



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



County Durham

Child and Adolescent Mental Health Services

Interim Joint Strategy

2014 - 2016

24 October 2014

Developed on behalf of County Durham Mental Health Partnership Board

Child and Adolescent Mental Health Services Interim Joint Strategy for County Durham 2014/16

Vision Statement

Our vision is to improve the mental health and wellbeing of children and young people in County Durham and reduce health inequalities. Children and young people and their families across County Durham will be supported to reach and maximise their potential and when faced with difficulties will have access to effective, high quality mental health services.

This statement is based on the vision within the Health and Wellbeing Board which is *'Improve the health and wellbeing of the people of County Durham and reduce health inequalities'*. It also supports the County Durham Children and Families Partnership vision which is to *'All children, young people and families believe, achieve and succeed'*.

Child and Adolescent Mental Health Services Interim Joint Strategy for County Durham 2014/16

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Child and Adolescent Mental Health Services Interim Joint Strategy for County Durham 2014/16

1, Introduction

This Children and Adolescent Mental Health Services (CAMHS) Joint Strategy for County Durham has been developed by local Clinical Commissioning Groups and Durham County Council as an interim measure whilst a more detailed piece of work is undertaken to develop a three year Children and Young People's Mental Health, Emotional Wellbeing and Resilience Plan 2016/18.

This interim CAMHS strategy supersedes the previous strategy dated 2007/10.

Strategy development has been informed by national policy, the Joint Strategic Needs Assessment (JSNA) and draws on previous reviews and feedback from children, young people, parents and carers.

The strategy builds on the extensive work that has been achieved in County Durham and provides direction over the forth coming year, in order for children and young people to continue to have improved mental health and emotional wellbeing.

The strategy aligns to the County Durham Joint Health and Wellbeing Strategy, specifically in regard to improving the mental and physical wellbeing of the population (objective 4). The objectives within this strategy correspond with those identified within the County Durham Implementation Plan of the 'No Health without Mental Health' National Strategy¹.

'By promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does'.

(No Health, Without Mental Health: A Cross-Government Mental Health Outcomes Strategy, Department of Health, 2011)

2. Overall purpose

This strategy has been developed to:

- Provide strategic direction in the interim whilst further work is undertaken on longer-term priorities, based on the needs of the local population.
- Provide a cohesive approach across the partner agencies, in regard to improving the mental health and wellbeing of children and young people in County Durham.
- Ensure any work taken forward is centred on the child and family and is outcome focused.

¹ HM Government: *No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages* (2011). <https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>

3. What is CAMHS?

The term CAMHS is used as a broad concept embracing all services that contribute to the mental health and emotional wellbeing and care of children and young people, whether provided by health, education, social services or other agencies.

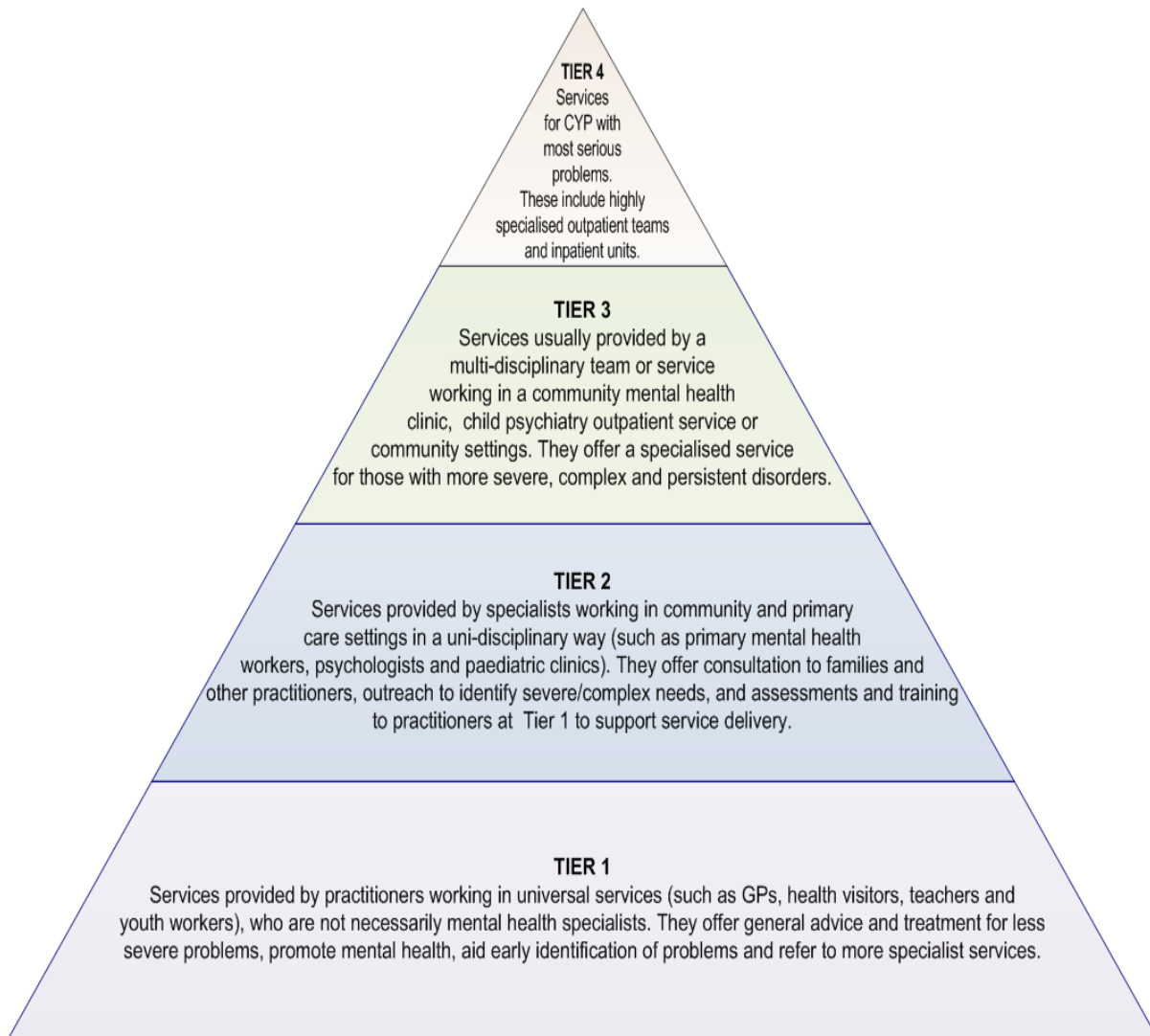
The national Joint Commissioning Panel for Mental Health² advised that comprehensive mental health services for children and young people should:

- cover all ages (pre-birth to 18)
- address all emotional, behavioural and mental health disorders
- provide for children and young people with intellectual disabilities
- work across all interfaces – education, social care, youth justice, paediatrics and child health (including acute care, community child health, primary care, substance misuse and adult mental health)
- address all levels of severity from prevention and early intervention through to intervention for children and young people with severe and complex problems
- support other agencies/professionals working with children and young people
- be prepared to focus on relationships and systems surrounding the child or young person, rather than taking an individual approach; this supports the ‘think family’ approach
- work through networks, collaboration and pathways with other agencies.

The structure of CAMHS is often explained in terms of how a child or young person accesses the service, with four ‘tiers’ of service provision or levels of need. See model overleaf.

In regard to the scope of this strategy, focus is predominately on Tiers 2 and 3. Although some reference is made to Tier 1 and 4, it should be noted that this strategy does not cover these levels inclusively. The full pathway (Tiers 1 to 4), will be considered in the wider Children and Young People’s Mental Health, Emotional Wellbeing and Resilience Plan.

² Joint Commissioning Panel for Mental Health: *Guidance for commissioners of child and adolescent mental health services* (2013) www.jcpmh.info



CAMHS Four-tiered Framework

4. Governance

The Children and Young People’s Mental Health and Emotional Wellbeing Group will have responsibility for the development of the longer-term Children and Young People’s Mental Health, Emotional Wellbeing and Resilience Plan. CAMHS will be incorporated into this plan.

Oversight of this CAMHS strategy is provided by the County Durham Health and Wellbeing Board; implementation is through the No Health without Mental Health Implementation Group which reports to the Mental Health Partnership Board.

As the strategy specifically relates to children, there is a requirement to report to the Children and Families Partnership. It has been agreed that issues such as self-harm by young people will be dealt with jointly by the Health and Wellbeing Board and the Children and Families Partnership.

5. Policy context

There is a need to ensure that CAMHS provision in County Durham is commissioned against the relevant national standards and guidance and fits with current and emerging local policies and plans.

5.1 National context

National directives over recent years have focussed on improving outcomes for children and young people by encouraging services to work together to protect them from harm, ensure they are healthy and to help them achieve what they want in life.

No Health without Mental Health³

The publication of No Health without Mental Health: A cross government mental health strategy for people of all ages, published in February 2011, drew together the wider principles that the government has laid down for its health reforms, including patient-centred care and locally determined priorities and delivery.

