



Children & Young People's Mental Health and Wellbeing

Darlington Transformation Plan
October 2017 Refresh

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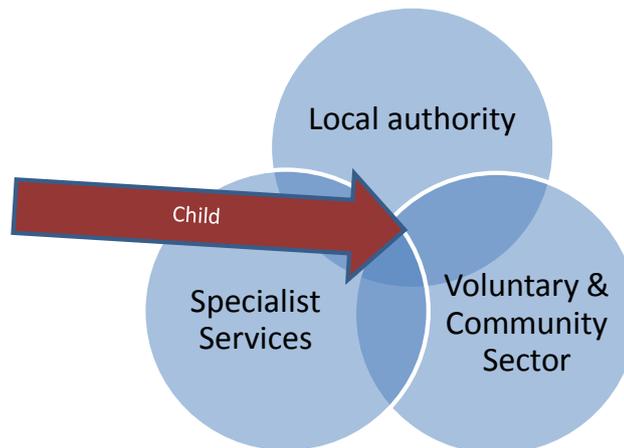
Children & Young People's Mental Health and Wellbeing Darlington Transformation Plan

Refreshed October 2017

Darlington's Children and Young People are our future. We will build on progress made and support all of our children to aspire and achieve their own potential. By enjoying life as active participating citizens, free from poverty, ignorance, neglect, crime, harm, abuse and distress. We will achieve this by working together to ensure families have access to effective, high quality integrated services. (LTP vision 2015).

1. Introduction

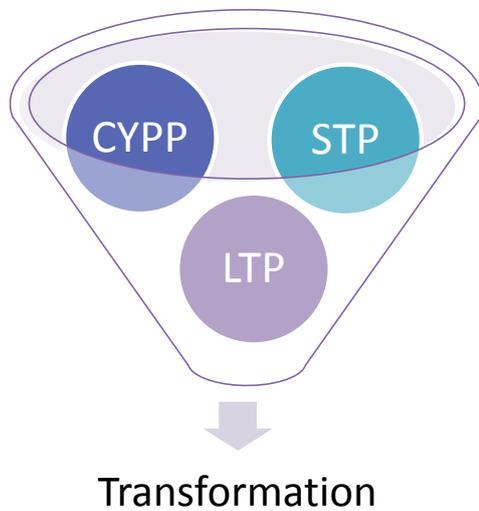
- 1.1 The Darlington Transformation plan has been developed to bring about a clear co-ordinated change across the whole system pathway to enable better support for children and young people; realising the local vision.
- 1.2 This Children and Young People's Mental Health & Wellbeing Transformation Plan sets out how NHS Darlington Clinical Commissioning Group (CCG) will work collaboratively with Darlington Borough Council, partners, children, young people and their families, to improve the emotional well-being and mental health of children and young people.
- 1.3 The Government's wide-ranging March 2015 report on children and adolescent mental health, Future in Mind, stipulates that each CCG area's Transformation Plan should be about a whole system change. Where access to support is based on need and not eligibility, where services co-operate and work simultaneously to meet the needs of the child. This ranges from health promotion and prevention to supporting interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services.



- 1.4 Following guidance from NHS England, all local areas are to refresh their Children and Young People's Mental Health and Wellbeing Transformation Plans to demonstrate work done to date, the impact of this work, and the revised trajectories that are expected from on-

going transformation. All plans are to be refreshed and published by 31st October 2017, and incorporated into each area's Sustainability and Transformation Plans.

- 1.5 The Children and Young People's Mental Health and Wellbeing Transformation plan guidance identifies that intensive work with local partners needs to take place across the NHS, public health, children's social care, youth justice and education sectors, to jointly develop and take forward local plans to transform the local offer, to improve children and young people's mental health and wellbeing. This entails CCGs working closely with their colleagues in NHS England Specialised Commissioning, all local Health and Wellbeing Board partners, schools, colleges, youth offending services, children, young people and their families, to understand clearly where they are now, establish baseline information and develop an ambitious vision for the future that aligns with the overarching principles and ambition set out in Future in Mind. This plan will be published and also be available on CCG, Local Authority and partner websites.
- 1.6 Work is now required to move forward with the ambitious plans which have grown from the initial Future in Mind Local Transformation Plan and ensure that all partners are involved to enable transformational work to be undertaken.
- 1.7 The LTP refresh is timely for Darlington as the local authority is currently reviewing its Children & Young People Plan and reinvigorating the partnership
- 1.8 There are clear linkages between the Darlington CYPP plan, the draft LAC strategy and LAC sufficiency and commissioning statement and the requirements of Future in Mind. The CYPP plan allows for the ambitions from both areas to be aligned and worked towards simultaneously. This will ensure a whole system approach and strengthen the resilience and impact of both strategies moving forward.
- 1.9 By incorporating both plans we will build on the work already undertaken to improve the mental health and wellbeing of children in Darlington. The bedrocks of a *whole system* approach has begun and this plan will lay down how this will be built on to improve the future outcomes for the younger population of the town.
- 1.10 The priorities for year 1 of the CYPP have been identified as 1) youth unemployment 2) mental health & wellbeing. This allows the LTP to be the driver for priority 2 which affords greater buy in for all partners.
- 1.11 In addition to this, mental Health has been identified as a priority area to address within the STP based on the potential to improve outcomes of care. We will maximise opportunities to collaborate with commissioners and providers of care to share approaches and resources across the STP to ensure a sustainable system. The LTP is an important part of the CCG's STP being developed across the North East.



1.12 We have a track record of working together across Darlington with the development of the Early Intervention in Psychosis service, the children and young people's specialist eating disorder service as well as the current perinatal mental health community development bid

1.13 This document highlights actions which have been achieved to date against the priorities previously set, and also builds on existing relationships to ensure that the high level ambitions are worked towards and implemented prior to 2020.

1.14 This plan will be monitored to ensure that we deliver against the principles of Future in Mind:

- Promote resilience, prevention and early intervention.
- Improve access to effective support and review the tiers system.
- Ensure emotional health and wellbeing support is available and easily accessible for our most vulnerable children and young people.
- Improve accountability and transparency and ensure all partners are working towards the same outcomes in an integrated way.
- Develop the wider workforce and equip them with the skills to support children and young people with emotional health and wellbeing issues.

1.15 How will we know if we have been successful?

- The Integrated Strategic Needs Assessment (ISNA) is addressing children and young people's emotional health and wellbeing effectively and comprehensively;
- Children, young people and their families are being supported to maintain good mental health;
- We are taking early action with children, young people and parents who may be at greater risk of poor mental health;
- We are ensuring early identification to prevent more serious problems developing, whenever possible;
- Children, young people and their parents are aware of where and how to get help;
- Co-designed pathways are clear for children and young people to access the right support at the right time for their emotional health and wellbeing needs;
- Access and waiting times are in line with NHS England standards;

- Interventions are provided are based on sound evidence base and good practice
- There is a clear accountable Partnership, to co-ordinate the implementation and delivery of an agreed partner action plan
- Professionals across health, education and social care are confident in promoting good mental health and wellbeing and able to identify problems early. There is parity of esteem for children's mental and physical health

2. What have we achieved since our first transformation plan in 2015?

2.1 The following section highlights work which has been undertaken to date sent against the 5 agenda items of Future in Mind. The numbers in brackets are the indicative FIM objectives to which the action relates.

2.2 Resilience, Prevention and Early Intervention

Our aim is to act early to prevent harm, by investing in the early years, supporting families and those who care for children and building resilience through to adulthood.

2.2.1 This area of the LTP has seen the most development. It is largely recognised in Darlington that 'prevention is better than cure' and even in this time of austerity, there has been the commitment from partner organisations to release staff members to undertake mental health training.

2.2.2 A strong body of evidence, links good emotional health and wellbeing with improving a range of public health outcomes in children and young people including educational attainment and success in later life. It was recognised that there was a shortfall in the commissioning of universal emotional health and wellbeing services in Darlington. A whole school approach around emotional health and wellbeing would foster a culture and ethos in schools, to support the development of emotional health and wellbeing as well as the teaching of social and emotional skills as part of the taught curriculum to build resilience and coping strategies.

- Mindfulness Training has been delivered to 25 out of 37 schools, adopting the Train the Trainer approach to ensure greater sustainability. (2, 26, 27)
- Mental Health First Aid has been delivered to 62 school and community staff working with vulnerable groups. (2, 26, 27)
- Additionally this course has been delivered to School nurses over 2 sessions (2, 26, 27)
- Theraplay training has been delivered to 30 local authority staff at level 1 and 12 at level 2 (2, 4, 26, 27)
- 9 schools successful in bidding for Peer Mentor training funding. Up to 174 peer mentors will be trained.(2)
- Anti stigma posters have been designed by Darlington College students and displayed in bus shelters. More recently we have utilised social media to raise awareness and the following stats demonstrate the range of sites and messages which have been promoted and shared: (3)

Speak up – reach 46,807 – 928 shares – 42 comments

Text message – reach 36,603 – 198 shares – 7 comments

Always a way through – reach 11,262 – 433 shares – 6 comments

Word Hurt – reach 24,811 – 261 shares – 29 comments

1 in 10 – reach 28,911 – 543 shares – 30 comments

Missing Piece – reach 14,571 – 139 shares – 15 comment

- We consulted with young people about the use of digital ‘apps’ for preventing mental ill health and maintaining wellbeing (5)
- We consulted with GP practices around their pathways for supporting young people with wellbeing and mental health issues. (1,4,6)
- Public Health have developed a Suicide Prevention Plan.

