Durham County Council

NHS
Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

NHS
North Durham
Clinical Commissioning Group

APPENDIX 2

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

Transformation Plan
2015- 2020

Contents

1. Foreword

The Children and Young People Mental Health, Emotional Wellbeing and Resilience plan for County Durham was developed by the Children and Young People Mental Health and Wellbeing Development Group consisting of key partners, children, young people and families. It is based on comprehensive identification of needs and identifying evidence based practice to promote good mental health and prevention of mental ill-health, early intervention, care and recovery.

This transformation plan outlines the implications for County Durham in light of the recent guidance from Department of Health *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*[1].

The plan recognises that the foundations for lifelong wellbeing are being laid down before birth and aims to prevent mental ill health, intervene early when it occurs and improve the quality of mental health care and recovery for children, young people and their families. The focus on a whole child and whole family approach and developing systems which ensure children and families are at the centre of prevention, care and recovery will improve our children and young people population mental health and wellbeing.

Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work, and to achieving our potential. Good mental health is the foundation for well-being and the effective functioning of individuals and communities. It impacts on how individuals think, feel, communicate and understand. It enables us to manage our lives successfully and live to our full potential. Through promoting good mental health and early intervention we can help to prevent mental illness from developing and mitigate its effects.

The plan aims to build a healthier, more productive and fairer society for children, young people and their families which builds resilience, promotes mental health and wellbeing and ensures they have access to the care and support to improve their mental health when and where they need it thus reducing health inequalities.

Anna Lynch
Director of Public Health, County Durham

Councillor Lucy Hovvels
Cabinet Member for Adult and Health Services, Chair of the County Durham Health & Wellbeing Board

[1] Department of Health. 2015. Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people

2. The Vision

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 wellbeing 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.

2.1 Key objectives

Promoting Mental Health and Build Resilience

- Objective 1: Improve mental health and wellbeing of children, young people and their families through engagement, information, activities, access to services and education.

- Objective 2: Improve access to interventions which support attachment between parent and child, avoid early trauma, build resilience and improve behaviour.

- Objective 3: Improved public awareness and understanding about mental health issues for children and young people and reduce stigma and discrimination.

Prevention of Mental Ill-Health

- Objective 4: Prevention of mental ill-health through targeted interventions for groups at high risk.

- Objective 5: Improve access to information about what to do and where to go for support; this includes self-care through digital technology.

Early Identification of those at risk of Mental Ill-Health

- Objective 6: Improve early detection and intervention for children and young people experiencing poor mental health.

- Objective 7: Ensure ease of access to support based on the needs of children, young people and their families, when and where needed through services that have clear joint working arrangements including agreement of the Lead Professional role who will navigate and co-ordinate support and services needed.

Care for the most vulnerable

- Objective 8: Improve access to evidence based care and support which is designed by children, young people and families and treats children and young people as a whole person, considering their physical and mental health needs together.

- Objective 9: Crisis support to be available whatever the time of day or night and be in a safe place suitable to child or young person needs, and as close to home as possible.

- Objective 10: Develop referral pathways and specialist mental health services for those most vulnerable children and young people following a comprehensive assessment of their needs.

Recovery from Mental Ill-Health

- Objective 11: Develop a person centred recovery approach when agreeing care/interventions which include involvement of children, young people, families and carers (including siblings within the family) through early provision of a range of interventions which promote mental health and emotional wellbeing.

Accountability and Transparency

- Objective 12: Reduce complexity within current commissioning arrangements through joint commissioning, service redesign ensuring pathways and services work together to provide easy access to the right support and a system built around the needs of children, young people and families.

- Objective 13: Increase transparency through developing robust metrics on service outcomes and clearer information about the levels of investment into children and young people mental health services.

Developing the workforce

- Objective 14: Sustain a culture of continuous service improvement delivered by a workforce with the right mix of knowledge, skills and experience.

3. Introduction

This document sets out the Five-year Children and Young Peoples Mental Health, Emotional Wellbeing and Resilience Transformation Plan for County Durham. This supersedes the County Durham Interim CAMHS Strategy 2014-16.

This Transformation Plan will support local implementation of the national ambition and principles set out in the *Future in Mind strategy.* The implementation plan aims to improve mental health, emotional wellbeing and resilience of young people, make it easier for children, young people and their families to access help and support when needed, and improve mental health services for children and young people.

This plan adopts the *Mental Illness and Mental Health: The Two Continua Model Across the Lifespan* (figure 1).[2] This model moves past the concept that mental health is the absence of mental illness and believes that mental health can be enhanced regardless of a diagnosis of mental illness. Delivering mental health improvement programmes to those with mental illness requires moving beyond a simplistic categorisation of people as either mentally healthy or mentally ill. In many cases, symptoms of acute mental illness are episodic in nature and surrounded by periods of recovery or wellness. A person can experience mental well-being in spite of a diagnosis of mental illness or, conversely, be free of a diagnosed mental illness but still experiencing poor mental health.

Figure 1 demonstrates a model with four possible options which individuals may experience.

[2] Gerben, J., Westerhof, G.J., Corey L.M. and keyes, C.L.M. Mental Illness and Mental Health: The Two Continua Model Across the Lifespan. J Adult Dev. 2010 Jun; 17(2): 110–119.

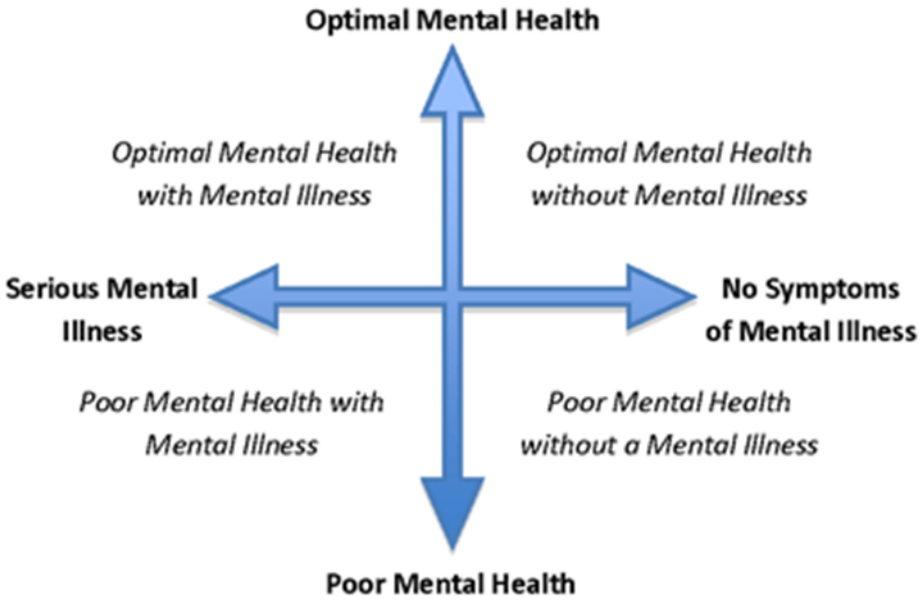

Figure 1: The Mental Health/Illness Continuum

The 'Future in Mind' document is clear in its vision that 'more of the same is simply not an option'. An increased focus on prevention, building resilience, promoting good mental health and early intervention across the whole system will make real change to children and young people's mental health and wellbeing. There is a need to reduce risk factors associated with poor mental health at individual and community level; improve the mental health and wellbeing of children and young people, and to reach out to the groups at greatest risk of poor mental health.

This plan adopts core beliefs to ensure effective delivery including joined-up working between community and voluntary, statutory and business sectors; commitment to engagement and consultation with local community, children, young people and families; commitment to achieving and sharing evidence based practice; population and targeted approach to delivering strategy.

Successful implementation of the plan will result in:

- An improvement in the emotional well-being and mental health of all children and young people;
- Multi-agency approaches 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 with an appropriate range of skills and competencies.

4. The Economic Cost of Mental Illness

Most mental illness has its origins in childhood. The most important modifiable risk factors for mental illness and the most important determinants of mental wellbeing are childhood ones. The most important opportunities for prevention of mental illness and promotion of mental health therefore lie in childhood, many of them in the context of the family.

Children with mental health problems are at greater risk of physical health problems; they are also more likely to smoke than children who are mentally healthy. Children and young people with eating disorders and early onset psychosis are particularly at risk, but it is important to note that many psychotropic drugs also have an impact on physical health.

The figures on mental illness in childhood are stark:

- Half of all mental disorder first emerges before the age of 14 years and three quarters by age 25 years[3];
- Up to 25% of children show signs of mental health problems more than half of which track through into adulthood[4];
- 10% of children have a clinically diagnosed mental disorder at any one point in childhood. Only a minority of such children are in touch with services [5];
- The most common childhood mental disorder is conduct disorder with a prevalence of 5%.

Social relationships can be affected both in childhood and adolescence and in adult life. Other increased risks include drug and alcohol use. Conduct disorder and ADHD are also both associated with an increased risk of offending and conduct disorder in girls with an increased risk of teenage pregnancy.

Those with acute conduct disorder incur substantial costs above those with some conduct problems, but not conduct disorder. The additional lifetime costs are estimated to be around £150,000 per case – or around £5.3bn for a single cohort of children in the UK.[6] Costs relating to crime are the largest component, accounting for 71% of the total, followed by costs resulting from mental illness in adulthood (13%) and differences in lifetime earnings (7%). More widely, in 2012/13, it was estimated the total NHS expenditure on dedicated children's mental health services was £0.7bn.

The impact of mental health disorders extends beyond the use of public services. Taking this wider societal viewpoint, it has been estimated that the overall lifetime costs associated with a moderate behavioural problem amount to £85,000 per child and with a severe behavioural problem £260,000 per child.[7]

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[3] Kessler R, Berglund P, Demler O et al. Lifetime prevalence and age of onset distributions of DSM-VI disorders in the national comorbidity survey replication Arch. Gen. Psych. 2005;593-602

[4] Green H, McGinnity A, Meltzer H, Ford T, Goodman, R. Mental health of children and young people in Great Britain, 2004 Palgrave Macmillan 2005

[5] Sawyer MG, Arney FM, Baghurst PA et al. The mental health of young people in Australia: key findings from the child and adolescent component of the national survey of mental health and well-being. Australian and New Zealand Journal of Psychiatry; 35: 806–814

[6] Friedli L, Parsonage M (2007). Mental Health Promotion: Building an Economic Case. Northern Ireland Association for Mental Health.

[7] Parsonage M, Khan L, Saunders A (2014). Building a better future: the lifetime costs of childhood behavioural problems and the

Despite this burden of distress, it is estimated that as many as 60-70% of children and adolescents who experience clinically significant difficulties have not had appropriate interventions at a sufficiently early age.[8] Evidence shows that, for all of these conditions, there are interventions that are not only very effective in improving outcomes, but also good value for money, in some cases outstandingly so, as measured by tangible economic benefits such as savings in subsequent costs to public services.[9]

There is a strong link between parental (particularly maternal) mental health and children's mental health. Maternal perinatal depression, anxiety and psychosis together carry a long term cost to society of just under £10,000 for every single birth in the country.

Although the cost of mental ill health is forecast to double over the next 20 years, some of the cost could be reduced by greater focus on whole-population mental health improvement and prevention, alongside early diagnosis.

The inescapable fact is that failure to prevent and treat children and young people's mental health problems comes at a heavy price, not only for the wellbeing of the children concerned and their families, but also for taxpayers and society because of increased future costs.

benefits of early intervention. London: Centre for Mental Health.

[8] Children's Society (2008) The Good Childhood Inquiry: health research evidence. London: Children's Society

[9] Fonagy P, Cottrell D, Phillips J, Bevington D, Glaser D, and Allison E (2014). What works for whom? A critical review of treatments for children and adolescents (2nd ed.). New York, NY: Guilford Press.

5. The Cost Benefit of Public Mental Health

Interventions that promote mental health and wellbeing usually also prevent mental illness' however this is not always true for the reverse. Public mental health interventions produce a broad range of benefits associated with improved wellbeing.

One study estimates that promoting mental wellbeing in a single year cohort of children in Wales could lead to benefits worth over £1bn, while this figure could be nearly £24bn for the whole of the UK.[10] Since benefits accrue across the lifecourse, promoting mental wellbeing in children provides more economic benefits than promoting mental wellbeing at other ages.

Improving mental health impacts on wide range of domains which results in considerable cost savings. Evidence-based parenting support for families and at-risk children prevents mental health problems in later life and results in better outcomes in health, education, employment, education and relationships[11].

Interventions in families with children at higher risk of conduct disorder would cost £210m but save £5.2bn.

The type of savings which can be made from public mental health interventions are highlighted by a recent Department of Health report.[12] This found that for every £1 invested, the net savings were:

- £84 saved – school-based social and emotional learning programmes;
- £44 saved – suicide prevention through GP training;
- £18 saved – early intervention for psychosis;
- £14 saved – school-based interventions to reduce bullying;
- £12 saved – screening and brief interventions in primary care for alcohol misuse;
- £8 saved – early interventions for parents of children with conduct disorder.

[10] Friedli L, Parsonage M, Promoting mental health and preventing mental illness: the economic case for investment in Wales. All Wales Mental Health Promotion Network. 2009.
[11] Forsight. 2008. Mental Health and Wellbeing Report.
[12] Department of Health. 2011. Mental health promotion and mental illness prevention: the economic case.

6. National Policy Drivers

National policy over recent years has 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 Health[13] the cross-Government mental health strategy for people of all ages. This takes a life course approach to improving mental health outcomes with a strong focus on early and effective intervention in emerging emotional and mental health problems for children and young people.

The national mental health strategy sets out a clear and compelling vision for improving the mental health and wellbeing of England through six objectives. These emphasise the importance of the wider influences on mental health including housing, education, criminal justice system, physical health and employment. The six objectives are:

- More people will have good mental health;
- More people with mental health problems will recover;
- More people with mental health problems will have good physical health;
- More people will have a positive experience of care and support;
- Fewer people will suffer avoidable harm;
- Fewer people will experience stigma and discrimination.

The Children and Families Act (2014)[14] focusses on improving services available to vulnerable children and families. The Act includes provision across a number of different areas of children's services, which will contribute to the achievement of improved mental health outcomes. Key elements include transformation of systems for children and young people with special educational needs and disabilities and providing children, young people and their parent's greater control and choice in decisions and ensuring their needs are properly met.

The 'Future in Mind' report provides a broad set of recommendations that, when implemented, would:

- Facilitate greater access and standards for mental health services;
- Promote positive mental health and wellbeing for children and young people;
- Greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.

The 'Future in Mind' guidance suggests local transformation plans be developed by Clinical Commissioning Groups and Local Authorities working closely with their Health and Wellbeing Boards. The Local Transformation Plan (Appendix 1) will support improvements for children and deliver the 49 recommendations of 'Future in Mind' based on local needs and developed in collaboration with children, young people and their families.

The Department of Health and NHS England national ambitions for 'Future in are detailed below:

[13] Department of Health No Health without Mental Health. 2011

[14] HM Government: Children and Families Act. 2014

- People thinking and feeling differently about mental health issues for children and young people, with less fear and discrimination.
- Services built around the needs of children, young people and their families so they get the right support from the right service at the right time. This would include better experience of moving from children's services to adult services.
- More use of therapies based on evidence of what works.
- Different ways of offering services to children and young people. With more funding, this would include 'one-stop-shops' and other services where lots of what young people need is there under one roof.
- Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible. For example no young person under the age of 18 being detained in a police cell as a 'place of safety'.
- Improving support for parents to make the bonding between parent and child as strong as possible to avoid problems with mental health and behaviour later on.
- A better kind of service for the most needy children and young people, including those who have been sexually abused and/or exploited making sure they get specialist mental health support if they need it.
- More openness and responsibility, making public numbers on waiting times, results and value for money.
- A national survey for children and young people's mental health and wellbeing that is repeated every five years.
- Professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those who need it.

'Future in Mind' identifies key themes fundamental to creating a system that properly supports the emotional wellbeing and mental health of children and young people. These are:

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

The report states that if these recommendations are implemented, they will facilitate greater access and standards for Children and Adolescent Mental Health Services (CAMHS), promote positive mental health and wellbeing for children and young people, greater system co-ordination, and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.

Also of relevance to this plan is implementation of County Durham Mental Health Crisis Care Concordat.[15] The concordat is an agreement between key organisations including police and mental health trusts supported by the County Durham Joint Health and Wellbeing Board to drive up standards of care for people, including children and young people experiencing mental health crisis.

[15] HM Government 2014. Mental Health Crisis Care Concordat.

6.1 Starting well

'Future in Mind and 'No Health without Mental Health' emphasise the crucial importance of early intervention in emerging emotional and mental health problems for children and young people. The social and biological influences on a child's health and brain development start even before conception and continue through pregnancy and the early years of life.

Parental mental health is an important factor in determining the child's mental health. Better parental mental health is associated with better outcomes for the child, including better relationships, improved learning and academic achievement, and improved physical health.

