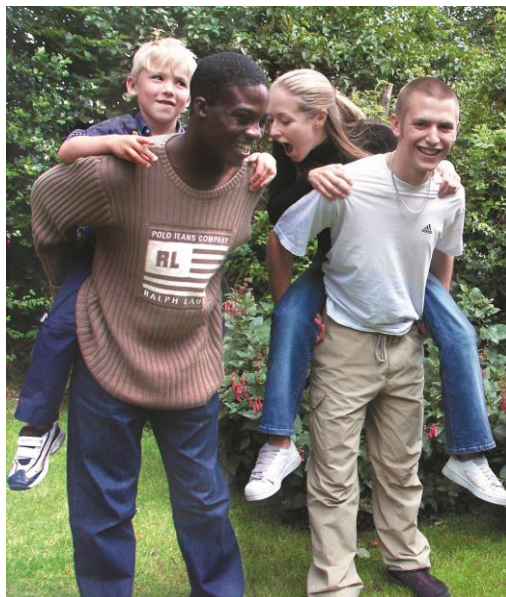


Emotional Health and Wellbeing of Children and Young People in Northumberland Strategic Local Transformation Plan (LTP) 2015 – 2020

Refreshed October
2018



Version	Date	Author Title	Status	Comments
1	04092018	Suzanne Barton Children's commissioner	Draft	Collation of comments to date & identification of areas to update.
1.1	14102018	Suzanne Barton Children's commissioner	Draft	Refresh of the document

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Document Approval

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Section One

Summary

In August 2015, NHS England produced guidance for health and social care economies concerning the development of Local Transformation Plans designed to support improvements in children and young people's mental health and wellbeing. The guidance encouraged and empowered local partners to work together to lead and manage change in line with the key principles of the *Future in Mind* publication.

The development of Northumberland's Emotional Health and Wellbeing Strategic Local Transformation Plan (LTP) 2015 – 2020 incorporated a number of key principles including:

- Listening to our children & young people and their parents & carers about what they want and need to improve their mental health
- Working in a true spirit of collaboration between our partners to achieve our local ambitions and effect whole system transformational changes.
- Being transparent about our current service provision to enable us to identify gaps in provision and build on current successful services.
- Addressing areas of inequalities.
- Ensuring that anything we do will build on our strengths and will ultimately improve outcomes for the children and young people in Northumberland.

We published our original Local Transformation Plan (LTP) in October 2015. This document refreshes our thoughts and plans and seeks to demonstrate how we have developed and improved services for children and young people in Northumberland so far and what we are aiming to achieve over the next 2 years.

The pivotal feature of our plan remains the move from the traditional Tiered provision structure to the development of services and systems based on the THRIVE model which is an evidenced based model developed on a new conceptualisation of Children's and Young People's services based on their needs. The THRIVE model conceptualises four clusters (or groupings) for young people with mental health issues and their families, as part of the wider group of young people who are supported to thrive by a variety of prevention and promotion initiatives in the community – See section 5 for more details on Thrive.

This document which is our LTP, describes the steps we have taken towards locality based provision and our close work with schools under the umbrella of promoting the prevention agenda as well as setting out the further work to do to embed the concept of needs led service provision.

The most important element of our continued work and the only way to guarantee success will be to continue to engage with children and young people and parents & carers such that they are able to co-produce the Action Plan and drive forward our collective ambitions.

Work undertaken by the Young People's Engagement Group led by Healthwatch Northumberland has proven invaluable in the shaping of our thoughts and better understanding what children & young people need however more active coproduction going forward will ensure our aims to improve the emotional and mental health of all children are realised.

National Policy context

Future in Mind" (March 2015) (Appendix 1)

The report of the Children and Young People's Mental Health Taskforce *Future in Mind (March 2015)*, set out a direction and some key principles about how to make it easier for children and young people to access high quality mental health care when they need it. The Future in Mind publication reports that children and young people have told us how they want things to change. They want:

- 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 on line. But wherever they go, the advice and support should be based on the best evidence about what works.
- As experts in their own care, to have the opportunity to shape the services they receive.
- To only tell their story once rather than have to repeat it to lots of different people. All the services in their area should work together to deliver the right support at the right time and in the right place.
- If in difficulty, not having to wait until they are really unwell to get help. Asking for help shouldn't be embarrassing or difficult and they should know what to do and where to go; and if they do need to go to hospital, it should be on a ward with people around their age and near to home. And while children and young people are in hospital, we should ensure they can keep up with their education as much as possible.

This description of children and young people's views reflects those collected in Northumberland through Healthwatch and the engagement work stream of the health and well-being board.

Future in Mind describes an integrated whole system approach to driving further improvements in children and young people's mental health outcomes with the all sectors working together to:

- Place the emphasis on building resilience, promoting good mental health and wellbeing, prevention and early intervention;
- Deliver a step change in how care is provided – moving away from a system

defined in terms of the services organisations provide towards one built around the needs of children, young people and their families;

- Improve access so that children and young people have easy access to the right support from the right service at the right time and as close to home as possible. This includes implementing clear evidence based pathways for community based care to avoid unnecessary admissions to inpatient care;
- Deliver a clear joined up approach: linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable;
- Sustain a culture of continuous evidence-based service improvement delivered by a workforce with the right mix of skills, competencies and experience;
- Improve transparency and accountability across the whole system - being clear about how resources are being used in each area and providing evidence to support collaborative decision making.

The Future in Mind document has supported the development of the Northumberland's Emotional Health and Wellbeing Strategy and the Local transformation Plan for children and young people (LTP).

Five Year Forward View for Mental Health (February 2016) (Appendix 2)

In February 2016 the Mental Health Taskforce published on behalf of the Department of Health the Five year Forward view for Mental Health (5YFVMH).

This independent report sets out the start of a ten year journey of transformation for mental health provision. The people engaged with as part of this work identified that their priorities were prevention, access, integration, quality and a positive experience of care.

The overriding aim of the work is to achieve the ambition of parity of esteem between mental and physical health for children, young people, adults and older people.

The report made some very specific recommendations relating to children and young people to improve their emotional health and wellbeing and these were supported for early delivery with additional national funding.

- **Build capacity and capability across the system** to make measurable progress towards closing the health and well-being gap and secure sustainable improvements in children and young people's mental health outcomes by 2020.
- **Roll out the children and young people's improving access to psychological therapies programme** so that by 2018, services are delivering a choice of evidence based interventions, adopting routine outcome monitoring and feedback to guide treatment and service design, working collaboratively with children and young people.
- Improve access to NHS commissioned mental health services so that more young people with diagnosable conditions are seen, assessed and treated using evidence based NICE concordant treatments.
- **Develop evidence based community eating disorder services for children**

and young people and progress towards achieving the 20/21 waiting time standard for this group.

- Ensure that by 2020/21, **inpatient stays for children and young people** will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements.
- **Ensure there is access to those in crisis** through the development of community based 24/7 crisis services offering intensive home treatment as an alternative to an acute inpatient admission.
- By 2020/21 no acute hospital should be without all-age **mental health liaison services** in emergency departments and inpatient wards, and at least 50 per cent of acute hospitals should be meeting the 'core 24' service standard as a minimum.
- **Improve access to perinatal care.** There is a strong link between parental (particularly maternal) mental health and children's mental health.
- Bring education and local children and young people's mental health services together around the needs of the individual child through a **joint mental health training programme**.
- **Early Intervention in Psychosis** NHS England should ensure that by 20/21 60% of people experiencing a first episode of psychosis has access to a NICE–approved care package within two weeks of referral.
- Deliver a contribution to the **mental health workforce expansion** as set out by Health Education England to ensure there is sufficient capacity of skilled staff to deliver the 5YFVMH.

Progress against the specific 5YFVMH deliverables is monitored both nationally and locally and our progress to date is outlined in Section 4 – current progress.

The scope of the Northumberland Local Transformation Plan covers the full spectrum of service provision and sets out to address the needs of all children and young people making it easier for them to access the support they need when and where they need it.

By 2020, we will have created a sustainable system wide service transformation to improve children and young people's mental health and wellbeing by focusing on the prevention, early identification and earliest intervention agenda. We aim to build resilience in all of our children and young people including for the most vulnerable such as looked after children, those vulnerable to sexual exploitation, adopted children or those who have learning difficulties, closing the treatment gap so that more children and young people with concerns about their mental health can access timely and high quality care coordinated with other support they are receiving.

Sustainability & Transformation Plans (STPs) (December 2015)

All areas in the country have been required by NHS England to develop Sustainability and Transformation Plans (STPs). Northumberland is part of the Northumberland, Tyne and Wear and North Durham STP (NTWND STP) and part of the North Tyneside / Northumberland Local Health Economy.

The STPs are the route map for how the local NHS and its partners can make a reality of the Five Year Forward View within the Spending Review envelope.

The foundations of our STP are based on the commonalities within our existing Health and Wellbeing Strategies and build on successful partnership working.

We have identified that although we face distinctive challenges within each Local Health Economy, we also share many similar issues and ambitions. Therefore, in developing our operational plans and agreeing contracts we have worked in partnership with CCGs across our STP and the STP Programme Management Office to ensure alignment and reconciliation of each organisation's operational plan.

Our STP has been produced jointly with input and agreement to the assumptions used in all modelling work by all included Commissioners and Providers.

Mental Health is a significant part of the NTWND STP. Commissioners are therefore working together on specific initiatives and projects relating to children and young people's mental health services which we describe at the appropriate points throughout this document. We also expect that, as the STP work is ongoing and will develop, some further changes will take effect during 2018/19 onwards and these will be reflected in the LTP refreshes.

Mental Health Crisis Concordat (February 2014) (Appendix 3)

The Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. It includes children and young people and makes clear the responsibility of each organisation, so that at the time of a crisis a child or young person can get support, day or night, to stay safe, out of trouble and have staff with the right skills to assess and support them.

There is a national increasing prevalence of children and young people presenting with offending and/or anti-social behaviour and mental health crisis. Northumberland has already made considerable progress in this area – section 4 but there is further work to do.

Northumberland's commitment to the concordant principle of preventing crises happening whenever possible is embedded within existing services and is essential to the success of our plan.

The development of smooth pathways to facilitate development of resilience alongside early identification and intervention and also close working in collaboration with education will target those most vulnerable children and young people and their families who would otherwise have reached crisis point before support was offered.

Transforming Care for People with Learning Disabilities “Building the Right Support” (October 2015) (Appendix 4)

The learning disability Transforming Care programme aims to significantly re-shape

services for people with learning disabilities and/or autism with a mental health problem or behaviour that challenges, ensuring that more services are provided in the community and closer to home, rather than in hospital settings.

Within this programme particular reference is made with regard to the delivery of integrated support services to vulnerable children and young people. This includes:

- early and effective intervention
- care that is age appropriate
- care coordinated around and tailored to the needs of the individual child or young person
- support for parents, families and carers
- clear and robust planning especially for the under 5s and at transition to adult services

In Northumberland, there is strong collaboration between the Local Authority and the CCG that supports the local Transforming Care programme and strengthens the joint working between the providers and commissioners of children and young people's learning disability and / or autism services. There is a system of early identification of children and young people in order to get services right in childhood and provide early interventions and parental support and education. This ensures that child or young person will be able to receive good care from mainstream services when required, and specialist interventions provided will be specific to the needs of the child or young person.

Local policy Context & Links to Local Plans

The Emotional Health and Well Being LTP links to the priorities and indicators in the higher level Children & Young People Strategic Statement, the joint Health and Wellbeing strategy, Children and Young people's plan and the Early help strategy.

The LTP aims to be the single document that captures all the work streams ongoing in relation to the emotional health and wellbeing for children and young people in Northumberland and as such links across many plans, policies and strategies. The LTP action plan seeks to capture all ongoing work and will reference which group is undertaking this. Captured below are the main local policies and drivers for the LTP.

The Children and Young Peoples Strategic Plan

The vision of the Northumberland CYPSP is:

“To work together with children, young people, families and friends in order to secure happy and healthy lives for all”.

This vision corresponds with our desire to continually improve outcomes through our partnership working.

The Children and Young People’s Strategic Statement

The statement follows from the “Children and Young People’s Strategic Plan” and states as its aim:

“Enjoying Life and Being There to Help and Support When it will have the Most Impact”.

There are key indicators in the Children & Young People Strategic Statement which are also success criteria in The Emotional Health and Wellbeing Strategy (see below).

- In the Northumberland School Health & Wellbeing Survey, 71% of pupils responded that they are ‘quite a lot’ or ‘a lot’ happy with their life at the moment – we would want that to increase.
- 67% of pupils responding to the Northumberland School Health & Wellbeing Survey said that if they are worried about something, they know an adult they trust that they can talk to about it - we would want that to increase.

Northumberland Joint Health and Well Being Strategy (2018 – 2028) Appendix 5)

The emotional health and wellbeing of children and parents is a particular area of focus in the Health and Wellbeing Board strategy’s first theme, which is to ensure children and young people have the best start in life. The outcome from this will be that:

“All children and young people are happy, aspirational and socially mobile”

There will be regular updates on the progress in implementing the emotional health and wellbeing strategy, and the contracting consequences of doing so, to the Health and Well Being Board with monitoring of how wellbeing and health is maximized and inequalities are reduced.