2.3 Improving access to effective Care and Support

Focusing on the key priority areas listed below and in addition to improving access, waiting times including waits between referral, first appointment and starting treatment

2.3.1 This area has seen an increase in financial resource into the specialist CAMHS service

We have invested in:

- Pathways for community based care through the introduction of an Intensive Home Treatment service (13) which by default links this work to NHS England’s review of inpatient Tier 4 beds (32)
- Additional funding has also been invested into the Crisis Service to enable it to be operational 24/7 (12)
- Access and waiting times continue to be monitored and reviewed through CCG Contract Management procedures with monthly Contract Management Boards highlighting any issues for improvement (17)
- Designated ‘Places of Safety’ across the town centre and the Youth Offending Team have strong links in place with Durham constabulary to ensure that no young person is detained in a police cell as a place of safety (19)
- Embedding of enhanced Community Eating Disorder Service for Children and Young People and monitoring of access and waiting times
- Implementing and ongoing review of the 24/7 children crisis assessment of treatment service, which will interface with the developing ‘all age’ liaison service
- Undertook an interim evaluation of the Intensive Home Treatment Service
- Increased capacity to reduce CAMHS waiting time, particularly in regard to Autistic Spectrum Disorder (ASD) assessment for a time limited time.
- Implement waiting time standards for early intervention in psychosis

Primary Mental Health Worker (PMHW) Service

PMHW will be clustered to schools acting as the link to the pathway for support and advice in relation to children and young people’s emotional health and wellbeing. They will work alongside universal services such as health visitors and school nurses being visible in the community offering support and advice to ensure care and support is offered at the right level and at the right time in the right place. PMHWs will facilitate the signposting and transition onto more intensive support in specialist CAMHS or signposting into community-based voluntary services.

The service has been commissioned in line with Government policy, which called for a shift in focus of services from crisis intervention to one of early intervention and prevention.

The service provides 19.72 Primary Mental Health Workers (PMHW) in County Durham and Darlington, 3 are aligned to Darlington (including all the posts for vulnerable groups). The PMHW service is currently:

- Raising awareness of its remit, and ensuring pathways are in place
- Feedback on the service as a whole has been incredibly positive with comments from front facing co-located team members and also Senior Management colleagues responding positively to the impact that the PMHWs are having already.

Additionally to improve access, we have worked to:

Upskill front line staff with mental health skills through Mental Health First Aid as identified above (2, 4, 26, 27)

Darlington Borough Council have employed Therapeutic social workers which are aligned to the Looked after population (6, 10)

We have improved the local offer delivered by services who work at a universal level.(6)
9 schools were successful in securing funding to train up to 174 peer mentors (11)

2.4 Care for the most vulnerable

We know that children in care are significantly more vulnerable to emotional and mental health problems and we want to ensure that there is a flexible and integrated system to support children in care and in particular where they have identified mental health needs .We have improved the experience and outcomes for the most vulnerable children and young people by removing the barriers to accessing services and developing bespoke care pathways

- The rolling out of Mental Health First Aid to front line practitioners has improved the offer which all children and young people receive (21, 27)
- Liaison & diversion workers sit within the Youth Offending Service (YOS) and work effectively together. Additionally Health & Wellbeing workers have recently been employed to sit as part of the YOS to further enhance this provision (21, 29)
- The re-shaping of the children's Access Point ensures that all referrals for children & young people are assessed and passed to the Early Help Teams for an intervention (22)
- Tees, Esk & Wear Valley sit on the Safeguarding Board to identify those at greater risk who would benefit from a referral at an earlier stage (25)
- Input into the regional Learning Disabilities model for children and transitions (32, 14, 15)
- Implementation of the Care and Treatment Reviews for children and young people with Learning Disabilities, which will include commissioning of evidence based interventions (14)

Continued support for children and young people requiring individual continuing care packages.

- Developed collaborative commissioning plans with NHS England's specialist commissioning team for children and young people with complex needs (32) Subsequently, strategic links have been made across the 0-25 MH Programme and Transforming Care Programme in recognition of the synergy between the two.

2.5 Accountability and Transparency

Being accountable and transparent is a key part of any transformation programme. It is important that stakeholders are able to engage in the development of services and that services provide clear information on what is available to service users and their families

- To date we have been able to collectively show the spend on children & young people's mental health services as commissioned from health and the local authority (30, 38)
- There is an effective JSNA process in place and Healthy Lifestyle survey which captures the needs of children & young people (31)
- There are effective monitoring processes in place to review the access and wait times (37)
- We have recently re-invigorated the project within Darlington and aligned it to a work stream of the newly formed Children & Young People Plan (CYPP). The CYPP has an oversight group which is multi agency (local authority, health, third sector providers, fire, police, the local Foundation Trust (CDDFT), 0-19 service providers, DWP, schools) and this will provide the governance to move transformation forward. (all)
- Supported implementation of the National Mental Health Services Data Set (MHSDS) to establish a baseline so that changes in services can be assessed; this will support transparency (35)
- Established a local area delivery group operationally responsible for co-ordinating the implementation plan and monitoring performance against the plan; this will be chaired by Darlington CCG; (46)
- Ensured meaningful engagement with children, young people, parents and carers and other key stakeholders on the ongoing development, delivery and review of this plan;
- Ensured clear reporting and data collection of key indicators; including access and waiting times (37)

2.6 Developing the Workforce

Enabling the Darlington's workforce to develop the skills and knowledge needed to support children and young people's emotional wellbeing and mental health is a key part of delivering a successful transformation programme. It is important we give our workforce the support and training they require, so that our children and young people have the best support possible

2.6.1 As previously stated, developing and upskilling the workforce has been a main priority of the work undertaken so far in Darlington.

- By upskilling front line staff delivering universal services we are enabling more children & young people to maintain and sustain their mental health and wellbeing. We are also

identifying, at the earliest opportunity, any child or young person who requires a referral to the specialist service (40)

- The work, to date, carried out with schools is working towards embedding mental health & wellbeing as part of the curriculum and the Public Health team is working towards producing a menu of recommended PSHE topics (41)
- The CYP IAPT training programmes through Wave 7 have been offered to all services delivering in Darlington for 2017(43) Training opportunities have been advertised widely through appropriate networks and partnerships and provider staffing backfill costs are supported as per the national investment.

2.7 Consultation with Children & Young People

2.7.1 The feedback from children and young people whether on a local, regional or national level has recurrent themes. Children and young people want to:

- Be involved in their own care through the shaping of services to meet their needs – they want a voice
- Have easy access to advice and support – they want to be able to help themselves
- Be able to access flexible services which don't have eligibility criteria – they want to be able to access support when they feel they have a need
- Have more support in schools, with teachers trained to meet basic wellbeing needs – they want the stigma of mental health to be reduced
- Have Mindfulness rolled out in all schools – they want universal support to be available
- Be assured that there are good communication links between specialist providers and schools – they want to be able to have multi agency support when they need it
- Only tell their story once – they want effective information sharing

2.7.2 Overarching, children and young people want to be resilient. They want to be empowered to be able to help themselves and other young people. Through the work to date identified above we are working to deliver on all of these themes.

3. Children and Young People's Mental Health: National Profile of Need

3.1 Future in Mind states 'Mental health problems cause distress to individuals and all those who care for them. Mental health problems in children are associated with underachievement in education, bullying, family disruption, disability, offending and anti-social behaviour, placing demands on the family, social and health services, schools and the youth justice system. Untreated mental health problems create distress not only in the children and young people, but also for their families and carers, and the wider community, continuing into adult life and affecting the next generation'.