The Children and Young Peoples Outcomes Strategy[16] describes the outcome indicators to support delivery of each of the six objectives from No Health without Mental Health and identifies key areas including:

- More children and young people will have good mental health:
  Fewer children and young people will develop mental health problems by starting well, developing well, learning well, working and living well.
- More children and young people with mental health problems will recover:
  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 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:
  There will be improvements in the mental health and wellbeing of children and young people with serious physical illness and long-term conditions.
- More children and young people will have a positive experience of care and support:
  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.
- Fewer children and young people will suffer avoidable harm:
  Children and young people and their families should have confidence that care is safe and of the highest quality.
- Fewer children and young people and families will experience stigma and discrimination:
  Public understanding of mental health will improve and, as a result, negative attitudes an behaviours to children and young people with mental health problems will decrease.

6.2 Developing Well

As part of the national strategy the Government has committed to take forward detailed plans to extend the Improving Access to Psychological Therapies (IAPT) programme to children and young people. This service transformation for children and young people's mental health care will embed best evidence based practice, training staff in validated techniques, enhanced supervision and service leadership and monitoring of individual patient outcomes.

[16] Department of Health. 2012. Children and Young People Outcomes Strategy.

6.3 Achieving Parity of Esteem between Mental and Physical Health

Parity of Esteem is the principle by which Mental Health must be given equal priority to physical health . It was enshrined in law by the Health and Social Care Act 2012.

In our society Mental Health does not receive the same attention as physical health. People with mental health problems frequently experience stigma and discrimination, not only in the wider community but also from services. This is exemplified in part by lower treatment rates for mental health conditions and an underfunding of mental healthcare relative to the scale and impact of mental health problems.

This plan contributes to the NHS ambition to put mental health on a par with physical health, in the following ways:

- Access to Services; appropriate waiting times must be established so that children and young people with mental health problems know the maximum waiting time for treatment as individuals with physical health problems do;

- Parity of Treatments; many psychological therapies are NICE approved and recommended but the NHS Constitution does not entitle people to them in the same way we are entitled to NICE approved drugs;

- Access to Crisis Care; children and young people using mental health services have 24/7 access to a crisis support.

7. Local Policy Drivers

As well as national policy and strategy it is important that key linkages are made to local policies and strategies including:

- County Durham Joint Health and Wellbeing Strategy 2014-2017;
- County Durham Interim Joint CAMHS Strategy 2014-2016;
- County Durham Mental Health Crisis Care Concordat 2014;
- The County Durham Alcohol Harm Reduction Strategy 2015–2017;
- County Durham Drug Strategy 2014-2017 ;
- County Durham and Darlington Dual Needs Strategy 2015-2018;
- County Durham Children, Young People and Families Plan 2015-2017;
- County Durham Public Mental Health Strategy 2013-2017;
- Safe Durham Reducing Reoffending Strategy 2011-2014;
- County Durham Mental Health Strategy 2014-2017;
- Safe Durham Partnership Plan 2014-17;
- Joint Protocol for Tackling Anti-Social Behaviour where Mental Health is an issue (2013).

7.1 County Durham Joint Health and Wellbeing Strategy

The Health and Social Care Act[i] places clear duties on Local Authorities and Clinical Commissioning Groups to prepare a Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy. These will influence commissioning strategies for health and social care, to be discharged through the Health and Wellbeing Board. The County Durham Joint Health and Wellbeing Strategy is a document that aims to inform and influence decisions about health and social care services in County Durham so that they are focused on the needs of the people who use them and tackle the factors that affect health and wellbeing.

Objective four of the the County Durham Joint Health and Wellbeing Strategy,[17] aims to improve mental health and wellbeing of the population through:

- Developing and implementing programmes to increase resilience and wellbeing through practical support on healthy lifestyles;
- Working together to find ways that will support ex-military personnel who have poor mental or physical health;
- Ensuring that people using mental health services who are in employment have a care plan that reflects the additional support needed to help them retain this employment;
- Implement a multi-agency Public Mental Health Strategy including Suicide Prevention for County Durham;
- Continue to improve access to psychological therapies;
- Develop a more integrated response for people with both mental and physical health problems, in particular supporting people with common mental health problems (such as depression or anxiety).

[17] County Durham Joint Health and Wellbeing Board Strategy 2015-2018

8. Mental Health Profile - National

Mental illness has a range of significant impacts with 20% of the total burden of disease in the UK attributable to mental illness (including suicide), compared with 17% for cardiovascular diseases and 16% for cancer. This burden is due to the fact that mental illness is not uncommon:

- At least one in four people will experience a mental health problem at some point in their life;
- One in ten children aged between 5-16 years has a mental health problem, and many continue to have mental health problems into adulthood;
- Half of those with lifetime mental health problems first experience symptoms by the age of 14, and three-quarters before their mid-20s;
- One in ten new mothers experiences postnatal depression. Over a third (34%) of people with mental health problems rate their quality of life as poor, compared with 3% of those without mental illness;
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm;
- More than half of all adults with mental health problems were diagnosed in childhood - less than half were treated appropriately at the time;
- Number of young people aged 15-16 with depression nearly doubled between 1980s and 2000s;
- Proportion of young people aged 15-16 with a conduct disorder more than doubled between 1974 and 1999;
- 72% of children in care have behavioural or emotional problems;
- Almost 60% of looked after children in England have emotional and mental health issues and a high proportion experience poor physical health, educational and social outcomes after leaving care;
- 95% of imprisoned young offenders have a mental health disorder.

Levels of mental illness are projected to increase. By 2026, the number of people in England who experience a mental illness is projected to increase by 14%, from 8.65 million in 2007 to 9.88 million. However, this does not take account of the current economic climate which may increase prevalence.

8.1 Learning Disabilities, Behavioural Conditions and Mental Health

An estimated 25-40% of people with learning disabilities also have mental health problems[18]. Mental health problems such as depression tend to be under-diagnosed in people with learning disabilities. Many symptoms of mental illness are wrongly regarded as challenging behaviour and so do not receive appropriate treatment[19]

Prevalence of anxiety and depression in people with learning disabilities is the same as for the general population, yet for children and young people with a learning disability, the prevalence rate of a diagnosable mental illness is 36%, compared with 8% of those who do not have a learning disability.[20]

[18] Department of Health (1993). Services for people with learning disabilities, challenging behaviour or mental health needs. Project group report. London: Department of Health.

[19] Equality and Human Rights Commission.

[20] Foundation for People with Learning Disabilities (2003). Health needs of people with learning disabilities. London: Foundation

8.2 Children, Young People and Mental Health

Children and young people with emotional disorders are almost five times more likely to report self-harm or suicide attempts; four and half times more likely to rate themselves or be rated by their parents as having 'fair/bad health', and over four times more likely to have long periods of time off school.

Co-morbidity of disorders is common – children and young people frequently have both emotional and behavioural conditions and mental illness and physical health problems.[21]

8.3 Lesbian, Gay, Bisexual, Transgender Communitites and Mental Health

Gay men and lesbians report more psychological distress than heterosexuals, despite similar levels of social support and physical health as heterosexual men and women.[22]

Anxiety, depression, self-harm and suicidal feelings are more common among lesbian, gay, bisexual and transgender communitites than amongst heterosexual people.

There is a strong association between homophobic bullying and mental ill-health, including low self-esteem, fear, stress and self-harm.[23]

8.4 Stigma and discrimination in mental health

Nearly nine out of 10 people with mental health problems have been affected by stigma and discrimination and more than two thirds reported that they have stopped doing the things they wanted to do because of stigma.

Public attitudes to mental ill health are gradually improving, with less fear and more acceptance of people with mental ill-health.

However, according to the annual national surveys of attitudes to mental illness in England:

- 36% of people think someone with a mental health problem is prone to violence (up from 29% in 2003);
- 48% believe that someone with a mental health problem cannot be held responsible for their own actions (up from 45% in 2009);
- 59% agree that people with mental illness are far less of a danger than most people suppose.

Direct social contact with people with mental health problems is the most effective way to challenge stigma and change public attitudes.[24]

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for People

[21] Green H, McGinnity A, Meltzer H et al. 2005. Mental health of children and young people in Great Britain, 2004. London: Office for national Statistics.

[22] King M, McKeown E. 2003. Mental health and social wellbeing of gay men, lesbians and bisexuals in England and Wales. London: Mind.

[23] Stonewall. 2007. Education for all: research: facts and figures: mental health.

[24] Department of Health. 2010. TNS UK for CSIP: Attitudes to mental illness 2010: research report. London.

9. Mental Health Profile for County Durham

The current information in relation to mental wellbeing is poor. Assessing need in relation to mental health and wellbeing is complex and there are a number of ways in which this challenging problem may be tackled. It is essential to consider sources of information that tell us who and where in our communities, people are receiving support for mental health issues. In addition the range of wider determinants that impact on mental health and wellbeing, that cause individuals to be more vulnerable to poor mental health also need to be considered.

It is well recognised that social and health inequalities can both result in and be caused by mental ill health. Many of the acknowledged risk factors for mental illness are linked to deprivation. Measures of deprivation can help to identify geographical areas where the need for mental health services is likely to be greatest. County Durham has some of the most deprived areas in the country.

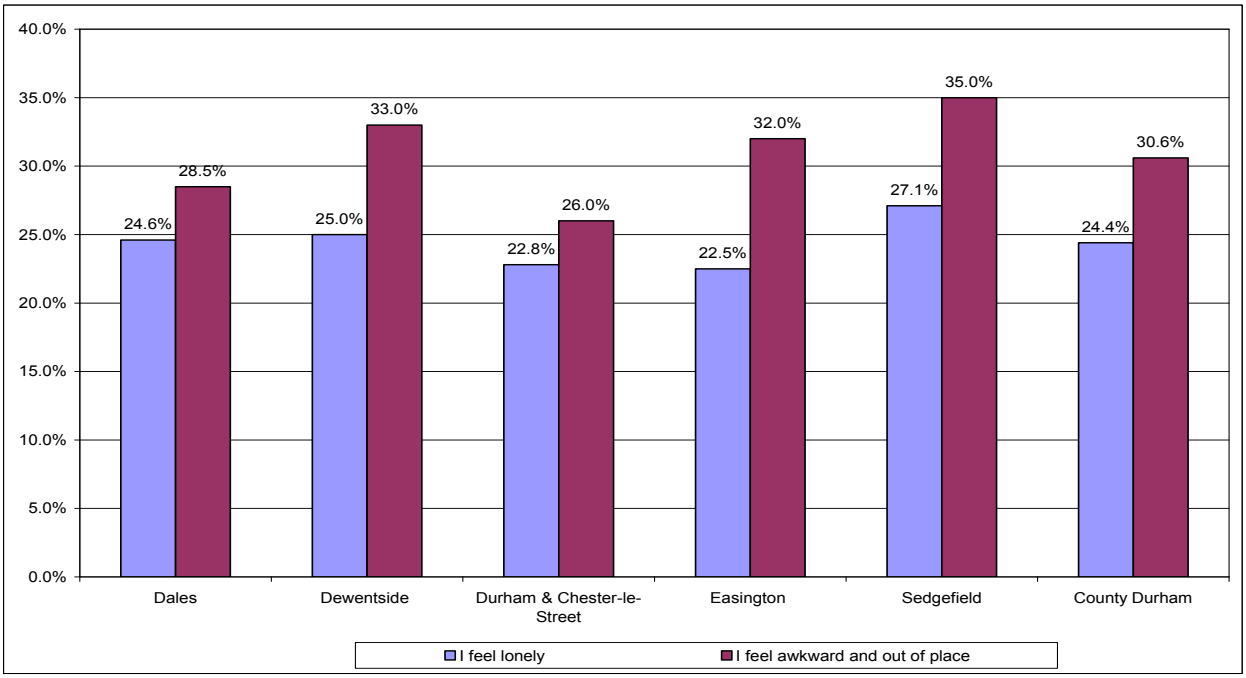
Young people aged 16-18 years old who are not in education, training or employment (NEETS) are more likely to have poor health and die an early death. They are also more likely to have a poor diet, smoke, drink alcohol and suffer from mental health problems. County Durham is significantly worse than the England average with a rate of 7.1 per 1000 population compared to 5.3 nationally.

County Durham Children's Trust used the following definition when researching children and young people relationships. Good relationships are when 'children state that they have one or more good friends, and state that they are able to talk about worries, talk to their parents and friends but not another adult'.[25]

- 56.3% of respondents in County Durham reported good relationships in 2009 compared to 60.3% in 2008;
- Derwentside experiences the highest rate of children and young people that report they have good relationships (65.4%), compared to the lowest in Easington (54.4%);
- 24.4% of respondents felt lonely and 30.6% awkward and out of place (Figure 1);
- Sedgefield reported the highest proportion of children and young people feeling lonely 27%, and awkward and out of place 35%. This was followed closely by Derwentside with 25% who felt lonely and 33% who felt awkward and out of place.

[25] County Durham Childrens Trust (2008) Children and Young People Ralationship

Figure 1: Percentage of children and young people that report they feel: lonely; awkward and out of place – Children and Young People's Survey.

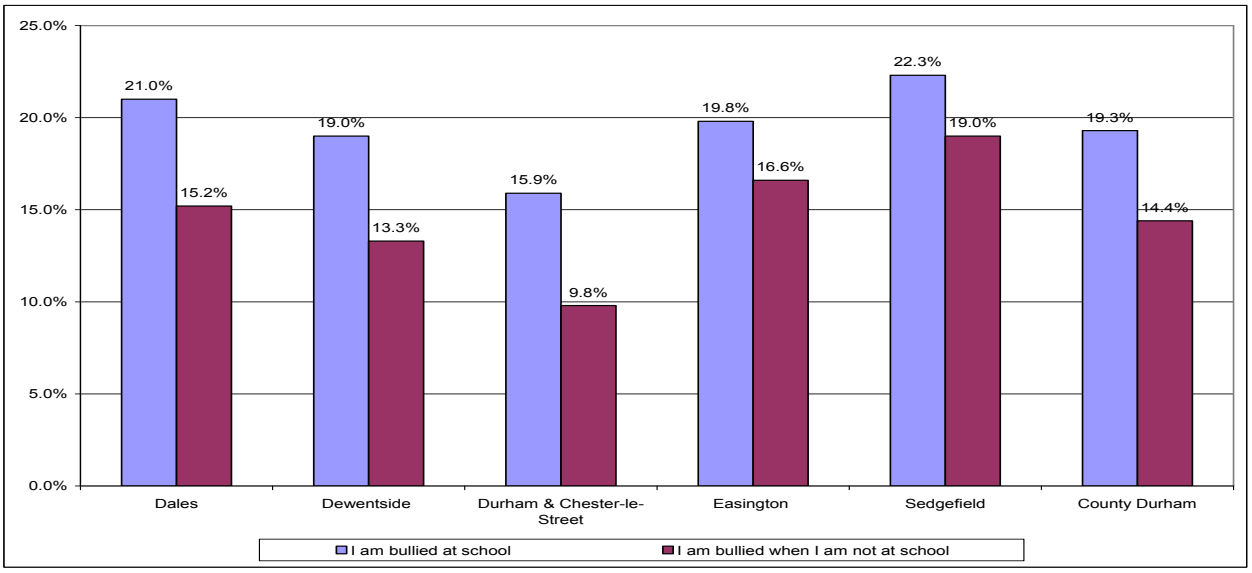


Source: County Durham Children's Trust Children and young people's survey.

The percentage of children and young people that report they are bullied at school and bullied when not at school (Figure 2).

- All areas reported the majority of bullying occurred in school environment;
- Sedgefield reported highest levels of bullying both in and out of school.

Figure 2: Percentage of children and young people that report they are bullied at school and bullied when not at school – Children and Young People's Survey.



Source: County Durham Children's Trust Children and young people's survey, 2008

In June 2015, Public Health England produced the Children and Young People's Mental Health and Wellbeing Profiling Tool. It has been developed to support an intelligence driven approach to understanding and meeting need. This collates and analyses a wide range of publically available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It provides commissioners, service providers, clinicians, services users and their families with the means to benchmark their area against similar populations and gain intelligence about what works. Profile for County Durham is available in Appendix 2.

The mental health and wellbeing outcomes for children and young people are greatly shaped by a wide variety of social, economic and environmental factors (such as poverty, housing, ethnicity, place of residence, education and environment). It is clear that improvements in mental health and wellbeing outcomes cannot be made without action on these wider determinants.

