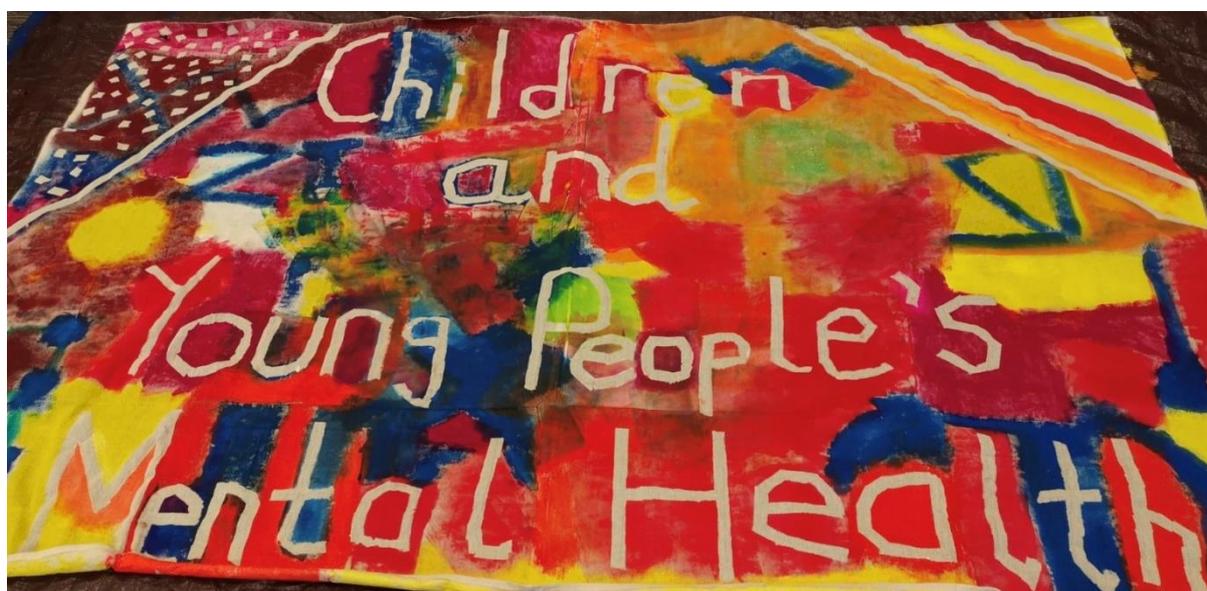


Durham Dales, Easington and Sedgefield Clinical Commissioning Group
North Durham Clinical Commissioning Group



2019/20 Update



Dr Stewart Findlay
Chief Officer



Councillor Lucy Howells
Durham County Council

Contents Page

Heading	Page Number
Foreword	4
1) Introduction	8
2) How this LTP was created	9
3) The County Durham 2019 update	10
4) Advisory Board	50
5) World Mental Health Day 2019	52
6) Beyond 2020 and Whole Pathway Commissioning	54
7) Policy Context	59
8) The Local Vision	62
9) Profile of Need (Data)	64
10) Finance	69
11) Final	70
Apex 1	71
Apex 2	75
Apex 3	76
Apex 4	83

This document is a reflection of work and dedication to improving outcomes for children and young people's mental health and that of their families and communities in which they live.

This document is written with thanks to all of the children, young people, parents and carers who have engaged with the local transformation plan for County Durham. Also to the organisations, groups and wide range of professionals who have engaged with the local transformation plan for County Durham.

Thank you for your continued support during 2019 and 2020 which ensures long term sustained development for children and young people's mental health across the county.

Forward

I am delighted to be writing this foreword as co-chair of County Durham's local transformation planning (LTP) group. This year has been an exceptional year of achievement in relation to co-production with our children, young people and families. This year we launched the development and implementation of our children, young people and parents advisory board. This board is to be equal status to the LTP and aims to ensure all we plan, commission, deliver and evaluate is done with the voice of service users front and centre. I am very much looking forward to watching the advisory board grow and build on the huge success of innovative practice created by the likes of Rollercoaster and the continued fantastic work of Investing in Children.

This year in County Durham we have seen the Durham Resilience Programme (DRP) be positively evaluated by Brighton University and be a finalist in the LGC awards; we have secured almost a million pounds to appoint three mental health support teams as part of the national trailblazer programme; we are rolling out the Anna Freud school links programme to all schools wishing to participate; we have brought in Kooth for all 11-18 year olds who are resident in County Durham; we have completed comprehensive health needs assessments of children looked after and care leavers and our children with special educational needs and disabilities. These two significant pieces of work have enabled us to have a far better understanding of the physical and mental health needs of two of our most vulnerable populations. Recommendations from these pieces of work are already being implemented such as the 'making mental health everybody's business' directory being utilised by social care staff and schools.

Going forward beyond 2020 the strong partnership working and continued high profile priority of children's mental health means that the objectives of the LTP are fully embedded into the County Durham children's strategy and the joint health and wellbeing strategy.

Workforce development is a key area of work for us to progress within all educational settings, social care and primary care to ensure all professionals who work with children and families are aware of mental health, how to assess and provide appropriate brief interventions and effectively sign post or refer.

The second significant area of work going forward is the CAMHS whole system review to consider how we all work to shift the spend upstream to preventing the escalation of need and investing in effective and efficient services for when young people need more intensive support.

There is a lot to celebrate in relation to the promotion of good mental health and the early intervention programmes available across County Durham and I am confident with the children, young people and parents advisory board at the heart of all we do County Durham will build on the existing good practice and continue to improve the whole offer. I'd like to thank all of the wonderfully passionate and committed stakeholders who form part of the LTP and wider children and young people's delivery. I commend this report to you as a reflection of the commitment we have here in County Durham.

Gill O'Neill
Deputy Director of Public Health

I was delighted to be asked to be part of the group who were to develop the County Durham Local Transformation Plan as I have a keen interest in mental health for children and young people. I have worked in education for over 30 years and during that time have seen a major shift in the perception of mental health, from something that was ignored or that people felt ashamed of towards a more open approach where there is proper understanding and support available for those in need. Of course, there is still much work to be done but with an estimated 20% of young people reported to have mental health problems at some time, this is a key area that all schools need to address.

The vision of the LTP is to improve mental health services for children and young people, making these services more accessible to children and their families by engaging with the very people it wanted to support. This was to ensure that their voices were heard and that support structures developed were fit for purpose. To achieve this, the group has worked together to identify strengths and areas for development to ensure the best outcomes for children and young people in Durham. As a result of this, there is much more consultation with young people through a range of activities, including workshops, discussion sessions and questionnaires. These are all set out to encourage those involved, whatever their age, to give honest feedback about how things are for them and what they think could be improved. The LTP has gathered this feedback, together with feedback from families, to help shape its plans for the future.

Another important outcome is the added focus on mental health in schools and the growing support for schools. This includes the introduction of the Resilience Nurses, the Durham Resilience Project and development of the Durham Emotional Wellbeing Toolkit which is currently being trialled. This last initiative is a way for schools to review and assess their progress in this area and develop their own action plan while sharing good practice with others.

Looking ahead, we still face challenges regarding resources, with tight budgets and waiting times still an issue in some areas. However, there is much to celebrate. We have come a long way over the last 5 years with mental health becoming less of a stigma than it has been in the past. Attitudes are changing, there is more openness and support is becoming more widely available and easier to obtain. My hope is that with the continued work of the LTP, our children and young people in Durham can be supported to achieve a happier future.

Dr. Sandra Whitton
Headteacher and LTP Member

I feel really proud to be writing an introduction to the County Durham LTP as parent co-chair. My journey of involvement with the LTP started when my daughter was mentally unwell and I didn't know what an LTP was. I attended meetings and fed in the voices of parents and carers from Rollercoaster voluntary support group I coordinated. Fast forward 5 years, my daughter has recovered, I'm a parent co-chair of the LTP and involved with a range of Local, Regional and National developments around mental health to help other families on their journey. Participation and involvement changes lives and I'm delighted to say County Durham LTP has this at the heart of its work.

We have made some fantastic progress in this area, providing various opportunities to enable people to go from needing support to supporting others. This year will see peer support workers emerge as part of the Mental Health in Schools Trailblazer. Rollercoaster is now a commissioned service embedded in core funding and we have launched County Durham Children, Young People and Family Mental Health Advisory Committee. As we move forward on this journey we have a responsibility to ensure the work of the LTP is not just about consulting and incorporating the voices of families, it's about taking action and being accountable to the children, young people and families it serves. The Advisory Committee will play a significant role in helping us achieve this. Both of these initiatives have long term investment and put people with lived experience at the centre, recognising their value in delivering services and becoming an integral part of the workforce.

I don't want another young person to have the same difficulties as me and would like more understanding and services that are shaped with us at the centre. This would help us to be happier in the school environment and community.

Young Person (age 13) Advisory Member

I am passionate about young people having access to timely and appropriate mental health services. It is important that services in the future are developed with parent, carers and young people involved from the onset I think the potential of the advisory board will begin to develop these services leading to an inclusive and participatory environment for children young people and families.

Parent Advisory Member

Throughout this document you will read about some of the fantastic achievements as well as challenges we face as an LTP. We are on a continuous journey, learning to work together in a complex system that aims to do the best we can for children and young people's mental health. The vision is to truly co-produce every aspect of this system to ensure every family gets the support they need at a time that is right for them. I am filled with hope and excitement for the future. With a working ethos that is family needs led and professionally supported, I believe our LTP is moving forward in the right direction.

Wendy Minhinnett
Co-Chair County Durham LTP

A Young Persons Blog

Mental Health - Outside I am smiling. I'm laughing. I'm "happy". Inside I'm screaming. Battling my own head. Searching for a way out. Mental Health is ugly. It's scary coz outside a person can look happy even when they are not. I've been struggling with my mental health for as long as I can remember. I deal with depression, anxiety, ptsd and self harm on a daily basis. I've been in hospital for the last 3 months, discharged and now I'm back after only 2 weeks.

I was doing well. A year without self harm. And then I spiralled. It started small, just punching walls. And then I started self harming again. A&E 4 times a week. Then I tried to end my life. 3 times in 10 days. I went to hospital. I struggled. I was head banging on a daily basis. Tying ligatures. Not eating. Not sleeping. Disengaging from everyone. Isolating myself. Ignoring my friends and family. Refusing therapy sessions. I didn't want to be there. I didn't even want to be alive. Then I started doing well.

Therapy was helping.

I was allowed time at home. And then I got my discharge date!! I went on home leave overnight. It didn't go well but just a small blip. Then I got discharged!! I was going home for good!! But that night I was in a&e, stupid me. I had lots of incidents that week and had a breakdown. And now I'm in hospital again. An adult ward this time. It's intense. It's scary. I didn't sleep last night coz of the noise and I have someone watching me at all times. It's weird. Mental Health. People think it's a trend. They self diagnose and post their "disorders" in their Instagram bios. But it's not a trend. Mental Health is very real. And its ugly. Its not being able to get out of bed or brush your teeth or get washed coz it's just too much. It's not talking to anyone or going out. It's feeling worthless, like there's no point. But it's also being the early riser. The loudest person in the room. one who's always smiling and laughing. And that's the thing about mental health.

It's invisible.

You don't look sick so people tell you to just get on with it and stop making excuses. They see it all as attention seeking. I wasn't sure about posting this coz I can imagine the things that people might say. But it needs to be talked about. When I was first struggling I was alone. I was scared to tell anyone coz of the stigma around mental illness and self harm. As cliché as it might sound, I suffered in silence for years. But I won't anymore. It's nearly 2020. It's about time mental health was spoken about as cancer or diabetes. And that's why I am sharing my story, coz it's okay to talk about mental health!!. Please, if you ever need to talk about your mental health. Call someone. Or message me. I'm always here for anyone. I don't care who you are or what I have going on Again, I'm not posting this for attention. I'm doing it coz there needs to be more awareness and I want people to understand my story as some people seem to think I'm using my mental health as an excuse but that's the last thing I wanna do. I'm just not well.

#EndTheStigma

Children and Young People's Mental Health, Emotional Wellbeing and Resilience County Durham Transformation Plan

1) Introduction

This document is the 2019 refresh of the Children and Young People's Mental Health and Wellbeing Plan for County Durham. It has been written and published to enable the public, partners and stakeholders to see the progress being made against the local five year plan first launched in 2015; this year representing the final year of the plan. This refreshed plan sets out progress that has been achieved to date, and the longer term priorities beyond 2020.

This document should be read alongside the Five Year Forward View for Mental Health¹ and its Implementation Plan, as well as the NHS Long Term Plan² which had been launched more recently. This document will also form an element of the Integrated Care Partnership and System for the North East and Cumbria³ and link our local plans into regional work.

This plan will be published on CCG, Local Authority and partner websites. The Clinical Commissioning Group and Investing in Children are working with children and young people and a range of partners to create a series of short animations that explain the LTP. Links to these animations can be found through this document and support an "easy read" document.

The plan sets out a shared vision to continue to improve mental health services for children and young people with representation from health, local authority, voluntary sector with children and young people and their families leading the direction of the plan. Strong governance is crucial to this plan and within this document you can see how this plan and group are governed and held to account.

The aim of the plan is to make it easier for children, young people, parents and carers to access help and support when needed and to improve mental health services for children and young people. The plan also promotes positive messages regarding mental health in order to challenge stigma and discrimination while also increasing public awareness. The plan will result in:

- An improvement in the emotional wellbeing and mental health of all children and young people;
- An embedded multi-agency approach to working in partnership, promoting the mental health of all children and young people, providing early intervention and also meeting the needs of children and young people with established or complex problems;
- All children, young people and their families will have access to mental health care based upon the best available evidence and provided by staff

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

² <https://www.longtermplan.nhs.uk/>

³ <https://www.england.nhs.uk/integratedcare/integrated-care-systems/>

- with an appropriate range of skills and competencies;
- Better outcomes for children and young people with special education need and disabilities (SEND) –improving support within the community.

My name is Annette and I have a 20 year old son who has had mental health issues for a number of years. I have attended a LTP committee meeting where I was able to talk about my experiences. I have also given a presentation to a recent seminar about integration. Being involved in these events helps me to feel that I can make things better for others going through what our family have gone through. I hope that my small contribution can help to improve the mental health provision for our young people.

Through this document a range of links will take you to further reading, information and facts. We have also made a range of animations voiced by County Durham children and young people and professionals. The first explains the LTP.

https://ga.vyond.com/videos/0EX9ZUeXeUIE?utm_source=linkshare&utm_medium=linkshare&utm_campaign=usercontent

2) How this LTP was created

This Local Transformation Plan (LTP) was developed and co-produced collaboratively with local stakeholders including children and young people and it outlines the need to transform care and support for mental health. Our continued aim is to build infrastructure to ensure children and young people have resilience and are able to thrive to markedly improve their lives. This will happen alongside the development of a system of prevention to ensure young people get the right support when and where they need this.



Over this last year work has focused on realigning resources to areas of need, to improve and enhance early intervention, prevention and specialist mental health services, very much continuing what we have started and will continue this, ensuring that the system has both the capacity and capability to meet the needs of our current and future

population is a core aim and responding to new challenges by using new tools to continue to drive the LTP forward.

I'm Louise & I have a 16 year old son with a diagnosis of Asperger's & mental health problems including depression & anxiety. I've thoroughly enjoyed being involved in the LTP I've been on interview panels with CAMHS several times, I've also been involved in interviews & training at Northumbria Uni for the EMHP. I'm passionate about raising awareness & talking about young people's mental health & anything I can do to help I will. Been involved has also helped me because I lost 'me' somewhere on this difficult journey. I had to give up work as my son wasn't accessing school due to his Mental Health, so for me personally it's been great it's boosted my confidence & I've met some really great people. I look forward to more involvement in the future.

While the Future In Mind set 5 years for local transformation plans we give full assurance that the LTP is here to stay. Collaborative working across the system with children, young people and families at the centre of all we do is the right way to drive this work forward and support us in always striving to do better.

3) The County Durham 2019 update

This year we want to ensure our County Durham update is at the start of our LTP assurance document (this document) to celebrate and share what we are doing right at the front. However, it's important to remember The Thrive Model⁴ for which underpins all our work.

⁴ <https://www.annafreud.org/media/9254/thrive-framework-for-system-change-2019.pdf>



The THRIVE Framework provides a set of principles for creating coherent and resource-efficient communities of mental health and wellbeing support for children, young people and families.

It aims to talk about mental health and mental health support in a common language that everyone understands.

The Framework is needs-led. This means that mental health needs are defined by children, young people and families alongside professionals through shared decision making. Needs are not based on severity, diagnosis or health care pathways.

The THRIVE framework is for:

- all children and young people aged 0–25 within a specified locality
- all families and carers of children and young people aged 0–25 within a specified locality
- any professionals who seek to promote mental health awareness and help children and young people with mental health and wellbeing needs or those at risk of mental health difficulties (whether staff in educational settings, social care, voluntary or health sectors or others).

- Taken from The Anna Freud Centre for Mental Health

When “I” is replaced by “We”
Even “Illness” becomes “Wellness”
- Malcolm X

Rollercoaster Parent Support

Rollercoaster Parent Support Project supports parents and carers of children and young people experiencing emotional or mental health difficulties. Rollercoaster is in its 5th year of operation in County Durham and is now embedded into core CCG budget; this gives the project financial stability. The project has been co-produced with parents and professionals from the very beginning and has developed a model of working that is being shared across the Country via partnership work with the Charlie Waller Memorial Trust and NHS England. This has enabled parents and carers from County Durham to get involved with a range of opportunities locally, regionally and nationally. This means a model, developed in County Durham, is held as a national exemplar of good practice.

Next Steps for Rollercoaster:

- Formal evaluation to evidence impact;
- Develop parent peer support training and scope parent integration into the CYP MHS workforce;
- Development of a 12 month action plan detailing the fundamental approach to moving to a business and/or charitable model in the future.