In regard to improving outcomes for children and families, No Health without Mental Health (2011) emphasises the crucial importance of early intervention in emerging emotional and mental health problems for children and young people.

The strategy takes a life course approach, recognising that the foundations for lifelong wellbeing are already being laid down before birth, and that there is much that can be done to protect and promote wellbeing and resilience through early years, into adulthood and then on into a healthy old age.

The strategy sets out high level objectives to improve the mental health and wellbeing of the population. These are detailed below, alongside how these are described for children and young people within the report of the Children and Young People's Health Outcomes Forum⁴.

³ HM Government: *No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages* (2011). <https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>

⁴ Children and Young Peoples Outcome Forum: *Report of the Children and Young Peoples Outcome Forum – Mental Health Sub-Group* (2012) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216853/CYP-Mental-Health.pdf

Health Without Mental Health Objectives	Objectives Translated for Children and Young People
More people will have good mental health	<p>More children and young people will have good mental health</p> <ul style="list-style-type: none"> • More children and young people of all ages and backgrounds will have better wellbeing and good mental health; and • Fewer children and young people will develop mental health problems by starting well, developing well, learning well, working and living well.
More people with mental health problems will recover	<p>More children and young people with mental health problems will recover</p> <ul style="list-style-type: none"> • More children and young people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they needs for living and working, improved chances in education, better employment rates and a suitable and stable place to live as they reach adulthood.
More people with mental health problems will have good physical health	<p>More children and young people with mental health problems will have good physical health and more children and young people with physical ill-health will have better mental health</p> <ul style="list-style-type: none"> • Fewer children and young people with mental health problems will be at risk of premature morbidity and mortality in adult life. There will be improvements in the mental health and wellbeing of children and young people with serious physical illness and long-term conditions.
More people will have a positive experience of care and support	<p>More children and young people will have a positive experience of care and support</p> <ul style="list-style-type: none"> • Care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give children and young people and their families the greatest choice and control over their own lives and a positive experience of care. Where in-patient care is required this should be in an age appropriate setting and in the least restrictive environment.
Fewer people will suffer avoidable harm	<p>Fewer children and young people will suffer avoidable harm</p> <ul style="list-style-type: none"> • Children and young people and their families should have confidence that care is safe and of the highest quality with particular reference to medication treatment/side-effects, age-appropriate in-patient care and reducing the risk of self/harm suicide.
Fewer people will experience stigma and discrimination	<p>Fewer children and young people and families will experience stigma and discrimination</p> <ul style="list-style-type: none"> • Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to children and young people with mental health problems will decrease.

Health and Social Care Act (2012)⁵

The Health and Social Care Act (2012) shifted responsibility for commissioning of local services from Primary Care Trusts to CCGs led by General Practitioners. Clinical Commissioning Groups (CCGs) became responsible for commissioning CAMHS services, where appropriate in partnership with other agencies. NHS England was given responsibility for commissioning Tier 4 and other highly specialised services. Top tier local authorities became responsible for commissioning services that improve public mental health, including for children and young people.

In terms of joint working, the Act also introduced Health and Wellbeing Boards as a forum where key figures from the health and social care system work together to improve the health and social care of the local population and reduce health inequalities. As a result patients and public should experience joined up working between health and local authorities.

Children and Families Act (2014)⁶

Aimed at improving services available to vulnerable children and to support families, the Act includes provision across a number of different areas of children's services, which will contribute to the achievement of mental health outcomes. This includes transformation of the system for children and young people with special educational needs and disabilities; providing children, young people and their parents with greater control and choice in decisions and ensuring needs are properly met.

Key reforms include:

- Replacing old statements with a new birth-to-25 education, health and care plan (EHCP).
- Offering families personal budgets.
- Improving cooperation between all the services that support children and their families, particularly requiring local authorities and health authorities to work together.
- Giving young carers similar rights to assessment as other carers have under the Care Act.

Care Act (2014)⁷

The Care Act 2014 brings together a number of existing laws and introduces new duties to local authorities to ensure that wellbeing, dignity and choice are at the heart of health and social care and introduces changes to how care is charged for, who has to contribute, and how much people will have to pay towards their care. The majority of the Care Act will come into force in April 2015.

⁵ HM Government: Health and Social Care Act (2012)
http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_20120007_en.pdf

⁶ HM Government: Children and Families Act 2014
http://www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga_20140006_en.pdf

⁷ HM Government: Care Act (2014) http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf

The programme of reform includes support for people moving from children's to adult care and support services. The Act says that if a child, young carer or an adult caring for a child is likely to have needs when they, or the child they care for, turns 18, the local authority must assess them if it considers there is 'significant benefit' to the individual in doing so. This is regardless of whether the child or individual currently receives any services. Part of this process will be giving the right information, advice and planning well in advance, depending on the individual's circumstances so there is no gap in service. Transition assessments must also take into account other health and social care assessments within the family and could also potentially become part of a child or young person's EHCP.

Think Family

Children and young people's emotional wellbeing and mental health concerns are frequently associated with their relationships. The Government's reports into the future direction of public services highlight the importance of family-focused interventions to better support individual and family resilience and happiness, and social well-being, for example, the 'Think Family' reports from the Cabinet Office Social Exclusion Task Force.

The Think Family agenda is relevant to all six objectives within No Health without Mental Health (2011) as it:

- Stresses the need to intervene early, and tackle stigma, where mental health problems arise in children; to break the intergenerational cycle of them growing up with mental health problems which then affect their own parenting.
- Focuses on early intervention with adults with mental health problems.
- Calls for whole-family assessments and care plans to promote family and individual recovery.
- Recognises the crucial, detailed information other family members, including children, have about a person's mental ill health, and the importance, therefore, of listening to all family members when planning a person's care and support.
- Cites the improved outcomes that whole-family approaches can achieve.

Child and Adolescent Mental Health Services (CAMHS) Tier 4 Report July 2014⁸

This report outlines findings of the first stage review, to assess and understand the current CAMHS Tier 4 services, with a particular focus on a factual assessment of current provision and commissioning issues.

Recommendations that require immediate implementation include:

- Procure additional Tier 4 beds in parts of the country where there is insufficient capacity.
- Ensure that all admissions to inpatient services are appropriate for the individual child.
- Increase the number of case managers to enable timely and effective discharge planning and support back to local services.

⁸ NHS England: *Child and Adolescent Mental Health Services (CAMHS) Tier 4 Report (2014)*
<http://www.england.nhs.uk/wp-content/uploads/2014/07/camhs-tier-4-rep.pdf>

The report also makes reference to new commissioning arrangements posing a challenge where a young person's journey (care pathway) moves across and between organisations and commissioning responsibility. Also the significant role played by local authorities in the CAMHS pathway needs to be recognised and included in collaborative arrangements.

Payment by Results

Payment by Results (PbR) or tariff-based care is already in place in the acute sector, and is moving into adult mental health services. The Department of Health has indicated PbR will be central to the future commissioning of CAMHS.

Work is underway to define currencies for CAMHS to ensure that the particular complexity of CAMHS is reflected in the clusters and pathways which underpin currency development for the future.

National CAMHS Secondary Uses Data Set (Information Standards Board 1072)⁹

A key driver to achieving better outcomes is the National CAMHS Secondary Uses Data Set. This will be used in all organisations providing specialist CAMHS services commissioned or provided by the NHS to capture key information at each stage of the care pathway e.g. demographics, referrals, care planning, encounters with healthcare professionals, inpatient stays, diagnosis, interventions, outcome measures and discharges.

The data set will support implementation of payment by activity.

Children and Young People's Improving Access to Psychological Therapies (IAPT)

Children and Young People's IAPT is a service transformation programme delivered by NHS England that aims to improve existing CAMHS working in the community.

The programme works to transform services provided by the NHS and partners from local authority and third sector that together form local area CAMHS Partnerships. It is different to adult IAPT as it does not create standalone services.

5.2 Local context

County Durham Joint Health and Wellbeing Strategy 2014-17¹⁰

The Joint Health and Wellbeing Strategy, informed by the Joint Strategic Health Assessment (2013) and the Annual Report of the Director of Public Health, is based on the broad vision to 'improve the health and wellbeing of the people of County Durham and reduce health inequalities'.

Within the strategy, the strategic objectives relevant to the CAMHS strategy are:

⁹ Health and Social Care Information Centre: Child and Adolescent Mental Health Services Data Set <http://www.hscic.gov.uk/CAMHS>

¹⁰ County Durham Joint Health and Wellbeing Strategy 2014-17
<http://content.durham.gov.uk/PDFRepository/County-Durham-Joint-Health-and-Wellbeing-Strategy-2014-2017.pdf>

- Objective 1: Children and young people make healthy choices and have the best start in life.
- Objective 4: Improve the mental and physical wellbeing of the population.

