff	The Gateshead Children, Young People and Families team are working together with the Newcastle team to pool resources and ensure we use the money in the best way possible. We have a meeting in the diary to discuss the current campaigns that are currently running to decide which resource(s) we would like to invest in.	Sep-22					
		Training to be delivered to parents, LA reps, schools' staff to enable them to support YP around MELVA programme	Melva is a creative intervention programme which uses an early intervention and prevention approach to increase children's awareness and understanding of mental health and wellbeing (especially anxiety), teaching tools to help them recognise the indicators of anxiety in themselves and others, providing an accessible language (e.g. calling anxiety 'worries') to have deep conversations about mental wellbeing and practical approaches to manage its impact on feelings and behaviour.  The programme follows the central character, Melva, on two story-based adventures, the first told through a 90-	Mar-23					

minute film, divided into three episodes with wraparound engagement activities and the second a web-based storytelling game. In both parts of the programme, children are given agency in the story by actively supporting Melva's choices throughout.

Within Melva's journey there is an absent figure, her mum, who is a key part of the film story, however the story alludes to the fact that Melva's Mum was overcome by worries and is no longer alive. CNE and Mortal Fools will use the proven powerful and engaging Melva tools to engage and support children who are struggling with suicidal thoughts and self-harm to unpick and explore key coping strategies, as well as providing an accessible language that can be used by those children, and the key practitioners that support them.

The children, young people and families team are working with Children's North East on the logistics of the roll out of this programme across Newcastle and Gateshead. Children's North East will work with targeted groups of young people aged 10-12 where there is concern for their wellbeing, specifically in relation to suicidal ideation and self-harm. Referred young people will meet over a six-week programme with a senior counsellor to explore their thoughts, promoting alternative coping strategies. The sessions will be based around the three parts of the Melva film and co-designed by Mortal Fools

			creative practitioners alongside support from mental health youth workers. While some of these sessions will be based within schools, some will also be based in community organisations, responding to specific referrals from partners from a range of services. Funding has been allocated to Children's North East to take forward this project.					
6.5 Page 125	Improve on how to receive timely referrals from schools for those YP who self-harm and experience suicidal ideation	Children NE commissioned to rollout the MELVA programme in schools for those in need of self-harm, suicide prevention for Y5/Y6	See above	Mar-23				
		Kooth undertaken sessions in schools for Y6/Y7 pupils and 11 and attend Y9 assemblies to raise awareness of the service	The Kooth service provides a 365-day service to those with any mental health concerns and includes those with a mild or moderate learning disability. Kooth can be used as a standalone service or for those awaiting input from the Single Point of Access (SPA). Kooth provides self-help resources, community support via peer members and therapeutic interventions from trained therapists and adheres to local safeguarding protocols.  The Kooth service continues to work with our Young People in Gateshead and issue a regular update	Mar-23				

		Schools nurse from 0-19 service attend Y9 assemblies to promote MH EWB sessions.	Year 9 Assemblies offered to Mainstream Schools with support from GP and other agencies to support emotional health and wellbeing and healthy life choices. Looks at transition to adult services, talks about attending GP practice without parent, confidentiality	Mar-23					
<b>7. Gateshead system partners are committed to the local transformation plan</b>									
7.1	Review processes for making and implementing decisions	Membership, governance and TOR to be reviewed.	To consider ICB governance link to the wider system plan and assurance to be given around meeting KLOEs and LTP ambitions	Mar-23			Gateshead System Director	ICB	1
<b>8. Access to data and outcomes will be available to support and justify decision making</b>									
8.1	Have accessible data that demonstrates demand and capacity for children and young people mental health services in Gateshead	Develop a data dashboard	Ongoing	Mar-23			Gateshead System Director	NECS ICB CNTW STSFT	3, 6, 7
		Redesign the template for the getting help providers to complete which demonstrates the split between Newcastle and Gateshead children and young people and shows presenting needs	New template being used from 1st of April 2022	Mar-23					
<b>9. Gateshead's workforce will be supported to ensure quality services are available for our children, young people and families</b>									
9.1	Implement a workforce development strategy at ICB system level and Gateshead Place level - including demand and capacity planning for specific programmes including CYPS and IAPT.	Workforce mapping tool and demand modelling and capacity tool to be developed	Ensure Gateshead plan has links to wider ICB strategy  There are plans to create a multi-agency Gateshead Cares workforce strategy – meetings to start in Sept 2022 to support resilience plans for the whole system	Mar-23			Gateshead System Director	ICB	4, 5, 7, 8

