

# County Durham Children and Young People's



## Mental Health, Emotional Wellbeing and Resilience

**Transformational Plan Assurance**

2015 – 2020  
(2017 Refresh)



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# Children and Young People’s Mental Health, Emotional Wellbeing and Resilience County Durham Transformation Plan Refresh 2017

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

## 1. Introduction

This document is the refreshed plan for the Children and Young Peoples Mental Health and Wellbeing Plan for County Durham. It has been written and published to enable all Partners and Stakeholders to see the progress being made against the local five year plan which was set out in 2015.

The Plan should be read alongside the Five Year Forward View for Mental Health<sup>1</sup> and its Implementation Plan and it will also form an element of the Sustainability and Transformation Plans (STPs)<sup>2</sup> <sup>3</sup>for North Durham and Durham Dales, Easington and Sedgefield CCGs.

As the original 2015 document incorporated the Child and Adolescent Mental Health (CAMHS) strategy, so this also updates the local CAMHS strategy and transformation plan.

## 2. What is the Children and Young People's Mental Health and Wellbeing Transformation Plan?

The original transformation plan provided a framework to improve the emotional wellbeing and mental health of all children and young people across County Durham over five years. The aim of the plan is to make it easier for children, young people, parents and carers to access help and support when needed and to improve mental health services for children and young people.

The plan sets out a shared vision, high level objectives, and an action plan which takes into consideration areas of interest specific to health, local authority, Voluntary Sector and the voice of the Children and Young people and their families.

Successful implementation of the plan will result in:

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

This refresh of the plan sets out what has been achieved to date, what the next steps are and the longer term plan over the remaining three years and beyond. It will also discuss whether, as a result of engagement or other factors, the priorities have changed.

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<sup>1</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

<sup>2</sup> <http://www.northdurhamccg.nhs.uk/involve-me/stp/>

<sup>3</sup> <https://www.durhamdalesasingtonsegedfieldccg.nhs.uk/get-involved/sustainability-transformation-plan-stp/>

Our Local Transformation Plan (LTP) was developed collaboratively, with an integrated approach, and co-produced with local stakeholders including children and young people and it outlines the need to transform care and support on a whole system basis. Our continued aim is to build infrastructure to ensure children and young people have resilience and are able to thrive to markedly improve their lives. This will happen alongside the development of a system of prevention enabling services to respond quickly to need, with specific, targeted support to vulnerable children.

Significant progress has been made in the implementation of the plan. We knew that we needed to really understand what children, young people and their families needed and wanted to involve them in development of services. This 2017 refresh of the plan summarises the progress that has been made as well as ongoing plans for the future transformation of care in context of lessons we have learnt as well as the changing landscape in particular the development of our local Sustainable Transformation Plans (STP).

Over the next three years (2017-2020), work will focus on realigning resources to the areas of need, to improve and enhance early intervention, prevention and specialist mental health services. Work will also ensure that services deliver across changing demographics and local needs. As part of embedding the new model, significant workforce development will be required to ensure shared decision making across service boundaries. This will require a variety of training, skill development and transference to ensure the workforce has both the capacity and capability to meet the needs of our current and future population.

This plan will be published and also be available on CCG, Local Authority and partner websites. An easy read version, drawn up by Investors in Children, will also be made available.

### 3. Our Vision

Our vision remains the same as the original plan;

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

#### 3.1 How are we going to achieve our vision?

The County Durham Transformation Plan was developed to bring about a clear coordinated change across the whole system pathway to enable better support for children and young people; realising the local vision. The purpose of this refreshed plan is to enable stakeholders and partners to see the progress made towards the delivery of our vision.

A *whole system* approach to improvement has been adopted. This means health organisations, local councils, schools, colleges, youth justice and the voluntary sector working together with children, young people and their families. This has been maintained

through;

- Mental Health Partnership Board
- Children and Young People Mental Health local transformation plan group
- Crisis Care Concordat Steering Group
- Healthy Child Programme Board

Fundamental to the plan, is partnership working and aligned commissioning processes, to foster integrated and timely services from prevention through to intensive specialist care. Through investing in prevention and early intervention children and young people will receive appropriate treatment before issues become harder and more costly to address.

We are addressing poor mental health in new mothers through a review of perinatal mental health services with a view to investing in the future and expansion of the crisis service for children and young people.

Public Health in Durham County Council has undertaken a major piece of work to re-model the prevention and early intervention services which they commission. These include Health Visitors and School Nurses as well as services for the whole family commissioned from voluntary and community sector organisations.

The initial plan is based on the five themes within *Future in Mind*. These continue to be the Themes for the Transformation of services as this enables us to focus our work and ensure that all areas of the pathway and system delivering it are transformed and improved.

**Table 1: Recommendations of Future in Mind**

The recommendations made in the report were based around five key themes:		
1	<b>Promoting resilience, prevention and early intervention</b>	<i>Our aim is to act early to prevent harm, by investing in the early years, supporting families and those who care for children and building resilience through to adulthood.</i>
2	<b>Improving access to effective support</b>	<i>Our aim is to change how care is delivered and build it around the needs of children and young people and families. This means moving away from a system of care defined in terms of the services organisations provide to ensure that children and young people have easy access to the right support from the right service at the right time.</i>
3	<b>Care for the most vulnerable</b>	<i>Current service constructs present barriers making it difficult for many vulnerable children, young people and those who care for them to get the support they need. Our aim is to dismantle these barriers and reach out to children and young people in need.</i>
4	<b>Accountability and Transparency</b>	<i>Far too often, a lack of accountability and transparency defeats the best of intentions and hides the need for action in a fog of uncertainty. Our aim is to drive improvements in the delivery of care, and standards of performance to ensure we have a much better understanding of how to get the best outcomes for children, young people and families/carers and value from our investment.</i>
5	<b>Developing the workforce</b>	<i>It is our aim that everyone who works with children, young people and their families is</i>

*ambitious for every child and young person to achieve goals that are meaningful and achievable for them. They should be excellent in their practice and able to deliver the best evidenced care, be committed to partnership and integrated working with children, young people, families and their fellow professionals and be respected and valued as professionals themselves.*

The full report can be accessed via:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

#### 4. LTP ambitions 2020/21.

By 2020/21 we will have built on existing practice to ensure:-

- Every young person in County Durham has access to a graduated and timely response to emotional health issues, ranging from maintaining a healthy mind to acute crisis
- That County Durham has a joined up system for early help that operates based on the THRIVE<sup>4</sup> approach and harnesses the capacity of the third sector.
- All County Durham educational settings are better equipped to support the emotional health of their populations working within the getting advice and getting help quadrants of the THRIVE approach.
- That access to getting more help and risk support is available through local settings including primary, acute and specialist care, is timely, and based on clear pathways of care linked to different types of need.
- We will have one single point of access.
- Coordinated robust risk support is available for the most vulnerable between partners including youth justice.
- By 2020/21, in-patient stays for children and young people will only take place where clinically appropriate, and will have the minimum possible length of stay, and will be as close to home as possible and be commissioned on a 'place-basis'
- Everyone in contact with children and young people feels equipped to actively support their mental health and wellbeing
- Well informed commissioners with comprehensive intelligence about needs and provision who strive to co-produce with children, young people and their families leading to innovative, creative and responsive support across a range of services from primary to inpatient and secure settings.
- Support services to seek the views of our most vulnerable
- Maximise opportunities to capture feedback, incorporate this into discussions and work to improve quality.
- Perinatal mental health service supporting the needs of our population to ensure timely assessment, early intervention and appropriate referral into specialist services when required

#### 5. National Policy Context

The original Transformation Plan was borne out of the *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing* which emphasised the crucial importance of early intervention in emerging emotional and mental

<sup>4</sup> <http://www.implementingthrive.org/wp-content/uploads/2016/03/thrive-elaborated-2nd-edition29042016-1.pdf>

health problems for children and young people. The publication of *Future in Mind (2015)* - highlighted the difficulties children, young people and their families have in accessing mental health support and the need to transform the services offered. All CCG's were required to develop a LTP. North Durham and Durham, Dales and Easington CCG's developed and published their LTP in November 2015.

Achieving these outcomes will involve transforming the whole system of care and our plan is based around three inter-related programmes of work:

- Building the infrastructure, including skilling up the workforce to respond to young people's mental health and promoting anti-stigma;
- Shift in the balance of resources towards prevention, early intervention, resilience and promoting mental health and wellbeing; and
- Targeting resources to those most at risk for example, those in crisis, Looked After Children and those known to youth offending services.

The transformation of the service offer involves developing more personalised services based around the needs of the individual and their families. New services are being co-designed and evaluated by our children/ young people and their parents/ carers.

The Operational Planning Guidance for 2017-19<sup>5</sup> includes a number of areas for mental health service provision and some specifically for the improvement of services for Children and Young People. This document is available on the Department of Health website <https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>

Mental Health has been identified as a priority area to address within our local STP based on the potential to improve outcomes of care. We will maximise opportunities to collaborate with commissioners and providers of care to share approaches and resources across the STP to ensure a sustainable system. The LTP is an important part of the CCG's STP being developed across the North East and Cumbria. We have a track record of working together across County Durham with the development of the Early Intervention in Psychosis service, the children and young people's specialist eating disorder service as well as the current perinatal mental health community development bid.

Earlier this year the Government announced its intention to publish a Green Paper on children and young people's mental health. The paper will set out plans to transform services in schools, universities and for families with extra mental health staff training. By 2021 the aim is put an end to the practice of children being sent away from their local areas to receive care, treatment and support.

## 6. Local Policy Context

There are a number of other documents that detail how we want to improve mental health services for children and young people. They are listed below:

- **The CCGs Clear and Creditable plans 2012-2017<sup>6,7</sup>** - These set out a number of key

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<sup>5</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>

<sup>6</sup> <https://democracy.durham.gov.uk/documents/s26246/North%20Durham%20CCG%20Report.pdf>

<sup>7</sup> <https://www.durhamdalesasingtonsegedfieldccg.nhs.uk/wp-content/uploads/2013/09/ddes-ccp-summary.pdf>

areas to focus on within mental health. In addition to these plans, CCGs have recently reviewed Tier 3 specialist CAMHS and have set a priority to improve access to urgent mental health assessments and community eating disorder services.

- **The County Durham Joint Health and Wellbeing Strategy<sup>8</sup>** - This sets out the way in which every child can have the best start in life. It will be done by improving their emotional health and wellbeing.
- **The County Durham Children, Young People and Families Plan 2016–2019<sup>9</sup>** - This outlines a three year vision for improving services for children and young people and includes children and young people’s mental health services.

## 7. Collaborative Commissioning

It is the aspiration, over the duration of this plan, to develop a collaborative commissioning model for children and young people’s mental health and wellbeing between the CCG, local authorities and other partners, enabling all areas to accelerate service transformation.

North Durham CCG and Durham Dales, Easington and Sedgefield CCG already commission a number of services including CAMHS<sup>10</sup> with Darlington CCG. Further collaborative commissioning across three CCGs includes crisis service, community eating disorder service and intensive home treatment.

Collaborative commissioning plans with NHS England Specialised Commissioning<sup>11</sup> will continue to be developed. These plans will need to include the further development of integrated pathways supporting crisis, admission prevention and safe discharge. A joined up approach with Health and Justice Commissioners will also be established.

Collaborative projects will deliver more efficient use of resources by commissioning and delivering some services at scale. The costs of Specialist CAMH Services are unlikely to be reduced, but efficiency will improve as a result of the implementation of a THRIVE informed service delivery model which will result in increased throughput (more detail of what this means is in section 13). Additional efficiencies will be delivered by reducing the numbers of professionals involved in complex families for whom managing risk is the primary support/intervention.