The Health and Wellbeing Strategy objectives are underpinned by a range of strategic actions, many of which have a direct or indirect impact on children and young people's mental health and wellbeing, for example:

- Work together to reduce incidents of self-harm by young people.
- Support children and young people to take part in positive activities which are appropriate for their age and reduce negative and sexual health risk-taking behaviours.
- Work in partnership to increase awareness and provide education to young people and their parents on the risks of alcohol and ensure that adequate control on the sale of alcohol is in place and effective treatment services are available.
- Continue to improve the emotional wellbeing of children and young people and provide effective, high quality mental health services to those who need it.
- Increased physical activity and participation in sport and leisure.
- Identify priority groups such as young carers and looked after children.
- Implement birth to 25 Education, Health and Care (EHC) assessments/plans for children with special educational needs as part of Special Educational Needs and Disability (SEND) reforms.
- Safeguard children whose circumstances make them vulnerable and protect them from avoidable harm.
- Provide protection and support to improve outcomes for victims of domestic abuse and their children.

Children, Young People and Families Plan 2014-17¹¹

The Children, Young People and Families Plan 2014-2017 is the single overarching, multi-agency plan for the delivery of priorities for children and young people in County Durham. The plan draws on a vast range of evidence including the Joint Strategic Needs Assessment, performance data, policy drivers, legislation and the ongoing engagement with children, young people, parents, carers and partner agencies.

The Children, Young People and Families Plan will focus on the following three outcomes:

¹¹ County Durham Children and Families Plan 2014-17
<http://durhamvoice.org.uk/documents/10830April/CYPFP2014-17.pdf>

- Children and young people realise and maximise their potential.
- Children and young people make healthy choices and have the best start in life.
- A Think Family Approach is embedded in our support for families.

'Children and young people make healthy choices and have the best start in life' is a shared objective included in the Joint Health and Wellbeing Strategy and the Children, Young People and Families Plan.

The delivery plan details a number of specific actions to reduce incidents of self-harm in younger people and improve the emotional wellbeing and resilience of children.

County Durham Public Mental Health Strategy 2013-2017¹²

This strategy outlines the implications for public mental health. In line with *No Health without Mental Health*, it is for people of all ages, including children and young people. The vision is for 'individuals, families and communities within County Durham to be supported to achieve their optimum mental wellbeing'. This is to be achieved by promoting mental health, preventing mental ill-health, reducing stigma and discrimination, early identification and intervention for those at risk and supporting recovery from mental health.

The strategy contains an action plan which details specific interventions to improve mental health and wellbeing of children and young people including:

- Foster supportive relationships within families and other social networks
- Promote 'peer counselling' interventions which build on the coping strategies identified by young people (e.g. physical activities, creative activities, engaging in pleasant activities)
- Promote the importance of effective parenting
- Promote the role of schools and colleges in delivering a 'whole school' approach to supporting all pupils' wellbeing and resilience
- Address bullying both within school and community environment
- Ensure children's workforce are aware of how mental health relates to their work
- Interventions with young people to address high-risk behaviour in school, including prevention.

DRAFT No Health without Mental Health County Durham Implementation Plan 2014-17¹³

¹² County Durham Public Mental health Strategy 2013-17

<http://democracy.durham.gov.uk/documents/s35630/Item%208b%20-%20Public%20Mental%20Health%20Strategy.pdf>

This document sets out how mental health services, covering all ages, will be developed and improved over the next 3 years. It outlines local priorities, to achieve positive outcomes in line with the requirements and objectives of the national strategy. The implementation plan has been developed in partnership with a wide range of organisations, people that use mental health services and carers.

Early Help Strategy for Children, Young People and Families in County Durham (2014)¹⁴

This strategy outlines partners' commitments and a shared vision to collectively deliver early help and timely intervention to children, young people and their families to improve their outcomes and reduce cost to our services and communities.

The Think Family Partnership has developed an agreed local understanding of levels of need using a staircase concept, with the lowest need represented as the bottom step and the highest level of need on the top step. The Durham Staircase and Continuum of Need (below) illustrates the integrated services pathway model and is designed to reflect the fact that the needs of children, young people and families exist along a continuum and needs may change over time.

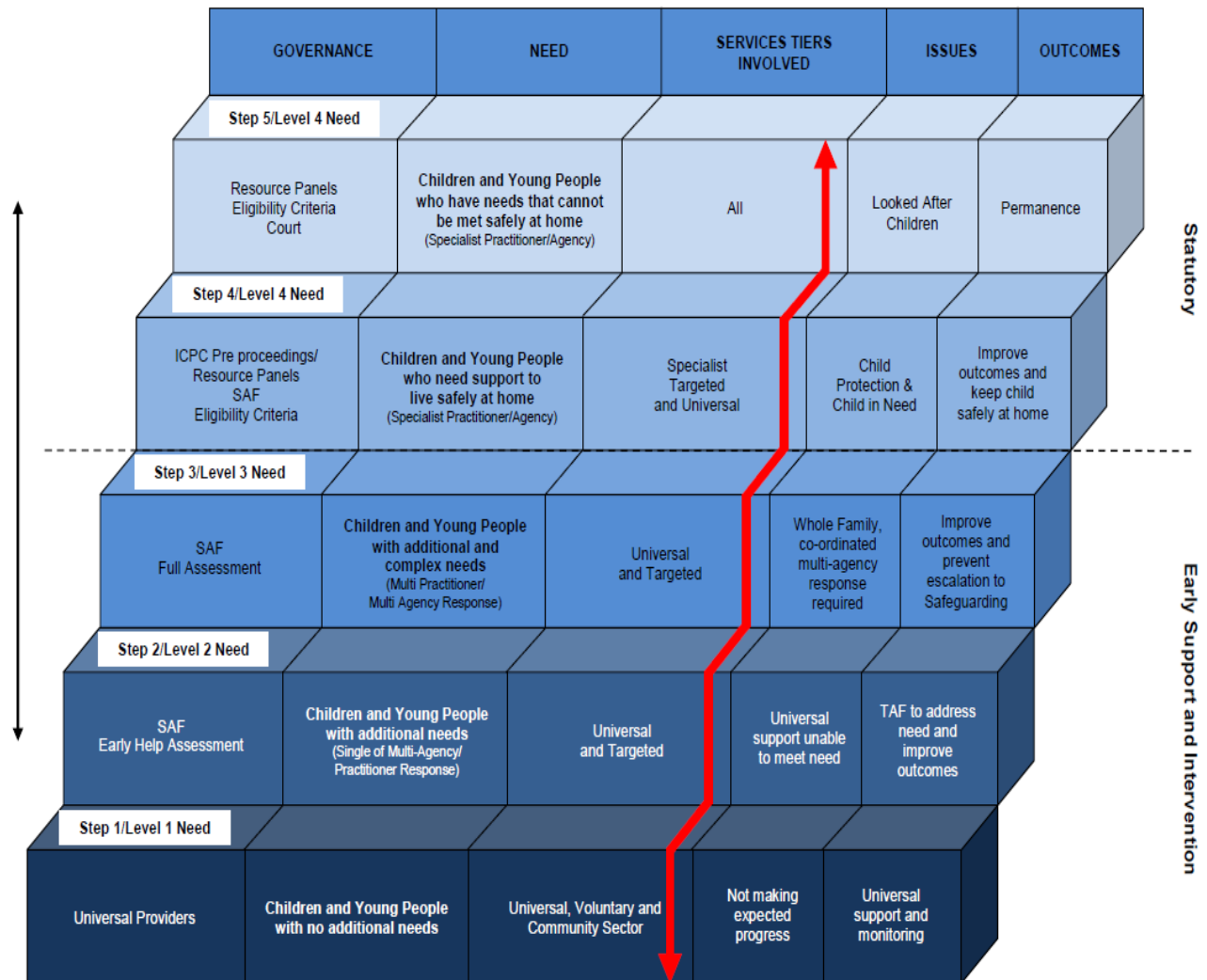
¹³ Draft No Health without Mental Health County Durham Implementation Plan 2014-17

<http://www.northdurhamccg.nhs.uk/wp-content/uploads/2013/07/CD-MH-Implementation-Plan-Draft-v7.pdf>

¹⁴ Durham Local Safeguarding Children's Board: Early Help Strategy for Children, Young People and Families in County 2014

<http://www.durham-lscb.gov.uk/documents/Publications/2014/Early%20Help%20Strategy%20-%20Final.pdf>

The Durham Staircase and Continuum of Need



The four-tiered framework used to describe CAMHS could be applied to the staircase model e.g.

Tier 1 - Level 1: Universal provision for children and young people with no additional needs

Tier 2 - Level 2: Early intervention and targeted single agency/practitioner response

Tier 3 - Level 3: Early intervention and targeted multi-practitioner/agency response; and
 - Level 4: Specialist practitioner/agency response

Tier 4 - Level 5: Highly specialist services for children and young people with needs that cannot be managed safely at home.

Children and young people using services at the higher levels should be able to access services at the lower levels as appropriate, e.g. universal services should be available to all children and young people regardless of the severity of mental health need.

