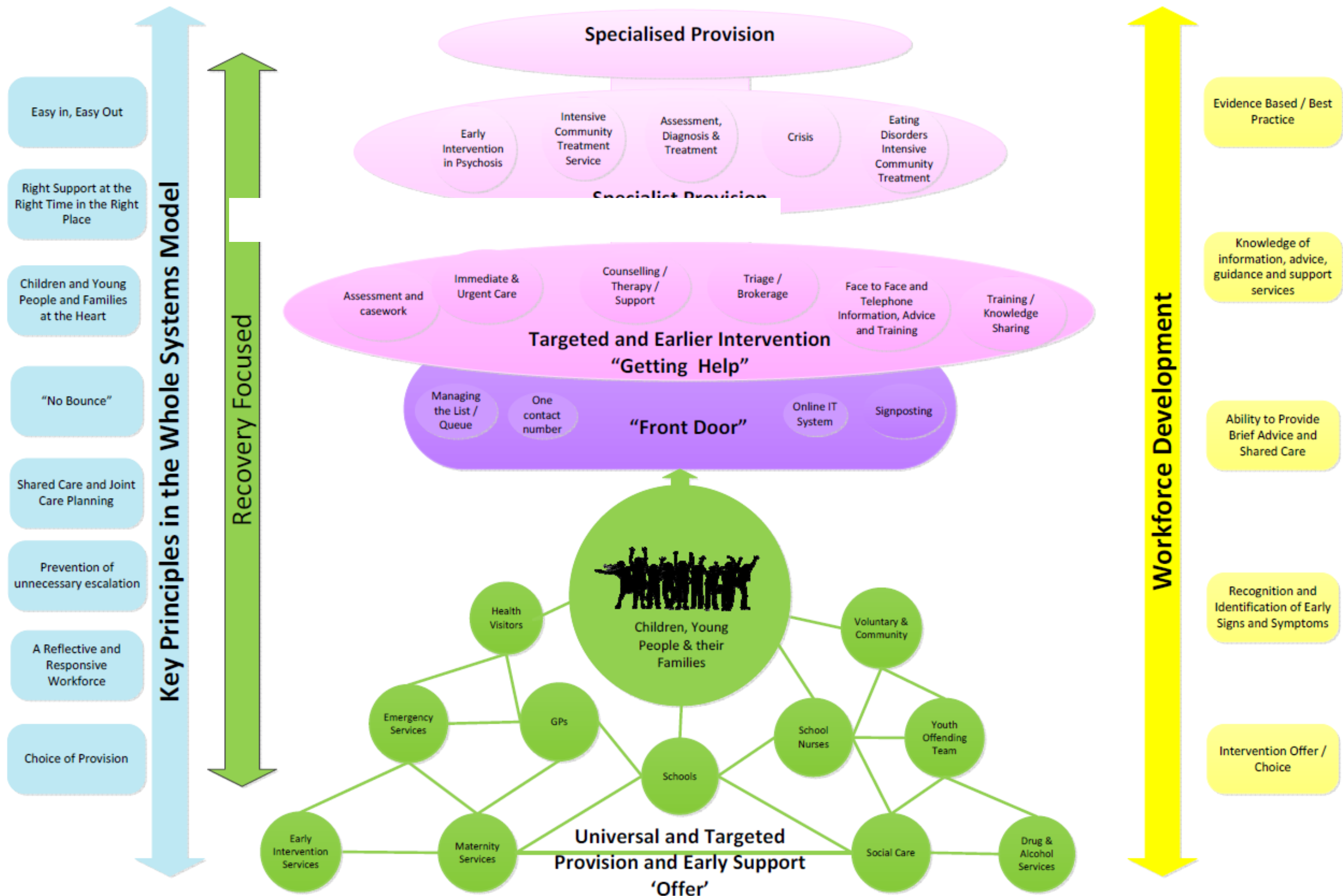


Mental Health is Everybody's Business – A Proposed New Whole Systems CAMHS Model



A Proposed New Whole Systems CAMHs Model for Newcastle and Gateshead Explained

The proposed new model is intended to provide an integrated, early response to the emotional and psychological needs of children, young people and families that will improve outcomes, reduce inequalities and reduce the impact of poor mental health on the economy and individuals. Each part of the new model is described in detail below.

Universal and Targeted Provision and Early Support Offer

A wide variety of multi-agency professionals work with children, young people and their families. "Universal Provision" refers to services accessible by everyone e.g. GPs, schools, and Health Visitors (the examples on the model are not exhaustive). It is these staff who provide the day to day care and support to our children and young people and their families and they are essential to an effective mental health offer for our communities. Universal services also build resilience in children, young people and their families through preventative work.

Some children and young people will work with professionals and services that are targeted at addressing and supporting their particular needs e.g. within a Youth Offending Service, Drug and Alcohol provision or Children's Social Care. This is referred to as "Targeted Provision". These staff work collaboratively with children and young people who have more complex needs of which emotional and mental health needs might be just one factor.

Mental health provision is everyone's business not just specialist staff. With appropriate training and support universal and targeted professionals are able to recognise and identify early signs and symptoms of emerging mental health need, and can work collaboratively with a variety of mental health professionals where needs require it.

Getting Help ("The Hub")

One contact point for children, young people, their families, and professionals to access the right support at the right time in the right place. By providing an early assessment of need individuals are directed to the most appropriate services for them at this point in time.

Young people, their families, and professionals working in Universal and Targeted Provision, can phone and seek advice and support if they have a mental health concern. The Hub will ensure that individuals requiring support can be:

- Supported in their present community environment e.g. a school teacher with concerns about an individual can discuss the case and circumstances and receive telephone or face to face 'Information, Advice and Guidance' on how they can support that young person without a need for onward referral to another service. This might include a multi-agency meeting to support the needs of the individual.
- Directed to additional support e.g. counselling and therapeutic support at a non-specialist / clinical level. The 'Getting Help' Hub will work with an alliance of provision made up of services collaboratively working together to meet the early needs of those experiencing mild to moderate mental health presentation / problems. This provides an early intervention offer and allows for both self or professional referral to a variety of settings
- Supported by the 'Getting Help' Hub. A small case load of clients may be held within the Hub where the needs of the child or young person are at a mild or moderate level but require a short term intervention from a mental health professional, alongside the original referrer.
- Appropriate escalation to clinical / specialist support where deemed appropriate e.g. the presentation of symptoms or complex needs of the child or young person requires specialist clinical intervention.

The Hub will also provide a response to immediate or urgent care situations. Sometimes children and young people will require an immediate response due to specific circumstances. This may be a 'person or user' defined "crisis" as opposed to being 'clinically' defined and may not fit a high risk clinical category. These situations are no less important and may require an immediate response e.g. a child or young person experiencing long term bullying and an unexpected additional stressor (relationship problems at home, exam stress) may need support in the 'here and now' and is not able to wait for support. By providing immediate or urgent care the Hub will prevent escalation to a "crisis" referral.

The Hub will provide a way for young people, families and professionals to get the information, advice and guidance or intervention most appropriate to their situation in a timely and effective fashion that avoids inappropriate referrals and

reduces pressure on Specialist Provision. An element of the Hub's work will be to support workforce development across universal and targeted provision e.g. the on-going support of a network of mental health champions.

It will also have close links to local systems in Newcastle and Gateshead and relevant multi-agency 'early help' systems to ensure an integrated approach to support for the benefit of the whole family.

Specialist Provision

Where a clinical intervention is required to assess and treat a child or young person appropriately qualified specialist staff will provide a variety of interventions based on best practice e.g. NICE Guidance. At this level of clinical need the service provider will assess and treat children and young people with more complex mental health needs e.g. Eating Disorders, personality disorders, a crisis care response etc.

Specialised Provision

This refers to services commissioned nationally by NHS England directed and supported by National Service Specifications, and includes such services as Secure Units / In- Patient beds. As these services are commissioned nationally they are outside of the scope of this work, however, we must ensure that our locally developed services link effectively with them. Referral to specialised provision is through the specialist services.

Key Principles

The new model is reliant on all professionals signing up to the principles which underpin this model. The new model is based on a prevention (where possible) and if not, the earliest possible intervention model. This will result in **prevention of unnecessary escalation** – shifting our approach to pre-empt or respond quickly to emotional wellbeing concerns instead of treating their consequences. To do this we need a cultural shift, and a **reflective and responsive workforce**. We also need **choice of provision** – a dispersed model of provision (as close to home as possible) to enable children and young people to receive care and support which will be most therapeutic for them.

We need to provide the **right support at the right time in the right place**. 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. Such provision should be '**recovery focused**' at all times, positively supporting children and young people to get back to 'normal' life and live the best lives that they can. 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 on 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.

Workforce Development

Workforce development is essential to the success of the proposed model. To enable mental health to become everybody's business professionals must feel confident and capable in their abilities to respond to presenting issues. We want to support universal and targeted workforces to recognise and identify early signs and symptoms and understand the help and support available to children and young people.

For mental health professionals we want to ensure evidence based interventions are being used.

("The Hub"): What is it?

Children and young people who are experiencing difficulties that could be related to their mental health are usually first identified within Tier 1 services, for example by a teacher, GP or health visitor. Similarly, parents/carers who identify that their child is experiencing difficulties will usually first seek help from services at that level. Children and young people



A Proposed New Whole Systems CAMHs Model for Newcastle and Gateshead Explained

with an identified need may be subsequently referred into specialist CAMH services (falling within Tiers 2–4) for assessment and intervention if necessary.

As children and young people's emotional wellbeing and mental health affect all aspects of their lives, no one service alone will be able to meet their needs. Therefore the multiagency nature of CAMHS will require a multi-agency approach to commissioning.

