

**31 January 2017**



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

---

**Report of Gill O'Neill, Interim Director of Public Health, Adult and Health Services, County Durham and Margaret Whellans, Interim Corporate Director of Children and Young People's Services**

---

**Purpose of Report**

- 1 This report provides an update to the Health and Wellbeing Board on progress on implementing the County Durham Children and Young People's (CYP) Mental Health, Emotional Wellbeing and Resilience Transformation Plan. A revised plan on a page is set out at Appendix 2.

**Background**

- 2 The multi-agency County Durham Transformation Plan for Children and Young People's Mental Health, Emotional Wellbeing and Resilience (2015-2020) was approved by the Health and Wellbeing Board in November 2015.
- 3 The plan reflected the vision and principles of the national "Future in Mind" strategy and guidance, and also met requirements for Clinical Commissioning Groups (CCGs) and Local Authorities to develop transformation plans. The core aims are to:
  - Facilitate greater access and standards for mental health services;
  - Promote positive mental health and wellbeing for children and young people;
  - Have greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.
- 4 Additional NHS funding to support the implementation of the plan was made available from NHS England through the CCGs. Establishing clear accountability and governance arrangements was a fundamental requirement for local planning systems.
- 5 The oversight of co-ordination and delivery of the plan is under the Children and Young People's Mental Health and Emotional Wellbeing Group, which is accountable to the County Durham Mental Health Partnership Board. This group meets bi-monthly and oversees progress which is delivered by a number

of collaborative workstreams, as set out in the Terms of Reference previously considered by the Health and Wellbeing Board. For the future, governance and links into the children and young people's health agenda, will be also considered within the remit of the Healthy Child Programme Board, the establishment of which is in progress.

- 6 The overall plan was reviewed and refreshed at a well-attended workshop for key stakeholders on 15 November 2016. This process provided a reflection on progress in the first year of the plan, and identified continuing gaps and challenges, along with priorities for focus in 2017/18. This information is covered later in the report.
- 7 The progress on implementing the transformation plan is also reported into NHS England's assurance process, which required the CCGs to publish an updated plan by the end of October 2016. This publication responded to specific lines of enquiry and set out action on defined elements relating to the development of specialist care and recovery services which are led by the North Durham CCG (on behalf of both North Durham and Durham Dales, Easington and Sedgefield CCGs). Within this there is a particular focus on specific nationally driven elements which aim to improve the way that children and young people's mental health services are organised, commissioned and provided. These include, for example, improving access and waiting time standards and strengthening crisis care. The CCGs provide regular monitoring reports to NHS England. A copy of the plan submitted by the CCGs is available online ([Link](#)).
- 8 A further context for the development of the CYP Mental Health, Emotional Wellbeing and Resilience Plan is the move under the Mental Health Partnership Board towards a single "whole system" mental health strategy for County Durham. This will encompass the whole life span and include actions across the promotion, prevention, intervention, treatment, and recovery spectrum. To fit the format of this emerging plan, the CYP Mental Health, Emotional Wellbeing and Resilience Plan has been presented as a Plan on a Page for 2017/18 (Appendix 2).

### **Overview of progress in year one**

- 9 Within the first twelve months the CYP Mental Health and Emotional Wellbeing Group has focussed on delivering a number of priorities, including those which were specifically determined through consultation with local children, young people and their families, schools and local agencies. Within this period, it was noted that children and young people's mental health has continued to receive much public attention and has been reiterated nationally as a priority in the NHS Five Year Forward View for Mental Health – which highlights priority and re-emphasises need for partnership, commissioning plans, and workforce and defined requirements for crisis access, reduce waiting times and reduce inpatient admissions. The back drop of ongoing austerity, poverty and health inequalities was recognised as providing a potentially challenging context, with pressures on statutory and voluntary sector services and a negative impact on the mental health and wellbeing of children, young people and families.

- 10 In spite of the challenging context, some solid progress was made in the first year of delivering the plan. Work has been organised under specific workstreams. Progress on some of the key initiatives has now been made, along with future plans as highlighted in the following sections.