**Table 2: Collaborative Commissioning achievements and commitments**

What we have achieved in Year 1 (2015/16)	What we have achieved in Year 2 (2016/17)	What we will do in year 3 (2017/18)
Multi-agency CYP Mental health, Emotional Wellbeing and Resilience Group established with a number of working groups	Development of joint agency plans, ensuring the continuous professional development of existing staff.  Developed collaborative commissioning plans with NHSE specialist commissioning team for children and young people with complex needs	Implementation of the joint agency workforce plan. Implementation of collaborative commissioning plans with NHSE specialist commissioning team for children and young people with complex needs  Complete the review of mental health support to children and young people with learning

<sup>8</sup> <http://www.durham.gov.uk/jhws>

<sup>9</sup> <http://www.countydurhampartnership.co.uk/media/13659/Children-Young-People-and-Families-Plan-2016--2019-Delivery-Plan/pdf/ChildrenYoungPeopleandFamiliesPlan201619.pdf>

<sup>10</sup> [http://www.countydurhamfamilies.info/kb5/durham/fsd/organisation.page?id=le0wpb\\_gjck](http://www.countydurhamfamilies.info/kb5/durham/fsd/organisation.page?id=le0wpb_gjck)

<sup>11</sup> <https://www.england.nhs.uk/commissioning/spec-services/>

disabilities.

Deliver improvements to the pathway for children and young people with potential ASD.

Review current emotional and mental health provision to looked after children and care leavers by March 2018.

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

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

Information in key policy documents suggests:

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder;
- Between 1 in every 12 and 1 in every 15 children and young people deliberately self-harm;
- More than half of all adults with mental health problems were diagnosed in childhood - less than half were treated appropriately at the time;
- A number of young people aged 15-16 with depression nearly doubled between 1980s and 2000s;
- Proportion of young people aged 15-16 with a conduct disorder more than doubled between 1974 and 1999;
- 72% of children in care have behavioural or emotional problems;
- About 60% looked after children in England have emotional and mental health problems and a high proportion experience poor health, educational and social outcomes after leaving care;
- 95% of imprisoned young offenders have a mental health disorder.

Adverse Childhood Experiences (ACEs) are situations which lead to an increased risk of children and young people experiencing impacts on health, or other social outcomes, across the life course<sup>17</sup>.

The following ACEs are all associated with poorer mental health outcomes for children and adolescents:

- Witnessing domestic violence and abuse
- Being party to a safeguarding arrangement or becoming a Looked After Child
- Living with a parent with mental health issues
- Who have been abused, physically and/or emotionally.
- Parental alcohol and substance misuse
- Bereavement and loss.
- From low income households and where parents have low educational attainment;
- With disabilities, including learning disabilities;

- From Black Minority and Ethnic (BME) groups including Gypsy Roma Travellers (GRT);
- Who identify as Lesbian, Gay, Bisexual or Transgender (LGBT);
- Who experience homelessness;
- Who are engaged within the Criminal Justice System;
- Whose parent(s) may have a mental health problem;
- Who are young carers;
- Who misuse substances;
- Who are refugees and asylum seekers;
- Who have been abused, physically and/or emotionally.

## 9. Children and Young People's Mental Health: Local Profile of Need

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, and 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, social determinants.

The Public Health England Children's and Young People's Mental Health and Wellbeing tool brings together a selection of the most relevant indicators to support an intelligence driven approach to understanding and meeting need; inform discussions and encourage improvements in services and health outcomes for children and young people. It presents collated data on risk, prevalence and the range of health, social care and education services relevant to the health and wellbeing of children and young people to support local decision making. Much of the data and intelligence contained within this section relates to either the County Durham INA Factsheet on Mental Health and Wellbeing or the PHE Children and Young People's Mental Health and Wellbeing profile, which was updated in July 2017. [Integrated Needs Assessment - County Durham Partnership](#)

Risks to mental health over the life course can manifest themselves at all stages in life. A life-course perspective shows how risk exposures in the formative stages of life – including substance use in pregnancy, insecure attachment in infancy or family violence in childhood - can affect mental well-being or predispose towards mental disorder many years or even decades later.

Most mental illness has its origins in childhood. Early diagnosis and treatment is important as mental health problems in childhood have been shown to be associated with poor outcomes in adulthood. For instance, people who had severe conduct problems in childhood are more likely to have no educational qualifications, be economically inactive and be arrested (Richards and Abbot, 2009).

Mental health problems in children and young people are commonplace, and poor mental health in childhood is associated with:

- Poorer health
- Poorer social skills
- Lower education attainment
- Higher risk of self-harm and suicide
- Higher risk of risky behaviours such as substance misuses
- Higher rates of antisocial behaviour and offending

- Higher levels of future unemployment
- Higher risk of future crime and violence
- Higher risk of adult mental disorder

The most important modifiable risk factors for mental illness and the most important determinants of mental wellbeing are those experienced in childhood. The best opportunities for prevention of mental ill health and promotion of good mental health therefore lie in childhood, many of them in the context of the family. Research suggests that half of all adults with mental ill health experience their first symptoms by the age of fourteen, and three-quarters by the age of twenty-four. The mental health of children and young people may be particularly affected by poor parenting, family issues, abuse and bullying. Tackling mental ill health at this stage can not only help children and families at the time, but can set children up to be happier, healthier adults.

Both 'Future in Mind' ('NHS England and Department of Health, 2015) and 'No Health without Mental Health' (Department of Health, 2015) 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.

Children with poor mental health are:

- At greater risk of physical health problems;
- More likely to smoke than children who are mentally healthy.
- 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'.
- Over four times more likely to have long periods of time off school (County Durham Mental Health Strategy: 2017).

**Table 3:** Estimated prevalence of children with a mental health disorder by CCG, County Durham, North East and England, 2015. Source: Children and Young People's Mental Health and Wellbeing profile, PHE

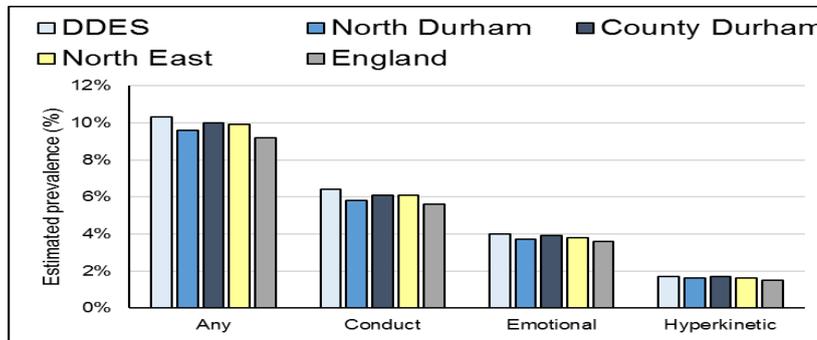
	Period	North Durham CCG		DDES CCG		County Durham		North East	England
		Count	Value	Count	Value	Count	Value	Count	Value
Any	2015	2,855	9.6%	3,731	10.3%	6586	10.0%	9.9%	9.2%
Conduct	2015	1,735	5.8%	2,304	6.4%	4039	6.1%	6.1%	5.6%
Emotional	2015	1,102	3.7%	1,441	4.0%	2543	3.9%	3.8%	3.6%
Hyperkinetic	2015	469	1.6%	618	1.7%	1087	1.7%	1.6%	1.5%

Over 6,500 children and young people in County Durham are estimated to have a mental health disorder. The most common mental health disorders for those aged 5-16 years in County Durham are conduct disorders. Around 4,000 young people are estimated to have a conduct disorder; around 2,500 young people are estimated to have an emotional disorder (2015).

Estimates suggest that around one in five children with a mental health condition has more

than one such condition, so the total number of children estimated to have any mental health disorder is less than the sum of the total number of children estimated to have each named condition.

**Figure 1:** Graphical illustration of estimated number prevalence of children with a mental health disorder by CCG, County Durham, North East and England, 2015. Source: Children and Young People’s Mental Health and Wellbeing profile, PHE (July 2017 update)



**Table 4:** Selected mental health indicators for children and young people, County Durham, North East and England. Source: Children’s and Young People’s Mental Health and Wellbeing profile, Public Health England (July 2017 update).

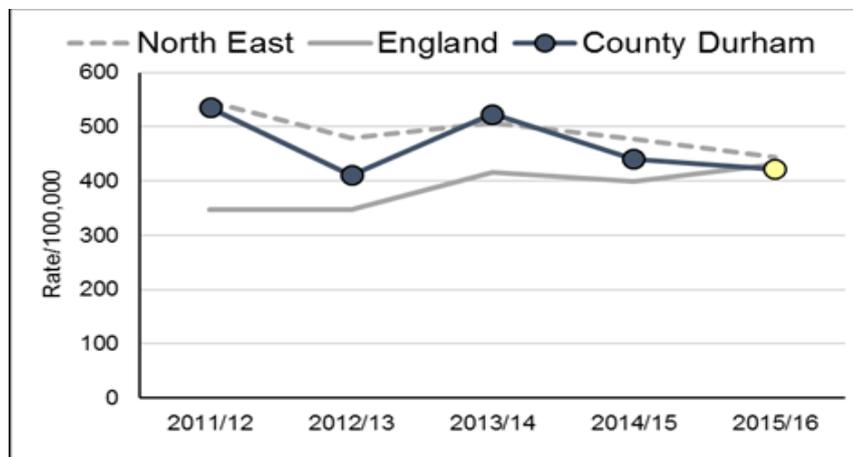
Health	Measure	Period	County Durham		North East	England
			Count	Value	Value	Value
Hospital admissions for mental health conditions	R/100,000	2015/16	86	85.8	96.9	85.9
Hospital admissions as a result of self-harm (10-24 years)	R/100,000	2015/16	399	420.8	442.9	430.5
Persons under 18 admitted to hospital for alcohol-specific conditions	R/100,000	2012/13-14/15	197	65.5	60.4	36.6
Hospital admissions due to substance misuse (15-24 years)	R/100,000	2013/14-15/16	202	98	121.2	95.4
Hospital admissions caused by injuries in children (0-14 years)	R/10,000	2015/16	1,359	163.3	1488	104.2
Hospital admissions caused by injuries in young people (15-24 years)	R/10,000	2014/15	1,037	151.6	152.6	134.1

Statistically significantly worse than England
Not statistically significantly different to England
Statistically significantly better than England

Self-harm is a major concern. Over time, annual self-harm hospital admission rates for young people in County Durham have been consistently statistically significantly higher than England (figure 2). For the period 2011/12 to 2015/16 the overall trend in self-harm admissions has been downward, in contrast to the increase experienced nationally. For 2015/16 the self-harm admission rate locally (420.8) was not statistically significantly different to England (430.5). The graphs below show the rates of self-harm in County Durham as compared to the North East and National levels. However, it should be noted that this is not a true reflection of the scale of self-harm in our communities as the majority of cases of self-

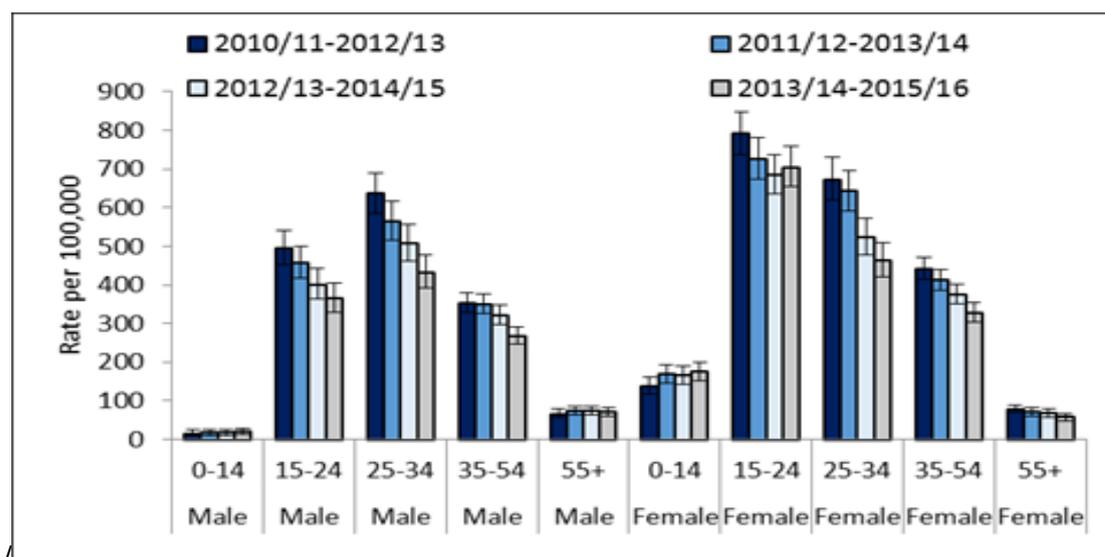
harm will go unreported as they do not lead to either a hospital admission or a GP appointment.