Children and Young People's and Adults Wellbeing and Health Overview and Scrutiny Committees' Joint Working Group Report January 2013¹⁵

The review focused on support offered to children and young people with mental health issues. Key recommendations within the report included:

- To continue to work in partnership with providers, children, young people and their families to ensure the best possible outcomes for service users, and to take a Think Family approach to commissioning services.
- To continue with commissioning intentions that enable children and young people to access mental health services via early interventions of universal services. By accessing services at an early stage, actions are taken that will prevent services being required at a later stage when more specialist interventions may be required.
- To continue to evaluate and monitor commissioned services to measure their impact.
- CAMHS and Adult Mental Health Services (AMHS) to continue to follow best practice to ensure that the young people of County Durham receive effective transitions into AMHS through essential planning and delivery of services and stakeholder engagement.

CAMHS Joint Commissioning Arrangement Review

On behalf of CCGs in County Durham and Darlington, North Durham CCG was nominated as the lead commissioner for the mental health services, which include Tier 2 and Tier 3 CAMHS.

A review of historic joint commissioning arrangements was undertaken to gain a full understanding of services covered by the arrangement.

The review undertaken in 2014, highlighted need for:

- Re-affirmed partnership working given recent changes in the commissioning landscape.
- Development of children and young people's mental health and emotional wellbeing strategy or plan.
- A full CAMHS review and refresh of the service specifications.
- Meaningful engagement with children and young people and parents and/or carers when reviewing currently commissioned services and developing future services/pathways.
- Review of performance indicators and outcomes.

¹⁵ Durham County Council: Children & Young People's and Adults Wellbeing & Health Overview and Scrutiny Committees' Joint Working Group Report http://content.durham.gov.uk/PDFRepository/OS_MentalHealthChildrenYoungPeoplev2.pdf

6. Evidence of need

6.1 National picture of need

- Mental health problems most relevant to children and young people include: emotional disorders (e.g. phobia, anxiety, depression); conduct disorders (e.g. severe defiance, and physical and verbal aggression, and persistent vandalism); obsessive compulsive disorder; attention deficit hyperactivity disorder (ADHD); other behavioural problems; tics disorders and Tourette's syndrome; autism spectrum disorders (ASD); substance misuse problems; eating disorders (e.g. anorexia and bulimia nervosa); post-traumatic stress disorder; psychological effects of abuse and neglect; attachment disorders; psychological effects of living with a chronic illness; somatisation disorders; psychosis; emerging borderline personality disorder¹⁶.
- Mental health problems in children are associated with underachievement in education, bullying, family disruption, disability, offending and anti-social behaviour, placing demands on the family, social and health services, schools and the youth justice system. Untreated mental health problems create distress not only in the children and young people, but also for their families and carers, and the wider community, continuing into adult life and affecting the next generation.
- One in ten children aged between 5-16 years has a mental health problem, and many continue to have problems into adulthood¹⁷.
- Of the one in ten children aged between 5 and 16 years who have a clinically diagnosable mental health problem, about half of these (5.8%) have a conduct disorder, 3.7% an emotional disorder (anxiety, depression) and 1–2% have severe Attention Deficit Hyperactivity Disorder (ADHD)¹⁸.
- Half of those with lifetime mental health problems first experience symptoms by the age of 14¹⁹, and three-quarters before their mid-20s²⁰.
- Referral rates to Tier 3 CAMHS have increased greatly in recent years, with the number of cases rising by more than 40% between 2003 and 2009/10²¹.
- There are around 700,000 people in the UK with autism²². Over 40% of children with autism have been bullied at school²³.

¹⁶ Joint Commissioning Panel for Mental Health: *Guidance for commissioners of child and adolescent mental health services* (2013)

www.icpmh.info

¹⁷ Green H, McGinnity A, Meltzer H, Ford T, Goodman R (2005). Mental health of children and young people in Great Britain, 2004. London: Office of National Statistics.

¹⁸ ONS: Mental Health of Children and Adolescents in Great Britain, 2004

¹⁹ Kim-cohen J, Caspi A, Moffitt T et al. (2003) Prior juvenile diagnoses in adults with mental disorder. *Archives of General Psychiatry* 60: 709–717; Kessler R, Berglund P, Demler o et al. (2005) lifetime prevalence and age-of-onset distributions of dsM-iv disorders in the national comorbidity survey Replication. *Archives of General Psychiatry* 62: 593–602 (in No Health without Mental Health 2011)

²⁰ Kessler R and Wang P (2007) The descriptive epidemiology of commonly occurring mental disorders in the united states. Annual Review of Public Health 29: 115–129 (in No Health without Mental Health 2011)

²¹ National CAMHS Support Service, 2011

²² Baird, G et al (2006). Prevalence of disorders of the autism spectrum in a population cohort of children in South Thames: the Special Needs and Autism Project (SNAP). *The Lancet*, 368 (9531), pp210-215

²³ Batten, A et al (2006). Autism and education: the reality for families today. London: The National Autistic Society, p3

- The prevalence of attention deficit hyperactivity disorder (ADHD) varies among studies and is estimated to be around 2.4% of children in the UK²⁴. Typically, ADHD is diagnosed in children 3–7 years of age, but it may not be recognized until much later in life and sometimes not until adulthood.
- Nearly 80,000 children and young people suffer from severe depression²⁵. The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s²⁶.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm²⁷. There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%²⁸.
- About 1 in 250 females and 1 in 2000 males will experience anorexia nervosa, generally in adolescence or young adulthood and about five times that number will suffer from bulimia nervosa²⁹.
- Some children are more vulnerable to experiencing mental health problems than others. These include those who have one or more of the following risk factors³⁰:
 - from low-income households
 - from families where parents are unemployed or families where parents have low educational attainment
 - who are looked after by the local authority
 - with disabilities (including learning disabilities)
 - who are black and other ethnic minority groups
 - who are lesbian, gay, bisexual or transgender (LGBT)
 - who are in the criminal justice system
 - who have a parent with a mental health problem
 - who are misusing substances
 - who are refugees or asylum seekers
 - who are in gypsy and traveller communities
 - who are being abused.
- Looked after children have come from a variety of traumatic backgrounds and experience many of the risk factors that lead to mental health problems including neglect, violence and sexual abuse. About 60% looked after children in England have been reported to have emotional and mental health problems and a high proportion experience poor health, educational and social outcomes after leaving care³¹.

²⁴ NICE 2013 <http://cks.nice.org.uk/attention-deficit-hyperactivity-disorder#!backgroundsub:2>

²⁵ Green, H., McGinnity, A., Meltzer, H., et al. (2005). *Mental health of children and young people in Great Britain 2004* London: Palgrave.

²⁶ Nuffield Foundation (2013) *Social trends and mental health: introducing the main findings*. London: Nuffield Foundation

²⁷ Mental Health Foundation (2006). *Truth hurts: report of the National Inquiry into self-harm among young people*. London: Mental Health Foundation.

²⁸ YoungMinds (2011) *100,000 children and young people could be hospitalised due to self-harm by 2020 warns YoungMinds*. London: YoungMinds.

²⁹ NICE: *Clinical Guideline 9 Eating disorders: Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders* (2004) <http://www.nice.org.uk/guidance/cg9>

³⁰ Better Mental Health Outcomes for Children and Young People, 2011

³¹ NICE 2010

- Over recent years, there has been an increase in the incidence of mental health concerns for children and young people with complex special education needs (SEN)³².
- It is reported that 36% of children and young people with learning disabilities will have a mental health problem, compared with 8% of non-disabled children³³.
- Young offenders are thought to be at four-fold increased risk of anxiety and depression, and three-fold increased risk of mental disorder. Young men in custody age 15–17 are at 18-fold increased risk of suicide and women in custody age under 25 are at 40-fold increased risk of suicide³⁴.
- The ages 16–18 are a particularly vulnerable time when there is increased susceptibility to mental illness, as well as major physiological, emotional, educational and social change. It is also the age at which the young person already in contact with mental health services will move from child and adolescent services (CAMHS) to adult services (AMHS). Transitions can be problematic if there are gaps in service provision and different structures and systems to navigate³⁵.

6.2 Local picture of need

- CHIMAT (Child and Maternal Health Observatory) estimates that in County Durham, the number of children and young people who may experience mental health problems appropriate to a response from CAMHS by tier is:

Tier 1 (universal services)	15,040
Tier 2 (targeted services)	7,020
Tier 3 (specialist intervention services)	1,855
Tier 4 (specialist intervention services)	80

- CAMHS referrals by CCG locality/constituency from April 2012 to March 2013 are tabled below.

CCG Commissioning Locality / Constituency	Number of GP & other referrals to CAMH T2 & T3 Services	Population 0-17 ONS 2011 population estimates	Rate per 10,000 population (aged under 18)
Durham	491	15,664	313.5
Chester-le-Street	462	10,586	436.4
Derwentside	986	18,506	532.8
North Durham CCG sub-total	1,939		
Durham Dales	1,430	17,578	813.5
Easington	938	19,662	477.1
Sedgefield	1,256	18,120	693.2
DDES CCG sub-total	3,624		
Grand total	5,563	100,119	555.6

Source: Tees Esk and Wear Valleys NHS FT

³² Allen (2013)

³³ Emerson, E., Hatton, C. (2007). Mental health of children and adolescents with intellectual disabilities in Britain. *British Journal of Psychiatry* 191, pp. 493–499.