To ensure families and children get the right support, at the right time and in the right place a single telephone number will provide one, easy point of referral via the hub. Within the hub, provision will be at a Tier 2 level or as described in our model at the 'getting help' level of care.

Tier 2 - Mental health practitioners at Tier 2 level tend to be CAMH specialists working in teams in community and primary care settings (although many will also work as part of Tier 3 services as well). They can include, for example:

- mental health professionals employed to deliver primary mental health work, and
- Psychologists and counsellors working in GP practices, paediatric clinics, schools and youth services.

Or they may be suitably qualified counsellors working and employed through voluntary and community sector organisations who out reach into community settings including schools, youth projects, community buildings.

Tier 2 practitioners offer consultation to families and other practitioners. They assess and identify severe or complex needs requiring more specialist intervention (and are responsible to escalate to specialist providers where the need is identified). The assessment may lead to treatment at a different tier or may be best delivered at the tier 2 level.

Those in 'the hub' will be multi-disciplinary and multi-agency and will be made up of both clinical and non-clinical staff suitably trained to assess and provide tier 2 therapies for mild to moderate mental health problems.

The aims of the tier 2 CAMHS Hub is to provide support to colleagues working in universal and targeted services with children and young people, and assessment and treatment in the context of emotional, developmental, environmental and social factors to children/young people experiencing mental health problems.

The 'hub' will provide a range of services for children and young people who will typically present with one or more of the following:

- Family issues – where this is having an adverse effect and the child or young person is showing signs of developing a mental health problem or disorder
- Mild to moderate emotional and behavioural disorders
- Child behaviour problems (sleep, feeding, tantrums) once physical causes have been considered and the behaviour falls outside what might be considered to be within the range of normal behaviour
- Conduct disorders
- Anxiety, depression, stress and or other mood disorders, e.g. low self-esteem
- Adjustment reactions
- Simple phobias Self-harm – where this is mild to moderate
- Bereavement
- Bullying
- Anger management issues
- Relationship problems.

Skill set, staffing and resources remain under review but our hub could consist of

Primary mental health workers (clinical staff)

- Primary mental health workers (PMHWs) are professionals from a variety of backgrounds who are trained and experienced in working with the community to promote positive mental health and wellbeing. These professionals link with community settings like schools and children's centres and can give advice and support at an early stage when difficulties first arise. PMHWs are professionals with a background in health or social care who specialise in working with young people's emotions and mental health.
- PMHWs provide support to professionals in Universal Services (Tier1) to improve their ability to manage children and adolescence with mental health problems instead of relying on specialist providers.
- PMHWs promote early intervention, early recognition and management of child mental health problems, filtering appropriate referrals for specialist CAMHs interventions.
- They can care for more complex Tier 2 cases, and help improve the pathway between Tier 1 and Tier 2.
- PMHWs provide consultation, liaison, direct work and training.

Qualified counsellors from Voluntary and Community Sector

- To include: Tier 2 community counselling provision (general), Tier 2 early intervention crisis counselling service for children and young people resident in Newcastle and Gateshead for children and young people in Newcastle and Gateshead; and Tier 2 counselling service for children and young people with mild to moderate learning disabilities/ difficulties or mild to moderate autism (including Asperger's Syndrome) in Newcastle and Gateshead.
- The Providers will be required to offer a range of counselling techniques and methods appropriate to the age and maturity of the child or young person and, where deemed appropriate, also offer support to the family.
- This will include an initial good quality assessment and follow up counselling interventions that are accessible to children and young people.
- The Service is required to work with universal and other targeted services and specialist provision in relation to the child's or young person's emotional, developmental, environmental and social factors, as part of a holistic package of support.

Both of the above will work from both community bases, schools and community venues.

Administrative support to manage the one point of referral / point of access – via use of an algorithm

A competent CAMHs worker brings together knowledge, skills and attitudes. Clinicians and therapists need the background knowledge relevant to their practice.

There needs to be a number of clinical staff working within the hub who are able to undertake an initial assessment and provide 'Information, Advice and Guidance'. The clinical staff could be supported by a trained administrator – working to an algorithm – directing to the right place according to need.

A small case load of clients may be held within the Hub, some of these will have mild to moderate problems that can be supported and improved with counselling and a range of therapies e.g. CBT. Staff delivering such therapies will need to be trained and experienced to deliver these. These staff may or may not be 'clinical' staff.

Staff will need to be able to escalation to clinical / specialist support as required.

Communications and transitions

The service will network with a range of services and other agencies as appropriate, including community paediatric providers. Services should work together in integrated ways to ensure appropriate communication and transitions with

- Specialist community multidisciplinary CAMHS teams (Tier 3 CAMHS)



A Proposed New Whole Systems CAMHs Model for Newcastle and Gateshead Explained

- Public Health
- Health Visiting
- Schools and School Nursing
- Primary and Community Child Health
- Acute Paediatrics
- Accident and Emergency Services
- Perinatal Mental Health Services
- Adult Mental Health services

Workforce planning and education of staff

'The hub' staff will have a responsibility for training to practitioners at Tier 1 level.

Getting Help ("The Hub")

One contact point for children, young people, their families, and professionals to access the right support at the right time in the right place. By providing an early assessment of need individuals are directed to the most appropriate services for them at this point in time.

Provision of an 8am-8pm service Monday to Saturday





OUR CASE FOR CHANGE

“Expanding Minds, Improving Lives” – motivating and working



information is made available.

Project title:	Draft Case for Change Document – Expanding Minds,
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	Improving Lives – motivating and working together to transform children and young people’s mental health in Newcastle and Gateshead
Author:	Expanding Minds, Improving Lives Project Team
Owner:	Chris Piercy – executive director of quality and safety, NHS Newcastle and Gateshead CCG
Date:	20 th January 2016
Version:	1
Comments:	This is the first version of the draft case for change. It will be updated throughout the Expanding Minds, Improving Lives project as more information becomes available
Date of Review	5 th February 2016

Change Record

Date	Author	Version	Summary of Changes

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1. Introduction

NHS Newcastle Gateshead Clinical Commissioning Group, Newcastle City Council and Gateshead Council ("the Collaborative Partners") have agreed to work together with our communities to plan what needs to happen locally to transform the emotional wellbeing and mental health provision for children and young people and their families across Newcastle and Gateshead.

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

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

Currently there is a fragmented system for supporting children and families, and with challenging financial circumstances there is a need to focus on how we can work together to transform the emotional wellbeing and mental health of children and young people and their families .

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

This document sets out from a local perspective why our approach to children and young people's mental health needs to change. It summarises information on:

- National mental ill health prevalence estimates
- Local mental ill health prevalence data
- Local demographic information
- Current service arrangements
- Current service performance

It then sets out how we want to develop a new local approach to supporting the emotional and mental health needs of our children and young people and families, through "Expanding Minds, Improving Lives" our time limited transformation project.

2. National Strategic Context

Nationally there is a strong recognition that the approach to mental health provision for children and young people needs to change.

In July 2014 the Government established the Children and Young People's Mental Health Taskforce to consider how mental health services for children could be improved. In March 2015 the taskforce published its report 'Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing'.

'Future in mind' sets out a range of recommendations for improving how the mental health needs of children and young people are met across five main themes:

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

In line with 'Future in mind' NHS England is developing a major service transformation programme over the next five years. This transformation programme has required all clinical commissioning groups to prepare and publish in November 2015 local transformation plans to set out how provision will be transformed in their local area.

The Collaborative Partners have worked together to prepare the Newcastle Gateshead Local Transformation Plan, which can be found [here](#). The Local Transformation Plan has been and will continue to be informed by the work of Expanding Minds, Improving Lives.

3. National Best Practice / Evidence Base

[To be developed and updated.]

4. Our Collaborative Journey

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

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

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

We want our new approach to:

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

This project is part of a wider transformation of mental health services and provision, which began with the Deciding Together consultation around specialist adult mental health services. Through Deciding Together and Expanding Minds Improving Lives the Collaborative Partners want to transform how the mental health needs of Newcastle and Gateshead are met.

5. What have we already been told?

Whilst this is the start of our transformation journey, the state of children and young people’s mental health services has been considered and reviewed nationally and locally on a number of occasions previously. Feedback already

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

- The needs of children and young people are not being met by the existing arrangements
- Waiting times are too long
- There are rigid and high thresholds for services
- Transition from Children's to Adults is not smooth
- Services need to:
 - Be accessible and flexible
 - Be approachable and non-judgmental
 - Sensitive to cultural differences
 - Enable getting help at the right time.
 - Provide consistency and continuity in approach
 - Reflect local needs

The above provides only a brief summary of the numerous surveys, reports, shared comments that have already been produced in relation to children and young people's mental health services. To transform our services we will build on this existing feedback through careful and meaningful consultation through the Expanding Minds, Improving Lives project, which will be updated in future versions of this document.

6. What is mental health?

"A state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community"

World Health Organisation 2014

Mental health and many common mental disorders are shaped to a great extent by the social, economic, and physical environments in which people live. Consequently social inequalities are associated with increased risk of many common mental disorders.

This has the knock-on effect that certain population subgroups are at higher risk of mental disorders because of greater exposure and vulnerability to unfavourable social, economic, and environmental circumstances, interrelated with gender.