**Figure 2:** Annual hospital admission rates per 100,000 for self-harm, 2011/12 to 2015/16 10-14 years, County Durham, North East and England, Source: Children and Young People’s Mental Health and Wellbeing profile, PHE (July 2017 update)



Rates of hospital admissions for self-harm have been statistically significantly higher in County Durham than England over time, with the exception of 2015/16 (figure 2). Three year pooled hospital admission rates are higher in the younger age bands (figure 3) but have been reducing over time (between 2010/11 and 2014/15), except for those age bands at the extremes (those aged under 15 and 55+). There is a statistically significant difference between the higher rates seen in 2010/11-12/13 and the lower rates of 2013/14-15/16 in all age bands, except for females aged 15-24 years.

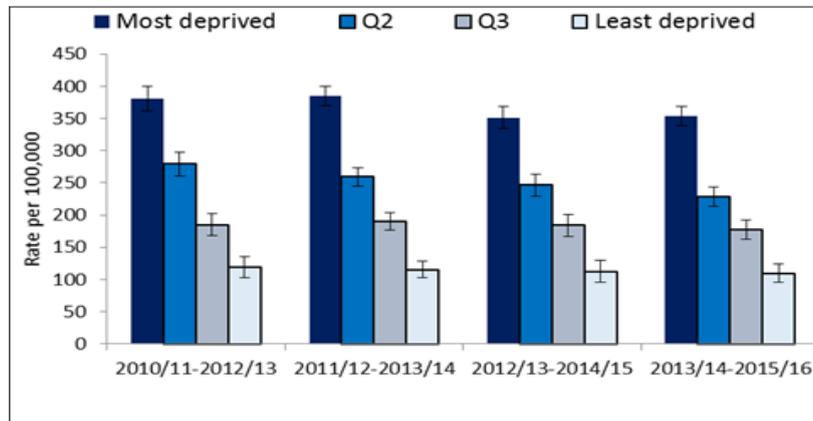
**Figure 3:** Hospital admissions rate per 100,000 for self-harm by age and sex, County Durham, 2010/11-2012/13 to 2013/14-2015/16. Source: Hospital Episode Statistics (HES), PHE LKIS North East



There is a clear social gradient to hospital admission rates for self-harm in County Durham

(figure 4). Admission rates are statistically significantly higher in the most deprived quartile (25%) than the least deprived quartile. Over time admission rates for self-harm across all quartiles has been falling, although the difference is not statistically significant.

**Figure 4:** Hospital admissions rate per 100,000 for self-harm by deprivation quartile, County Durham, 2010/11-12/13 to 2013/14-15/16. Source: Hospital Episode Statistics (HES), PHE LKIS North East



Hospital admission rates of children and young people for mental health conditions in North Durham CCG is statistically significantly higher than both England average and North East and Cumbria NHS region (table 3). The admission rate for DDES CCG is lower than the regional and national rate, but not statistically significantly so. At this point there is no time series data available to see trends over time.

**Table 5:** Hospital admission rates per 100,000 for mental health conditions aged 0-17 – 2014/15 North Durham CCG, DDES CCG, Strategic Clinical Network Northern England and England. Source: Crisis Care profile, PHE Fingertips.

Measure	Period	North Durham CCG	DDES CCG	NHS- North East and Cumbria	England	
Hospital admissions for mental health conditions	R/100,000	2014/15	140.9	84.1	95.3	85.9

The needs and prevalence data shows us that we need to continue to work to reduce the gap in health inequalities as the most deprived communities are still the most likely to suffer mental health deterioration. Of these issues, the most common in children and young people relate to their conduct. Consequently, we are looking at the possibility of investing waiting times money into the Autism assessment unit to speed up the assessment and diagnosis of children and young people with autism. This is obviously not the only behaviour and conduct related issue and others are being tackled more generically rather than specifically. See paragraph 15.6 for further information.

## 10. “Our success so far”

Following the publication of the *Five Year Forward View Mental Health* (FYFVMH) goals<sup>12</sup>

<sup>12</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf>

(which align with *Future in Mind*), CCGs are assured in terms of progress towards achieving those goals. The details of what needs to be achieved by 2020/21 and the CCG progress towards that are outlined in table one below: more detailed outcomes are explained further down.

**Table 5:** Summary of FYFVMH and progress

5 YFVMH Goals	Progress
1 Developing and refreshing a children and young people's mental health Local Transformation Plan on an annual basis, ensuring milestones are achieved, funding allocation is robust and agreed across the system and impact is monitored	County Durham has worked with children, young people, parents/ carers and across the whole system to agree and develop a LTP and vision for children's mental health services
2 A dedicated community eating disorder service is provided achieving the access and waiting times set out nationally in the Eating Disorder Guidance, and that the provider is part of the Quality Network.	A Durham-wide community eating disorder service for children and young people has been implemented and complies with the national Guidance, meaning that young people now receive a NICE compliant service, closer to home.
3 Joint agency workforce plans aligned with the roll out of Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme	County Durham is now a member of the North East, Humber and Yorkshire Learning Collaborative for CYP IAPT with the intention of being compliant in 2017 following scoping and planning in 2016/17, so we can link the development of a whole system workforce strategy to the CYP IAPT programme
4 Ensuring there is a mental health crisis response especially out of normal working hours;	The CCG has commissioned a Paediatric Mental Health Crisis & Liaison team based in the University Hospital North Durham 7 days per week 24/7 and is currently working with Tees, Esk & Wear Valley Foundation Trust to further improve the community crisis response pathway, meaning that CYP presenting at A&E with Mental health issues get the appropriate timely response.
5 Collaborative commissioning plans between the CCG and NHS England with regards Tier 3 and Tier 4 CAMHS;	The CCG is working with NHS England to develop collaborative commissioning plans around crisis care and inpatient pathways. We have delivered new models of care whereby our provider also commission Tier 4 beds.

In 2015-16 we have undertaken a range of improvements to achieve our vision. Good progress has been made against the original LTP published in November 2016, particularly in the following categories: mental health in schools, Peer support for parents/carers, child sexual exploitation.

**Figure 5:** County Durham's success so far



## 11. How we spent the money 2016/17.

In 2016/17 through a broad stakeholder engagement process we identified the areas for prioritisation and focus of funding. The funding has been allocated to address a range of areas of need and to improve the outcomes for CYP through accessing a range of quality

services. There was also a focus on ensuring that as a system the people working within it were supported and skilled to help CYP. Below is information on the initiatives and some of the output/outcomes from them.

Tees, Esk & Wear Valley NHS Trust (TEWV) provider of local Child and Adolescent Health services (CAMHS) made the following improvements in specialist services:

- Reduction in Core CAMHS waiting lists waiting times from over 1 year in 14/15 to now all CYP referred are seen within 9 weeks – **£155,341**
- Increase availability of Crisis intervention /support through the 24/7 model of operation. – **£189,798**
- Enhancing Eating Disorders service to ensure it meets national standards, through increase in workforce and hours of operation – **£109,839**

Two new services commissioned by Durham County Council with funding from the Clinical Commissioning Groups launched in February 2017 to support the Local Transformation Plan.

- Parental Peer Support service - Success North East provides a parent support project for parents and carers whose children are experiencing emotional or mental health issues. The project includes two parent support groups (one in south and one in north Durham), online support through social media, delivering parent training to enable parents to become peer supporters and encouraging professionals to become mental health champions – **The Durham CCGs have invested a total of £19,952**
- CYP Bereavement service - St Cuthbert's Hospice provide a Children and Young People's Bereavement support service (The Jigsaw Project), which extends the work of their existing Bereavement Service to support children and young people, including those who experience loss as a result of suicide and sudden or unanticipated death – **The Durham CCGs have invested a total of £48,968**

## 12. National Evidence of Effective Interventions

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

Early Intervention in Psychosis (14 years plus) - The CCG has already committed the nationally defined level of funding to the Service Provider in anticipation of the introduction of new access standards. National guidance, workforce requirements and gaps in delivering NICE concordant care are being collated to ensure national requirements are met from Quarter 4 2015/16.

CAMHS Liaison Services - National guidance around the delivery of all-age 24/7 Liaison Services has been received. Currently the CAMHS Liaison service is funded non-recurrently and separately to the Adult Service. Further analysis and planning is required to review current gaps in provision against the national standards and develop the required plans for assurance.

The CCGs commission outcome based services which reflect the latest evidence based interventions. This is done in line with the Local Authority *Whole Family* approach and includes the family of the patient in the development and implementation of their care where

required. The CCG is also committed to the development of CYP IAPT, 24/7 CAMHS crisis and Intensive Home Treatment services which are currently under further development following recent approval by all CCGs concerned.

### 13. Priorities and Progress

Good progress has been made during 2016-17; further plans are in development for 2017-18 and beyond to further transform care.

#### **Key priority areas identified for further improvement include:**

- a) Further improvements to the crisis pathway beyond the new Mental Health Crisis & Liaison Service and we will implement an Intensive Home Treatment pathway during 2018.
- b) Link the developments the Crisis and Liaison Pathway (above) to our successful NHS England Health and Justice bid to ensure mental health support is available within our locality, in particular CSE so that a multi-professional team can be responsive to our most vulnerable young people;
- c) Development of a safe place – Tees, Esk & Wear Valley Foundation Trust with support from the CCG was successful in securing funding to convert spaces into a safe place. This funding is being used to create a safe, appropriate environment to assess and meet the needs of children and young people who need to use them if presenting in mental health crisis.
- d) Further improvements to the mental health support to Looked After Children/ Children in Care by identifying the needs and develop pathways to address the needs of these CYP.
- e) Improving the transition pathway to adults and we will utilise the new national Commissioning for Quality and Innovation (CQUINs) as a framework to support the improvements necessary in transition from children to adult services so that experience of care is smooth, informed and supported;
- f) Rollout and embedding of the Thrive approach to inform this whole system approach to improving access.
- g) Investment in the autism pathway to ensure waiting times are NICE compliant as well as a review of the current pathway to see what improvements can be made to improve outcomes, access and experience;
- h) National funds available as part of an STP bid to improve specialist perinatal mental health services;
- i) Early Intervention in Psychosis (EIP) - The CCG has also worked successfully with Tees, Esk & Wear Valley Foundation Trust s in County Durham to commission an EIP service for the full age range that ensures people are assessed and received NICE concordat treatment within 2 weeks of referral
- j) Development and implementation of the County Durham workforce plans and strategy.