³⁴ Joint Commissioning Panel for Mental Health: Guidance for commissioners of mental health services for young people making the transition from child and adolescent to adult services (2012) www.jcpmh.info

³⁵ Joint Commissioning Panel for Mental Health: *Guidance for Commissioners of Transition Services* (2012)

- There were 5,563 referrals to Tier 2 and 3 CAMHS (0-17 years) during 2012/13 at a rate of 555.6 per 10,000. There was variation in referral rates within County Durham, with Durham Dales displaying the highest rate (813.5 per 10,000) and Durham the lowest (313.5 per 10,000).
- There were 607 looked after children on 31 March 2014 and the largest proportion of these children (68.4%) was with foster carers³⁶. The average total difficulties score for looked after children in County Durham in 2012-13 is 15.9. This is above both the England (13.8) and North East (13.8) scores. County Durham's total difficulties score has been consistently above both comparator averages since 2009-10, suggesting looked after children in Durham experience more mental health difficulties³⁷.
- Alcohol-related hospital admission rates for children and young people under 18 (116 per 100,000) are higher than the regional and national rate (96.5 and 55.8 per 100,000 population) (County Durham Joint Strategic Needs Assessment 2013).
- Self-harm and suicide rates in County Durham are significantly higher than the national rates; admission rates to hospital due to self-harm for 0-17 year olds in 2011/12 (228 per 100,000) was significantly higher than the England average (116 per 100,000) (County Durham Joint Strategic Needs Assessment 2013).
- According to the latest available data (January 2012), approximately 31 children in every thousand known to schools in County Durham have learning difficulties. This includes children with moderate, severe or profound multiple learning difficulties.
- There were 2,366 children and young people with statements of Special Education Needs in mainstream and special schools as at January 2013 (County Durham Joint Strategic Needs Assessment 2013).

7. Evidence base

There is a growing evidence base on the range of interventions which are effective in treating mental health disorders, such as psychological therapies and multi-systemic therapy. The earlier action is taken, the more likely it is to be effective.

The CAMHS Evidence Based practice Unit at University College London collates key sources of information, pathways and guidelines and the National Institute for Health and Clinical Excellence (NICE) has produced a number of detailed clinical guidelines for child mental health disorders; see the following table.

³⁶ Durham County Council: Children's services 4th quarter 2013/14 performance report.

³⁷ County Durham Joint Strategic Needs Assessment http://content.durham.gov.uk/PDFRepository/FINAL_JSNA_2013.pdf

CG09 Eating Disorders (2004)
 CG26 Post-traumatic stress disorder (2005)
 CG28 Depression in Children and Young People (2005)
 CG31 Obsessive Compulsive Disorder and Body Dysmorphic Disorder (2005)
 CG38 Bipolar disorder (2006)
 CG45 Antenatal and postnatal mental health (2007)
 CG72 Attention Deficit Hyperactivity Disorder (2008)
 CG77 Antisocial personality disorder (2009)
 CG78 Borderline personality disorder treatment and management (2009)
 CG89 When to suspect child maltreatment (2009)
 CG111 Nocturnal enuresis- the management of bedwetting in children and young people (2010)
 CG113 Anxiety (2011)
 CG128 Autism Diagnosis in Children and Young People (2011)
 CG133 Self-harm: Longer term management (2011)
 CG155 Psychosis and Schizophrenia in Children and Young People (2013)
 CG158 Anti-Social Behaviour and Conduct Disorders in Children and Young People (2013)
 CG170 Autism (2013)
 PH28 Looked After Children and Young People (2010)

Examples of NICE Guidelines

8. Achievements since previous Child and Adolescent Mental Health Strategy

The previous County Durham and Darlington CAMHS Strategy recognised the need to develop local services. Achievements to date are summarised below:

Partnership and involvement

- The CAMHS Strategy Partnership and CAMHS Commissioning Group proved effective in promoting joint working to commission, plan and support the delivery of CAMHS.
- Investing in Children has supported children and young people to contribute to the development of CAMHS. The Emotional Wellbeing Reference Group conducts research by holding 'Agenda Days', adult-free spaces where children and young people can come together to discuss issues and develop agendas. Projects include: tackling the stigma of mental health; 'sorting stuff out' awareness campaign; stress and self-harm; improving access to psychological therapies (IAPT); membership award for teams demonstrating dialogue with children and young people and change as a consequence.
- A joint referral protocol has been developed between Looked After Children Services and CAMHS to ensure that children and young people access the most appropriate service based on their needs. This has resulted in clearer and timelier referrals, closer working relationships and improved information sharing between the two services.
- Durham County Council is developing a Multi-Agency Safeguarding Hub (MASH) in partnership between NHS health services, Police and wider partners working together to safeguard children, young people and vulnerable adults. This is to help professionals, family members or members of the public report a safeguarding concern. The viability of CAMHS being located in the MASH is being considered to streamline pathways.

Targeted services

- Introduction of the emotional health and wellbeing service, which is responsible for promoting emotional health and wellbeing of young people in schools, improving access to psychological therapies and developing capacity of staff within schools to identify and meet the needs of vulnerable young people. The team consists of specialist educational psychologists, specialist mental health advisory teachers, counsellors and support staff.
- Commencement of Primary Mental Health Workers (as outreach from Tier 3 CAMHS) who work with children and young people, either directly or indirectly, by supporting professionals working in universal and targeted services.
- Monitoring and reviewing the mental health needs of children involved in child protection and looked after processes i.e. those with a child protection plan or care plan. As part of the monitoring and reviewing process, Independent Reviewing Officers (IROs) ensure that referrals are made to appropriate mental health services within a timely manner. They also ensure that any mental health services already provided are appropriate and meeting the child's needs, making relevant recommendations with the child protection conference and looked after reviews to progress the child's care plans.

Specialist services

- Increased capacity into specialist CAMHS (Tier 3) multi-disciplinary teams, who provide a range of interventions, linked to clinical pathway development.
- Increased capacity in planned and emergency respite/short break care for children and young people with learning disabilities.
- Full Circle is a specialist targeted service funded by the Local Authority which provides therapeutic mental health interventions for looked after children and young people and those who have been adopted. Full Circle is a team made up of therapeutic workers and a clinical psychologist who works with those who have suffered trauma and abuse which is affecting their daily life.
- Successful application by Tees Esk and Wear Valleys NHS Foundation Trust to be part of the Children and Young People's Improving Access Psychological Therapies (IAPT) national programme. Elements of this programme include collaborative working and partnership, routine outcome monitoring and staff training re evidence based practice.

Transitions

- Improvements in the transitional care pathway between adolescent and adult mental health services. A review of the CAMHS Transition Service 16-17, resulted in replacement of the service by a 0-18 service. CAMHS focus on all transitions in a child/young person's life which impacts upon their mental health including transitions to post 18 services. A transitional plan or post 18 discharge plan is produced with the involvement of the young person. Work begins on plans 6-months in advance.

- The Early Intervention in Psychosis Service, which is commissioned as part of adults' services, provides assessment and a range of interventions for young people aged 14-35, who are having unusual or distressing experiences. Depending upon the severity and impact, these experiences can indicate that a young person has or is at risk of developing psychosis. The earlier this is picked up and addressed the better the outcomes and the recovery for the young person, and the service can support young people through the transition to adulthood and adult services if needed.
- There are a variety of specialist services and teams who provide support and advice for children with special educational needs (SEN), including educational psychology, and educational support services and these can help young people making the transition to adult services.
- An interagency transition steering group has been established to ensure transition protocol is reviewed and implemented so that young people (aged 14-25) with additional needs have a planned, coordinated and positive progression from childhood to adulthood.

Workforce development

- Staff working with children and young people with mental health needs across universal, targeted and specialist services have had the opportunity to develop their skills and competencies through access to a programme of learning and development.

Information for children and young people

- A regional newsletter, Mental Health North East has been developed, by young people (aged 12-22 years) who have 'lived experience' of mental health distress. The newsletter is aimed at young people suffering from distress or in contact with friends and relatives suffering from distress. These young people are increasingly utilising social media as a method of communicating with their peers. Editions have covered a number of issues including eating disorders, bullying and self-harm. The newsletter has been supported by the North Durham CCG Mental Health Clinical Lead.

9. Consultation and engagement

We consult and engage with young people on their views on health and wellbeing. The information below indicates some of their issues.

Self-harming was raised as a major issue for young people. The majority felt that within their local area and school self-harming has become a problem and more and more young people do it. Some young people said they would be confident enough to offer support to a friend who was self-harming however the majority said they couldn't.

The group recommended the following to reduce self-harm:

- Lessons/sessions in local schools ran by CAMHS professionals raising awareness of the issues and how they can support each other and seek help.
- Drop in sessions in schools with mental health professionals for children and young people to access.
- More publicity around the issues of self-harming/mental health.

The young people made the link between physical and mental health and highlighted the importance of a good diet and access to gyms etc.

Consultations also took place with a group of young people, all of whom have a disability.

The group were asked if they think mental health services (like CAMHS) are important.