9.2	Ensure that there is a workforce that is skilled to deliver	Each provider to update the workforce template to enable further workforce mapping across the system	The workforce plan will engage with all stakeholders in the Gateshead system. This will include making links with all key organisations.	Mar-23					
		Skills and gap exercise to be undertaken across Gateshead of what provision there is; what provision may be needed; to enable better planning for 22/23	There is data on the breakdown of workforce in some parts of the system, but we need to speak to all providers to gain this information to identify the gaps in workforce needs and what we can do to support them.  Some of this information is already collected however may be dated so will need to be refreshed and ask all providers to submit further updated on their workforce.	Mar-23					
		Ensure the workforce plan details it will train staff in schools to work with children with specific needs? For example, children and young people with co-existing LD, autism, ADHD and / or communication impairments, or equality and diversity education and training to including LGBT+?	his level of detail has not currently been discussed as we know each provider do have elements of training and an induction package in place – therefore we need to explore what organisations offer currently and link this with what gaps there are in the current workforce needs.  We are planning a digital induction platform for the Gateshead system which will allow all people coming to work in Gateshead a full overview of all parts of the system. They will they be able to access training available to the system as well as picking up their own induction programme with the employing organisation.  Need to look at central provision of training / system training to cover some of these topics to ensure all organisations are giving staff the confidence to work within these areas,	Mar-23					

			<p>such as LD and autism, equality and diversity, LGBTQ+, etc.</p> <p>Cygnets and Early bird training to help with CYP and families identify signs of children with autism is in the process of being pulled together – this package is already support in place for ADHD.</p> <p>Workforce &amp; Development Task and Finish group to be set up in line with the all age 3-year Learning Disability and Autism plan to support existing workforce development and planning – to involve staff from social care, CNTW, Early Help, Children’s Centres.</p>						
<p>4</p>	<p>Have a workforce that is culturally competent, diverse and can support work with specific age ranges</p>	<p>Consider further training that the work force needs</p>	<p>Connected Voice – HAREF – available to provide training. Gateshead may need something more specific to work with our Jewish population</p> <p>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.</p>	<p>Mar-23</p>					

<p>9.5</p>	<p>Identify the staff required and plan to recruit, train, support and retain existing staff</p>	<p>Consider a new model of recruitment</p>	<p>There is a North Tees Model for recruiting Team Support Workers with onward progression to fill gaps in the workforce – are hoping to use this model in Gateshead to grow and retain our own staff within Gateshead, with a clear workforce career pathway. This model is being used in secondary care but can be applied to other areas. We are also looking at working together across the system to progress plans on join 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. CYPT IAPT workers due to qualify October /December 2022. Workers in MHST currently undertaking training. Workforce analysis for further recruit to train staff has been sent to the system to consider if we need places for this coming intake. Discussions ongoing around retaining 2 PWP workers in STSFT for the remainder of 22/23 to support with increased demand in the emotional wellbeing team (getting help service)</p>	<p>Mar-23</p>					
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**GATESHEAD CYP MENTAL HEALTH AND EMOTIONAL WELL-BEING RISK LOG 2022/2023**