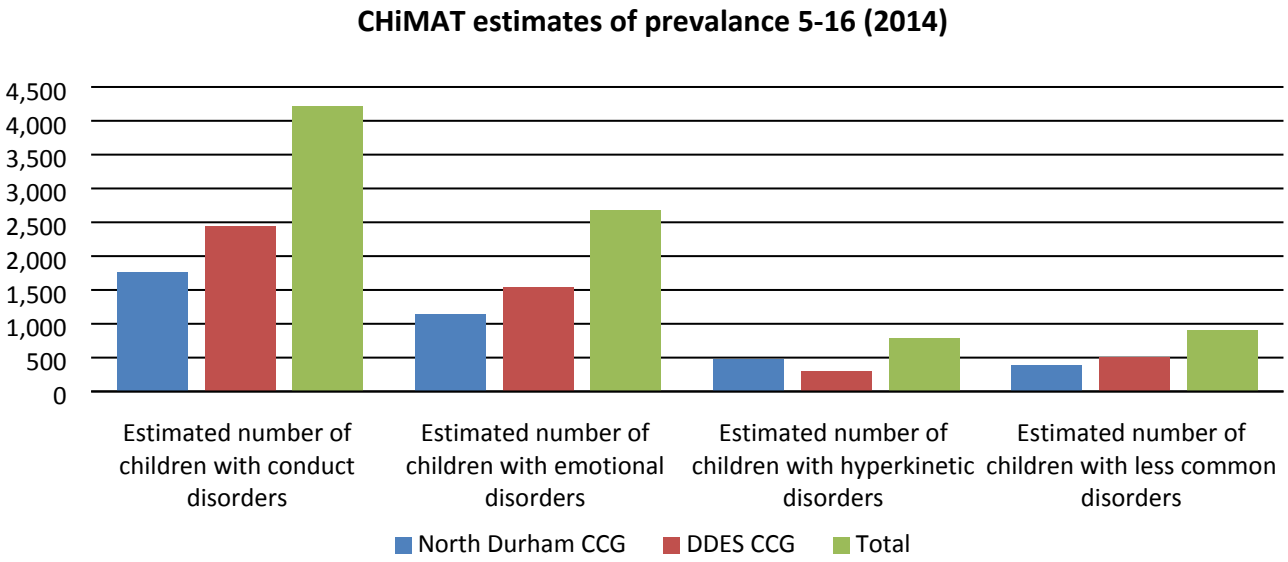
Key findings from the profile include:

- Children and young people under the age of 20 years make up 22.1% of the population of County Durham; 3.8% of school children are from a minority ethnic group;
- The health and wellbeing of children in County Durham is generally worse than the England average;
- Infant and child mortality rates are similar to the national average;
- The level of child poverty is worse than the England average, with 22.7% of children under 16 years living in poverty;
- Children in County Durham have worse than average levels of obesity: 10.7% of children aged 4-5 years and 21.4% of children aged 10-11 years are classified as obese.

Figure 3 shows the estimated prevalence of children with conduct, emotional, hyperkinetic and less common disorders by Clinical Commissioning Group in County Durham. It should be noted that some children and young people may be diagnosed with more than one mental health disorder.

The most common mental health disorders in children and young people in County Durham are conduct disorders. Data indicates that almost 4,200 young people being diagnosed with a conduct disorder compared to 2,600 young people with emotional disorders during 2014.

Figure 3: Estimated prevalence of children with conduct, emotional, hyperkinetic and less common disorders by Clinical Commissioning Group and County Durham 2014.



People with learning disabilities demonstrate the complete spectrum of mental health problems, with higher prevalence than found in those without learning disabilities. The incidence of children with mild to severe learning disabilities is expected to rise by 1% year on year for the next 15 years due to a number of factors, and 40% of these children have a diagnosable mental health problem. Across County Durham there are approximately 1,000 children and young people with a learning disability and of these 390 will have mental ill-health, rising to 450 over the next five years.

Suicide among children and young people in County Durham is a relatively uncommon occurrence however when a young person does take their own life the impact on friends, family and the community can be devastating. Reliable, timely and accurate suicide statistics are essential to inform an effective suicide prevention strategy for County Durham. To facilitate this, a systematic suicide audit programme has been in place locally since 2002.

Demographically, 81% of those who took their own life between 2005 and 2012 were male, with a peak age of 40-49. 62% were divorced and 32% lived alone. Hanging was identified as the most common method used. A significant number of suicides were found to have diagnosed mental health problems (58.9%). Furthermore, 30% were recorded as alcohol dependent, 13% were recorded as users of illicit drugs, and 39.2% had a history of self-harm.

Triggers for suicide are complex and may. Through the County Durham Suicide Audit some key factors were identified; 26% experienced a relationship or family breakdown; 17% were recently bereaved and 12% were in financial difficulty.

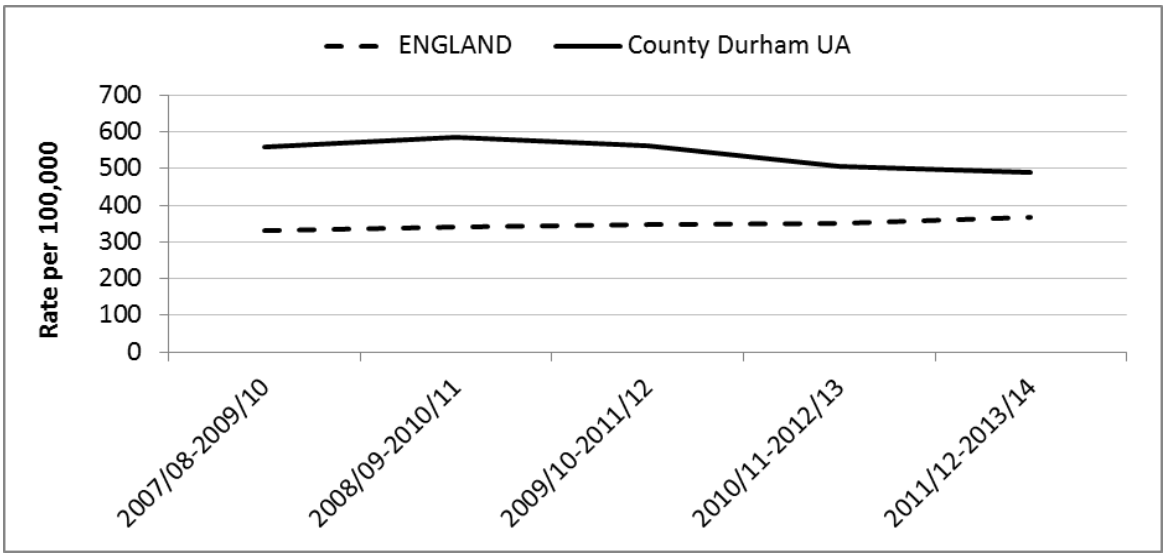
Those bereaved by suicide are at a significantly higher risk of taking their own lives than the general population. For young people who have been bereaved by suicide either through the loss of a parent, family member or friend post vention support systems are important in reducing their risk of suicide and improving their mental health and wellbeing.

Self-harm is an expression of personal distress and can result from a wide range of psychiatric, psychological, social and physical problems. Self-harm can be a risk factor for subsequent suicide. Self-harm occurs in all sections of the population but is more common among those who are socio-economically disadvantaged, have poor coping skills or those experiencing emotional distress. Self-harm among children and young people in County Durham is significantly higher than England. However, this is difficult to measure as most self-harm is hidden and many children and young people do not access health services for support for their self-harm behaviour.

Incidents of children and young people who self-harm and access support through emergency departments are counted as First Finished Consultant Episodes (FFCE's).

The number of FFCE's in County Durham for under 18 years is relatively low. Figure 4 shows the pooled rate for under 18 self-harm hospital admissions as a result of self-harm (three year pooled)

Figure 4: Three year pooled financial year emergency hospital admissions for Intentional Self-Harm for those aged under 18 years 2007/08-2009/10 to 2011/12-2013/14 (Public Health England, Northern & Yorkshire Knowledge & Intelligence Team)



9.1 What children and young people have told us

From the national engagement exercise, children and young people have told us how they want things to change. They want:

- To grow up to be confident and resilient, supported to fulfil their goals and ambitions;
- To know where to find help easily if they need it and when they do to be able to trust it;
- Choice about where to get advice and support from a welcoming place. This might be somewhere familiar such as school or the local GP, it might be a drop-in centre or access to help on line. But wherever they go, the advice and support should be based on the best evidence about what works;
- As experts in their own care, to have the opportunity to shape the services they receive;

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

The review of Child and Adolescent Mental Health Services in County Durham by Children and Young People and Investing in Children produced recommendations including:

- Flexibility whereever possible. Young people would like the opportunity to have a say as to whether or not they can change their Worker, change the times of their appointment and also the location of appointment if it is not accessible;
- Regular planned appointments to fit the young person's life and school schedule etc;
- Better promotion: The young people said the leaflet designed by the Acley Centre participation group should be sent to all new service users. Information should also be available in schools, community projects and surgeries, and for new service users;
- More should be done regarding education to tackle discrimination towards young people with Mental Health problems;
- Staff training should also be provided to external organisations regarding CAMHS, what's on offer, how to refer and support children and young people with mental health problems;
- Peer Support: Young people suggested there should be more opportunities for peer support both formally in meetings e.g. young people led participation groups, and also informally including the opportunity to meet up with other young people outside of CAMHS e.g. go for coffee or other social activities to talk to and be around other young people who have similar experiences;
- Make buildings more young people friendly: Many of the comments regarding the buildings were that they are too clinical. More input from the young people's participation groups about how the buildings could be improved to make them more young people friendly. Refreshments should also be available whilst you wait;
- Confidentiality: The majority of young people said their letters were addressed to their parents and not the young person. This shouldn't be the case and the young people would appreciate it if this issue was addressed;
- Explanation around confidentiality: There was uncertainty with some young people around what classes as breaching confidentiality, the young people said this should be explained more within sessions with their Worker;
- Safe space: Lots of young people said that there had been occasions when staff had put them on the spot and asked if they were happy with family members coming into their appointments when they were present. They all felt that service users should be asked separately to their family members and given time to think about it before answering;
- Referral process: Improving the process to access CAMHS so that service users have an easier way in addressing the issue of families, and children and young people not

knowing if a professional has referred them or not. Shorter waiting times to access CAMHS is essential;

- Training for CAMHS Staff: The following recommendation was made following an agenda day ran specifically for LGB&T children and young people. A need for staff training was raised by the young people in relation to LGB&T support and awareness of the correct terminology that should be used and each person's individual support needs (specifically for gender identity children and young people);
- Link person in schools. Each school should have a worker that is trained by CAMHS to offer support and refer pupils on to CAMHS;
- Raising the profile of CAMHS. More work needs to be done to promote CAMHS in a more child friendly way including using social media so that everyone is aware of the service and the how to access it;
- Crisis Team. It was evident that accessing the Crisis Team number is not easy and that some professionals within CAMHS are not promoting the service to its clients. More work needs to be done on this.

10. Priority Groups

Those children and young people at higher risk of poor mental health have been identified through needs assessment and are included as vulnerable and at risk within the transformation implementation plan.

Priority vulnerable and at risk groups include children and young people within County Durham who have one or a number of risk factors including those:

- Who are part of the Looked after system;
- From low income households and where parents have low educational attainment;
- With disabilities including learning disabilities;
- From Black and Minority Ethnic groups including Gypsy Roma Traveller community;
- Who identify as Lesbian, Gay, Bisexual or Transgender;
- Who experience homelessness;
- Who are engaged within the Criminal Justice System;
- Whose parent (s) may have a mental health problem;
- Who are young carers;
- Who misuse substances;
- Who are refugees and asylum seekers;
- Who have been abused, physical and/or emotionally;
- Who transition from services.

When commissioning and implementing programmes to improve and support emotional and mental health outcomes and build resilience for all children and young people, targeted provision will focus on those young people most at risk.

Developing a greater understanding of the emotional and mental health of children and young people within County Durham could be improved through specific focus within the County Durham Joint Strategic Needs Assessment.

11. National Evidence of Effective Interventions

There is good quality evidence for the benefits of improving mental health and wellbeing for children, young people and their families and the cost effectiveness of interventions which can:

- Promote wellbeing and resilience with resulting improvements in physical health, life expectancy, educational outcomes, economic productivity, social functioning, and healthier lifestyles;
- Prevent mental illness, health risk behaviours and associated physical illness, inequalities, discrimination and stigma, violence and abuse, and prevent suicide;
- Deliver improved outcomes for people with mental illness as a result of early intervention and evidence based mental health care and recovery approaches.

County Durham Children and Young People Mental Health and Emotional Wellbeing Transformation Plan will embed evidence based practice and 'best buy' interventions to ensure the best outcomes for our children, young people and families.

NICE quality standards relating to mental health and emotional wellbeing of children and young people which will be included throughout the implementation of this transformation plan are appended (Appendix 3).

12. Engagement and Partnership

North Durham and Durham, Dales, Easington and Sedgefield Clinical Commissioning Groups with Durham County Council have developed a consultation and engagement plan to improve the involvement of children, young people, families, carers and wider stakeholders around improving mental health, emotional wellbeing and resilience. Recent activity includes:

- Children and Young Peoples engagement events;
- Healthwatch Survey and engagement;
- Young People's Youth Councils;
- Investors in Children agenda days;
- Parent support groups;
- Mental Health and Emotional Wellbeing network;
- School survey.

Key themes from engagement to date are included in the transformation action plan. Organisations who have been involved in the development of this transformation plan are included in Appendix 4 and include local NHS, Public Health, Local Authority, social care, Youth Justice, education and the voluntary sector. NHS England Specialist Commissioning teams have been involved and attended consultation and engagement events.

13. How We Are Going to Achieve our Vision

The County Durham Transformation Plan has been developed to bring about a clear coordinated change across to the whole system enabling better support and improved mental health and wellbeing for children and young people.

A *whole system* approach to improvement has been adopted. This means health organisations, local authority, schools, youth justice and the voluntary sector working together.

Fundamental to the plan, is partnership working and aligned commissioning processes, to foster integrated and timely services from prevention and early intervention through to intensive specialist care.

14. Towards a Model of Transformation in County Durham

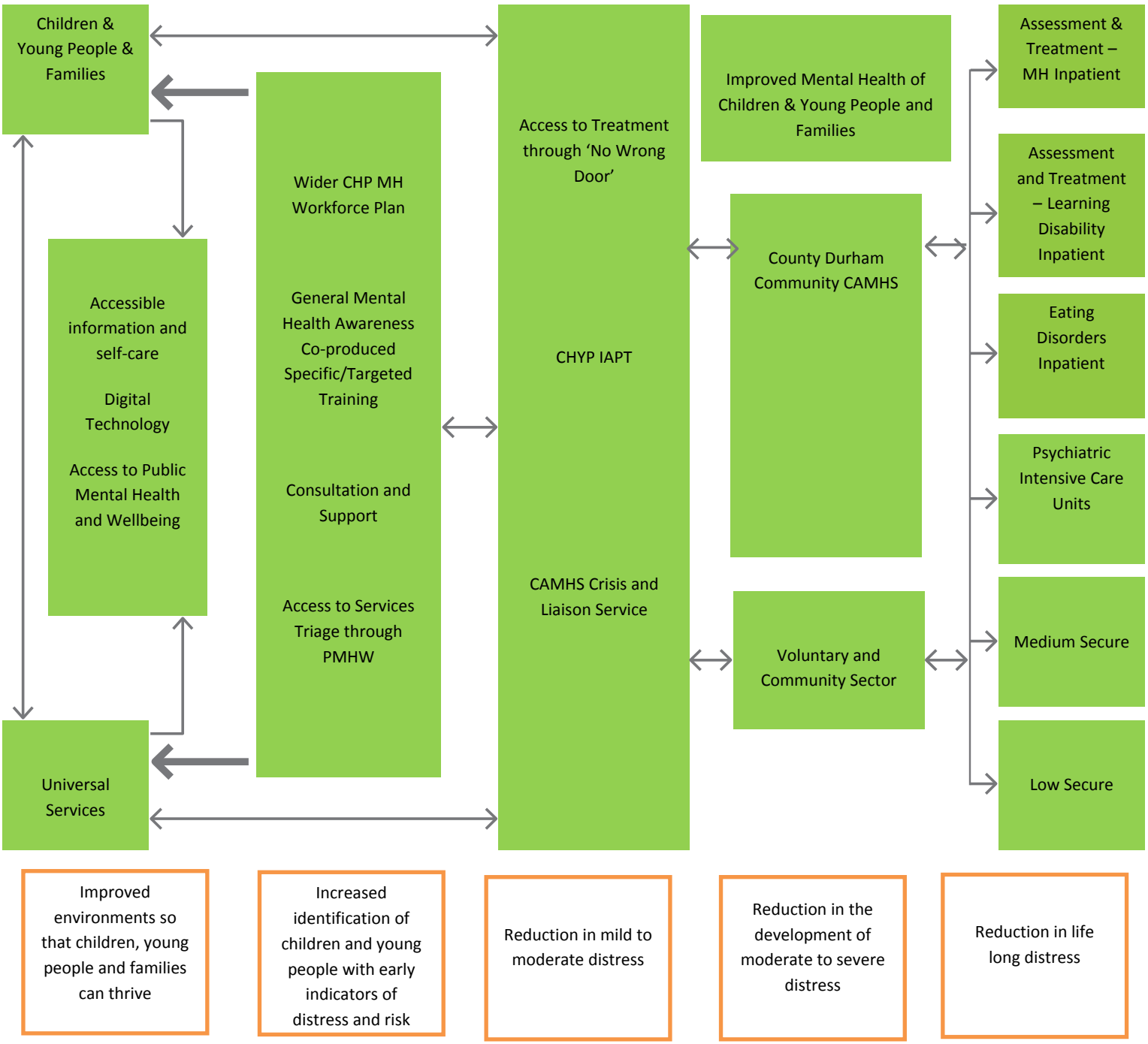
Based on recommendations within ‘Future in Mind’ and examples of effective service design, County Durham Transformation Plan aims to re-design mental health services for children and young people from a targeted, tiered model which focuses on services working in specific areas (BME, looked after children, 16-18 year olds and early years) to an integrated comprehensive pathway of care for all children and young people. This transformation supports the principle of developing a system to work for children, young people and their families. This means placing children and their families ‘at the centre’ of what we do.