- They felt this was very important because if people don't get support they may harm themselves or others, and because it affects all areas of your life, school, home friendships and relationships.
- They think it's one of the most important services because good help can change people's lives. They felt services should be easier to access and get help from.
- The group felt that they shouldn't need to go through long referrals, that they should be able to just walk-in and get help.
- An issue highlighted by the group was that health services need to be more inclusive for people with disabilities, not separate and far away in one specific area of the county, but with everyone else's services.

10. Overview of current commissioned services

Although not an exhaustive list, the table below details services commissioned for children and young people with emotional and mental health difficulties. The list excludes universal services.

Whilst the local authority provides a range of services for children who are in need, and their families/carers, there is acknowledgement that the needs of vulnerable children and young people are not always met by mainstream commissioned services. This strategy recognises that for some, services need to be commissioned on an individual basis to meet identified needs via continuing care.

Local authority services	<ul style="list-style-type: none"> • Full Circle (Integrated children's mental health service working with looked after children, children in need, adopted children, and children experiencing post-trauma through neglect and abuse)
CCG commissioned services	<ul style="list-style-type: none"> • Emotional Health and Psychological Wellbeing Service (Service promoting emotional health and wellbeing of young people in schools; improving access to psychological therapies across universal, targeted and specialist settings) • Primary Mental Health Workers – Core • Primary Mental Health Workers - Learning Disability (LD) • CAMHS – Core • CAMHS – Learning Disability (LD) • CAMHS – Out of Hours Response (Consultant Psychiatrist) • CAMHS – Community Forensics • CAMHS – Eating Disorder Community Service • Pathways – Attention Deficit, Autism Spectrum Disorder • Paediatric Liaison (acute trust) • Learning Disability Challenging Behaviour • Intermediate Care/Respite • Early Intervention in Psychosis (NB age range 14-35)
Regionally commissioned services (NHS England)	<ul style="list-style-type: none"> • Assessment and Treatment – Mental Health inpatient • Assessment and Treatment – Learning Disability inpatient • Eating disorders in-patient • Psychiatric intensive care units • Medium Secure • Low Secure
National Transformation Programme (DH)	<ul style="list-style-type: none"> • Children & Young People's Improving Access to Psychological Therapies (CYP IAPT) (aims to improve existing CAMHS working in the community; different to Adult IAPT as it does not create standalone services)

Summary of commissioned services

11. Emerging local issues and priorities

Based on the current information available, the following local priorities have been identified:

- Given the change in the commissioning landscape; there is a need to re-affirm partnership and governance arrangements.
- Development of a fully informed 3-year Children and Young People's Mental Health, Emotional Wellbeing and Resilience Plan (across Tiers 1-4). This will include a refreshed mental health needs assessment.
- Mapping of perinatal maternal mental health and establishing a standardised pathway that all partners adhere to. However, it is beyond the scope of this strategy, but will be taken forward as part of wider 3-year plan.
- Ongoing development of the front end of emotional wellbeing pathway, to be taken forward via the Children and Young People's Mental Health and Emotional Wellbeing and Resilience Plan 2016-18.

- Ensuring services are able to respond to the needs of children and young people who develop mental health problems, to enable them to have the opportunity to recover and have a good quality of life.
- There needs to be improvements in the interfaces between the different services supporting children, young people and families, and full engagement of CAMHS with the single-assessment process.
- There needs to be greater awareness and improved response from services working together to support children and young people whose parents and other family members have mental health problems and/or substance misuse problems.
- Given the national reported increased rates in anxiety, depression and behaviour problems there is a need to understand the current and expected future demand on local CAMHS; to inform pathway development and commissioning decisions.
- Given the prevalence, there is a need to take action to reduce the rate of self-harm and suicides in County Durham. This has already been agreed as a local priority as is referenced in several local policy documents, and is a CCG commissioning intention for 2014/15. More support is needed for professionals and parents as well as children and young people to know how to deal with issues of self-harm and suicide.
- Although national commissioning guidance indicates CAMHS should cover all ages pre-birth to 18; there is a need to understand this in the context of the SEND reforms requiring education and health care plans to cover up to age 25.
- Whilst there is acknowledgement that considerable work has been undertaken to improve transitions, there is recognition that further work is needed to ensure young people's needs are fully met as they make the transition into adulthood.
- Nationally and locally there is an emphasis on outcome based commissioning. CAMHS need to have measurement systems in place and report on the impact and effectiveness of their interventions. This will support the ethos of continuous improvement.

Overarching priorities aligned to objectives with No Health without Mental Health are summarised below.

Objective	Local Priorities
More children and young people will have good mental health, including those in vulnerable groups	<ul style="list-style-type: none"> • Strategic planning and commissioning organisations will work together effectively to support child and adolescent mental health and wellbeing • Improve mental health in identified priority groups
More children and young people with mental health problems will recover	<ul style="list-style-type: none"> • High quality targeted and specialist services will be available to those most in need • Improve access to psychological therapies • Service provision will be coordinated and joined-up
More children and young people with mental health problems will have good physical health	<ul style="list-style-type: none"> • Develop a more integrated response to both mental health and physical health conditions

Objective	Local Priorities
More children and young people and their family/carers will have a positive experience of care and support	<ul style="list-style-type: none"> Involve children and young people and their parents/carers in service evaluation and improvement Improve access Improve transition to adulthood Improve support to families/carers
Fewer children and young people will suffer avoidable harm	<ul style="list-style-type: none"> Reduce rate of self-harm in children and young people living in County Durham Effective safeguarding
Fewer children and young people will experience stigma and discrimination	<ul style="list-style-type: none"> Tackling stigma and discrimination

Local Priorities

12. SWOT analysis

Strengths	Opportunity
<ul style="list-style-type: none"> Commitment to work in partnership Alignment with Health and Wellbeing strategic objectives; interface with County Durham Implementation Plan of No Health without Mental Health National Strategy 	<ul style="list-style-type: none"> Development of CYP Mental Health, Emotional Wellbeing and Resilience Plan 2016/18 will provide opportunity to review whole pathway (T1-T4) including health needs assessment and consultation CAMHS review being taken forward as CCG commissioning intention 2014/15 ASD strategy development
Weakness	Threats
<ul style="list-style-type: none"> Limited up-to-date local intelligence, service user profile 	<ul style="list-style-type: none"> Budget pressures

13. What we need to do

It is acknowledged that work on the six objectives will need to continue in the longer-term and consequently be incorporated in the emerging children and young people's mental health, emotional wellbeing and resilience plan.

Objective 1: More children and young people will have good mental health, including those in vulnerable groups such as children looked after

The importance of strategic planning and effective joint working is recognised, in ensuring a coordinated approach to planning initiatives aimed at promoting good mental health in children and young people. A targeted approach to those deemed at highest risk of developing poor mental health is required.

There is a need to ensure that more children and young people of all ages and backgrounds have better wellbeing and good mental health through a focus on prevention and building resilience.

In this regard a number of interventions will be taken forward via the Public Health Mental Health Strategy e.g. promoting importance of effective parenting and addressing bullying in school and community environments.

Within the scope of this strategy we will:

- Ensure a co-ordinated and coherent delivery and commissioning system by embedding effective partnership approaches and governance.
- Gain a more complete picture of local need by refreshing the County Durham Health Needs Assessment; identifying vulnerable and hard to reach groups, such as those in the criminal justice system.
- Consult and engage with children and young people and their families/carers and other key stakeholders (including education) to develop a 3-year children and young people's mental health, emotional wellbeing and resilience plan, to ensure the needs of the local population are being met.
- Ensure that children with complex needs, including mental health issues, are given full and equal access whilst being assessed under the new Children's and Family Act responsibilities and where appropriate are able to take advantages of opportunities offered by personal health budgets in all settings including those children in special schools.
- Continue to provide nurturing attachment training as part of the fostering and adoption training programme.
- Ensure timely support is available for children with additional needs and disabilities.
- Support a preventative approach for Looked After Children through the Looked After Children Reduction Strategy and adoption reforms, incorporating pre-birth initiatives.
- Continue to identify and support young carers and provide early help to families with additional needs coordinated through One Point.
- Ensure information and education is available for children, young people and their parents/carers on substance misuse and support children and young people to take part in positive activities which are appropriate for their age and reduce risk-taking behaviours.

Objective 2: More children and young people with mental health problems will recover

By commissioning high quality child and adolescent mental health services we will ensure that children and young people who develop mental health problems have the opportunity to recover and have a good quality of life. Service provision will be well co-ordinated and joined-up. The need for continuous improvement approach to pathway development, taking into account national evidence base (NICE) is recognised.

We will:

- Undertake a full review of CCG commissioned CAMHS services to ensure provision is evidence based and meets local needs. The review will take into consideration information requirements (e.g. referrals by source) and post 16 service provisions.