7. Why do we need to think about our children and young people's mental health?

Mental ill health can have a significant impact on children and young people. It can result in lower education attainment and is strongly associated with behaviours that pose a risk to young people's health e.g. smoking, risky sexual behaviour, substance misuse.ⁱ

A number of surveys have demonstrated the significant impact of mental health problems:

- People with a common mental health problem aged between 16 and 74 years are less likely to be employedⁱⁱ
- Economically it has been estimated that:
 - the overall lifetime costs associated with a moderate behavioural problem amount to £85,000 per child and with a severe behavioural problem £260,000 per child.ⁱⁱⁱ
 - a child with a conduct disorder will, by the age of 28, have generated costs (such as to the health, education, benefits and criminal justice systems) ten times as high as a child without conduct problems^{iv}
 - The cost of crime attributable to adults who had conduct problems in childhood is estimated at £60 billion a year in England and Wales, of which £22.5 billion a year is attributable to conduct disorder and £37.5 billion a year to sub-threshold conduct disorder.^v
- Mental health has a broader impact on physical health
 - Having a mental health problem increases the risk of physical ill health. Depression increases the risk of mortality by 50% and doubles the risk of coronary heart disease in adults.^{vi}

So what?

- Children and young people's emotional wellbeing and mental health has the potential to impact educational attainment, employment and life choices.
- The cost of unresolved mental health issues impacts a range of services across the life course.
- Emotional wellbeing and mental health can negatively impact the broader health of children and young people.

8. What do we know about our communities?

To make sure we meet the needs of all our young people when commissioning effective and fit for purpose service we need to understand the needs of everyone including those from diverse communities, particularly given the links between mental ill health and social determinants.

8.1 Overview demographics

The following demographic information is an overview of our Newcastle and Gateshead populations and helps us understand our diversity and challenges we face.

Figure 1 below allows us to see the breakdown of the population by age and projected changes (increases in population).

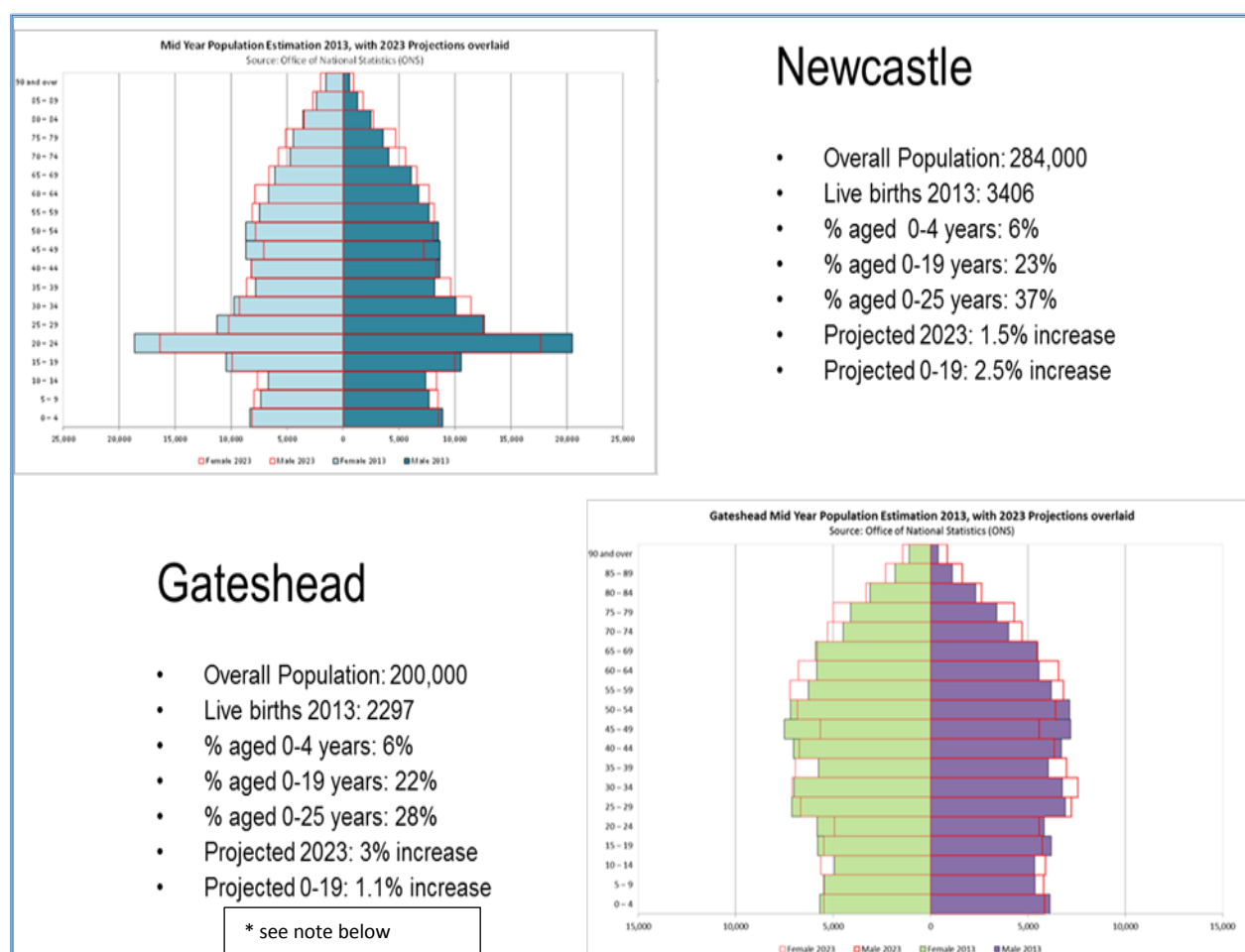


Figure 1 – Mid Year Population Estimation 2013

*Please note for Gateshead, the population profile for 2013, does not reflect the increase in the student population with approx. 993 students living in the town centre attending Northumbria University from September 2014.

Figure 2 below highlights the very real challenges of deprivation across both geographical areas.

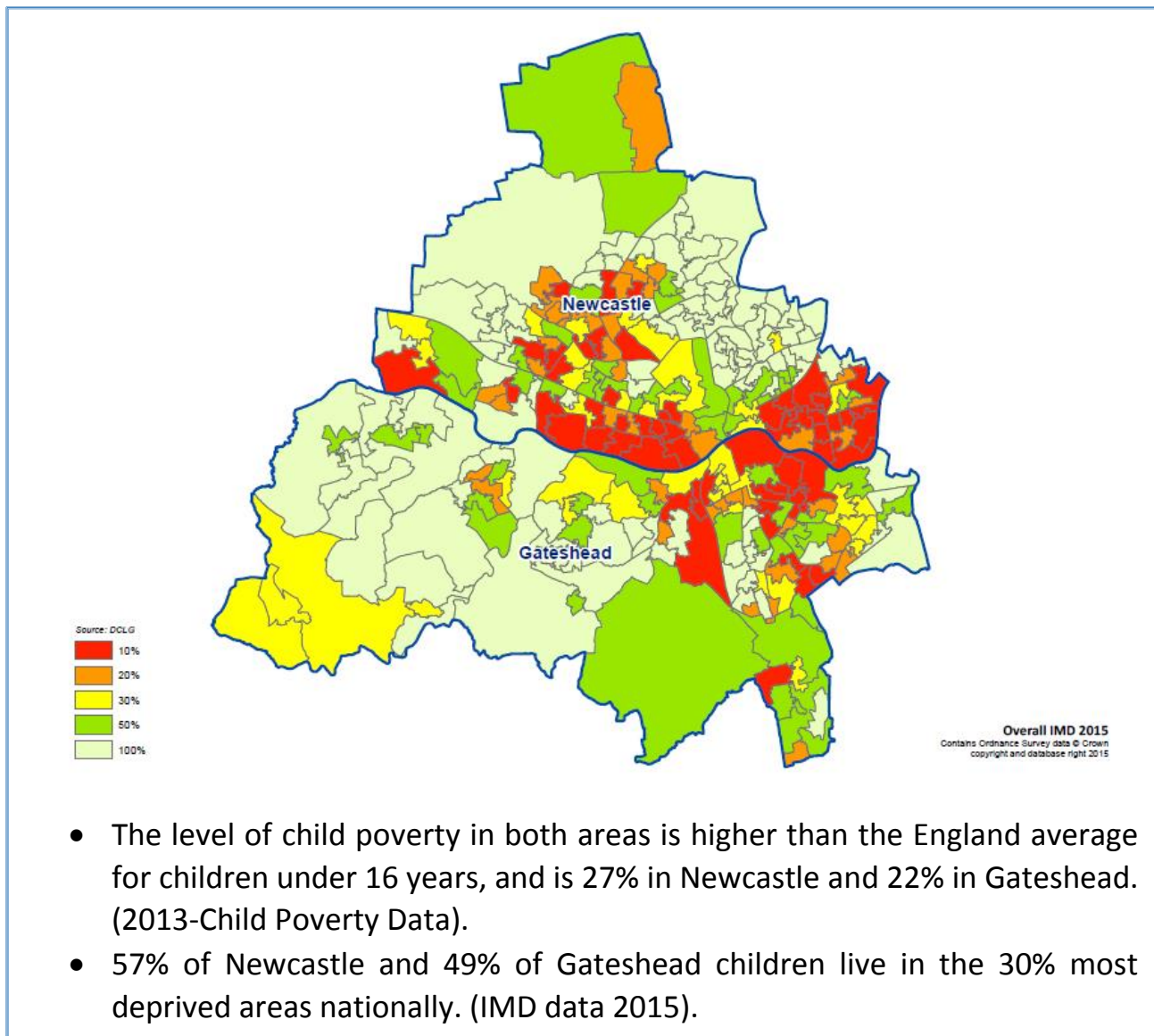


Figure 2 – Newcastle and Gateshead Indices of Multiple Deprivation Maps

8.2 Our Vulnerable Groups

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

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

The infographic below in Figure 3 sets out the prevalence of a number of vulnerable groups in Newcastle (NCL) and Gateshead (GSD), relevant to children and young people, compared to national prevalence rates.