3.2 Information in key policy documents suggests:

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder;
- Between 1 in every 12 and 1 in every 15 children and young people deliberately self-harm;

- More than half of all adults with mental health problems were diagnosed in childhood - less than half were treated appropriately at the time;
 - A number of young people aged 15-16 with depression nearly doubled between 1980s and 2000s;
 - Proportion of young people aged 15-16 with a conduct disorder more than doubled between 1974 and 1999;
 - 72% of children in care have behavioural or emotional problems;
 - About 60% looked after children in England have emotional and mental health problems and a high proportion experience poor health, educational and social outcomes after leaving care;
 - 95% of imprisoned young offenders have a mental health disorder.
- 3.3 Adverse Childhood Experiences (ACEs) are situations which lead to an increased risk of children and young people experiencing impacts on health, or other social outcomes, across the life course.
- 3.4 The following ACEs are all associated with poorer mental health outcomes for children and adolescents:
- Witnessing domestic violence and abuse
 - Being party to a safeguarding arrangement or becoming a Looked After Child
 - Living with a parent with mental health issues
 - Who have been abused, physically and/or emotionally.
 - Parental alcohol and substance misuse
 - Bereavement and loss
 - From low income households and where parents have low educational attainment;
 - With disabilities, including learning disabilities;
 - From Black Minority and Ethnic (BME) groups including Gypsy Roma Travellers (GRT);
 - Who identify as Lesbian, Gay, Bisexual or Transgender (LGBT);
 - Who experience homelessness;
 - Who are engaged within the Criminal Justice System;
 - Whose parent(s) may have a mental health problem;
 - Who are young carers;
 - Who misuse substances;
 - Who are refugees and asylum seekers;
 - Who have been abused, physically and/or emotionally.

4. Local profile of Need – what we know

- 4.1 The Child and Maternal Health Intelligence Network Service Snapshot; Children and Adolescent Mental Health Services (CAMHS) reports¹ by Clinical Commissioning Group, estimate that there were 1,445 children and young people of school age with a mental health disorder in 2014 across Darlington. A breakdown is shown in the Table 1 below;

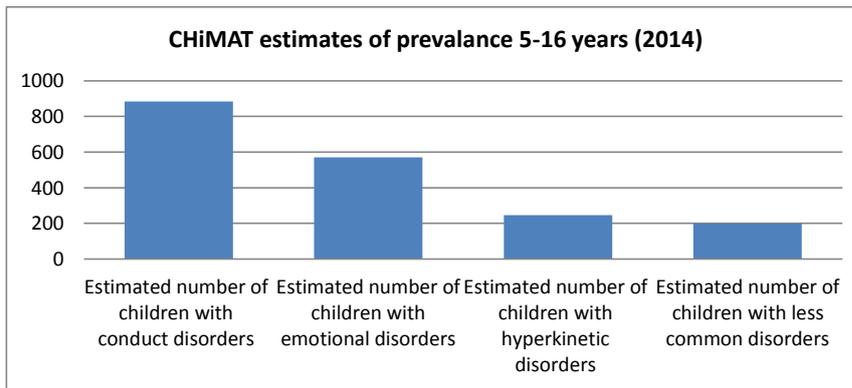
Table 1: Estimated number of children with a mental health disorder

	Estimated number of children aged 5-10 yrs with mental health disorder	Estimated number of children aged 11-16 yrs with mental health disorder	Total
NHS Darlington CCG	595	850	1,445

¹ National Child & Maternal Health Intelligence Network
Oct 2017

Source: Local authority mid-year resident population estimates for 2014 from Office for National Statistics.
CCG population estimates aggregated from GP registered populations (Oct 2014).
Green, H. et al (2004).

4.2 Prevalence rates of mental health disorders have been further broken down by prevalence of conduct, emotional, hyperkinetic and less common disorders. The following table shows the estimated number of children with conduct, emotional, hyperkinetic and less common disorders by Clinical Commissioning Group, by applying these prevalence rates (the numbers in this table do not add up to the numbers in the previous table because some children have more than one disorder).



Source: Local authority mid-year resident population estimates for 2014 from Office for National Statistics.
CCG population estimates aggregated from GP registered populations (Oct 2014).
Green, H. et al (2004).

4.3 The Darlington Children Health Profile was refreshed in March 2017. Highlights are set out below:

- Children and young people under the age of 20 years make up 23.6% of the population of Darlington;
- 10.3% of school children are from a minority ethnic group;
- The health and wellbeing of children in Darlington is generally worse than the England average;
- The level of child poverty is worse than the England average with 22% of children aged under 16 years living in poverty. Darlington is in the top 30% most deprived local authority areas in England.

4.4 Other data to consider

- Youth unemployment (16-24 age group) stands at 6.6% of the resident population (March 2017), compared with a Great Britain average of 2.9%
- The 2011 census identified 740 young carers aged 0-24 in Darlington, 197 of whom are 0-15 and 543 who are 16-24.

4.5 Breastfeeding rates in Darlington are low compared with the rest of England, with only a third of babies being breastfed at 6 weeks compared to 43.2% for England. Over 23% of children in reception year in Darlington are overweight or obese. By year 6 this has grown to 35%.

4.6 Only 18% of 15 year olds said that they were physically active for more than 1 hour a day, 7 days a week, although this is in line with the national average.

4.7 Key messages from the Darlington Children and Young People's Mental Health and Wellbeing Profile² include:

- The estimated prevalence of any mental health disorder in children aged 5 – 16 years in Darlington is 9.8% of the population, slightly lower than the regional estimate but in line with the national average estimated value;
- Child admissions for mental health aged 0-17 in Darlington are at a lower rate than in England
- Self-harm is increasing in England but the rates of presentation in Darlington have reduced, although it is still higher amongst girls than boys.

5. The Vision – Landscape in 2020

5.1 We want to be bold about the need for change for our children and young people. We recognise the unique opportunity to design a new system which, in three years, looks substantially different from our current services – and addresses the needs and issues our young people tell us exist. We want to resist being constrained by traditional boundaries – of tiers, organisations, funding mechanisms and criteria and develop clear, coordinated, whole system pathways that improve co-ordination between agencies and stop young people falling through the gaps.

- Access to services will be based on need.
- There will be cohesion between services, with pathways that prevent delays in access
- The wellbeing of CYP will be the responsibility of all agencies they have contact with

5.2 The focus will be on prevention - prevention of needing a specialist service and the prevention of having to be an inpatient.

5.3 It is, admittedly, an ambitious landscape, but Darlington is a unitary authority with statutory and voluntary agencies who are prepared to work in partnership to achieve better outcomes for the future generations.

5.4 To realise the vision of the LTP we need to utilise the umbrella of the CYPP, work more collectively and drive change forward. The sections below highlight areas to be explored and how they link to the FIM objectives.

6. What we want to do

6.1 The journey to fully transform mental health services – as indicated in the published Five Year Forward View for Mental Health should be thought of as much more than a five-year programme.

6.2 Principal priorities detailed in the plan include:

² Darlington Children and Young People's Mental Health and Wellbeing Profile
Oct 2017

- Co-production with people with lived experience of services, their families and carers;
- Working in partnership with local public, private and voluntary sector organisations, recognising the contributions of each to improving mental health and wellbeing;
- Identifying needs and intervening at the earliest appropriate opportunity to reduce the likelihood of escalation and distress and support recovery;
- Designing and delivering person-centred care, underpinned by evidence, which supports people to lead fuller, happier lives and,
- Underpinning the commitments through outcome-focused, intelligent and data-driven
- Commissioning

6.3 Key objectives re-iterated for Darlington CAMHS:

- Increased access from meeting around 25% of those with a diagnosable condition locally, based on current estimates, to at least 35%.
- Improved access to 24/7 crisis resolution and liaison mental health services which are appropriate for children and young people.
- By 2020/21, evidence-based community eating disorder services for children and young people, ensuring that 95% of children in need receive treatment within one week for urgent cases, and four weeks for routine case
- Reduce the use of specialist in-patient beds for children and young people with an eating disorder
- By 2020/21, in-patient stays for CYP will only take place where clinically appropriate, with the minimum possible length of stay, as close to home as possible. Inappropriate use of beds in pediatric wards will be eliminated.
- All in-patient units for CYP will move to be commissioned on a 'place-basis' by localities, and integrated into local pathways

6.4 Key objectives re-iterated for Perinatal Mental Health:

- By 2020/21; increased access to specialist perinatal mental health support.
- Community or in-patient mother and baby units, providing evidence-base treatment, closer to home, when needed.

6.5 We want to strengthen the collaboration to ensure the LTP and CYPP strategy are the transformational vehicles for changing the approach to the wellbeing of children & young people in Darlington.

6.6 We will map the landscape of services to ensure correct pathways are in place as we move towards an integrated service based on need. Our aim is to act early to prevent harm, by investing in the early years, supporting families and those who care for children and building resilience through to adulthood. Strategies should be developed in partnership with children and young people to support self-care. This will reduce the burden on mental and physical ill health over the whole life course (Future in Mind, 2015).

6.7 Priorities for change continue to be developed by partners through analysis of available data continued co-commissioning and strong engagement.

- 6.8 We will continue to build capacity and capability across the system so that we can work towards closing the health and wellbeing gap and make sustainable improvements in children and young people's mental health outcomes by 2020.