STRATEGIC/ OPERATIONAL RISK (or both)	RISK IDENTIFIED & POTENTIAL IMPACT	RAG	ACTION PLAN	LEAD OFFICER(S)
Strategic/Operational Risk	Non-engagement of staff in Transformation Plan		System partners already well engaged in delivering the Local Transformation Plan and service development to date however impact of Covid pandemic has reduced workforce capacity during 2020/21 to proactively engage in regular updates with priority begin on delivery of services.	All partners
Strategic/Operational Risk	Data sharing and performance metrics quality issues		Data under CNTW Lead Provider to improve ensuring meaningful and transparent for children, young people families and carers	CNTW
Strategic/Operational Risk	Manage the increase in Covid generated demand and suppressed demand for mental health		Scope expected increase in demand and align with workforce plan	
Operational Risk	Workforce/appropriately trained staff to deliver evidence-based interventions		Workforce analysis already underway.	All partners
Strategic/Operational Risk	Activity increase exceeds resource allocation based on current activity levels with no further resource identified		Phased approach and review/agreement before proceeding to next phase identified in mobilisation.	ICB and providers
Operational Risk	Increased referrals to Children's Services including Early Help and services supporting Looked After Children		CCG to confirm appropriate plan to support.	ICB and Local Authorities
Operational Risk	Capacity/availability of staff within current system not meeting required staffing		Staffing structure and training needs to be reviewed as part of the workforce plan to ensure workforce meets capacity and capability. Recruitment to posts is challenging and new roles development could help support	All partners

## Appendix 2- Terms of Reference

<p><b>DRAFT</b></p> <p><b>Gateshead Children Young People's (CYP)</b>  <b>Mental Health, Learning Disability and Autism</b></p> <p><b>TERMS OF REFERENCE</b></p>	
<b>Version:</b>	1.0
<b>Approval:</b>	<p><i>These Terms of Reference were agreed by Children and Young People (CYP) Mental Health, Learning Disability and Autism Local Transformation Group</i></p> <p><i>These Terms of Reference have been approved by Gateshead MHLDA Programme Board</i></p>
<b>Implementation Date:</b>	May 2022
<b>Review Date:</b>	May 2023

REVISIONS			
Date	Section	Reason for Change	Approved By

## 1. Background and Vision

In March 2020 NGCCG and Gateshead System began the discussion to review priorities for delivery in Gateshead for children and young people (CYP) needing support for their mental health and for those with learning disability and or Autism (MHLDA). The Gateshead Joint Strategic Needs Assessment and the Gateshead Health and Wellbeing Strategy provide the epidemiological and strategic overview for this plan. Governance structures may be adapted as the Integrated Care System develops.

A collaborative approach to place-based commissioning is the preferred model with support from NGCCG executive committee, Gateshead System Board and the MHLDA program board.

This collaborative approach will be utilised to achieve the CYP MH LDA outcomes of the long-term plan for the population of Gateshead

The key features of Gateshead system in delivering CYP MHLDA agenda are: -

- A focus on person centred proactive and coordinated care which will support appropriate use of health and care services, will improve patient and carer experience and outcomes, ensuring people will live longer with better quality of life.
- Organisations working together in a system acting and behaving as though they are one, whilst maintaining statutory and contractual responsibilities of individual organisations – both Commissioners and Providers.
- Collaborative leadership built around redesigning care tailored to the needs of the health of the population of Gateshead, irrespective of existing institutional arrangements.
- A new approach to creating a new system of care delivery backed up by a new financial and business model.
- Delivering, by collaboration, recommendation and agreement, any changes to models of care and integration.
- Underpinned by the collection, creation and provision of information both within the collaborative and to the CCG.

## **2. Purpose of the Children and Young People (CYP) Mental Health, Learning Disability and Autism Transformation Group**

This transformation group has been established as part of the agreed governance architecture of Newcastle Gateshead CCG.