This re-design will be co-produced with children, young people and families and stakeholders and will develop a strong partnership between the statutory and voluntary sector and mental health services. The redesign will develop a tiered model that will deliver services that are accessible to all children and young people.

Central to the local implementation of ‘Future in Mind’ and the development of a system without tiers, is a framework which provides guidance to services for coordinating the care and support of children and young people. This is based on their needs and the needs of the families including siblings. This approach differs from the medical based model of care and will develop an approach where the child, young person and family are at the center of care and support.

The model will aspire to a system where a child or young person presenting with mental health needs,will be able to access the most appropriate support (Figure 5). A commitment should be made by stakeholders to ensure that any child or young person is supported and safely handed over to the appropriate lead agency, rather than simply signposting to other services. The lead agency will identify a lead professional to guide and support the young person and family through their care for as long as they feel this is needed.

Figure 5: The Model for County Durham will be based on Thrive Model, Liverpool Pathway [26]



[26] http://www.liverpoolccg.nhs.uk/Library/Health_and_Services/Mental_Health/CYP Mental Health Strategy_Final.pdf

15. Strategic Framework and Performance Measures

15.1 Mental Health Strategic Framework

A performance management framework will be developed based on the objectives within this transformation plan and will align to the priorities identified within 'No Health Without Mental Health'. The Children and Young People Mental Health, Emotional Wellbeing and Resilience Transformation Plan is accountable to the County Durham Mental Health Partnership Board (appendix 5). Progress on delivery of the strategic objectives and action plan will also be reported on a quarterly basis to the County Durham Children and Families Partnership and to the Health and Wellbeing Board.

The national Mental Health Crisis Care Concordat (Crisis Care Concordat) was launched in February 2014. This aims to develop joined up service responses to people who are in mental health crisis (all age). This plan is accountable to the County Durham Mental Health Partnership Board.

The Children and Young People Mental Health, Emotional Wellbeing and Resilience Transformation Plan will submit a quarterly performance report which contains a range of indicators. A Transformation Implementation Group will be formed from key signatories to further develop and maintain an action plan appropriate to the issues raised from the performance report. Any key issues are escalated to the County Durham Mental Health Partnership Board.

15.2 How we will measure success

A performance framework will be developed to support implementation of this transformation plan.

Measurable key performance indicators will be agreed to enable monitoring of progress and demonstrate improved outcomes, these are detailed in Action Plan (Appendix 1). This will form part of the assurance process required by NHS England.

Involvement and feedback from children, young people and their families on experience of services will be reviewed.

15.3 Collaborative Commissioning approach

Joint commissioning and service redesign detailed in the transformation plan will be led by the County Durham Joint Commissioning Group for Mental Health and Learning Disabilities and includes a representative from NHS England. This group is accountable to the County Durham Mental Health Partnership Board.

Clinical Commissioning Groups have been awarded additional funding per year to support the implementation of this plan. Specific funding has been allocated to establish a local eating disorder service detailed in Table 1.

Table 1: Clinical Commissioning Group additional funding allocated from NHS

England					
CCG	Total weighted populations with SMR<75 adjustment and uplifted by ONS population growth to 2015	Shares of weighted populations	Initial allocation of funding for eating disorders and planning in 2015/16	Additional funding available for 2015/16 when Transformation Plan is assured	Minimum recurrent uplift for 2016/17 and beyond if plans are assured
North Durham	272,026	0.48%	£142,507	£356,708	£499,215
Durham, Dales, Easington and Sedgefield	343,677	0.60%	£180,042	£450,664	£630,706
Total	615,703		£322,549	£807,372	£1,129,921

15.4 Investment

Efforts are being made to establish the level of investment by all local partners commissioning children and young people's mental health services for the period April 2014 to March 2015 (Table 2). This will aid local decision making. Additional detail to follow when available.

Table 2: Partner Investment			
Partner organisation	**Description**	**2014/15 Spend (£)**	**Additional information**
NHS England	Specialist in-patient care for children and young people	Not available at this time	Services are commissioned on a regional basis.
	Health and Justice/Offender Health; CAMHS secure; Diversion and Liaison	Not available at this time	Services are commissioned on a regional basis.
North Durham and CCG	CAMHS CAMHS LD	£3117176 £532869	Estimated costs based on the work undertaken by TEWV Foundation Trust to disaggregate the total contract value. These include recurrent value only
Durham, Dales Easington and Sedgefield CCG	CAMHS CAMHS LD	£4056763 £1214039	Estimated costs based on the work undertaken by TEWV Foundation Trust to disaggregate the total contract value. These include recurrent value only
Durham County Council	Includes prevention and resilience services and includes mental health provision for looked after children and youth offending.	£1,608,500	Estimated costs based on the work undertaken by Durham County Council to disaggregate contracts. These include recurrent value only.
Police & Crime Commissioner	Victim Support	£40,766	This service is all age not children & young people specific

16. Our Priorities for the Next 12 Months

A phased approach to implementation of this plan will be adopted.

Priorities within the first year are balanced between national requirements and local need including:

- Development of detailed implementation plan and engagement plan to develop co-production approach;
- Building capacity and capability across the system so that we can work towards closing the health and wellbeing gap and make sustainable improvements in children and young people's mental health outcomes by 2020;
- Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT). By 2018, CAMHS across the country will be delivering a choice of evidence based interventions, adopting routine outcome monitoring and feedback to guide treatment and service design, working collaboratively with children and young people. The additional funding will also extend access to training via CYP IAPT for staff working with children under five and those with autism and learning disabilities;
- Developing evidence based community Eating Disorder services for children and young people with capacity in general teams released to improve self-harm and crisis services
- Improving perinatal care, as there is a strong link between parental (particularly maternal) mental health and children's mental health. Maternal perinatal depression, anxiety and psychosis together carry a long-term cost to society of about £8.1 billion for each one year cohort of births in the UK. Nearly three quarters of this cost relates to adverse impacts on the child rather than the mother. Allocation for this will be made separately and commissioning guidance will be published before the end of the financial year.

Local priorities determined by local need of children and young people and their families include:

- Develop a parental support network;
- Access to peer support programmes within schools;
- Prioritise resilience and support within the school curriculum;
- Access to emotional resilience programmes within communities and schools;
- Development of bereavement support for children and young people;
- Take forward the recommendations from the review of CAHMS services;
- Develop a care leavers strategy;
- Development work with providers to highlight flexibility in transitions;
- Develop an integrated 0-19 Healthy Child Programme to enable a whole systems approach to health improvement services and service delivery.

This will support the overall priorities within the first phase of the CCG commissioning plan which are included in table 3 below:

Table 3: DDES and North Durham CCGs Children and Young People's Mental Health, Emotional Wellbeing and Resilience Commissioning Plan 2015			
Promoting resilience, prevention and early intervention	Promote good mental health, build resilience and identify and address emerging mental health problems as soon as possible	Improve access to perinatal mental health care; in line with published guidance	• Early recognition and intervention to prevent deterioration of mental health • Improved outcomes for the service users and their family • Reduced need for specialist inpatient treatment which is provided in Morpeth
		Increase capacity within all aspects of the social, emotional and well-being pathway.	• More children and young people will have good emotional wellbeing and mental health; they are resilient and equipped to manage life challenges • More children and young people with emotional wellbeing and mental health needs are identified early and supported in schools and community settings, reducing the need for access to more specialist services
		Develop and implement a model for peer support with children and young people, and families	• More children and young people will have access to peer support • Children and young people who feel they have someone to turn to when they are worried • Families will have access to increased support
		Improve access to bereavement care for children and young people	• More children and young people who have been bereaved will have access to timely support • Children and young people report being more resilient and able to effectively cope with bereavement.
Improving access to effective support – a system without tiers	Ensure children, young people and families have timely access to evidence based support and treatment when in need	Implement access and waiting time standards for children and young people with eating disorders	• More children and young people will access to the Community Eating Disorder Service • Implementation of waiting time standards • Reduced potential for in-patient admission

Table 3: DDES and North Durham CCGs Children and Young People's Mental Health, Emotional Wellbeing and Resilience Commissioning Plan 2015			
		Ensure access to mental health crisis support and intervention, in line with principles within the Crisis Care Concordat	• Comprehensive assessment for children and young people in crisis within 4 hours of referral • Crisis resolution • Positive impact on hospital admissions (unintentional and deliberate injuries; mental health)
		Develop a model for intensive home treatment (potentially linked with the crisis service model) for children and young people with complex needs	• Care in settings that is acceptable to individual and their parent/carer • Admission avoidance (when appropriate) • Intensive support and continuity of care post discharge from inpatient treatment to other services (facilitate stepped care)
Care for the most vulnerable	Improve the experience and outcomes for the most vulnerable and disadvantaged children, ensuring they are adequately supported at key transition points	Develop a plan to understand the issues and what support is needed for children and young people who Do Not Attends in CAMHS	• Reduced percentage of children and young people who Do Not Attend in CAMHS
		Optimise model of specialist care and support for vulnerable young people particularly those in transition between services and those with complex behavioural and mental health needs	• Vulnerable young people will have timely access to services and appropriate interventions • Increase in number of young people reporting a positive experience when transitioning between services • Reduction in number of placement breakdowns
		Support for young carers (section 75 agreement)	• More children and young people will be aware of support available for young carers

Table 3: DDES and North Durham CCGs Children and Young People's Mental Health, Emotional Wellbeing and Resilience Commissioning Plan 2015			
Accountability and transparency	Ensure a coordinated approach to the development of a multi-agency pathway/new model of integrated service delivery to deliver better outcomes for children and young people and their families/carers	Establish a local area delivery group operationally responsible for co-ordinating the implementation plan and monitoring performance against the plan; this will be chaired by lead CCG	• Co-production with key stakeholders on the ongoing development, delivery and review of this plan • Publication of an annual report setting out key achievements, areas for improvement and further action required
Developing the workforce	Continue to train and develop our local workforce to ensure we have staff with the right mix of knowledge, skills and competencies to respond to needs of children and young people and their families	Training in universal settings including Primary Care (via Primary Mental Health Workers)	• Parents/carers and professionals in universal settings are more confident and able to respond to emotional and mental health needs and are clear about when and how to access additional help • Reduction in number of non-accepted CAMHS referrals
		Embedding principles of the CYP IAPT programme	• CYP-IAPT dashboard data to demonstrate needs are being met; what services users think of their support • To be ranked in highest quartile when national bench marking undertaken

Appendix 1: Action Plan

Promoting Mental Health and Build Resilience

Objective 1:
Improve mental health and wellbeing of children, young people and their families through engagement, information, activities, access to services and education.

					Expected outcomes				
No.	**Agreed action/project**	**Alignment with Future in Mind Reccs**	**Planned investment**	**What is action/project expected to deliver?**	**Quality**	**Quantitative**	**Lead**	**Partners**	**Timescale**
1.1 1.2	Improve mental health and emotional wellbeing through a whole school / college approach to resilience Develop and implement programmes to increase resilience and wellbeing through practical support.	2	117k	Engage with nurseries, schools and colleges in a meaningful way to ensure a seamless offer to children, young people and families which creates a comprehensive resilience framework For school communities and wider stakeholders to aspire to have resilient children and young people which will contribute to them achieving and succeeding Implement guidance which includes • Prioritising resilience and support within curriculum • Explore Department of Education's work on character and resilience, PSHE and counselling in schools. • Develop a mental health promoting ethos • Targeted support to those	Through school audit and school self evaluations' to have a pre and post improvement in resilience Pupils to self report a stronger student voice	Minimum 25 school per academic year to be brought onto programme Schools will identify their own resilience based outcomes but longer term outcomes across county Durham will be reduction in difference in attainment between children on FSM and those not on	DC Public health	DCC education Nurseries Schools Colleges 0 – 19 health service Children services	Review annually

					Expected outcomes				
No.	**Agreed action/project**	**Alignment with Future in Mind Reccs**	**Planned investment**	**What is action/project expected to deliver?**	**Quality**	**Quantitative**	**Lead**	**Partners**	**Timescale**
				who present with challenging or risky behaviours • Developing the student voice • Promoting staff health and wellbeing should also be an integral part of the whole school approach to mental health and wellbeing.		FSM Reduction in risk taking behaviours			
1.3	Continue to improve the Mental Health and emotional wellbeing of children and young people	7	0 – 19 spec	Ensure interventions and services are effective and available to those who need them. Improve access for children and young people who are particularly vulnerable through improved community interventions and access to community based services whether geographical or settings based. Establish 'one stop shop' support services within local communities and ensure all children, young people and parents understand how this support is accessed. Ensure a clear understanding within community and voluntary sector, primary and secondary care of 'one stop shop' model, their role and locations.	young people feedback through schools survey improved patient / young people satisfaction reduced re referrals for young people		DCC Public health	DCC Children Services 0 – 19 health services CCGs CAMHS VSC	Start September 2016
1.4	Support schools, colleges and youth settings to	1,2,6,11		Early years to prioritise emotional literacy in foundation curriculum.	Ofsted feedback	Audits from Early years	DCC early	Nurseries	Baseline establishe

No.	Agreed action/project	Alignment with Future in Mind Reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
	provide mental health and wellbeing programmes			Provide support to schools and promote the use of PHSE guidance on 'Teaching about Mental Health and Emotional Wellbeing' DofE. Topics including teaching children how to describe emotions, talk about anxiety and worries, and develop coping strategies. Lessons aimed at key stages 3 and 4 also cover eating disorders, self-harm and depression and anxiety, and sexual exploitation awareness. Deliver Anti-bullying workshops in all schools and support schools to develop effective anti-bullying policy, programme and process for raising concerns through a variety of mediums including face to face, social media and text. Evaluate the implementation of anti-bullying programme with children, young people and parents/carers at the centre.	Case study of nursery schools Increased quality PSHE teaching School survey pupils report improved outcomes for support with emotional wellbeing issues and	strategy performance reports Baseline to be established Outputs – number of education staff trained Outcomes: Long term reduction in gap in attainment between pupils on FSM and those not on	years 0 – 5 service Children centres DCC EDS	Child minders 0 – 19 health service DCC Public Health DCC one Point	d year 1 and then new timelines established thereafter Review annual outcomes and a dedicated project plan on anti-bullying

No.	Agreed action/project	Alignment with Future in Mind Reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
				Support young people to take part in positive activities to reduce risk-taking behaviours including involvement in physical activity and sport. Evaluate Young people programmeto inform future commissioning. Consider healthy college and university framework including improving mental health and wellbeing. This programme will improve mental health and physical health of young people and the staff working in these settings.	bullying issues being addressed Young people consultation pre and post	FSM reduction in risk taking behaviours reduction in absenteeism Durham university signed up Two FE colleges signed up Reduced stigma regarding mental health issues Staff are more aware how to help young people sooner regarding mental health issues Earlier intervention	DCC PH DCC CAS com missi	DCC EDS DCC adult learning CCGs CAMHS CCGs DCC public	January 2016

No.	Agreed action/project	Alignment with Future in Mind Reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
				Develop a comprehensive mental health and training needs assessment for schools, colleges and education in alternative settings for those young people not engaged in mainstream settings.		for young people Comprehensive picture of workforce across county Durham Gap analysis and training plan in place for future	onin g	health	
1.5	Develop a mental health provider framework for schools	2		Enable schools to identify and commission Quality Assured services (eg counselling services). Ensure all schools make greater use of counselling in schools and reduce waiting times to access these services for children and young people.	Services within schools are quality assured		DCC educ ation psyc holo gy	DCC public health DCC EDS CCGs DCC One Point	July 2016
1.6	Increase the proportion of		0 – 19 spec	Promote the 1001 critical days and	Improved	Improved	0 –	DCC	April 2016

					Expected outcomes				
No.	**Agreed action/project**	**Alignment with Future in Mind Reccs**	**Planned investment**	**What is action/project expected to deliver?**	**Quality**	**Quantitative**	**Lead**	**Partners**	**Timescale**
	children who are school ready improving attachment, attunement and bonding particularly in the most vulnerable families			best start in life work towards the roll out of the integrated 2 – 2.5 year integrated check Develop a vulnerable parent pathway from antenatal period through to 2 – 2.5 year check (and beyond this age if family requires)	child and family experience of maternity through transition to health visitor services for 1001 critical days (best start in life	outcomes at 2 – 2.5 year check Reduced gap in health inequalities at 2 – 2.5 year check Follow up measure at reception (school readiness)	19 health service	children Centres DCC Early Years DCC PH	commence baseline measurement and quarterly performance scorecard thereafter
1.7	Improve accessibility to local services through service charters.	3	?	Local charter initiatives will be refreshed and promoted to ensure accessibility to quality services for children, young people and families including carers and those with learning disability.		Increase in number of young carer being proactively supported Increase in people with LD being proactively supported Care leavers	DCC children services	DCC	

Objective 2:
Improve access to interventions which support attachment between parent and child, , build resilience and improve behaviour.