Social, Emotional & Mental Health support in Northumberland 2015-2016

The Code is the statutory guide for education, health and social care when supporting children and young people aged 0-25 years. Local authorities lead integration arrangements for Children and Young People with SEN or disabilities to meet identified need. CCG’s have a duty to co-operate with the local authority in jointly commissioning services, ensuring there is sufficient capacity contracted to deliver necessary services, drawing the attention of the local authority to groups and individual children and young people with SEN or disabilities, supporting diagnosis and assessment, and delivering interventions and review.

Northumberland County Council launched its Graduated Response to meeting SEN in schools in July 2018. The Graduated Response details the steps that schools and settings should take to support children with any identified need. Schools within Northumberland have indicated they would benefit from clear guidance for supporting children with social, emotional and health needs. This guidance will be produced with colleagues from education, health and social care and be launched in

July 2019.

Within Northumberland a joint strategic needs assessment for SEND was completed and went before the Health and wellbeing board in January 2018. This made a number of recommendations that alongside the county's self-assessment undertaken with partners has led to a comprehensive action plan to improve the provision for those with SEND and SEMH.

Following a recent SEND inspection (October 2018) we will be updating the action plan to reflect any outcomes or recommendations and will ensure the action plan and LTP action plans are aligned.

Northumberland Whole system transformation (2017)

The Northumberland System Transformation Programme was established in 2017 with the ultimate aims to –

- Deliver clinically and financially stable care services across Northumberland
- Connect the health and social care system to deliver care focused on the programme of transformation delivery outcomes
- Enable a shift from secondary to primary and community care, in the best interests of the person.

The transformation programme aims to create the conditions for the successful transformation of the health and care economy through:

- stable and sustainable, ambitious system-wide leadership;
- collaborative working across partners;
- strong patient, community and clinical engagement and involvement;
- strong or improving operational and financial performance
- A strong out of hospital system.

A mental health work stream was created as part of the system transformation and a review and redesign of the children and young people's mental health pathway was identified as an area of work for the mental health transformation programme.

The children and young people's mental health pathway transformation is now well underway with 3 priorities identified for early delivery.

1. Streamlining access to services at all levels for mental health issues
2. Develop and deliver integrated mental health support teams based around school clusters with a clear plan to improve "getting advice" and preventative services
3. Review services that provide intensive support at home to ensure there is capacity to meet demand and to make recommendations where any shortfall may be identified. Develop an action plan proposal to support children and young people to remain in their communities and to reduce continuing health needs out of the area.

Updates on progress relating to these and future plans are outlined in section 5

Section Two

Vision

We want our local transformation plan to be for every child and young person in Northumberland. It is our plan to contribute to ensuring that children and young people are able to achieve happy and healthy lives. The LTP should set out our intentions and progress against these and hold all partners to account for their part in the delivery.

All of Northumberland's children and young people will be emotionally healthy and fulfilled throughout their childhood and adolescence.

We will promote and improve the emotional health and well-being of children and young people in Northumberland by building resilience, realising potential and providing easy access to the right services when required.

This LTP demonstrates Northumberland's intention to ensure that starting in childhood; people can expect to receive safe, appropriate, high quality care at or closer to home. This plan additionally recognizes that many mental health issues experienced by adults begin in childhood and by providing robust sustainable support in childhood underpinned by the development of resilience we can reduce the impact later in life for both the individual and their community.

Background

In early 2013/14, NHS Northumberland CCG conducted a gap analysis of all mental health services and needs across Northumberland and used that as the basis of its commissioning plan. The analysis showed that there were significant resources invested in children and young people's services across Northumberland, particularly in the more specialist services, and fewer resources invested in universal and preventative services. In addition, the analysis showed access to the specialist services was poor, with children waiting for long periods before being assessed and treated.

In late 2013/14, NHS Northumberland CCG published its model of care for mental health services in the county, covering all groups from children to older people. It was developed following a lengthy stakeholder and patient engagement programme

(led by Healthwatch Northumberland), a national benchmarking exercise and the local commissioning gap analysis. The model of care was agreed by the Northumberland Health and Well Being Board and formed the basis of the commissioning arrangements for specialist mental health services in the county.

At the start of 2014/15, NHS Northumberland CCG commissioned a service improvement plan from its main mental health provider of children's specialist mental health services in order to address longstanding access, assessment, and treatment and discharge issues. This improvement plan was a pre cursor to the development of an overall strategy to improve the emotional health and wellbeing of children. It recognised that whilst the health and care system did need to reshape services in Northumberland to focus more on prevention and early intervention, the poor access to specialist services needed resolving urgently. The service improvement plan, which ran from April 2014 until March 2015, was specifically designed to enable the service to better meet the demands of all children and young people in the county, prioritised on the basis of their presenting emotional health need.

In August 2015, NHS England published guidance for local health and care communities on the development of 'Local Transformation Plans' to support improvements in children and young people's mental health and wellbeing.

This publication, coupled with the emergence of the THRIVE model as a basis for configuring services, were used to finalise the children and young people's emotional health and wellbeing strategic plan (LTP) for Northumberland. The LTP, which is agreed across all commissioner and provider partner organisations is designed to deliver our joint vision for services and in doing so, it will shift the focus of service provision in the county to early intervention and prevention where that is possible, whilst maintaining a high quality specialist service provision.

The Northumberland emotional health and wellbeing strategy group, which brings together all agencies working in children and young people's services across Northumberland as well as Healthwatch representatives, has led the design work for the LTP. The group has now been reconfigured as an implementation group and will be held to account, by the Health and Well Being Board, for the delivery of the plan. See section 3

In addition, the strategy group has used the CCG's patient testing panel for Northumberland, which brings together patient and care representatives from across the county to test the plan as it has emerged. The patient testing panel is unique to Northumberland. Chaired by the Health and Well Being Board chair and supported by Healthwatch, the panel has been cited nationally in the Northumberland Vanguard programme as an example of excellence.

The strategic LTP was presented to the Families and Children's Trust Board and the Health and Well Being Board in 2015. It was signed off by the Health and Wellbeing board in October 2015 and published on their website. The Board continues to receive regular progress updates.

Going forward with this refreshed plan, the implementation group will revisit the action plan and its priorities to ensure we are on track to deliver the benefits of the

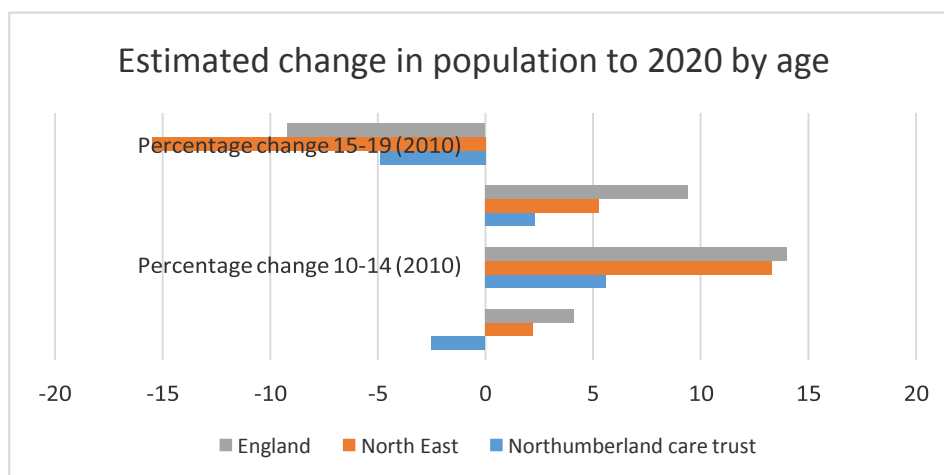
LTP by 2020.

Local context

To understand the scale and nature of the challenge we have in realising our vision for the emotional health and well-being of children and young people in Northumberland, we analysed the needs and service provision that existed in the county in 2015, as described in the Joint Strategic Needs Assessment of that time and have provided the baseline position alongside our current position below.

The needs of the population

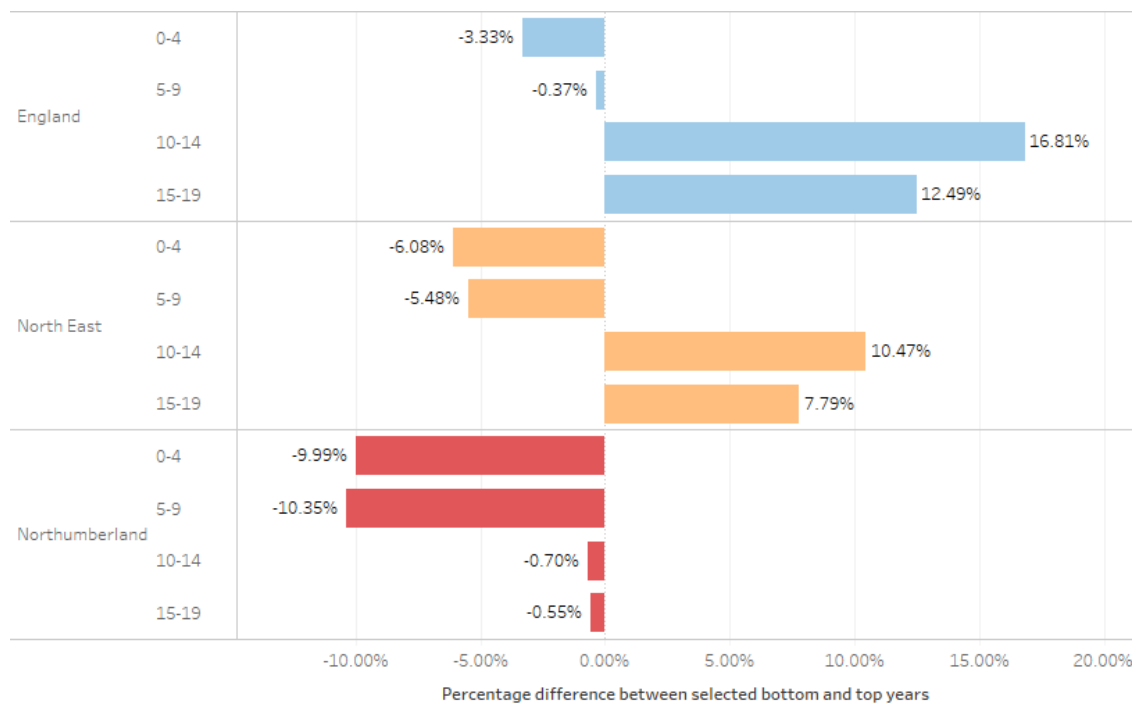
Using the Child Health Profile (<http://www.chimat.org.uk>) we can see that the population percentage for young people aged 19 or under is around 22% compared to 19% for over 65 age group and 59% for the adult population. There are slight increases and decreases across age ranges; however these changes are smaller than regional and national expectations. Overall population rates for young people in Northumberland will remain stable.



Using the Mid-Year Population estimates to bring the figures up to date shows: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnort hernireland>) the population percentage for young people aged 19 or under is around 20.65% compared to 23.58% for the over 65 age group and 55.77% for the adult population.

Looking at the data for those 19 or under in more detail, there are slight increases and decreases across the 5-year age ranges, and these changes are larger than regional and national figures. Overall population rates for young people in Northumberland will decline over time relative to the numbers of older people.