7 The Thrive Model

- 7.1 The four-tier system of a comprehensive CAMH service was described in standard of the National Service Framework for children, young people and maternity services (DH, 2004) and was based on a solid body of earlier work (HAS, 1995).
The tiers as described are neither fixed nor one-directional; a child could be in receipt of services from more than one tier for example and would be likely to move down as well as up, according to need.
- 7.2 Although helpful in its time when differentiating between the forms of support available to children and young people, there is concern that it has emphasised the divisions between services. Future in Mind promotes the use of more integrated models of care such as the THRIVE model.
- 7.3 The THRIVE model, reflects what we want to achieve in Darlington as it brings services together to focus on the needs of children and young people. The language of the tiered model is common within our locality. An early part of this plan will be to have discussions between commissioners, providers, children and young people and families to explore more integrated models of provision.

8 Working with schools

- 8.1 We know, from work to date, that schools are key in transforming the wellbeing landscape. They are where CYP spend the majority of their time and subsequently that is where the focus of work to date has been in Darlington (outside of the specialist services).
- 8.2 Services working in schools will focus on early intervention and the development of a workforce that can promote resilience and self care.

8.3 What we want to do

- Along with families, schools are an important factor in ensuring the mental health and wellbeing of children and young people. From nurseries through to universities, we need to ensure we have an oversight of the wellbeing provision within each establishment so as to be reassured the needs of the children are being met.(2,3,5,8)
- Darlington is unique when it comes to the education arena as nearly all schools are now academies and therefore the control over what the school does or doesn't do with its budget is determined by the school itself. We will review what schools are offering to determine whether this could be done more effectively and efficiently through joint commissioning. (6,7,8,16,30)
- Roll out best practice from the schools who have already received Mindfulness and Mental Health First Aid Training (2,3)

9. Health & Justice

- 9.1 Work with the Youth Justice Board and Youth Offending Team (YOT) has established children's mental health as an important partner in delivery of services to this vulnerable group of young people. While the proportion of children who enter the criminal justice system is comparatively low in relation to regional and national averages, and to peers with similar demographics and levels of deprivation, the high proportion of children in the area still means that the absolute numbers of children from these vulnerable groups needing support for emotional or mental health difficulties will be high
- 9.2 The '[Strategic direction for health services in the justice system: 2016 – 2020](#)' is the Health & Justice strategic document which sets out the ambition of NHS England to improve health and care outcomes for those in secure and detained settings, support safer communities and social cohesion.
- 9.3 Health and Justice Commissioners in Cumbria and North East are leading a project which is part of a national drive to improve collaborative commissioning. This will involve NHS H&J commissioners working together with local partners to coordinate commissioning activities more effectively. The project is focused on those children and young people who are in receipt of services from some or all of the following:
- In the Youth Justice System, including in custody and detention;
 - Presenting at Sexual Assault Referral Centres;
 - Liaison and Diversion;
 - Welfare placements in the Children and Young People's Secure Estate
- 9.4 Bids are currently being submitted to NHS England Youth Justice fund for funding to roll out speech and language training to front line practitioners across the local authority who support vulnerable young people, this is predominately aimed at youth offenders and those at risk of offending.

9.5 What we want to do:

In Darlington, there is currently no health needs analysis in place but the YOS are aware that there are high needs in relation to speech and language. Frustrations around communication issues can impact further on the young persons wellbeing. Learning can be taken from the Need analysis undertaken by the YOS team in Durham.

- Consideration needs to be given to establishing a health needs analysis to inform future service delivery and commissioning opportunities. (21,22)
- We have recently been advised of a successful bid to the NHS England Youth Justice fund. The bid was to strengthen the Speech & Language offer available across Hartlepool & Stockton to young offenders and more widely to young people who are cited as vulnerable who are at risk of offending. This project will now be mobilised and progress and will be monitored through the Future in Mind board – YOS are invited to be part of the board.

10. Other Vulnerable Groups

10.1 Our aim is to improve the experience and outcomes for the most vulnerable and disadvantaged children, ensuring they are adequately supported at key transition points

10.2 With single points of access already in place within the Children's Access Point (CAP) at the local authority and the Single Point of Access (SPA) for TEWV specialist services the pathways in place within Darlington ensure robust safeguarding practices and that those who are eligible to receive a service, receive one.

10.3 What we want to do

- Build on the previous successful anti-stigma campaigns utilising social media (3)
- We need to reassure ourselves, through a multi-agency approach that the pathways in place, work not only for those children and young people for whom there is a statutory responsibility (children who are Looked after, have a learning disability) but for all other vulnerable groups - CYP on the Edge of Care, 16/17 year olds who are homeless or at risk of homelessness, teenage parents and children and young people who have been or at risk of sexual exploitation (21, 23, 24, 26, 29)
- We need to ensure that the Young Carers service is involved in all the work going forward to ensure this group of young people receive the support they may require in a timely manner (21, 23, 24, 26, 29)
- Work towards a more integrated approach between TEWV and children in the looked after system to prevent placement breakdown (22)
- Work with TEWV to ensure that their assessments are sensitively asking about the possibility of neglect, violence and abuse (23)
- To understand other services delivering support to children & young people in Darlington and how that can be brought into the bigger picture. This will enable us to identify how we get to a system based on need not eligibility and allow us to collectively think about commissioning differently (21, 26, 28, 29, 30, 6, 7)
- Personal health budgets are a way to improve outcomes by giving people more choice and control over the care they receive. They focus on personalised care and support planning, and let people choose how to meet their healthcare needs in different ways. Personal health budgets can be managed in three ways: a direct payment, a third party budget or a notional budget. We will work across partners in education and social care we will support more young people with complex health needs to access personal health budgets.
- We will ensure the Suicide Prevention Plan is rolled out and adopted by all partners.

11. Early Help

11.1 The early identification of children, young people and families with needs is the responsibility of all agencies and key to prevention of escalation to specialist provision. We must ensure that our front line teams are all equipped to provide advice and support around mental health & wellbeing.

- 11.2 Early Help means providing help for children and families as soon as problems start to emerge, or when there are emerging problems predicted for the future, and is designed to reduce or prevent specific issues from escalating or becoming entrenched.
- 11.3 Early Help may result in advice and guidance from just one agency or be delivered through a team approach, with agencies working together to support families, including universal services such as, Education establishments, Health Visiting and GP Services.
- 11.4 The introduction of a new Early Help Strategy in Darlington enables both plans to be aligned for early intervention and prevention. The principles underpinning the Early Help strategy are:
- Parents have responsibility to meet the needs of their children. Parenting is challenging and asking for help should be a sign of positive parenting.
 - Families tell their story once and receive the right help at the right time which builds sustainability in families.
 - Problems may emerge at any given point in childhood and the focus of Early Help should be to prevent and reduce the need for specialist or statutory intervention.
 - Early Help should be strengthened by the use of information sharing, clear communication and understanding between agencies and families.
 - Universal and more targeted services play a crucial role in prevention for families and whole family and multiple agency working is the key to reducing escalation.
- 11.5 The Early help teams are the cornerstone in early identification and prevention. The upskilling of their staff teams will improve the universal offer and increase the outcomes they achieve (6,7).

11.6 What we want to do

Linked to the objectives above, we need to:

- Better understand their interface with the specialist mental health services and third sector providers. (21, 26, 28, 29, 30, 6, 7)
- Understand the 'early help' offer provided by all agencies in Darlington who work with young people and their families (6, 7)
- We will look to map the pathways and interfaces between all services who work to protect the mental health & wellbeing of children and young people, we will adopt the principles of the Early Help strategy. (6, 7)

12 Maternity & Health Visiting

- 12.1 Anxiety and postnatal depression affect 13% of mothers shortly after birth and 22% of mothers one year after the birth (Gavin et al 2005). Teenage mothers are particularly high risk, with a three times higher risk of postnatal depression and poor mental health for three years after the birth. (29)
- 12.2 With Local Maternity System plans due to be published we need to ensure that our actions link effectively with changes to the way in which maternity services are delivered.

12.3 There is currently no perinatal service available in Darlington. Pregnant women can access TEWV specialist services if they have a diagnosis but often those mothers to be, with low mood are supported only by their GP.(4) We are working to support TEWV to submit a bid to NHSE to establish a bespoke perinatal service across County Durham .(4)

12.4 What we want to do

We will work collectively without clinical and public health colleagues to:

- Establish base line data from both the maternity unit (CDDFT) and the 0-19 service (Harrogate Foundation Trust) to further understand the prevalence of emotional wellbeing and mental health issues through pregnancy. (4)
- Understand the pathway between both services for flagging any concerns and how this links into Early Help services and the available parenting programmes (4,6,26,29)
- Developed a set of performance indicators across maternity and early years services (17,36,27)
- We will work collectively to implement pathways to support perinatal mental health (4)
 - Earlier diagnosis of emotional perinatal mental health
 - Improved intervention and support
 - Improved access to services
- We will promote Solihull antenatal infant attachment programmes and parenting support and promote nurturing information within the 0-19 service growing healthy programmes linked to above.(4)

In Darlington, emotional health and wellbeing will continue to be a key priority for health visiting and school nursing services under the existing commissioned service arrangements. Public Health will take the lead on this element through contract management.