Support Groups

- 2 per month (North & South Durham)
- CAMHS Support
- Multi-agency input

Advisory Work

- Parent voice
- Service developments & improvements
- Local & National

Digital Support

- E-Network
- Facebook-closed & open group
- Advice, information & signposting

Training

- Parent training
- Peer support training
- Signposting to E-learning
- Workforce Training

348 Support group attendances

15 Guest Speakers

12 Activities

Key themes from feedback:

Tackling stigma
Reducing isolation
Tips/advice
Expressing feelings

£700 raised by parents

County Durham

- Co-Chair LTP
- Digital Offer Consultation
- Interview panels
- Think On staff CPD day
- TEVV Business Planning Day
- Integrated Pathway Event

Regional

- Clinical Network Resilience and Trauma Event
- Northumbria University student training
- Interviews EMHP
- Clinical Network Integration Event
- NHSE Trailblazer Engagement

National

- Partnership work CWMT-supported 17 areas to develop parent support
- NCCMH CYP Green Paper Work
- MindEd Training Modules
- NCCMH Peer Support ERG
- Proud Parents Conference
- Milestone Project-Transition
- AYPH Conference
- Inpatient Carers Toolkit
- Carers Trust Triangle of Care:
- NHSE Conference-participation & Outcomes



○ 2133 Like page followers

○ 1152 Closed Group members



○ 1135 Twitter Followers



○ 325 E-Network Members

91 Training attendances

- Stress buster
- Awesometistic
- Anger, anxiety and aggression

Workforce Training sessions

- EMHP Northumbria & Manchester
- Northumbria University
- Social work students at New College Durham



Great tips for us as a family to cope, learning coping strategies and what works/does not work



I'm more confident, better supported and social anxiety has reduced

I just wanted to say that I have never had the opportunity to attend any of your groups, but just being on your email list, gives me comfort



I can't get to the meetings but online support is amazing and knowledge is key and this group has advice and support in bucket fulls thank you



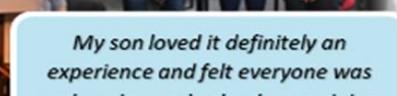
Amazing, really good session. Feel more hopeful already. I'm in crisis at the minute but feel like there's a light at the end of the tunnel now



The group is a lifeline for peer support



Was really interesting. I'm really keen to get involved with helping to improve mental health support for children/young people and families"



My son loved it definitely an experience and felt everyone was welcoming and valued our opinion



Rollercoaster has been an amazing support this year which has been a very difficult year for all my family. Thank you.

Stamp It Out and County Durham Time To Change Hub – Challenging Stigma and Discrimination

The County Durham mental health anti-stigma and discrimination campaign Stamp It Out continues to develop reaching new audiences and challenging and changing public perceptions of mental health.

Within 2018/19 the work of the Stamp It Out group recorded over 1000 different examples of social contact which is where a person with lived experience engages a conversation with someone else relating to mental health stigma and discrimination.

In December 2018 Stamp It Out became a Charitable Incorporated Organisation which was the first step of becoming a sustainable social movement within County Durham.

The work of Stamp It Out has been acknowledged nationally through Time To Change as an example of good practice. Champions with lived experience have developed a Social Contact toolkit which is being rolled out in partnership with employers, education providers and community groups. The toolkit includes quizzes, art resources, films of individuals with lived experience and games to name a few.

In March 2019 County Durham became a Time To Change Funded Hub with funding running through until August 2020. Investing in Children have been tasked with coordinating the Hub following the successful funding application submitted with the support of the Mental Health Partnership

Board. The key elements to this funding includes access to free training from Time To Change for Champions and Employers to challenge stigma and discrimination. In addition to this training Champions with lived experience can apply for small grants through a £10k pot called the Champions Fund hosted by Investing in Children. Champions can apply for small grants of up to £500 to develop and deliver their own anti-stigma activities and events. This fund will also be used to enable the Hub to engage with some of the more marginalised and vulnerable communities in County Durham.

The key to building on the success and sustainability of Stamp It Out and the County Durham Time To Change Hub will be continuation funding. Stamp It Out Trustees and Investing in Children have been working alongside Public Health and the Clinical Commissioning Groups to identify funding within existing workstreams as well as identifying small grants.

There is a big focus on employers within County Durham signing up to the Time To Change Employers Pledge to make the workplace a more supportive, accepting and stigma free environment; this will be a future work area.

Although Time To Change does not work with primary aged children, the local



campaign Stamp It Out will continue to prioritise this age group as part of the prevention and early intervention agenda to get children and young people having conversations about mental health at an earlier age.

Although there is no expectation for the County Durham Hub to measure the success other than recording the number of social contact opportunities, Investing in Children and Stamp It Out have been working with Time To Change and Public Health to develop a public perceptions survey to identify if public attitudes towards mental health have changed based on the work which is being carried out to challenge mental health stigma and discrimination. The survey was launched on World Mental Health Day and will close on the 14th February 2020.

Finally to add that this is an exciting time for this area of work with the profile of mental health stigma and discrimination being raised thanks to the support of Time To Change. This has also complimented the development of the Resilient Communities Group and the investment from Public Health in mental health training which is being rolled out across the County.

Young Adults Support Café – Emotional Wellbeing Peer Support and supporting the transition from Children’s to Adult’s Services.

Investing in Children coordinates a weekly YASC Group which is an emotional wellbeing Peer Support Project for children and young people aged 16-21 which supports young people to transition from Children’s to Adults Services.

For three years the project has relied on a series of small grants to stay open. Due to the success of the project in March 2019, Investing in Children were successful in applying for 3 years funding through the National Lotteries Community Fund to support funding to 2022. In addition to the continuation of the Durham YASC in partnership with Waddington Street Centre in Durham a second YASC has been launched in June this year in Newton Aycliffe in partnership with PCP.

In the past year the project has supported 5 young people to progress within further education and access University. For some of these young people this was an aspiration but due to mental ill health at times was not clear when this would happen. Due to the ongoing peer support accessed within the YASC Group these young people have been able to develop their resilience and increase their confidence and achieving their goals.

The project has also been able to support young people to access volunteering opportunities and paid employment through linking in with local partners including DurhamWorks, Waddington Street Centre and the NHS.

In addition to the peer support offered through the YASC project, Investing in Children have been able to develop the Peer Mentoring Programme enabling children and young people to have the capacity to support their peers in school. This programme is now ASDAN accredited and covers key elements including safeguarding, confidentiality and developing positive communication techniques. Match funding has been sourced for the Peer Mentoring Programme through Area Action Partnerships.

The young people within the YASC Groups have been able to continually inform decision makers with the LTP Group through ongoing engagement. An example of this includes contributing to discussions leading up to the Green Paper Consultation and the Trailblazer funding application.

One of the key future focuses for the project is to use a digital tool to track the progress of individual young people and to follow their journey when moving on from YASC. Working with the young people to develop the monitoring tool Investing in Children will roll this out within the YASC groups and this can then be developed within other areas of work within Investing in Children.

Through the new partnership with PCP, we will look to continue to develop opportunities to support young adults who are NEET into education, employment or training.

Humankind

Humankind have delivered LGBT+ support services, commissioned by Durham County Council for 8 years.

The LGBT+ Services provide support to young people aged 15 to 25 through a range of projects. LGBT+ (Lesbian, Gay Bisexual or Transgender or other related identities) specialist support includes one to one interventions, workshops, peer support and family work.

We also are a delivery partner for the Rainbow Flag Award; a quality assured framework for schools to ensure that they are providing inclusive and positive environments for LGBT+ Students and their staff. This area is not commissioned by DCC.



Our LGBT+ Services also deliver training to professionals working in the fields of health and social care; as well as mental health and wellbeing services. The service utilises a structured assessment and intervention process to facilitate timely and targeted interventions and support. The service offers as standard the young people 6 appointments if they require one to one support, this will be coupled with peer group support, activities and family support. These support packages are intended to improve the young person's confidence and support them through what can often be a very challenging time. The

I like the fact that I could take part comfortably with no judgement and with people who felt the same as me

Young Person

service provides both emotional and practical support including access to legal assistance for name changes, navigation through medical transitions, increasing worker awareness, etc. Once young people have completed the appointment process a case review will occur with the project leader to identify any ongoing support requirements; if it is identified one to one support has achieved all outcomes the young person will may continue to be part of the service and through access to the peer support groups and activities with any ongoing support occurring in these arenas. Should the case review identify additional targeted one to one support requirements this will be agreed with the project leader and a new support plan written in conjunction with the young person receiving support and any wider agencies involved where required. Additional support requirements may be linked to a young person being a child in need, at risk of sexual exploitation, significant self-harm, suicide intention or risky sexual behaviour.

The service utilises established links for onward specialist referral such as housing support, substance misuse, etc. however it works in a collaborative manner to achieve positive outcomes for young people as much as possible.

Service users requiring counselling provision are either directed to statutory services if required or online counselling via the KOOTH online counselling service. This ensures young people are receiving the most appropriate support for their presenting needs. Self-care strategies and age appropriate resources are also encouraged within one to one sessions and group work; with all staff trained in this area through internal systemic family therapy training.

*It has been wonderful to be part of the Rainbow Flag Award. The Rainbow Flag ambassador project has been extremely successful and as a result our children feel that they have the knowledge and the confidence to tackle any HBT bullying or prejudice that they might see. The support that we have received as part of this project has been fantastic. This project is helping to ensure that the next generation are well informed, tolerant and respectful. – Miss Smith West
Cornforth Primary School*

Humankind are also part of a



national consortium previously funded by the Government Equalities Office via the Department of Education to deliver the Rainbow Flag

Award www.rainbowflagaward.co.uk for primary and secondary schools across the North East to encourage the tackling of homophobic, bi-phobic and transphobic bullying whilst promoting an inclusive welcoming environment. This enriches the current service offer by enhancing school infrastructure appropriate to their specific needs and encourages appropriate referrals into the service. Many schools in County Durham have accessed this training and have been successful for the award.

The LGBT+ service actively encourage service user, carer and public engagement across a range of forums, events and inclusive of vulnerable groups such as the fulfilling lives event. The service delivers drop in sessions within education provisions to improve engagement and visibility including attending fresher's fairs.

At the point of engagement service users are provided with a handbook containing service contact details and other relevant support/ helplines. The service also holds Investing in Children status which reflects this positive engagement and participation.

The service also attend relevant network and development meetings with partner organisations to both promote the service and highlight emerging needs of service users, examples include the Better Together Forum, Durham Pride Steering Group and other relevant multi-agency meetings.

The service has reviewed available resources and developed new materials where required however due to our positive national links we are also able to access existing tested resources such as that created by the Proud Trust discussed below:

They have recently used this fantastic resource for LGBT+ young people who are sexually thinking about or active developed by one of our partners The Proud Trust. In order to prevent risky sexual health this resources is a must for all young people.



For many years, young people that we work with have been telling us that their needs are not being met through the sexual health education that they have received through mainstream education.

Lesbian, gay and bisexual young people tell us they feel excluded for sexual health education, due to a heavy focus on pregnancy and contraception.

Trans young people tell us they feel disempowered to engage in sexual health education programmes, due to incorrect assumptions being made about them and their body parts, by the subject facilitator.

When explored the often banded about phrase "gay sex", it was soon concluded that there is actually, no such thing. So what has become apparent, is that a sexual health toolkit specifically for LGBT+ young people is not what is needed. Rather, a toolkit that enables a broader set of conversations with *all young people* is what is required. It is this realisation that led to the development of The Proud Trusts **Sexuality aGender - An Inclusive Sexual Health Toolkit**. The service has found this toolkit reflective of the specific needs of our service users and has been well received.

The service is now widely recognised as being a specialist in the arena of LGBT+ which has resulted in Humankind being approached by many services across the County Durham area. The service is embedded in the children and young people's services as well as working with other funded projects such as the fantastic Roller coaster project and investing in children.

The service was useful, I was able to talk to other people in the LGBT+ community and has already made me a lot happier and comfortable in my own skin

Young Person

Durham County Council One Point Service

The aim of the One Point Service is to identify and provide timely and effective early help for children, young people and families, which prevent difficulties escalating and leads to better outcomes, which are sustained.

One Point Service supports children, young people and families to improve their mental and emotional health and is an integral part of the 'Early Help Offer. This includes Wellbeing for Life Workers supporting children aged 5-13 and their families to improve their wellbeing through resilience building programmes and support to children and families with needs related to emotional health, wellbeing and resilience.



The Wellbeing for Life (Wbfl) workers have been in place since 2016. The role focusses on adopting a 'think family' approach ensuring the needs of both the adult and children within the family context are understood and supported so that the whole family can achieve good outcomes. The Single Assessment Framework is used to identify families in addition to parental self-referrals.

There are 10 Wellbeing for Life Workers aligned to the Family Centres across the 7 One Point localities in County Durham. They are responsible for delivering the Strengthening Families Parenting Programme which is seven week evidence based whole family programme designed to increase resilience and reduce risk factors for behavioural, emotional, academic and social problems for young people aged between 10-14 years. Young people and parents attend together. In addition to this One Point can support families in accessing Booster Sessions (follow-up from Strengthening Families), use 'Relax Kids' techniques and support using 'Mind Ed' tools. One Point also contributes to the delivery of YAM and supports secondary school aged young people through the Team Around the School this is a Programme in collaboration with mainstream secondary education schools in County Durham to provide early help to young people within school who, because of their needs or

circumstances, require extra support to be healthy, safe and achieve their potential by accessing the educational opportunities available to them. This support includes a range of group-based activities and short time limited one to one support addressing school attendance, Emotional wellbeing, self-esteem and confidence, risky taking behaviours and challenging behaviours.

There is also the Team around the Community: Team this involves small teams of part time sessional youth workers who are deployed to work flexibly across the county during the evenings to provide detached outreach support to young people. The workers target locations where there are reports of antisocial behaviours or risk-taking behaviours reported through multi agency problem solving groups and provides on the street advice.

All Wellbeing for Life Workers (Wbfl) have been trained in the delivery of the Strengthening Families Programme. All Wbfl Workers have achieved Level 3 City and Guilds Health Trainer Qualifications and have accessed CAMHS training to support their work around resilience of young people and their families. One Point Wbfl workers have links with broader Wellbeing for Life Services and the Adult Wbfl Resilience Course is promoted as is the support available from Resilience Nurses, FISCH Team, Change Grow Live, Rollercoaster Support Group (CAMHS).

The Wbfl Workers routinely engage Adult Wellbeing for Life Workers to attend the final session of Strengthening Families Programme to help engage families with ongoing health advice and support. The Wbfl workers also refer into the service if there is a health need identified as part of the family assessment.

Outcomes are measured using a range of evaluation tools such as the Strengths and Difficulties tool for adults and young people; the Adolescent Wellbeing Scale; the Warwick Edinburgh Mental Wellbeing scale for adults, school attendance data and in addition information from Team Around the Family and School are used to understand the wider impact on the young person such as impact on behaviour in school. The percentage of children and families satisfaction with the service and delivery of the Strengthening Families Programme is rated good or above at 98%.

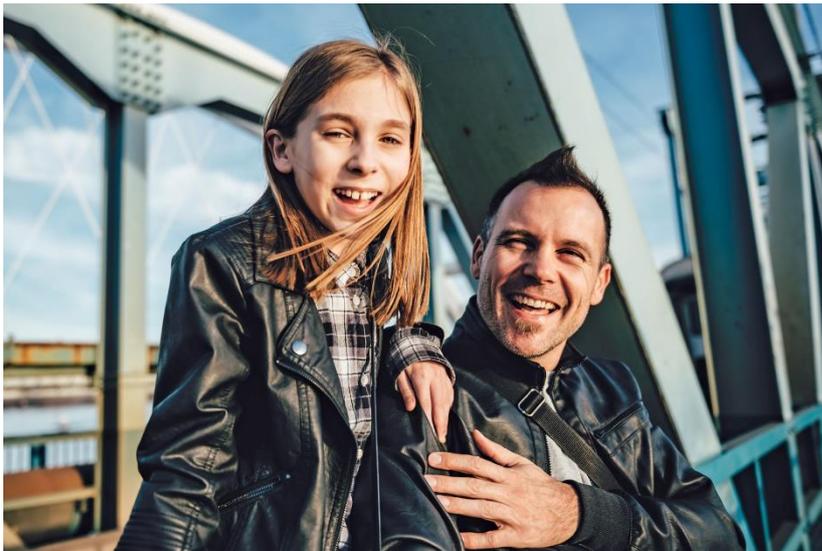
Between the reporting period April 2018-March 2019 the following headline outcomes were achieved:

- 25 Strengthening Families Programmes were delivered across the county between 2018-2019;
- 213 participants completed, 108 parent/carers completed a Strengthening Families Programme; 105 young people completed a Strengthening Families Programme;
- 83% of young people demonstrated a reduction in their total difficulties with emotions and behaviours at the end of the Strengthening Families Programme (Strengths and Difficulties Questionnaire);
- 88% of parents demonstrated a reduction in their perception of their child's total difficulties with emotions and behaviours at the end of the Strengthening Families Programme (Parents Strengths and Difficulties Questionnaire);
- 89% of young people demonstrated a positive increase in their wellbeing score at the end of the Strengthening Families Programme (Adolescent

Wellbeing Scale);

- 86% of parents demonstrated a positive increase in their wellbeing score at the end of the Strengthening Families Programme (Warwick Edinburgh Mental Wellbeing Scale);
- A further 10 programmes have been delivered between April and June 2019 with 93 participants completing the programme.

Further date regarding training is discussed further in this document within the workforce section



In addition to the delivery of the Strengthening Families Programme the WbfL Workers have where appropriate undertaken case work where the presenting child (5-13years) presents with emotional wellbeing or behavioural concerns, involving whole family

assessment and development and implementation of family plan. They have also supported the development and implementation of group-based activities for young people aged 6-16 years presenting with a range of emotional wellbeing issues such as mild anxiety, low mood, self-harming behaviours, low self-esteem and confidence, delivered in the Family Centres. Localities deliver these groups all year round and other localities have delivered during the summer holidays. This is determined by need within the locality and assessments undertaken within the One Point Service.

These groups include:

- Chill Kids 5-11 years – Emotional Well Being Group;
- Relax Kids 11 plus years – Emotional Well Being Group;
- WbfL workers also support the delivery of Triple P and the Staying Cool Programme. The Triple P Group Teen programme is for parents with children 11 years and above. The Staying Cool programme can be delivered to both adults and young people 11 years and above.

This service is a good example of our early help and support. Further information on work can be found in our animation at https://ga.vyond.com/videos/0FQu8yQmLHIU?utm_source=linkshare&utm_medium=linkshare&utm_campaign=usercontent

Durham County Council is the lead body for DurhamWorks, a partnership programme with six external Delivery Partners funded through the European Social Fund. DurhamWorks supports unemployed 16-24 year old County Durham residents to progress into employment, training or education. 30.5% of participants have self-declared as having SEND or mental health difficulties and are being worked with by the team.

DurhamWorks provides flexible and bespoke support. Each young person uses their time on the programme in the way that best meets their needs and barriers to progression. Their experiences of the programme are individual to them. Just a few examples of what young people have access to include:

- Individual one to one support from specialist guidance staff who offer advice and guidance but who also refer and work alongside specialist agencies when appropriate.
- Access to instant on-line support for NEET young people requiring Advice, Information and Guidance through the DurhamWorks website. Including signposting to more specialist services where required.
- Access to confidence building and life skills delivered by the Delivery Partners (SHAID, Cornforth Partnership, Groundwork, Foundation of Light and Citizens Advice County Durham, Delta North Consett) who are specialists in working with vulnerable and disadvantaged groups.
- Access, if they are young parents, to a Parenting Programme delivered by DCC staff which supports them to improve their basic skills and confidence levels. It also helps them to look at flexible working options, including self-employment, and move them into sustainable employment or education.
- Work experience, pre-employment training, job and industry experience opportunities and jobs opportunities through sector routeway delivery. These are provided by DCC staff, delivery partners and subcontractors, all of whom who have close links with employers.
- Access to a Barriers Fund (where appropriate), administered by DCC staff, to overcome practical barriers to progression, e.g. transport costs, childcare and interview clothing.
- Money management support through Citizens Advice County Durham and the DCC Progression Team, with additional support from other agencies such as Advice in County Durham for example.