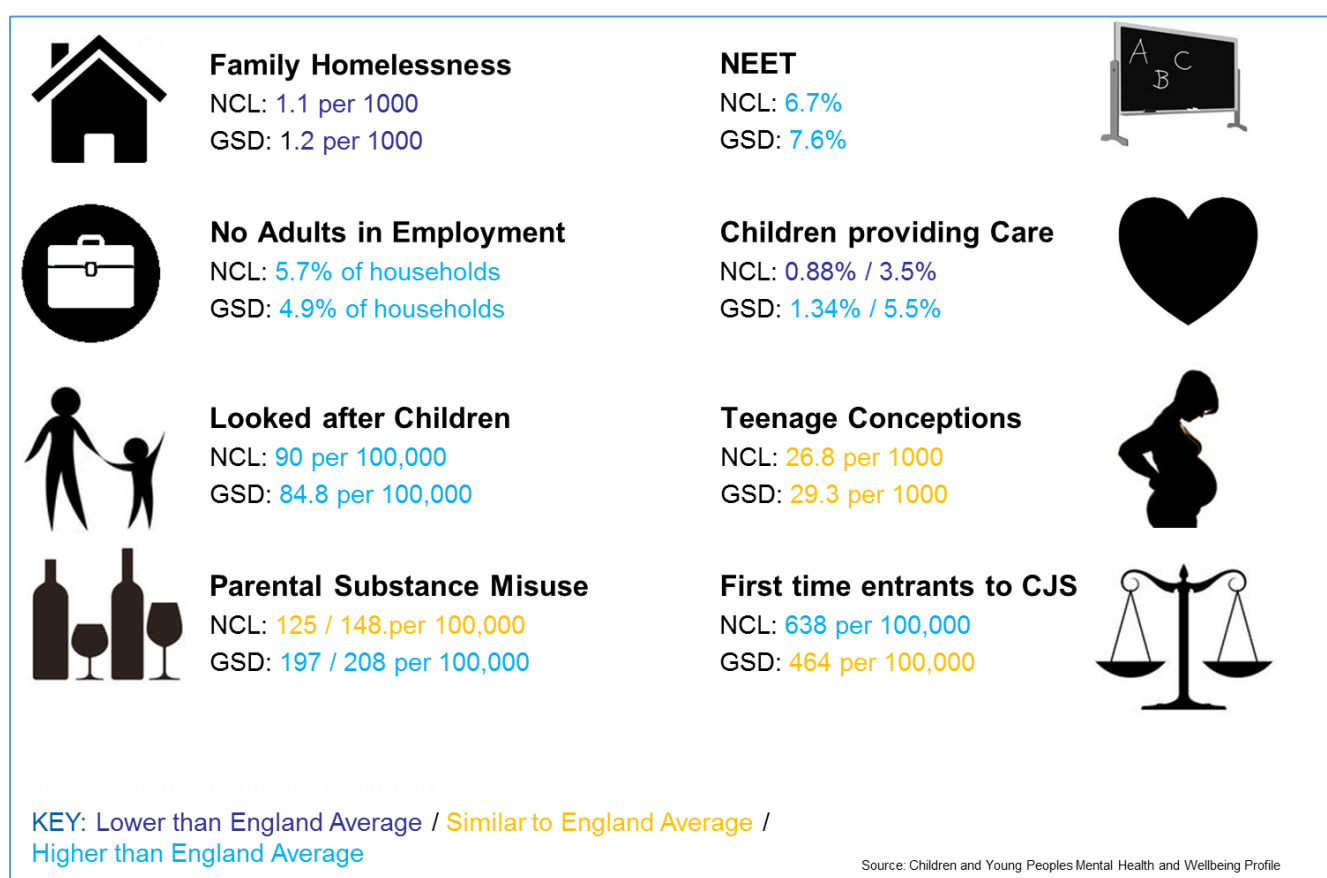


Figure 3: Newcastle and Gateshead Vulnerable Groups

The data contained within this infographic is the most recent available but is taken from a number of sources and does relate to different years. It is intended to only provide a snapshot of particular vulnerable groups.

8.3 Cultural and Ethnic Diversity

In general, rates of mental health problems are thought to be higher in minority ethnic groups in the UK than in the white population.^{vii} Depression in

ethnic minority groups has been found to be up to 60% higher than in the white population.^{viii}

Newcastle

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

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

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

Gateshead

In 2011 96% of Gateshead's population was white British (2011 Census: ONS). In a 2015 population analysis completed by Gateshead Council this updated to 94.1%, with 5.9% comprised other ethnic groups.^{ix} In Gateshead 8% of its school children are from a minority ethnic group.

Gateshead is the home to a sizable community of Orthodox Jews, acclaimed for its higher educational institutions. Based in the Bensham area, the community includes a few hundred families.

So What?

- The population, particularly amongst 5 – 14 year olds is increasing
- The BME population in Newcastle and Gateshead is growing, and there is national evidence that mental ill health is more prevalent in BME communities.
- There is a significant level of deprivation across both Newcastle and Gateshead, and there is evidence demonstrating a link between this and common mental health disorders.
- There is a high prevalence of known risk factors and vulnerable groups in both areas compared to the England average, and there is strong evidence demonstrating a link between these and common mental health disorders.

9. What do we already know about our children and young people's mental health?

9.1 National Prevalence Estimates

(a) Prevalence – Mental Health Disorders

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

It is estimated that:

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

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

(Source: Future in Mind)

It is also estimated that among teenagers, rates of depression and anxiety have increased by 70% in the past 25 years^{xi}

(b) Prevalence Estimates- Vulnerable Groups

Nationally we know that certain population subgroups are at higher risk of mental disorders:

- Children in low income families have a three-fold increased risk of developing mental health problems.^{xii}
- Looked after children are just over three times more likely to have a disorder than disadvantaged children and over five times more likely to have a diagnosed mental disorder than non-disadvantaged children.^{xiii}
- In a study undertaken by the Office for National Statistics 95% of imprisoned young offenders was found to have a mental disorder^{xiv}
- In general, rates of mental health problems are thought to be higher in minority ethnic groups in the UK than in the white population.^{xv}

- Children of single-parent families are twice as likely to have a mental health problem as children of two parent families^{xvi}
- Certain groups of young people may be significantly more at risk of self-harm or suicide, including lesbian, gay, bisexual, transgender and those 'questioning' (their sexuality) young people.
- In a June 2015 study young people who were NEET (not in education, employment or training) or socially isolated were found to be twice as likely as other young people to report mental illness.^{xvii}

(c) Prevalence Estimates - Schools

Children and young people spend a significant amount of time within schools and colleges. As such school life can have a significant impact on children and young people:

- Bullying is reported by 34-46% of school children in England in recent surveys.^{xviii}
- Children who are exposed to frequent, persistent bullying have higher rates of psychiatric disorder.^{xix}
- Exposure to bullying is also associated with elevated rates of anxiety, depression and self-harm in adulthood.^{xx}

(d) Prevalence Estimates – Families

There is a strong link between parental (particularly maternal) mental health and children's mental health. Children and young people must be considered within their family context.

- Perinatal mental health problems affect between 10% to 20% of women at some point during pregnancy and for the first year after birth^{xxi}
(Note - "Perinatal" is a period of time described in diverse ways but usually relates to the period from 20-28 weeks gestation(pregnancy) to 1-4 weeks after birth).
- Maternal perinatal depression, anxiety and psychosis together carry a long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK, equivalent to a long-term cost of just under £10,000 for every single birth in the country. Nearly three-quarters of this cost (72%) relates to adverse impacts on the child rather than the mother.^{xxii}
- An Office for National Statistics Psychiatric Morbidity report found that in any one year 1 in 4 British adults experience at least one mental disorder, and 1 in 6 experiences this at any given time.^{xxiii}

- A 2007 report highlighted that children of depressed parents have a 50% risk of developing depression themselves before the age of 20.^{xxiv}
- A 2012 report highlighted that parental mental illness is known to be associated with a higher rate of mental health problems in children and young people, as are parental substance misuse and parental criminality.^{xxv}

So What?

- Mental health problems are common, including amongst children and young people
- Mental ill health is more prevalent in vulnerable groups.
- Mental health should be considered within a family context.
- Emotional wellbeing and mental health is impacted by social, economic and physical environments.

9.2 Local Prevalence Data

It is a challenging task to collect robust data on local prevalence of mental health problems due to the complex ways mental health problems may present themselves, the different services which children and young people and their families may engage with, and finally the hidden nature of mental health concerns.

In this section we have summarised a range of data which helps us to try and understand local prevalence and particular areas of concern. Information has been collected from national public health data bases and local services. Data includes 'mental health indicators', meaning that the item reported may have a link to an underlying mental health issue.

(a) Public Health Local Estimated Prevalence

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

Figure 4 – Children & Young People’s Mental Health Profile, Public Health England

All data in the above table relates to 2014 except ADHD and Eating Disorder estimates which relate to 2013 data.

Newcastle and Gateshead have a similar or slightly higher estimated prevalence of mental health issues than the national average.

(b) Mental Health Indicators – Hospital Admissions

Figure 5 below provides a range of mental health indicators linked to hospital admissions for Newcastle and Gateshead. Hospital admissions data provides us with some insight into the number of young people requiring admission to a hospital as a consequence of either a mental health issue or a behaviour which may be linked to mental ill health. Note this admissions data does not relate to specialist mental health units.

Newcastle	Gateshead	North East	England
Child Admissions for Mental Health: per 100,000 aged 0-17 years			
75.9	77.1	86.7	87.2
Young People Hospital Admissions for Self Harm: per 100,000 aged 10-24 years			
334.9	517.6	532.2	352.3
Child admissions due to alcohol: per 100,000 aged under 18			
45.0	70.5	71.1	42.7
Young People admissions due to substance misuse: per 100,000 aged 15-24 years			
66.9	138.9	120.1	81.3
Child admissions due to unintentional & deliberate injury: per 10,000 aged 0-4			
159.7	144.2	158.6	112.2
Young People admissions due to unintentional & deliberate injury: per 10,000 aged 15-24			
123.3	194.1	173.4	136.7

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

Figure 5 – Hospital Admissions Data, Children and Young People’s Mental health and Wellbeing Profile, Public Health England

The data contained within the above table is the most recent available but is taken from a number of sources and does relate to different years.