Estimated change in population to 2020 by age



Geography
 England
 North East
 Northumberland

If we look at protective factors (i.e. those that would protect the population against poor mental health outcomes), Northumberland is characterised by:

- The percentage of babies being born with a low birth weight is similar to England
- High percentage of children participate in at least three hours of sport a week
- The prevalence of obesity in reception is similar to England
- The prevalence of obesity in Year 6 is similar to England
- The proportion of children in poverty is similar to England
- The homelessness rate per 1000 is better than England
- infant and child mortality rates similar to England
- The proportion of children achieving a good level of development at the end of reception is similar to England

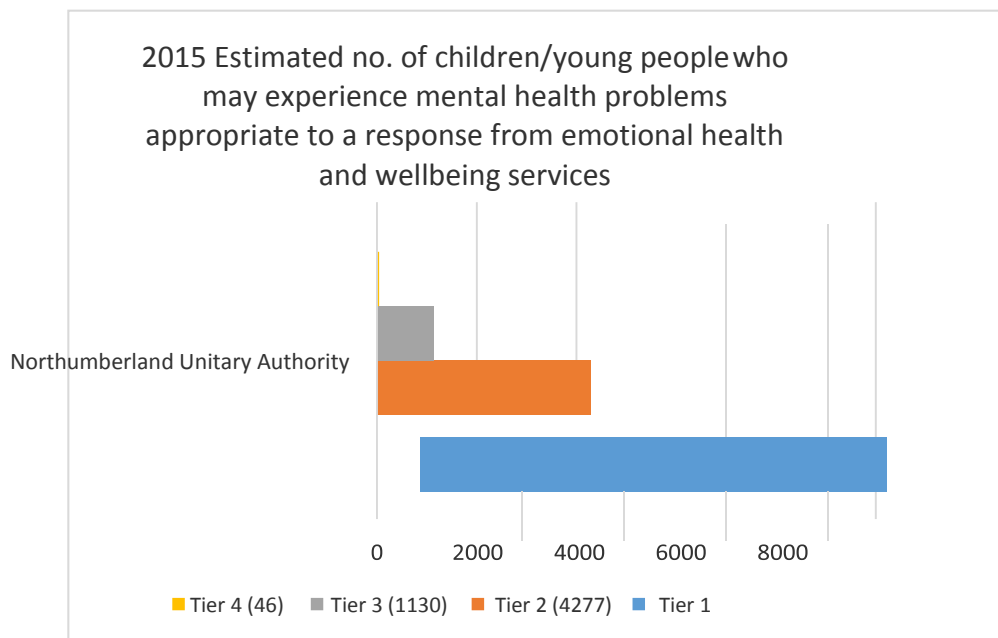
The protective factors are offset by risk factors, including:

- Higher proportion of women smoking in pregnancy compared to England
- Higher hospital admission rate for alcohol specific conditions compared to England
- Higher hospital admission rate for substance misuse compared to England
- Higher than England average number of children and young people

- Known to schools with a learning disability
- admitted to hospital as a result of self-harm (20-24 year olds)

There is relatively little data about prevalence rates for mental health disorders in pre-school age children, however a literature review of four studies looking at 1,021 children aged 2 to 5 years inclusive, found that the average prevalence rate of any mental health disorder was 19.6% (Egger, H et al, 2006) Applying this rate to population estimates, gives a figure of 2,521 children aged 2 to 5 years inclusive living in Northumberland who have a mental health disorder.

The table below shows these estimates for the population aged 17 and under in Northumberland who may have a mental health problem appropriate for requiring a service from any of the emotional health and wellbeing services available.



Promoting resilience and targeting children and young people who are vulnerable to mental health problems will help maximise the impact of the services in Northumberland. National evidence identifies a number of population groups vulnerable to mental health conditions:

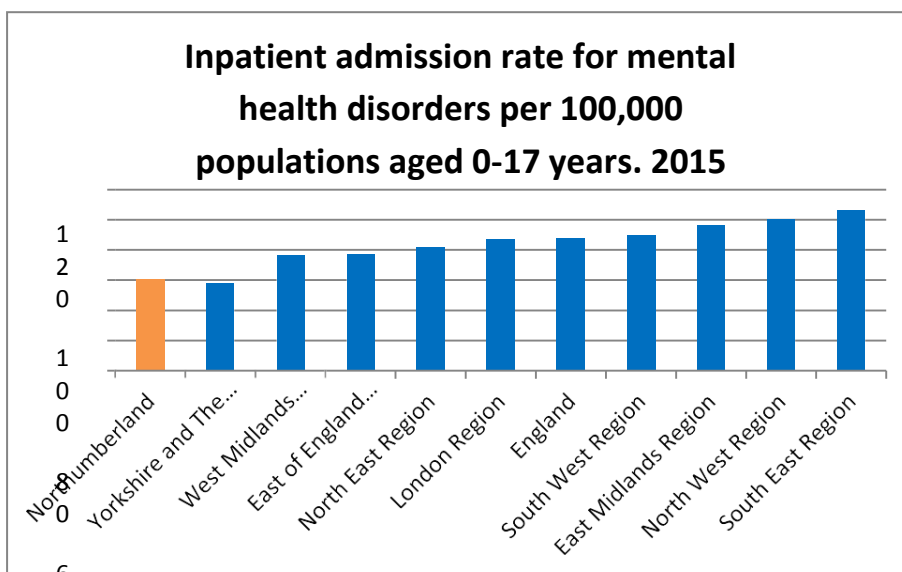
- Children with learning disabilities are six times more likely to have mental health problems than other children.
- One in 100 children has autism, and more than seven in ten children with autism have a co-morbid mental health problem.
- Children with a long-lasting physical illness are twice as likely to suffer from emotional problems or disturbed behaviour.
- Looked after children show significantly higher rates of mental health disorders than their peers (45%, rising to 72% for those in residential care, compared to 10% of the general population aged 5 – 15 years). Most prevalent emotional

health issues are conduct disorders, hyperactivity, anxiety and depression. Many others have developmental problems and 11% are reported to be on the autism spectrum (*Royal College of GPs 2012*). Attachment problems are common among this population and can underlie mental health problems and both educational and care placement stability.

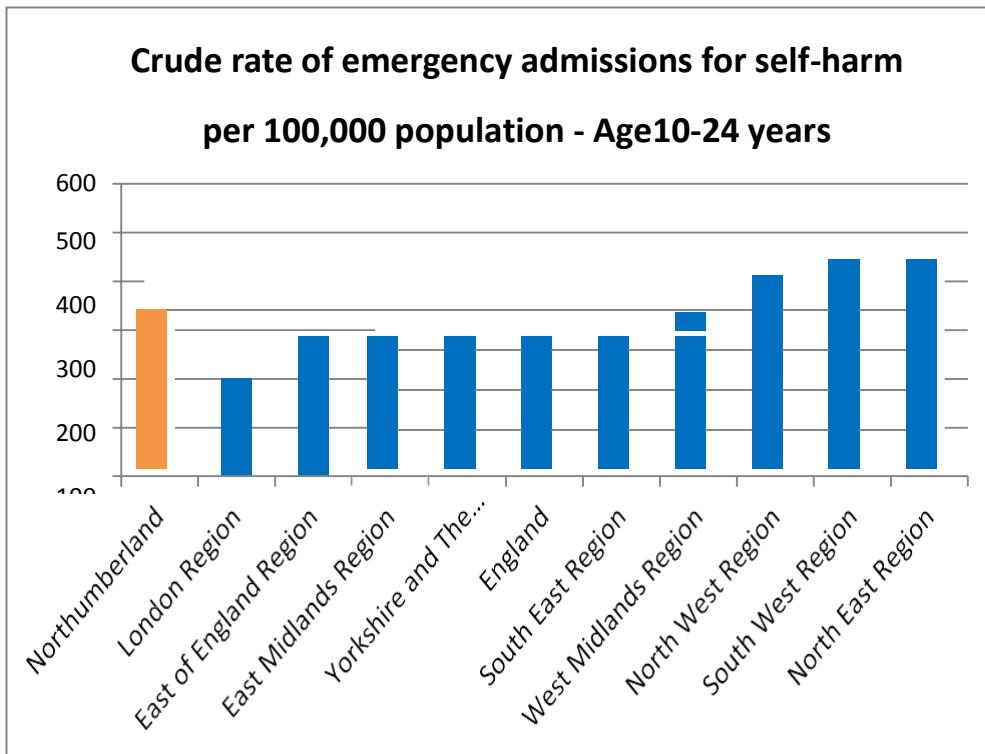
- Children and young people in the criminal justice system are far more likely to experience mental health problems than their peers.
- Children suffering from four or more Adverse Childhood Experiences are 30 times more likely to commit suicide (Hughes, et al, 2017)
[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(17\)30118-4/fulltext?dgcid=etoc-edschoice_email_August](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30118-4/fulltext?dgcid=etoc-edschoice_email_August)
- Young carers are particularly vulnerable facing a myriad of complex pressures on a daily basis and often hidden from typical support networks.

Health services data in Northumberland shows:

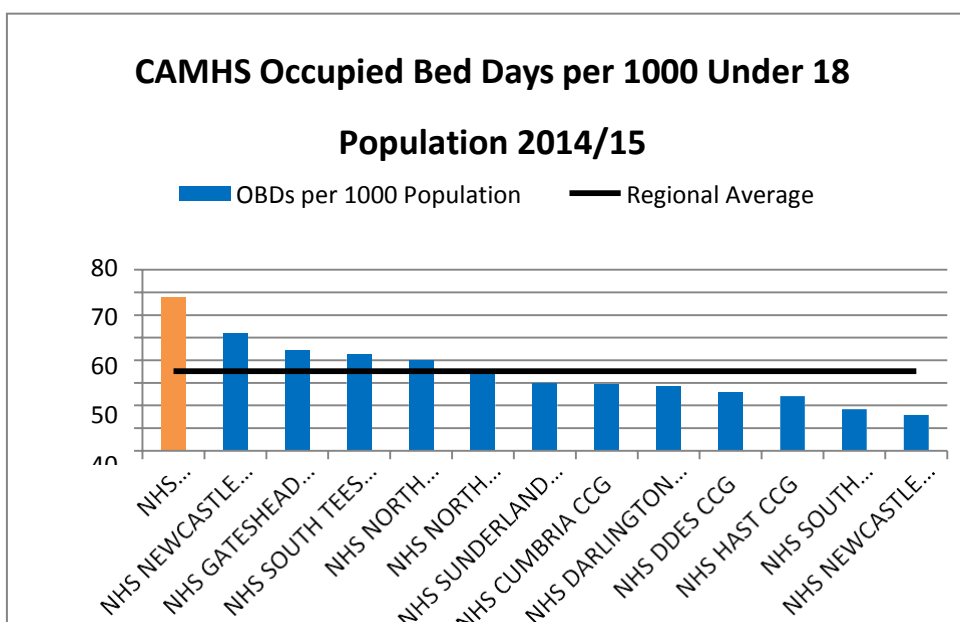
When we looked at admissions to hospital overall (that is, not mental health inpatient activity, but young people who are in acute hospital beds) in Northumberland 2015, we found that young people aged under 18 admitted to hospital as a result of mental health was **lower** than the England average.



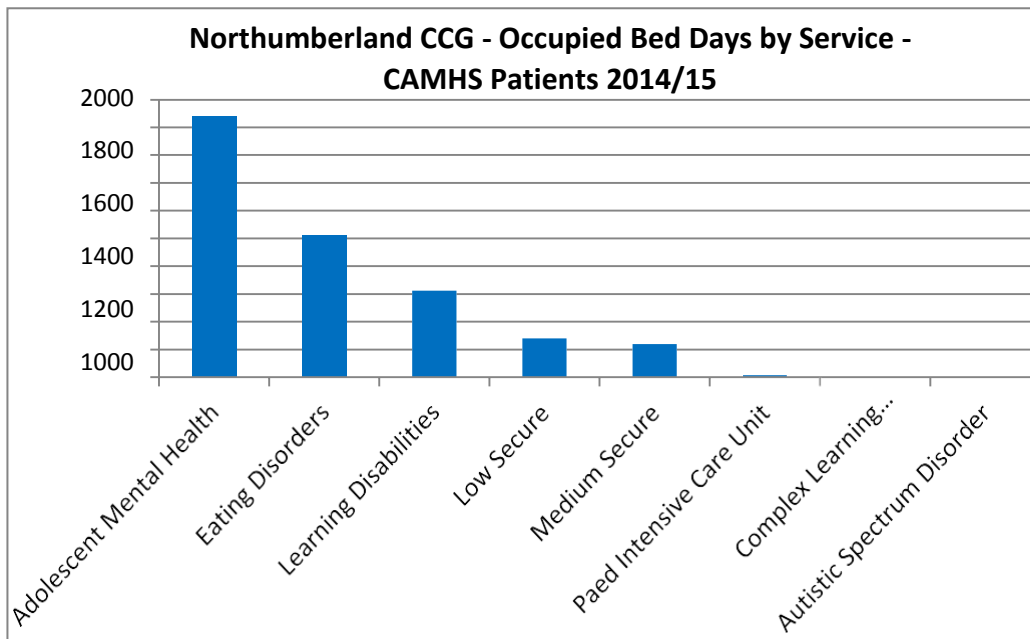
The hospital admission rate for substance misuse in 2015 (age 15-24) and young people aged under 18 admitted to hospital as a result of self-harm was **higher** than the England average.



In 2015 when we looked at the use of mental health residential and inpatient facilities for Northumberland residents, we had a higher than average use of beds. For example, in 2014/15, Northumberland placed more children and young people in Ferndene (in patient unit) for mental health. Alongside this Northumberland also had the **highest** number of occupied CAMHS bed days, per 1000 in the under 18 population in the North East. This was in part a reflection of the geographical location of the beds (which are primarily in Northumberland).



The graph below breaks down the information about the needs of the patients occupying beds.



Since 2014/15 there has been significant progress related to transformation in Northumberland itself also driven by national initiatives such as the transforming care programme and New Care Models.