For further examples of the support DurhamWorks offers, including various case studies and a pod cast of a young person, Christopher suffering from Paranoid schizophrenia to now having a job in which he can be proud of please visit: <https://durhamworks.info/>



I'd gone to 3 different colleges and dropped out of them all and then I found DurhamWorks. I have now completed a Level 2 in youth work, first aid and food safety courses. My future is much brighter and positive as I've got things I want to do now and I have end goals.

Young Person

Through DurhamWorks we have identified gaps in educational provision for young people aged 16–24 years with SEND and Mental Health Issues. As a result, new programmes have been developed in County Durham to meet these needs.

A high proportion of those Not in Education, Employment or Training (NEET) young people (in particular aged 16-18 years) have Social, Emotional and Mental Health (SEMH) needs which prove to be a barrier to progression. First Point Training, a provider who is a specialist in working with young people with significant behavioural and mental health difficulties now deliver a programme which includes health and wellbeing, confidence building, independent living, community inclusion and employment.

Following meetings and feedback from parents of young people with Autism (ASIG group) which informed the procurement specification, a subcontract has been awarded which provides an 8 week programme leading to employment. The programme includes health and safety, job search, communications and a work experience placement leading to a job. This is all tailored to the needs of participants with Autism and includes 12 weeks of ongoing support for both participant and employer once the participant has begun their job. A specialist provider in delivering

programmes to those with Autism; North East Autism Society, is the deliverer and the contract began in August 19.

In terms of the impact of the above actions and DurhamWorks support see below for clear evidence of improvements in the participation data for young people aged 16-24 years with SEND (those with an EHCP):

	December 2016 %	December 2017 %	December 2018 %
Education	45.2	52.7	68.5
Employment	4.1	5.9	3.6
Training	3.4	7.2	6.5
Re-engagement Activities	1.1	1.8	0.6
Total EET	53.8	67.5	79.2
NEET	16.2	15.1	12.9
Not Known	29.5	17.0	7.7
Combined NEET and Not Known	45.7	32.1	20.7

Source: Durham County Council's Client Caseload Information System (CCIS) which is used to submit data to the Department for Education relating to the Participation in Learning of young people. Please note the end of December snapshot is used annually as it is a more accurate reflection of a settled period of the learning and employment status for young people.

Within DurhamWorks, unemployed young people are registered to work on the programme to gain support for their progression. They are asked to self-declare if they have any SEN issues, please see below for information regarding the impact of this work:

Participant Group	Total Number of Participants	Total Completed	% Completed	Total progressed or with offer	% Progressed
All	7118	3762	52.8	3304	87.8
SEND	1,858	904	48.6	719	79.5

Overall for those young people with SEND who have completed their DurhamWorks supported intervention, 79.5% have progressed into Education, Employment or Training with 56.1% of these progressing to an employment opportunity; 33.8% into education or training; 8.2% gaining an accredited qualification on leaving and 1.9% receiving an offer to commence shortly.

Further work has focused on the need to develop Supported Internships for young people in County Durham. These are a mixed study and extended work placement programme for young adults aged 16-24 who have an Education Health Care Plan (EHCP). Internships can be accessed through a range of providers including schools/sixth forms, FE Colleges (Mainstream and Specialist), adult learning provisions as well as some training providers.

A Supported Internship Forum was established in 2018 made up of multi-agency partners, representatives of parents and young people and DWP. A Supported Internship Co-ordinator was appointed as a result to raise the profile, increase numbers and improve the quality of supported internships across County Durham.

Supported internship provision has seen 42 completers since the concept was developed in 2015. In the academic year 2018-2019, 17 young people completed their internships across 2 providers. For the academic year 2019-2020, there has been an 80% increase in uptake (31 starts) across 6 providers with a SEN Specialist School 6th Form taking on 2 supported internships for the first time in the county.

Additional work streams have been continued with a Supported Internship Strategy and Action Plan for Durham produced and implemented across the county. Co-produced work continues with the Oaks School and regular family and YP updates gathered to empower families and Young People to influence the structure and delivery of the courses in their local area. Outcomes will be shared and delivered with an additional SEN School (Hope Wood Academy) for the academic year 2020-2021 when they take on supported internships for the first time in addition to The Oaks.

Further developments are to drive forward change in the broader field of Supported Employment; a multi-agency task and finish group with parents and carers has been established to develop and agree a Supported Employment Delivery Model for County Durham.

Additional post 16 educational provision for young people with Mental Health issues and anxiety, in particular those who have difficulty in engaging with services for help and support is being sought for 2020 through DurhamWorks.

Progression and Learning have begun working with Investors in Children to co-produce an employment pathway with young people. It is envisaged that this work will develop a way of ensuring young people are fully informed of the opportunities and support available to them in County Durham to enable them to fulfil their full potential into adulthood.

Youth Aware Mental Health

YAM is a universal evidence-based mental health promotion program for 14-16 year olds. Young people are considered experts of their own mental health and their voices and experiences take centre stage. YAM is a culturally sensitive programme promoting increased knowledge about mental health through dialogue and role-play. Young people learn from each other and are encouraged to practice empathy and solidarity. YAM offers a hands-on approach to mental health issues such as stress, crisis, depression and suicide.

Developing resilience is a key area for our LTP. Further information on our work on this can be found in our animation at:

https://ga.vyond.com/videos/0e2mcPxtxdc?utm_source=linkshare&utm_medium=linkshare&utm_campaign=usercontent

Emotional Wellbeing and Effective Learning Service

This is a multi-disciplinary team within the Durham Educational Psychology Service funded through schools, the CCG, PH and the Local Authority. The purpose of the service is to:

- Improve the wellbeing, achievement and resilience of socially and emotionally vulnerable young people;
- Develop the capacity of schools to understand and effectively meet the needs of vulnerable young people.

A considerable amount of the work undertaken by the service relates to assessment, consultation, intervention, training, and school development projects; in relation to the area of social, emotional and mental health needs. Significant example of work that involves working closely with health colleagues (in particular CAMHS, Schools Nurses and Resilience Nurses) include:

- Contribution to assessments carried out through the Attention Difficulties Pathway;
- Delivery of YAM (Youth Aware of Mental Health);
- Delivery of the Durham Resilience Programme (DRP);
- Delivery of a core training offer to school based professionals, e.g. around areas such as self-harm;
- Response to complex casework where effective support for the child or young person depends in part on adapting the support and environment within the school context.

Early Years Sector -The Early Years health and wellbeing framework

Public health have been working collaboratively with colleagues in the early years education department to develop a healthy settings framework for early years providers (nurseries and childminders) using a six step iterative framework. The framework has several core components, including emotional health and wellbeing

The quality framework provides a standardised, continual improvement process to improve the health and wellbeing of children, staff, parents and the community. The overarching vision is; “Providing a framework within which routine practice flourishes”, improving health and education outcomes across the County.

The framework provides a suite of evidence based training and resources to address the health needs and reduce inequalities, and to embed healthy behaviours in children aged 0-5 years and their families.

The implementation of the framework coincides with the introduction of Ofsted’s new education inspection framework which also acknowledges the role of education settings in health improvement.

Ofsted early years framework highlights the importance of;

- The curriculum and the providers effective care practices promote children’s confidence, resilience and independence. Practitioners teach children to take appropriate risks and challenges as they play and learn both inside and outdoors, particularly supporting them to develop physical and emotional health.
- The inspector will judge the quality of the provision in relation to the impact it has on the child’s learning, development and wellbeing. Observations of practice enable inspectors to judge the contribution practitioners make to children’s learning, progress, safety and wellbeing.

The statutory framework for early years foundation stage (EYFS) highlights seven areas of learning and development that must shape educational programmes in early years settings⁵. Two of these areas, namely physical development and personal, social, emotional development have been the foundation of the Early Years Health and Wellbeing Framework. These areas are particularly crucial for igniting children’s curiosity to learn, form relationships and thrive.

The Early Years Health and Wellbeing Framework is underpinned by a resilience based approach to support children’s social and emotional wellbeing. Providers will be asked to pledge to embed the framework into their current practice. Their work to implement these quality standards will form part of a continual improvement process in the longer term.

The Early years settings have been supported by the Early Years Education team. Some of their achievements to date are:

Better Start for Babies is a project supported through the Early Years Education team as part of the Durham Baby Room Project. The project included workforce training to the early years sector and incorporated awareness raising around baby states, responding to baby cues and the importance of communicating effectively with babies in their care.

⁵ <https://www.gov.uk/government/publications/early-years-foundation-stage-framework-2>

The Pedagogies of Care; Inspiring educators, connected practice Durham Baby Conference was provided across the early years sector in 2019 to celebrate the second phase of the Durham Baby Room Project. This conference was delivered to professionals who work with babies from birth to two years. It provided the opportunity to hear from a number of inspirational keynote speakers who shared their research. Speakers included Professor Robert Winston; Professor Emerita Kathy Gooch and Professor Sacha Powell.

"This conference was very inspiring and gave me lots of ideas to take back to the team. Our children will definitely benefit from this new understanding".

"Feel very motivated and inspired by everyone"

Practitioner Feedback

Professor Sacha

The event celebrated the work undertaken by the early years workforce with babies and focused on the importance of high quality interactions and the crucial role of the reflective early years practitioner.

The Science of Learning conference 2019 was provided across the early years sector to motivate and inspire practitioners experience and knowledge around how children learn.

Jigsaw Project

Provided by St Cuthbert's this service offers timely and appropriate bereavement support to children and young people from 5 up to 18 years of age. Specialist bereavement and post intervention counselling service takes referrals from a number of sources, the most common via family/friends, and for various reasons of death including suicide, however, bereavement as a result of cancer is the highest cause of referral. The service provided counselling for 115 children and young people during 2018/19.

As well as providing counselling support, the Hospice has continued to run Jigsaw days for children and young people, activity days at which children can explore their emotions through play and shared activities and know that they are not alone in experiencing grief. The Hospice also facilitates the parents of these children to meet whilst the children are undertaking their activities. During the year the Hospice has also produced information for children and young people and for schools to encourage children to seek and schools to provide bereavement support.

Future steps (including beyond 2020) As part of a wider programme of opening up bereavement support, the Hospice will be developing support for schools, employer and community groups to stimulate the development of compassionate communities, better able to support children and young people who are grieving but do not require counselling. During 2020 St Cuthbert's will also be training a number of Health Visitors from the 0-19 service so that they can better support families they are

working with directly where appropriate.

Anna Freud – CASCADE training

Following last year's pilot we continue to work with The Anna Freud Centre for Mental Health and roll out the CASACDE training⁶ which supports schools to reflect on their current offer and build on networks to support change. This model achieves;

Clarity on roles, remit and responsibilities of all partners involved in supporting CYP mental health;

Agreed point of contact and role in schools/colleges and CYP mental health services;

Structures to support shared planning and collaborative working;

Common approach to outcome measures for young people;

Ability to continue to learn and draw on best practice;

Development of integrated working to promote rapid and better access to support;

Evidence-based approach to intervention.

In October 2019, 80 individuals from schools and services that support mental health came together in two cohorts over two days of sessions. Our reflection was while numbers were high we had multiple attendance from some schools which means that number data needed analysis. Further sessions are due to take place (at time of writing) and we are working with schools to ensure we get at least 20 individual schools per future cohort and with many more cohorts planned for 2020 we are confident that schools will attend this training and give consistency of approach.

Once schools have attended they are invited to attend future 'locality forum meetings' which brings schools together to future support better mental health support within schools. 2 sessions have ran in each locality (North, South and East) during 2019 and further sessions will continue to run, however, as numbers grow we may need to offer more dates to support numbers wanting to attend.



⁶ <https://www.annafreud.org/what-we-do/improving-help/resources/cascade-framework/>

Kooth



Kooth.com is a free online counselling and emotional wellbeing platform which became available to young people in Durham from September 2019.

The anonymous access, support and guidance service for 11-18 year olds has seen over 300 new registrations across Durham, giving young people an opportunity to look at self-help articles and discussion boards (all of which are moderated), as well as speaking with a qualified counsellor via live text chat or via the messaging service.

From friendship or relationship issues, family disagreements or difficult home lives, to concerns around eating, anxiety, stress, depression, self-harm, suicide, the service gives young people an opportunity to anonymously share their experiences, issues and receive positive messages from other young people across the country.

Kooth.com's live chat service is available 365 days of the year, from Monday to Friday 12 noon-10pm, Saturdays and Sundays 6pm-10pm and is accessible through a mobile, tablet and desktop device, completely free of charge.

Young people wanting to access the service in Durham can visit kooth.com and follow the steps below to register.

Transforming Care

The transforming care work focusses on children and young people with learning disabilities and/or autism.

In 2019, following successful funding bids, County Durham has developed a well-functioning Dynamic Support Register for children and young people. The Register includes, with consent, children who are detained in hospital under the Mental Health Act and those who are in hospital voluntarily and also have a Learning Disability and/or Autism as well as those who are looked after in the community but are at risk of admission to hospital because professionals are concerned that their mental health is deteriorating. Durham have also included children and young people who are have complex and enduring mental health issues without a learning disability and/or autism.

The Register is discussed monthly by a multi-agency and multi-disciplinary team to

ensure that, for those in hospital, discharge planning is well underway and for those in the community, appropriate support is in place to reduce the likelihood of admission to hospital.

Transforming Care funding has also supported a pilot to support families whose children have recently been diagnosed with Autism.

Children and Young People’s Autism Post Formulation

A 12 month pilot commenced January 2019 with a Post Formulation Advisory

Teacher being recruited to bring together schools and families to work in partnership to understand the needs of the child and what adjustments would be required for the child to enable them to remain in school.

Referrals 2019		
Month (2019)	Number of children/young people referred	closed
January	9	9
February	13	13
March	7	7
April	14	9
May	12	5
June	9	
July	10	
August	5	
September	12	

The pilot builds confidence in

parents during this worrying time ensuring them that they are not alone and they will receive the support they need to enable their child’s needs to be met locally and at school.

Establishing and embedding the use of a Dynamic Support Register across health and the Local Authority, improving the quality of Care, Education and Treatment Reviews, aiming to embed sustainable processes that link to Education, Health and Care Plans.

A joint Health and Local Authority funded project support officer is now in post to lead the development and embedding of a Dynamic Support Register for Children and Young People in County Durham.

I just wanted to send an email to thank you both for the transition work/post Autism diagnosis work that was completed with G. It was the first time that one of our pupils was selected for this pilot and we found it incredibly useful. Thank you for all your hard work'

'This has been such a valuable service for our school. We knew J was struggling but all the things we tried didn't work; we didn't know the right way to address it. We found your suggestions were so helpful and they have had a very positive impact.

Schools Feedback

The aim of the project is to improve the journey of Children and Young People with the most complex Mental Health needs ensuring that any in-patient admissions are appropriate and no longer than necessary. Work is

also needed to ensure the quality of Care, Education and Treatment Reviews, with an aim of embedding a Dynamic Support Register and sustainable processes that link to Education, Health and Care Plan.

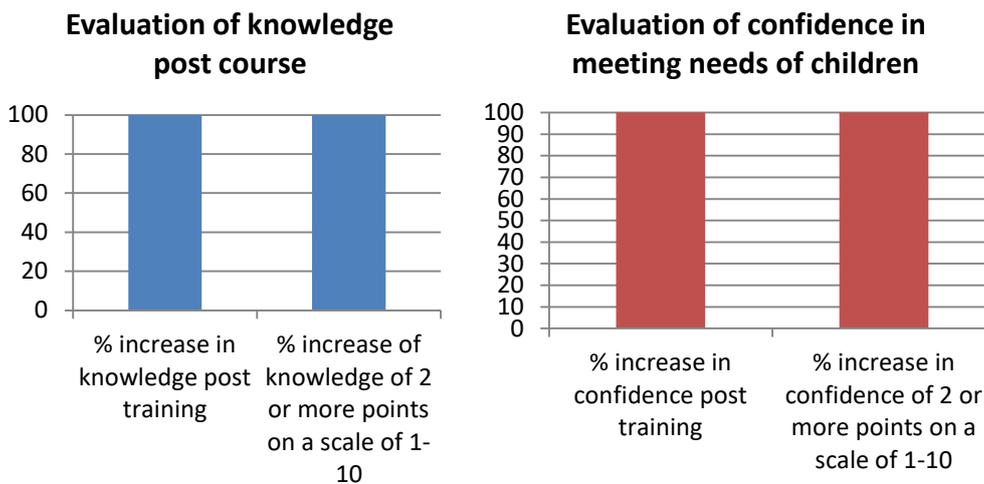
A Multi-agency Collaborative Care (MACC) meeting has been established to anticipate and respond to the needs of children and young people who are currently at risk of requiring Tier 4 in-patient admission.

The MACC consists of representation from Social Care, CAMHS, Commissioning, Health, Education, 0-19 services, Transitions Team and In-patient services. This enables multi-agency discussion around each young person's support requirements in the community to prevent the need for hospital admission where possible.

Type of Work Complete By the Service		
Consultation and reviews	all	Meeting with parents, young person and staff; pre and post questionnaires completed; pupil centred planning meetings for support work.
Mentoring and modelling	3	Setting up work stations, behaviour management.
Workshops	45	Managing behaviour; what is autism; using structure; sensory adjustments.
Parent support	58	Home routines and visuals; managing sensory; managing behaviour; understanding Autism; managing anxiety.
Direct intervention	61	Friendships and social skills; emotional regulation; positive thinking; transition; what is Autism?; social interaction skills.
Other	15	Speech and language intervention; TAF meetings; home visits for school refusers.

The Dynamic Support Register was originally put in place to look at the support requirements of children and young people with learning disabilities and/or autism with complex mental health needs however, the cohort of children to be placed on the register has been expanded to include all of those children and young people at risk of in-patient admission regardless of diagnosis.

45 individuals have attended training, supported by the service this year continuing to support the wider workforce. From this we know:



The next steps for the project are to ensure clear linkage between actions agreed at MACC meetings and Education, Health and Care Plans.

I wanted to say a huge thank you for helping me to navigate my way through this last term. It has been very comforting knowing that someone has my best interests in mind. You have helped me progress so far in both my home and school life. I feel like a completely different person.

I have learned new methods of how to control my anxiety and emotions so that I can still progress with my day. I have also learned that it's good to talk about how you are feeling.

Young Person

SEND

An action plan regarding special education needs and disabilities has ensured that this year the work has focused on;

- Ensure that the key findings and recommendations from the SEND Health Needs Assessment are considered in the further development of the work of the LTP;
- Understanding that 50% of CLA in Durham have social emotional and mental health as their primary need, ensure that current structures effectively capture the voice of CLA and Care Leavers to inform service design and commissioning cycles;
- In order to support children and young people to successfully build resilience and promote positive relationships, the delivery of therapeutic interventions,

including mental health and emotional wellbeing support should be delivered in and through educational settings where possible;

- All multi agency partners should have an understanding of the impact of ACE's and the benefits of applying trauma informed practice;
- In order to build resilience and minimise the effects of long term emotional and physical abuse and neglect on children and young people with SEND, explore the opportunity to implement trauma informed, wrap around support at the earliest opportunity;
- Ensure that SEND Emotional Resilience Nurse resource is in place to support children and young people with SEND in Special schools.