We provide some more context to these indicators in the following paragraphs.

Hospital Admissions for mental health

Newcastle and Gateshead have a lower rate of child admissions for mental health compare to the England average. However whilst Newcastle has experienced a downward trajectory, Gateshead’s admissions have experienced an upward trajectory.

Negative Coping mechanisms – self harm

The rate of hospital admissions for self harm in Gateshead for 10-24 year olds is higher in Gateshead than the national average but lower than the regional rate. Gateshead is one of many areas in the North East with a higher than national rate for self harm admissions. Additional work is being carried out in Gateshead with professionals in relation to self harm, however further exploration is needed to understand the data and difference between areas

e.g. is it due to the coding of hospital admission data or is there a higher need in Gateshead.

In Newcastle the rate of hospital admissions for self harm is the same as or slightly lower than the England average.

Negative Coping mechanisms – alcohol use

Alcohol can have a significant impact on the health of young people. From research we know that alcohol can affect the developing brain in early adolescence and this is the age, when some young people are particularly vulnerable to risk taking. The proportion of young people choosing to drink alcohol across the UK has fallen consistently in recent years, level of consumption in the North East as a whole remains higher than the national average according to research gathered by Balance. In addition to this, those under-18s who do choose to drink have started to do so in much greater quantity.

- In the North East 51% of pupils aged 11-15 have drunk alcohol (the highest figure in the country); England average is 43%;
- Over the last 6 years there have been 2,855 alcohol hospital admissions for under 18s in the North East;
- In the North East it was reported 40% of 13 year olds and 58% of 15 year olds who have drunk alcohol have experienced negative consequences including smoking, taking drugs and unprotected sex.

There is a downward trajectory across the North East for alcohol specific admissions in those under 18 years old. Newcastle has a similar rate to that nationally for hospital admissions for under 18's, due to alcohol specific conditions and Gateshead is higher than the national rate but lower than the regional rate (Public Health England, 13/14 Mental Health Profile Data). Hospital admissions due to alcohol specific conditions for children and young people under 18 is higher in Gateshead compared to Newcastle and the national rate.

(c) New Parents and Mental Ill Health

As outlined above perinatal mental health can have a huge impact on mothers and their children. We have applied national perinatal mental health prevalence rates to the annual number of births in Newcastle and Gateshead to estimate local prevalence.

Applying the national prevalence estimates 731 women in Newcastle and Gateshead may experience common mental health problems. 366 of these may have relationship problems with their baby.

(d) Health Related Behaviour Questionnaire 2012/13

The Health Related Behaviours Questionnaire is a self-reported survey undertaken by pupils in Newcastle and Gateshead schools. The questionnaire has a range of health related questions, and provides a useful insight into a range of health areas.

The 2012/13 survey results were reviewed to extract feedback on issues linked to mental health problems. This review found that:

- Exams and tests are the biggest worry for girls and boys across Newcastle and Gateshead.
- Girls in year 10 worry about the way they look compared to boys who are concerned about career 'problems' / prospects.
- 18% in Gateshead and 15% in Newcastle said that they had been bullied at or near school.
- 59% in Gateshead and 43% in Newcastle said that their school took bullying seriously.

(e) Mental Health in Social Care Data

Nationally it has been highlighted that a large proportion of children and young people in care have a mental health disorder. To understand the situation locally we have collected some data on the reported mental health concern factors in Children's Social Care cases in Newcastle and Gateshead.

We have compiled 2014/15 data related to children in need assessments, child protection plans and children who are looked after. The data detail below is described differently due to area variances in recording practices. Also as more than one concern factor can be applied to a child or young person's case the child / adult / parent breakdown information produces a figure greater than the summary figure that precedes it.

Children in need assessments

In Newcastle 40.9% of children had a mental health concern factor applied: child 11.9%, parent 30%,

In Gateshead 29.8% had a mental health factor applied: child 9.5% adult 23.6%

Child protection plans

In Newcastle 50.3% of children had a mental health concern factor applied: child 10.9% parent 39.7%

In Gateshead 51.7% had a mental health concern factor applied: child 14.4%; adult 44.1%

Children who were looked after

In Newcastle 45.7% of children had a mental health concern factor applied: child 18.6%, parent 31%.

In Gateshead 33.6% of children had a mental health concern factor applied: child 10.9%; adult 27.6%

The data above demonstrates that locally mental health is a common factor relevant to Children's Social Care cases.

(f) Mental Health in Youth Offending Data – Newcastle and Gateshead

Nationally the prevalence of mental health disorders amongst young people involved in the youth justice system is high. We have collected data from our local youth offending teams to understand the prevalence of mental health issues relevant to this vulnerable group of young people. The data has been collected from the Asset assessments recorded by youth offending team staff when working with young offenders at the start of community orders and the start of custodial orders.

Asset is a structured assessment tool to assess factors (both risk and protective) that may impact the likelihood of offending. An Asset assessment will be taken at the start and end of an involvement with a Youth Offending team, as a means to monitor the progress of a young offender.

Emotional and mental health is one factor within the Asset assessment tool. The extent a factor is associated with the likelihood of further offending is rated on a 0-4 scale. 0= not associated at all and 4 = very strongly associated

Asset Scores 2014/15

In Newcastle 151 young people were subject to a community or custodial order (with the vast majority under community orders). Of the asset scores completed for the young people with community orders 68.9% received a mental health score of 1 or 2, and 9.9% received a mental health asset score of 3 or 4.

Of the asset scores completed for the young people with custodial orders 53.3% had a mental health score of 1 or 2 and 46.7% had a mental health score of 3 or 4.

In Gateshead 133 young people were subject to a community or custodial order (with the vast majority under community orders). Of the asset scores completed for the young people with community orders 54% received a mental health score of 1 or 2, and 30% received a mental health asset score of 3 or 4. 16% received a mental health score of 0

Of the asset scores completed for the young people with custodial orders 0% had a mental health score of 1 or 2 and 40% had a mental health score of 3 or 4.

This local data demonstrates that mental health issues are a common issue amongst our young people involved with the youth justice system in line with national data.

So What?

- We have a lower estimated prevalence of mental health issues than the national average.
- There are a significantly higher level of admissions for some negative coping reasons in Gateshead compared to the England average.
- Our school aged children are telling us they are worried about exams and tests.
- Mental health is a common concern factor (both child and parent) for families involved with our social care services reflecting national prevalence statistics.
- Mental health is a common issue for young people involved with our youth offending teams reflecting national prevalence statistics

10. What services are currently commissioned?

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

Whilst we are moving away from a tiered model in order to describe the current provision we have used tier descriptions. However as we transform our provision we will structure descriptions around the Thrive model.

To assist with understanding the tier model of service provision the diagram below at Figure 6 sets out the services within each tier.