					Expected outcomes				
No.	**Agreed action/project**	**Align to Future in Mind Recs**	**Planned investment**	**What is action/project expected to deliver?**	**Quality**	**Quantitative**	**Lead**	**Partners**	**Timescale**
2.1	Continue to implement the Healthy Child Programme.	1, 5, 21, 22	0 – 19 spec	Deliver the 0-19 Healthy Child Programme, working seamlessly with DCC children centres and One Point, to enable a whole systems approach Consistent universal pathways of care from maternity, health visiting and school nursing and primary care Building from universal delivery to enhanced, targeted support for more vulnerable families as and when the need arises. School and community 'health drop ins' for young people plus text messaging and social media services. School nurses to promote the use of 'HeadSpace' as a form of digital technology self-help tool for young people to manage low level mental health issues School nurses, CAMHS and schools to work together to create a programme to support young people who have emotional and mental health wellbeing needs considering how best to reach vulnerable groups such as looked after children, care leavers and young carers.	Quality standards of care in place and regular multi-agency case file audits CYP and family satisfaction reports CYP survey feedback	0 – 19 spec has KPIs cross ref Reduced inappropriate referrals to CAMHS	DCC PH 5 – 19 school nurse service 0 – 19 health servi	0 – 19 service DCC EDS Schools CAMHS Schools DCC PH	April 2016 commence September 2016 Planning to commence April 2016

No.	Agreed action/project	Align to Future in Mind Recs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
						Earlier interventions for CYP	ce		
2.2	Develop children and young people's skills and knowledge about how they understand and manage their mental health and emotional wellbeing Universal delivery on resilience and life skills to all year 9 pupils across County Durham	2	0 – 19 spec	• Education psychology service undertakes train the trainer programme in the evidence based Youth Awareness mental health programme. • Deliver training to 5 – 19 school nursing team who will then deliver directly to year 9 pupils as part of PSHE core curriculum over 6 – 8 week period	CYP feedback	Reduction in inappropriate referral to CAMHS	DCC PH	0 – 19 health service DCC education CCGs CAMHS	April 2016 to start training September 2016 commence delivery in schools
2.3	Develop children and young people's skills and knowledge about how they understand and manage their mental health and emotional wellbeing. Implement and evaluate Mindfulness in Schools Programme to support young people.	2		Evaluate Mindfulness in Schools Programme and Relax Kids which aim to: • develop protective factors, • develop understanding of emotional health and wellbeing • develop techniques to manage own emotional wellbeing and improve behaviour • build capacity within CHYP workforce and parents					
2.4	Improve mental health and wellbeing of vulnerable groups			Support vulnerable groups known to be more at risk of mental health issues by delivering interventions that are in line with evidence and best practice. audit services offered year 1 gap analysis Vulnerable parent pathway within 0 –	CYP survey feedback	Reduction in health inequalities Vulnerable groups more visible in services - audits	DCC children services CCGs VCS	DCC PH	April 2016 onwards

No.	Agreed action/project	Align to Future in Mind Recs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
				19 specification would identify needs earlier for families from antenatal period until child reaches age of 5					
2.5	Nurturing attachment	4		Multi-disciplinary training with additional focus on developing therapeutic parenting skills Deliver Standardised parenting programmes throughout children centres which are supported by health visiting teams Provide opportunity in schools for young people who are of concern to access Nurture Groups for as long as is needed.	Family feedback Ofsted inspections of children centres	Increase in early help offered to families Reduction in level four child protection / neglect cases	DCC Childrens services	0 – 5 health service	January 2016
2.6	Development of perinatal care, in line with published guidance to improve maternal mental health during and following pregnancy.	4		Map maternal mental health and establish a standardised pathway that all partners adhere. Review impact of perinatal maternal mental health pathways on primary care and specialist services to establish potential need for a community perinatal mental health service Implement a service model to include support for both parents. Ensure local birthing units have access to a specialist perinatal mental health clinician.	Patient experience feedback	Earlier identification of antenatal / postnatal depression Earlier referrals to specialist services	CCG		2017

No.	Agreed action/project	Align to Future in Mind Recs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
				Ensure local CQUIN scheme is implemented to improve early diagnosis of poor maternal mental health and ensure effective interventions are available and accessed. Ensure any waiting standard for rapid access to mental health services is met for women in pregnancy or in the postnatal period who are known or suspected to have a mental health problem. Services should be available for both parents and local service provision to support fathers should be developed.					

Objective 3:
Improve public awareness and understanding about mental health issues for children and young people and reduce stigma and discrimination.

					Expected outcomes				
No.	**Agreed action/project**	**Alignment with Future in Mind Reccs**	**Planned investment**	**What is action/project expected to deliver?**	**Quality**	**Quantitative**	**Lead**	**Partners**	**Timescale**
3.1	Reduce stigma and discrimination towards children and young people who experience difficulties.	3		Re-fresh anti stigma work raising awareness of mental health amongst families, schools, youth services, general public and others. Develop an anti-stigma campaign and anti-discrimination including campaign against bullying lead by children and young people. This should include the utilisation of social media. Young people will be supported to deliver and own this programme. Support national campaigns, Time to Change, World Suicide Prevention day and Mental Health Awareness week. Develop a social networking approach aimed at reducing stigma and discrimination around mental health thus improving access to support when needed. 5 – 19 school nursing service, education staff, DCC one point staff, other health staff and VCS to raise awareness of self-harm by young people and highlight to young people,	Survey	1 campaign a year across County Durham	CAS Comms to lead	DCC PH 0 – 19 health servcies Schools DCC EDS DCC One Point VCS	2016

No.	Agreed action/project	Alignment with Future in Mind Reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
				parents and carers where to get support. Promotion of County Durham CHYP newsletter developed by young people with lived experience of poor mental health.					
3.2	Develop County Durham as a Suicide Safer Community	3		Implement and support suicide safer communities' model. This includes: • community suicide prevention training and gatekeeper programme • developing 14 local action plans based on AAP areas • delivery of post vention support service Pilot programme of young people suicide safer community champions who will lead anti-stigma campaigns within 'their' communities	Survey	Development of 14 action plans Suicide prevention champion per 10,000 population	DCC	CCG,	2016
3.3	Work in partnership to support the building of improved connectedness in communities in order to protect those most at risk of social isolation.			Evaluate and develop further the young people 'sheds' model. Consider how best to improve support to care leavers, young carers and those going through transition.	Evaluation	Evaluation	DCC	Tees Uni	2016
3.4	Increase awareness and provide education to young People and their parents or carers on the risks of alcohol and drugs and not finished sentence…			Develop an engagement network with children and young people aged 10-24 to provide an avenue for seeking information and giving young people a voice. Central independent social media	Alcohol harm reduction strategy Drug strategy	Alcohol harm reduction strategy Drug strategy	DCC	Lifeline	2015

No.	Agreed action/project	Alignment with Future in Mind Reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
				portal for young people Ensure that adequate control on the sale of alcohol is in place					
3.5 3.6	Reduce the risk of hate crime, mate crime and vulnerability to crime for children and young people with mental health issues or those who have family with mental health issues. Research the evidence base for interventions to reduce actual risk of harm to children, young people and their parents (who have mental health problems).			Incorporate mental health into hate crime and mate crime training for professionals working with children, young people and families where mental health problems are present.		Evidence of data in training packages	DCC Training leads	Police	2016

Prevention of mental ill-health

Objective 4:
Prevention of mental ill-health through targeted interventions for groups at high risk.

					Expected outcomes				
No.	**Agreed action/project**	**Alignment with Future in Mind Reccs**	**Planned investment**	**What is action/project expected to deliver?**	**Quality**	**Quantitative**	**Lead**	**Partners**	**Timescale**
4.1	Reduce the rates of suicide	24		Implement the multi-agency Public Mental Health Strategy for County Durham including the self-harm and suicide plan. This includes identifying evidence based interventions for those at high risk including • Looked after children and care leavers, • Young carers • Those engaged with criminal justice system • Ensuring children and young people have access to post vention and general bereavement support • Those who have experienced violence and abuse • Children, young people and families from Gypsy Roma Traveller communities • Preventing suicide among trans young people	Suicide safer communities work	Can we just cross ref the KPIs from the public mental health action plan?	DCC PH	All partners listed in suicide and self harm plan	Plan timescales to be embedded
4.2	Reduce incidents of self-harm by young people.	7		Implement multi-agency approach to managing self harm and improving the mental health and wellbeing of young people who self harm, their parents and siblings.	Cross reference self harm action plan	Cross reference self harm action plan	DCC PH	All partners listed in self harm sub	September 2015 ongoing

No.	Agreed action/project	Alignment with Future in Mind Reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
				Develop community access to support young people, parents and siblings Implement findings from County Durham OSC Children and Young People report including: • Restrict access in public buildings to sites which promote self harm and suicide. • Provide information on prevention, school emotional wellbeing policies specific self harm • Develop parental support network and improve information on mental health and self harm for parents and carers. • Develop a model of a single point of access for young people and families. • Develop single multi-agency pathway • Develop self harm local audit process to include schools and primary care • Ensure support for young people is available in schools in relation to mental health and self harm. • Develop mental health and emotional wellbeing training for adults in contact with			Schools CCGs	group DCC EDS Health providers DCC VCS	

No.	Agreed action/project	Alignment with Future in Mind Reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
				CHYP and families. • Ensure schools and colleges receive training on local self harm guidance • Develop the knowledge and skills of school and college based staff to recognise and respond to signs of self harm.Develop managing self harm training targeting foster and adoptive parents and other staff supporting LAC e.g. Full Circle Implement the recommendations of the Self Harm LSCB Report, including: • Undertake a review of coding within acute health services to develop rules that can be consistently applied to identify NSSI, attempted suicide etc. • • Audit management of self-harm and risk of suicide presentations in the Urgent Care departments • Audit training within GP practices in relation to incidence and response to self-harm and suicide risk • Undertake a review of coding within primary care health services to develop rules that can be consistently applied to			CCG Primary care Primary care CCG		

No.	Agreed action/project	Alignment with Future in Mind Reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
				identify NSSI, attempted suicide etc. • Develop standardised risk assessment and referral pathway for all professionals and increase capacity for assessment to reduce waiting times for all professionals • Develop training programme to cover: Training for Young Peoples Mental Health Leads (Champions) within organisations; Training for all front line staff in the recognition and response to self-harm and suicide risk in young people E-learning package • • Audit management within schools to include: Incidence, data recording, response, staff training, resources, therapeutic approach and outcomes.and report issue and intervention with GP • Agree standards for a safeguarding database within schools/LAC services and their use for self-harm and suicidal risk monitoring • Include evidence based and nationally validated questions about NSSI and suicidal behaviour in the student			DCC childrens services DCC	CCG DCC Education CAMHS	

No.	Agreed action/project	Alignment with Future in Mind Reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
				survey. • Develop a process for schools to notify GP when children are identified as at risk and to inform the GP of any planned intervention and outcomes within school • Ensure that when incidents of suicide and self-harm are reported to MASH by the police the relevant authorities such as GPs are notified • Undertake an audit of "One Point" response to self-harm and suicidal risk referrals. • Confirm commissioning arrangements for crisis services for children • Explore opportunities for a County Durham drop in service • Explore opportunities to develop a single County Durham website (or appropriate resource) for children and young people.					
4.3	Improve support to families who have additional needs at an earlier point.	1,2,3,6, 22		Promote the use of MindEd resources within County Durham Implement the County Durham Early Help Strategy, including: • Creating 10 integrated early help and social work teams across the county to significantly increase the		Cross ref the early help strategy action plan – embed the doc?			

No.	Agreed action/project	Alignment with Future in Mind Reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
				range, access, quality and effectiveness of services for the whole family across the continuum of need • Creating and developing third sector alliances in all areas of the county to bring about sustainable change for families Develop an integrated 1st Contact helpline initially with social care and mental health expertise with a view to broadening scope thus ensuring clear one access route to support via calls joined to community support through one stop shops. Clear pathways and follow up for all young people who present to any service and who may be causing concern through for example self harm, risky and/or challenging behaviours.					
4.4	Improve the care of those most excluded from society	29		Develop an understanding of mental health and wellbeing of most excluded in County Durham and ensure access to appropriate services and support to access is in place. Raising awareness in primary care of repeated presentation of physical health problems and link to poor mental health.					

Objective 5:
Improve access to information about what to do and where to go for support; this includes self-care through digital technology.

					Expected outcomes				
No.	**Agreed action/project**	**Alignment with Future in Mind Reccs**	**Planned investment**	**What is action/project expected to deliver?**	**Quality**	**Quantitative**	**Lead**	**Partners**	**Timescale**
5.1	Support the development of on-line SEND Local Offer	5, 10		Local promotion of Youth Wellbeing Directory website ensuring information on local support services is available.	Improved service user experience	Earlier identification of SEND Earlier support for SEND	DCC Childrens services Dcc Education	CCGs Health providers	ongoing
5.2	Adopt better use of technology within CAMHS services	5		Increase the use of texts, emails and skype etc for appts. This work should be informed by CHYP and Families.	Improved service user experience	Increased use of electronic appointments	CAMHS	CCGs	2016
5.3	Ensure effective treatment services are accessible for children and young people who have alcohol problems.	5,21		Develop support pathways for children and young people and for parents/carers who have alcohol problems	Improved service user experience	Drug and alcohol strategies	PH	Lifeline DCC	2015
5.4	Explore role of digital technology (including apps) in supporting self-care with CYP	5		CHYP supported to develop mental health and wellbeing APP promoting self care	Improved service user experience	Increased self help Reduction in referrals to specialist services	CCG	DCC	2016
5.5	Improve communications for schools, colleges, primary care and one point centres and Full Circle	5, 16		All schools, colleges, primary care and one point centres and Full Circle will have a named lead on mental health	Improved service user experience	Named lead for each service	Each organisation to take resp	Partnership	2016

No.	Agreed action/project	Alignment with Future in Mind Reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
							onsibility		
5.6	Promote national helplines and programmes locally			Promote national helplines such as ChildLine, Papyrus, and Samaritans. Ensure that national helplines have correct up to date local contact details for services to enable direct referral and follow up at a local level. Include the offer of nationally commissioned programmes within local provider offer to schools, colleges and other settings. This will include through the use of social media platforms,	Improved service user experience	Increase in number of calls per service by 5%	CCGs DCC	VCS DCC Childrens services DCC Education	2016

Early identification of those at risk of mental ill-health

Objective 6:
Improve early detection and intervention for children and young people experiencing poor mental health.