This work is following the written statement of action (from 2017) and the work continues.

Suicide Prevention

The Council, along with partners including the Police, Fire and Rescue Service, NHS mental health services and the community and voluntary sector are part of a dedicated Suicide Prevention Alliance. The group aims to contribute to the reduction of deaths by suicide across County Durham.

The Alliance is accountable to the Mental Health Strategic Partnership Board which monitors the associated Suicide Prevention Action Plan. The County Durham Suicide Prevention Alliance meets quarterly to discuss progress against the current actions. These are based on Public Health England's six key priority areas for suicide prevention:

- Reducing the risk of suicide in key high-risk groups;
- Tailoring approaches to improve mental ill health in specific groups;
- Reducing access to the means of suicide;
- Providing better information and support to those affected or bereaved by suicide;
- Supporting the media in delivering sensitive approaches to reporting suicide;
- Supporting research, data collection and monitoring to help build a picture on suicide trends.

The Suicide Prevention Alliance meets on a quarterly basis and has an action plan in place until 2021 which is monitored through the Mental Health Strategic Partnership. As part of the yearend review of the plan completed actions were identified.

There are currently:

- 20 Green, completed actions
- 11 Amber, ongoing actions
- 1 Red action (The Suicide Audit)

There are current streams of suicide prevention work taking place are:

1. Suicide prevention signage in one area of the county was installed earlier in the year. This quarter, the need for additional signage in a second location will be installed in the new year.
2. Ongoing multi-agency work via a task and finish group including Public Health (SPC), the British Transport Police, Network Rail, LNER, TransPennine Express, Northern Rail, the Samaritans, a local AAP rep and TEWV staff continues to work on measures for intervening across the county's railways. The station adoption scheme in Chester-le-Street and a bespoke community action group completed the summer work programme and will continue their work in the spring.
3. The Samaritans "Small Talk Saves Lives" and the Northern Rail "All Right?" continues to be widely promoted across Chester-le-Street and Network Rail travel safe officers patrol the station for 12 hours a day.
4. Event showcasing the "Making Every Contact Count (MECC)" work were held in this quarter in Chester-le-Street and in Newton Aycliffe with great success. A call to action for the local agencies to progress the mental health and wellbeing agenda will continue to be monitored for further outcomes in each area. This will now be replicated in the Consett and Stanley areas.
5. The Real Time Data Surveillance Standard Operating Procedure was finalised and has been signed off by Public Health SMT, Adults and Health SMT and the Mental Health Strategic Partnership Board. The work has also been presented to the Suicide Prevention Alliance, to the Regional ICS Every Life Matters Network steering group, to the regional ICS Every Life Matters Postvention planning group and to the Public Mental Health Network. The Real Time Data Surveillance Standard Operating Procedure was presented at the CCG Joint Quality Committee in early December and has received praise from the DDES CCG Medical Director for the clarity and structure the document brings to the workstream.
6. The Every Life Matters - the North East and North Cumbria Suicide Prevention Network's regional multi-agency strategy, 2019-2024 has been completed and disseminated. The strategy will help support the implementation of suicide prevention plans and related activity across the region. The Network is overseen by a multi-agency regional Suicide Prevention Steering Group, which reports to the over-arching steering group for the North East and North Cumbria Integrated Care System (ICS) Mental Health work stream. Funding from the DDTHRW ICP totalling £49,420 has been transferred to The Time To Change Hub. The hub is the only funded hub in the North East and the funding will be used to continue development of the anti-stigma work with a focus on improving men's mental health.
7. The South ICP Sport Talk programme final planning stages are now complete. Sports clubs from a variety of different disciplines from across the region, including clubs in Consett, Chester-le-Street and Newton Aycliffe have signed up to the "TEAMH Talk" programme. Designed and delivered by the If U Care Share Foundation and funded from the ICS Every Life Matters

Network the sessions are designed increase mental health awareness, create an understanding of the impact of stigma and promote a range of support and resources available in the local areas. All sessions with the sports clubs will take place between January 2020 to December 2020 with feedback and evaluations overseen by NCISH.

HopeLine

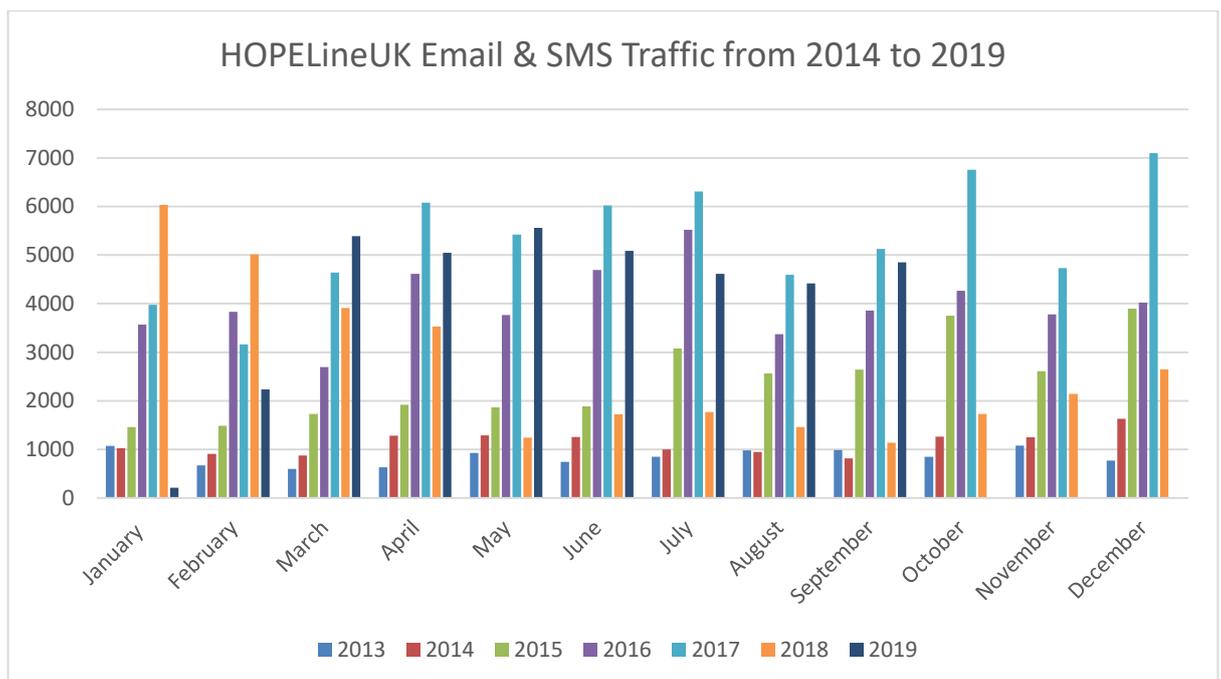
HOPEline provides a confidential helpline service to those who are having thoughts of suicide or to anybody who is concerned about a young person that they feel may be suicidal. The service is open to anyone up to the age of 35yrs and operates via telephone, SMS and email. It's open every day of the year; Monday to Friday 10am-10pm, 2pm-10pm at weekends and 2pm-5pm during Bank Holidays.

Thank you so much for just listening to me. Talking about it just gets it out of my head which helps. I feel by talking about why I'm suicidal, it gets me angry at them instead of me. It gives me fire in my belly again and it's bringing back my sassy normal self.
Young person

Geographical reporting on this work is difficult due to the nature of the calls and appropriateness to ask details. However, we know that calls to the service (nationally) are increasing and there is an upward trend for County Durham.

While the service supports those at risk of suicide, trends do emerge with a shift in age of service users, now most comment 19-25 year olds and an increase in male callers. Calls from professionals also continue to increase with concerns about young people, with an average age of 12-18 year olds.

Email and text also continues to be supported with data shown below:



County Durham Youth Justice Service

County Durham Youth Justice Service (formally County Durham Youth Offending Service) is very proud of their Co-commissioned health model. Uniquely for a youth justice service they have our own health team that includes 2 full-time Health and Wellbeing Workers (TEWV) and 2 days per week Consultant Clinical Psychologist (TEWV.) These staff benefit from being part of the wider health team that is made up of speech and language therapists (NTHFT), a public health nurse (HDFT) and substance misuse workers (Humankind.)

Having a multi-disciplinary health team allows mental health/emotional resilience to be addressed alongside other health difficulties, recognising the complexity of the health needs of the young people within CDYJS.

Data looking at 420 CDYJS cases between 1st Oct 18 and 30th Sept 19 found that;

- 75% had mental health Concerns
- 81% had speech language or communication needs
- 50% had physical health concerns
- 61% had substance misuse issues

The challenge for CDYJS is that alongside co-morbid health needs they are often working with families who require extra support to engage with health services. Often families who have missed opportunities to engage with health provision previously. The Health and Wellbeing Worker's role is very much based around engagement and support. Working in an assertive outreach style they can provide families with practical help to attend health appointments, as well as help with motivation. They also ensure families 'don't fall through the net' by screening every young person that works with CDYJS for health needs.

The Health and Wellbeing Workers lead on the delivery of the Mental Health and Emotional Resilience Pathway work. Offering young people interventions around areas such as self-harm, self-esteem, anxiety, managing anger etc. They also deliver broader interventions around wellbeing such as C Card sessions, work on hygiene, support with benefits and physical activity.

The Clinical Psychologist working with CDYJS provides clinical supervision to youth justice staff working with complex cases. He also leads on the pilot Enhanced Case Management project. The pilot takes a fresh look at working with young people who are on the Re-offending Cohort, the young people committing the most crimes. The pilot recognises the trauma that these young people have experienced and therefore takes a psychological approach to working with them.

This work was supported via Health and Justice (NHS England) but going forward will be funded and commissioned via The County Durham CCG. During 2020 this work will be reviewed to understand impact, but also identify gaps in need within this service. During this review CDYJS will continue to work with their commissioning partners in health and justice and within specialised commissioning to ensure County

Durham is linked into regional and national developments that support this work within youth offending.

Within this review CDYJS are also going to look at how young people transition from secure estates back into the community and what additional mental health support these young people need. This will be co-designed across the system. CDYJS are also aware that liaison and diversion services are being developed across the area, and this pathway could also be an area of linkage.

Case Study;

Whilst working with the Health and Wellbeing Worker (H&WW) the young person began to address his excessive substance misuse. During this work he engaged well with the H&WW and built a positive working relationship with her. This meant the worker was able to support the young person in making and attending a GP appointment, attending appointments with housing providers and assisted in making a universal credit claim.

The young person's father was appointee for PIP and Carers Allowance; the young person was therefore financially vulnerable due to paternal substance misuse and a volatile relationship with dad to the point where food banks had to be utilised weekly so the young person could eat.

With the support of the H&WW he has been successful in obtaining his own tenancy. The H&WW has helped him to apply for a welfare grant for furniture, referred him to Centrepoint for assistance with his paper bond and made further onward referrals for floating support to help maintain his tenancy.

His court Order has been so successful he has been referred to panel early for consideration for an early revocation. Importantly he reports being much happier and is looking forward to a positive future.

Sexual Assault Pathway

For a number of years a clinical psychologist has supported children and young people who are victims of sexual assault, based with The Meadows service which is a sexual assault referral centre (SARC). The service provides support directly to children and the wider family from point of referral through any court process and post court support. This service is staffed by 1x clinical psychologist and can support any child or young person living within the Durham Police Constabulary force area.

Since April 2019 (to October 2019) the service has:

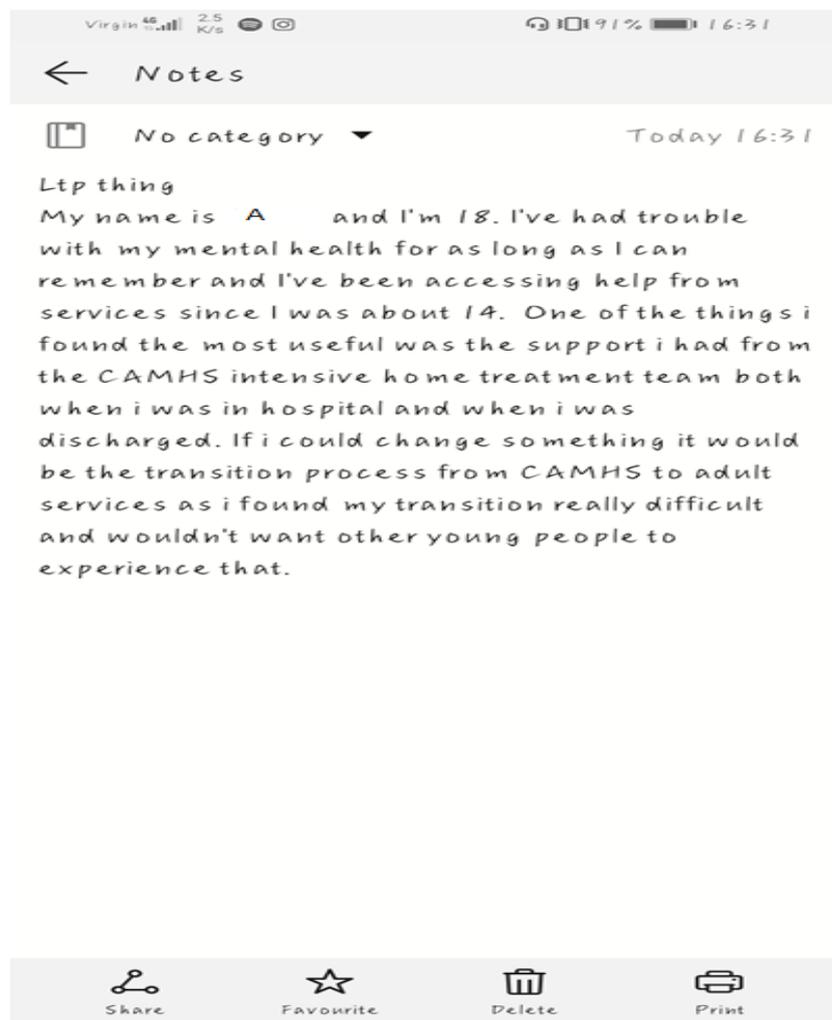
- Assessments have been offered to 32 parents /carers of young people;
- 5 of these are male, 25 female and 2 transgender ;

- Further direct support has been offered to 17 of these young people, 5 of whom have been offered pre-trial support;
- The remaining 12 are either post-trial or the case did not progress to court, and are receiving trauma therapy;
- 8 additional cases who were referred pre-May 2019 are still open to the service;
- Around 10 cases have been supported in CAMHS / Full Circle Service / YOS with consultation and joint work;
- Training has been offered to two schools in relation to a young person open to the service, this workforce development is a fantastic opportunity to build on.

Within both the youth offending services it's critical to understand that the commissioning arrangements for these sits across several organisations. As such there is further work to do to understand the needs of young people, specifically those leaving custody and this will be within our beyond 2020 plan. We are aware that NHSe has commissioned a service to support, however, as a new service we need to understand how this will impact locally. This 'ReConnect' service will be explored further.

Also Forensic CAMHS services offer support across the youth justice pathway and provide mental health support to children and young people as part of a wider youth justice support offer. For example, providing liaison and diversion services within police stations and courts which enable children and young people to receive continued mental health support through any arrest and/or court appearance.

Durham and Darlington CAMHS Crisis, Liaison & Intensive Home Treatment Team



 <p>Crisis cell – well established, needs maintenance and tending to keep it healthy.</p>	 <p>Intensive Home Treatment – a growing shoot, needs regular care and careful tending to develop into a sturdy being. Getting there but still needs work.</p>	 <p>IPBS – Ready to be developed, foundations looking positive and lots of potential to grow.</p>
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The service is in the middle of a period of exciting developments. The team is steadily growing and we now have three ‘cells’ within the team - Crisis/Liaison, IHT and our brand new developing Intensive Positive Behaviour Support Service (IPBS).

Over the past 12 months the service has had some challenges due to lots of changes in the team. A change of manager and welcoming lots of new staff into the team from across and outside of the trust has meant a period of staff changes is now resolved. However, the service is proud to offer a service for children and young people which is needs led; for example young people with autism or any other health needs.

The Intensive Home Treatment Team continues to develop to provide support to young people who present with the greatest need, are at risk of admission to hospital and/or pose a risk to themselves or others.

Due to recent funding from New Care Models development of a new IPBS (Intensive Positive Behaviour Support) Team has started.

The service is constantly improving the skills mix in the team; a number of members of staff undertaking study to become Trainee Nursing Associate and Associate Practitioners. Two members of the team who will be

Really excellent session. Very useful which may have not been as through as visiting. Well presented by skilled staff.

Colleague who attended in-house training session on Crisis/IHT

commencing IAPT 12 month training for CBT (Cognitive Behaviour Therapy) and Parent training in January 2020.

Over the past year a number of staff have trained in DBT (Dialectical Behaviour Therapy) and are delivering evidence based individual and group therapy to young people who experience difficulties with their emotions.

Members of the team have been developing training/awareness sessions to other colleagues in and outside of the trust around the CAMHS Crisis & IHT team, what we do and how to use the service. These are good examples of staff development by formal and informal training routes.

The service has been involved in the trust Recovery and Wellbeing Programme, offering a CAMHS perspective on the work.

The service consistently used outcomes measures with young people and families to guide clinical interventions and promote clinical quality.

Initial feedback from today's (self-harm training session for paediatric staff) was very positive so thanks again.

Paediatric Training Lead

Within the next 12 months the service will focus on the ongoing developments further developing IHT and embedding the new IPBS service. Also, feedback rates are consistent but lower than we would like and this is an area of development within the next year.

Data for CAMHS (within apex 1) shows that since April 2018 to March 2018 there were:

- 8,839 referrals to CAMHS;
- GP was the most likely professional referral with 2,249 across both Durham CCGs;
- "Other" for both Durham CCGs was recorded as the biggest referrer but this could be a range of sources or services;
- 48,731 individual face to face contacts were made during this period;
- 8,653 children and young people were discharged from services;
- 304 appointments were did not attend (DNA);
- 3,764 referrals were inappropriate and signposted to more appropriate services – this might be because services are better equipped to deal with a specific issue (like bereavement) or sign posted to an alternative provision better able to meet needs.

For home treatment service we know that 4,365 children and young people were referred during the same period, giving 9,275 face to face contacts.

Supporting the most vulnerable children and young people in County Durham is important and we have an animation to explain how we do this:

Education Mental Health Support Teams – Trailblazer

County Durham was successful in securing national funding via NHS England and local funding from Durham County Council to support the development of Mental Health Support Teams (often called Trailblazers) within education settings.

This support teams will work directly into schools and colleges across county Durham to provide a range of low level and moderate (but equally important) support for children and young people, their parents and carers and also the education setting. This is done by physically placing staff within settings removing the need for formal referral to CAMHS and ensuring that a point of contact is available, and also a trained member of staff to start supporting children and young people quickly.