13 Primary care

13.1 We have surveyed the GP practices in Darlington and 7 responses were received. However, the quality of the responses were not enough to enable us to formulate a work plan.

13.2 What we want to do

- Further work with primary care to understand their provision and skill base and pathways into the specialist services. (6, 7, 40)

14 The Digital Platform

14.1 Children and young people and many parents and carers are digitally literate and have told us they wanted services 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 and they 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

14.2 What we want to do

- Work needs to be undertaken in partnership with children and young people to review relevant websites (18)
- We will establish a working group – communication teams in NECS and LA to review and action.
- Any development of an app, will be done in consultation with young people (5)

15 Specialist Services

15.1 There is one main NHS mental health provider for children and young people in Darlington. Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust provide Children and Adolescent Mental Health Services (CAMHS) and Eating Disorder Services.

15.2 The CCG has commissioned a Mental Health Crisis & Liaison team based in Darlington Memorial Hospital, 7 days per week 24/7 and is currently working with Tees, Esk & Wear Valley Foundation Trust to further improve the community crisis response pathway (12, 13)

15.3 The proposal for community Eating Disorder provision, as part of the 0-25 service, was to develop an integrated team embedded within the overall service model. The additional Local Transformation Plan investment has ensured that a full staff team is available to deliver against the national access standards, as well as ensuring a more proactive approach to identifying patients who are suspected as having an eating disorder. This development is beginning to address issues such as inequity in treatment options relating to psychological therapies, for example ensuring wider access to psychological therapies to all service users as opposed to only offering intervention to those with a more severe eating disorders (13, 43, 44)

15.4 The current staffing composition across County Durham & Darlington is detailed in Appendix 1

15.5 TEWV's performance indicators are reported in Appendix 2

15.6 What we want to do

- We will continue to support the Crisis Liaison Service and Intensive Home Treatment service
- It is imperative to the success of the LTP that TEWV are considered a core partner.
- Pathways into TEWV will be part of the mapping work which was referred to earlier (6,7)
- Begin work in improve the waiting times for an autism diagnosis (15, 21)

15.7 Transition

15.7.1 We have worked with TEWV to embed the Transition CQUIN into the current contract. We will continue to monitor this through contract management to ensure smooth transition or discharge for young people reaching adulthood.

15.7.2 We do this by working with our provider to develop joint agency transition planning with the three following components of the CQUIN:

1. A case note audit in order to assess the extent of Joint-Agency Transition Planning; and
2. A survey of young people's transition experiences ahead of the point of transition (Pre-Transition / Discharge Readiness); and
3. A survey of young people's transition experiences after the point of transition (Post-Transition Experience).

We promote that at least 6 months before transitioning there is:

- Joint meeting to plan;
- Jointly agreed transition plan with personal transition goals;
- A named and contactable transition key worker

16 National Evidence of Effective Interventions

16.1 There is a growing evidence-base for a range of interventions which are both clinically and cost effective.

16.2 Early Intervention in Psychosis (14 years plus) - The CCG has already committed the nationally defined level of funding to the Service Provider in anticipation of the introduction of new access standards. National guidance, workforce requirements and gaps in delivering NICE concordant care are being collated to ensure national requirements are met. National targets on access to EIP standards are being over-achieved and a comprehensive audit around compliance with NICE standards was undertaken by NHSE and reported a high level of assurance around the service.

16.3 CAMHS Liaison Services - National guidance around the delivery of all-age 24/7 Liaison Services has been received. Currently the CAMHS Liaison service is funded non-recurrently and separately to the Adult Service. The national funding available (across all ages) is shown below and will be used to ensure compliance with national requirements in advance of the introduction of access standards. Further analysis and planning is required to review current gaps in provision against the national standards and develop the required plans for assurance.

16.4 The CCG commissions outcome based services which reflect the latest evidence based interventions. This is done in line with the Local Authority Whole Family approach and includes the family of the patient in the development and implementation of their care where required. The CCG is also committed to the development of CYP IAPT, 24/7 CAMHS crisis and Intensive Home Treatment services which are currently under development following recent approval by all CCGs concerned.

17 Collaborative Commissioning

- 17.1 This whole plan gives an overall vision of commissioning differently, but before we can move forward to thinking about pooled budgets, we have to explore more and fulfil the actions detailed above. We also have to acknowledge the current economic climate and the affect that is having on everyone's budgets. However, without being all doom and gloom, limited resources and working collaboratively, gives the landscape for creative and 'out of the box' thinking. We have to rely on each other's specialisms whilst thinking wider and bringing in partners who wouldn't necessarily be obvious.
- 17.2 For example, Darlington has a highly successful School Sport Partnership which is ranked in the top 10% of partnerships in the country for engaging young people and providing high quality school sport completions.
- 17.3 Darlington has also received funding to improve and expand its creative offer and as such 'Creative Darlington' was born. Cultural commissioning can have many advantages as they bring different approaches and have different opportunities in working with people and addressing their needs

Examples of how culture and sport can help this agenda

Engagement and sustained participation – working with peoples potential, opening up mind sets through attendance and perseverance

Inclusivity and difference – bringing different people together, there is no norm

Breaking down barriers – as above

Exploring identify and articulating needs – building confidence, respect for others, skills in teamwork and discipline and generating a sense of achievement

- 17.4 Culture and sport is found to be a significant factor in enhancing feelings of happiness and therefore a significant player in preventing health problems, maintaining wellbeing and also helps to prevent crime amongst young people
- 17.5 This aspiration is clearly defined in the CYPP and an area we will explore
- 17.6 All partners and providers will work together to develop a Darlington wide multi-agency offer that is informed by single Darlington standards and Darlington-wide trusted processes and tools (all). This work will help to sustain transformation into 2020 and beyond.
- 17.7 Linked to this will be an exploration of the possibility of all services delivering support to children & young people to feed into the national Mental Health Services dataset (MHSDS). Additionally, at a local level, we will explore the establishment of a key set of data and outcomes which will enable all agencies to work towards the same outcomes. This will give us a rich data to inform strategic and commissioning decisions.

18. Specialist Commissioning Team

- 18.1 In 2016 the landscape relating to Specialised Commissioning changed with the successful bid by TEWV to become a pilot site for a New Model of Care for children and young people's
- Oct 2017

Tier 4 services. This change has meant that TEWV through the lifespan of the pilot will both commission and deliver Tier 4 services.

- 18.2 The CCG along with NHSE Specialised Commissioning have been actively involved in the development and governance which has and continues to support the implementation of this pilot. The scope of the pilot replicates the work that was developed within Teesside with the early implementation of a crisis, liaison and Intensive Home Treatment service resulting in a reduction in the number of children needing an in-patient stay, and reducing the length of any required stay.
- 18.3 Early indication show that for the first six months the number of young people admitted long distances from home is decreasing, along with reductions in total numbers of occupied bed days and use of out of area in-patient units.
- 18.3 Collaborative commissioning plans, both through New Models of Care and with NHS England Specialised Commissioning, for those children that would fall under the remit of Transforming Care, will continue to be developed. These plans will need to include the further development of integrated pathways supporting crisis, admission prevention and safe discharge.
1. Complete the review of mental health support to children and young people with learning disabilities by December 2018.
 2. Deliver improvements to the pathway for children and young people with potential ASD or ADHD by July 2018.
 3. Review current emotional and mental health provision to looked after children and care leavers by March 2018.

19 Workforce

- 19.1 Darlington has been involved in the national Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) service transformation programme since 2012.(43,44) The principles of which are illustrated in the diagram below and underpin the ethos of working towards a multi-agency workforce plan.
- 19.2 Our aim is to continue to train and develop our local workforce to ensure we have staff with the right mix of knowledge, skills and competencies to respond to needs of children and young people and their families. We need to explore new ways of working and the development of new roles within CAMHS. Recruitment and retention is a significant challenge and we need to recruit more people into the CAMHS workforce offering more flexible entry routes and build more rewarding careers to ensure retention of staff. To support the new models of care. We will need to promote stronger leadership, management and commissioning and sustain these changes.
- 19.3 CYP IAPT provides opportunities for all organisations within a local area who provide mental health services for children and young people such as NHS, local authority, health visitors, staff in children's centres, education and voluntary and independent sector organisations.
- 19.4 The CYP IAPT service has passed scrutiny provided by the North East, Humber and Yorkshire Collaborative on which the CCG sits, which includes quarterly updates and annual self-assessment for each partnership against the values and standards criteria

'Delivering With, Delivering Well' <https://www.england.nhs.uk/wp-content/uploads/2014/12/delvr-with-delvrng-well.pdf>

19.5 What we want to do

- Implementation of the joint agency workforce plan and strategy as part of the prevention and early intervention pathway work. Tentative conversations have already taken place with the Workforce team at Darlington Borough Council, we will continue to expand on this and the possibilities available.
- Development of joint agency plans, ensuring the continuing professional development of exiting staff
- Extending CYP IAPT principles to wider workforce in contact with CYP; using outcome measures in their delivery
 - Offer training in universal settings including Primary Care (via Primary Mental Health Workers);
 - Ensure a highly skilled workforce by working with the existing CYP IAPT programme to deliver post-graduate training in specific therapies, leading organisational change and supervision in existing therapeutic intervention and whole-team development;
 - Develop a detailed workforce plan to address skills gap in staff working with children, young people and their family/carers.
 - Further embed evidence-based practice in partnerships.
 - Allow services to take up the offer of training places without the need for backfill roles.
 - Increase capacity in services by increasing the workforce within the partnerships.
 - To build capacity within the North East of skilled practitioners and clinicians who could be employed to backfill future training roles (if the new workforce were not taken on by the employing partnership).