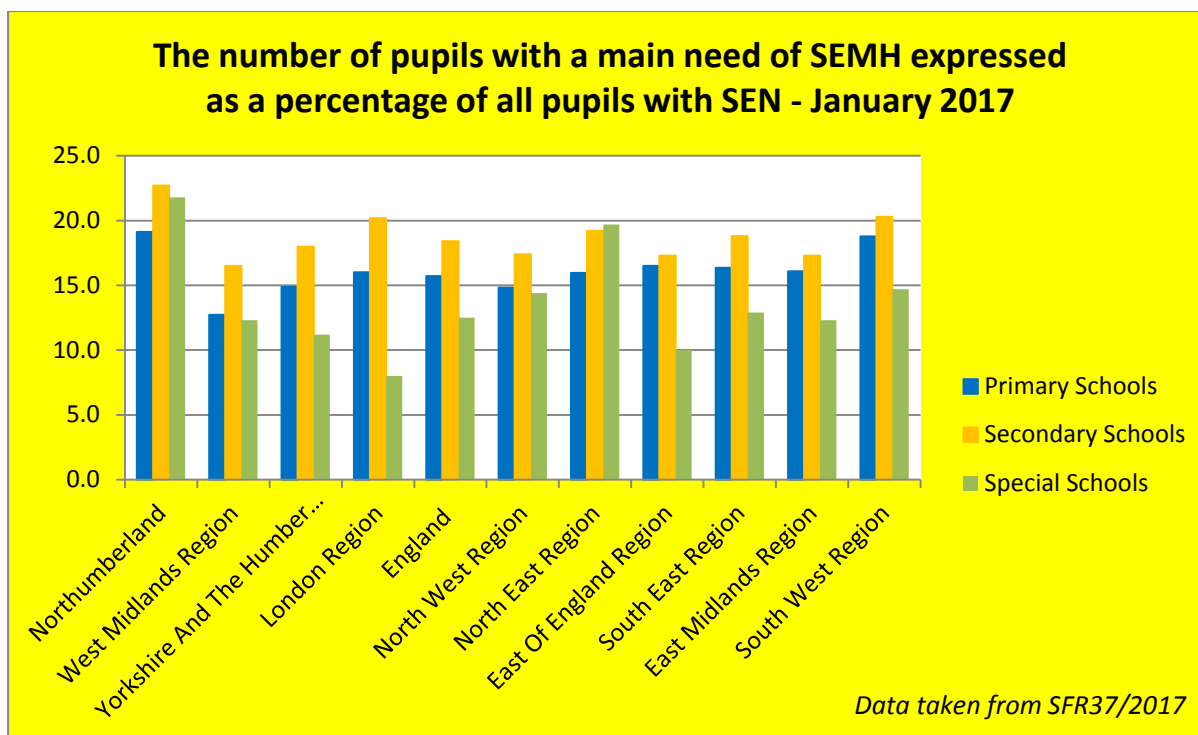
The current position is set out below

Education services data in Northumberland shows:

- There is a large range of different educational outcomes depending on where a child goes to school, a key determinant of future life chances for children and young people. At most key stages, education outcomes at a countywide level are either below average or equal to average.
- There are high numbers of children in need or looked after who attend schools that are not judged as being good or outstanding. Educational achievement of children in need of social work support is also below average, and educational outcomes for the most vulnerable children (i.e. looked after children), have improved at key stage 2 but vary at key stage 4.
- Absence from school is better than the regional average, but there remains significant variation between areas, with high levels in the Ashington and Bedlington areas. Absence rates are relatively poor for those children defined as being in need, but better for those who are subject to a child protection plan.
- Increasing numbers of children being educated outside of school and this is a cause of concern. Of these young people around 90% have social and emotional mental health needs.

- In the January 2018 schools census, 1409 learners were identified as having social, emotional and mental health (SEMH) as their main need.
- 25 SEMH learners also travel out of county to schools and colleges in Cumbria, Durham, Harrow, Newcastle, North Tyneside and North Yorkshire. There is a regional shortage of places for high needs SEMH learners.
- At present there is no local or national system for collating the academic and attendance data for SEMH learners specifically. The data is held separately by each education provider.
- Northumberland has no dedicated SEMH specialist provision for primary age learners or for girls of any age. Learners with complex and multiple needs including SEMH attend our other special schools and Pupil Referral Unit.
- 47% of young people with an Education health Care plan have a diagnosis of ASD.
- Children and young people in Northumberland are more likely to enter a special school than the national average – 45% compared to a national average of 25%
- Children and young people who identify themselves as having SEND are reporting a higher level of bullying and self-harm than other young people who participated in the survey.

Working collaboratively across the health, social care and education system is supporting a shared understanding of the needs and impact of emotional health and wellbeing on educational attainment as well as other markers of success and this plan alongside the SEND action plan seeks to address and improve the on our position outlined above.



Children and families services in Northumberland data shows:

- There are above average rates of children in need of social work support particularly in the south east of the county where there is a higher rate of referrals and greater deprivation.
- Domestic violence and mental health feature in a relatively high number of assessments, and alcohol and drug misuse are also noted frequently.
- Children subject to sexual exploitation (CSE) feature in around 3% of assessments, similar to the previous year and the national average.
- Significant increases in the number of children and young people needing more intensive support to protect them from risk and harm, demonstrated through the rates subject to section 47 investigations, child protection conferences and child protection plans. Again, the numbers are far higher in the south east of the county.
- The proportion of children aged 0-4 needing to be in local authority care is higher than the regional average, as is the proportion aged 10-14. For those aged 5-9 and 15-17, proportions needing to be in LA care are lower than the regional average.
- Numbers of young people becoming involved in the youth offending system are relatively low, as are those who go into custody. The proportion of children who reoffend had reduced but using the new measurements set by the Youth Justice board Northumberland has a higher than average percentage of young people who reoffend multiple times, albeit that this is a small cohort.

Children and young people's feedback shows:

Healthwatch Northumberland's engagement with children and young people has shown them to be most concerned about mental health than any other topic. Feedback gathered by Healthwatch from the 1001 voices survey (online questionnaire completed by 217 young people across the county) includes:

- "Mental health, stress and emotions" was identified as the most important aspect of health by young people.
- 72% said they would know where to go for mental health support (but this is the lowest percentage compared to other health services). Additionally, only 40% said they feel they can easily access mental health services (again, lowest % compared to other services).
- 16% of respondents had used mental health services in the last 12 months.
- 38% of young people said that 'one week' is an acceptable time to wait for an appointment with mental health services.
- 15% reported difficulties with making an appointment with mental health services.
- There are also some comments relating to MH from a question where people were able to leave additional feedback about services.
- Of those who identified as being disabled, 62% reported having mental health condition

Section Three

Governance

Strategically the LTP is monitored in its delivery by the Emotional Health and Wellbeing Implementation Group which contains representatives from all services and levels of provision as well as Healthwatch and representation from the parent carer forum.

The implementation group is accountable to the Northumberland emotional health and wellbeing board and progress and reports are provided to both this board and the CCG's Clinical Management Board and Governing Body each of which has a shared responsibility for overseeing implementation of the Local Transformation Plan and ensuring a continued whole system approach.

Coproduction

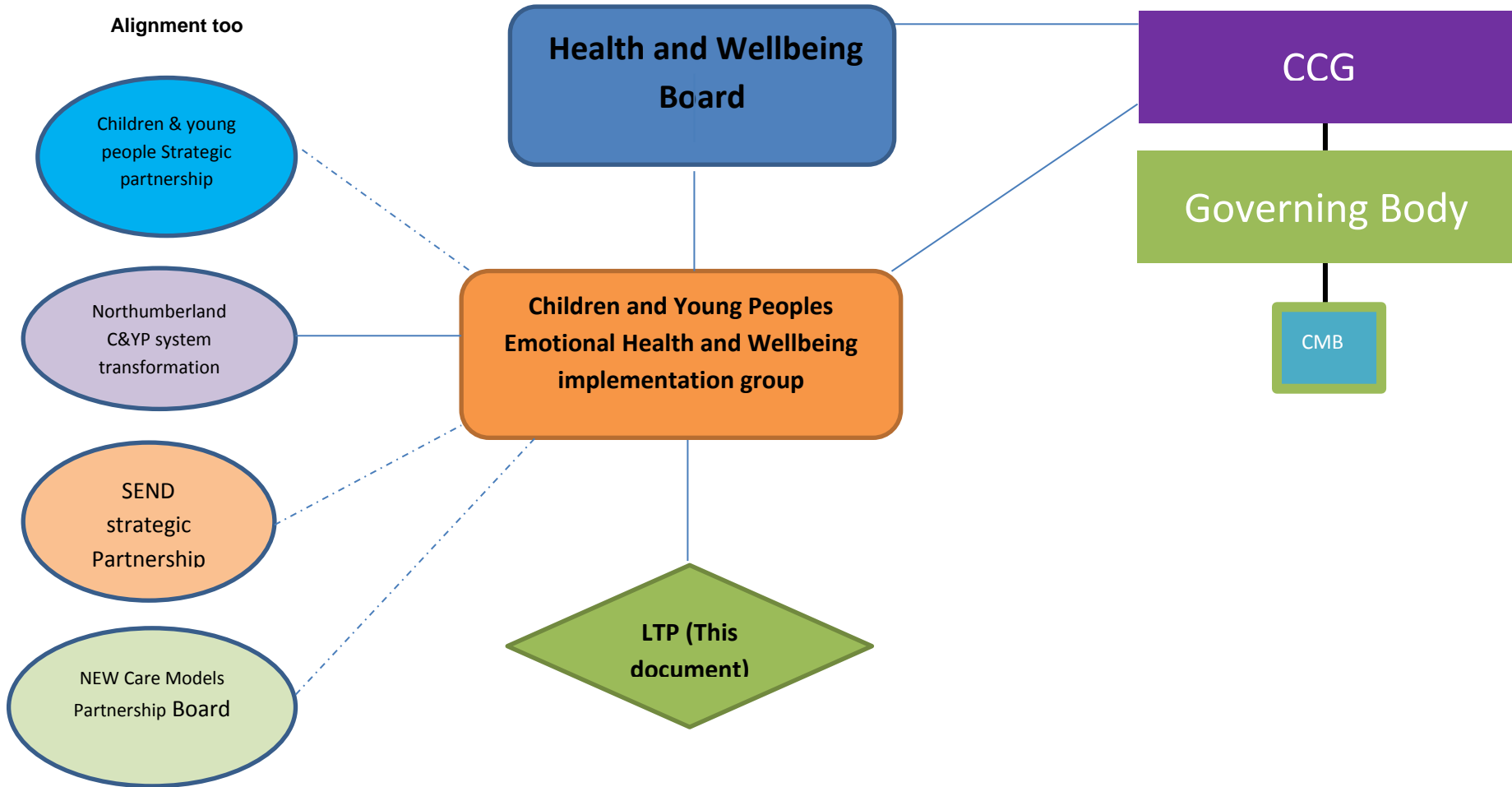
The LTP must be owned and driven by the children and young people of Northumberland if it is to be meaningful and to realise its vision. Participation in delivering the plan is essential and Healthwatch, the parent carer forum and the range of children and young people's participation groups will be essential to its success.

The Healthwatch Northumberland Board has set the following Strategic Priority which we anticipate will drive the work in relation to the system transformation priority to improve access to services.

“To help young people to access mental health services by understanding the pathways to services, identifying the barriers young people may face and promoting positive solutions to the commissioner and provider”

The Health and Wellbeing implementation group will consider at its next meeting in November 2018 how to more robustly and consistently engage and coproduce with children and young people in the LTP.

Children and Young Peoples Emotional Health and Wellbeing Strategic Local Transformation Plan (LTP) Governance Arrangements

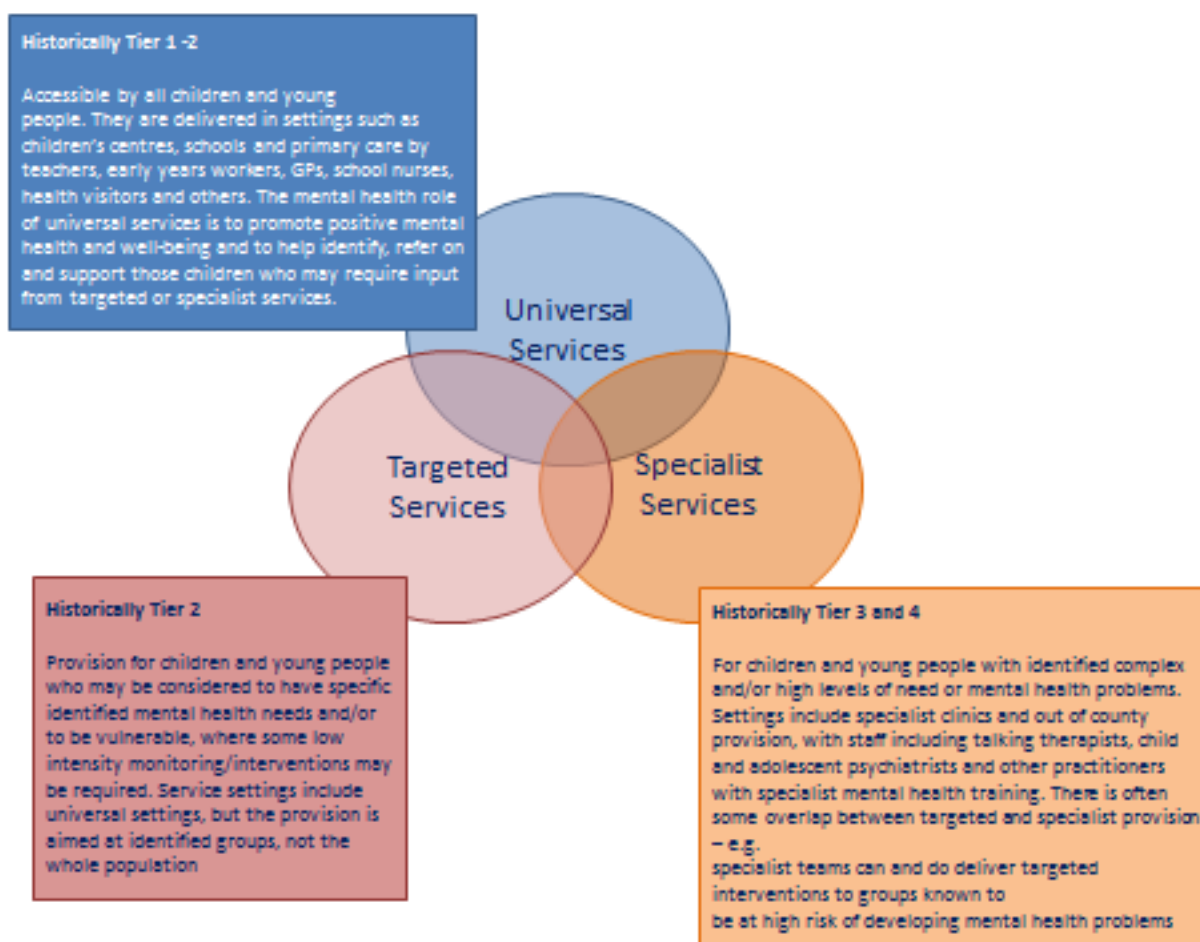


Section Four

Current Position

There have been considerable shifts in relation to leadership and governance across Northumberland over the last 18 months illustrating the county's clear commitment to working closer together to achieve the best outcomes for children and young people.