**Prevention and early intervention workstream –progress in year one, and next steps:**

- 11 The prevention and early intervention subgroup noted a number of areas of progress in year one. Within the under 5 age group, this includes work to strengthen the Solihul approach (parenting skills) and strengthen the antenatal pathway to identify vulnerable children and families and areas of concern in infant attachment with the initiation of early response. The 0-5 Healthy Child Programme (HCP) also provides a context for identification of areas of concern and development of integrated assessment and closer working across health visitors and early years staff at the integrated 2 – 2.5 year check.
- 12 A significant number of developments focused on promoting resilience and emotional wellbeing in schools. Work is well advanced, led by Public Health and Durham County Council Education, to roll out a resilience programme for 75 schools in County Durham based on 25 per year target. To complement this, the Youth Aware Mental Health (YAM) programme will be rolled out in early adopter schools from January 2017. Fifteen individuals have been trained in early November in order to become YAM instructors. YAM will be evaluated through an innovative co-production collaboration between Teesside University and Durham County Council. The YAM programme is being implemented in County Durham drawing on evidence from the results of a large scale multi-site trial, which demonstrated that the programme shows a clear association with reduced levels of suicide attempts and severe suicidal ideation among young people.
- 13 As part of the 0-19 Healthy Child Programme specification, five emotional wellbeing and resilience nurses have been appointed to work across County Durham, employed by Tees, Esk and Wear Valley Mental Health Trust and embedded in the 5-19 school nursing service based in Durham County Council premises.
- 14 Looking ahead to 2017/18, the CYP Mental Health Emotional Wellbeing and Resilience Group will continue to focus on strengthening the work to support schools in delivering the resilience and YAM programmes. It will also work to improve capacity in schools and pathways between services to support young people. This includes identified pathways for vulnerable young people including care leavers, young people known to the youth offending service, young carers, teenage parents and those with special educational needs.

## **Care and recovery – overview of progress in year one, and next steps**

- 15 The Care and Recovery Group have predominately focused on delivering the priorities as required by NHS England. Regular submissions detailing progress on the local priority schemes are sent to NHS England on a quarterly basis.

## **Community Eating Disorder Service for Children and Young People**

- 16 Enhancement of the community eating disorder service for children and young people is being supported by new investment. Building capacity in the community eating disorder team will support access to evidence-based treatment at the earliest possible stage of the illness and delivery of the new access and waiting time standards (i.e. by 2020/21, 95% of children and young people in need receive treatment within one week for urgent cases and four weeks for routine cases).
- 17 Throughout 2016/17 the service will baseline current performance against the new standards and plan for improvement, in advance of measurement against the standard in 2017/18.

## **Child and Adolescent Mental Health Service (CAMHS) - Crisis Service**

- 18 Following the successful evaluation of the CAMHS Crisis Service pilot, the CCGs have continued to invest in the service, which operates 08:00-22:00, seven days per week. All three CCGs have recently committed to increase funding to deliver a 24/7 crisis service model.
- 19 The CAMHS Crisis Service is responsive to needs of children and young people with mental health conditions, such as self-harm, suicidality, disturbed behaviour, depression or acute psychoses.
- 20 The nurse-led service currently offers:
  - Comprehensive mental health and risk assessments;
  - Time-limited intervention, tailored to meet individual needs;
  - Intensive support within the home/appropriate setting, where appropriate, for up to 72 hours post assessment or until risks are contained;
  - Constructive advice-problem solving and solution-focused resolutions;
  - Collaborative working with the young person, their family and/or carers and other relevant professionals and agencies to develop a crisis care plan;
  - Liaison and consultation with other professionals and members of the children's workforce;
  - Telephone support for parents, carers, service users and other professionals, such as NHS 111, GPs, the police and social services;
  - Training to other services and professionals (including GPs, Police; local authority care home staff, teachers), to help to identify children and young people with mental health needs earlier;

- Post suicide support including joint working with schools and police, supervision and support to professionals affected by suicide;
  - Assertive engagement with young people and their families;
  - A targeted approach, working with 'hard to reach' groups.
- 21 The CAMHS Crisis Service has received national recognition and has been selected as a national case study by NHS England<sup>1</sup>. From May 2014 to January 2016, the service carried out 686 mental health assessments at the University Hospital North Durham and Darlington Memorial Hospital and an additional 444 assessments outside the hospital premises. Of 341 assessments undertaken in A&E, just 51 children and young people went on to be admitted to a paediatric ward. Furthermore, 770 assessments were undertaken within two hours, with more than half completed within 60 minutes.

### **CAMHS Intensive Home Treatment / Support**

- 22 A successful bid to pilot a CAMHS Intensive Home Treatment Service was made to the Accelerator Project to Improve Children and Young People's Mental Health Care in a Crisis Funding Allocation.
- 23 Non-recurrent funding will allow development of a model for intensive home treatment for children and young people with complex needs; extending the period of intensive support beyond the current 72 hours offered by the CAMHS Crisis Service. There are further opportunities to explore an integrated service model with CAMHS Crisis and Liaison, and develop clear pathways with in-patient services to support appropriate admission and timely discharge.

### **Improve access and waiting times in CAMHS**

- 24 There will be an ongoing focus to improve access and reduce waiting times. Non-recurrent investment in 2016/17 will be used to increase capacity to reduce the wait to treatment, with particular focus on, but not exclusive to, children and young people waiting an assessment for Autism Spectrum Disorder (ASD).