20. Darlington's Children and Young Peoples Transformation Communications Plan

20.1 Since the inception of Future In Mind in Darlington we have had a Communication plan. As the plan is moving forward there is a need to update and refresh this plan.

20.2 To ensure coherent and consistent communication we will develop a joint communication plan between the CCG and Darlington Borough Council for Future in Mind.

21. Challenges

21.1 We acknowledge there are a number of challenges in the delivery of this transformation plan.

- Increasing demand - Demand on services is increasing. This is in part due to better understanding and treatment of mental health issues, reduction in stigma associated with mental illness which have both led to an increase in demand. The increase in the population living with long term conditions and isolation within society across the ages is also leading to an increase in low level mental health issues such as depression and anxiety.
- Commissioning landscape - There are a number of commissioning organisations responsible for delivering the children and young people's mental health care pathway which can result in complex commissioning arrangements.

- Parity of esteem - The challenge of parity of esteem requires an increase in mental health funding to match the funding given to physical health.
- Financial challenges - Across all partners involved in supporting people with mental health issues, austerity is creating a significant challenge as we look to ensure the greatest efficiency possible.
- Workforce - The challenge of building system wide capacity and capability to enable transformation needs to be acknowledged.

22. Investment

22.1 The level of investment by all local partners commissioning children and young people's mental health services is detailed in Appendix 3. It is acknowledged that there are a number of commissioned services that will contribute to children and young people's mental health and wellbeing. However, unless commissioned solely for that purpose, they have been excluded from this report.

23. Governance Arrangements

23.1 A Children and Young People's Mental Health transformation Group has been established to ensure improvements in children and young people's mental health are delivered in line with the aspirations of the Transformation Plan. A LTP tracker has been developed and shows the performance monitoring and risks. This is achieved through a partnership approach bringing together commissioners across the system (CCG, Children's Services, Public Health and NHS England) to oversee the delivery, monitoring and on-going development of the Local Transformation Plan. Recent changes now means that the group has a stronger position as it is now to be a subgroup of the Children & Young People Plan multi agency steering group.

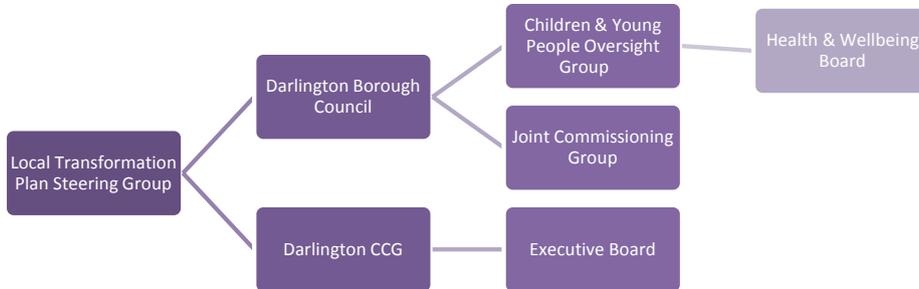
23.2 Due to the links to joint commissioning, the CYPP will feed the work of the LTP into the Joint Commissioning group which will in turn feed up to the Health & Wellbeing Board.

23.3 There is a clear reporting mechanism to the Darlington Clinical Commissioning Group Joint Management Team and Governing Body, in regard to financial governance.

23.4 Risks and issues will be escalated through the routes outlined above.

23.5 The CYPP steering group will provide a forum for engagement with wider stakeholders and can continue to influence this area of work.

23.6 The governance framework is outlined below;



24. Improving accountability and transparency

24.1 To ensure that our ambitious plans are jointly owned by all partners, we need to ensure that we are transparent as this manifests positive working relationships and achieves more creativity and outcomes for children & young people. To improve our accountability and transparency we have:

- Published the annual refresh of the plan
- Strengthened the governance for mental health
- Will jointly own the ongoing monitoring of the implementation plan and progress against identified priorities.
- We will work with local transformation partnerships to peer review and challenge implementation progress, spending and impact of transformation ambitions

25. Measuring Success

25.1 Performance metrics are developed against each action on the plan as they are initiated. This enables the CYPP steering group (as indicated above) to monitor progress against delivery of each action. Delivery of the plan forms part of the CCG assurance process required for NHS England.

25.2 Indicators include, but are not limited to:

- Process outcomes – activity, waiting times;
- Evidence based routine outcome measures showing improvements in emotional wellbeing of children and young people receiving services;
- Children and young people, parent/carer experience of services;
- Admissions for self-harm among young people;
- In-patient care admissions/occupied bed days.

25.3 Anticipated national developments in data collection for monitoring will be used to monitor delivery against local CAMHS services as well as core contractual requirements. This includes waiting times targets and the development of indicators from the Mental Health Service Data Set (MHSDS) – TEWV provide data to the MHSDS – vision all service will – as above

25.4 Measurable key performance indicators will be agreed to enable monitoring of progress

and demonstrate improved outcomes. These are detailed in the CAMHS Assurance Data Collection Tracker (Annex 3 of the submission to NHS England), and will form part of the assurance process required by NHS England. The tracker is submitted to NHS England on a quarterly basis. An example is attached at Appendix 2

26. Programme of Work

26.1 The current programme of work is detailed in Appendix 4. As this is a *living document* it is subject to change as the plan develops and is only accurate at the time of publication.

26.2 Workstreams will be created for any extensive pieces of work. Action plans will be developed for specific projects detailed within the plan.

26.3 Next Steps

- Darlington will consult with all partners on the content of this draft 'refreshed' transformation plan by the end of December 2017.
- Amendments were necessary will be made, and following assurance from NHSE – within 2 weeks of feedback.
- The refresh will be formerly discussed at the next Health & Wellbeing Board (December 2017).
- Plans will be edited into an easy read version to make sure that it is accessible to all by the end of January 2017.
- A summary document that outlines the plans will be developed following full assurance, and sign off from all partners, within 1 month.
- Links to the plans will be made available on Local Authority websites within in 1 month following submission.

Appendix 1

TEWV current staffing levels and structure

CAMHs County Durham Darlington CRISIS Service		WTE	WTE
Team	Profession	Darlington CCG	County Durham and Darlington
Administrative And Clerical	B3 Admin & Clerical	0	0.00
	B4 Admin & Clerical	0.15	1.00
Nursing, Midwifery And Health Visiting	B3 Unqualified Nurse	0	0.00
	B6 Qualified Nurse	1.72	11.44
	B7 Qualified Nurse	0.15	1.00
Scientific Therapeutic And Technical	B8b Psychologist	0	0.00
Grand Total		2.02	13.44

County Durham and Darlington CYP EATING DISORDERS		WTE	WTE
Team	Profession	Darlington CCG	County Durham and Darlington
Administrative And Clerical	B3 Admin & Clerical	0.15	1.00
Medical And Dental	Consultant	0.09	0.60
Nursing, Midwifery And Health Visiting	B4 Unqualified Nurse	0.30	2.00
	B5 Qualified Nurse	0.00	0.00
	B6 Qualified Nurse	0.45	3.00
	B7 Nurse Manager	0.15	1.00
	B7 Qualified Nurse	0.15	1.00
Scientific Therapeutic And Technical	B5 Dietitian	0.15	1.00
	B6 Dietitian	0.15	1.00
	B7 Dietitian	0.00	0.00
	B7 Psychologist	0.00	0.00
	B8a Psychologist	0.15	1.00
	B8c Psychologist	0.00	0.00

Grand Total		1.74	11.60
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County Durham and Darlington

CAMHS County Durham Darlington CRISIS Service			WTE
Team	Profession		County Durham and Darlington
IHT	B7 Nurse Manager		1.00
	B6 Qualified Nurse		2.86
	B5 Qualified Nurse		2.86
	B3 Unqualified Nurse		2.86
	B4 Admin & Clerical		0.13
	B3 Admin & Clerical		0.80
Grand Total			10.51

County Durham and Darlington CAMHS Tier 3 (LD)