- Increase utilisation of out-reach work i.e. clinics within children's centres and general practices, as identified with the Children, Young People and Families Plan 2014/17.
- Continue to improve access to and recovery rate from psychological therapies for children and young people, increasing capacity to deliver evidenced-based interventions and linking to the Children and Young Peoples Improving Access to Psychological Therapies (IAPT) national project.
- Monitor / review the joint referral protocol between Full Circle and CAMHS and amend accordingly.
- Monitor performance data so that mental health outcomes at a population level can be demonstrated. To enable this, a local performance dashboard will be developed. In the longer term, the dashboard will be taken from the national CAMHS data set, which is still in development.
- Review pathways including: attention deficit and hyperactivity disorder; autistic spectrum disorder; eating disorder; challenging behaviour; and others in line with the mental health trust children and young people services pathway programme 2013-15.
- Engage with NHS England to understand the recommendations of the Tier 4 service review, in a local context. This will likely include review of the discharge pathway from Tier 4 services.
- Ensure support/signposting is available in schools for people suffering from mental health issues.

Objective 3: More children and young people with mental health problems will have good physical health

Promoting good physical health and addressing co-morbid physical and mental health will help ensure fewer children and young people will be at risk dying prematurely.

We will:

- Ensure that children and young people with a mental health problem are supported to make healthier lifestyle choices, including prevention of substance misuse, obesity.
- Review psychological support for children and young people with a disability or long-term condition e.g. diabetes, obesity and chronic fatigue.

Objective 4: More children and young people and their family/carers will have a positive experience of care and support

The importance of children and young people and their families/carers being able to access the right service, at the right time, delivered by the most appropriate professional(s) to meet their needs is acknowledged. Timely access and choice will contribute to children and young people and their family/carers having a positive experience. Service user and carer views and experiences will need to inform future service developments.

We will:

- Ensure that the experiences of children and young people and their family and carers are accessing CAMHS are captured, and where appropriate, intelligence informs service development.
- Review information on what support services are available.
- Develop open access and drop in clinics for CAMHS.
- Work towards establishment of a single point of referral and extended service provision; increasing choice of places to be seen. It is recognised that this is a longer term aspiration and will be dependent on funding availability.
- Explore better use of technology within CAMHS, e.g. Skype, texting appointment reminders, to connect to children and young people, in line with action in the Children, Young People and Families Plan 2016/18.
- Continue to adopt a whole family approach to assessment and care planning. Increase engagement of CAMHS in the single-assessment process, SEN reforms and interagency working to improve transitions for children and young people with mental health problems and children with disabilities, including those with learning disabilities
- Ensure a continued planned approach to the transition to adulthood, taking into account individual housing, education and employment needs, including the implementation of a transitions programme, which is being led by a transition steering group with representatives from Children and Adults services and Health.
- Implement a local CAMHS Commissioning for Quality and Innovation (CQUIN) scheme, specifically to improve the support to families who have a child or young person with mental health difficulties open to the Mental Health Trust, including parents and other siblings. It is anticipated that this will contribute to a positive experience of care and supports the 'Think Family' ethos.
- Provide training to professionals and develop a range of marketing materials to raise awareness of young carers, again in line with action in the Children, Young People and Families Plan 2016/18.

Objective 5: Fewer children and young people will suffer avoidable harm

This objective aligns to local agreed priorities of making children and young people more resilient and ensuring they are safeguarded and protected from harm.

We will:

- Work together to reduce incidents of self-harm by children and young people, increasing the availability of information e.g. recognising the signs and how to access help.
- Develop the knowledge and skills of school based staff to recognise and respond to signs of self-harm.

- Pilot a CAMHS crisis liaison /deliberate self-harm service; providing greater support out of hours to children in crisis and in danger of self-harm. It is anticipated that this will prevent children inappropriately accessing Tier 4 services and maintain them in the community. The service will work closely with the current primary mental health targeted CAMHS teams and specialist Tier 3 teams within County Durham and Darlington.
- Review the pathway for paediatric self-harm admissions.
- Continue to work in collaboration with other agencies, such as specialist substance misuse service, to ensure a seamless pathway of care for children and young people mental health problems and drug and alcohol dependence.
- Ensure all local authority commissioned and grant aided voluntary sector organisations work to safe standards of practice by implementing the 'Never Do Nothing' standards, to ensure the safeguarding of children and young people accessing their services.
- Continue to develop a Multi-Agency Safeguard Hub (MASH) to support the reporting of Safeguarding issues and consider the interface with CAMHS.
- Continue to work together to safeguard children and young people including those who are Vulnerable, Exploited, Missing, Trafficked (VEMT).

Objective 6: Fewer children and young people will experience stigma and discrimination

By raising general awareness of emotional mental health in children and young people, it is hoped that negative attitudes and behaviours decrease.

We will:

- Support National campaigns to challenge mental health stigma and discrimination.
- Support local opportunities to raise awareness of mental distress in children and young people e.g. newsletters.

13. Investment

Like many areas, County Durham priorities have to be delivered in the face of reductions in public spending. Services need to be responsive, easily accessible and delivered in a way that supports children and families to take responsibility for their own achievements and an outcome focussed approach to meeting local need is required. Scarce resources and budgets should be targeted at the most vulnerable and at risk, whilst minimising duplication. Universal measures should be evidence-based and capacity should be maximised through partnership working across agencies and professional boundaries.

The current funding for CAMHS services in Durham is quite complex. Some of the funding is wrapped up within the block contract that each of the CCG's have with Tees, Esk and Wear Valleys NHS FT and because of the nature of the block contract it is difficult to disaggregate the amounts which relate to CAMHS. In addition there is a contract value specifically for CAMHS which is funded and invoiced separately by the mental health trust. Durham County Council contributes to the Emotional Health and Wellbeing Service which is commissioned through the Section 256 route.

A joint commissioning plan for actions requiring investment will support implementation of this strategy. This will include CCGs commissioning intentions for 2014/15 and 2015/16 once approved. The commissioning plan will also take into consideration local authority commissioning priorities. Any action/intervention where there is not a funding pre-commitment will need to be considered by the relevant commissioning organisation(s) as part of their cyclic prioritisation process.

14. Measuring success

Performance indicators will be developed. These will include:

- Emotional and behavioural health of looked after children (average score of Strength and Difficulties Questionnaire)
- Young people aged 10-24 years admitted to hospital as a result of self-harm (rate per 100,000 population)
- Number of new referrals to CAMHS

15. Next steps

This interim strategy identifies actions that set the direction of travel for this year. The action plan for the next 12 months is detailed in **appendix 1**. After this period of time, the action plan will be refreshed, taking into account progress on the boarder work lead by County Durham Public Health.

The all age health needs assessment for mental health for County Durham will be a priority as this will help identify areas that need improvement across the whole pathway (Tier 1-4).

Appendix 1: Action plan 2014/15

Priority	Action(s)	Interventions / Activities / Progress	Lead organisation(s)	RAG Rating	Timescale
1. More children and young people will have good mental health					
1.1 Strategic planning and commissioning organisations will work together effectively to support child and adolescent mental health and emotional wellbeing.	Re-affirm partnership and governance arrangements through the Children and Young People's Mental Health, Emotional Wellbeing and Resilience Group, reporting to the Mental Health Partnership Board and Children and Families Partnership	Meetings scheduled and membership identified; agree Terms of Reference and governance/reporting arrangements	CCGs/DCC		July 2014
	Gain a more complete picture of local needs by refreshing the mental health needs assessment, identifying vulnerable groups	Develop a project plan to undertake a County Durham all age mental health and emotional wellbeing Health Needs Assessment and gap analysis (including universal promotion and prevention, early help and vulnerable groups)	CCGs/DCC		September 2015
	Consult and engage with children, young people, parents/carers and other stakeholders to inform future plans	Develop a consultation/engagement plan following appropriate organisational guidelines; build on existing participation mechanisms e.g. Investing in Children, parent forums and Healthwatch; map hard to reach groups and tailor consultation plan accordingly	CCGs/DCC		September 2015
	Develop and ratify the 3-year children and young people's mental health, emotional wellbeing and resilience plan for County Durham. This all-encompassing plan will supersede the interim CAMHS strategy and support the County Durham No Health Without Mental Health Implementation Plan	Analyse the results of the needs assessment, consultation and gap analysis to develop the three year plan (2016-2018) with a focus on prevention and building resilience and targeting interventions for those at highest risk of developing poor mental health	CCGs/DCC		December 2015
1.2 Improve mental health in priority groups within County Durham	As part of mental health needs assessment identify local vulnerable and priority groups		CCGs/DCC		March 2015
	CAMHS to support implementation of SEND code of practice by contributing to EHCPs and SEN support plans when appropriate to do so		CCGs/DCC		September 2014

Priority	Action(s)	Interventions / Activities / Progress	Lead organisation(s)	RAG Rating	Timescale
	Continue with nurturing attachment training as part of the fostering and adoption training programme		DCC		Ongoing
	Support a preventative approach for LAC through LAC reduction strategy and adoption reforms incorporating pre-birth initiatives	Initial Pre-Birth Stakeholder Group established; temporary psychologist in post	DCC		Ongoing
	Ensure information and education is available on substance misuse and support children and young people to take part in positive activities to reduce risk-taking behaviours		DCC		Ongoing
	Continue to identify and support young carers and provide early help to families with additional needs coordinated through One Point		DCC		Ongoing
	Ensure timely support is available for children with additional needs and disabilities and strengthen the work of primary mental health workers and early intervention within One Point.	Role of IROs/ Full circle capture outcomes?	CCGs/DCC		Ongoing