The County's SEND strategic Lead is also the CCG Designated clinical officer (DCO) and in recent months a Children's Commissioner has been appointed in a post jointly funded by the CCG and the Local Authority.



We will describe our progress to date using the service configuration model based on the tiered structure of provision that was in place in 2015 and has existed until recently.

Universal services (historically called tier 1-2 services)

Descriptions for and spend against universal services cannot be disaggregated to show how much is dedicated to emotional health and wellbeing. By their very nature, universal services cover all population groups, age groups and need categories.

Services provided at this level are delivered by multi agency health, education and children's social care professionals working together. Universal services are in a position to identify mental health problems early and pursue opportunities for mental health prevention and promotion.

Alongside services we support parents and communities to create a strong and resilient childhood in environments that are safe and secure. The resilience agenda involves everyone and builds on attachment theory and the neuroplasticity in early life and teenage years where the greatest impact is felt. Emotional responses that can flex in times of adversity are critical skills we aim to embed within our children. The resilience programme we support reflects emotional wellbeing alongside the personal, social, health and economic (PSHE) agenda which includes management of risk taking behaviour, age and stage appropriate relationship and sex education and affirmation of positive lifestyle choices.

The Best Start in Life (BSiL) focuses on a child and their prospective developments from conception. Maternal mental health and attachment is a crucial aspect of universal prevention with those identified as requiring additional support targeted appropriately.

Universal screening and support up to age 5yrs is provided by Health Visitors who link with Children Centres to then provide additional targeted support at a low level tier 1 delivery. Early Years settings also provide additional universal assessment for families and when necessary refer to additional services for SEN support. This early identification pathway is intended to initiate support at the earliest possible time to intervene sooner in order to resolve issues whilst they are manageable without requiring specialist support. Additionally the children's centres also provide targeted work that includes working with families who are open to social work as well as early help.

The Public Health School Nursing (PHSN) team provides access to Children and Young People through various points. In Secondary schools there is a weekly drop-in for Children and Young People and the ChatHealth service provides digital access to all Children and Young People. The PHSNs also provide tier 1 level targeted support for Children and Young People who self-refer or are referred by school staff or healthcare professionals who identify concerns. The PHSNs also take the majority of referrals from the social care hubs which largely involve emotional or behavioral issues as the source of concern. The PHSNs refer into more specialist support through the Primary Mental Healthcare Services who support the PHSNs with additional training and advice.

An adolescent to parent violence and abuse pathway is now in place across the county and incorporates access to mental health support where this is required.

The 'Early Help Locality Hubs' across the county are a point of access for families who need support. The children and young people's mental health service is

represented at the Hubs along with the other emotional health services (school health, Primary Mental Health and Talking Matters).

Targeted services (historically called tier 2-3 services)

Through the implementation of our transformation plan, we have increased the use of education settings able to provide mental health support for children and young people. We have introduced programmes of targeted support to meet the additional health needs of the population in SE Northumberland with particular reference to substance misuse, domestic violence, child protection and sexual exploitation. We have increased access to address mental health concerns by investing in our Primary Mental Health Worker Service.

A relatively small volume of activity was delivered by Northumbria Healthcare NHS Foundation Trust Primary Mental Health Work Service (PMHWs). The Primary Mental Health service provides to children and young people aged 0-18 years promoting emotional and mental health as part of an early intervention strategy in partnership with others working within early help services, improving access to the specialist mental health provision located in NTWFT in accordance with the referral criteria. The team:

- Coordinates interventions to all ages and stages of development, from birth to transition into adulthood.
- Supports prevention and is based on the evidence that childhood disadvantage can impact upon childhood and adult health, and also that the health, employment status and housing for families in communities and the child's parents can impact on children's emotional health and psychological wellbeing.
- Provides access to appropriate mental health services, particularly for those young people with mental disorders, when specialist child and adolescent mental health services will most appropriately meet their needs.

The targeted services provided through Northumbria Healthcare NHS Foundation Trust have played a significant role in raising awareness of the emotional health and well-being of children and young people across the children's workforce. The support provided to the wider workforce required significant expansion, through the implementation of the local transformation plan.

The primary mental health service was re-established during 2015 - consolidated into a single service to enable focused delivery of both educational and assessment and intervention services for this group of children and young people.

All schools have access to specialist educational support for Children and Young People who have special educational needs. There is an identified Special educational need Coordinator (SENCO) in every school who assist in bringing appropriate services into school to wrap support around the child or young person. This educational staff group containing disciplines such as Educational psychologists and the Schools behaviour Support team are important in being able to identify those needing help early and in providing regular training and updates in terms of mental health to school staff

Furthermore we recognise that resilience is a critical part of a child's journey to independence. Children and Young People identified as overweight or obese are already challenged with life limiting circumstances therefore a combination of universal prevention and targeted support includes large components of emotional and behavioural change within programmes of intervention.

We recognise the need for support for CYP as early as possible is critical for success. For example Health Visitors screen all children at various points in development and identify early when a child is above the threshold weight expectations. Support from healthcare professionals and Sure Start Children Centres through the HENRY Programme then provide guidance to parents about healthy eating, in efforts to avoid physical and emotional harm in the longer term.

Schools across Northumberland adapt universal resources around Personal, Social, Health and Economic Education (PSHE) to shape guidance to CYP that build self-esteem and aspirations for all children to be successful in their futures. For those CYP who experience adverse circumstances or groups identified as having vulnerabilities there are a range of staff training resources as part of the Local Safeguarding Children Board and Early Help Training programmes. These include relationships and sex education advice and guidance to accessing specialist services for issues around domestic violence, transgender issues, unplanned pregnancy or substance misuse.

Specialist services (tier 3)

The vast majority of service provision was and continues to be delivered by Northumberland, Tyne and Wear NHS Foundation Trust (NTWFT) Children and Young People's Service (CYPS) - which provides Tier 3 services to all children and young people aged 0-18 years living in Northumberland who present with mental health difficulties.

CYPS

The service provides:

Assessment, diagnosis and intervention (tier 3) on a range of mental health issues. The provision includes creating comprehensive transition support packages for those young people need continuing support as adults. The service also provides training, consultation, support and advice to front line staff working in both universal targeted services for children.

Delivered Monday to Friday, during office hours with some extended provision into early evenings and Saturday mornings, the service provides a comprehensive specialist provision for the county. The majority of referrals are from GPs, with a smaller proportion from other universal services, social care and youth offending teams. The service also focuses on children in special circumstances who may be

more vulnerable to develop mental health issues such as looked after children or those who are young carers.

The service was subject to a 'service improvement plan' during 2014/15 in order to address historically poor waiting times. Significant improvements were realised during this time. Urgent and priority guidelines were put in place by the specialist provider to ensure that urgent referrals were seen within 72 hours and priority cases within 4 weeks.

During 17/18 significant service pressures returned and waiting times increased to a longest wait of over 30 weeks. A recovery plan in collaboration with the CCG was implemented in November 2017.

With the support of the CCG and a number of strategies being implemented to improve throughput, waits have now started to fall and the current longest wait for treatment in the service is 12 weeks with the average waiting time being 8 weeks to service defined treatment.

Referrals to the service have continued to increase and this has led to many more young people remaining in the specialist service for longer than necessary. The service is currently receiving 25% of referrals that are not appropriate to be seen at this level.

There are additionally a growing number of children and young people being referred to the service for assessment, treatment or ongoing support for neurodevelopmental disorders such as ADHD & ASD.

To support those who are most vulnerable to the development of mental health issues, the youth offending team has input from a community psychiatric nurse providing regular consultation.

Consultant psychologists were appointed by NTWFT, focusing on the 'disrupted childhood' pathway and in addition management of referrals for those under 5 years of age was reviewed to ensure that where families can be supported by a health visitor or school nurse, the service will support this to ensure professionals from other agencies feel confident in their management of the case.

An intensive community treatment service (ICTS) was commissioned in 2011 to provide community and home based treatment services for children and young people in a mental health crisis or who were at risk of admission to a mental health inpatient bed. The service was originally commissioned as a north of Tyne service but the county now has a dedicated ICTS team.

The team now provides both step up and step down to inpatient services and work equally with those who have a learning disability in addition to their mental health need.

The service currently sees all those referred for treatment within 72 hours and has started to implement and benchmark against the new waiting times for crisis and liaison services ensuring those in crisis are in receipt of treatment and a treatment

plan within 4 hours. This is ahead of the waiting times being nationally mandated.

A Northumberland wide approach has also been taken to raise mental health awareness within the policing service, other emergency service providers, acute hospitals and primary healthcare settings. Dedicated places of safety are the preferred standard for assessing children and young people rather than police cells and where possible, the assessment takes place in the child or young person's home. A street triage and custody diversion service has been successful in supporting vulnerable younger adults who may have otherwise been dealt with in the criminal justice system. Additionally the Local Authority has invested in a dedicated team of experienced social workers who are responsible for coordinating assessments of children or young people who may become detained under the Mental Health Act.

An eating disorders intensive community treatment service (EDICT) was commissioned in 2012 to provide specialist eating disorder services in community settings as an alternative to hospital based services. The service which covers Northumberland, North Tyneside and Newcastle, provides enhanced support and capacity to locality focused community mental health teams and supports early intervention and presentation. The service is aimed at providing a flexible response to the needs of children and young people who are at 'increased or significant risk' of requiring inpatient admission. It also provides for the smooth transition of children who have been in inpatient facilities and need to 'step down' back to community settings.

Since the implementation of the nationally mandated waiting times in 2016 alongside the commissioning guidance the service has reviewed its model and provision. It is currently meeting the waiting times to provide treatment to those in most urgent need within 7 days and to those with a more standard level of need within 4 weeks however there is further work to do in relation to the service model and in raising awareness of how to identify young people with an eating disorder to reduce the number of those being referred urgently and bring it into line with the national rate of urgent presentations.

PMF15: Proportion of people up to age 19 years with a referral of an Eating disorder (routine cases) that wait 4 week or less from referral to start of NICE-approved treatment or Non Treatment	2018-19		
	Q1		
	Seen within Nationally Mandated Timeframes	Eating Disorder Referral Received in the Reporting Period	Percentage
Northumberland	8	9	88.8%
PMF15: Proportion of people up to age 19 years with a referral of an Eating disorder (urgent cases) that wait 7 days or less from	2018-19		
	Q1		

referral to start of NICE-approved treatment or Non Treatment	Seen within Nationally Mandated Timeframes	Eating Disorder Referral Received in the Reporting Period	Percentage
Northumberland	4	4	100.0%
Total	9	9	

The early intervention in psychosis (EIP) team provides young person orientated assessment, care and treatment services for individuals between the ages of 14 and 35 years experiencing a first episode of psychosis. Whilst the service accepts people from the age of 14, they will work with younger children in partnership with community CYPS. EIP services have joint protocols with CYPS and make decisions about who leads on care, based on the needs of the child/young person. Caseloads of under 18's are monitored periodically as part of the CCQI audit for EIP NICE concordance.