Team	Profession	Darlington CCG
Administrative And Clerical	B2 Admin & Clerical	2.00
	B3 Admin & Clerical	0.79
	B4 Admin & Clerical	1.09
Medical And Dental	Associate Specialist	0.00
	Consultant	1.62
	Staff Grade Practitioner	0.00
Nursing, Midwifery And Health Visiting	B4 Unqualified Nurse	0.00
	B5 Qualified Nurse	0.00
	B6 Nurse Manager	0.00
	B6 Qualified Nurse	1.94
	B7 Nurse Manager	1.00
	B7 Qualified Nurse	1.50
	B8a Nurse Consultant	0.00

Scientific Therapeutic And Technical	B4 Psychologist	1.00
	B6 Psychologist	0.00
	B7 Psychologist	1.00
	B8a Psychologist	1.00
	B8c Psychologist	0.60
Grand Total		13.54

CAMHS (Multiple Items)		Budget WTE
Team	Profession	Darlington CCG
Administrative And Clerical	B2 Admin & Clerical	0.08
	B3 Admin & Clerical	0.36
	B4 Admin & Clerical	0.30
Allied Health Professionals	B7 Speech Therapist	0.08
Medical And Dental	Consultant	0.26
Nursing, Midwifery And Health Visiting	B3 Unqualified Nurse	0.38
	B4 Unqualified Nurse	0.42
	B5 Qualified Nurse	0.15
	B6 Qualified Nurse	0.84
	B7 Qualified Nurse	0.30
Scientific Therapeutic And Technical	B4 Psychologist	0.15
	B5 Psychologist	0.00
	B8a Psychologist	0.24
	B8c Psychologist	0.09
Grand Total		3.65

CAMHS TIER 2		
Team	Profession	Darlington CCG
Administrative And Clerical	B3 Admin & Clerical	0.10
Nursing, Midwifery And Health Visiting	B3 Unqualified Nurse	0.17

	B4 Unqualified Nurse	0.15
	B6 Qualified Nurse	2.66
	B7 Qualified Nurse	0.30
Grand Total		3.38

CHILD AND YP - TIER 3 - ASD		
Team	Profession	Darlington CCG
Allied Health Professionals	B7 Speech Therapist	0.11
Scientific Therapeutic And Technical	B8c Psychologist	0.15
Grand Total		0.26

Appendix 2 – TEWV Service Performance Indicators

Child and Adolescent Mental Health Services Community Data Darlington Clinical Commissioning Group

CAMHS Referrals

	2013/14	2014/15	2015/16	2016/17
Total referrals	733	957	1147	1422
Accepted referrals	706	853	1145	1355
Non accepted referrals	27 (3.7%)	104 (10.9%)	2 (0.002%)	67 (4.7%)

CAMHS Waiting times

	2014/15	2015/16	2016/17
Percentage of patients who attended a first appointment within 9 weeks of external referral - Children and Young People's Services (Target 90%)	98.46%	88.63%	100%

County Durham & Darlington Crisis & Liaison Service – Darlington CCG data

Referrals

	2016/17
Total referrals	86

Direct contacts

	2016-17
Number of contacts (face to face and telephone)	271

County Durham and Darlington Community Eating Disorder Service

Referrals

	2013/14	2014/15	2015/16	2016/17
Total referrals	45	62	37	96
Accepted referrals	45	58	37	90
Non accepted referrals	0	4 (6.5%)	0	6(6.25%)

Eating Disorder Waiting Times

		Quarter 2, 2016/17
Percentage of patients seen within 4 weeks of referral	Darlington CCG	20%
Percentage of patients seen within 1 week of referral	Darlington CCG	No patients referred

Deleted: ¶

Tees Wide Early Intervention Psychosis Service

This table shows the number of referrals to EIP teams for 2016/17, aged between 14 and 25 with a referral reason of Suspected 1st Episode Psychosis

Referrals

	2016/17
Total referrals	35

Direct contacts

	2016-17
Number of contacts (face to face and telephone)	580

Appendix 3 – Financial Information

22.2 The CCGs position shown in Table 9 below indicates an estimated proportion of the overall secondary care mental health block contract with Tees Esk and Wear Valleys NHS Foundation Trust for 2016/17. Also included is Darlington Borough Council funding which supports two therapeutic social workers separately from the CAMHS services.

Table 9: Investment in TEWVFT

Provider	Description	2016/17 £'000	2017/18 £'000
TEWV Block Contract	CAMHS	1,493	1,493
TEWV Block Contract	CAMHS LD	181	181
Darlington Borough Council	Therapeutic Social Work post & Educational Psychology	130	130
Total		1,804	

22.3 Darlington CCG financial baseline is shown below. This demonstrates the increase in spending committed by the CCG from 2015/16, 2016/17 and 2017/18

Table 10: CCG investment

	Year 1 2015/16 £'000	Year 2 2016/17 £'000	Year 3 2017/18 £'000
CAMHS Transformation	154	154	154
Eating Disorders	61	61	61
CYP IAPT (training backfill)	3	8	8
CYP Liaison & Crisis	0	14	88
Waiting Time Initiative	0	50	0
Vanguard	0	46	46
Total	218	332	357

Table 11 below details a breakdown of the funding specified in table 10 and provides a direct link to the action plan which is included at appendix 3. The change in investment as the plan is progressed is clearly demonstrated.

Table 11: Breakdown of investment

	Year 1 2015/16 £'000	Year 2 2016/17 £'000	Year 3 2017/18 £'000
Supplement existing Eating Disorder team to become evidence compliant	61	61	61
Improve access and waiting times for young people in Crisis (including self-harm)	32	96	87
Meaningful engagement through re-design	4	0	0

process with CYP, parent & stakeholders			
Increase capacity within social, emotional and wellbeing pathway	13	13	0
Mindfulness project in schools	35	0	0
Peer Support project in schools	20	0	0
Mental Health First Aid	15	0	0
Engagement specifically around Digital Technology and Social Media project	20	20	0
Primary Care - Training and youth mental health champions	10	10	0
Anti-Stigma campaign	5	0	0
CYP IAPT Programmes - access to training via CYP IAPT for staff working with Children and Young People	3	8	0
Increased capacity to reduce waiting time to treatment with particular focus on ASD	0	50	0
Intensive Home Treatment Service	0	46	0
Primary Mental Health Workers	0	0	57
Total	183	304	235

Appendix 4

Darlington Children and Young Peoples Mental Health & Emotional Wellbeing Transformation Programme

OCTOBER 2017 REFRESH V2

Description of project	Future in Mind Recs	Planned investment	Intended outcomes	Lead organisation & nominated officers	Partners	Year	Key updates	RAG*
Improve access to perinatal mental health care; in line with published guidance	4	Awaiting further guidance re allocation	<p>Improved patient experience – self reported measure</p> <p>Improved outcomes for the service users and their family (routine outcome measures)</p> <p>Reduction in in-patient admissions</p> <p>Baseline data and KPI's determined</p>	CCG MH (NECS) NH (TEWV)	CCG TEWV CDDFT	18/19	<p>We have mapped out current community perinatal mental health provision, identified gaps and developed an outline business case</p> <p>We have set up a perinatal mental health steering group to review the current position and develop a specialist community pathway (refine business case)</p> <p>Funding opportunities will be sourced as appropriate</p>	
Identify all aspects of the Children and Young People's Mental Health – social emotional and wellbeing pathway	6,7,2 1,26, 28,29 ,30		<p>More children and young people will have good emotional wellbeing and mental health; they are resilient and equipped to manage life challenges via survey</p> <p>Reduction in referrals to specialist services</p>	CCG NC (CCG) MH (NECS) RO (PH)	CCG DBC TEWV Schools GP's	18/19	A mapping exercise needs to be undertaken to explore the existing landscape of services available in Darlington across statutory and 3 rd sector/private organisations. To determine if pathways can be improved and service recommissioned differently This work will complete a high number of the priority actions outlined in the refreshed plan – Early Help, Vulnerable groups,	

Description of project	Future in Mind Recs	Planned investment	Intended outcomes	Lead organisation & nominated officers	Partners	Year	Key updates	RAG*
			Services are accessed based on need not eligibility					
Promote Solihull antenatal infant attachment programmes and parenting support and promote nurturing information within the 0-19 service growing healthy programmes			Data base developed to record staff training Families supported in early response Parent/child bond is increased	PH (PH)	DBC CCG HFT CDDFT	18/19	0 – 19 growing healthy team have undertaken significant training in their health visitor work force. There remains a gap in midwifery teams being trained	
Support 'Time to change' anti-stigma campaign	3	N/A	Increase awareness of mental health & wellbeing issues amongst all groups of children & young people	PH RO (PH)	DBC CCG HFT	Ongoing	Repeat social media campaigns	
Review of Early Intervention Psychosis pathway	13, 6	No	Help is available at the earliest opportunity. Inpatient care is reduced	CCG NC (CCG) DS (TEWV)	CCG TEWV DCC	Ongoing	Service is formally monitored from April 2017. Runs across Durham and Darlington	
Mindfulness project	2,9 21	No	Schools better able to manage challenging behaviour Number of teachers trained Number of CYP receiving training	DBC RO & EM	Schools	16/17	Final part of the project is the delivery of mindfulness to pupils in schools by the newly trained teachers. This will complete in the Autumn term 2017 (Sep-Dec).	