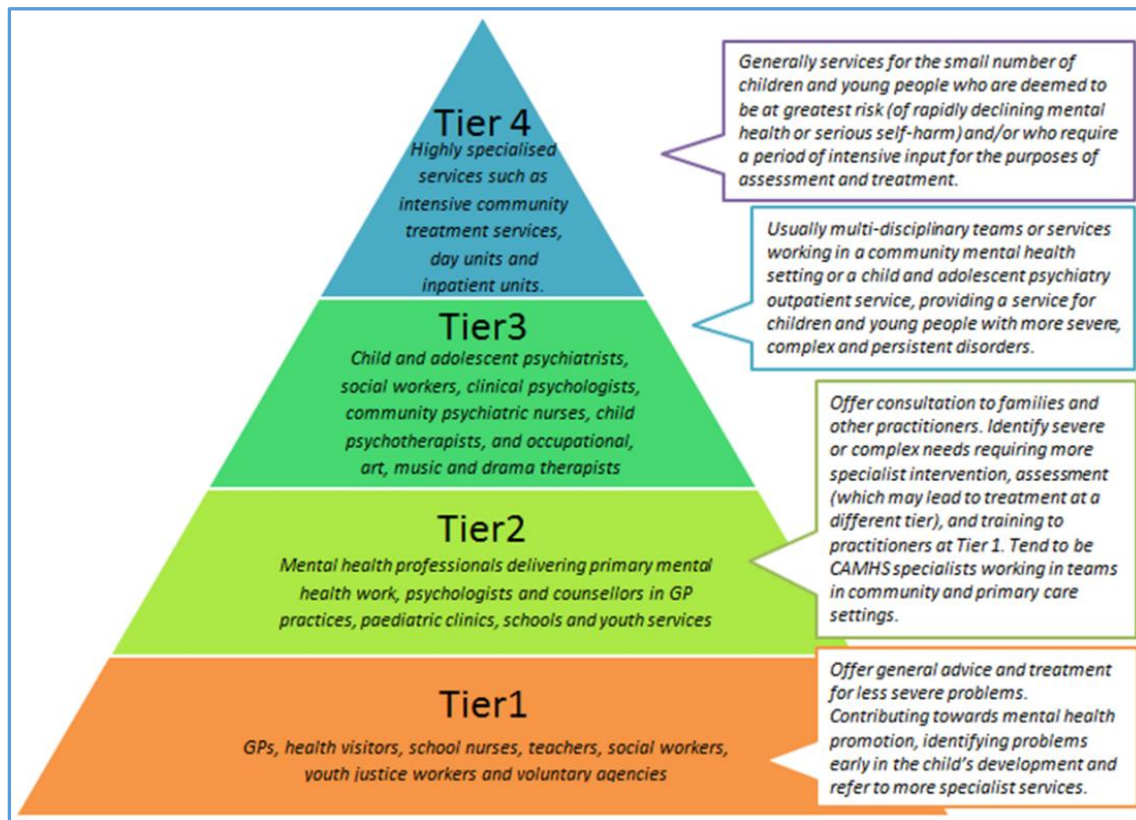
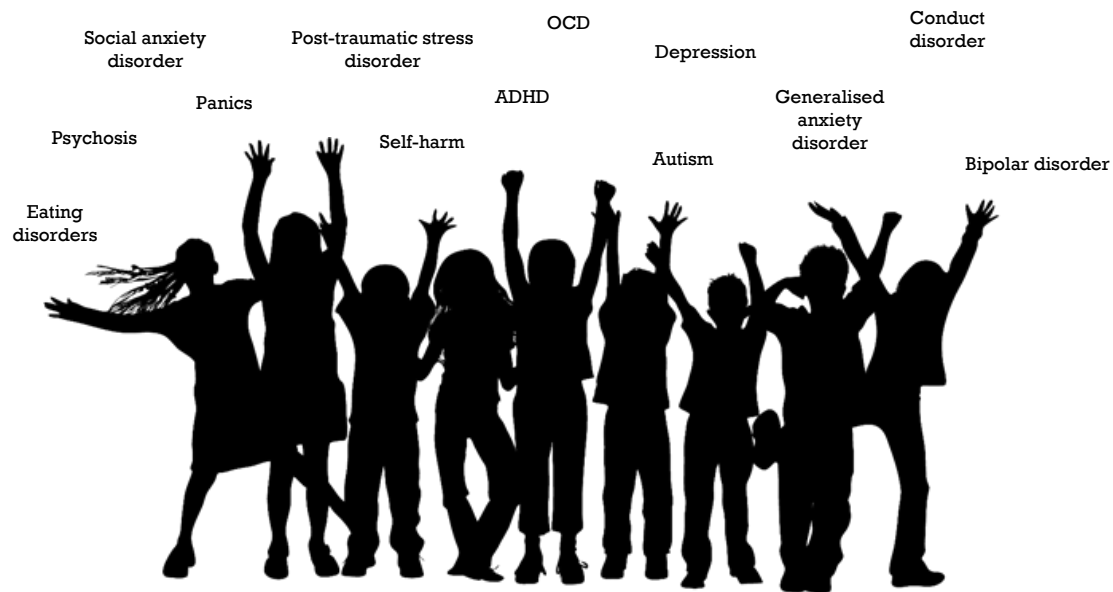


Figure 6: Tiers Triangle Source: Brighton and Hove CCG

10.1 Commissioned Specialist Mental Health Services – What For?



10.2 Specialist Tier 4 Services

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

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

10.3 Specialist Mental Health Services Commissioned by the Collaborative Partners

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

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

CYPs is commissioned by the CCG and operates in both Newcastle and Gateshead.

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

In Newcastle CYPs provides:

Tier 3 Community Provision (e.g. emotional and anxiety disorders, separation, phobias, depression, conduct, eating disorders, autism, ADHD).

Specialist Tier 3+ Community Eating Disorders (EDICT)

Tier 2 primary mental health worker role providing interface between tiers 1 and 2, consultation for staff, training and education, some clinical input in support of multi-agency role. 50% direct patient care and 50% training / awareness raising

Tier 3 Children in special circumstances (Looked after children, child protection plan, learning disability, life limiting, refugee, asylum, young carer).

In Gateshead CYPs provides:

Tier 3 Community Provision (e.g. emotional and anxiety disorders, separation, phobias, depression, conduct, eating disorders, autism, Attention Deficit Hyperactive Disorder (ADHD)).

Intensive support (Tier 3+) services for children and young people with acute mental health needs.

Targeted and specialist (Tiers 2 and 3) services for children and young people with moderate to severe learning disabilities.

Targeted and specialist (tiers 2 and 3) services for children and young special circumstances (Looked after children, child protection plan, learning disability, life limiting, refugee, asylum, young carers).

(b) Emotional Health and Wellbeing Team – Gateshead

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

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

- **Indirect services** include training, consultation and joint work and increasing the capacity of universal service providers to meet the mental health needs of children, young people and their families
- **Referral criteria** -Children, young people aged 4-18 years (and their families and carers) living in Gateshead with moderate levels of mental health need.

The child/young person is aware of and willing to access the team.

Primary intervention has already been made and this has not created significant change/ improved the emotional resilience of the child/young person.

- **Exclusion criteria** - Children and young people with mild to moderate mental health needs that can be met by universal or early intervention services.

Children and young people, in special circumstances with moderate levels of mental health needs whose needs can be met by CYPs.

(c) Other Provision Commissioned by the Collaborative Partners

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

Barnado's is commissioned to provide in Newcastle:

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

(d) Targeted Mental Health in Schools (TAMHS) Programme in Newcastle

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

10.4 Targeted Services

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

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

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

10.5 Universal Services

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

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

(a) GPs

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

Ensuring the earliest possible assessment of need by GPs will help them ensure the right support at the right time.

(b) Schools

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

65 of Newcastle's schools are members of the TAMHs Programme in Newcastle.

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

(c) Midwives, Health Visitors and School Nursing

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

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

The transfer of the 0-5 Healthy child Programme will enable commissioning to be joined up across the age spectrum of 0 to 19 (and up to 25 years for young people with special educational needs and disabilities). School nurses deliver the child health programme from 5-19 years, as part of an interdisciplinary team, this presents a unique opportunity for local authorities and local partners to improve continuity and outcomes for children and their families by transforming and integrating health, education, social care and wider council-led services.

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

10.6 Voluntary and Community Sector (VCS)

Newcastle and Gateshead have a strong community and voluntary sector supporting children and young people and their families.

Many VCS organisations commission their own emotional wellbeing and mental health services to support their service users. The services provided by the community and voluntary sector has not been mapped as part of this case for change, however the breadth of knowledge and experience of the sector is acknowledged and will be instrumental in helping transforming the current system for supporting the emotional and mental health needs of children and young people and their families.

[Further development of this section is planned]

10.7 Children & Young People's Improving Access to Psychological Therapies (CYP IAPT)

CYP IAPT is a service transformation programme delivered through NHS England that aims to improve existing Child and Adolescent Mental Health Services (CAMHS) working in the community. The programme works to transform services provided by the NHS and partners from Local Authority and the voluntary and community sector that together form local area CAMHS Partnerships. It is different to Adult IAPT as it does not create standalone services.

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

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

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

So What?

- There are two main providers of commissioned CAMHS support in Newcastle and Gateshead
- There are some services targeted to schools (TAMHS) and children who are looked after within Newcastle. In Gateshead this is handled within the general contract.
- There are a broad range of services supporting children and young

people and their families that need to work with and refer to commissioned specialist CAMHs provision

- Multiple organisations commission mental health services across Newcastle and Gateshead.

11. How are our commissioned specialist mental health services performing?

In this section we provide a brief overview of data available in relation to the numbers of young people accessing services, their service experience, their demographic profile and referral information. It has not been possible to obtain like for like information, given the different services providing data. The data provided ranges from point in time data to some limited period data.

11.1 Children and Young People's Service

As part of contract management arrangements NTW provides quarterly performance information. The sections below provides information in relation to quarter 1 of 2015/16.

(a) Referrals Accepted

There are many reasons an individual who is referred is not accepted into the CYPs provision. For example, inappropriate referral, such as minor behavioural problems, bereavement, an individual not being from the local area, or where parent support is more appropriate. The chart below demonstrates the number of referrals received versus those accepted.

	Newcastle	Gateshead
Referrals Received	484	293
Referrals Accepted	427	269

% accepted	88%	92%
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Figure 7: Referrals Accepted, NTW Community CYPs Quality Framework Quarter 1 2015/16

(b) Referral Source

GPs were the main referral source for both Newcastle (47.5%) and Gateshead (46.1%). The next highest referral source was “Education” accounting for 20.3% in Newcastle and 13.5% in Gateshead.

(c) Children and Young People in treatment

Figure 8 below demonstrates the increase in demand on specialist services over the past year.

	30.06.2015	30.09.2014	% change
Gateshead	1137	821	+38%
Newcastle	1315	1004	+31%

Figure 8 – CYP in Treatment, NTW Community CYPs Quality Framework Quarter 1 2015/16

(d) Gender

	Newcastle	Gateshead
Female	32.6%	33.7%
Male	67.4%	66.3%

Figure 9- Gender, NTW Community CYPs Quality Framework Quarter 1 2015/16

(e) Age Range

Where a transition into adult services is not yet thought to be appropriate or beneficial to the young person, CYPs may decide to continue care within their service. For example at present the Adult ADHD services are in development (with a transition plan in place) and this is resulting in a delay of some children with ADHD transitioning into Adult Services.