2. More children and young people with mental health problems will recover

Priority	Action(s)	Interventions / Activities / Progress	Lead organisation(s)	RAG Rating	Timescale
2.1 High quality targeted and specialist services will be available to those most in need	Undertake a review of CCG commissioned CAMHS, capturing accessibility/choice and patient outcomes including patient and carer satisfaction	CCG Commissioning Intention 2014/15; develop project plan to undertake review; report findings and refresh service specifications	CCGs		March 2015
	Explore mechanisms for increasing utilisation of out-reach work i.e. clinics within children centres and general practices	PMHW part of CAMHS review; case for change documentation to be complete	CCGs/TEWV		March 2015
	Ensure support/signposting is available in schools for people suffering from mental health issues		CCGs/DCC		
	Continue to improve access to and recovery rate from psychological therapies for children and young people, increasing capacity to deliver evidenced-based interventions and linking to the CYP IAPT national project	Additional training places made available Explore baseline data on access and recovery rates	TEWV CCGs		Ongoing
	Ongoing monitoring of joint referral protocol between Full Circle and CAMHS and review		DCC		July 2015
	Develop CAMHS performance dashboard for monitoring and reporting purposes	Core data in line with National CAMHS data set yet to be agreed; scoping exercise re CAMHS information requirements (to include referrals by source, service user/carer experience)	CCGs/TEWV		TBC
2.2 Service provision will be well-coordinated and joined-up	Adopt a continuous improvement approach to pathway development/implementation; review progress against CYPS pathway programme specific to County Durham; explore opportunities for integrated approach where appropriate	Review and implement pathways specific to ADHD, ASD, challenging behaviour, eating disorder and other (TBC)	CCGs/TEWV		Ongoing
	Engage with NHS England to review discharge process from Tier 4 to Tier 3	Review discharge pathway from Tier 4 to community services; mapping exercise	NHS England		March 2015

Priority	Action(s)	Interventions / Activities / Progress	Lead organisation(s)	RAG Rating	Timescale
3. More children and young people with mental health problems will have good physical health					
3.1 Improve integrated response to co- and multi-morbidity mental health and physical health conditions	Explore further via health needs assessment; specific actions to be incorporate in 3-year plan	Needs assessment and 3-year plan to reference smoking, obesity, alcohol and substance misuse	CCGs/DCC		July 2015
	Children and young people with mental health issues and LTC to be considered as part of integrated pathway development	Link to needs assessment; map psychological support for children with a disability or LTC e.g. diabetes, obesity, chronic fatigue; consider links to pathway development/ IAPT	CCGs/DCC		TBC
4. More children and young people will have a positive experience of care and support					
4.1 Involve children and young people and their parents/carers in service evaluation and improvement	Service satisfaction questionnaire and taken action where appropriate	When evaluating service user and carer experience take into consideration Think Family approach and gather feedback on family involvement in assessment/care planning process	CCGs/TEWV		Ongoing
4.2 Improve access	Information on what support services are available		CCGs/TEWV		Ongoing
	Develop open access and drop in clinics		CCGs/TEWV		March 2015
	Adopt a better use of technology within CAMHS e.g. Skype, texts appointment alerts		CCGs/TEWV		March 2015
	Review web-based tool (previously commissioned by PCT) and make recommendation		CCGs		March 2015

Priority	Action(s)	Interventions / Activities / Progress	Lead organisation(s)	RAG Rating	Timescale
4.3 Improve transition to adulthood	Adopt a planned approach to transition to adulthood taking into account individual housing, education and employment needs; establish joint transition team	A transitions steering group has been established, as part of the current adults and children's work stream; developing and implementing a transitions programme, including joint protocol Increase involvement of CAMHS in transitions work around MH and LD and SEN reforms.	DCC		Ongoing
4.4 Contribute to supporting families and carers	Implement local CQUIN scheme, specifically to improve support to families who have a child or young person with mental health difficulties open to the mental health trust	CQUIN applied via contracting process	CCGs/TEWV		March 2015
	Provide training to professionals and develop a range of marketing materials to raise awareness of young carers needs	Action included in CYPFP	DCC		March 2015
5. Fewer children and young people will suffer avoidable harm					
5.1 Reduce rate of self-harm in children and young people	Increasing the availability of information on self-harm e.g. recognising the signs and how to access help		CCGs/DCC		March 2015
	Pilot crisis/deliberate self-harm service	Initiative taken forward as commissioning intention 2014/15; service specification developed; service 'live' since June 2014; pilot interim 6-m report due early 2015	CCGs/TEWV		Ongoing
	Review pathway for paediatric self-harm admissions	Task and finish group to review pathway; paper re place of safety - potential models of care to be developed and presented to safeguard meeting; need to ensure effective engagement with Primary Care / GPs	CCGs/TEWV CDDFT		March 2015
	Develop knowledge and skill of school based staff to recognise and respond to signs of self-harm		DCC		March 2015

Priority	Action(s)	Interventions / Activities / Progress	Lead organisation(s)	RAG Rating	Timescale
	Promote awareness of self-harm in Primary Care	Practice Safeguarding Children Leads to undertake self-harm session	CCGs		Dec-14
5.2 Effective safeguarding	Implementation of Never Do Nothing initiative	Voluntary and Community Sector to be aware of simple actions they can carry out if they have concerns about a child, suspect that a child is in danger of harm or if there are concerns for a child's safety and welfare	DCC		Ongoing
	Continue to develop a local Multi-Agency Safeguard Hub (MASH)		CCGs/DCC		Ongoing
	Continue to work together to safeguard children and young people including those who are Vulnerable, Exploited, Missing, Trafficked (VEMT)		DCC		Ongoing
6. Fewer children and young people will experience stigma and discrimination					
6.1 Tackling stigma and discrimination	Support National campaigns		All		TBC
	Promote newsletter written by young people with lived experience of mental distress		All		Ongoing

Glossary

Attention deficit hyperactivity disorder (ADHD)

One of the most common childhood disorders which can continue through adolescence and adulthood. Symptoms include difficulty staying focused and paying attention, difficulty controlling behaviour, and hyperactivity or over activity.

Autistic spectrum disorders

Describes a range of conditions including autism, Asperger syndrome, pervasive developmental disorder not otherwise specified (PDD-NOS), childhood disintegrative disorder, and Rett syndrome. These disorders are typically characterized by social deficits, communication difficulties, stereotyped or repetitive behaviours and interests and sometimes cognitive delays.

CAMHS (Child and Adolescent Mental Health Service)

Multidisciplinary teams comprising of psychiatrists, social workers, community psychiatric nurses and psychologists providing support to children and young people with severe mental health problems, both out of hospital and within hospital settings. There are four different levels of services for children and adolescents with mental health problems - these are described as Tiers 1, 2, 3 or 4.

Clinical Commissioning Groups (CCGs)

Groups of GPs responsible for planning and designing local health services in England.

Commissioning

The process for deciding how to use the total resource available in order to improve outcomes for children, young people and their families in the most efficient, effective, equitable and sustainable way.

Commissioning for quality and innovation (CQUIN)

This is a payment framework where a proportion of an NHS provider's income is conditional on quality and innovation. It aims to support the vision set out in "high quality care for all" of an NHS where quality is the organising principle.

Emotional wellbeing

A holistic, subjective state which is present when a range of feelings, among them energy, confidence, openness, enjoyment, happiness, calm, and caring, are combined and balanced.

Health and Wellbeing Boards

The Health and Wellbeing Board focuses on promoting integration and partnership working, and improving democratic accountability of health and social care services.

Inpatient

Essential tertiary level services such as highly specialised out-patient teams and in-patient units.

Joint Strategic Needs Assessment (JSNA)

An assessment that provides an objective analysis of the current and future health and wellbeing needs of local adults and children, bringing together a wide range of quantitative and qualitative data, including user view.

Learning disabilities

If someone has a learning disability, it means that they may find it more difficult to learn, understand and communicate. Learning disabilities are not a "mental illness", but can be caused by illness or problems before or during birth, or that develop during childhood or as the result of an illness.

Looked After Children

Child who is either provided with accommodation by a local authority social services department for a continuous period more than 24 hours, or someone who is subject to a relevant court order under part IV or V of the Children Act 1989. Could refer to children subject to accommodation under an agreed series of short term placements like short breaks, family link placements or respite care. Most looked after children cease to be looked after on reaching their 18th birthday; some are looked after until their 21st birthday under Section 20 (5) of the Children Act.

Mental health problem

A phrase used as an umbrella term to denote the full range of diagnosable mental illnesses and disorders, including personality disorder. Mental health problems may be more or less common and acute or longer lasting, and may vary in severity. They manifest themselves in different ways at different ages and may present as behavioural problems.



County
Durham

Child and Adolescent Mental Health Services

Interim Joint Strategy

2014 - 2016

24 October 2014

**Developed on behalf of County
Durham Mental Health
Partnership Board**