### **Transitions for people with Learning Disabilities**

- 25 A regional task and finish group has developed the North East and Cumbria Care Transforming Care Model for People with Learning Disability and Autism. The regional model will need to be implemented at local level. Moving forward, an implementation group will be established to oversee local delivery. The group will ensure that implementation cross references with the Local Transformation Plan for improving children and young people's mental health and emotional wellbeing and the Special Education Needs and Disability (SEND) agenda.

---

<sup>1</sup> <https://www.england.nhs.uk/mentalhealth/case-studies/durham-camhs/>

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

- 26 County Durham has been involved in the national Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) service transformation programme since 2012. CYP IAPT is a whole service transformation model that seeks to improve the quality of children and young people's mental health services. The programme supports the use of evidence-based treatments with services rigorously focused on outcomes with improved supervision, and also supports the development of leadership and team management skills.
- 27 The County Durham IAPT Partnership has completed quarterly updates and an annual self-assessment, which demonstrates compliance with the requirements of NHS England's values and standards criteria 'Delivering *With*, Delivering *Well*'.<sup>2</sup>
- 28 To date, a number of NHS staff have completed training in Cognitive Behavioural Therapy, Parenting, Systemic Family Practice, Enhanced Evidence Based Practice and Service Leadership. Funding has allowed backfill for staff to access training and supervision.
- 29 Looking ahead, there are opportunities for all organisations within a local area who provide mental health services for children and young people to be involved, including local authority, health visitors, staff in children's centres, education and voluntary and independent sector organisations.

## **Social Emotional and Wellbeing Pathway**

- 30 An initial scoping exercise has been undertaken to start to explore the capacity in the social emotional and wellbeing pathway with the aim of understanding where there are pressure points in the system. This work will be taken forward with partners in 2016/17 and beyond. Opportunities to strengthen links with education, voluntary and community services will be explored. CAMHS new single point of access will also need to be taken into consideration.

## **Parent Support Network**

- 31 A parent support network is being funded which aims to build a peer support network for parents and carers with children that are experiencing mental health problems. The network will be based on a range of mechanisms including personal peer networks, social media and the development of an e-network and website. The project will seek to expand existing networks where possible and link in with national campaigns, working closely with Youngminds, Time to Change and other national programmes as well as promoting the use of MindEd resources for parents.

---

<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2014/12/delvr-with-delvrng-well.pdf>

- 32 An element of the work will be to reduce stigma and discrimination around mental health, thereby encouraging access to support when needed. The project will ensure that parent, children, and young people's support is linked to interventions that promote mental wellbeing such as social prescribing, physical activity, and the arts.
- 33 £20,000 has been allocated for one year initially by the CCG to commission this service. Continuation funding is being considered in the CCG's current commissioning planning and prioritisation process.

### **Bereavement Support**

- 34 A new bereavement support service for children and young people is being commissioned. The overall aim of this service is to improve access to culturally appropriate bereavement and postvention (after suicide) support for children and young people. Activities delivered will help children and young people build resilience to be able to better cope with bereavement. The programme will offer a number of activities aimed at building capacity and awareness within schools, young peoples' services and community settings, as well as provide a specialist bereavement and postvention counselling service which is recognised as the main place to turn in County Durham for children and young people when bereaved. It will offer individual support as well as group work.
- 35 The service will be provided by appropriately qualified counsellors, trained staff and volunteers. It will also support schools and education providers to manage the impact of death including suicide on young people.
- 36 £49,000 has been allocated for one year initially by the CCG to commission this service. Continuation funding is being considered in the CCG's current commissioning planning and prioritisation process.

### **Perinatal Mental Health**

- 37 A multi-agency steering group will be established to refine the business case for a community specialist perinatal mental health service to deliver care to more women in the period immediately before and after birth. An application will be made for Wave 2 perinatal mental health community services development funding in 2017/18.

### **Early Intervention Psychosis**

- 38 As part of the work towards implementing the access and waiting time standards for first episode psychosis, the young person's pathway will be explored.

### **Self-harm and suicide prevention**

- 39 Suicide prevention cannot be undertaken in isolation by the local authority but requires working in partnership with the police, CCGs, NHS England, coroners and the voluntary sectors to be effective.