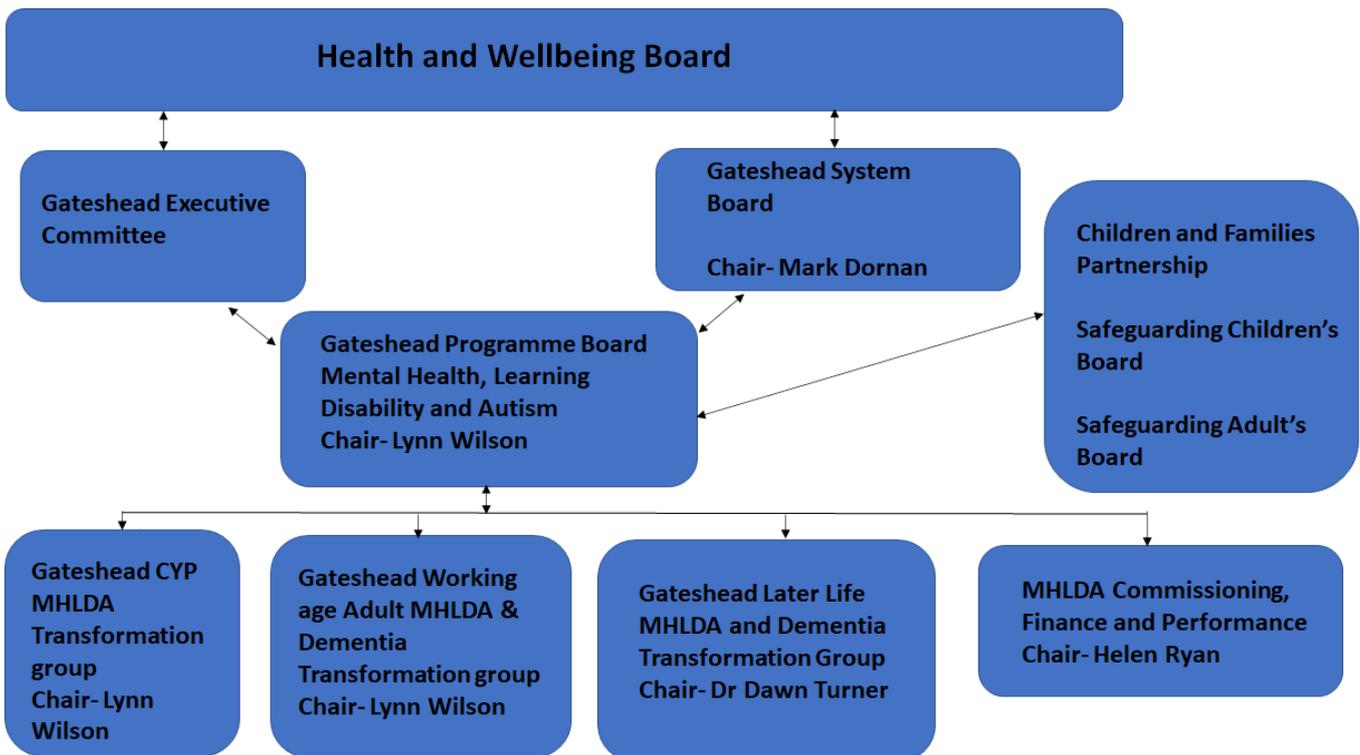
### **Principle Functions**

The principle functions are:

- Accountable for improving outcomes for children and young people who experience periods of poor mental health, particularly those with severe and enduring mental illness, and doing more to improve the emotional wellbeing and mental health of CYP, breaking down the barriers between physical and mental health services.
- Accountable for transforming care for CYP with learning disabilities and autism and improving the health and care services they receive so that more people can live in the community with the right support and close to home.
- Accountable for reducing health inequalities for the Children and Young People of Gateshead who experience poor mental health, have a learning disability and or autism with special emphasis on identification of those at risk of poor mental health, child adolescent mental health services and recovery of mental health and wellbeing and improving the physical health of these groups. Providing a forum in which key stakeholders can discuss and recommend the best way of delivering, contracting and coordinating services to achieve the best outcomes for the system and its services users/patients.
- Encouraging innovation in the delivery of the services.
- Responsible for engagement across service providers, potential providers and with service user and carers' networks, Primary Care Networks and their populations.
- To ensure the robust development and delivery of joint transformation and commissioning plans from aligned CYP MHLDA Project work streams, through:
  - Evidence based redesign of pathways/services with professional, clinical, service user, carer engagement and involvement
  - Clear improvement objectives
  - Effective measurement of outcomes and related KPIs
  - Improved resource utilisation
- To provide assurance and maintain an overview of delivery against key project milestones and key performance measures assigned to this Group including:

- Delivery of key milestones and agreed deliverables
  - Delivery of national and local performance targets including financial and quality targets
  - Identification and management of risks to delivery
  - Identification of when performance is off track and quick initiation of actions to get back on track
- In achieving these objectives, the Group will need to ensure there are effective interfaces with all other key groups, stakeholders and partners. It is anticipated a number of subgroups will be established to manage the workload of the Group.
  - Areas of transformation are likely to be determined within the programme acknowledging that the MHLDA program board, Gateshead System and North east North Cumbria ICB may initiate certain transformation programmes in accordance with their responsibilities.

### 3. Governance Arrangements



#### Consensus/Dispute

- Where unanimity is not reached regarding a particular recommendation, it is agreed that the matter will be escalated to the MHLDA program board.

## Principles, Values and Behaviours

- To operate as an effective integrated health and care system, members commit to working beyond organisational boundaries.
- To build collective capacity to better manage the health of our population, striving to keep people healthier for longer and reducing avoidable demand for health and care services
- To act collectively, demonstrating what can be achieved with strong system leadership
- Maintain an unrelenting collective focus with our Partners on improving health and social care outcomes, based on the principle of prioritising patient first, then system and organisation
- Recognise the continued strengths of each organisation and treat each other with respect, openness and trust, whilst also working as part of an alliance to identify shared priorities and where possible to collectively manage risk.
- Place innovation and best practice at the heart of our collaboration, ensuring that our learning benefits the whole population.
- Each representative must abide by all policies of the organisation it represents in relation to conflicts of interest.
- Where any representative has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that representative may participate and/or vote in meetings (or other parts of meetings) in which the relevant matter is discussed.

## 4. Membership

Role	Name	Representing Organisation	E-mail Address
Senior Responsible Officer (Chair)	Dr Lynn Wilson	Gateshead CCG	<a href="mailto:L.wilson20@nhs.net">L.wilson20@nhs.net</a> <a href="mailto:lynnwilson@gateshead.gov.uk">lynnwilson@gateshead.gov.uk</a>
Deputy Senior Responsible Officer (Deputy Chair)	Kirsty Sprudd	Associate Director for the Gateshead System	<a href="mailto:kirsty.sprudd@nhs.net">kirsty.sprudd@nhs.net</a>
Responsible Clinical Officer	Dr Helen Ryan	Gateshead CCG	<a href="mailto:helen.ryan1@nhs.net">helen.ryan1@nhs.net</a>

NB: Members are permitted to send deputies in their place who have the authority to agree action when they are not able to attend. Others will be invited to attend as appropriate.

*Full membership available on request*

## **5. Quorum**

The Transformation Group will be considered quorate when the following members are in attendance:

- Responsible Clinical Officer or Deputy SRO
- Representation from:
  - CNTW
  - Gateshead Council
  - VCSE
  - Public Health

## **6. Administration and handling of Meetings**

Administration functions will be undertaken by whose responsibilities will include:

- Agreement of the agenda with the Chair.
- The collation and circulation of papers, with papers being circulated within a minimum of five working days in advance of the meeting date.
- Taking of action notes/issues to be carried forward and circulate within one week of meetings.

## **7. Reporting and Communications**

Action notes from each meeting will be taken.

The Action notes will be agreed by the Chair and circulated to all representatives for approval and ratification at the subsequent meeting of the Group.

## **8. Frequency of Meetings**

The Programme Board will meet bi-monthly [date to be agreed] or at such other increased frequency as agreed by the representatives from time to time.

## **9. Accountability**

The Transformation Group will account to the MHLDA programme board



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