	Newcastle	Gateshead
Aged 5 and under	5.0%	5.9%

Aged 6-13 years	54.8%	55.9%
Aged 14-17years	36.0%	35.4%
Aged 18 and over	4.2%	2.7%

Figure 10 – Age Range, NTW Community CYPs Quality Framework Quarter 1 2015/16

(f) Children in Special Circumstances engaged with CYPs

	Refugee Asylum Seeker	Homeless / Accommodation Issues	Safeguarding	LAC in treatment	Substance Misuse	Youth justice System	Learning Disability	Domestic Abuse
Gateshead CCG	1	6	5	47	19	35	103	21
Newcastle CCG	5	19	6	73	40	52	111	21
	6	25	11	120	59	87	214	42

Figure 11– Children in Special Circumstances, NTW Community CYPs Quality Framework Quarter 1 2015/16

(g) Duration of episode of care

	Duration of episode from referral to discharge (weeks)	Duration of episode from first contact to discharge (weeks)
Newcastle CCG	56	48
Gateshead CCG	63	53

Figure 12– Duration of episode of care, NTW Community CYPs Quality Framework Quarter 1 2015/16

(h) Average number of face to face contacts

	Average number of face to face contacts (patients discharged in Q1)
Newcastle CCG	10
Gateshead	14

Figure 13– Average number of face to face contacts, NTW Community CYPs Quality Framework Quarter 1 2015/16

(i) Did Not Attends (DNA)

	%DNA first appointments 1/4/15-30/6/15	%DNA subsequent appointments 1/4/15-30/6/15
Newcastle CCG	25.9%	17.4%
Gateshead CCG	23.6%	16.6%

Figure 14– DNA Appointments, NTW Community CYPs Quality Framework Quarter 1 2015/16

(j) Waiting Times

Figure 15 below sets out waiting times for children and young people referred to the service as at 30th June 2015 (end of quarter 1). CYPs is working to improve waiting times.

	Newcastle CCG	Gateshead CCG
waiting less than 9 weeks - %	58%	61%
waiting less than 12 weeks - %	73%	77%

Figure 15– Waiting times, NTW Community CYPs Quality Framework Quarter 1 2015/16

(k) Experience of Service Questionnaire

Children and young people and their families are invited to complete Experience of Service Questionnaires following involvement with CYPs. The questionnaire asks a range of questions related to the patient's experience of the service, such how they felt they were listened to and treated, whether they were taken seriously, the convenience of appointments etc.) Although patients are given the questionnaire CYPs regularly receive a very low response rate to the questionnaire. CYPs is working to improve this low response rate.

Given the very small number of responses we have not included the summary of feedback in this section, as the small numbers makes some responses

identifiable. However some of the qualitative feedback received is set out below.

Gateshead

What was really good about your care?

- *That I could talk to somebody who had no judgement upon me.*
- *Very helpful staff, service is excellent, very friendly environment....*
- *listened to us, pointed out something about our son that led to a quick diagnosis*

Was there anything you didn't like or anything that needs improving?

- *The waiting area could be improved by putting more facilities in. Also a water machine would be useful.*
- *Additional parking for the hospital*

Newcastle

What was really good about your care?

- *The service was really good about my care whenever I needed help the EDICT Team would also phone back and help straight away. I cannot thank the nurses enough for all their hard work and commitment; I am living the life I should have!*
- *We were listened to and understood.*
- *That I was listened to and I was taken seriously*

Was there anything you didn't like or anything that needs improving?

- *Parking facilities*
- *I had to take time off work for every appointment.*

11.2 Emotional Health and Wellbeing Team

Volume and referrers 2013/14-2014/15

Figure 16 below sets out the number of new referrals received in 2013/14 and 2015/16 and the source of referral. This data shows that there has been a 22.5% increase in new referrals to the service.

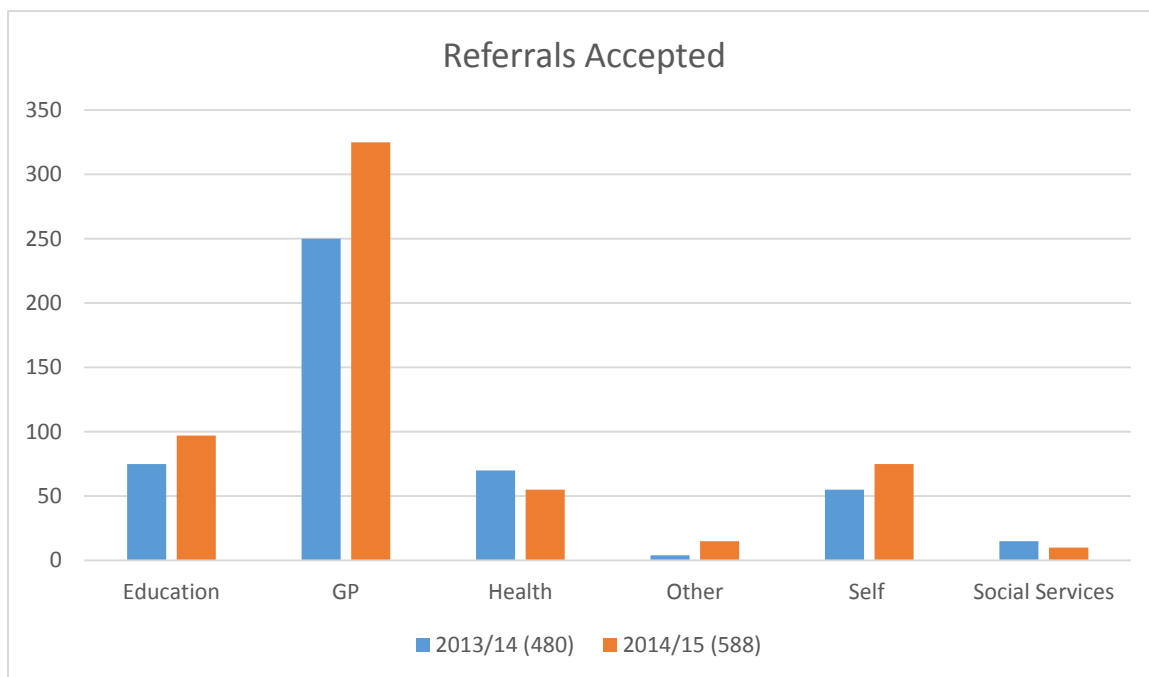


Figure 16– ESQ Returns, NTW Community CYPs Quality Framework Quarter 1 2015/16

Friends and Family Quarter January 2015

The Emotional Health and Wellbeing team complete service user questionnaires which include a “Friends and Family”. Of the young people who completed the question in January 2015 (22 responses) the majority are likely to recommend the services to others. In April 2015 all young people (11 responses) would recommend the service to others.

Waiting Times

In 2014/2015 the average waiting time in weeks for new referrals was 8 weeks.

Mental Health Liaison Worker – Reasons for Working in Schools

The Emotional Health and Wellbeing Team has a Mental Health Liaison Worker as part of the healthy schools team, who is able to deliver sessions directly into schools. The Mental Health Liaison Worker works and delivers training and support to all schools in Gateshead around the following issues:

- Self esteem
- Getting on, feeling good
- Anger solutions
- Anti Bullying
- Exam Stress/resilience

- Friends
- Mental Health

11.3 Targeted Mental Health in Schools (Newcastle only)

Numbers accessing the TAMHS sessions

	2012/13	2013/14	2014/15
Children	445	321	337
Parents / Carers	445	321	337

Figure 17: Numbers accessing TAMHS Sessions – Kalmer Counselling TAMHS Annual Reports

Referral issues

Figure 18 sets out the issues children and young people were referred for counselling around through the TAMHS programme.

Issue	Year 1	Year2	Year3	Increase /Decrease from year 2 - 3
Self Esteem	38%	27%	40%	> 13%
Behaviour	14%	14%	21%	>7%
Anxiety	10%	15%	13%	<2%
Loss	6%	12%	8%	<4%
DV	1%	2%	5%	>3%
Transition	7%	6%	5%	<1%
Anger	10%	14%	3%	<11%
Friendships	0%	6%	3%	<3%
Bullying	1%	0%	1%	>1%
Self-Harm	1%	1%	1%	0%
Confidence	4%	2%	0%	<2%
Depression	1%	1%	0%	0%
Eating Issues	1%	0%	0%	0%
Social Skills	6%	0%	0%	0%

11.4 Children and Young People's Improving Access to Psychological Therapies – Newcastle

Newcastle's CYP IAPT programme has concluded the first stage of training, and CYP IAPT trained professionals have begun to report the number of cases they are actively engaged with.

In the period July to September 2015 the Newcastle CYP IAPT professionals, excluding CYPs professionals trained in CYP IAPT, reported being actively engaged in 79 new cases. The CYPs professionals reported being actively engaged in 180 new cases (the CYPs numbers should be considered carefully as it is likely that the numbers reported will already have been reported through the Q1 (April June 2015) contractual performance information set out above).

So What?

- Caseloads to CYPs have increased over a nine month period to July 2015
- The main referrers to CYPs and the Emotional Health and Wellbeing Team are schools and GPs
- We have limited outcome information following interventions
- Some of our children and young people are waiting a long time to receive specialist interventions.
- Children's IAPT continues to develop and expand
- TAMHs is positively viewed by schools, some of whom have bought additional sessions from the provider.

12. What do we currently spend on the Commissioned Mental Health Services?

We are committed to having an open and honest conversation with our communities about the services we commission and what these cost. In this section we set out the cost of the existing specialist services commissioned by the CCG and the local authorities as outlined in section 10.3 above.

12.1 Funding for 2015/16

The funding available in 2015/2016 for the services outlined at 10.3 is set out in the table below.

	Contract Value
Specialist mental health services - CCG spend 2015/16	£6,337,845
Specialist mental health services - Local Authority (Newcastle and Gateshead) spend 2015/16 Budget	£577,149
Local Transformation Funding for 2015/16	£1,008,296
Total funds available in 2015/16	£7,923,290

Figure 19: Funding Table 2015/16

The table above includes additional Local Transformation Funding. The autumn statement (December 2014) and Budget (March 2015) contained announcements of extra funding to transform mental health services for children and young people. With the allocation of this extra funding the CCG was required to publish a Local Transformation Plans in November 2015 setting out how the additional funding will be used to transform services. The Local Transformation Plan can be found [here](#).

The table above also includes the CCG's contribution to regional specialised commissioning, as described at section 10.2.