					Expected outcomes				
No.	**Agreed action/project**	**Alignment with Future in Mind Reccs**	**Planned investment**	**What is action/project expected to deliver?**	**Quality**	**Quantitative**	**Lead**	**Partners**	**Timescale**
6.1	Promote mental health and prevent mental ill-health through targeted intervention for children and young people with mild symptoms			Ensure a flexible menu of school-based mental health services are available, delivered by a team of clinical staff and skilled volunteers. These services should be accessible to all key people concerned about the mental health and wellbeing of the child or young person including their parents or carers. The menu should include weekly one-to-one counselling sessions in school for children with the most urgent needs where trained counsellors tailor sessions according to each child's needs. This should be available for as long as the child or young person feels they need it. A therapeutic approach should be taken for younger children encouraging children to express themselves in non-verbal ways, for example through artwork or play. (Place2be model of service delivery) Develop clear pathway with access for advice and support from CAMHS to include traffic light system based	School feedback surveys CYP and family feedback surveys Quality standards in place regarding commissioned services being delivered	Trends in referrals to specialist services showing a decline	CCGs	DCC PH DCC Children education DCC Children services schools	2016/17

No.	Agreed action/project	Alignment with Future in Mind Reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
				on level of priotity and nature of resource required.					
6.2	Improve physical health of children and young people through integration of mental health into existing programmes and targeted approach to those experiencing mental ill-health.			Physical health is a key element to maintaining and improving mental health and wellbeing. Awareness raising of mental health to those providing community physical activity programmes through training and campaign work will be implemented. Training will include how to access support for those with poor mental health and reducing stigma around mental health. Targeted physical activity or sport programmes will be piloted and evaluated for those with poor mental health. Sports clubs and gyms are key setting for young people and suicide prevention activity. Promote the work football association, rugby league and rugby union in addition to partnership working to build capacity in local clubs of suicide prevention champions. Champions are trained to identify those at risk of suicide and direct to support.	CYP and family feedback	Improved mental health linked to increased physical activity. Pre and post measurements with evaluation	DCC	DCC PH (Chris Woodcock) DCC Childrens services CCGs CAMHS DCC Education	July 2016 to commence an evaluation [pilot
6.3	Establish the role of Primary Mental Health Workers in schools and practices; linked to Social, Emotional			Strengthen access to timely support in schools, colleges/LAC/Full Circle and general practice through building capacity in services of the primary	Improved pathways of care for CYP and	Number of named workers per school	DCC	0 – 19 health service	January 2016

No.	Agreed action/project	Alignment with Future in Mind Reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
	and Wellbeing Pathway			mental health worker roles.	families			CCGs DCC Childrens services	
6.4	Develop capacity within the voluntary and community sector increasing opportunities for early intervention.			Scope capacity within Voluntary Community Services (VCS) to offer emotional health and wellbeing support and services and establish their contribution to pathways. Develop grant opportunities to pilot – support for CYP, parents and siblings to access support/services/therapeutic opportunities through community organisations.			VCS	CCGs	2016-20
6.5	Ensure parents and carers are equipped with knowledge and skills to improve their wellbeing and that of their families.			Develop parental mental health network enabling families to understand and support their children better. Ensure parents have access to local support for advice when needed; this will include training either face to face or e-learning. Improved community support structures.	Improved wellbeing scores	Deliver parent support groups x4 month	VCS DCC Childrens services	DCC	2016-20
6.6	Ensure health, social care and third sector organisations work together to identify and support young carers.			Implement the young carers action plan to provide support to young people in their caring role, by reviewing the carer's card to give young carers access to a wider range of services	Young carers feedback School survey	Link to young carers action plan	DCC childrden services		Already started

					Expected outcomes				
No.	**Agreed action/project**	**Alignment with Future in Mind Reccs**	**Planned investment**	**What is action/project expected to deliver?**	**Quality**	**Quantitative**	**Lead**	**Partners**	**Timescale**
				Identify and support young carers and provide early help to families with additional needs co-ordinated through one point. Promote self help and marketing programme to raise awareness of the needs of young carers and how to access support.					

Objective 7:
Ensure ease of access to support based on the needs of children, young people and their families, when and where needed through services that have clear joint working arrangements including agreement of the Lead Professional role who will navigate and co-ordinate support and services needed.

					Expected outcomes				
No.	**Agreed action/project**	**Alignment with Future in Mind Reccs**	**Planned investment**	**What is action/project expected to deliver?**	**Quality**	**Quantitative**	**Lead**	**Partners**	**Timescale**
7.1	Information, advice and support should be easy to find and should have local community presence in an accessible and welcoming environment.	3, 7		Strengthen the role of Primary Mental Health workers and early intervention within one point, schools, colleges and general practice. Promote and improve sign up to Young Carers charter, Investors in Children.		Earlier intervention Reduced referrals to specialised mental health services	DCC	CCG, TEWV	2016-20
7.2	Improve timely access to effective mental health family support and interventions for children at the earliest opportunity.	7		Through service redesign access to services at the earliest opportunity and in a local setting will be established. The development of One Stop Shops within local communities designed for and by children, young people and families. Reduce waiting times for assessment and treatment Improve access to appropriate support for young people in transition Implement crisis concordat action plan in relation to CYP and families.	CYP and family satisfaction survey improvement in feedback	Reduced demand for specialist treatment Reduced re referrals Reduced waiting times	CCG	DCC, TEWV	2017-20
7.3	Develop model of service which includes the 'lead professional'	7,8, 26		Through service redesign with CHYP and families the role of Lead Professional will develop within all	CYP and family satisfaction	Reduced demand for specialist	CCG	DCC TEWV	2017-20

No.	Agreed action/project	Alignment with Future in Mind Reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
				statutory services. This role will navigate and co-ordinate support and services as needed for that child, young person or family until they feel support is no longer required.	survey improvement in feedback	treatment Reduced re referrals Reduced waiting times Improvement in CYP mental health outcomes			

Effective care and support, including care of the most vulnerable

Objective 8:
Improve access to evidence based care and support which is designed by children, young people and families and treats children and young people as a whole person, considering their physical and mental health needs together.

					Expected outcomes				
No.	**Agreed action/project**	**Alignment with Future in Mind Reccs**	**Planned investment**	**What is action/project expected to deliver?**	**Quality**	**Quantitative**	**Lead**	**Partners**	**Timescale**
8.1	Adopt a 'whole family approach' when offering interventions including support for siblings, parents and carers.			Develop parental mental health network for those engaged in mental health services enabling families to understand and support their children better with a focus on transitions.	Improved service user satisfaction	X number of parent engagement network events held per year	VCS	CCGs DCC TEWV	2016-20
8.2	Children, young people and families are able to make informed choices about their care and receive help and support for as long as they feel they need it.			Establish examples of good practice and consultation with children, young people and families who may be accessing services currently or may be in the future.	Publish and share case studies and vignettes for County Durham	X number of case studies X number of CYP consultation roadshow	DCC	CCG	2016
8.3	Intensive home based treatment pathway to prevent in-patient admission and promote early discharge			Review inpatient admissions and costs, with a view to developing a business case for a home-based intensive treatment solutions	Improved service user satisfaction	Deliver home based solutions	CCG	DCC	2016-20
8.4	Improve physical health of children and young people with mental health problems			Promote healthy lifestyle choices with children, young people and parents with mental health problems. Provide brief interventions and health checks. Ensure mental health services adopt a healthy lifestyle approach including smoke free, healthy diet and access to physical activity opportunities.	Quality standards in place for all providers through new commissioned contracts	Holistic health assessment undertaken with young people - pre and post intervention (minimum	Mental health provider	DCC public health	2017

No.	Agreed action/project	Alignment with Future in Mind Reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
						12 week intervention) random sample of 50- case file audits per year			
8.5	Evidence-based Community Eating Disorder Service to be commissioned according to guidance			Service specification to be developed; informed by NHS England specialist eating disorder needs assessment; building capacity and resilience within existing service Enhanced service to include open access, increased medical support (Psy & Paed); flexible hours to improve access times	To include access and waiting time standards	KPIs	North Durham CGG	DDES and DTON CCG	2016-20
8.6	Learn from Regional Assertive Outreach Pilot			Ensure support and care 'close to home' or ideally intensive support within the home is available for young people with eating disorders on discharge from inpatients. Improve joint working, support and care between in patient eating disorder provision and community eating disorder service to reduce the need for hospital admissions, providing intensive home support where possible.		Reduced length of stay and reduced inappropriate admissions	NHS England		In progress
8.7	Continued implementation and monitoring of programme to ensure children and young people in need of specialist in	13		Standardise process & information flows regarding referral, admission & discharge to and from inpatient services and ensure children and young people receive appropriate			NHS England		

					Expected outcomes				
No.	**Agreed action/project**	**Alignment with Future in Mind Reccs**	**Planned investment**	**What is action/project expected to deliver?**	**Quality**	**Quantitative**	**Lead**	**Partners**	**Timescale**
	patient care are able to access services timely and near to home as possible.			follow-up care after in-patient treatement. Explore opportunities to increase outreach work through utilisation of children's centres and general practice.			CCG		
8.8	Implement best practice in regard to transition from children's mental health services to adult mental health services in the interim until new service model in place	15		Improve support to children and young people in transitions years, particularly between services for pre- and post-16yr olds, Primary-secondary, Secondary- +16, CAMHS-AMHS, Care leavers Undertake CHIMAT transitions tool with CAMHS service and with social care (children's and adults' services) Use outcomes of tool to develop clear pathway of support between services for children and young people and those for adults Review whether work is needed to improve pathways between pre-school years and school Ensure services are based on the needs of the child, young person and family including flexibility around service age boundaries ending cut-off dates based on a particular age. Ensuring services that the young person and family feels they need are	CYP and parents/carers satisfaction scores are improved	Earlier identification of need Reduced crisis care	DCC CCG	CCGs DCC TEWV VCS	2016-20

					Expected outcomes				
No.	**Agreed action/project**	**Alignment with Future in Mind Reccs**	**Planned investment**	**What is action/project expected to deliver?**	**Quality**	**Quantitative**	**Lead**	**Partners**	**Timescale**
				accessible until they feel they no longer need this support. Every child or young person to have a care plan in place which they have co-produced and own. This care plan should be given to the young person and family to enable sharing as appropriate across agencies to ensure services work together, placing the CHYP at the centre of their care. Joint protocols and information sharing agreements to be refreshed as required to support care plan programme. Improve coordination between services supported by transition pathway and SEND processes. Improved transition between CAMHS and Adult Mental Health services for all and including vulnerable young people with ADHD, ASD and care leavers.	CYP and parents/carers satisfaction scores are improved	demand Improved care coordination Reduced waiting times Reduced duplication in the system	CCG	DCC TEWV CDDFT NHS England	

No.	Agreed action/project	Alignment with Future in Mind Reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
8.9	Ensure Special Education Need and Disability (SEND) local offer enables access to services which increase mental health, emotional wellbeing and resilience	10		Children, young people, families and professionals are actively involved in developing and coordinating Education and Health Care Plans. Increase involvement in SEND from MH and LD providers.	CYP and families satisfaction survey	Earlier identification mental health needs within SEND population Reduce mental health inequalities for SEND population	DCC	CCG Schools	Underway
8.10	Following engagement with children, young people and families on mental health services, recommendations will be implemented.			Develop a plan to implement recommendations of CCG commissioned CAMHS Review, which includes feedback from children, young people and families	CYP and families satisfaction survey	KPIs	CCG	DCC	April 2016
8.11	Ensuring children, young people and families have access to effective care and support for those with dual needs including mental health issues, substance misuse and learning difficulties			Implement County Durham Dual Needs Strategy objectives including: • Improve access to family support and interventions at the earliest opportunity • Develop a person centered recovery approach including children within the family			DCC	Partnership	2015
8.12	Improve integrated response to co- and multi-morbidity mental health and physical problems including	14		Integrated pathway development including IAPT, Parity of Esteem, Learning Disabilities and health checks for those with mental health	CYP and family satisfaction feedback	Reduced re referrals Earlier	CGG or DCC	DCC CGG Health providers	Started now with Ofsted SEN

					Expected outcomes				
No.	**Agreed action/project**	**Alignment with Future in Mind Reccs**	**Planned investment**	**What is action/project expected to deliver?**	**Quality**	**Quantitative**	**Lead**	**Partners**	**Timescale**
	long term conditions			issues and/or learning disabilities. Long term conditions and mental health. Sensory loss and mental health Physical disability and mental health Develop clear and effective referral pathways between key services, particularly for children and young people with a disability or long term condition		assessment and intervention Reduced demand on specialist services		schools	framework
8.13	Ensure that those children and young people who have challenging behaviour, ADHD, ASD are fully supported and their mental health and wellbeing improved.	21		Review and implement specific pathways for ADHD, ASD, and challenging behaviour. Ensure services with appropriate skilled workforce are in place to support young people with challenging behaviour, ADHS and ASD. Deliver a programme of awareness raising with CHYP workforce around how to support young people with challenging behaviour, ADHS and ASD.		Clarity on current infrastructure and what is required to improve service delivery for CYP and families	DCC	CCG Schools Heath providers VCS	2016-20
8.14	Improve early diagnosis of poor mental health and behavioural problems ensuring robust community interventions are available			Children and young people who engage with risk taking behaviour and who are identified as causing concern due to their behaviour will have access to local community evidence based interventions, to reduce their risk and improve their mental health and wellbeing.		CYP reduced risk taking behaviours	VCS	DCC One point Police Youth offending service	2016-20

No.	Agreed action/project	Alignment with Future in Mind Reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
				Local support structures will be developed to ensure ongoing engagement. All services will ensure that any diagnosis should not act as a 'label' for the young person. Services are made available for young people and their families to improve their mental health and wellbeing in a positive environment.					
8.15	Ensure those who have been sexually abused and/or exploited receive comprehensive assessment and referral to appropriate evidence based services	24		Develop and implement comprehensive assessment and provide care plan which is owned by young person which includes access to appropriate evidence based services with a Lead Professional supporting throughout.	CYP and family feedback	Earlier intervention resulting in improved mental wellbeing of CYP affected by sexual abuse Case file audits	DCC	CGG TEWV VCS Police	2016-20

Objective 9:
Crisis support to be available whatever the time of day or night and be in a safe place suitable to child or young person needs and as close to home as possible.

					Expected outcomes				
No.	**Agreed action/project**	**Alignment with Future in Mind Reccs**	**Planned investment**	**What is action/project expected to deliver?**	**Quality**	**Quantitative**	**Lead**	**Partners**	**Timescale**
9.1	Crisis care for young people is available 24 hours a day/7 days a week and in a place close to them To establish children and young people crisis service based on local need following consultation with children, young people families ensuring young people and families are able to access the support they need thus preventing escalation of needs.			Develop in partnership with children, young people and their families a mental health crisis service based on a 24/7 model of care and provided in their local communities based ensuring care is provided as close to home as possible or within their own homes. Develop the model for intensive home treatment for children and young people with complex needs.	CYP and families satisfaction survey	Parent and CHYP pt experience	CCG	DCC Health providers	2015/16
9.2	Implement the Mental Health Crisis Care Concordat	12		Develop of a multi-agency crisis care pathway Multi-Agency Information Sharing Protocol at an operational level, and clarify staff's understanding of when it is appropriate to share information. Produce a mental health – health needs assessment to inform commissioning intentions Review/update local mental health early intervention/crisis care protocols related to mental health crisis presenting with intoxication from		HNA	CCG	DCC, TEWV, CDDFT, Police	Underway

No.	Agreed action/project	Alignment with Future in Mind Reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
				substance misuse Implement Care Quality Commission (CQC) Report 'A Safer Place To Be'					
9.3	Ensure a safe place to accept people in crisis, so as not to detain in police cells -zero s136 detention in the short-term.			Implement through Mental Health Crisis Care Concordat implementation group	CYP and families satisfaction survey	Reduce number of 136			Underway
9.4	Improve knowledge within local communities and services around how and where to access immediate support			Review existing services which offer a 'front door to immediate advice' and establish multi-skilled service who responds holistically to children, young people and families. CAMHS practitioners, where appropriate, to align with multi-agency teams to support presenting needs; offer to include advise, consultation supervision and joint case working	Quality standards on single front access criteria	Reduction in multiple referrals	DCC TWE WV	CCG VCS Health providers	2016-20
9.5	Implementation of the diversion and liaison service			Work together to address the health and social needs of vulnerable young people in contact with the criminal justice system	CYP and family satisfaction survey Case file audit on staff undertaking mental health assessment	Reduction in mental health referrals from youth offending service	DCC youth offending service	TEWV	September 2015

					Expected outcomes				
No.	**Agreed action/project**	**Alignment with Future in Mind Reccs**	**Planned investment**	**What is action/project expected to deliver?**	**Quality**	**Quantitative**	**Lead**	**Partners**	**Timescale**
					s				
9.6	Implementation of County Durham Managing Self Harm protocol			Work together to support implementation including training in managing self harm .		Reduction in self harm rates	DCC	CCGs Schools Health providers	April 2016

Objective 10:
Develop referral pathways and specialist mental health services for those most vulnerable children and young people following a comprehensive assessment of their needs.