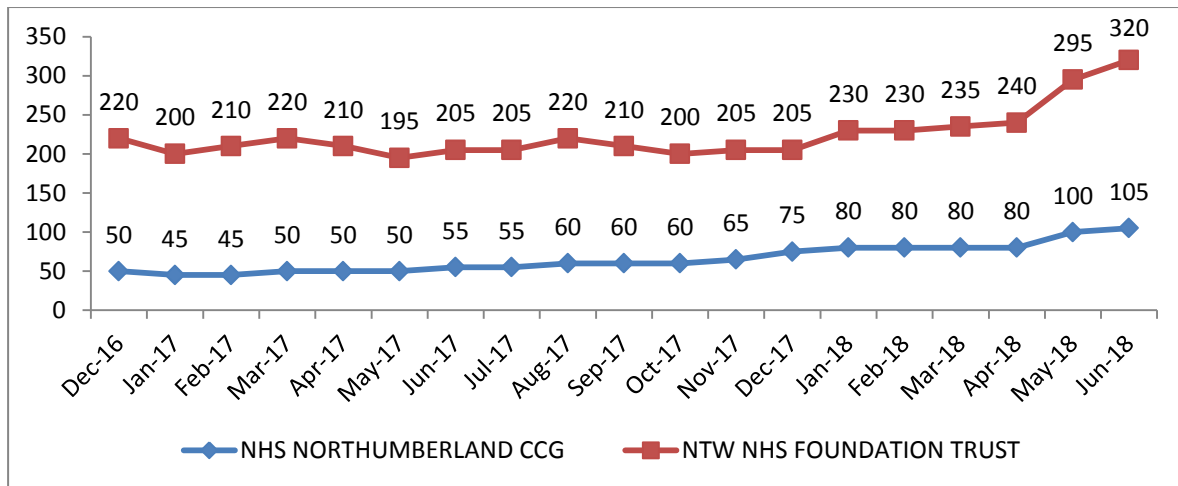
The support received from this service can help patients recover from an episode. It can also help reduce the likelihood of experiencing further psychotic episodes in the future. The service comprises professionals (including nurses, psychologists, psychiatrists, occupational therapists and social workers employed as care coordinators) who have considerable experience in working with people with psychosis.

In 17/18 85.7% of accepted cases were seen within two weeks of referral. So far in 18/19, including data up to July, performance is 95.2%. The 17/18 CCQI audit of NICE concordance rated the service as a 2 Needs Improvement. This audit is split into three domains, with ratings of 3 (Performing Well) for Timely Access, 2 (Needs Improvement for Effective Treatment) and 1 (Greatest Need for Improvement for Well Lead).

Perinatal services

To support the 5YFWMH, National Funding (non-recurring) was made available to support the implementation of Perinatal Community MH services throughout the country. NTWFT were successful in bidding to join the Wave 1 cohort of providers.

The service operates a hub and spoke model equitable across the NTWFT footprint. There is a targeted 2 week wait from referral to assessment with the service achieving an 11 day median. In 17/18 161 referrals were received from Northumberland from a total of 631. There is a steady increase in referrals from the county and across the NTWFT footprint. The chart below shows the open referrals at the end of each reporting period.



In parallel with the perinatal service review, Northumberland CCG additionally considered the way in which all maternity services, including antenatal and postnatal care services, were delivered across the county.

Barnardos Bereavement Service supports those children and young people who have suffered bereavement and are not able to manage this in the usual way requiring additional specialist support to enable them to adjust to this event and to the significant change in their life that this will inevitably bring.

Barnardos Mosaic Service. This highly specialist service commissioned by the CCG aims to reduce the impact of abusive experiences on children and families. The service does not have a waiting list and is able to respond quickly and sensitively to young people referred for their support

Specialised services (tier 4)

In-patient services (tier 4) are commissioned by NHS England and are provided 24 hours a day and seven days a week. Referrals are predominately received from children’s mental health community services. All referrals for admission go through an access assessment which is a nationally developed gatekeeping process, adopted by all in patient units across the county.

In-patient services offer the most specialised and intensive levels of assessment and treatment; less than 1% of the children and young people’s population will receive services in inpatient settings.

The services available locally include:

- Ferndene Inpatient Service. The Ferndene site provides
 - a low secure facility for children and young people with learning disabilities (Stephenson unit)
 - an acute admission facility for children and young people with learning disability (Fraser unit)
 - a treatment facility for children and young people with complex learning disabilities (Riding unit)

- an acute mental health unit (Redburn)
- A psychiatric Intensive care unit (Redburn PICU)
- Complex neurodevelopment service (CNDS), community based assessment and treatment service based on the Walkergate Park Hospital site
- Medium secure service for children with mental health and learning disabilities called Alnwood and based at St Nicholas Hospital
- Forensic CAMHS service, a community based service located at St Nicholas hospital and providing a T3 level specialist mental health service into the secure estate including Netherton Park in Northumberland.
- Additional inpatient Placements are located in West lane Hospital (Middlesbrough) for:
 - Low secure mental illness (Westwood)
 - Eating disorder inpatient services (Evergreen)

NTWFT are a wave 2 new care models site and as such are implementing a model of delivery that aims to ensure admission only takes place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible. This is being monitored by the new care models board at which Northumberland CCG is represented.

Within Northumberland closer cross agency collaborative working, the introduction of the dynamic risk register and robust case management with the support of the NHSE case managers has reduced the numbers of young people accessing inpatient beds and has reduced the overall length of stay for those where admission is necessary.

Work has started looking at those who will be vulnerable at times of transition to forward plan to meet their needs and to minimise use of out of area placements or inpatient stays.

Since 2015 Northumberland has reduced its use of children and young people's inpatient beds by 35%.

Note: all services are commissioned to deliver evidence based interventions and these are fully specified within their contracts. The evidence base is therefore not repeated within this plan.

The table below captures local spends on children's mental health services in Northumberland from 2015. Inpatient and Tier 4 services are not costed at a county wide level and are therefore not included. This also excludes the midwifery and 0-19 universal prevention costs which cannot be extrapolated.

Service	2015/16 Spend £	2016/17 Spend £	2017/18 Spend £	2018/19 Spend £
NTW mental health trust				
CYPS	2,421,749			

CYPS forensics	144,816			
Eating Disorders (EDICT)	313,003			
EIP	733,366			
ICTS	712,538			
Perinatal Service				
Total	4,325,472			
Northumbria Healthcare				
Primary mental health team	396,754			
Total	396.754			
Community providers				
Barnardo's - Mosaic:	42,919			
Barnardo's - bereavement	14,812			
Partnership in Care	249,670			
TMN for over 16s				
Total	307,401			
Total Mental Health Children's	5,029,627			

Costs of those accessing acute hospitals for their mental health difficulties are excluded as are costs of continuing health care packages for individual children and young people.

Section Five

As indicated in our initial plan, Northumberland has now re-conceptualised its model for provision of emotional and mental health services for children and young people based on the THRIVE model. (Appendix 6) This helps us move away from the service focused tiered model towards one which is based on the needs of children, young people and their families. We have further adapted the Thrive model (section 6) to illustrate how children and young people may move up and down the stages of need and how we have underpinned our LTP with a whole system approach that is resilience based.



The middle designation of “thriving” is included to indicate the wider community needs of the population supported by prevention and promotion initiatives. Thriving is the state we are all seeking to achieve, where services are and should be helping with prevention, promotion, awareness raising work in the community to support this and may involve consultation and training that is not focused on particular children or families.

Our LTP and related action plan helps us to explore how we can move from an emphasis on specialist mental health services and rebalance investment towards prevention, early detection and intervention to prevent people needing to access more specialist interventions, as identified in Future in Mind.

The priorities contained in the LTP do not duplicate those contained within other documents, such as the mental health crisis concordat but link and reference them to ensure there are no gaps between services or on pathways and to further ensure that resources can be utilized with maximum effect. In addition, our implementation group includes lead representatives from partner agencies to ensure there is explicit link up between the plans.

Coping

Context: Focus on promoting resilience; building school and community capacity



Need: Within this grouping would be children, young people and families adjusting to life circumstances, with mild or temporary difficulties, where the best intervention is within the community with the possible addition of self-support. This group may also include those with chronic, fluctuating or ongoing severe difficulties, for which they are choosing to manage their own health and/or are on the road to recovery.

Provision: Should be provided within education or community settings, using a language of wellness.

In Northumberland: We are committed to giving children and young people the best start in life; that means helping them learn early on how to cope with life's problems. We focus on promoting health lifestyles – both in physical and mental health terms. We want to make sure parents and carers have the tools, skills and knowledge to better support the emotional health and wellbeing of children in their care.

Getting Help

Context: Focus on good access and early intervention.



Need: This grouping comprises those children, young people and families who would benefit from focused, evidence-based treatment, with clear timescales, aims, and criteria for assessing whether aims have been achieved.

This grouping would include children and young people with difficulties that fell within the remit of National Institute for Health and Care Excellence (NICE) guidance and where there are interventions that might help.

Provision: Provision for this group should be with health as the lead provider and using a health language (a language of treatment and health outcomes). Health input in this group would draw on experts trained in a variety of evidence based treatments. Treatment would involve explicit agreement at the outset as to what a successful outcome would look like, how likely this was to occur by a specific date, and what would happen if this was not achieved in a reasonable timeframe.

Getting more help



Context: Focus on conditions requiring extensive treatment.

Need: This grouping comprises those young people and families who would benefit from extensive long-term treatment which may include inpatient care, but may also include extensive community provision.

Provision: Services should be with health as the lead provider and using a health language (that is a language of treatment and health outcomes). Health input in this group should involve specialised health workers delivering appropriate and often multi-disciplinary evidence based treatments.

Getting risk support



Context: Focus on interagency collaboration for particularly vulnerable groups of children and young people and families who remain at

risk to themselves or others.

Need: This grouping comprises those children, young people and families who are currently unable to benefit from evidence-based treatment but remain a significant concern and risk. This group might include children, young people who routinely go into crisis but are not able to make use of help offered, or where help offered has not been able to make a difference, who self-harm or who have emerging personality disorders or ongoing issues that have not yet responded to treatment.

Provision: Provision requires interagency collaboration and clarity as to who is leading. Social care may often be the lead agency and the language of social care (risk and support) is likely to be dominant. Health input should be from staff trained to work with this group and skilled in shared thinking with colleagues in social care, but with explicit understanding that it is not a health treatment that is being offered but the goal is to support colleagues in helping the child or young person to become therapy ready if a mental health condition is present.

Section Six

In this section we will describe the further work we need do to realise our vision and to deliver our LTP. We will use the language of Thrive to set out our future plan in detail with the adapted model Thrive diagram to illustrate our intention to deliver whole system transformation underpinned by prevention and resilience building.

Coping

1. We will improve **perinatal mental health** in line with the national 5YFVMH. The initial evaluation and data from the service is positive. Funding is in place until 2019. We need to work with our current provider on a model of delivery beyond 2019
2. Increase the **primary mental health capacity** to provide early interventions and support to universal and early help services, including delivering training programmes. The PMHW team has been previously expanded using LTP funding to cover all four geographical localities of Northumberland. The expanded service will deliver many of the programmes of work identified through the transformation plan. In particular, the service is commissioned to deliver:
 - a. Early support initiatives for the 0 – 5 year old populations, in partnership with local authority colleagues. Working in children’s centres and in line with the troubled families’ agenda, the primary mental health workers ensure the coordination of care and provide support as part of early help assessments.
 - b. Provide a comprehensive training in mental health as part of the early help offer to universal health service providers and education staff.
 - c. Provide consultation, advice and support to those who are concerned about the mental health of a child or young person.
 - d. The service will additionally support 2 of the 3 transformation priorities of the children and young people’s mental health pathway transformation by supporting the process to improve access to mental health services including their own and to support and actively participate in the delivery of mental health support teams to schools as part of a phased roll out across the county (See point 3 below).
3. Deliver emotional health and wellbeing services throughout our **educational settings** in Northumberland to foster whole system approach to promoting resilience. Good working relationships exist between the schools and mental health service providers in Northumberland. Building on these positive relationships, we will increase school staffs understanding of mental health issues and enable them to develop strategies and to use services available to them appropriately to deal with problems presenting in schools in a graduated way. We will dedicate resources to educational settings as below:

- a. Support schools to identify mental health champions in education settings to maximize awareness and early identification and knowledge of the low level interventions available and to raise their knowledge of how to access services when required. These champions will be supported by delivery of mental health support teams organized around school clusters in line with the Children and young people's green paper.
 - b. Ensure special education needs planning is aligned to the emotional and mental health wellbeing strategy, to ensure those in special educational settings and those with SEMH receive an equal level of service that has been organized in a graduated way to ensure the right service is accessed at the right time to maximise outcomes for the young person.
 - c. Undertake some specific training with school SENCOs following the outcomes of the public health survey in relation to those who identify as SEND.
4. Children and young people and many parents and carers are digitally literate and have told us they wanted to make better use of digital technology. For us to develop this effectively, we need to ensure that our work is informed by the views and preferences of children and young people. Young people have said they like websites that have in depth resources on conditions and treatments. Some would like to be able to talk on line to a professional if they knew it was a safe and confidential site/portal. We are looking at a range of options to enable children, young people, parents and carers to access high quality, reliable online information and support.
 5. The "Insight Report" published by Healthwatch Northumberland suggested that young people prefer to access information and support with their emotional health and wellbeing from trusted individuals with whom they have a relationship and to whom they can speak in confidence. In particular friends and family members were mentioned. Some individuals were hesitant about opening up in school in case personal information might be shared with teaching staff. Young people want to have the option of maintaining boundaries and these findings reinforce feedback from youth workers. This important feedback from children and young people will be of particular relevance in ensuring there are a range of supports and sources of information available to young people and that this information is accessible and reliable.
 6. We will be undertaking a review of Special school nursing, Speech and language therapy (SALT) and occupational therapy available across the county to ensure there are no gaps in provision and that these specialist services are available where needed.