### 14. Promoting Resilience, prevention and early intervention

Our aim is to prevent harm, by investing in the early years, supporting families and those who care for children and building resilience through to adulthood. By focusing the service on the whole population of children, the use of schools, Primary Mental Health Workers, council

staff, parents and peers will significantly increase the volume and speed of support. We will measure how effective we are through robust outcome monitoring across the population in County Durham, benchmarking against our peers across the region and nationally. We will explore how we can effectively support our vulnerable groups through collaborative work

To promote good mental health, build resilience, identify and address emerging mental health problems as soon as possible, the following local priorities were agreed:

- Improving access to perinatal mental health care; in line with published guidance
- Increasing capacity and quality within all aspects of the mental health prevention and early help pathway
- Continuing to support for young carers and other key vulnerable groups such as looked after children and young people who offend.

Children's social and emotional wellbeing is not only important in its own right, but is also a contributor to good physical health, and as a factor in determining how well they do at school (National Institute for Health and Care Excellence, 2008). The importance of social and emotional wellbeing in the early years of a child's life in relation to a healthy development is described in 'Supporting Families in the foundation years' (Department for Education and Department of Health, 2011). The social and emotional wellbeing of older children, particularly during the transition from adolescence to adulthood, is of equal importance to future wellbeing. However, the challenges occurring during adolescence are often less acknowledged and understood than those occurring during the early years (Pona, Royston, Bracey, & Gibbs, 2015).

Although anyone can have poor social and emotional wellbeing, it is well evidenced that certain population groups are more likely to suffer from poor wellbeing and have mental health problems. Those children who do develop mental health problems will need additional timely treatment from the appropriate mental health service, supported by the wider services around the child. There is now an increasing emphasis on the need to support the social and emotional wellbeing of the wider population of children and young people, and the need for a clearer distinction between mental health treatment and emotional wellbeing support (Wolpert, et al., 2014).

#### **14.1 Maternity**

With Local Maternity System plans due to be published we need to ensure that our actions link effectively with changes to the way in which maternity services are delivered.

We will work collectively with our clinical and public health colleagues to:

- Establish base line data from both the maternity unit (CDDFT) and the 0-19 service (Harrogate Foundation Trust) to further understand the prevalence of emotional wellbeing and mental health issues through pregnancy.
- Understand the pathway between both services for flagging any concerns and how this links into Early Help services and the available parenting programmes

- Developed a set of performance indicators across maternity and early years services

**Table 5:** Promotion, Prevention and early intervention achievements and commitments

What we have done in Year 1 (2015/16)	What we have achieved Year 2 (2016/17)	What we will do in Year 3 (2017/18).
Mapped out current community perinatal mental health provision, identified gaps and developed outline business case	Engagement with wider stakeholders to refresh the LTP, with focus on prevention and early intervention	Submit an application for Perinatal Mental Health Community Services Development Fund, to support implementation of the new pathway
Initial scoping to explore the capacity in the social emotional and wellbeing pathway with the aim of understanding where there are pressure points in the system Continued investment in young carers services Invested in bereavement care for children and young people	Set up a perinatal mental health steering group to review the current position and develop a specialist community pathway (refine business case).	Potential roll out of the new Psychological Wellbeing Practitioner role, depending on findings in Year 2
<i>Public Health led initiatives:</i>	Ongoing development of the mental health prevention and early help pathway; embedding the CAMHS Single Point of Access, and explore role of the Psychological Wellbeing Practitioner	Public Health Led Initiatives: Rollout and embedding of the Thrive approach to inform the whole system approach to improving access
Public health have invested in five emotional resilience nurses as part of the school nursing service specification across County Durham; the emotional resilience nurses will offer community drop in support alongside the Specialist Community Public Health Nurse teams, and will to work towards a 'one stop shop' philosophy as outlined in Future in Mind	Explore options to enable voluntary and community sector providers to contribute to the whole system pathway	Continued strong engagement with children and young people to retain our focus on their needs making any improvements readable and acceptable.
Development of mental health provider quality framework for schools	Implemented a model for peer support with children and young people, and families	Utilising best practice from Durham's local transformation partnerships we will collaborate with the other partnerships to develop the capacity of Durham's third sector and independent sector to develop standards and pathways for children and young people to quickly access evidence based interventions in non-clinical settings.
Promotion of national help lines	Implemented a model to improve access to bereavement care for children and young people	The Resilience Schools programme will be in all schools along with Youth Aware Mental Health (YAM) aimed to promote resilience and emotional wellbeing in schools
	<i>Public Health Led Initiatives:</i>	
	Resilience in Schools programme, along with Youth Aware Mental Health (YAM) pilot roll out	
	Support 'Time to Change' National anti-stigma campaign	
	Development of social media platforms for CYP, promotion of "head space	
	Evaluation of mindfulness and Relax kids programmes	
	Pathways being strengthened in antenatal pathway and 0-5 specification to identify and respond to vulnerability/mental health issues, including roll out of 2-2.5 year integrated check, and vulnerable parent pathway	Establish base line data from both the maternity unit (CDDFT) and the 0-19 service (Harrogate Foundation Trust) to further understand the prevalence of emotional wellbeing and mental health issues through pregnancy
	Development of parenting programmes based on Solihull approach – family workers, Health Visitors	Develop the pathway between both services for flagging any concerns and how this links into Early Help services and the available parenting programmes
	Building links with youth justice system and improved networking with schools	Develop a set of performance indicators across maternity and

	<p>regarding needs of vulnerable children.</p> <p>Development of new mental health prevention model to inform future commissioning (includes children and young people).</p>	<p>early years services</p> <p>We will work with NHSE to improve Mental health pathways across the secure and detained settings.</p> <p>Increase access to liaison and diversion services by undertaking a pathway review.</p> <p>Development of the local multi-agency suicide prevention plan.</p> <p>Undertake a review of education provision for children and young people with complex social, emotional and mental health needs as part of the SEND joint commissioning plan.</p>
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Durham has already undertaken significant joint working across County Durham and the Durham CCG's to improve access to CAMHS with access to seamless services. In addition to ensure that all children and young people, including those from vulnerable groups are referred to CAMHS, particularly those experiencing their first episode in psychosis<sup>13</sup> are offered NICE recommended treatment within two weeks of referral; these young people would be referred to the TEWV Early Intervention Services, which is a community, based service for people aged 14 to 65 years who have experienced symptoms of psychosis for the first time.

## 14.2 What we commit to doing

Further work will be undertaken in 2017/18 to address current gaps identified in access.

The publication of the Five Year Forward View for Mental Health and subsequent Implementation Plan has assisted all partners in moving forwards. Also, Partners are in agreement that the Thrive approach demonstrates the best outcomes and smoothest pathways for patients and thus is the aspirational model for County Durham which we are moving towards for 2020.

In 2018, the new offer (Thrive approach) will start being applied to the whole of Durham's children and young persons' system to help deliver improved access, reduced waiting times and help deliver clinical efficiencies.

By 2020, the achievement of this will mean that services will be very different for children and young people in County Durham. There will be very easy access with a single place for professionals and the public to refer to for help and advice. This will also provide a navigation service around the system and into other services (including social support, depending on individual need). We will have equity of access across the County so that those in rural areas are still able to access services quickly and easily when they need to. Resilience and recovery will be bolstered significantly in order to reduce the demand on the Crisis teams. We are currently planning a staged implementation of this new approach which will ensure full delivery by 2020.

<sup>13</sup> <https://www.guidelines.co.uk/NICE/Psychosis-in-children/237556.article>

To support the CAMHS crisis service (enabled by the initial funding from NHS England) there will be an Intensive Home Treatment service so that children and young people are treated at home wherever possible.

### **14.3 Perinatal Mental Health**

Increase staff and capacity within TEWV across the STP footprint, in line with the requirements set out in the Five Year Forward View and expansion advice set out in the Health Education England Mental Health Workforce Strategy by developing a community specialist perinatal mental health service to deliver care to more women in the period immediately before and after birth.

Improve and expand the skills and training of staff by training health visitors and midwives in supporting all patients with mental health problems both before and after the perinatal period.

Develop and liaise with wider professionals in other areas by providing, through the health visitors and midwives within the team, education and advice. Build on established links with children's centres, voluntary agencies and GP Practices ensuring engagement with all parts of the care pathway.

### **14.4 Schools and Colleges**

We will work with other local transformation partnerships to identify the best current practice in supporting schools and colleges to identify and help students who have challenged emotional well-being and mental health and develop an offer for Durham schools/colleges.

Consult on expanding the development and training of staff in educational services in County Durham and Darlington by reviewing the evaluation and lessons learnt produced by the Hartlepool and Stockton pilot commissioned by NHSE to test the idea of bringing education and CYP MH services together through a joint mental health training programme.

To ensure in every school that everyone is able to take up training and development of support CYP's resilience and emotional wellbeing by delivering the Resilience in Schools Programme along with the Youth Awareness Mental Health (YAM) pilot.

Provide access to approved online support tools such as MindEd to continue the professional development of educational staff.

Early evidence from pilot sites across Durham suggests a shift in referrals to CAMHS, with GP referrals reducing and schools direct referrals increasing and the overall number of inappropriate referrals declining. We will undertake further work schools to incorporate self-care for non-service users as part of a whole school approach to mental health.

### **14.5 Healthy Child Programme**

The Healthy Child Programme (HCP) is the key universal public health service for improving the health and wellbeing of children through health and development reviews, health promotion, parenting support, screening and immunisation programmes. The local authority has taken on the commissioning of the HCP 0-5 years and its delivery via the universal health visiting service, it is important that it is underpinned by the latest evidence.

We will improve our understanding what works well in key areas such as:

- parental mental health; smoking; alcohol/drug misuse; intimate partner violence; preparation and support for childbirth and the transition to parenthood; attachment; parenting support; unintentional injury in the home; safety from abuse and neglect; nutrition and obesity prevention; and speech, language and communication,

so we can draw out key messages in relation to:

- identifying families in need of additional support; the delivery/effective implementation of interventions at the programme/service level and individual practitioner level
- workforce skills and training.

Prioritisation of the work identified will be undertaken and aligned to the LTP.

## 15. Improving access to effective support

Our aim is to change how care is delivered and built around the needs of children and young people and families. This means moving away from a system of care defined in terms of services organisations provide, to ensure that children and young people have easy access to the right support from the right service at the right time.