- 40 Public Health England, in its 2014 Guidance for developing a local suicide prevention action plan, identified local suicide audits as being an effective way for authorities to identify and respond to high risk groups in their areas, as well as to reveal potential hot spots.
- 41 Within County Durham an audit of suspected deaths by suicide is completed on a three year pool of data annually. Through this systematic collection and analysis of local data valuable information on emerging themes can be identified and are used to inform Suicide Prevention Plans. Under this protocol each death which may potentially be attributed to suicide is reviewed by a multiagency group and recommendations made.
- 42 An integral part of the Suicide Prevention Programme is the early alert system. This allows partners (e.g. police) to alert the system to a potential death by suicide as soon as it is reported. As well as providing information to the system this importantly allows early support to be offered to next of kin.
- 43 The Suicide Prevention Protocol is currently under review and will develop into a discrete plan as per national guidance. Additionally, a visit is planned to The Wirral to learn from an area where the trend in the rate of deaths by suicide has been downwards.
- 44 The Self Harm and Suicide Prevention Workstream and Subgroup has operated as a subgroup of the Local Safeguarding Children Board (LSCB), led by Dr Stephen Cronin.
- 45 A Self Harm Pathway was agreed by LSCB in October 2016, and published on the LSCB website. A number of Education packages have been agreed, based on nationally available resources, and are being delivered across a number of settings including Universal Services and GP's.
- 46 A review of coding in primary and secondary care is planned in order to improve the monitoring of self-harming incidents.
- 47 Further work is needed in relation to developing better systems of monitoring and response in schools and promoting best practice in schools linked to resilience and mental health awareness programmes. These actions are being added to the 2017/18 work plan.

#### **Additional areas of focus going forward: Communication and engagement**

- 48 Fundamental to implementation of the Local Transformation Plan is effective ongoing communication and engagement with children, young people, their families and wider stakeholders.

- 49 A number of areas are identified to support the delivery of the plan:
- A joint communication plan needs to be developed about: services/pathways, key messages about mental health, linking into the Time to Change Campaign;
  - A more joined up approach will be developed to ensure effective engagement and feedback mechanisms with children, young people and their parents and carers;
  - An easy read version of the plan will be developed to accompany the updated plan on a page version.

### **Workforce planning**

- 50 Implementing the Five Year Forward View for Mental Health (2016) recognises that an expansion of the workforce is needed to deliver the increase in access to mental health.
- 51 A joint agency workforce was required to be in place by December 2016. These plans will maximise opportunities to build capacity and effective pathway and links across CAMHS and services able to provide early help and early intervention, and will include continued professional development of existing staff over the next five years.
- 52 Professional development to further the implementation of the Children and Young People Improving Access to Psychological Therapies programme (as referenced in paragraphs 26-29) will be included in the workforce development plan.

### **Governance**

- 53 The current governance structure is represented at page 35 in the published plan (link to this is in paragraph 7). The Terms of Reference are being reviewed in early January 2017 to ensure that the membership, remit and reporting arrangements are updated. The establishment of the new Healthy Child Programme Board provides an opportunity to establish links and consider joint reporting arrangements with the Mental Health Partnership Board. The chair of the group will remain with the lead consultant in public health and a vice chair remit for the Commissioning Manager from the CCG to be established. This arrangement will reflect the joint accountability for the delivery of the plan. Going forward, the relationship with the new Healthy Child Programme will be explored.
- 54 It should be noted that as part of the development of a single “whole system” mental health strategy for County Durham, consideration will also be given to the wider governance arrangements for mental health to ensure they remain fit for purpose and reduce any areas of duplication.
- 55 This report of progress of year one delivery is being brought for consideration to the Health and Wellbeing Board in the light of the continuing national priority

given to improving outcomes for children and young people's mental health and the NHS England assurance requirements.

## **Recommendations**

56 The Health and Wellbeing Board is recommended to:

- Note the information provided in the report about new services currently being progressed
- Agree the refreshed County Durham Children and Young People's Mental Health, Emotional Wellbeing and Resilience Transformation Plan and priorities for action in 2017/18.

---

**Contact: Carole Wood, Locum Consultant in Public Health**

**Tel: 03000 267 680**

**Kate Harrington, Commissioning and Development Manager**

**Email: [kate.harrington@nhs.net](mailto:kate.harrington@nhs.net)**

---

---

## **Appendix 1: Implications**

---

**Finance** – The County Durham Children and Young People’s Mental Health, Emotional Wellbeing and Resilience Transformation Plan is funded through a range of funding streams from the County Council and Clinical Commissioning Groups, and some derived from national NHS allocations for mental health services. Additional funding release is required from NHS England to CCG’s for the full implementation of the Transformation Plan.

**Staffing** – No implications

**Risk** – Risk areas are being monitored by the Children and Young People’s Mental Health and Emotional Wellbeing Group.

**Equality and Diversity / Public Sector Equality Duty** – Obligations for equality and diversity are addressed in the plan.

**Accommodation** - No implications

**Crime and Disorder** - No implications

**Human Rights** - No implications

**Consultation** - No implications-this is under consideration by the group, along with a communications plan

**Procurement** - No implications

**Disability Issues** - Target populations include those described as having a disability including learning disability

**Legal Implications** - No implications