					Expected outcomes				
No.	**Agreed action/project**	**Alignment with Future in Mind Reccs**	**Planned investment**	**What is action/project expected to deliver?**	**Quality**	**Quantitative**	**Lead**	**Partners**	**Timescale**
10.1	Establish an effective Multi-Agency Safeguarding Hub (MASH)	21, 25		Ongoing development of the Multi-Agency Safeguarding Hub (MASH); to ensure robust assessment of vulnerable CYP and single point of access. Promote the 'never do nothing' campaign with particular focus on vol and community sector.		Reduction in level 4 child protection cases Earlier identification of neglect cases Increased awareness of safeguarding and child protection	DCC LSCB	Police CCGs	Underway
10.2	Undertake a County Durham CYP Mental health needs assessment			Requires further scoping but likely to include CYP Mental health needs assessment which will include Children, young people, parents and carers plus specific priority groups e.g. young carers, LAC, and those involved in CJS			DCC Public health	CCGs Schools Health providers CYP Carers	Commence January 2016 and complete December 2016
10.3	Develop multi-agency, including specialist services, pathways of care for children and young people with emerging personality disorders, and challenging behaviours.			Review current range of treatments and services being provided to children and young people who present with emerging personality disorders and challenging behaviours. Optimise model of specialist care and		Clear landscape of services available Mapped against	NHS England	CCGs DCC PH	Commence January 2016 Complete December 2016

No.	Agreed action/project	Alignment with Future in Mind Reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
				support for vulnerable young people particularly those in transition between services and those with complex behavioural and mental health needs		population health needs			Mirror HNA timeline
10.4	Ensure a co-ordinated support for Looked After Children, especially those with complex needs	22, 28		Ongoing monitoring/review of referral protocol between Full Circle (Looked After Children service) and CAMHS Strengthen multi-agency/joint working via joint training and improved access to specialist advice and support. Deliver the nurturing attachment training as part of the fostering and adoption training programme Support a preventative approach to Looked after Children through the LAC reduction strategy and development of a care leaver's strategy. CQUIN applied specifically to improve support to families who have a child of young person with mental health difficulties open to mental health trust.	CYP and carers satisfaction feedback Case file audits to assess for quality of implementation on delivery	Earlier identification of mental health needs within LAC population Earlier support put in place for LAC population Reduced demand for crisis support due to prevention and earlier intervention services in place	DCC	CCGs Health providers	ongoing
10.5	Improve access to specialist care and support for Looked After Children, including those with complex behavioural and mental health needs	21,22,23		Review current services to ensure high quality specialist care for vulnerable children and young people is evidence based and available where needed. Review service arrangements for Out	CYP and families satisfaction survey	Development of care leavers strategy	DCC	CCGs TEWV	2016

No.	Agreed action/project	Alignment with Future in Mind Reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
				of Area placements and Transition of care leavers post 18. Links to development of Care Leavers Strategy. Develop a commissioning plan for Looked After Children					
10.6	Learning Disability Transformation Programme - Fast Track	14		Understand local impact of the LD transformation programme ensure services are responsive to individual needs and are able to wrap round those YP with complex needs to prevent placement breakdown			NHS England	CCG LA	Underway
10.7	Ensure services proactively follow up children and young people who Do Not Attends (DNAs	20		Investigate the potential for using CQUIN as incentive for NHS providers; consider all providers pathways through service review to ensure provision is made for proactive follow up of DNA's		KPIs	CCG		2016
10.8	Improving pathways for vulnerable young people including those with learning disability and challenging behaviour	10, 21, 29		Strengthen the links between CHYP MH service, LD service and SEND services to improve joint planning and provision of care. Children, young people and their families/carers are actively involved in the development of Education and Health Care Plans.		Reduced demand on crisis teams Earlier identification of mental health needs through holistic 'think family' assessments	CCG	LA NHS England	2016
10.9	Address key issues for those children, young people and families who are	20		Develop a plan to understand the issues and what support is needed for children and young people who Do	Feedback from children,	Reduction in % of DNAs	ND CCG	DDES CCG D'ton	2016/17

No.	Agreed action/project	Alignment with Future in Mind Reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
	hard to engage, to understand the reasons why and offer creative solutions			Not Attends in CAMHS Potential CQUIN; linked to assertive out-reach to be considered as part of the 2016/17 commissioning intention process	young people and families				

Recovery from mental ill-health

Objective 11:
Develop a person centred recovery approach when agreeing care/interventions which include involvement of children, young people, families and carers (including siblings within the family) through early provision of a range of interventions which promote mental health and emotional wellbeing.

No.	Agreed action/project	Alignment with Future in Mind Reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
11.1	Promote long term recovery and empowerment of the individual by developing community projects including peer support programmes, mentoring and a young people recovery community.	11		Expand use of peer support networks for CYP and parents utilising existing networks, groups, local expertise; Undertake mapping exercise to establish existing networks and good practice in partnership with CHYP and parents	CYP and families satisfaction survey	Clear understanding across County Durham of what networks currently	VCS		2016

No.	Agreed action/project	Alignment with Future in Mind Reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
						exist and what the gaps in provision are			
11.2	All providers deliver a holistic model of assessment involving child, young person, family and professional			Ensure links to interventions that promote mental wellbeing such as social prescribing, physical activity and the arts.	CYP and families satisfaction survey		Commissioners		2016-20
11.3	Build on the success of the CHYP IAPT programme	43		Continue to improve access to and recovery rate from psychological therapies for children and young people, increasing capacity to deliver evidence based interventions and linking to CHYP IAPT programme.	Explore baseline data and recovery rates	Reduced demand on crisis care Earlier intervention rates increasing	CCGs	TEWV DCC education	2016
11.4	Develop bereavement support service for children and young people			Progressive and multi –year interventions based on evidence base.		Early intervention reduces demand for acute services if bereavement support not provided	CCG	VCS DCC Childrens services	2016

Accountability and Transparency

Objective 12:
Reduce complexity within current commissioning arrangements through joint commissioning, service redesign ensuring pathways and services work together to provide easy access to the right support and a system built around the needs of children, young people and families.

					Expected outcomes				
No.	**Agreed action/project**	**Alignment with Future in Mind reccs**	**Planned investment**	**What is action/project expected to deliver?**	**Quality**	**Quantitative**	**Lead**	**Partners**	**Timescale**
12.1	Explore and establish an alternative service model based on evidence base (THRIVE)	34		Commissioning decisions will be based on quality standards from National Institute for Health and Care Excellence (NICE)		New model developed	Joint commissioning group		2016-20
12.2	Develop clear leadership and accountability arrangements for children's mental health across agencies.	35		Re-affirm partnership and governance and reporting arrangements Establish a local CYP Mental Health and Wellbeing Transformation Group; agree Terms of Reference.			DCC PH	Embed ToR	2015-20
12.3	Identify project management resources and arrangements for the ongoing development and implementation of the Transformation Plan			Identify lead officer with responsibility to regularly monitor and assess the progress of the transformation plan including: • Maintaining an on-going responsibility to regularly assess project progress, as measured against the implementation plan • Ensuring that the implementation group is appropriately resourced. Identify required resources including staff time.			Partners		2015-20
12.4	Develop a multi-agency	44		The multi agency group will refine the		The model	CCG	Embed	Year 1 of

No.	Agreed action/project	Alignment with Future in Mind reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
	integrated mental health, emotional wellbeing and resilience model			model over the first year of the plan The model to include underlying principles of CHYP IAPT.		will be developed within year 1	s	ToR	plan
12.5	Ensure co-production of transformation plan and programmes with children, young people, families, services and commissioners.	22		Develop a model of co-production with CYP, parents/carers and other stakeholders to inform future plans throughout implementation Develop a communication and engagement plan to support implementation and co-production throughout the transformation plan and beyond. To include • Effective communication and promotion protocols to stakeholders and the community. • Appropriate and on-going engagement with patients, parents and carers etc. • Consultation with staff, service providers, local authorities, adult services and the wider community. Support providers to consider how their services can support a new model of working to deliver without tiers and ensuring their services are led by their users.	CYP and family feedback in all commissioning plans and specifications as part of quality outcomes framework	Communication strategy with milestones for regular consultation	DCC PH	Embed ToR	Year 1 of plan
12.6	Ensure the Joint Strategic Needs Assessment (JSNA) includes outcomes on children and young people	36		Shared understanding of local need, to inform commissioning decisions. Produce a County Durham CYP		HNA document	DCC		Commence HNA Jan 2016 and complete

No.	Agreed action/project	Alignment with Future in Mind reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
	mental health, emotional wellbeing and resilience.			Mental Health - Health Needs Assessment					Dec 2016
12.7	Service transformation towards new national Model Specification for Child and Adolescent Mental Health Services: Targeted and Specialist levels (Tiers 2/3)	21, 22		Local interpretation and co-design and review care pathways Pg 15	CYP and families feedback surveys	Services without tiers	CCG	DCC Health providers VCS	2016-20
12.8	Ensure transformation plan for children and young people mental health and emotional wellbeing aligns with other local strategies and plans	14		Map of local strategies and plans should be undertaken to ensure direction of transformation plan is aligned within county Durham to strategic direction. This will include Children and Families Plan, Learning Disabilities, Public Mental Health, Mental Health Crisis Care Concordat, Care Leavers and Autism.		Governance review undertaken	DCC	Children and families partnership board Mental health partnership board	October 2015
12.9	Improve the mental health and wellbeing of young people and their families with autism	21		Co-produce a local autism plan with young people and their families		Autism plan with SMART objectives embedded	DCC	CCGs	2017
12.10	Local investment into mental health and wellbeing services should be fully transparent	39		Ensure governance and reporting of investment is fully transparent through local system and joint commissioning.			JCG		2015

Objective 13:
Increase transparency through developing robust metrics on service outcomes and clearer information about the levels of investment into children and young people mental health services.

					Expected outcomes				
No.	**Agreed action/project**	**Alignment with Future in Mind Reccs**	**Planned investment**	**What is action/project expected to deliver?**	**Quality**	**Quantitative**	**Lead**	**Partners**	**Timescale**
13.1	Continuous understanding and monitoring of statutory investment into transformation plan to enable economies of scale and joint investment	31		Statutory signatories agree to share financial information on investment in children and young people Mental Health and Wellbeing Services through the joint commissioning transformation group.		Signed off	H&WB board		Underway
13.2	Joint Health and Wellbeing Board to ensure that JSNA and Joint Health and Wellbeing Board strategy address with mental health and physical health needs of children and young people effectively	32		Ensure objectives and workplans within the JHWB Strategy reflect local mental health and wellbeing needs and priorities needs		Signed off	H&WB board		2016
13.3	Jointly commissioned children and young people mental health, emotional wellbeing and resilience services.	30, 31		Develop a model of joint investment and pooled budgets with a single integrated plan supported by the JSNA across statutory organisations. Partners to agree contracting, using 'Delivery with and delivering well' values and standards Develop a performance dashboard of service activity data and routine outcome measures to include CYP IAPT Ensure Provider IT systems are fit for purpose and contractually expected to provide information in accordance			JCB		2016-20

					Expected outcomes				
No.	**Agreed action/project**	**Alignment with Future in Mind Reccs**	**Planned investment**	**What is action/project expected to deliver?**	**Quality**	**Quantitative**	**Lead**	**Partners**	**Timescale**
				with Mental Health Service Data Set (MHSDS) Implement National Counselling Strategy quality standards Implement as appropriate and in partnership with schools the guidance 'Counselling in Schools: A Blueprint for the Future'					
13.4	Co-commission community mental health services and inpatient care	33		Co-commissioning arrangements to be established between CCG's, DCC and NHS England to ensure smooth care pathways and to prevent inappropriate admission and facilitate safe and timely discharge.	CYP and families satisfaction survey	KPIs	CCG	NHSE DCC	2016-20
13.5	Bi-annual school survey			Survey to include mental health and emotional wellbeing measures.		Completion of survey by 75% of secondary schools	DCC	schools	2017
13.6	Develop a comprehensive set of access and waiting time standards for mental health services as seen in physical health services	17, 37, 38		Ensure robust metrics and standards in place through commissioned services		Reduced waiting times	CCGs	Health providers	2016

Developing the workforce

Objective 14:
Sustain a culture of continuous service improvement delivered by a workforce with the right mix of knowledge, skills and experience.

					Expected outcomes				
No.	**Agreed action/project**	**Alignment with Future in Mind Reccs**	**Planned investment**	**What is action/project expected to deliver?**	**Quality**	**Quantitative**	**Lead**	**Partners**	**Timescale**
14.1	Ensure children and young people's workforce have the right skills and knowledge on mental health, emotional wellbeing and resilience to implement the transformation plan.	45		Develop a comprehensive workforce strategy based on training needs assessment of wider children and young peoples workforce. To include a universal training package. Develop local mental health and emotional wellbeing training for health visitors, midwives and community and voluntary sector who support expectant and new parents e.g. HomeStart. Training should be based on the work of the Royal College of Midwives and the Maternal Mental Health Alliance advice.	Quality standards produced regarding training expectation for CYP workforce	Audit, gap analysis and training plan in place	DCC	CCGs Health providers VCS	2016/17
14.2	Develop parental mental health training enabling families to understand and support their children better.	43		Ensure training plans reflect needs of CYP and parents/siblings/carers Promote the use of MindEd resources within County Durham including e-learning.	CYP and families satisfaction survey		DCC	VCS	2016-20
14.3	Build capacity within community mental health services to deliver evidence based eating disorder treatment	40, 43		Specialist Community Eating Disorder Team to have opportunity to access the multi-systemic family therapy, linked to Children and Young People IAPT	CYP and families satisfaction survey	KPIs	CCG		2016-20
14.4	Ensure local implementation of the Children and Young	9, 40, 43, 44		Receive quarterly updates from CYP IAPT including:	CYP and families	KPIs	CYP IAPT		2016

					Expected outcomes				
No.	**Agreed action/project**	**Alignment with Future in Mind Reccs**	**Planned investment**	**What is action/project expected to deliver?**	**Quality**	**Quantitative**	**Lead**	**Partners**	**Timescale**
	People IAPT transformation programme			Cognitive Behavioural Therapy, interpersonal psychotherapy, parenting and systemic family therapy. Review training priorities and target workforce - training opportunities for under 5's and LD and Autism will be made available from 2017 and workforce intelligence will inform targeting Undertake scoping re extension of the current CYP IAPT programme to train staff to meet the needs of children and young people who are not supported by the existing programme e.g. schools and Primary Care	satisfaction survey	Complete scoping			

					Expected outcomes				
No.	**Agreed action/project**	**Alignment with Future in Mind Reccs**	**Planned investment**	**What is action/project expected to deliver?**	**Quality**	**Quantitative**	**Lead**	**Partners**	**Timescale**
14.5	Build capacity within Primary Care to identify and support children, young people and families in need of support.	40		To include a range of training options and levels e.g. e-learning, reception staff awareness. To include young people as trainers (including primary care mental health workers).	Parents/carers and professionals in universal settings are more confident and able to respond to	Improved primary care services Reduction in inappropriate referrals into CAMHS / secondary care	CCGs	Primary care	2016/17

No.	Agreed action/project	Alignment with Future in Mind Reccs	Planned investment	What is action/project expected to deliver?	Expected outcomes		Lead	Partners	Timescale
					Quality	Quantitative			
					emotional and mental health needs and are clear about when and how to access additional help via survey				
14.6	Increase early recognition of mental ill-health through improved detection by screening and training the young people workforce.	9, 40		Develop a learning programme for front line staff to enable identification of poor mental health and information on services and support. Young people to inform development.	Improved service user experience	Reduction in inappropriate referrals into secondary care	CCGs	Primary care	2017
14.7	Ensure delivery of tailored nurture attachment training for residential care staff	40		Delivery of therapeutic style of caring for those children remaining in residential care		Earlier intervention and reduction mental health issues escalating	DCC		2017
14.8	Develop quality assured supervision for CHYP workforce	42		Supervision, advice and guidance for all CHYP workforce to enable professionals to retain the young person rather that refer on	Quality standards outcomes tool – all commissioned services should have high quality supervision	Reduction in undetected mental health issues	DCC		2017
14.9	Implement the recommendations of Carter review of Initial Teacher Training	41		Work with local universities to establish a programme of inclusion of			DCC	Durham Uni/ New	2017

					Expected outcomes				
No.	**Agreed action/project**	**Alignment with Future in Mind Reccs**	**Planned investment**	**What is action/project expected to deliver?**	**Quality**	**Quantitative**	**Lead**	**Partners**	**Timescale**
				mental health and wellbeing with ITT				College	

Appendix 2: Mental Health Profile

Public Health England

County Durham

Children's and Young People's Mental Health and Wellbeing Profile

This profile has been developed to support the Mental Health Dementia and Neurology Intelligence Network's aim to improve the health of communities by making data and information accessible.

The Children and Young People's Mental Health and Wellbeing Profile presents all the local authority level indicators contained within the Children and Young People's Mental Health and Wellbeing Profiling Tool.

The tool provides commissioners, service providers, clinicians, services users and their families with the means to benchmark their area against similar populations and gain intelligence about what works.

Indicators are presented under the headings Risk, Prevalence, Health, Social Care and Education. In the current absence of detailed data on treatment and outcome the tool focuses on those services that support children with, or vulnerable to, mental illness.

Note: this profile presents local authority geography indicators only, this accounts for 90% of indicators in the tool with only some health service and health finance missing. To see all indicators please view the Children and Young People's Mental Health and Wellbeing Profiling Tool.