To ensure children, young people and families have timely access to evidence based support and treatment, the following local priorities have been set:

- Roll out a model for intensive home treatment (potentially linked with the crisis service model) for children and young people with complex needs;
- Increased access from meeting around 25% of those with a diagnosable condition locally, based on current estimates, to at least 35%. In line with the national target for the NHS of reaching at least 70,000 more children and young people annually from 2020/21.
- Improved access to 24/7 crisis resolution and liaison mental health services which are appropriate for children and young people We are doing this by working with our specialist service to increase capacity and working with our providers to simplify the pathway that patients use to access services.
- By 2020/21, evidence-based community eating disorder services for children and young people, ensuring that 95% of children in need receive treatment within one week for urgent cases, and four weeks for routine cases, through ensured clear reporting and data collection of key indicators; including access and waiting times via contract monitoring.
- Reduce the use of specialist in-patient beds for children and young people with an eating disorder by increasing community services to allow more children and young people to be treated in the community.
- By 2020/21, in-patient stays for CYP will only take place where clinically appropriate, with the minimum possible length of stay, as close to home as possible. Inappropriate use of beds in paediatric wards will be eliminated.
- All in-patient units for CYP will move to be commissioned on a 'place-basis' by localities, and integrated into local pathways

**Table 6:** Improving access to effective support achievements and commitments

What we have done in Year 1 (2015/16)	What we have achieved in Year 2 (2016/17)	What we will do in Year 3 (2017/18).
<p>Invested in a dedicated Children and Young People's Community Eating Disorder Service</p> <p>Extension of CAMHS Crisis Service, with view to imminently moving to a 24/7 service model; development of the new service specification</p> <p>Undertook a scoping exercise in relation to Intensive Home Treatment Service and securing funding to test a more integrated service model</p> <p>Sought to seek investment in a Parental Peer Support Network</p>	<p>Invested and embedded of enhanced Community Eating Disorder Service for Children and Young People and monitoring of access and waiting times.</p> <ul style="list-style-type: none"> <li>• Urgent cases are already being seen within 1 week.</li> <li>• Awareness raising and promotion with GPs</li> </ul> <p>Implemented the 24/7 children crisis assessment of treatment service, which will interface with the developing 'all age' liaison service</p> <p>Piloted and undertook an interim evaluation of the Intensive Home Treatment Service</p> <p>Increased capacity to reduce CAMHS waiting time, particularly in regard to Autistic Spectrum Disorder (ASD) assessment for a time limited time.</p> <p>Implement waiting time standards for early intervention in psychosis</p>	<p>We will further improve the community crisis response pathway and intensive home treatment services to reduce inpatient stays.</p> <p>Process improvement on the ASD pathway and implement a NICE compliant pathway</p> <p>Increased access from meeting around 25% of those with a diagnosable condition locally, based on current estimates, to at least 35%.</p> <p>Delivery of a new perinatal mental health support service across County Durham.</p> <p>We will consult on looking at expanding the Crisis and ESD services to staff in other areas and partners to provide development and training to staff.</p> <p>Waiting times for Specialist CAMHS treatment Agree targets-</p> <ul style="list-style-type: none"> <li>• 100% urgent cases within 24 hours</li> <li>• 95% triaged at CPE within 6 weeks</li> <li>• 95% seen by specialist team within 6 weeks</li> <li>• 95% seen by anxiety and depression team within 6 weeks</li> <li>• 95% seen by ADHD team within 6 weeks</li> </ul>

## 15.1 What we commit to doing

### 15.2 CAMHS Crisis

The CCGs have commissioned a Mental Health Crisis & Liaison team based in County Durham and Darlington Foundation Trust (CDDFT), 7 days per week 24/7 and is currently working with Tees, Esk & Wear Valley Foundation Trust to further improve the community crisis response pathway.

We will monitor progress in improving timeliness and quality of assessments, treatment and support; multiagency working; reducing the number of preventable admissions to hospital/ Place of Safety; improve patient experience

We will consult on looking at expanding the Crisis and ESD services to staff in other areas and partners to provide development and training, upskilling staff on the Eating disorder and Crisis awareness

### 15.3 Eating Disorder Service

The proposal for community Eating Disorder provision, as part of the 0-25 service, was to develop an integrated team embedded within the overall service model. The additional Local

Transformation Plan investment has ensured that a full staff team is available to deliver against the national access standards, as well as ensuring a more proactive approach to identifying patients who are suspected as having an eating disorder. This development is beginning to address issues such as inequity in treatment options relating to psychological therapies, for example ensuring wider access to psychological therapies to all service users as opposed to only offering intervention to those with a more severe eating disorder.

We will work with TEWV to understand how we would build capacity in the community eating disorder team in line with the Joint commissioning guidance from NHS England and the National Collaborating Centre for Mental Health (NCCMH)<sup>14</sup>. We will consider options around enabling the team to provide development and training to staff in education, primary care, social services, paediatrics, and other agencies enhancing their skills and competencies to meet the emotional, psychological and social development needs of CYP with eating disorders to support early identification.

#### **15.4 Transition and integrated mental health and wellbeing**

The CCGs plans to deliver the primary care General Practice Forward View (2016) will be integrated in design to support transitional services for vulnerable ages and be a part of the prevention and early intervention pathway. Continuity of service for those transitioning from improved children and young people pathways to adult, or from inpatient or secure care pathways will be scoped as part of local Multispecialty Community Providers plans.

#### **15.5 Youth Offending**

Health and Justice Commissioners<sup>15</sup> in Cumbria and North East are leading a project which is part of a national drive to improve collaborative commissioning. This will involve NHS H&J commissioners working together with local partners to coordinate commissioning activities more effectively. The project is focused on those children and young people who are in receipt of services from some or all of the following:

- In the Youth Justice System, including in custody and detention;
- Presenting at Sexual Assault Referral Centres;
- Liaison and Diversion;
- Welfare placements in the Children and Young People's Secure Estate.

The CCGs will be working with partners from across Speech and Language Therapy, the Police, Youth offending teams, social care and CAMHS to ensure that the children and young people who are known to youth offending teams have appropriate screening and assessment to ensure their needs are identified and supported. The CCGs are currently waiting on the outcome of a bid to enable us to provide Consultant Child Psychologist expertise to improve assessment of, and intervention for, young people with Harmful Sexual Behaviour in the youth justice system, focussing on their mental health.

#### **15.6 Autism Spectrum disorder**

Waiting times for Autistic Spectrum Disorder (ASD) diagnosis are unacceptably long across County Durham following a long-term increase in demand. The assessment process is multi-disciplinary (known as the Multi-agency Autism Assessment Team (MAAT)) and requires observational assessments which seek to reach a conclusion about why a child or young person acts in a certain way. The pathway is managed by Tees, Esk and Wear Valley NHS

<sup>14</sup> <http://www.rcpsych.ac.uk/workinpsychiatry/nccmh/niceclinicalguidelines.aspx>

<sup>15</sup> <https://www.england.nhs.uk/commissioning/health-just/>

Foundation Trust (TEWV) for both North Durham and DDES CCGs but with input from the Speech and Language Therapy service commissioned from North Tees and Hartlepool NHS Foundation Trust (NTHFT), Paediatric services from County Durham and Darlington NHS Foundation Trust (CDDFT) and Education services provided by Durham County Council. Referrals for ASD assessment are allocated an ASD Co-coordinator who is a clinician from TEWV.

In 2016 NHS England funding (£256,000) was made available to address waiting times in CAMHS services across North Durham CCG and DDES CCG. Of this, £219,750 was allocated by the CCGs to the ASD diagnostic service. Targeted waiting time resource during 2016/17 to improve waiting times for ASD diagnosis was successful in achieving objectives however it was acknowledged in advance that the time limited nature of the funding and lead time to implement whilst bringing about improvements from removing long waits would mean that these improvements could not be sustained.

North Durham CCG and Durham Dales, Easington and Sedgefield CCG are working together with Tees, Esk and Wear Valley NHSFT and other participants in the pathway in a two-pronged approach to tackle the issue. One element of the work will focus on those currently on the waiting list; getting them assessed as soon as possible and a diagnosis formulated. The second element will focus on the longer term to ensure that the waiting times do not creep up again. This will require all organisations involved to undertake some process improvement work on the pathway together. The outcome of this will be presented to CCGs for decisions on implementation in early 2018.

## 16. Care for the most vulnerable

We will improve the experience and outcomes for the most vulnerable and disadvantaged children, ensuring they are adequately supported at key transition points.

County Durham CAMHS includes a range of specialist services designed to support vulnerable children and young people. Local priorities include:

- Developing appropriate bespoke care pathways that incorporate models of effective, evidence-based intervention for vulnerable young people exhibiting behaviours that challenge;
- Optimising the model of specialist care and support for vulnerable young people,
- Particularly those in transition between services.

**Table 7:** Caring for the most vulnerable achievements and commitments

What we have done in Year 1 (2015/16)	What we have done in Year 2 (2016/17)	What we will do in Year 3 (2017/18)
<p>Commissioned Investing in Children (IiC) to undertake targeted engagement work with hard to reach groups including Looked After Children and Gypsy, Roma Travellers (GRT0)</p> <p>Further analysis of the reasons for Do Not Attends (DNA).</p> <p>Discussions with children and young people on finding solutions to DNA issues.</p>	<p>Inputted into the regional Learning Disabilities model for children and transitions</p> <p>Implementation of the Care and Treatment Reviews for children and young people with Learning Disabilities, which included commissioning of evidence based interventions</p>	<p>Implementation of collaborative commissioning plans with NHS England's specialist commissioning team for children and young people with complex needs.</p> <p>CAMHS Transition Pathway – Support and monitor implementation of the CQUIN to improve transition or discharge for young people reaching adulthood</p>

	<p>Supported children and young people requiring individual continuing care packages</p> <p>Develop collaborative commissioning plans with NHS England's specialist commissioning team for children and young people with complex needs</p> <p><i>Through the Local Safeguard Children's Board:</i> Training rolled out to GPs to aid recognition and response to self-harm</p> <p>Universal training package to schools on self-harm risk identification and response</p> <p>Review of coding in primary care and secondary health services</p> <p>Development of pathways including links between schools and GPs</p> <p>Implemented the regional Learning Disability Transformation Programme</p>	<p>Safe place and improved Crisis Assessment facilities in place across Durham.</p> <p>Increase the uptake of personal budgets by families of children with mental health disorders by from a 2017 base line.</p>
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### 16.1 Implementation of the Care and Treatment Reviews (CTR) for children and young people with Learning Disabilities, which included commissioning of evidence based interventions.

CTRs were developed as part of NHS England's commitment to improving the care of people with learning disabilities, autism or both in England with the aim of reducing admissions and unnecessarily lengthy stays in hospitals and reducing health inequalities.

People with learning disabilities, autism or both have a right to CTRs if they are in hospital for a mental health problem or behaviour that challenges services. They and their families need to know they can ask for one if they need one, or if they haven't been offered one. Commissioners have said it gives them a lot of insight into the person they commission services for. Care and Treatment Reviews are designed around the person and their person centred plan.

The keys changes in the policy for Care and Treatment Review policy introduced in 2017:

- Greater focus on the quality of CTRs and the values which underpin them
- New measurable national standards by which CTRs are to be carried out
- Clearer emphasis that CTRs are for people with autism, as well as for people with learning disabilities
- A separate Policy Annex on Care and Treatment Reviews for children and young people and a change of name to Care, Education and Treatment Reviews, (CETRs) to ensure the young person's learning needs are also considered, working with key people from education
- Changes in the frequency of CTRs to:
  - Every six months for people in non-secure hospitals

- Every twelve months for people in secure hospitals
- Every three months for children and young people in hospital
- Post-admission CTRs take place within four weeks of admission other than for children where this is within two weeks of admission
- The right to request a CTR in community and inpatient settings
- CTR panel to follow new key lines of enquiry template
- Greater emphasis on evidencing recommendations
- Clearer responsibilities and checklist for providers to gather the evidence required in advance and actively to support the process before, during and after a CTR
- Recommendations in CTR reports to name people responsible for carrying out each action by a given date, with a responsibility for commissioners to oversee a process of checking, resolving difficulties and ensuring that the person and their family is aware of progress
- Two new resources for the person having a review: one providing all the information needed in one booklet; the other booklet providing new tools such as a CTR consent form, CTR planning document, CTR feedback form and a template to support the person to record key actions to be carried out in the way they find most helpful
- New resource for experts by experience

Strategic links are now well developed across the 0-25 MH Programme<sup>16</sup> and Transforming Care Programme<sup>17</sup> in recognition of the synergy between the two.