The funding described above does not reflect the full spend around mental health provision as a whole as it does not capture the work of universal and targeted services delivered by the Collaborative Partners to ensure the mental health needs of the population are supported, explained in sections 10.4 and 10.5 above.

The funding for the CYP IAPT programme has not been included in the above table, as the funding for the programme is specifically to develop the workforce and is not for the delivery of services as such. The funding for CYP IAPT is also proscriptive and is directed by the national programme managed by NHS England.

13. Listening Phase Feedback

[To be updated at the end of the Listening Phase].

14. So what does the baseline information tell us about how we develop a new approach?

Whilst we will be working with our communities to develop our new approach, the information contained within the previous sections provides us with some insight into areas that need to be taken into consideration.

The baseline information tells us so far that:

- Mental health issues affect the whole family and should be considered in the family context.
- We need better information about how services are performing and the outcomes for children, and young people and their families.
- A range of services work with families, we must engage with the whole system for the specialist mental health element to be fit for purpose.
- A move to early intervention can improve emotional wellbeing and positively impact on addressing preventable mental health disorders.
- Any future service development activity must include an ability to respond to vulnerable groups.
- Service development must respond to the changing population profile.

15. So what's in scope? What can we change?

Whilst we are working to change how the whole system responds to the emotional wellbeing and mental health of children and young people and their families the funding and services within direct scope of the transformation are the services commissioned by the Collaborative Partners as set out in section 10.3. This means that the funding used to commission these services is the funding available to establish a new way of working. Additional funds have become available to improve and develop specific areas of work

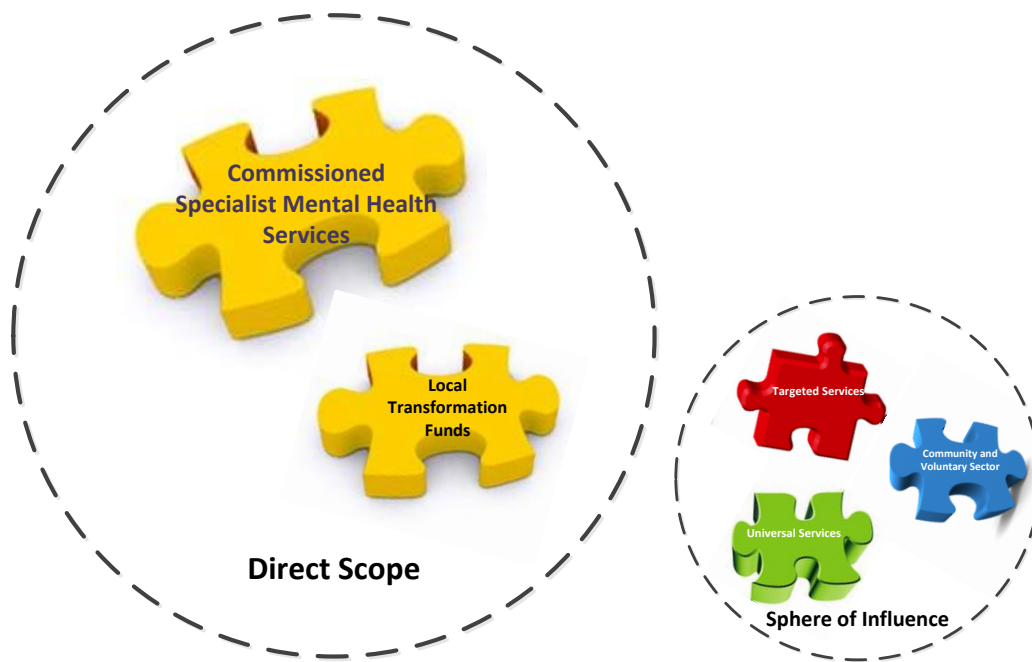


Figure 20: Transformation Scope

16. How will we transform Children and Young People's Mental Health?

16.1 “Expanding Minds, Improving Lives”

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

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

As well as the Collaborative Commissioning Board, which is made up of senior representatives from the Collaborative Partners and NHS England, the project also reports to the Newcastle and Gateshead Mental Health Programme

Our Vision:

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

Board, the Children's Trust Boards and CAMHs Partnerships across the two areas to ensure wider accountability.

The "Expanding Minds, Improving Lives" Approach

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

Our principles

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

Figure 21: Expanding Minds, Improving Lives project principles

Expanding Minds, Improving Lives Budget

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

Outcome

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

16.2 Our Communities at the heart of the Transformation

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

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

- **The Advisory Group**

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

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

- **Young Commissioners**

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

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

- **Action:Story!**

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

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

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

- **Engagement Strategy**

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

We are also keeping our stakeholders up to date with progress through a range of methods. The Advisory Group develops "Key Messages" at its regular meetings and these are circulated to the group by email for wider dissemination to their organisations and networks.

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

To make the transformation project more meaningful to children and young people and their families, we held a workshop with young people to name the project. Through this workshop the name “Expanding Minds, Improving Lives” was developed, with the strapline “Motivating and working together to transform children and young people’s mental health”. This step was taken as we recognise the importance of using language in a way meaningful to our communities and we will continue to ask children and young people and their families to challenge us throughout this process

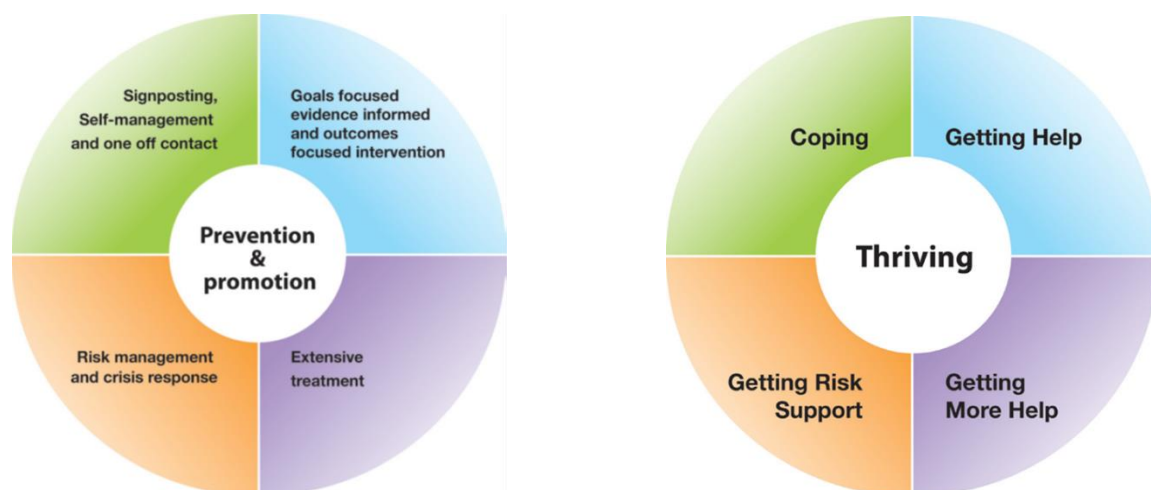


A distinctive brand has been developed for the “Expanding Minds, Improving Lives” to ensure it clearly identifiable from other transformation initiatives.

16.3 The Thrive Model

Our work will be underpinned by and aligned to the Thrive Model (The AFC–Tavistock Model for CAMHS^{xxvi}) 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.



17. Equality Impact Assessment

To be developed and updated.

18. Next Steps

In October 2015 we launched the Listening Phase of our transformation journey. This pre-consultation stage enables us to share our baseline information with stakeholders to start the conversation about how children and young people's mental health services are currently performing and how they could be improved. The Listening phase will continue through to January 2016.

We will build on the feedback received through the Listening phase, including feedback from Action: Story! and work with communities to understand what we have been told and how that needs to be responded to by any new approach.

In February 2016 we will begin our Design and Co-production phase, where we will get into the detail of designing a new way of working with our communities, building on all the feedback we have received to date.

Once scenarios for change are developed we will then move to formal consultation. Until we have completed our Listening and Design and Co-production stage it is difficult to say what any scenarios for change will describe.

As we work through the Listening and Design and Co-production phases we will update this Case for Change.

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- ⁱ Future in Mind, 2015, p1.
- ⁱⁱ Fundamental Facts, 2007, p70.
- ⁱⁱⁱ Future in Mind, 2015, p28
- ^{iv} Fundamental Facts, 2007, p65
- ^v Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: prevention Pays, Chapter 10 p4.
- ^{vi} Future in Mind, p26
- ^{vii} Fundamental Facts, 2007 p28
- ^{viii} Ibid
- ^{ix} Equalities Profile of Gateshead, July 2015.
- ^x Future in Mind, 2015, p25
- ^{xi} Lifetime Impacts, Childhood and Adolescent Mental Health: understanding the lifetime impacts, 2004, p8
- ^{xii} Future in Mind, 2015, p54
- ^{xiii} Achieving Emotional wellbeing for looked after children, NSPCC, p12
- ^{xiv} Psychiatric Morbidity among Young offenders in England and Wales, 1997, p62
- ^{xv} Fundamental Facts, 2007, p28
- ^{xvi} Ibid, p29
- ^{xvii} Health Inequality and Access to Justice: Young People, Mental Health and Legal Issues, Youth Access, p9.
- ^{xviii} Future in Mind, 2015, p27
- ^{xix} Ibid
- ^{xx} Ibid
- ^{xxi} Falling through the gaps: perinatal mental health and general practice, p9
- ^{xxii} Future in Mind, 2015, p33
- ^{xxiii} Fundamental Facts, 2007, p7
- ^{xxiv} Ibid, p38
- ^{xxv} Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: prevention Pays, Chapter 10 p4.
- ^{xxvi} Thrive, The AFC-Tavistock Model for CAMHS, November 2014.