In County Durham we are able to support 60 settings in this model offering 20 settings in the North, East and South/West. The team is made up of:

- 1 Manager post at NHS Band 8A
- 1 Team manager post at NHS Band 7 Team manager
- 2 Psychological Therapist at NHS Band 7 – 1 of these will be post in March 2020 with another to be recruited.
- 6 Senior Psychological Well-being Practitioners at NHS Band 6.
- 12 Trainee Education Mental Health Practitioner NHS Band 4 while training then Band 5 – all started university November 2019 as part of their training. Currently at university 3 days and in clinical practice 2 days a week which will increase when qualified.
- Various Public Health funded posts such as emotional resilience nurse, further school support, parent and peer education – will be recruited in Feb/march 2020.

All 60 education settings have been identified (20 for each team) but this number might grow in order to meet targets for this work. An engagement event was held in September 2019 in which education settings were asked to sign up. A phased roll out across the patch focusing initially on 3 settings in each area is being deployed, this is to support the trainee EMHP training opportunity and well establish some processes and procedures. In the spring a further phase will be rolled out to further support before full implementation. MHST are pleased that a good mixture of education settings including primary, secondary, further education, alternative provisions and a specialist school have signed up and are part of the phased rollout.

A further engagement event was held in January 2020 working with settings who had signed up for support teams. This event was to support education settings to support the development of the team, think about referral routes and how to refer and also to highlight the challenges of the work and ensure settings and the team work together.

The team have operational hub in Stanley health centre. The workforce will be dispersed across the patch and work within the settings they are assigned, and within local one point hubs to ensure linkage with others in the system.

This work has strong governance to ensure it is delivered. A mobilisation group chaired by the MHST project lead is established to ensure the work is delivered on time. This has participation from: Rollercoaster parent support group, Investors in Children, Durham Council, TEWV, Public Health, Education and CCG.

Also an advisory and oversight group oversee the structure of the work and ensure the aims and outcomes are met. This is currently chaired by TEWV head of service with participation from Strategic leads from above agencies. This group oversees the project plan delivery.

NHS England also chairs a regional operational Group for all northern teams, and also a North East 19-20 Steering group is established.

Co-production is key to this work. Work has started having conversations and exploring options for this to start early in the journey. There is still some confirmation plans to be agreed around meeting with the parent support group and young people's participation groups within Investors in Children projects.

All 9 education settings have been asked to identify if there is any opportunities available within their setting e.g. patient/ young people forums, parents evening etc. to ensure.

This work presents a fantastic opportunity to re-shape children and young people's mental health services ensuring that quicker access to support is achieved, that parents and carers are included within the care, and that schools gain greater support in supporting mental health.

Early Intervention in Psychosis

The service continues to support children, young people and families where a first episode of psychosis has taken place. This is a highly specialised service in which data shows since April 2018 to March 2019 there were: 475 referrals to service. All work within the service meets NICE guidelines to ensure the best outcomes.

Eating Disorder Service

As part of service development the eating disorder team have produced a pathway to support admission of children and young people to Paediatrics when at risk of physical complications associated with an eating disorder presentation. This has been co-produced with Paediatric colleagues diet plans, physical monitoring protocols, advice sheets, a patient produced patient information leaflet and meal support booklets, and has been implemented on many occasions. There are also emergency protocols in place for emergency admissions out of normal working hours. This pathway was presented at a national event with colleagues from other CYP Eating Disorder Teams from across the country and won a poster presentation prize. This pathway aids staff to be clear on how to manage different situations and specialist advice and daily visits are arranged from the Eating Disorder Team within normal working hours. The pathway is cited on the Paediatric shared drive so immediate access is always available for them including out of hours. We also have

a paediatrician working into the team which also supports this pathway. The team also developed a specific tissue viability and pressure sore awareness in eating disorder presentation protocol to further develop our physical monitoring and management of children and young people with eating disorders.

The service have also provided training directly to GP's, schools and delivered training at locally ran BEAT training days alongside them to promote our referral pathways and develop skills to manage an eating disorder presentation. We routinely accept direct self-referrals and have developed our trust website page to represent more local information. They also run a parent training and skills based group every quarter.

The service has carried out multi family therapy groups and these have had positive outcomes both physically and psychologically for children, young people and families. This was presented as an evaluation to the Clinical Network Event in the Northern Clinical Network meeting to other Community Eating Disorder Teams, Clinical Network members and commissioners. These groups are planned for four times year. The team also provide regular, NICE concordant Family Therapy clinics as a routine offer.

Data for eating disorder service (within apex 2) shows that since April 2018 to March 2018 there were:

- 349 referrals;
- 7,019 face to face contacts;
- 12 DNAs for service (no data chart on this within apex);
- 75 inappropriate referrals (no data chart on this within apex).

Workforce

Development of the workforce has continued to be a challenge this year but over the latter part of 2019 plans have been made and a better understand of the challenge is now understood. The biggest challenge is the size of the task and understanding who was working on each element was difficult. Within the LTP governance a 'workforce task and finish' group is listed but this group was stood down in summer 2019 to enable a better plan to be created.

The first challenge is, understanding the regional and sub regional offer. Information about this work is listed further within this document many other organisations are looking at "workforce" across the region and it's hopelessly fragmented. To support this, the regional team have established a regional workforce group which is tasked with better coordination of the system. Conversations are taking place with the Northern Health Education England Team about supporting primary care (GP practices) training in 2020.

Wellbeing for Life Training 2019		
Course Titles	Number of sessions	Number of delegates
Basic Mental Health Awareness	9	120
(Durham County Council) Mental Health at Work	6	86
(Durham County Council) BMHA	2	13
(Durham County Council) Making every contact count	2	13
(Durham County Council) MH Champions	1	15
(Durham County Council) Mental Health First Aid	1	16
Making Every Contact Count	1	5
Mental Health First Aid	6	90
Mental Health at Work	1	9
Mindfulness Introduction	2	13
Suicide Awareness	4	46
Understanding Stress and Resilience	12	129
Total	47	555

More locally in County Durham it is understood that most large tasks have “workforce” as an element and understanding who was doing what (and to who) was difficult to manage. Also, as a system commissioning also pays for ‘training’ but doesn’t centrally capture this work into one area. For example, Wellbeing for Life has delivered a

huge number of sessions (47) within the past year and trained 555 individuals. At the same time the psychologist support working into Youth Offending has also trained youth offending staff on a range of areas such as:

- Training on working with CYP with SEND (Autism, Communication needs and Learning Disability) – 21 attendees;
- Training on working with CYP with challenging families (impact of trauma, mental illness and domestic violence) – 20 attendees;
- Training on working with anger and violence – 42 attendees;
- Training on supporting CYP who self-harm – 30 attendees;
- Training on adolescent brain development – 42 attendees;

County Durham is also continuing to support the CASCADE training (Anna Freud Centre for Mental Health previously in this document) with a target that all schools will have at least 1 individual trained in this approach.

There are other providers (such as Humankind) that offer training and a key task will be to audit this work. The workforce want to feel better equipped at having conversations about mental health, being able to support someone (that might be signposting or during crisis) and want to understand where to signpost. We also have training in perinatal mental health which has been cascaded to the workforce. This supports the Solihul approach which has also been delivered in the county for some time.

One challenge is understanding what ‘workforce development’ is. Training and supporting the current workforce is key but also increasing numbers of staff in the

right areas is critical to ensure services can run. Regionally work is being undertaken to look at recruitment across all health posts and locally we have uplifted some staff numbers such as new staff teams via Trailblazer which are new posts.

Another challenge was making this neat. Locally there are lots happening so made the decision to end the workforce group within the LTP, and merge this into the resilient communities group 'workforce leads group'.

This group will bring together representatives from key stakeholder organisations operating within County Durham so that they can identify, streamline and improve the provision of workforce mental health training and support. The group will also:

- Review best practice locally and nationally in this field and develop and promote a best practice model for County Durham, and;
- Take into consideration any competency frameworks and national policy guidance on mental health workforce development whilst doing so;
- Review the range of current initiatives being taken forward across the North-East by partners in public, VCSE and private sector organisations, and;
- Explore the potential for collaboration in the provision of mental health and wellbeing training, development and support;
- Work together to reduce mental health stigma and discrimination in the County Durham workforce.
- Aim to give greatest support in training to greatest area of need, for example primary care networks.

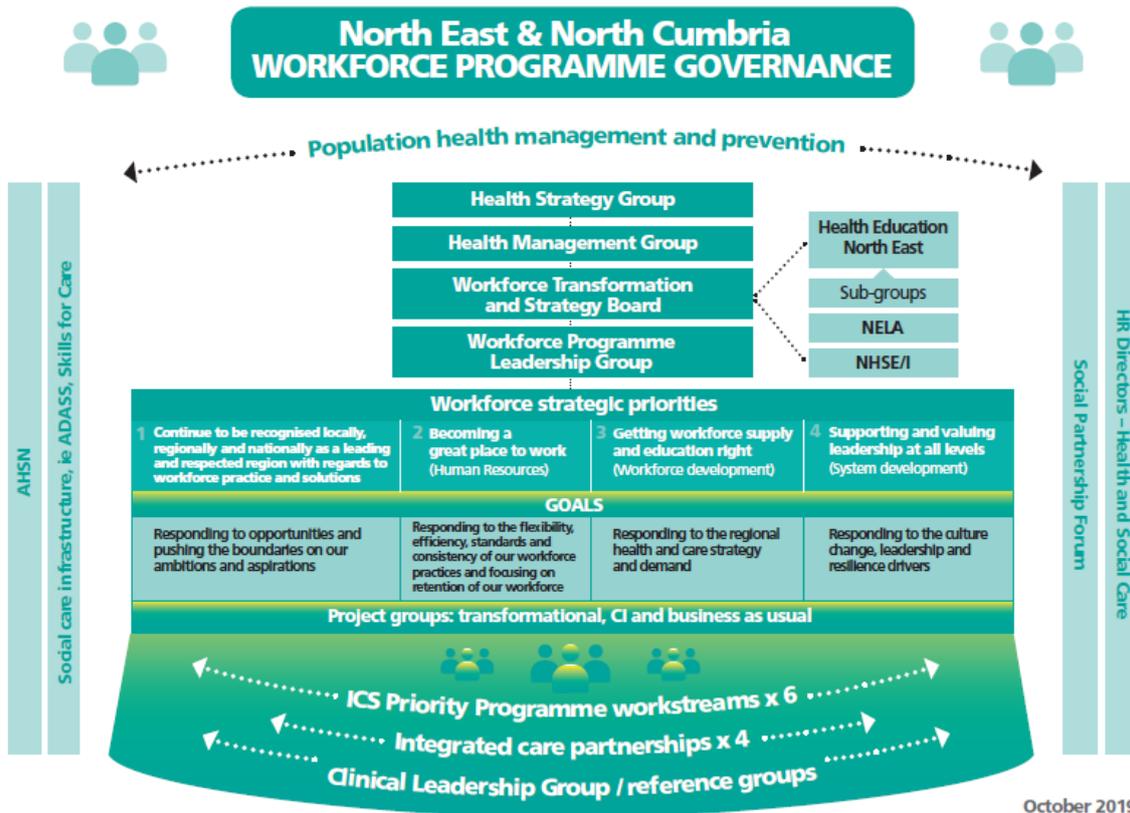
The group also enables strong governance feeding into the Mental Health Strategic Partnership Board.



The initial plan for 2020 is as follows:

Work Area	Workforce	Action	By When
Audit of training – what’s the offer and what’s the gaps	All	Need to map across contracts and within VCSE offer. This will inform action plan	April 2020
Connect 5 Training	Primary Care	Ensure link with HEE for regional training offer and support.	Managed regionally – expected Feb 2020
Connect 5 Training	County Durham workforce	Funded via a 50:50 split of CCG and DCC money this will deliver training the training course	Spring 2020
Anna Freud - CASCADE	Schools staff	Continue to support this work across 2020 and beyond.	During Spring 2020, then Autumn 2020 into winter 2020/21

But this plan will sit within a larger plan as designed by the workforce task group. Also, during 2020 we are mindful that regional work will increase regarding workforce and need to ensure we are connected to this work.



With staffing numbers we know that we have a range of staff and these can be seen in apex 3

We understand that TEWV staff are only one key element of the system. Further work is needed to understand staff numbers, demands and risks within the workforce. This will be mainly designed within the regional work, and our role is to ensure County Durham's voice is heard within that offer. However, there is knowledge via the MH Support Teams (trailblazer) workforce numbers have gone up for direct support (face to face) within County Durham and given no cuts to services have been made are aware no risks presents in the immediate future. However, this is an area that needs to better support regionally and will engage in this process.

Locally we support services to deliver a training offer and we need to coordinate this offer better. However, a range of training is available for the workforce and in that we support children, young people and families to be part of the "workforce" to further drive support.

County Durham CAMHS offers a wide range of training⁷ to support the workforce. Courses include:

- Anxiety, worries, fears and phobias;
- Attachment difficulties;
- Self harm;
- Eating difficulties

⁷ <https://www.tewv.nhs.uk/referrers-professionals/training/camhs-county-durham-and-darlington/>

- Low mood and depression
- Social and communication difficulties
- Attention difficulties
- Emotional wellbeing and support
- Positive behaviour support.

These courses are available for anyone living or working in County Durham. Furthermore an Online recovery college also offers a wide range of courses ⁸. Courses are broken into sections for under 12s, over 13's, parents and carers, professionals and a specific section for teachers. The online recovery college also has an easy read version to support young people and parents and carers who need further support with literacy or have a learning need.

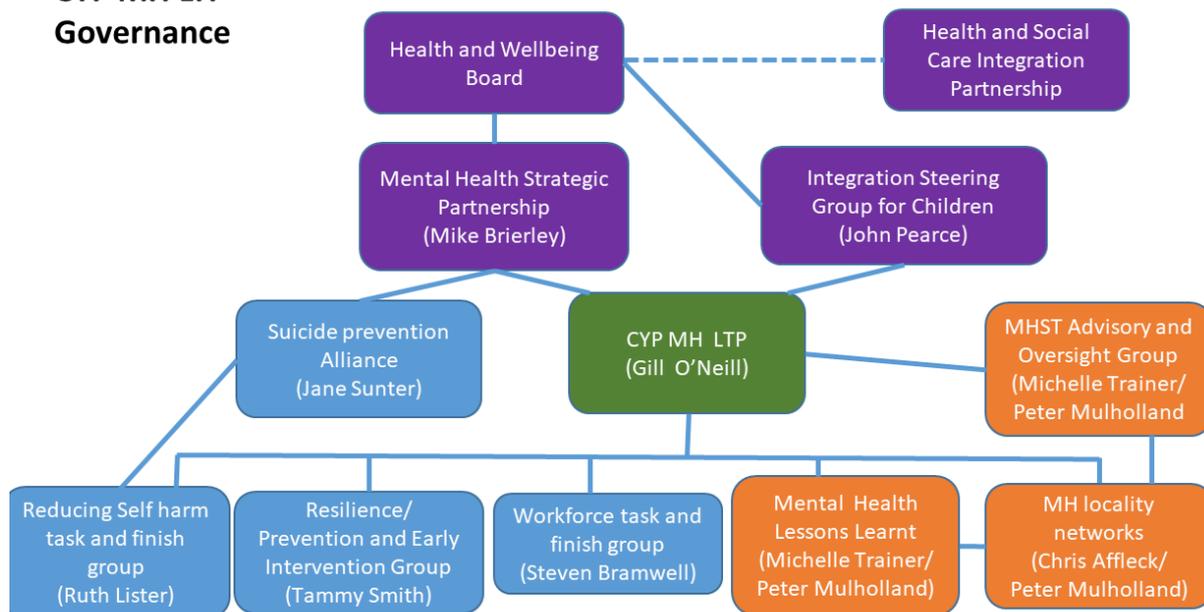
The online recovery college ensures that we don't just offer physical courses as we know that people can struggle to attend for various reasons, particularly those who are carers, work and have commitments. The online support aims to make *training* flexible for all.

Governance of the LTP

All of the above work is evaluated depending upon what type of contract is held and who the provider managers are (CCG, local authority, regional commissioners) but all are commissioned for outcomes. In light of many changes to commissioning, integrated commission arrangements will lead to an outcomes based model which supports increased investment in community services leading to better coordination of finance. In some cases this can lead to pooled budgets to support providers. In Durham this is already happening with some voluntary sector contracts jointly funded via CCGs and Durham County Council. In some cases money from one commissioner is given to another who will lead on the provider management, thus giving more than one commissioner an interest in the work.

⁸ <https://www.recoverycollegeonline.co.uk/>

CYP MH LTP Governance



This is protected by governance through the LTP working group as show in our structure chart below.

This gives robust responsibility for several groups leading on specific areas which feed into a LTP steering group, which in turn reports to the mental health strategic partnership.

This enables robust planning for services, shared responsibility and equally shared learning. Services working together gives stronger voice and representation and also ensures best use of resource. As such services are evaluated together or in line with the commissioners requirements.

During 2019 several smaller contracts have been reviewed and evaluated by the CCG, these are Section 256 contracts of the NHS Act in which money is provided by health and service commissioned by Durham County Council. These were reviewed in order to ensure services were still robust and evidence based, and also providing a good use of public funds. To date 7 services have been reviewed with a further 3 ongoing (at time of writing). By March 2021 it is felt that 25 contracts will have been reviewed. Evaluation followed a template in which CCGs review legal frame work they must follow, for example is the work part of the equality act, but also follows a review process which enables commissioners to make informed decisions.

4) Advisory Board

This year sees the launch of County Durham Children, Young People and Family Advisory Board. Investing in Children and Rollercoaster Family Support will work in partnership with children, young people and families in County Durham to develop and establish a Children, Young People and Family Led Mental Health Advisory Board.

The ambition for County Durham Children, Young People and Family Advisory Board:

- To be an established group with a recognised role that can make impact;
- To be a 'go to' central forum for children, young people and families to have their voices heard around mental health in County Durham;
- To be a 'go to' forum for professional organisations working in the mental health arena to enable children, young people and family's voices to be at the heart of service development and improvement;
- To be an equal voice in the design and development of any new services or programmes that are to be delivered across County Durham;
- To play a key role in the evaluating the effectiveness of current emotional and mental health provision in County Durham;
- To have an opportunity to contribute to consultation exercises that impact on CYP mental health support;
- To provide challenge and scrutinise decisions made by the mental health partnership groups;
- To play a key role in scoping new opportunities and recognising good practice in mental health in County Durham and nationally;
- Members of the board will be the representatives on other groups such as the resilience subgroup or the locality networks;
- The group will report directly to the LTP.

Structure:

- Bi-monthly meetings & wider E-Network/Social Media Forum to ensure a wider voice is captured;
- 30 people recruited to take up paid roles (15 young people and 15 parents);
- The Advisory Committee will be Chaired by CYP and a parent;
- Professionals working in the mental health field will be invited to be participants;
- Needs led agenda;
- The work of the Advisory Committee will inform the work of the Children and Young People Mental Health Local Transformation Partnership (LTP) and will be a standard agenda item at every LTP meeting;
- The work of the committee will build on and complement existing networks e.g. school councils, parent forums but remain focused on children and young people's mental health.