CTR Process Improvements/Progress:

- A Standard Operating Procedure has been developed to underpin the CTR process.
- A clear referral and tracking process in in place.
- SEND co-ordinator has started to receive EHCPs: these are now being placed on care notes and tracked in the database

## 16.2 What we commit to doing

### 16.3 Transition

Will we work with our CAMHS provider on the Transition Pathway by ensuring a local transition CQUIN is in place and effectively delivered to improve transition or discharge for young people reaching adulthood to achieve continuity of care through systematic client-centred robust and timely multi-agency planning and co-ordination.

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

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

By March 2018, we will have a system that will deliver, at least 6 months before transitioning:

<sup>16</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/590242/Evaluation\\_of\\_the\\_MH\\_services\\_and\\_schools\\_link\\_pilots-RR.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/590242/Evaluation_of_the_MH_services_and_schools_link_pilots-RR.pdf)

<sup>17</sup> <https://www.england.nhs.uk/learning-disabilities/care/>

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

#### **16.4 Personal Budgets for Children and Young People**

Personal budgets are a way to improve outcomes by giving people more choice and control over the care they receive. They focus on personalised care and support planning, and let people choose how to meet their healthcare needs in different ways. Personal budgets can be managed in three ways: a direct payment, a third party budget or a notional budget.

The 'right to have' a personal health budget currently applies both to young adults and children who are eligible for NHS Continuing Healthcare.

#### **16.5 Implementation of collaborative commissioning**

Collaborative commissioning plans with NHS England Specialised Commissioning will be continue to be developed these plans include the further development of integrated pathways supporting crisis, admission prevention and safe discharge. A joined up approach with Health and Justice Commissioners will also be established.

#### **16.6 Specialist Commissioned services for SEND**

The commissioning team work closely with the SEND teams and with stakeholders to ensure that the services being commissioned meet the needs and required outcomes of all those with a special educational need or disability.

A range of services are commissioned, from countywide services such as domiciliary care services to individual placements in schools/colleges. An up to date list of all of these services is available on the Local Authority Local Offer.

<http://www.countydurhamfamilies.info/kb5/durham/fsd/localoffer.page?localofferchannel=0>

## **17 Accountability and transparency**

In line with the aspirations and principles set out in *Future in Mind*, we have driven improvements in the delivery of care and standards of performance to ensure we have a much better understanding of how to get the best outcomes for children, young people and families/carers and value from our investment.

Locally we have:

A Children and Young People's Mental Health Transformation Plan Group for County Durham has been established to ensure improvements in children and young people's mental health are delivered in line with the aspirations of the Transformation Plan and the priorities identified in the CD MH Strategy. An LTP tracker has been developed and shows the performance monitoring and risks. This is achieved through a partnership approach bringing together commissioners across the system (CCGs, Children's Services, adult's services, Public Health and NHS England) to oversee the delivery, monitoring and on-going development of the Local Transformation Plan. The Children and Young People's Mental Health Transformation Plan Group (all providers and parent representatives) will oversee delivery and hold stakeholders to account of the LTP deliverables.

For further transparency the CCGs are collaboratively working with providers to deliver details of their contracts by service line (in accordance with the requirements of the 5YFVMH) and activity throughout 2017/18 so that commissioners can use it to deliver different and innovative approaches to commissioning.

**Table 8:** Accountability and transparency achievements and commitments

What we have done in Year 1 (2015/16)	What we have done in Year 2 (2016/17)	What we will deliver in Year 3 (2017/18)
<p>Mental health governance structure agreed by Health and Wellbeing Board</p> <p>Multi-agency CYP Mental Health, Emotional Wellbeing and Resilience Group established with a number of working groups</p> <p>Engagement with children and young people about the plan and local priorities</p>	<p>Implementation of the refreshed engagement and communication plans</p> <p>Developed an all age County Durham Mental Health Strategy.</p> <p>Supported implementation of the National Mental Health Services Data Set (MHSDS) to establish a baseline so that changes in services can be assessed; this will support transparency</p> <p>Dedicated project support to ensure coordination of the plan and drive through transformational change</p> <p>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;</p> <p>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;</p> <p>We engaged with children, young people, parents and carers and other key stakeholders on the ongoing development, delivery and review of this plan;</p> <p>Developed clear reporting and data collection of key indicators; including access and waiting times;</p> <p>Publish an annual report setting out key achievements, areas for improvement and further action required</p>	<p>Oversight and monitoring of delivery of the annual refresh of the plan</p> <p>A streamlining of governance for mental health</p> <p>development and implementation of a single performance and outcomes framework</p> <p>Peer review and challenge of the implementation progress, spending and impact of transformation ambitions with local transformation partners.</p>

## 18. Workforce Development

It is recognised that recruiting into mental health roles in County Durham can be challenging but by investing in the Universal and Early Help workforce we aim to ensure that Children and Young People receive the support they need at the earliest opportunity and the workforce has the skills and knowledge needed.

This work theme also promotes opportunities to work across County Durham and the Sustainability Transformation Plan footprint to build, train and retain the workforce.

We will 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. As part of our workforce development plan, we will explore new ways of working and the development of new roles within CAMHS. Recruitment and retention is a significant challenge and we need to recruit more people into the CAMHS workforce offering more flexible entry routes and build more rewarding careers to ensure retention of staff. To support the new models of care we will promote stronger leadership, management and commissioning and sustain these changes through and beyond the life of the plan.

Locally we will:

- Offer training in universal settings including Primary Care (via Primary Mental Health Workers);
- Ensure a highly skilled workforce by working with the existing CYP IAPT programme to deliver post-graduate training in specific therapies, leading organisational change and supervision in existing therapeutic intervention and whole-team development;
- Develop a detailed workforce plan to address the skills gap in staff working with children, young people and their family/carers.
- Allow services to take up the offer of training places without the need for backfill roles.
- Increase capacity in services by increasing the workforce within the partnerships.
- To build capacity within the North East of skilled practitioners and clinicians who could be employed to backfill future training roles (if the new workforce were not taken on by the employing partnership).

**Table 9:** Workforce achievements and commitments

What we have done in Year 1 (2015/16)	What we have achieved in Year 2 (2016/17)	What we will do in Year 3 (2017/18)
Primary Mental Health Workers have offered a number of sessions to a range of professionals including GPs and Practice Nurses	We invested in training existing staff through the CYP IAPT training programme, including sending new staff through the training courses and supervision	Implementation of the joint agency workforce plan and strategy as part of the prevention and early intervention pathway work.
Supported backfill for staff participating in courses as part of the CYP IAPT programme	Training opportunities have been advertised widely through appropriate networks and partnerships and provider staffing backfill costs are supported as per the national investment	Development of joint agency plans, ensuring the continuing professional development of exiting staff
	0 – 19 team have been trained in perinatal mental health and Solihull approaches	Extending CYP IAPT principles to wider workforce in contact with CYP; using outcome measures in their delivery
		Children’s Professional Workforce Framework will be developed

### 18.1 What we commit to doing

A workforce development strategy is in production as part of our prevention and early intervention pathway work. We are working with our CAMHS provider to establish activity and workforce trajectories as part of our local transformation plan refresh. The training opportunities have been advertised widely through appropriate networks and partnerships and

provider staffing backfill costs are supported as per the national investment. We are engaged in the IAPTS Collaborative.

The CCG intends to work in partnership with Public Health and Children's Services locally, to develop a multi-agency workforce plan in 2017/18 using a suitable Dynamic Workforce Planning Tool. This work has started with the scoping and mapping of skills and expertise already within the County as part of the CYP IAPT work (understanding workforce numbers, skills and expertise) and also through the planned training for frontline staff and potentially other groups. The Workforce Plan will be developed to ensure best practice will be delivered as well as a focus on prevention and health promotion.

## **18.2 Children's Professional Workforce Framework**

In County Durham we will develop a Children's Professional Workforce Framework, it will be developed, to ensure that all practitioners and managers who come into contact with children, young people and their families have a clear understanding of their role and responsibility in prevention and early help. We will ensure that the work undertaken with our community is professional - thorough, clearly thought out and informed by evidenced based practice. Practitioners will be offered the opportunity to reflect on their practice through supervision and professional development.

The Framework will be based on the premise that we want to offer the right help at the right time and we will do this by recognising and understanding the continuum of need presented by children and young people and their families.

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

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.

County Durham is a partner for the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme in North East, Humber and Yorkshire Collaborative which includes quarterly updates and annual self-assessment for each partnership against the values and standards criteria 'Delivering With, Delivering Well' <https://www.england.nhs.uk/wp-content/uploads/2014/12/delvr-with-delvrng-well.pdf>

We will continue to build capacity and capability across the system through participation in the CYP IAPT workforce capacity programme:

- Continue to support and develop staff already trained by the programme across County Durham and Darlington.
- Train more existing and new staff members.
- Address the issues around lack of supervision for trainees due to lack of backfill for potential supervisors
- Continue to explore and establish the role of the Psychological Wellbeing Practitioner.

The national offer this year (known as Wave 7 as it's nationally the 7th cohort of training to be delivered) includes continued access to training and salary support for staff working in organisations delivering mental health interventions to children and young people in evidence based psychological therapies and associated service transformation training.

Trainings requests are currently being submitted, details are below.

**Table 10:** Training requests by TEWV

Curriculum	No. of training days at HEI	No. of days of relevant clinical practice	No. of backfilled places requested
<b>New CYP IAPT courses</b>			
Combination therapy curriculum	45	105	
Evidence Based Counselling Practice (EBCP)	24	11	
0-5's curriculum	60	90	
LD and ASD dip - Evidence based psychological therapies for children and young people with autism spectrum disorder and/or learning disability	60	90	
<b>Existing CYP IAPT courses</b>			
Cognitive Behavioural Therapy (CBT)	60	90	3
Enhanced Evidence Based Practice (EEBP)	15	40 hours	2
Supervisors Training			2
Service Leads Training			2

**Table 11:** Breakdown by service

Partnership	Organisation name	Type of organisation	CBT Therapist	Service Leads	EEBP
County Durham	Tees, Esk & Wear Valleys NHS FT - Easington CAMHS	NHS LD & MH Foundation Trust	1		1
	Tees, Esk & Wear Valleys NHS FT - South Durham CAMHS	NHS LD & MH Foundation Trust	1	2	1
	Tees, Esk & Wear Valleys NHS FT - North Durham CAMHS	NHS LD & MH Foundation Trust	1		
	<b>Total</b>		<b>3</b>	<b>2</b>	<b>2</b>
Darlington	TEWV (Durham & Darlington CYPs Community Eating Disorders Team)	NHS MH & LD Foundation Trust			1
	<b>Total</b>				<b>1</b>

## 19. Our Future plans

In 2015/16 we developed our original five year high level plan to capture the work necessary to truly transform Children and Young Peoples mental health. In addition, the Five Year Forward View included clear requirements for Commissioners and CCG's. County Durham's forward plans capture the work outlined in both publications to ensure that we continue to make progress to transform Children and Young people's mental health services.