Getting Help

1. **Improving access and waiting times** for services. This is the first

priority in our pathway transformation and work has started to ensure that access is improved at all levels of provision. Current work involves mapping of service provision both NHS and non NHS commissioned and mapping this against the Thrive model so that all professional and families are aware of the range of service provision available to meet differing levels of need. We will use this information to check for any gaps in provision and to ensure that early intervention and prevention services are robust and of sufficient capacity to meet need.

Additionally we are working with a range of colleagues to develop a single point of access to support easy and timely access to services including a mechanism to promote self-referral. The CCG has on behalf of the County submitted a bid to become Trailblazer site for the Green paper. If successful this will support the NHS commissioned services to work towards a 4 week waiting time to treatment. We have developed a model that is multiagency and will be looking to decrease waiting times across the full mental health pathway as part of this initiative.

2. Continue rolling out the children and young people's **psychological therapies programme (Children and Young People IAPT)**. The Northumberland Children's IAPT Partnership comprises Northumberland CCG and Local Authority and 2 provider Trusts – Northumberland, Tyne and Wear NHS Foundation Trust and Northumbria Health Care NHS Foundation Trust. The collaborative was been successful in joining the Children and Young People's Improving Access to Psychological Therapies North East Collaborative as a Wave 5 site. All partners are committed to service transformation in line with the programmes principles. The programme delivers increased access to evidence based psychological therapies across the counties. Both providers submit data for national evaluation. Involvement in the collaborative provides access to outreach training to implement "Repeated Outcome Measures" more effectively in clinical practice and supervision. This approach is evidenced to improve effectiveness, efficiency and service user satisfaction.

The Partnership is taking this opportunity for provider organisations to work more closely together in the development of effective clinical pathways to meet the needs of children, young people and their families. An implementation group representing commissioners, providers and service users is established in Northumberland (linked with the North Tyneside Children and Young People IAPT Partnership). The Partnership will be further supported through the local transforming plan, to support continued service improvement.

3. Provide smooth **transition** between children's and adult services. A transition CQUIN is in place for NTWFT, our main Children and Young People and adult MHS provider. An Implementation plan has been developed and includes the milestones to be met and those responsible. A moving on care plan has been created and is being shared with partner agencies as a good practice development.

Current arrangements:

- All Locality Services have monthly meetings with Adult Mental Health Service Reps to review and map progress of ongoing transitions. All services have a Transitions Log which is monitored via these monthly meetings.
- LD Transitions are managed through LD transitions meetings in the Locality area.
- ADHD transitions are planned 6 months in advance with a joint meeting to plan the transition.
- ED Transitions are planned 6 months in advance and will go to CMHT or Specialist ED service.

Going forward the service will work to fully achieve the CQUIN and to share learning with other services.

Transitions in its widest sense are an area of focus both for the CCG and the Local Authority. A piece of work has started to map out all young people who due to the complexity of their needs may require transition into an adult service. This will support forward planning to meet the needs of this group and support them to remain within their local community reducing the need for out of area placements. We will also explore as part of this work flexibility in relation to the timing of transitions to ensure the needs of the young person are paramount.

We are aware of the gap in transitions between SORTED our young peoples substance misuse service and the adult service Northumberland recovery partnership. Work is underway to close this gap and to address issues of transition.

4. Greater access to **personal health budgets** for children, young people and their families. Northumberland continues to offer personal health budgets at a rate that exceeds regional and national average. The plan is to focus on priority groups – children with learning disabilities, children transitioning to adult services and children with disabilities. Our Healthwatch colleagues are working currently with parents of children with SEND about access to these budgets and the results of their findings will inform the actions in relation to this element of work.
5. Explore opportunities to develop peer support in partnership with third sector providers and our parent carer forums particularly focusing on lived experience for both young people and parent's carers. As part of our development of mental health support provision for schools we are additionally looking to develop peer mentors to support young people in educational settings.
6. Increasing numbers of young people are being referred into our services for assessment or ongoing support for Autism. We will review the current pathway for these young people and identify any gaps or overlaps in provision ensuring as we go that the revised multiagency care pathway is NICE compliant. We will be exploring options to support parent and carers of young people with Autism in the longer term so that families are able to feel resilient and able to manage the challenges that this diagnosis can present.

Getting more help

1. Increasing the commissioning of **home treatment** and other flexible services. Through the expansion of the primary mental health team, the roll out of the IAPT programme and the increased awareness in educational settings of the emotional health and wellbeing needs of children and young people, we have created an environment to support families and offer extended home treatment provision in coping and getting help services. We will continue to monitor those looking for opportunities for continuous improvement.

For those children and young people with greater mental health needs who may be at risk of in patient admission, the Intensive Community Team Service (ICTS) provided by Northumberland, Tyne & Wear Trust is in place. As mentioned previously, this service aims to allow day and outpatient services for children and young people with mental health needs that were previously delivered from centralised clinic/hospital settings to be delivered through best practice community focused models working in partnership with community CYPS teams and multi-agency partners to allow care to be provided closer to home.

In recent years increased demands have been placed on the ICTS team to expand their gatekeeping role for the inpatient service and to provide a step up and step down role supporting timely admission where needed and timely discharge when appropriate

New Care Models are part of NHSE's Five Year Forward View for Mental Health, and NTWFT are part of the national wave 2 pilots which provides the opportunity for secondary mental health providers to take responsibility for tertiary commissioning budgets and demonstrate ability to innovate and transform services in the best interests of service users and their families. This provides an opportunity to address gaps in provision, promote greater cross-boundary working with other agencies, develop workforce skills across the pathway and deliver on the Children and Young People MH transformation and Transforming Care Agendas. Funding has been allocated to enhance ICTS to provide the gatekeeper function.

Going forward consideration will be given as to how to provide access to crisis services for young people across 24/7. Early analysis does not support a full 24/7 need in Northumberland however opportunities to link with adult colleagues and other CCGs may enable a model to be developed that will support the small number of young people presenting in crisis "out of hours" .

We are also working with the team to ensure the new access and waiting time standards for crisis and liaison services are fully understood and will be in place ready for reporting once the access standard is mandated. The service is currently meeting the 1 and 4 hour standard and shadow reporting will be in place in the coming months ahead of the national requirements.

The third priority in our mental health pathway transformation for early delivery for children and young people is to ensure sufficient local provision exists to support those with complex needs to remain at home and in their communities. This work stream which has recently been established and is multiagency will also involve representatives from ICTS to ensure services are joined up and have a shared understanding of roles and responsibilities. Additionally as part of this work we will undertake a review of all young people whose care package is being delivered out of area in order to better understand their requirements and to explore the potential to deliver better care closer to home.

2. Developing the existing **community eating disorder service** for children and young people. Community eating disorder services are commissioned by Northumberland CCG and provided by Northumberland, Tyne & Wear Trust (the EDICT service). The team work intensively with children and young people where there is significant risk of an inpatient admission and proactively monitor and support young people admitted to an eating disorder inpatient service to facilitate their earliest possible discharge providing ongoing community care thereafter.

A review of community eating disorder services in 2016 suggested that the EDICT service focused on anorexia when it was set up in 2011 but is now moving towards delivery of a service for all eating disorders. Further work as part of the new care models pilot is enabling the team to explore models of provision to minimise the use of inpatient beds and where beds are needed to support young people to be admitted for the shortest time possible close to home. The service is expanding its skill set in line with the commissioning guidance and is working with our local inpatient facility Ferndene to support staff to work with young people with eating disorders who may be admitted there in the short term.

Going forward we will be working with the team to review their proposed model and to agree a way forward.

- 3- Improving **early intervention in psychosis (EIP)** services, we have worked together with Northumberland, Tyne & Wear Mental Health Trust on the implementation of the access standard and have monitored compliance with this since 2016. The service is using nationally identified reporting mechanisms for qualitative information about the service as well as relevant interventions and outcomes.

Going forward we will be working with the team to understand the recent outcome of the national audit and to develop a plan to improve the service. Additionally we will be looking at the entire psychosis pathway to ensure high quality service provision is available across all levels of need and those with at risk mental states who are at risk of developing a psychosis.

- 4- Whilst inpatient services are commissioned as part of specialised commissioning by NHS England and are therefore not in the scope of the LTP our local inpatient beds are part of the wave 2 New Care Models pilot. The New Care Models (NCM) for the commissioning of tertiary mental health services is a national pilot introduced as part of the Five Year Forward View for Mental Health. It is an opportunity for mental health providers to take

responsibility for the tertiary commissioning budget currently held by NHSE Specialised Commissioning teams, to demonstrate their ability to innovate and transform services with service users and their families at the centre. The pilot is closely linked to the national review of CAMHS inpatient services and the Transforming Care agendas.

Northumberland, Tyne and Wear Foundation Trust (NTWFT), our local specialist mental health provider was part of Wave 2 pilot for CAMHS Tier 4 which went live in October 2017. In March 2018 pilot sites received a letter from NHSE confirming the programme will extend beyond the original 2 years and become “business as usual”.

NTWFT also work in partnership with a neighbouring trust - Tees Esk and Wear Valley Foundation Trust around New Care Models for Adult Secure beds.

National objectives for NCMs are

- to reduce length of stay for young people and children admitted to tier 4 beds
- to build capacity and capability for CAMHS clinicians to manage young people and children in mental health services in the community (Tier 3) more effectively and avoid admissions (Tier 4) where ever possible
- work with NHS England’s case managers and clinical commissioning groups (CCGs) to co-ordinate care
- ensure young people to be safely and effectively cared for in their homes during mental health crisis periods

This is set against a backdrop of decreasing beds in line with the transforming care agenda for those with a learning disability and/or autism and with a redistribution of mental health beds nationally.

Any expenditure gains are retained by the New Care Model Partnerships, to invest in improving patient pathways, including community based care some models of which have already been outlined in the LTP – Community Positive Behaviour Support team, gatekeeping beds provided by ICTS and non-hospital based models of care for those with an eating disorder delivered by EDICT.

Future developments will be the exploration of “safe havens” in the community as an alternative to hospital based care.

The CCG is part of the local NCM Steering Group and will continue to work closely with our NCM partners to ensure the provision of effective integrated pathways of care as expenditure gains are realised and alignment with the principles contained in our LTP.

Getting risk support

1. Address the full spectrum of need, including children and young people who have particular **vulnerability to mental health problems** (e.g.

those with learning disabilities, looked after children, care leavers, those at risk or in contact with the youth justice system, or who have been sexually abused and/or exploited). We have :

- Increased access to services through a triage system that prioritises children with particular vulnerabilities to mental health problems.
- Extended the primary mental health work capacity to focus on looked after children.
- Increased psychology supervision to the PMHW teams

We plan to:

- Support foster carers and NCC residential homes staff to meet the emotional wellbeing needs of the children in their care
 - Enhance training for social workers about emotional health and wellbeing needs and the services available to meet these needs
 - Provide additional support to fostering and adoption provision, including post adoption work
2. Going forward we will focus on the needs of the **transgender population** and the needs of emerging groups by providing services who can meet their specific needs through the existing children and young people's service providers, to better meet the needs of this population.
 3. Prioritise and build on the service response to those who have experiences **child sexual exploitation and sexual violence**. Victims will be offered appropriate emotional and psychological interventions to help them challenge, resist and recover from the risk of sexual exploitation. Northumberland CCG has a long standing contract with Barnardos to provide therapeutic services to children and young people who are victims of sexual abuse/violence. There are on-going meetings with regard to improving the pathways to support young people who are victims of sexual abuse. For the future we are exploring opportunities provided by the development of a single point of access to ensure young people are enabled to access the most appropriate and timely service to meet their needs.
 4. Improve the provision of support to care leavers once they reach adulthood to meet emotional and mental health needs and improve participation in education, employment and training.
 5. **Young carers** are a group of young people who are often "hidden" due to the nature of the support they provide. We will be looking at the recent audit of young carers to see what lessons we may be able to learn about how to improve their outcomes and how to better support their emotional health and wellbeing. Our GP clinical Lead for children and young people is reviewing the audit to determine how GPs may be able to respond to identify and support this particularly vulnerable group.
 6. We will support provision of a wraparound service to maintain children with challenging behaviour and/or complex needs within the borough. This will be provided via development of a Positive Behaviour Support service – a model that is widely accepted to be the most effective model of care used to support children and adults who have a learning disability and complex

needs such as; challenging behaviour and mental health conditions. It provides multi-disciplinary comprehensive assessment and person centered interventions, delivering a wraparound service to ensure continuity of care within the community, avoiding placement breakdowns and hospital admissions. This work is closely related to the New Care Models development with the reduction of inpatient beds particularly the closure of the Riding unit and the enhancement of community based services for the provision of care for our children and young people with the most complex health and care needs.