At time of writing recruitment for this board on ongoing but the board will give better, more true engagement during 2020 and beyond and presents an exciting opportunity to have better engagement with the communities the LTP impacts within. The board will reflect the diversity of County Durham and ensure that all sections of the community are represented including representation of under 5s.

5) World Mental Health Day 2019



For World Mental Health Day 2019 an event was held in County Durham Cricket Ground at The Emirates Stadium which was attended by 100 people made up of children and young people, parents and carers, professionals from the local and regional services. The aim of the event was to show case and celebrate the work which had been achieved over the past 4 years of the LTP. This enabled many presentations about local and regional work and talk about future work.

The event also asked people what they wanted to see improve and where challenges had been. This presented in three ways:

1. What's bowled you over i.e. what do you like?
2. What's stumped you i.e. what's had you stuck/in an issue?
3. Wish upon a star i.e. what's your aspirations?



The event was fun with activities, interactive stalls, art, cake to name and few and the event provided the front page for this report which was achieved by everyone making a small paint mark on a bigger sign showing that together we can do something small but together make a big mark.

The event left 261 individuals comments which have been thematically reviewed and put into themes. These things help inform our future beyond 2020 plan, the table in apex 4 gives some of the comments reported.



It's World Mental Health Day!

CELEBRATE REFLECT & SHAPE

THE FUTURE OF CHILDREN, YOUNG PEOPLES AND FAMILIES MENTAL HEALTH SERVICES IN COUNTY DURHAM

**Hear about the journey over the last 5yrs, told
through the eyes of people who use and
provide services**

**Take part in workshops to help shape the
future**

**Showcase of the work in a Cricket Themed
Market Place**

**The event is open to young people, families
and professionals**

**12PM TO 5PM
10TH OCTOBER 2019
VENUE DURHAM CRICKET GROUND
TO RESERVE A PLACE EMAIL;
CLAIRE.GARNER-HARRIS@NHS.NET**



6) Beyond 2020

April 2020 marks the end of Future in Mind and thus the LTP but County Durham has committed to continue the work, in the same structure and with the same measures and ambitions. The journey had started and a lot has been achieved but so much more can be done as so further work is needed.

During this paper you will note that various comments regarding next steps have been made, such as better support for young people leaving custody, but all areas of service will aim to continuously improve, however, we will also use further data to support our decisions.

- Data from the world mental health day event tells us what children and young people like and what they want us to work on;
- At time of writing a perception study is being collated for views on stigma and discrimination;
- Also work across the mental health at scale work will gather further views from children and young people.

These data collections will be reviewed in February/March 2020 and a further plan will be created to build into the current LTP plan. We do however already have some data such as the student voice data.

The student voice survey 2019 gathered the views of 3,110 students in years 5 and 6, attending 74 different primary schools across County Durham, this showed:

MH Questions from Student Voice Survey	Primary School	Secondary School
At school I can work to the best of my ability - Strongly Agree & Agree	88.5% (2019)	73.7% (2019)
I can cope if things are difficult in my day to day life - Strongly Agree & Agree	72.2% (2019)	62.5% (2019)
On a daily basis I can get things done - Strongly Agree & Agree	86.6% (2019)	77.4% (2019)
I feel I can make things better at school - Strongly Agree & Agree	70.4% (2019)	68.2% (2019)
I feel I can make things better at home - Strongly Agree & Agree	80.5% (2019)	52.6% (2019)

This data gives us a measure to future compare and build upon.

We know how important it is for our services to be as effective and responsive as

possible to the needs and preferences of the children and young people in our communities. All services record and submit anonymised information about how many people are using services and the impact of these services to a national organisation called NHS England. This information would never contain anyone's name or personal details but does help make sure mental health services are as good as possible by:

- Helping the NHS understand what is working well and what may need to improve further by reporting back feedback and outcomes from services;
- Building a strong evidence base to inform research and future policy;
- Enable a robust case and support for increasing investment for mental health services;

This data is collected and shared and will help us in our beyond 2020 planning.

However we must also ensure the LTP links in with local areas of work such as "Right Care Right Place". In response to the NHS Long Term Plan, Five Year Forward View for Mental Health and forthcoming Community Mental Health Framework, the TEWV Trust Board have initiated a new programme of improvement covering community, inpatient and urgent care delivery. This new programme is called "Right Care, Right Place" (RCRP) and it aims to deliver better experience and outcomes for service users, our staff and our partners by focusing on how all of our services and those of our partners, can work more seamlessly and better together, reflecting staff, users', carers' and partners' feedback. Using a recovery-focused and trauma informed approach, RCRP will work systemically (not just within TEWV) so that we can:

- Improve how the whole system works together for both planned and unplanned care (especially thinking about how services better "wrap around" primary care networks);
- Reduce "hand offs" (i.e. passing people between services) within the Trust and with other providers;
- Ensure people's needs are identified and addressed as early as possible;
- Reduce unwarranted variations whilst making sure we provide what local communities need;
- Achieve the best use of all resources (money/ staff/ community assets);
- Address physical healthcare needs better and in a more joined up way;
- The programme will link closely to all other Trust and multi-agency programmes of work to avoid duplication.

Over future months more work connecting in with RCRP will take place to ensure the ambitions of the LTP link with the approach taken by RCRP.

centre of everything. Each child and young person is treated as an individual and should experience joined-up care and that the key focus is on prevention and early intervention.

What's happened so far?

In November an event was held with different types of organisations and people who are involved in the emotional health and wellbeing of young people and their families. Young people and parents were at the event and they shared their experiences of services and their messages were very powerful.

At the event people were asked what their vision for the future would be. The collective vision developed at the event is:

All Children and Young People are emotionally resilient and able to get appropriate help when and how they want it

At the event people were asked key things we could do to improve services for children, young people and families. These were:

- 1: To have a single vision of what we want to achieve and that everyone signs up to the vision
- 2: That co-production with children, young people and families is essential
- 3: Children, young people and families are supported as early as possible
- 4: People working in services to support emotional health and wellbeing have the right skills to support children, young people and their families
- 5: To focus on prevention and supporting greater resilience within the community

What's going to happen now beyond 2020?

The Development of an action plan will take the key priorities forward and to ensure the progress of the work; children, young people and families are at the heart of this work.

Context and Data

Wellbeing and mental health



On average, three quarters of young people age 13-15 rate their life satisfaction as **'HIGH' OR 'VERY HIGH'**

One third of young people aged 16-25 report their wellbeing as **'VERY HIGH'**



Nearly 1 in 4 young women aged 17-19 meet the criteria for having a mental disorder, and in the majority of cases this includes an emotional disorder

Among 16-24 year olds, common mental disorders are three times more frequent in young women than men



Since 2007 both self-reported and hospital recorded self-harm show increases



Overall approximately 1 in 10 young people age 10-24 are often lonely, but this decreases with age

THREE QUARTERS OF MENTAL HEALTH PROBLEMS START BEFORE THE EARLY 20S



Overall 14.4% of 11-16 year olds and 16.9% of 17-19 year olds in England met the criteria for having a mental disorder at the time of the 2017 Mental Health of Children and Young People survey



SUICIDE RATES ARE HIGHER FOR YOUNG MEN THAN WOMEN

Among boys the likelihood of a disorder is highest at age 11-16. Among girls, it is 17-19



APPROXIMATELY 1 IN 100 YOUNG PEOPLE AGED 10-24 HAVE AUTISM SPECTRUM DISORDER

MENTAL HEALTH PROBLEMS in young people in England from 1999 to 2017 rose proportionally by 13% for 5-10 year olds and 19% for 11-15 year olds



5% of all 17-19 year olds in England were on psychotropic medicine in 2017, most commonly selective serotonin reuptake inhibitor antidepressants.

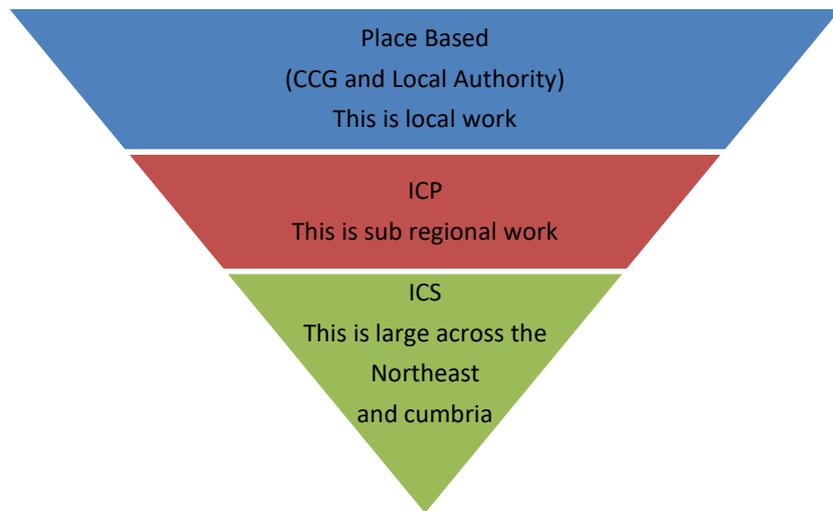
1 IN 7 16-24 YEAR OLDS SCREEN POSITIVE FOR ADHD

Association of Young People's Health, Key Data on Young People, 2019. For further information see the association's website¹⁰ or twitter #KeyData19

¹⁰ <http://ayph.org.uk/key-data-on-young-people>

7) Policy Context

Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing ¹¹ emphasised the crucial importance of early intervention in emerging emotional and mental health problems for children and young people. Its publication highlighted the difficulties children, young people and their families have in accessing mental health support and the need to transform the services offered. All CCG's were required to develop a LTP and as such North Durham and Durham, Dales and Easington CCG's developed and published their LTP in November 2015 with yearly updates. This year's update has been moved to March 2020 in keeping with financial year end, as such this year's LTP represents a longer time period than previous LTP refreshes.

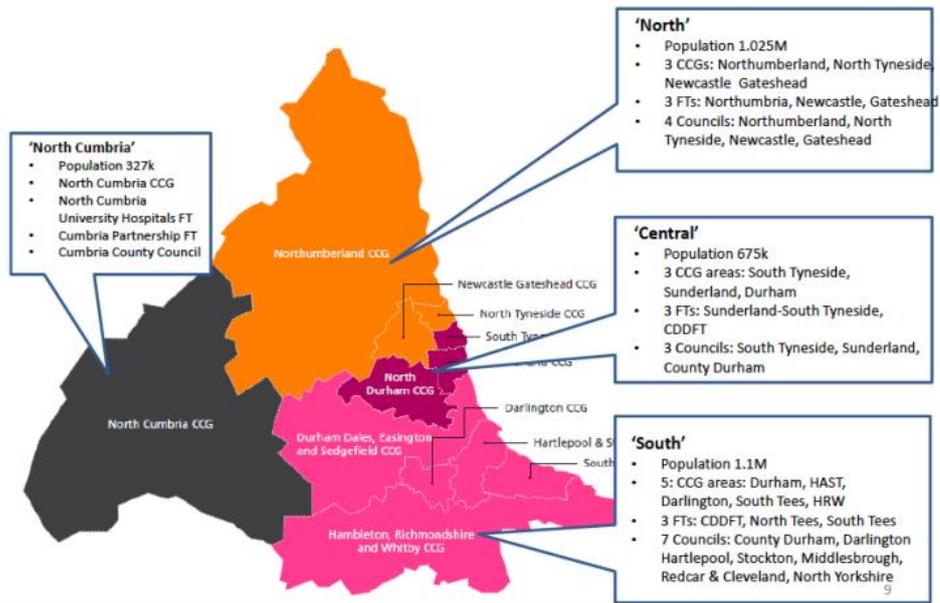


New systems of working emerge such as Integrated Care System (ICS) or Integrated Care Partnership (ICP) both include mental health as a priority area across the North East and Cumbria. We will maximise opportunities to collaborate with commissioners and providers of care to share approaches and resources across the new systems to ensure sustainability. We have a track record of working together across County Durham.

Four integrated care partnerships are in place – County Durham sits within two of these with North Durham CCG being in the Central, and Durham Darlington Easington and Sedgfield CCG being in the Southern.

¹¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

Four Integrated Care Partnerships



Integrated Care System (ICS) is a local partnership of NHS, Local Authorities and partners who can deliver a sustainable health and care system for the people across North East and North Cumbria (NENC). There are six strategic health focused groups. The Mental Health group is chaired by John Lawlor, CEO Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. The reason for the multidisciplinary groups existence is:

The socioeconomic and human costs associated with mental ill health are well publicised and the priorities identified by the mental health work stream focus on addressing health inequalities and delivering parity of esteem to prevent illness, promote wellbeing and improve the outcomes for people who experience mental ill health.

One of the seven work groups is focused on Children and Young People Mental Health. This group sponsor is Jacqui Old, Director of Children's and Adult Services, North Tyneside Council and led by The Northern Clinical Network and its associated clinical leads. The group is comprised of commissioners and providers of children's mental health services and informed by a parental voice. The group has three key areas: crisis services, integration of care and sharing best practice.

- It has a number of project areas that are developed using a multidisciplinary and multi-agency approach;
- Using the Local Transformation Plans to drive transformation;
- Developing the voice of Children, Young People & Families;
- Integrating along resilience, crisis and care pathways;
- Using outcome measures to assess transformation;
- Eating disorders network;
- Transformation & workforce across the whole system.

For further information regarding the NHS systems watch The Kings Fund Video 'How Does The NHS Work'

<https://www.youtube.com/watch?v=DEARD4I3xtE>

More locally there are a range of documents which support children and young people's mental health such as:

- The County Durham Joint Health and Wellbeing Strategy¹² - This sets out the way in which every child can have the best start in life. It will be done by improving their emotional health and wellbeing.
- The County Durham Children and Young Peoples Strategy 2019-2022¹³ is complete and aims to:
 1. Ensure all children and young people have a safe childhood;
 2. Children and young people enjoy the best start in life, good health and emotional wellbeing;
 3. Young people can access good quality education, training and local employment;
 4. Achieve the best possible outcomes for children and young people with special educational needs and disabilities (SEND).

The four aims will be underpinned by the following principles:

- Participation of children, young people and families in service development and design;
- 'Think Family' approach with a focus on vulnerability;
- Good transitions into adulthood;
- Tackling the effects of inequality;
- Regular performance review, challenge and learning, including learning from serious case reviews and serious incidents;
- Support for young people with Special Educational Needs and Disabilities (SEND).

¹² <http://www.durham.gov.uk/jhws>

¹³ <http://www.countydurhampartnership.co.uk/article/8482/Documents>

We know how important it is for our NHS services to be as effective and responsive as possible to the needs and preferences of the children and young people in our communities. All services record and submit anonymised information about how many people are using services and the impact of these services to a national organisation called NHS England. This information would never contain anyone's name or personal details but does help make sure mental health services are as good as possible by:

- Helping the NHS understand what is working well and what may need to improve further by reporting back feedback and outcomes from services
- Building a strong evidence base to inform research and future policy
- Enable a robust case and support for increasing investment for mental health services

Development & Assurance Manager NHS England (north)

8) The Local Vision

Our vision remains unchanged from the original plan:

'We want Children, Young People and their Families in County Durham to be supported to achieve their optimum mental health and wellbeing. Every child and young person will have access to early help in supporting their emotional and mental health needs. We want to develop children and young people's resilience and coping strategies. We will transform the quality and availability of our services from early help through to specialist provision. Local services will be locally delivered within communities, closer to home, targeted to the most vulnerable ensuring fewer children and young people require specialist mental health services.'

This vision was established from Future in Mind which recommended the 5 areas below:

The recommendations made in the report were based around five key themes:		
1	Promoting resilience, prevention and early intervention	<i>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.</i>
2	Improving access to effective support	<i>Our aim is to change how care is delivered and build it around the needs of children and young people and families. This means moving away from a system of care defined in terms of the services organisations provide to ensure that children and young people have easy access to the right support from the right service at the right time.</i>

3	Care for the most vulnerable	<i>Current service constructs present barriers making it difficult for many vulnerable children, young people and those who care for them to get the support they need. Our aim is to dismantle these barriers and reach out to children and young people in need.</i>
4	Accountability and Transparency	<i>Far too often, a lack of accountability and transparency defeats the best of intentions and hides the need for action in a fog of uncertainty. Our aim is to drive improvements in the delivery of care, and standards of performance to ensure we have a much better understanding of how to get the best outcomes for children, young people and families/carers and value from our investment.</i>
5	Developing the workforce	<i>It is our aim that everyone who works with children, young people and their families is ambitious for every child and young person to achieve goals that are meaningful and achievable for them. They should be excellent in their practice and able to deliver the best evidenced care, be committed to partnership and integrated working with children, young people, families and their fellow professionals and be respected and valued as professionals themselves.</i>

Our ambitions too remain unchanged with a view that by 2020/21:

- Every young person in County Durham has access to a graduated and timely response to emotional health issues, ranging from maintaining a healthy mind to acute crisis;
- That County Durham has a joined up system for early help that operates based on the THRIVE¹⁴ approach and harnesses the capacity of the third sector;
- All County Durham educational settings are better equipped to support the emotional health of their populations working within the getting advice and getting help quadrants of the THRIVE approach;
- That access to getting more help and risk support is available through local settings including primary, acute and specialist care, is timely, and based on clear pathways of care linked to different types of need;
- We will have one single point of access;
- Coordinated robust risk support is available for the most vulnerable between partners including youth justice;
- By 2020/21, in-patient stays for children and young people will only take place where clinically appropriate and will have the minimum possible length of stay and will be as close to home as possible and be commissioned on a 'place-basis';
- Everyone in contact with children and young people feels equipped to actively support their mental health and wellbeing;
- Well informed commissioners with comprehensive intelligence about needs and provision who strive to co-produce with children, young people and their families leading to innovative, creative and responsive support across a range of services from primary to inpatient and secure settings;
- Perinatal mental health service supporting the needs of our population to

¹⁴ <http://www.implementingthrive.org/wp-content/uploads/2016/03/thrive-elaborated-2nd-edition29042016-1.pdf>

ensure timely assessment, early intervention and appropriate referral into specialist services when required.