**Table 12:** Future plans

2018/19		2019/20	
Proposed work	Measurement/link	Proposed work	Measurement/Link

<p><b>Accountability &amp; Transparency</b> Routinely collect meaningful data, outcomes, waiting times, referral numbers etc. across the whole CAMHS partnership</p>	<p>Use all available levers (SLA, CRM) to ensure data/info is forthcoming Formalise sharing arrangements Interrogate data to inform on</p>	<p><b>Neurodevelopmental Pathway</b> To have a fully compliant neurodevelopmental pathway 0-25 service, that meets all core standards and where possible NICE guidance. Baseline current services vs new model. Develop robust business cases for assured long term/recurrent investment. Develop contractual documentation including Service Specs &amp; KPI's</p>	<p>Service fully compliant across all provision Linked to STP</p>
<p><b>Develop Workforce EHWB</b> Ensure a professionally trained workforce, able to support. EHWB, across all educational establishments for children and young adults</p>	<p>Use intelligence gained and the soon to be completed training audit to identify/procure appropriate training needs</p>	<p><b>Workforce</b> Mental health workforces are skilled to support the needs of all CYP in County Durham. Develop a long term. Workforce/training strategy agreed across all partners</p>	<p>Numbers of people/organisations trained Impact i.e. reduced referrals, improved resilience</p>
<p><b>Strategic Direction</b> Implement the year on year trajectories for workforce and access as outlined in FYFV and FiM. Continue to support the IAPT collaborative. Develop further training programmes, based on intelligence from audits, identify backfill where required. Ensure all courses are formally evaluated (Gather data on courses attended, skills gained measured against NICE Concordat)</p>	<p>Numbers trained Numbers recruited Number of pathways fully compliant to deliver against NICE recommendations Formal evaluations completed</p>	<p><b>Co-Commissioning</b> Reduce health inequalities through better systems: Co-production &amp; Joint commissioning of emotional wellbeing services. Develop emotional wellbeing and mental health strategy for 0 to 25. Develop formal documentation for service contracts (Specifications, quality metrics and KPI's) Continue engagement/consultation Process.</p>	<p>Service Specs in place and included in contracts Quality metrics agreed KPI's agreed</p>
<p><b>In patient Care</b> Reduce LOS, by extending the choice of treatments to support patients remaining in community treatment, as close to home as possible including the development of appropriate day care.</p>	<p>Build relationships with Accountable care partnership. Align ACP and FiM agenda a for recovery centre approach</p>		
<p><b>CYP Mental Health</b> Continue to explore and understand the EHWB needs of CYP in County Durham as demographics change. Data interrogation and analysis Joint Strategic Needs Assessment Co-production.</p>	<p>Joint Strategic Needs Assessment Improved outcomes for CYP, including educational attainment</p>		
<p><b>Maintain co-production arrangements and joint working</b> Agreed Memorandum of understanding Robust TOR Accurate reporting Agreed pooled budget</p>	<p>Pooled budget published</p>		

## 20. Performance; “Measuring Success”

The bullet points below are taken from the original Transformation plan with updates in the sub-bullets to demonstrate how we have progressed in delivery against these areas:

- A performance framework has been developed to support implementation of this transformation plan;
  - Now developed and used as the LTP Tracker – Annex 2
  - The framework has been developed and is taken for appraisal to the Mental Health Partnership Board & Health & Wellbeing Board<sup>18</sup>
- Involvement and feedback from children, young people and their families on experience of services will be reviewed;
  - Engagement events have been planned in and are currently underway.

Performance metrics are developed against each action on the plan as they are initiated. This enables the CYP Mental Health Transformation group to monitor progress against delivery of each action. Delivery of the plan forms part of the CCG assurance process required for NHS England.

Indicators include, but are not limited to:

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

Anticipated national developments in data collection for monitoring will be used to monitor delivery against local CAMHS services as well as core contractual requirements. This includes waiting times targets and the development of indicators from the Mental Health Service Data Set (MHSDS) – TEWV provide data to the MHSDS. The vision is that all services will input into the MHSDS including both statutory and voluntary sector.

Measurable key performance indicators will be agreed to enable monitoring of progress and demonstrate improved outcomes. These are detailed in the CAMHS Assurance Data Collection Tracker (Annex 3 of the submission to NHS England), and will form part of the assurance process required by NHS England. The tracker is submitted to NHS England on a quarterly basis.

## 21. Engagement and Partnership working

A co-ordinated commissioning approach is required to deliver this transformational shift in service delivery. Consequently, the CCGs, Local Authority and both statutory and voluntary sector providers are working closely together to deliver the cultural change required to achieve the vision led by the children and young people in the area. This includes, where possible, joint governance arrangements and joint oversight groups.

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<sup>18</sup> <http://www.countydurhampartnership.co.uk/article/8543/Health-and-Wellbeing-Board>

The views, opinions and ideas of children, young people, their families and carers are integral to the transformation of CAMHS services in County Durham.

A communication and engagement plan has been developed and is in implementation to help us understand what our children and young people need from services. The information gathered was used to define our Local Transformation Plan and ensure that we continue to listen and respond to the views of children, young people and their parents/carers. Over the past year we have developed our communications in order to keep stakeholders informed and engaged in the transformation plan. To ensure coherent and consistent communication we will develop a joint communication plan between the CCGs and Durham County Council for Future in Mind.

During August – October 2016, over 400 young people (as well as some parents and carers) contributed to the review of the plan across more than 30 events led by Investing in Children.

The purpose of this period of engagement, one year into the delivery of the plan, was to go back to young people across the area to find out their views and perceptions of mental health services locally. For those that it was relevant to, we were also particularly keen to understand if they felt progress had been made in the previous year since the original launch of the above transformation plan.

It also highlighted the following key themes:



The feedback received from this work mirrors the themes from the initial engagement and confirms that the investments and improvements detailed within the plan are still relevant to the children, young people, parents and carers in County Durham.

## 22. Digital

Children and young people and many parents and carers are digitally literate and have told us they wanted services to make better use of digital technology. For us to develop this effectively, we need to ensure that our work is informed by the views and preferences of children and young people. Young people have said they like websites that have in depth resources on conditions and treatments and they would like to be able to talk on line to a professional if they knew it was a safe and confidential site/portal. We are looking at a range of options working with Investing In Children to drive forward the use of digital technology to ensure the digital resources will be used and will give confidence to the children and young people in the advice and guidance they are receiving is quality assured within County Durham.

## 23. Management of risks in delivery of Transformation Plan

The key risk to delivery of the Transformation Plan for 17/18 sits with workforce development and the ability to recruit to the necessary posts in order to make an immediate impact and deliver on our challenging KPIs set out in our tracker.

This is a particular risk when we know that many CAMHS services will be looking to recruit the same staff over the next few years as plans are assured.

We are already working closely with TEWV service to effectively mitigate risk as far as possible.

### 23.1 Mitigating actions

- Fast track the County Wide Workforce Strategy
- Development of the Professionals Workforce Framework
- Workforce Audit

If there is substantial delay in the development of a workforce strategy this could impact on the deliverability of KPIs, waiting times.

The service will ensure the commissioners are frequently updated on recruitment progress and any unforeseen delays and this in turn will be reported up to the Children's Mental Health and Emotional Well Being Advisory Group.

### 23.2 Work with partners across the STP footprint

Across the STP footprint Children's Commissioners regularly come together to discuss opportunities for collaborative working. Opportunities for developing innovative solutions and workforce developments strategies will be discussed and explored within this forum.

## 24. Baseline access, waiting time and workforce

There is one main NHS provider for children and young people in County Durham. Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust provide Child and Adolescent Mental Health Services (CAMHS) and Eating Disorder Services.

Continuing the transparency demonstrated in the initial plan, we have added the referral information for 2015/16 into the table below to demonstrate the trend in increased referrals

and from 2016/17 we also added attended contacts, discharges and caseloads:

**Table 13:** CAMHS referrals by CCG

<b>Referrals</b>	<b>North Durham CCG</b>	<b>DDES CCG</b>
	<b>2016/17</b>	<b>2016/17</b>
<b>Community Teams</b>		
Caseload	1492	1862
Total attended - direct contacts	22192	31454
Total Discharges	3158	4414
<b>Eating Disorders</b>		
Caseload	15	13
Total attended - direct contacts	204	189
Total Discharges	57	88
<b>Crisis</b>		
Caseload	7	8
Total attended - direct contacts	911	705
Total Discharges	245	295
Total Referrals	79	65
<b>Learning Disabilities – (CAMHS)</b>		
Caseload	122	224
Total attended - direct contacts	1530	2760
Total Discharges	95	151
<b>Looked After Children (LAC) - (CAMHS)</b>		
Caseload	-	8
Total attended - direct contacts	-	64
Total Discharges	-	10

#### 24.1 CAMHS activity

- 2016/17 7572 referrals were received
- This an increase of referrals since 2014 ((2014/15 4090 referrals were received)
- The highest numbers of referrals were received from GP's - 2516 received.
- similar proportions of males (50%) and females (50%) are in contact with the service

**Table 14:** CAMHS referrals by CCG

	DDES CCG				North Durham CCG			
	2013/14	2014/15	2015/16	2016/17	2013/14	2014/15	2015/16	2016/17
<b>Total referrals</b>	<b>2,316</b>	<b>2,511</b>	<b>3,306</b>	<b>4414</b>	<b>1,809</b>	<b>2,521</b>	<b>2,485</b>	<b>3158</b>
Accepted referrals	2,281	2,492	3,302	1862	1,744	2,492	2,484	1492
Non accepted (i.e. re-directed)	35	19	<5	2252	65	29	<5	1666

## 24.2 Referral Reason

The referral reasons with the highest number of referrals to the CAMHS team were for behavioural problems, self-harm and anxiety. Attempted suicide has doubled in the number of referrals since 2014/15, and suicide risk has increased by 65%, it should be noted that this may have been a consequence of a serious incident in the area in 2015/16.

## 24.3 Referral Outcome

There were 7572 eligible referrals, with most 3654 eligible referrals referred to the TEWV core team routine. 51.7% of referrals were deemed ineligible for CAMHS. The significant increase in overall referrals and ineligible referrals is following the introduction of single point of access service (SPA) for referrals into child and adolescent mental health which is triaging CYP more quickly to the most appropriate service for them creating a leaner more efficient service.

## 24.3 Waiting times

The CCGs have worked with TEWV to reduce waiting times against a set target. Contractual mechanisms including a CQUIN have been augmented by internal provider investment of resources. Excellent progress was made since 2014 and has continued to be made. A target of 90% of all referrals to begin treatment within 12 weeks and 0% to begin treatment within 9 weeks of referral by the end of Quarter 4 of 17/18 has been set.

**Table 15:** CAMHS waiting times by CCG

	CCG	2016/17 position	Q2 2016/17	Target
Percentage of patients who attended a first appointment within 9 weeks of external referral – Children and Young People Services	DDES CCG	86%	93.4%	90%
	North Durham CCG	86%	89.8%	90%

Table 15 above shows that both CCGs remain below the 90% target for patients who have attended their first treatment within 9 weeks of external referral.

The tables below show the workforce in the CAMHS teams in Durham (split by CCG). The Crisis and Liaison, CAMHS Tier 3, 2 and the Early Intervention in Psychosis team cover Durham and Darlington.