Risk

		Period	Local value	Eng. value	Eng. lowest	Range	Eng. highest
1	Children under 20 in poverty: % of all dependent children under 20	2011	22.1	20.1	6.6		46.1
2	Children under 16 in poverty: % of dependent children under 16	2011	23.0	20.6	6.9		43.6
3	Child Well-being index: average score	2009	165.9	-	50.5		358.8
4	Underweight children (Reception year): % of children	2012/13	0.57	0.88	0.18		2.61
5	Underweight children (Year 6): % of children	2012/13	0.81	1.33	0.28		3.45
6	Obese children (Reception year): % of children	2012/13	9.1	9.3	5.8		14.6
7	Obese children (Year 6): % of children	2012/13	21.0	18.9	12.7		27.3
8	Under 18 pregnancy: rate of conceptions per 1,000 females aged 15 - 17	2012	33.7	27.7	14.2		52.0
9	Under 16 pregnancy: rate of conceptions per 1,000 females aged 13 - 15	2012	8.9	5.6	2.0		15.8
10	Children providing care: % children aged	2011	1.20	1.11	0.69		1.72
11	Young people providing care: % people aged 16-24 who unpaid care	2011	5.3	4.8	3.0		7.7
12	Children providing considerable care: % children aged	2011	0.25	0.21	0.04		0.38

County Durham

Risk continued	Period	Local value	Eng. value	Eng. lowest	Range	Eng. highest
13 Young people providing considerable care: % people aged 16-24 who provide 20 hours + of unpaid care per week	2011	1.6	1.3	0.5		2.7
14 Traveller children: % school children who are Gypsy/Roma	2013/14	0.22	0.25	0.00		1.61
15 Unaccompanied Asylum Seeking Children looked after: count	2012/13	- *	1860	0		305
16 Family homelessness: rate per 1,000 households	2012/13	1.0	1.7	0.1		9.5
17 Lone parents households: % of households that have lone parents with dependent children	2011	7.7	7.1	4.4		14.4
18 Families out of work: % of households with dependent children where no adult is in employment	2011	4.6	4.2	1.6		10.4
19 Families with health problems: % of households with dependent children where at least one person has a long term health problem or disability	2011	4.94	4.62	2.59		7.48
20 Domestic Abuse: Incident rate per 1,000 population	2012/13	24.8	18.8	5.6		30.2
21 Parents in drug treatment: rate per 100,000 children 0 - 15	2011/12	175.7	110.4	0.0		400.0
22 Parents in alcohol treatment: rate per 100,000 children 0 - 15	2011/12	266.4	147.2	34.9		452.8

Prevalence

	Period	Local value	Eng. value	Eng. lowest	Range	Eng. highest
23 Estimated prevalence of any mental health disorder: % population aged 5-16	2013	10.1 ^	9.6	7.0		11.2
24 Estimated prevalence of emotional disorders: % population aged 5-16	2013	3.9 ^	3.7	2.8		4.3
25 Estimated prevalence of conduct disorders: % population aged 5-16	2013	6.2 ^	5.8	4.0		7.0
26 Estimated prevalence of hyperkinetic disorders: % population aged 5-16	2013	1.6 ^	1.5	1.1		1.9
27 Prevalence of potential eating disorders among young people: Estimated number of 16 - 24 year olds	2013	8237 ^	-	502		21872
28 Prevalence of ADHD among young people: Estimated number of 16 - 24 year olds	2013	8684 ^	-	570		23057
29 Children who require Tier 3 CAMHS: estimated number of children	2012	1855	-	145		6000
30 Children who require Tier 4 CAMHS: estimated number of children	2012	80	-	245		10

Health

	Period	Local value	Eng. value	Eng. lowest	Range	Eng. highest
31 Child admissions for mental health: rate per 100,000 aged 0 -17 years	2012/13	77.8	67.6	28.7		434.8
32 Young people hospital admissions for self-harm: rate per 100,000 aged 10 - 24	2010/11 - 12/13	504.8	352.3	97.9		917.8
33 Child hospital admissions due to alcohol specific conditions: rate per 100,000 aged under 18	2010/11 - 12/13	80.5	42.7	14.6		113.5
34 Young people hospital admissions due to substance misuse: rate per 100,000 aged 15 - 24	2010/11 - 12/13	94.6	75.2	25.4		218.4
35 Child hospital admissions for unintentional and deliberate injuries: rate per 10,000 children 0-14	2012/13	164.9	103.8	61.7		191.3
36 Young people hospital admissions for unintentional and deliberate injuries: rate per 10,000 young people 15-24	2012/13	189.5	130.7	63.8		277.3

Note: * - Disclosure control applied, ^ - Value estimated

Social Care

		Period	Local value	Eng. value	Eng. lowest	Range	Eng. highest
37	Children in need: Rate of children in need during the year, per 10,000 aged	2012/13	856	645	324		1211
38	New cases of children in need: Rate of new cases identified during the year, per 10,000 aged	2012/13	360.9	346.6	148.3		765.1
39	Children in need due to abuse, neglect or family dysfunction: % of children in need	2012/13	- x	65.3	25.3		95.6
40	Children in need for more than 2 years: % of children in need	2012/13	- x	34.2	6.9		51.6
41	Children in need referrals: Rate of children in need referrals during the year, per 10,000 aged	2012/13	436	521	201		1209
42	Assessment of children in need referrals: % of referrals with a completed initial assessment	2012/13	72.2	74.4	26.5		100
43	Looked after children: Rate per 10,000	2012/13	62.0	60.0	20.0		166.0
44	Looked after children in foster placements: % of looked after children	2013	76.0	74.7	61.4		100
45	Looked after children in secure units, children's homes and hostels: % of looked after children	2013	10.1	8.8	0.0		21.6
46	Health assessments for looked after children: % who had an annual assessment	2012/13	72.4	86.3	50.0		100
47	Development assessments for young looked after children: % aged	2012/13	50.0	80.2	0.0		100
48	Emotional well-being of looked after children: average score	2012/13	16.3	14.0	9.4		21.5
49	Emotional and behavioural health assessment of looked after children: % eligible children assessed	2013	64.0	71.0	0.0		100
50	Emotional and behavioural health outcome for looked after children: % eligible children considered 'of concern'	2012/13	49.0	38.0	16.0		85.0
51	Child protection cases: Rate of children who were the subject of a child protection plan at the end of the year (31 March)	2012/13	40.7	37.9	6.3		116.2
52	New child protection cases: Rate of children who became the subject of a child protection plan during the year, per 10,000 aged	2012/13	56.7	46.2	11.0		138.6
53	Repeat child protection cases: % of children who became subject of a child protection plan for a second or subsequent time	2012/13	17.0	14.9	2.5		30.4
54	Review of child protection cases: % of children under child protection who were reviewed within the required timescales	2012/13	92.4	96.2	16.2		100
55	Children leaving care: Rate per 10,000	2012/13	30.9	24.9	8.3		60.1
56	First time entrants to the youth justice system: rate per 100,000 aged 10 - 17	2013	474	441	171		847
57	All entered to the youth justice system: rate per 1,000 aged 10 - 18	2011/12	11.7	11.0	4.8		27.2
58	Spend (£000s) on Local Authority children and young people's services (excluding education): rate per 10,000 0-17	2012/13	9179	7778	3675		25892
59	Spend (£000s) on Sure Start Children's Centres and early years: rate per 10,000 0-17	2012/13	1623	1045	0		4329
60	Spend (£000s) on Children looked after: rate per 10,000 0-17	2012/13	3161	3060	1363		10802
61	Spend (£000s) on Safeguarding children and young people's services: rate per 10,000 0-17	2012/13	1778	1721	276		5836
62	Spend (£000s) on Youth justice: rate per 10,000 0-17	2012/13	926	281	0		2020

Note: x - Value Missing

County Durham

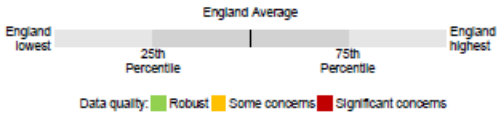
Education

		Period	Local value	Eng. value	Eng. lowest	Range	Eng. highest
63	School Readiness: % of children achieving a good level of development at the end of reception	2012/13	41.7	51.7	27.7		69.0
64	Pupils with special educational needs (SEN): % of all school age pupils with special educational needs	2014	22.7	17.9	11.5		26.0
65	Pupils with a SEN statement: % of all school age pupils with a statement	2014	3.28	2.79	0.81		4.19
66	Pupils with SEN on School Action: % of all school age pupils on School Action	2014	10.3	8.7	3.7		12.9
67	Pupils with SEN on School Action Plus: % of all school age pupils on School Action Plus	2014	6.8	5.6	2.4		10.6
68	Pupils with Learning Disability: % of school pupils with Learning Disability	2014	3.87	2.87	1.24		7.32
69	Pupils with behavioural, emotional and social support needs: % of school pupils with behavioural, emotional and social support needs	2014	2.68	1.66	0.67		3.23
70	Pupils with speech, language or communication needs: % of school pupils with speech, language or communication needs	2014	2.70	1.67	0.66		4.13
71	Pupils with autism spectrum disorder: % of school pupils with autism spectrum disorder	2014	0.95	0.91	0.34		2.21
72	Free school meals: % uptake among all pupils	2014	19.6	16.3	5.5		44.1
73	Primary school pupil absence: % of half days missed	2012/13	5.15	4.68	3.98		5.43
74	Secondary school pupil absence: % of half days missed	2012/13	6.03	5.89	4.46		7.85
75	Primary school fixed period exclusions: % of pupils	2012/13	1.42	0.88	0.09		2.65
76	Secondary school fixed period exclusions: % of school pupils	2012/13	6.5	6.8	2.0		15.2
77	Fixed period exclusion due to persistent disruptive behaviour: % of school pupils	2012/13	1.19	0.85	0.23		2.49
78	Fixed period exclusion due to drugs/alcohol use: % of school pupils	2012/13	0.061	0.093	0.000		0.251
79	16-18 year olds not in education employment or training	2013	7.1	5.3	1.8		9.8
80	Planned spend (£000s) on special schools: spend per 100,000 pupils	2013/14	15135	12415	0		37829
81	Planned spend (£000s) on pupil referral units: spend per 100,000 pupils	2013/14	1345	2555	0		16319

Key

Significance compared to England average:

- Significantly lower
- Significantly higher
- Not significantly different
- Significance not tested
- Regional average



Indicators included in spine-charts are drawn from a range of sources, are based on differing populations and are presented for a number of time periods. Detail relating to each indicator is included within the tool under 'definitions'.

Appendix 3: NICE Guidance Table

NICE quality standards relating to mental health and emotional wellbeing of children and young people.				
NICE Quality Standard/ Guidelines number	**Title and link**	**Published**	**Review**	**Age range**
QS31	Health and wellbeing of looked-after children and young people	April 2013	Apr 2018	0–18
QS34	Self-harm	June 2013	June 2018	Children and young people from 8 and adult
QS39	Attention deficit hyperactivity disorder	July 2013	July 2018	Children and young people from 3 and adult
CG28	Depression in children and young people	Sept 2005	Dec 2015	<18
QS48	Depression in children and young people	Sept 2013	Sept 2018	5–18
QS51	Autism	Jan 2014	Jan 2019	Lifespan
CG 128	Autism diagnosis in children and young people	Sept 2011	Nov 2014	<18
PH 40	Social and emotional wellbeing: early years	October 2012		
PH 12	Social and emotional wellbeing in primary education	March 2008		
CG 158	Antisocial behaviour and conduct disorders in children and young people: recognition, intervention and management	March 2013	Sept 2015	Children and young people aged between 5 and 16 years.

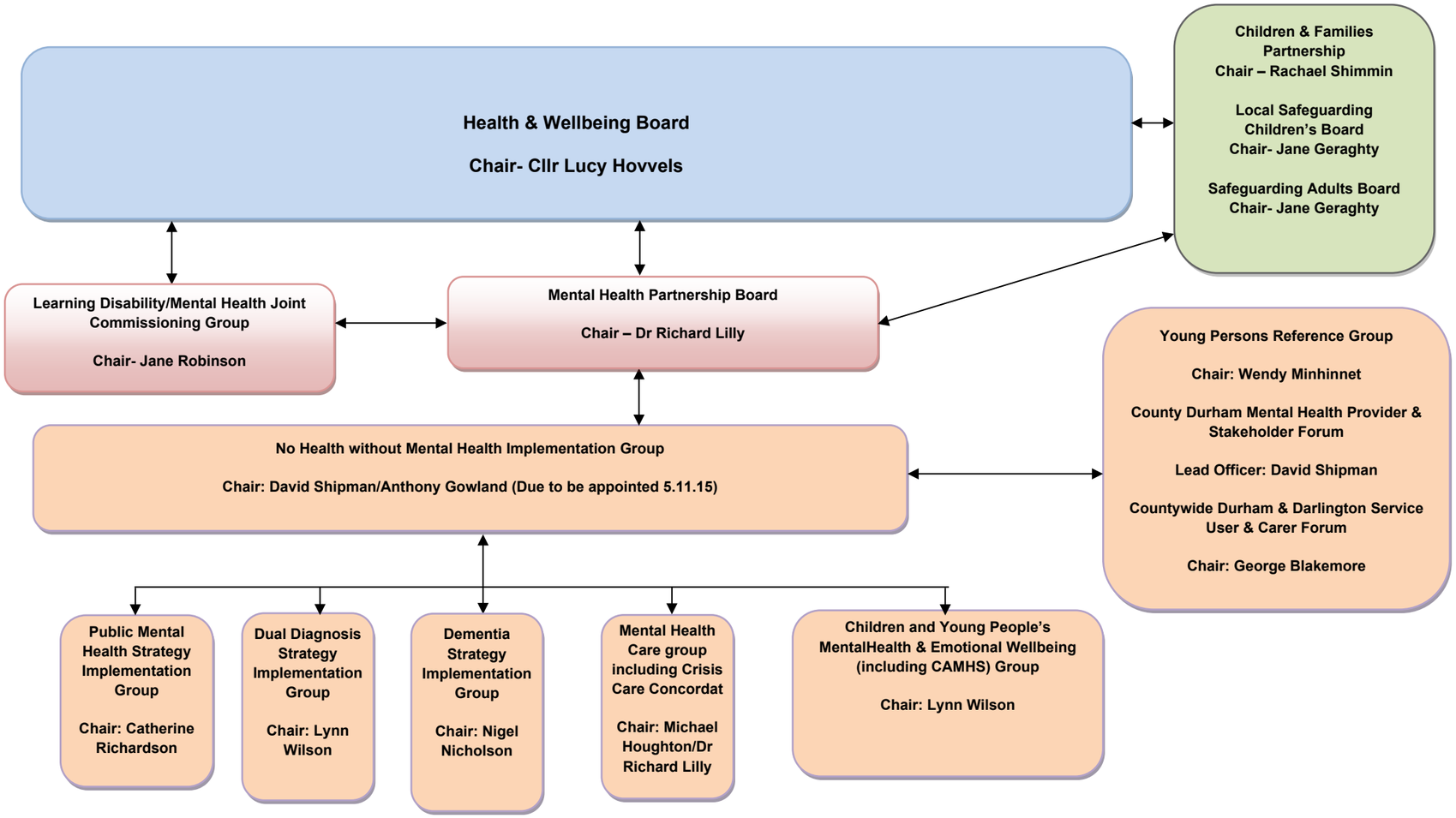
Appendix 4: List of Organisations

North Durham Clinical Commissioning Group (CCG)
Durham, Dales, Easington & Sedgefield (DDES) CCG
Darlington CCG
NHS England
Durham County Council (DCC) Local Authority (LA)
Darlington Borough Council (DCB)/Darlington Health & Wellbeing Board
County Durham Health & Wellbeing Board/County Durham Mental Health Partnership Board Sub Groups:- - County Durham Mental Health Provider & Stakeholder Forum - No Health without Mental Health - Learning Disability/Mental Health Commissioning Group - Dual Diagnosis Strategy Implementation Group - Public Metal Health Strategy Group - Children & Young People's Mental Health & Emotional Wellbeing - CCG Mental Health Care Delivery Working Group
Healthwatch Darlington, Darlington Mental Health Network Healthwatch County Durham
County Durham & Darlington NHS Foundation Trust (CDDFT)
Tees Esk & Wear Valley NHS Foundation Trust (TEWV)
North Tees & Hartlepool NHS Foundation Trust (NTHFT)
City Hospital Sunderland NHS Foundation Trust (CHSFT)
Drug & Alcohol Services (Lifeline – County Durham, Darlington)
Family Action
Cruse North East
The Samaritans
Pioneering Care Centre
Durham Probation
Durham Tees Valley Probation
Derwentside Homes
Breathing Space
Relate North East
Durham Carers
British Legion
Waddington Street Centre
Durham & Chester le Street Mind
Durham Constabulary
HM Prisons
Ifyoucareshare Foundation
Home Group
East Durham Trust
Moving on Durham
British Legion
Whitworth Park School

Investing in Children
Disc
Mental Health North East
Welfare Rights
Relax Kids
Relate
Living Mindfully
Durham Police

Appendix 5

HEALTH & WELLBEING BOARD / MENTAL HEALTH GOVERNANCE STRUCTURE



KEY:

Working Relationship ———

Reporting Relationship - - - - -

Please note that governance arrangements are currently under review