Description of project	Future in Mind Recs	Planned investment	Intended outcomes	Lead organisation & nominated officers	Partners	Year	Key updates	RAG*
Peer support	11	No	<p>Young people feel more supported</p> <p>Number of peer mentors</p> <p>Children and young people who feel they have someone to turn to when they are worried</p> <p>Young people feel more supported</p>	PH Schools and children		16/17	<p>Funding distributed to 9 schools.</p> <p>FIM group to be informed by consultation what further scoping is required to deliver full funding requested.</p> <p>An e-safety peer support project is currently underway.</p> <p>Utilising the peer supports from the grants and identify peer support champions within schools to disseminate best practice e.g. cluster groups in schools.</p>	
Implement a model for peer support for parents/carers	11	No	<p>Families will have access to increased support</p> <p>Number of peer mentors</p> <p>Improved feelings of wellbeing for families</p>	PH RO (PH) MH (NCES)	CCG DCC	18/19	<p>This will grow following the mapping work to determine the landscape of services available in Darlington.</p> <p>Work to be done with DAD to determine how they can support this work</p>	
Embedding of enhanced Community Eating Disorder Service for Children and Young people and monitoring of access and waiting times	13, 6	Ongoing	<p>Implementation of waiting time standards;</p> <p>Improved outcomes;</p> <p>Reduced potential for in-patient admission</p>	CCG MH (NCES) DC (NECS)	CCG TEWV	15/16 Ongoing	Business as usual – contract monitoring.	

Description of project	Future in Mind Recs	Planned investment	Intended outcomes	Lead organisation & nominated officers	Partners	Year	Key updates	RAG*
CAMHS Crisis 24/7 provision	12, 13, 6	Ongoing	Comprehensive assessment for children and young people in crisis within 4 hours of referral; Crisis resolution reducing the need for hospital admissions	CCG MH (NCES) DC (NECS) NC (CCG)	CCG TEWV	15/16	Now fully operational and offering a 24/7 service. Business as usual – contract monitoring.	
Develop a model for intensive home treatment (IHT) (potentially linked with the crisis service model) for children and young people with complex needs	13	TEWV	Reduction of inpatient bed days	CCG MH (NECS) DS (TEWV) DC (NECS)	CCG TEWV	Ongoing	The evaluation into the crisis/liaison services showed that the service reversed an increasing trend of admissions through A&E, significant cost reduction in use of paediatric beds and a reduction in Tier 4 use. The evaluation shows an indicative net return on investment of 53% of team costs. The service is currently evaluating the IHT pilot, early evidence supports that IHT continues to positively impact on the reduction of inpatient bed use.	
Deliver a Resilience programme in Schools Programme.	8.3	NO		DBC	DBC Schools	17/18	Continue to focus on strengthening the work to support schools	
Work with schools to understand their current mental health & wellbeing offer Determine if it is viable to have a 'universal offer' in schools of quality assured and reviewed programmes	2,3,5, 8	No	Fully integrated model between schools and TEWV and Early Help models. Joint commissioning	CCG DBC NC RO EM MH	Schools	18/19	Deputy heads have agreed to bring their models to their March 18. CCG/DBC to attend	

Description of project	Future in Mind Recs	Planned investment	Intended outcomes	Lead organisation & nominated officers	Partners	Year	Key updates	RAG*
Emotional Literacy Support Assistants' project	2,3,5,8	No	ELSA's role is to support children and young people in school to understand and regulate their own emotions whilst also respecting the feelings of those around them. This project would be a pilot for 15 staff within Darlington schools	DBC EM	EP Schools	18/19	This is in the early stages of development with interest from schools currently being assessed.	
Children and Young People's Autism Pathway	15,21	Subject to scoping	Improve timely access of assessments To support families while they await diagnosis Reduce waiting times for assessment to the national standard and NICE compliant	Darlington CCG NC (CCG) DS (TEWV)	ND DDES CCG DCC	18/19	RPIW planned for January 2018 – joint Durham and Darlington service	
Forensic CAMHS	15,19	Yes after 3 year point	Ensure pathways are in place for all key organisations	Health & Justice CB (NHSE) MH (NECS)	CCG DBC	18/19	Locally to support the national agenda we will need to: Multi-agency pathway review to ensure this vulnerable group of young people have their needs addressed..	
Ensure the needs of vulnerable population groups are addressed: Looked after children, care leavers, those who have been sexually abused, young people who offend, young	8,10,21,26,28,29,30	No	Pathways are in place for all children & young people The Health & wellbeing needs of all children & young people are catered for	DBC CCG	CDDFT HDFT TEWV	18/19	Linked to pathway work Work to be undertaken with safeguarding and Children's Access Point (CAP)	

Description of project	Future in Mind Recs	Planned investment	Intended outcomes	Lead organisation & nominated officers	Partners	Year	Key updates	RAG*
carers, children and young people with special educational needs or disabilities,								
Transforming Care for People with Learning Disability and Autism	14.8	No		NHSE CCG DO (NECS) AA (NECS)	CCG DBC	18/19	Local implementation group has been established; separate action plan will be developed outside of Care & Recover Subgroup. CCG commissioning NECS to deliver this service for them, the team are now picking up CYP CTR's.	
Improve integrated response to co- and multi-morbidity mental health and physical problems including long term conditions	10,21, 30, 43, 44	No	Increased knowledge across professional and service users Pathway in place	CCG NC (CCG)	DBC TEWV CDDFT	18/19		
Implementation of the suicide protocol Suicide multi agency prevention plan	25, 24, 23, 21, 22, 28, 29	No	KPI's as per NICE Guidance	PH RO (PH)	CCG DBC	17/18	A local suicide early alert system is in place in order to identify any CYP deaths and monitor and intervene in the formation of any clusters or hot spots. CYP are included in the Darlington suicide prevention plan.	
Clear leadership and accountability arrangements for children's mental health across agencies	31, 32, 46	No	HWB Strategies aligned Strategic leadership aligned to priorities	PH RO	CCG DBC All partners	18/19	Further work in coming year to ensure robust lines of accountability are to the Health and Wellbeing Board and the Darlington CYP Joint Commissioning group and CYPP.	
Consultation and engagement	33, 21	No	The Voice of the Child can be heard in the development of any new service specification	CCG DBC	DBC CCG NECS	18/19	New engagement plan to be drawn up between DBC and NECS	

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			needed Review of services/Pathways/service models are influenced by consultations with children & young people Part of Local Offer		All partners			
Exploring the commissioning environment and widening the scope of how we address the mental health & wellbeing needs of children & young people.	6, 7,46, 47, 49	No	Shared vision across all partners	CCG DBC	Partners – police?	18/19	Ongoing – however alignment of plan to Children & Young People's Plan. LAC sufficiency and Health & Wellbeing Plan will enable work to be more collaborative.	
Primary Mental Health Workers	8.3	No	Support offered at the right level and at the right time in the right place Roles clarified and commissioning contracting arrangement in place	TEWV NH (TEWV) NC (CCG)	TEWV CCG DBC	2018	Contractual agreement and commissioned to provide. Commissioning correct and is the contract still fit for purpose.	
CYP IAPT Programme	43	TBC		CCG JR (TEWV)	TEWV	18/19	The CCG is now a member of the North East, Humber and Yorkshire Learning Collaborative for CYP IAPT with the intention of being compliant in 2017 following scoping and planning in 2016/17, and will link the development of a whole system workforce strategy to the CYP IAPT programme.	
Targeting the training of health and social care professionals and their continuous professional development to create a workforce with the	66	No	Quality assured standardised training programme for staff from universal through to targeted	CCG DBC NC (CCG) (DBC)	CCG TEWV VCS DBC	19/20	A workforce audit to be completed to enable a gap analysis which will inform roll out of the quality assured training programmes	

Description of project	Future in Mind Recs	Planned investment	Intended outcomes	Lead organisation & nominated officers	Partners	Year	Key updates	RAG*
appropriate skills, knowledge and values to deliver the full range of evidence-based treatments			Support 95% of staff trained by 2020				This is an all age mental health workforce plan so people working with adults who can also be parents are effectively trained.	

*RAG status

RED	Off track, unachievable Project is unlikely to be achieved; there are major issues which are unlikely to be resolved within the time (or recourses) available.
AMBER	Off track, under review Project is feasible, but there are risks and/or issues which must be mitigated/resolved in order to achieve – senior level action is required
GREEN	On track Project is on track and achievable; there are no outstanding risks/issues which need resolution.
BLUE	Achieved / completed Project has been delivered and no further action is required
GREY	Not started