So what are we doing;

Priority Area 1: Promoting resilience, prevention and early intervention	Priority Area 2: Improving access and effective support	Priority Area 3: Caring for the most vulnerable	Priority Area 4: Workforce
<p>We will do this through:</p> <ol style="list-style-type: none"> 1. Reducing stigma and discrimination 2. Improving access to perinatal mental health intervention 3. Helping parents and carers to support children and young people with their emotional health and wellbeing 4. Helping to support children and young people with their emotional health and wellbeing. 	<p>We will do this through:</p> <ol style="list-style-type: none"> 1. Ensuring continuation of offer of bereavement support 2. Ensuring specialist NHS support is available at the right level when needed (crisis, home treatment, community) 3. Ensuring digital solutions are available to meet the needs of CYPs 4. Reduce delays in Autism diagnosis 	<p>We will do this through:</p> <ol style="list-style-type: none"> 1. Understanding the needs of vulnerable groups 2. Ensuring correct assessment and referrals 3. Implementing interventions and recommendation that improve outcomes for the most vulnerable 4. Working together to improve transitions 	<p>We will do this through:</p> <ol style="list-style-type: none"> 1. Working within Education, Children's Services and universal health services to improve the workforce's ability to understand mental health 2. Undertaking brief intervention and signposting accordingly

9) Profile of Need (Data)

National

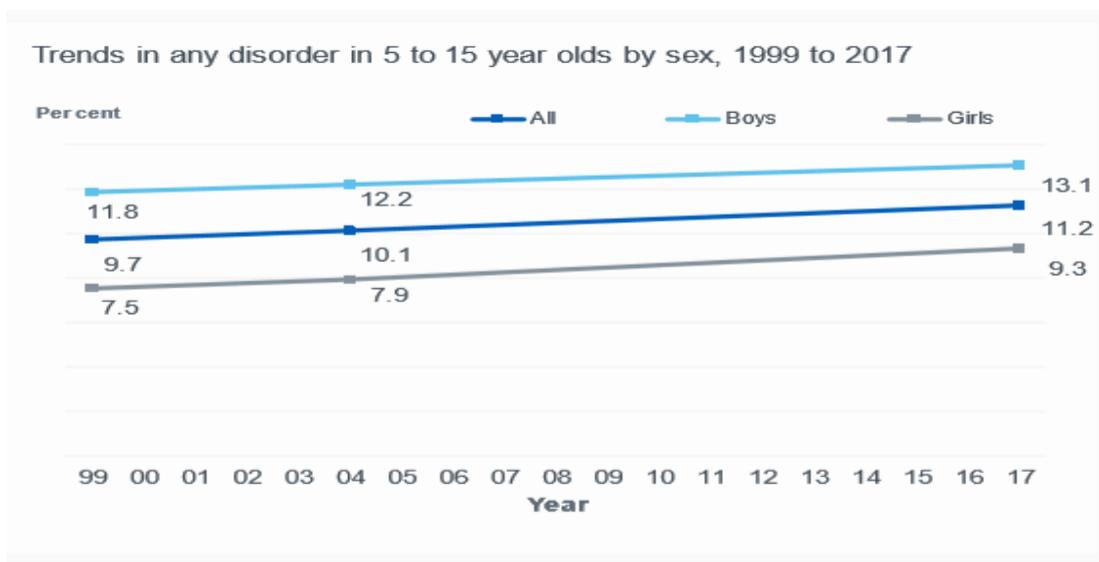
Trends on Children and Young People's Mental Health were studied in 1999, 2004 and 2017. However, in 2018 a compiled data set ¹⁵ covering a broad range of areas of mental health was compiled. This found:

Key facts:

- One in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017;
- Specific mental disorders were grouped into four broad categories: emotional, behavioural, hyperactivity and other less common disorders. Emotional disorders were the most prevalent type of disorder experienced by 5 to 19 year olds in 2017 (8.1%);
- Rates of mental disorders increased with age, 5.5% of 2 to 4 year old children experienced a mental disorder, compared to 16.9% of 17 to 19 year olds. Caution is needed, however, when comparing rates between age groups due to differences in data collection. For example, teacher reports were available only for 5 to 16 year olds. Please refer to the Survey Design and Methods Report for full details.

¹⁵ <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

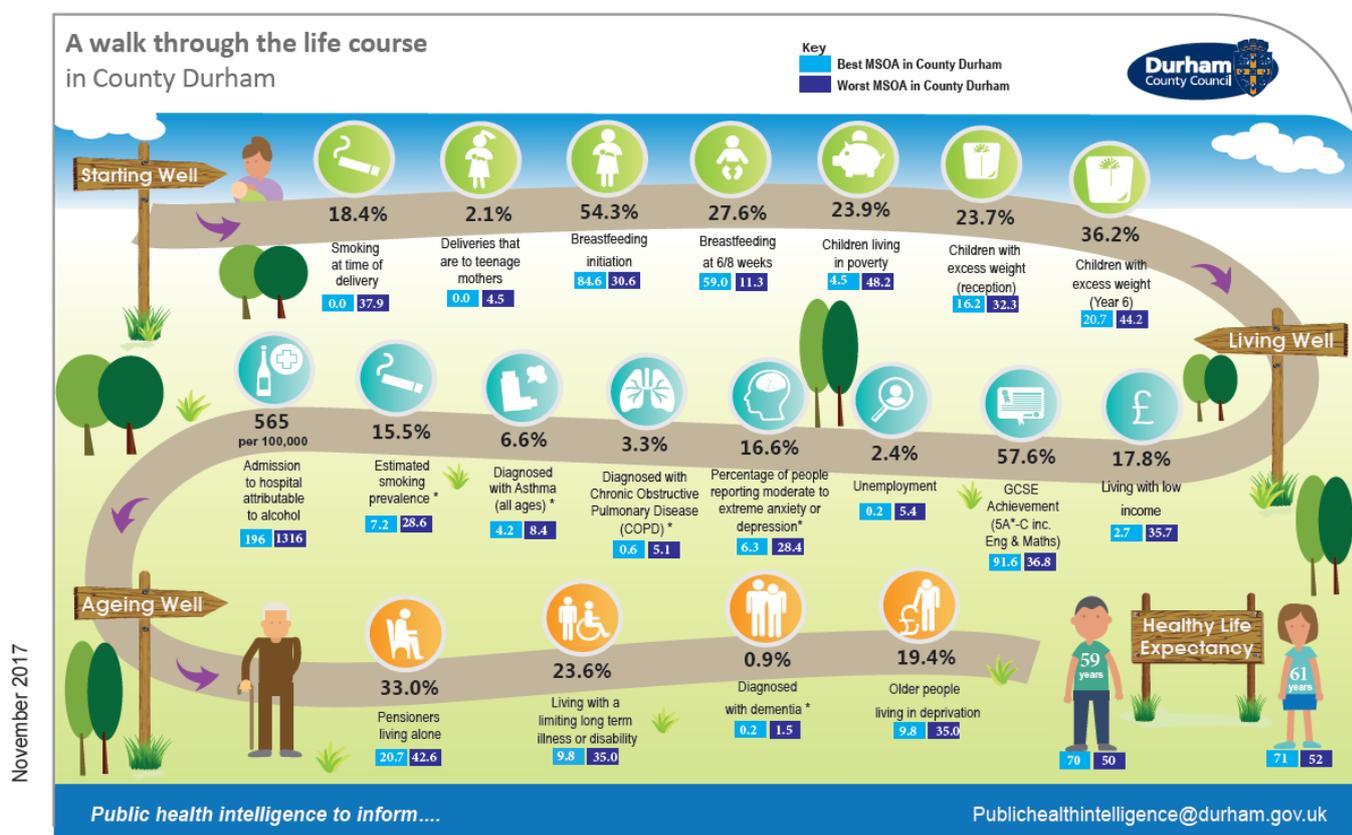
- The 1001 Critical day's Manifesto reports that mental health affects 144,000 babies. The report identified that mental health is central to a child's health and specifies that those identified as being at risk or suffering from mental health problems should be offered appropriate support at the earliest opportunity
- Data from this survey series reveal a slight increase over time in the prevalence of mental disorder in 5 to 15 year olds (the age-group covered on all surveys in this series). Rising from 9.7% in 1999 and 10.1% in 2004, to 11.2% in 2017;
- Emotional disorders have become more common in 5 to 15 year olds, going from 4.3% in 1999 and 3.9% in 2004 to 5.8% in 2017. All other types of disorder, such as behavioural, hyperactivity and other less common disorders, have remained similar in prevalence for this age group since 1999 as shown below.



Further data can also be seen via the Mental Health Data Hub ¹⁶

¹⁶ <https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/mental-health-data-hub>

Local



Note: * denotes registered population

Locally about **6,500** children and young people in County Durham are estimated to have a mental health disorder (2015). The most common mental health disorders for those aged 5-16 years old in County Durham are conduct disorders which matches national data.

Locally we know:

- Around 1 in 10 of children and young people in County Durham have a mental health disorder. (2015);
- Young people's admission rates (10-14 years) for self-harm in 2017/18 in County Durham (203.5 per 100,000) were not statistically significantly different than England (210.4/100,000) but not significantly different to the North East (216.9/100,000);
- The rate of death by suicide for the period 2016-18 is statistically higher in County Durham (12.8 per 100,000) than England (9.6 per 100,000) and the North East (11.3 per 100,000);
- 2.6% of school children have additional social, emotional and mental health needs which equates to over 1,000 children;
- There are thought to be at least 8,000 16-24 year olds with an eating disorder;

- Around 8,500 children and young people are estimated to have ADHD.
- Almost 400 children aged between 10-24 years old were admitted to hospital as a result of self-harm last year;
- Nearly 100 under 18s were admitted to hospital for mental health conditions last year.

We also understand the needs of children looked after (CLA) and care leavers (CL) as a vulnerable sub-group of the population. Most children enter care often following a range of Adverse Childhood Experiences (ACE's), often as the result of abuse or neglect. Whilst they have many of the same health issues as their peers, the extent of these is often greater as a result of their past experiences. The available evidence suggests CLA and CL experience poorer health outcomes which can persist into adulthood.

As at March 31st 2019 there were 840 children looked after in County Durham. The number of children in care has increased by 39% in the last 5 years, from 605 in 2014. Just over a quarter of children (27%) who enter care are aged under 1 years. 4 in 5 children come into care due to abuse or neglect. 73% of children in care are placed in foster care.

In November 2018 Durham County Council (DCC) published the Children Looked After and Care Leavers Health Needs Assessment (HNA). The HNA had four key priority areas including a specific focus on mental health and emotional wellbeing. The HNA identified a number of key findings and informed a range of key recommendations including:

- Strengthen leadership and partnerships in place for supporting CLA and CL
- Review of current pathways for CLA and CL
- Review of the use of the Strengths and Difficulties Questionnaire (SDQ)
- Develop a training offer for professionals and carers

These recommendations were incorporated into the work of the LTP and a multi-agency implementation plan developed. The LTP has been significantly enhanced by improved engagement with Children's Social Care and the following activity has been completed to date:

Rapid Improvement Workshop focusing on the MH and EW pathways for CLA and CL and the development of the *Practitioners Guide to Making Mental Health Everyone's business*. This interactive PDF utilises the Thrive approach to map MH and EW pathways across County Durham

Improved the SDQ process for County Durham; work has been carried that reviewed local arrangements and national best practice to ensure that the process for completing SDQ's in County Durham has been improved and that scores are routinely used to inform health assessments

Workforce Development; A range of workforce development improvements have taken place including enhancing the offer of support to practitioners across Children and Young Peoples Services with a specific focus on foster carers.

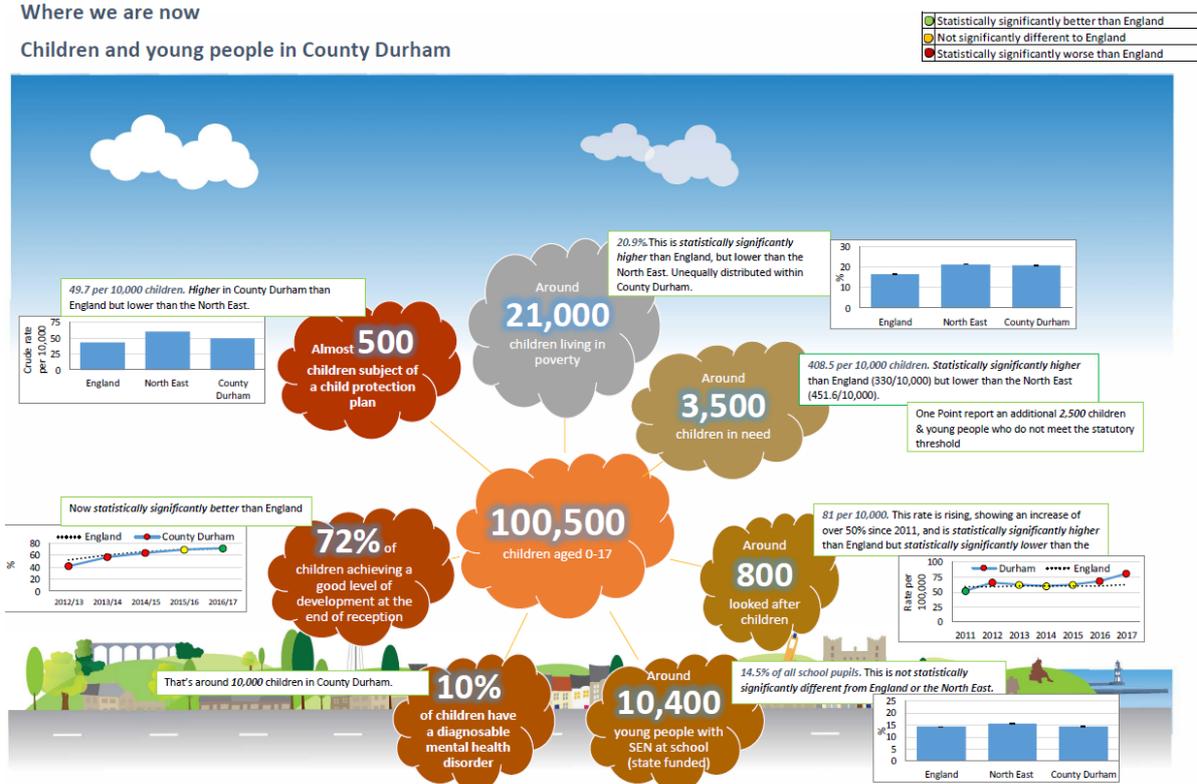
Moving forward, the LTP will continue to focus on ensuring that CLA and CL are considered, and inequalities identified and addressed.

The latest 3-year pooled national suicide data (2016-2018) shows that:

- In County Durham deaths by suicide are significantly higher for men than women, a trend reflected regionally and in England;
- Male deaths by suicide in County Durham are similar to the regional rate but statistically significantly higher than the rate seen in England;
- Female deaths by suicide in County Durham are similar to the rates seen regionally and in England;
- The rate of deaths by suicide for all persons (male & female) in County Durham are not statistically different from other North East Local Authorities.

Where we are now

Children and young people in County Durham



Further date is placed on a NHS digital dashboard¹⁷ and while this express's data for Tees and Esk Wear Valley as a whole and not just County Durham is a good place is you are interested in further date.

Data is further gathered from commissioned NHS services via a cloud based data system (MHSDS) which helps inform national, regional, local level commissioning.

¹⁷ <https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/mental-health-data-hub/mental-health-services-monthly-statistics>

10) Finance

Numbers below explain the spend by CCGs on children and young people's mental health. In short, spend in 2019/20 is higher than that of 2017/18 and is on an upward trend. Within services, eating disorders is a service with a greater spend now than in previous years. This is all in line to meet the investment standard – spending more on mental health and ensuring services are well funded and in turn well resourced.

Total budget

Description		County Durham	County Durham	County Durham
		2016/17	2017/18	2018/19
		£,000	£,000	£,000
North Durham CCG & DDES CCG	CAMHS	£5,926	£6,105	£6,509
	LD CAMHS	£1,630	£1,680	£1,791
Children and Young people's mental health budget				
Durham County Council	Note: this includes the Health contribution for Emotional Wellbeing and Mental Health Counselling (£236k)	£2,110		
Total		£9,666	£7,785	£8,300

Budget by service

	Year 1	Year 2	Year 3	Year 4
	2015/16	2016/17	2017/18	2018/19
	£,000	£,000	£,000	£,000
CAMHS Transformation	£807	£807	£1,119	£1,421
Eating Disorder	£323	£306	£306	£310
CYP IAPT (training backfill)	£24	£71	£34	£13
CYP Liaison	£0	£79	£0	£0
Waiting time initiative	£0	£255	£0	£0

Vanguard	£0	£261	£0	£0
	£1,154	£1,779	£1,460	£0

11) Final

This report was only possible due to commitment of the partners of the County Durham LTP which strive to improve children and young people’s mental health. We hope this report had been insightful of the work achieved in County Durham and that you continue to follow our journey.

The below documents are Apex documents to support the information above.

APEX 1 CAMHS Data

CCG Name	Total Referrals 2018/19												Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
NHS DDES	393	438	432	497	437	370	416	436	306	447	381	437	4,990
NHS NORTH DURHAM	326	363	391	334	287	307	300	361	259	298	294	329	3,849
	719	801	823	831	724	677	716	797	565	745	675	766	8,839

Referral Source	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Other service or agency	126	181	175	191	150	127	148	180	135	180	140	191	1,924
General Medical Practitioner Practice	105	113	108	158	103	88	129	114	101	109	112	109	1,349
Community Mental Health Team (Adult Mental Health)	111	83	88	90	138	102	86	80	33	90	67	77	1,045
Carer/Relative	4	17	6	11	6	7	4	15	1	10	5	10	96
Education Service / Educational Establishment	3	3	2	5	3	6	10	8	0	4	4	7	55
Accident And Emergency Department	15	16	17	15	8	11	13	13	13	13	12	14	160
Self	4	8	12	9	12	9	10	11	10	28	23	13	149
Other secondary care specialty	17	6	11	10	9	3	10	8	7	10	12	13	116
Social Services	1	2	2	2	1	0	1	3	2	0	0	2	16
Transfer by graduation from CAMHS to Adult	2	3	2	1	2	2	2	0	1	3	0	0	18
School Nurse	0	0	1	0	0	1	0	0	0	0	0	0	2
Police	1	2	0	1	2	7	0	1	1	0	0	0	15
Inpatient Service (Adult Mental Health)	2	1	5	1	1	5	2	2	0	0	3	1	23
Other Primary Health Care	0	2	0	0	1	0	0	0	1	0	0	0	4
Not Recorded	1	1	3	1	1	1	0	1	0	0	1	0	10
Internal Referral	1	0	0	0	0	0	0	0	0	0	0	0	1
Single Point of Access Service	0	0	0	1	0	1	0	0	0	0	1	0	3
Other Independent Sector Mental Health Services	0	0	0	0	0	0	0	0	0	0	0	0	0

Voluntary Sector	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospital-based Paediatrics	0	0	0	1	0	0	0	0	1	0	1	0	3	
Jobcentre Plus	0	0	0	0	0	0	0	0	0	0	0	0	0	
Probation Service	0	0	0	0	0	0	0	0	0	0	0	0	0	
Out of Area Agency	0	0	0	0	0	0	1	0	0	0	0	0	1	
Community Mental Health Team (CAMHS)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Courts	0	0	0	0	0	0	0	0	0	0	0	0	0	
Permanent transfer from another Trust	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total	393	438	432	497	437	370	416	436	306	447	381	437	4,990	