7. We are working with one of our schools who are developing an 80 place school for those with complex social and emotional needs to seek opportunities for more joined up working with the Positive behaviour support service including colocation to strengthen the collaboration and skill sharing between professionals

Workforce development

To successfully transform mental health services for the children and young people of Northumberland, we cannot focus only on transforming services and how these are accessed. We must also consider on how are going to develop the workforce that delivers these services. *Future in Mind* set out the national vision for everyone that works with children, young people and their families. We plan to ensure that this vision; and identified qualities and behaviours to support the same, are embedded in the services we deliver. In order to do this and ensure we have a workforce with the right mix of skills, competencies and experience, we are in the process of developing a robust workforce development plan.

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

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

meet the challenge of commissioning and monitoring transformed services

This work was underway within the region as part of a collaborative approach, working with other CCGs and relevant providers. It has now been incorporated into the Mental Health STP/ICS steering group. The CCG is represented in the children and young people's work stream as part of this and will ensure workforce lessons learned or developments are brought into Northumberland and will inform our workforce development plan.

Our own local children and young people's mental health and wellbeing workforce development plan will be in place by March 2019 and will contain not only information on how to develop the current workforce but additionally how we will increase the workforce in line with the ambitions of the 5YFVMH by 2021.

Following the THRIVE model; we have described progress on current workforce development as below:

Coping

We require that:

The Northumberland workforce including the family has the appropriate level of skill to work with children and young people to build resilience and support and identify mental health needs.

Schools and college staff will be confident and competent in supporting and recognizing mental health issues. GP's will be better equipped to support children and young people.

The universal workforce, including voluntary sector, are confident and competent around their role to make use of the mental health pathway in the way that will provide the best outcomes for the young person.

We will do this by:

- Building capacity through training staff in locality teams, schools and other youth settings so they have the skills to identify early signs of mental health and wellbeing issues.
- We will ensure school based staff have access to support to develop their awareness of mental health issues and the opportunities to develop resilience and promote wellbeing in young people
- Explore the expansion of the PHSN training to enhance their mental health knowledge and skill set.

Significant progress has already been made in these areas most especially with the development of the early help offer of training and awareness raising for staff in the universal sector.

Both the PMHW and CYPS service offer consultation and support to referrers and

families and utilize these opportunities to develop awareness and understanding of mental health issues and of the role of universal support and the family in addressing these.

With the pathway transformation work underway, the development of mental health support teams around school clusters will consider as part of its remit the enhancement and skilling up of the local workforce to better meet the needs of young people

Getting Help

Our LTP outlines our plan for expanding Children and Young People IAPT which we see as a key for building a children and young people's mental health and wellbeing workforce across different sectors and professions. We are exploring the inclusion of new roles such as CWPs and PWPs and their potential to enhance the range of skills we have available to support our young people. Options for their inclusion will be set out in our workforce development plan 2019.

In relation specifically to Early Intervention in Psychosis, we will take into account the workforce analysis which has been undertaken by NHSE. This highlighted concerns about the skill levels of staff who will deliver therapies described in NICE guidance. NHSE identified that this is a national issue and will take a number of years via a national training programme to enable the workforce to be appropriately skilled. CCG's did invest in EIP services and this has now been used to recruit staff. Our workforce analysis indicates that should further investment become available then recruitment of CBT therapists and support workers should be recruited.

Northumberland is also part of the regional perinatal community service development project. It is anticipated that there will be a significant positive impact not only on outcomes for patients but that there will be benefits for other staff groups such as health visitors, midwives and other primary care services such as IAPT

Getting more help

Staff are currently being trained in Children and Young People IAPT. Further work is required to benchmark current staffing levels, grades and skill and to ensure that as the pathway development and redesign rolls forward the skills of the workforce meeting this more complex level of need is flexible to meet the potential change in demand.

We want to ensure that there is no skill gap in the training of staff working with children and young people with learning disabilities, autistic spectrum disorder and those in inpatient settings therefore we will be reviewing the current workforce delivering support to these groups and will have in our workforce plan specific deliverables in relation to their development

Getting risk support

Whilst the majority of staff working with young people with this level of need are in universal services and will therefore have accessed training and development via the “coping” element of this plan, we recognise they are working with vulnerable groups of young people with additional challenges and needs which impact on their mental health and emotional wellbeing. For these staff we will provide additional support by way of scaffolding, consultation, support from our specialist mental health services such as PMHWs and CYPS but also bespoke training such as the training offered to foster carers of looked after children.

For all elements of our workforce planning we will be seeking opportunities to share skills across the widest footprint possible and to raise the skills and competence of all people working with children and young people including their families.

Appendix 7 is our LTP action plan including the emerging workforce development plan. This plan will be overseen by the implementation group following approval to proceed by the Health and Wellbeing Board.

Section Seven

Our approach to commissioning and monitoring services in Northumberland is well established. In addition to the traditional monitoring of activity and performance, we have established clinical and patient testing mechanisms across all services, to ensure the quality of provision is meeting our expectations and requirements.

Moving forward we are seeking opportunities to work across organisations to jointly commission services where this would achieve better outcomes for children and young people and maximise efficiency. As part of our joint commissioning intentions we are currently working on the development of a cross organisational outcomes framework so that data across health, social care and education can be triangulated and outcomes for young people measured in the most holistic way.

We will work with our young people to understand what they understand by success and ensure that measures of success and quality are meaningful to them.

1. Outcomes parameters for our LTP

- a. Children, young people and their parents/carers have improved emotional wellbeing, mental health, self-esteem and confidence and are emotionally resilient
- b. Parents and carers have the skills to recognise, manage and respond to their children's emotional needs
- c. Children, young people and families and referrers know about and influence services and have easy access to services.
- d. Services offer a range of appropriate interventions and individually focused support with respect for privacy and dignity underpinned by a clear understanding of risk.
- e. Children, young people and families have confidence in services. Their needs are met through appropriate and timely interventions by trained practitioners. They feel supported through access to consultancy and advice. Services do what they say they will do.
- f. Children, young people and families experience effective transition between services without discriminatory, professional, organisation or location barriers getting in the way.

- g. More children and young people with mental health problems will recover and will have a positive experience of care and support.
- h. Schools, colleges and similar establishments will have a “whole school” approach to supporting pupils’ wellness and resilience through staff awareness, knowing what mental health support is available and when to intervene to tackle mental health problems.
- i. Fewer children and young people experience stigma and discrimination through improved public awareness and understanding of mental health.

2. Financial parameters for our LTP

- a. 100% of new investment in children’s mental health services, other than as directed by NHS England, will be focused on early intervention and prevention.
- b. The shape of mental health spend across Northumberland will transform by 2020, with resources shifted to meet needs.

3. Performance parameters for our LTP

- a. Key performance indicators for all mental health service providers will take into account national targets and mandated waiting times alongside the specific measurable in the 5YFVMH.
- b. There will be a focus on earliest interventions, improvement as indicated by outcome measures, recovery rates and reduced inpatient bed use.
- c. Waiting times will be in line with nationally mandated targets where these exist and where locally set these will involve a collaborative approach to reducing waiting times to their minimum.
- d. All contracts will also contain requirements for the following:
 - A “no bounce” principle. Entry into the pathway means that receiving providers take responsibility not only for delivery of assessment and care, but also of signposting to and liaison with other parts of the pathway. This is to ensure that navigation of what can be a complex process at a stressful time is made as easy and responsive as possible for the child, young person and family; and
 - A clearly described and agreed approach to proactively managing and following up individuals that Did Not Attend (DNA), were not brought, or cancelled their appointment to ensure that the services address the issues of engagement that are inherent to children and young people with poor mental health and wellbeing, or where family issues impact on

uptake.

4. Clinical testing of services through a combination of

- Clinical testing panel: round table discussions between clinicians, taking real (anonymised) cases and considering whether the pathway of care was appropriate.
- Clinically led quality visits to provide direct assurance of the quality and safety of services.
- Quality review group: operating at the footprint of the provider to consider provider wide quality.

5. Patient testing of services through a combination of

- The children and young people's Healthwatch group, which has informed the creation of the LTP and will continue to monitor its implementation.
- Children and young people's surveys.
- The friends and family test.
- The Northumberland patient testing panel, which has already tested the parameters of the LTP and, like the children's group, will continue to monitor its implementation.

Key Performance Indicators:

A range of key performance indicators will be developed for each NHS commissioned or jointly commissioned service that is delivering services to children and young people specifically to improve their emotional health and wellbeing or mental health. These will be broadly based on what is in the current contract but will be aligned to the outcomes in the LTP and will provide more consistent measures across the system so outcomes from different service can be directly compared.

The indicators will provide commissioners with basic data on the use and uptake of the service and how it is operating but more importantly will indicate the quality of service being delivered.

Indicators are likely to cover a broad range of areas such as:

- Access and referrals
- Pathway flow
- Treatment outcomes immediately after treatment but also longer term impact
- DNAs
- Workforce development & outcomes
- Service satisfaction

Section Eight

Appendix 1 – Future in Mind

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

1. Appendix 2 – 5YFVMH

<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

2. Appendix 3 – Crisis Care Concordat

<https://www.crisiscareconcordat.org.uk/>

3. Appendix 4 – Transforming care “Building the right support”

<https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

4. Appendix 5 – Joint Health and Wellbeing Strategy

<https://www.northumberland.gov.uk/NorthumberlandCountyCouncil/media/Health-and-social-care/Public%20Health/Northumberland-Joint-Health-and-Wellbeing-Strategy-2018-2028.pdf>

5. Appendix 6 – Thrive Model

https://www.annafreud.org/media/2552/thrive-booklet_march-15.pdf

6. Appendix 7 – LTP Action Plan including our workforce development plan to be added following the implementation group on the 16th November 2018 and the Health and Well-being Board approval to proceed as set out in the above document

Section Nine

Abbreviation	Definition
CAMHS	Children and Adolescent Mental Health Service(s)
CCG	Clinical Commissioning Group
Vulnerable children	<p>Including:</p> <ul style="list-style-type: none"> • Children and young people living away from home; including those looked after by local authorities, those privately fostered, young people living independently and children and young people who go missing from home or from care. • Children engaged or who have been engaged in anti-social or offending behaviour, including those in secure accommodation or Young Offenders Institutions. • Asylum-seeking children, both with families and unaccompanied. • Children with troubled parents, for example children of substance misusing parents, children living with domestic violence, children whose parents have mental health problems, children with parents in prison, and young carers. • Young parents. • Children who are abused, including children and young people abused through prostitution.
Community service	A service which is delivered closer to home for patients by professionals who can be accessed out of the hospital setting
CSE	Child sexual exploitation
CYPS	Children and Young People's Services
Gap Analysis	An exploration of the services delivered and identifications of areas in which there is breakdown which can be improved or remedied
GP	General Practice/Practitioner
EHWBB	Health and Well Being Board
LA	Local authority
Looked After Children	A child is looked after by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours.
MH	Mental Health

N'bria University	Northumbria University
NHCFT	Northumbria Healthcare NHS Foundation Trust
NTWFT	Northumberland, Tyne and Wear Mental Health NHS Foundation Trust
Perinatal mental health	Perinatal mental health teams provide specialist services for women with mental health problems. They also provide care for women who are at the risk of developing problems during pregnancy and the first year post pregnancy, as well as those considering becoming pregnant. Promoting emotional and physical wellbeing and development of the infant is central to perinatal mental health services.
Personal Budgets / Personal Health Budgets	<p>A personal budget is the amount of money the local authority allocates for your care, based on its assessment of your needs.</p> <p>You can be put in charge of this "budget" either by telling the local authority how you would like it spent, or by the council giving you the money so that you can directly pay for your own care (a direct payment).</p> <p>It could also be given to a separate organization (such as a user-controlled trust) that will spend the money on your care as you see fit, if you prefer. These are commonly known as Individual Service Funds.</p> <p>Additionally, you can choose a combination of the above (for example, a direct payment with some council-arranged care and support), often called a mixed package.</p> <p>A personal health budget is an amount of money to support your identified health and wellbeing needs, planned and agreed between you and your local NHS team. The aim is to give people with long-term conditions and disabilities greater choice and control over the healthcare and support they receive</p>
Psychological Therapies	An interpersonal process designed to modify feelings, cognitions, attitudes and behaviour which have proved troublesome to the person (or society) seeking help from a trained professional – ‘talking therapies’
SEMH	Social, Emotional and Mental Health
SEND	Special Educational Need and Disability
THRIVE Model	A health service delivery model based on the needs of the patient and grouped as follows; Getting Help, Coping, Getting More Help, Getting Risk Support, Thriving Note: schools in Northumberland also engage with a Thrive programme, designed to help understanding of attachment theory. This is separate from the THRIVE model.
Transgender	A person whose sense of personal identity does not correspond with the gender assigned to them at birth
Transition planning	The movement of a patient from children's to adult services and the required adjustments to the care and services delivered as a result