Referral Source	North Durham Referral Source 2018/19												Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Other service or agency	142	136	168	144	94	108	97	156	108	110	130	135	1,528
General Medical Practitioner Practice	101	106	104	92	62	80	97	105	82	89	87	95	1,100
Community Mental Health Team (Adult Mental Health)	42	58	52	34	70	66	56	49	41	42	37	50	597
Transfer by graduation from CAMHS to Adult	16	22	15	16	38	14	5	3	2	10	7	0	148
Accident And Emergency Department	9	13	19	8	12	14	16	16	8	12	9	11	147
Self	6	5	10	8	5	7	8	12	4	27	14	17	123
Carer/Relative	2	8	3	8	0	6	3	5	5	6	4	6	56
Education Service / Educational Establishment	4	7	4	4	0	6	5	5	5	1	3	6	50
Other secondary care specialty	2	1	4	5	1	0	4	4	1	0	1	5	28
Inpatient Service (Adult Mental Health)	2	1	2	0	1	3	4	2	1	0	0	2	18
Police	0	3	3	6	1	1	1	0	0	0	1	0	16
Internal Referral	0	2	4	2	0	0	1	0	0	0	0	0	9
Other Primary Health Care	0	1	0	3	1	0	0	1	1	1	0	0	8
Single Point of Access Service	0	0	0	3	0	1	1	0	0	0	1	1	7
Social Services	0	0	1	0	1	1	0	2	0	0	0	1	6

Not Recorded	0	0	1	1	1	0	0	1	0	0	0	0	4
School Nurse	0	0	0	0	0	0	1	0	0	0	0	0	1
Other Independent Sector Mental Health Services	0	0	0	0	0	0	0	0	1	0	0	0	1
Community Mental Health Team (CAMHS)	0	0	1	0	0	0	0	0	0	0	0	0	1
Permanent transfer from another Trust	0	0	0	0	0	0	1	0	0	0	0	0	1
Total	326	363	391	334	287	307	300	361	259	298	294	329	3,849

Face to Face Contacts 2018/19													
CCG Name	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
DDES	1,982	2,379	2,521	2,626	2,165	2,089	2,447	2,463	1,911	2,618	1,998	2,507	27,706
NORTH DURHAM	1,553	1,849	2,021	1,959	1,750	1,669	1,856	1,963	1,305	1,711	1,623	1,766	21,025
	3,535	4,228	4,542	4,585	3,915	3,758	4,303	4,426	3,216	4,329	3,621	4,273	48,731

Discharges 2018/19													
CCG Name	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
DDES	413	368	375	510	572	370	393	411	295	405	369	344	4,825
NORTH DURHAM	318	322	398	388	446	281	296	330	259	276	283	231	3,828
	731	690	773	898	1,018	651	689	741	554	681	652	575	8,653

DNA 2018/19													
CCG Name	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
DDES	10	15	9	5	12	4	15	12	7	20	31	18	158
NORTH DURHAM	11	19	18	11	10	8	8	6	8	22	12	13	146
	21	34	27	16	22	12	23	18	15	42	43	31	304

Inappropriate Ref2018/19													
CCG Name	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
DDES	168	162	205	216	251	159	185	202	130	170	170	148	2,166
NORTH DURHAM	129	131	191	165	139	112	135	151	119	105	129	92	1,598
	297	293	396	381	390	271	320	353	249	275	299	240	3,764

Apex 2

Eating disorders

Referrals 2018/19													
CCG Name	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
DDES	14	14	17	17	15	13	12	15	7	12	18	6	160
NORTH DURHAM	15	13	13	13	12	22	31	15	12	12	23	8	189
	29	27	30	30	27	35	43	30	19	24	41	14	349

Face to Face 2018/19													
CCG Name	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
DDES	146	257	328	412	315	273	439	302	191	163	304	462	3,592
NORTH DURHAM	274	299	422	408	365	303	295	242	118	127	243	331	3,427
	420	556	750	820	680	576	734	544	309	290	547	793	7,019

Apex 3

Tier 4 service

Tier 4		2018/19	2019/20
Subjective Code Desc	Subjective Summary	WTE budget	WTE budget
Administrative And Clerical	B4 Admin & Clerical	1.00	1.00
	B3 Admin & Clerical	3.80	3.80
	B2 Admin & Clerical	3.50	3.50
Administrative And Clerical Total		8.30	8.30
Allied Health Professionals	B6 Dietitian	1.25	1.25
	B7 Dietitian	0.00	0.00
	B3 Dietitian	0.50	0.50
	B6 Occupational Therapist	2.00	2.00
	B3 Occupational Therapist	0.60	0.60
Allied Health Professionals Total		4.35	4.35
Medical And Dental	Consultant	3.90	3.90
	Staff Grade Practitioner	1.00	1.00
Medical And Dental Total		4.90	4.90
Nursing, Midwifery And Health Visiting	B8c Nurse Consultant	1.00	1.00
	B8a Nurse Manager	2.00	2.00
	B7 Nurse Manager	3.00	3.00
	B7 Qualified Nurse	2.90	2.90
	B6 Qualified Nurse	6.00	6.00
	B5 Qualified Nurse	33.91	33.91
	B4 Unqualified Nurse	0.00	0.00
	B3 Unqualified Nurse	50.38	50.38
Nursing, Midwifery And Health Visiting Total		99.19	99.19
Scientific Therapeutic And Technical	B8a Psychologist	1.80	1.80
	B8c Psychologist	1.29	1.29
	B7 psychologist	0.00	0.00
	B5 Psychologist	2.00	2.00

Scientific Therapeutic And Technical Total	5.09
Grand Total	121.83

5.09
121.83

Crisis 2018

County Durham and Darlington	CHILD AND YP D AND D CRISIS 2018	Budget WTE	Budget WTE
Subjective Summary	Subjective Code Desc	DDES CCG	North Durham CCG
Administrative And Clerical	B4 Admin & Clerical	0.48	0.37
	B3 Admin & Clerical	0.00	0.00
Nursing, Midwifery And Health Visiting	B6 Qualified Nurse	5.45	4.27
	B7 Nurse Manager	0.00	0.00
	B7 Qualified Nurse	0.48	0.37
Scientific Therapeutic And Technical	B8b Psychologist	0.00	0.00
Grand Total		6.41	5.01

Crisis 2019

County Durham and Darlington	CHILD AND YP D AND D CRISIS 2019	Budget WTE	Budget WTE
Subjective Summary	Subjective Code Desc	DDES CCG	North Durham CCG
Administrative And Clerical	B4 Admin & Clerical	0.48	0.37
	B3 Admin & Clerical	0.00	0.00
Nursing, Midwifery And Health Visiting	B6 Qualified Nurse	5.45	4.27
	B7 Nurse Manager	0.48	0.37
	B7 Qualified Nurse	0.48	0.37
Scientific Therapeutic And Technical	B8b Psychologist	0.00	0.00
Grand Total		6.89	5.38

Eating Disorders 2018

County Durham and Darlington	CHILD AND YP D AND D EATING DISORDERS	Budget WTE	Budget WTE
Subjective Summary	Subjective Code Desc	DDES CCG	North Durham CCG
Administrative And Clerical	B3 Admin & Clerical	0.48	0.37
Medical And Dental	Consultant	0.29	0.22
Nursing, Midwifery And Health Visiting	B4 Unqualified Nurse	0.95	0.75
	B5 Qualified Nurse	0.00	0.00
	B6 Qualified Nurse	1.43	1.12
	B7 Nurse Manager	0.48	0.37
	B7 Qualified Nurse	0.48	0.37
Scientific Therapeutic And Technical	B5 Dietitian	0.48	0.37
	B6 Dietitian	0.48	0.37
	B7 Dietitian	0.00	0.00
	B7 Psychologist	0.00	0.00
	B8a Psychologist	0.48	0.37
	B8c Psychologist	0.00	0.00
Grand Total		5.55	4.31

Eating Disorders 2019

County Durham and Darlington	CHILD AND YP D AND D EATING DISORDERS	Budget WTE	Budget WTE
Subjective Summary	Subjective Code Desc	DDES CCG	North Durham CCG
Administrative And Clerical	B3 Admin & Clerical	0.48	0.37
Medical And Dental	Consultant	0.29	0.22

Nursing, Midwifery And Health Visiting	B4 Unqualified Nurse	0.95	0.75
	B5 Qualified Nurse	0.00	0.00
	B6 Qualified Nurse	1.43	1.12
	B7 Nurse Manager	0.48	0.37
	B7 Qualified Nurse	0.48	0.37
Scientific Therapeutic And Technical	B5 Dietitian	0.48	0.37
	B6 Dietitian	0.48	0.37
	B7 Dietitian	0.00	0.00
	B7 Psychologist	0.00	0.00
	B8a Psychologist	0.48	0.37
	B8c Psychologist	0.00	0.00
Grand Total		5.55	4.31

Tier 3

County Durham and Darlington	CHILD AND YP - TIER 3	2018			2019		
		Subjective Summary	Subjective Code Desc	DDES CCG	North Durham CCG	Grand Total	DDES CCG
Administrative And Clerical	B2 Admin & Clerical	2.00	1.48	3.48	2.00	1.48	3.48
	B3 Admin & Clerical	4.07	4.60	8.67	4.07	4.60	8.67
	B4 Admin & Clerical	4.56	3.60	8.16	4.56	3.60	8.16
Medical And Dental	Associate Specialist	0.00	1.00	1.00	0.00	1.00	1.00
	Consultant	4.60	2.15	6.75	4.60	2.15	6.75
	Staff Grade Practitioner	0.00	0.80	0.80	0.00	0.20	0.20
Nursing, Midwifery And Health Visiting	B4 Unqualified Nurse	1.00	1.00	2.00	1.00	1.00	2.00
	B3 Unqualified Nurse	0.00	1.00	1.00	0.00	1.00	1.00
	B5 Qualified Nurse	2.00	1.00	3.00	2.00	1.00	3.00
	B6 Nurse Manager	1.00	1.00	2.00	1.00	1.00	2.00
	B6 Qualified Nurse	9.43	5.31	14.74	9.43	5.00	14.43
	B7 Nurse Manager	2.00	1.00	3.00	2.00	1.00	3.00

	B7 Qualified Nurse	3.00	2.50	5.50	2.00	1.50	3.50
	B8a Nurse Consultant	0.00	1.00	1.00	0.00	1.00	1.00
Scientific Therapeutic And Technical	B4 Psychologist	0.00	1.00	1.00	0.00	1.00	1.00
	B6 Psychologist	0.00	0.00	0.00	0.00	0.00	0.00
	B7 Psychologist	2.00	0.65	2.65	2.00	0.65	2.65
	B8a Psychologist	2.70	2.30	5.00	2.70	2.30	5.00
	B8c Psychologist	1.80	0.70	2.50	1.80	0.70	2.50
	Grand Total		40.16	32.09	72.25	39.16	30.18

Learning Disabilities

County Durham and Darlington		Budget WTE 2018	Budget WTE 2018	Budget WTE 2019	Budget WTE 2019
CHILD AND YP - LD			North Durham CCG	DDES CCG	North Durham CCG
Subjective Summary	Subjective Code Desc	DDES CCG	North Durham CCG	DDES CCG	North Durham CCG
Administrative And Clerical	B3 Admin & Clerical	1.07	0.00	1.07	0.00
Allied Health Professionals	B7 Speech Therapist	0.24	0.19	0.24	0.19
Medical And Dental	Consultant	0.84	0.65	0.84	0.65
Nursing, Midwifery And Health Visiting	B3 Unqualified Nurse	0.76	1.00	0.76	1.00
	B4 Unqualified Nurse	1.34	1.04	1.34	1.04
	B5 Qualified Nurse	0.48	0.37	0.48	0.37
	B6 Qualified Nurse	2.68	2.06	2.68	2.06
	B7 Qualified Nurse	0.96	0.74	0.96	0.74
Scientific Therapeutic And Technical	B4 Psychologist	0.48	0.37	0.48	0.37
	B7 Psychologist	0.00	1.00	0.00	1.00
	B8a Psychologist	0.30	0.30	0.30	0.30
	B8c Psychologist	0.45	0.00	0.45	0.00
Grand Total		9.60	7.71	9.60	7.71

Tier 2

Targeted Team	CHILD AND YP - TIER 2	Budget WTE 2018	Budget WTE 2018	Budget WTE 2019	Budget WTE 2019
Subjective Summary	Subjective Code Desc	DDES CCG	North Durham CCG	DDES CCG	North Durham CCG
Administrative And Clerical	B2 Admin & Clerical	0.30	0.24	0.00	0.00
	B3 Admin & Clerical	0.00	0.00	0.48	0.37
Nursing, Midwifery And Health Visiting	B3 Unqualified Nurse	0.54	0.42	0.54	0.42
	B4 Unqualified Nurse	0.48	0.37	0.48	0.37
	B6 Qualified Nurse	8.45	6.61	8.45	6.61
	B7 Qualified Nurse	0.95	0.75	0.95	0.75
Grand Total		10.72	8.39	10.90	8.52

Autism

	CHILD AND YP - TIER 3	Budget WTE 2018	Budget WTE 2018	Budget WTE 2019	Budget WTE 2019
CHILD AND YP D AND D AUTISM					
Subjective Summary	Subjective Code Desc	DDES CCG	North Durham CCG	DDES CCG	North Durham CCG
Allied Health Professionals	B7 Speech Therapist	1.39	1.20	0.91	0.84
	B6 Speech Therapist	0.00	0.00	0.96	0.85
	B6 Occupational Therapist	0.53	0.47	0.00	0.00
Nursing, Midwifery And Health Visiting	B6 Qualified Nurse	1.59	1.41	4.50	4.11
	B7 Nurse Manager	0.00	0.00	0.48	0.36
	B7 Qualified Nurse	0.53	0.47	0.00	0.00

Medical And Dental	Specialty Doctors	0.00	0.00	1.06	0.89
Administrative And Clerical	B3 Admin & Clerical	0.00	0.00	0.86	0.67
Scientific Therapeutic And Technical	B4 Psychologist	1.06	0.94	1.22	1.11
	B8a Psychologist	0.00	0.00	0.20	0.15
	B8c Psychologist	0.48	0.37	0.81	0.65
Grand Total		5.58	4.86	11.00	9.63

Early Intervention in Psychosis

EIP	County Durham and Darlington	2018/19		2019/20	
		North Durham	South Durham & Dton	North Durham	South Durham & Dton
		WTE Budget	WTE Budget	WTE Budget	WTE Budget
Medical Manager Nursing	Consultant	0.00	1.00	0.00	1.00
	Associate Specialist	1.00	0.00	1.00	0.00
	B7 Nurse Manager	1.00	1.00	1.00	1.00
	B7 Qualified Nurse	0.50	0.50	0.50	0.50
	B6 Qualified Nurse	7.60	7.60	8.00	7.60
	B5 Qualified Nurse	4.00	2.00	4.00	2.00
	B3 UnQualified Nurse	2.00	1.00	2.50	0.00
	B2 Unqualified Nurse	0.00	0.00	0.00	0.00
	B4 Unqualified Nurse	1.00	0.00	0.50	1.00
	B4 IPS worker	1.00	1.00	1.00	1.00
	B8b Psychologist	0.00	1.00	0.00	1.00
	B8a Psychologist	1.00	0.00	1.00	0.00
	B8d Psychologist	0.15	0.00	0.00	0.00
	B7 Psychologist	1.82	1.94	1.82	1.94
	B3 Admin & Clerical	1.00	1.00	1.00	1.00
	B2 Admin & Clerical	0.48	0.00	0.48	0.00
Pay Sub total		22.55	18.04	22.80	18.04

Apex 4

Examples of comments as part of the World MH Day Event to inform planning			
Priority Area	Wishes for the future (aspirations)	Areas that had you bowled over (good things)	Areas that had you stumped (areas to improve on)
<p>Promote resilience, prevention and early intervention</p>	<ul style="list-style-type: none"> • Emotional wellbeing / meditation classes in schools. • Raise awareness amongst young people of self-care and their own ability & judgement to know what will help them. • That mental health becomes something that people are not afraid of, and stigmatised for. 	<ul style="list-style-type: none"> • Early intervention in Psychosis Team - person listened to, DBT better than CBT. • Knowledge about what to do to keep healthy mentally. • Advances in Co-Production. • Engagement with parents and young people. • Increased awareness of what's out there 	<ul style="list-style-type: none"> • Year 6 – transition. • Mindfulness/stimulation and mental health support in primary. • How do we support/challenge schools and education settings - do the right thing? • My biggest concern as a mother is the mental health of my 10yr old son, who is starting secondary school next year and is very scared of being bullied. I don't really know where to go when/if the school will not do enough about it.
<p>Improving access and effective support</p>	<ul style="list-style-type: none"> • Less tick boxes - 10 sessions over x time (flexibility). • Max 4w waiting times. • Consistency with 1:1 workers. • Easy access to services and an 	<ul style="list-style-type: none"> • Rollercoaster support group - online and in person is a massive source of support & friendship - glad funding is continuing. • MCT are invaluable in having a parent carer voice nationally. 	<ul style="list-style-type: none"> • Accessing Services. • Lack of services. • Length of time for 1-1 support. • Long waiting lists. • Signposting to correct service. • Criteria to access services is strict.

	<p>increased awareness of what is available.</p> <ul style="list-style-type: none"> • More low cost activity centres for families to access. 	<ul style="list-style-type: none"> • 1:1 working outside of school & home. • YASC - getting support and access to helpful services. • Street Triage because it was instant and effective support. 	
Caring for the most vulnerable	<ul style="list-style-type: none"> • Support for dual needs e.g. mental health and other need. • More help for isolated teenagers. • For all the people in need to get all the help they need. 	(this area was blank)	<ul style="list-style-type: none"> • What's available for those who don't want to be helped. • My kiddo is nearly 17yrs old, has social anxiety, asperges and they are transgender. We have struggled with my child not having a life. They have been isolated for 3 years in their bedroom. CAMHS haven't helped very much at all. • Need universal offer for all - not just identified vulnerable groups.
Workforce/Training	<ul style="list-style-type: none"> • That children in schools all obtain the mental health awareness training and support they deserve. • School staff training to support CYP mental health. • More resources, training & 	<ul style="list-style-type: none"> • Pleased that mental health services are starting to engage more. • Working together • For mental health to be considered on the same level as physical health. • The Police. 	<ul style="list-style-type: none"> • Staff turnover. • Unstable staff at school, constant supply. • Staff - no certainty

	<p>funding.</p> <ul style="list-style-type: none"> • School development - staff trained about mental health and equipped. • More parent / carer training. 	<ul style="list-style-type: none"> • Great feedback on fast track ASD assessments. • Feedback • Mental health is everyone's business and recognised as that. 	
<p>Other areas of focus</p>	<ul style="list-style-type: none"> • More services for specific things. • Child / Young person to be heard. • Stronger health communities that 'parent' the children in the community. • Parents & young people on all panels, meetings and interviews. • No postcode lottery. 	<ul style="list-style-type: none"> • Real life experience stories. • Being open when I was a stranger. • Young people's bravery / commitment. • Honesty between people. • More open discussions. • Positive energy about driving the agenda forward with multi-agency apparent; Professionals, Young People and Parents. • Seem to be a lot of projects. 	<ul style="list-style-type: none"> • Inconsistent advice. • Transition from children to adult. • Having to repeat yourself. • Assessment process. • Voice of child - telling their story too many times. • Getting the right support at the right time. • Children & young people with a raft of issues, including mental health - due to poor behaviour/inappropriate behaviour are excluded.