**Table 16:** CAMHS workforce

CAMHS Crisis Service		WTE	WTE	WTE
Team	Profession	County Durham and Darlington	DDES CCG	North Durham CCG
Administrative And Clerical	B3 Admin & Clerical	0.00	0.00	0.00
	B4 Admin & Clerical	1.00	0.48	0.37
Nursing, Midwifery And Health Visiting	B3 Unqualified Nurse	0.00	0.00	0.00
	B6 Qualified Nurse	11.44	5.45	4.27
	B7 Qualified Nurse	1.00	0.48	0.37
Scientific Therapeutic And Technical	B8b Psychologist	0.00	0.00	0.00
<b>Grand Total</b>		<b>13.44</b>	<b>6.41</b>	<b>5.01</b>

Eating Disorder Service		WTE	WTE	WTE
Team	Profession	County Durham and Darlington	DDES CCG	North Durham CCG
Administrative And Clerical	B3 Admin & Clerical	1.00	0.48	0.37
Medical And Dental	Consultant	0.60	0.29	0.22
Nursing, Midwifery And Health Visiting	B4 Unqualified Nurse	2.00	0.95	0.75
	B5 Qualified Nurse	0.00	0.00	0.00
	B6 Qualified Nurse	3.00	1.43	1.12
	B7 Nurse Manager	1.00	0.48	0.37
	B7 Qualified Nurse	1.00	0.48	0.37
Scientific Therapeutic And Technical	B5 Dietitian	1.00	0.48	0.37
	B6 Dietitian	1.00	0.48	0.37
	B7 Dietitian	0.00	0.00	0.00
	B7 Psychologist	0.00	0.00	0.00
	B8a Psychologist	1.00	0.48	0.37
	B8c Psychologist	0.00	0.00	0.00

## 24.4 Community Eating Disorder Service

Table 16 above shows the balance of the workforce across a number of professions and grades which make up the Eating Disorders team. The data reflects the position in County Durham and Darlington as the provider does not allocate staff by CCG area.

In partnership with Durham County Council we continue to forge relationships to ensure that the CEDS-CYP has the appropriate capacity and skill-mix to meet the Access and Waiting Time Standard. The current specification which Tees, Esk and Wear Valley NHS Trust is compliant with NICE-concordant treatment and care via a trained, appropriately supervised and supported team.

Work is ongoing to understand the current staffing levels within the CAMHS Community Teams to understand capacity in general teams to enhance the already established community eating disorder services in line with the new guidance and if any capacity is freed up by the community teams how can it be redeployed to improve crisis and self-harm services.

The funding allocation for Eating Disorders is expected to free up some resource and this will be taken into account. The Community Eating Disorder Service is currently commissioned by three CCGs, North Durham, DDES and Darlington.

**Table 17:** Referrals into the Community Eating Disorder Service

	2013/14	2014/15	2015/16	2016/17
<b>Total referrals</b>	<b>45</b>	<b>62</b>	<b>92</b>	<b>145</b>
Accepted referrals	45	58	92	28
Non accepted (i.e. re-directed)	0	<5	0	117

Activity in the Eating Disorders service has seen a dramatic increase in 2014/15 from previous years. This was anticipated following a change in referral guidelines. The increase from 2014/15 to 2015/16 is due to an increase in capacity following increased investment in the service.

**Table 18:** County Durham and Darlington Eating Disorder Service – access and waiting times standards

		Quarter 2, 2017/18
Percentage of patients seen within 4 weeks of referral	North Durham CCG	50%
	DDES CCG	75%
Percentage of patients seen within 1 week of referral	North Durham CCG	100%
	DDES CCG	100%

A national measurement against the targets shown in Table 18 started in April 2017. Data is currently being collected in order to form a baseline from which improvements can be accurately measured. The service is routinely performing well and we would expect this to continue. Qtr 2 is not a true reflection of the overall performance of the service; the low percentages shown were fully and satisfactorily investigated through the contract management route

**Table 19:** County Durham and Darlington IHT and CAMHS Targeted workforce

IHT		WTE			
<b>D&amp;D IHT funded from NHSE to 31 March 2017</b>					
	B7 Nurse Manager	1.00			
	B6 Qualified Nurse	2.86			
	B5 Qualified Nurse	2.86			
	B3 Unqualified Nurse	2.86			
	B4 Admin & Clerical	0.13			
	B3 Admin & Clerical	0.80			
<b>Grand Total</b>		<b>10.51</b>			

Team	CAMHS Tier 3 Profession	WTE	WTE	WTE
		County Durham & Darlington	DDES CCG	North Durham CCG
Administrative And Clerical	B2 Admin & Clerical	4.00	1.00	5.00
	B3 Admin & Clerical	2.87	2.80	5.67
	B4 Admin & Clerical	4.00	5.00	9.00
Medical And Dental	Associate Specialist	0.80	1.00	1.80
	Consultant	3.70	2.60	6.30
	Staff Grade Practitioner	0.00	0.70	0.70
Nursing, Midwifery And Health Visiting	B4 Unqualified Nurse	1.00	2.00	3.00
	B5 Qualified Nurse	2.00	1.00	3.00
	B6 Nurse Manager	1.00	1.00	2.00
	B6 Qualified Nurse	7.87	2.91	10.78
	B7 Nurse Manager	2.00	1.00	3.00
	B7 Qualified Nurse	3.50	4.50	8.00
	B8a Nurse Consultant	0.00	1.00	1.00
	B4 Psychologist	0.00	1.00	1.00
Scientific Therapeutic And Technical	B6 Psychologist	0.00	2.00	2.00
	B7 Psychologist	2.00	1.00	3.00
	B8a Psychologist	2.10	2.15	4.25
	B8c Psychologist	2.60	0.50	3.10
<b>Grand Total</b>		<b>39.44</b>	<b>33.16</b>	<b>72.60</b>

CAMHS CHILD AND YP - TIER 2 Targeted Team		WTE	WTE	WTE
Team	Profession	DDES CCG	North Durham CCG	County Durham & Darlington
		Administrative And Clerical	B3 Admin & Clerical	0.30
Nursing, Midwifery And Health Visiting	B3 Unqualified Nurse	0.54	0.42	0.96
	B4 Unqualified Nurse	0.48	0.37	0.85
	B6 Qualified Nurse	8.45	6.61	15.06
	B7 Qualified Nurse	0.95	0.75	1.70
<b>Grand Total</b>		<b>10.72</b>	<b>8.39</b>	<b>19.11</b>

Note - Single point of access and locality targeted teams prorated to CCG

CHILD AND YP - TIER 3 CHILD AND YP D AND D AUTISM SPECTRUM DISORDERS		WTE	WTE	WTE
Team	Profession	DDES CCG	North Durham CCG	County Durham & Darlington
		Allied Health Professionals	B7 Speech Therapist	0.33
Scientific Therapeutic And Technical	B8c Psychologist	0.48	0.37	0.85
<b>Grand Total</b>		<b>0.81</b>	<b>0.63</b>	<b>1.44</b>

Note - shared locality resource prorated to CCG

## 24.5 Early intervention in Psychosis Service

County Durham's EIP service is provided by TEWV and the CYP element sits with Adult Services. It is well reported that County Durham has good working relationship between CAMHS and Adult Services regarding EIP; the services have well established processes in place for joint NICE compliant assessment and a joint pathway that meets standards. Adult services are leading the work to make sure we continue to meet standards and waiting times.

Early Intervention in Psychosis (14 years plus) - The CCG has already committed the nationally defined level of funding to the Service Provider in anticipation of the introduction of new access standards. National guidance, workforce requirements and gaps in delivering NICE concordant care are being collated to ensure national requirements are met from Quarter 4 2015/16. TEWV have undertaken an activity analysis to enable the workforce requirements to be understood. Details are below table 20 and 21.

**Table 20:** Early intervention in Psychosis Service

County Durham and Darlington	2016/17			2017/18 investment*			2017/18		
	North Durham	South Durham & Dton	County Durham & Darlington	North Durham	South Durham & Dton	County Durham & Darlington	North Durham	South Durham & Dton	County Durham & Darlington
	WTE Budget	WTE Budget	WTE Budget	WTE Budget	WTE Budget	WTE Budget	WTE Budget	WTE Budget	WTE Budget
Consultant	0.00	1.00	1.00	0.00	0.00	0.00	0.00	1.00	1.00
Associate Specialist	1.00	0.00	1.00	0.00	0.00	0.00	1.00	0.00	1.00
Band 7 Nurse Manager	1.00	1.00	2.00	0.00	0.00	0.00	1.00	1.00	2.00
Band 7 Qlfd Nurse	0.50	0.50	1.00	1.98	1.44	3.42	2.48	1.94	4.42
Band 6 Qlfd Nurse	7.60	6.00	13.60	0.58	0.42	1.00	8.18	6.42	14.60
Band 5 Qlfd Nurse	4.00	2.00	6.00	0.00	0.00	0.00	4.00	2.00	6.00
Band 4 Qlfd Nurse	0.00	0.00	0.00	0.58	0.42	1.00	0.58	0.42	1.00
Band 3 Unqlfd Nurse	2.00	1.00	3.00	0.00	0.00	0.00	2.00	1.00	3.00
Band 4 IPS worker	0.00	0.00	0.00	1.16	0.84	2.00	1.16	0.84	2.00
Band 6 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Band 5 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Band 8c Psychology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Band 8b Psychology	0.00	1.00	1.00	0.00	0.00	0.00	0.00	1.00	1.00
Band 8a Psychology	1.00	0.00	1.00	0.00	0.00	0.00	1.00	0.00	1.00
Band 7 Psychology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Band 5 Psychology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Band 4 A&C	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Band 3 A&C	0.96	1.00	1.96	0.00	0.00	0.00	0.96	1.00	1.96
Band 2 A&C	0.48	0.00	0.48	0.00	0.00	0.00	0.48	0.00	0.48
	<b>18.54</b>	<b>13.50</b>	<b>32.04</b>	<b>4.30</b>	<b>3.12</b>	<b>7.42</b>	<b>22.84</b>	<b>16.62</b>	<b>39.46</b>

\*2016/17 is funded establishment at 31 March 2017

**Table 21:** EIP Workforce and Data

CCGs	Referrals 2016/17	Caseload at 31/03/2017	Contacts 2016/17
NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG	134	70	1668
NHS NORTH DURHAM CCG	98	30	1292
<b>Total</b>	<b>232</b>	<b>100</b>	<b>2960</b>

## 25. Financial baseline, funding allocation and proposed spend

The baseline financial position across County Durham is detailed in table 22.

The CCGs position shown indicates an estimated proportion of the overall secondary care mental health block contract with Tees Esk and Wear Valleys NHS Foundation Trust for 2016/17. Further work is being undertaken to reflect an accurate breakdown of the block contract.

**Table 22:** County Durham Financial Baseline 2017/18.

Description		County Durham 2016/17 £,000	County Durham 2017/18 £,000
North Durham CCG & DDES CCG	CAMHS	£5,926	£5,464
	LD CAMHS	£1,630	£1,630
Durham County Council	Children and Young people's mental health budget		
	Note: this includes the Health contribution for Emotional Wellbeing and Mental Health Counselling (£236k)	£2,110	£2,051
<b>Total</b>		<b>£9,666</b>	<b>£9,144</b>

Additional funding allocations made available to support the implementation of the County Durham Children and Young People's Mental Health, Emotional Wellbeing and Resilience Transformation Plan in 2016/17 and 2017/18 is shown in table 22.

**Table 22:** Additional funding made available in 2016/17 – 2017/18

	Year 1 2015/16 £,000	Year 2 2016/17 £,000	Year 3 2017/18 £,000	Year 4 2018/19 £,000	Year 5 2019/20 £,000
CAMHS Transformation	£807	£807	£ 824	£840	£857
Eating Disorder	£323	£306	£313	£319	£326
CYP IAPT (training backfill)	£24	£71	£38	£0	£0
CYP Crisis & Liaison	£582	£546	£546	£547	£547
Waiting time initiative	£0	£255	£0	£0	£0
Vanguard	£0	£261	£0	£0	£0
Peer Support Service	£20	£20	£20	£0	£0
Bereavement Support Service	£50	£50	£50	£50	£50
	<b>£1,154</b>	<b>£1,779</b>	<b>£ 1,174</b>	<b>£1,756</b>	<b>£1,780</b>

In regard to spend, table 23 provides details of the schemes that have or will benefit from the *additional* investment, in response to national directives and local engagement.

**Table 23:** Proposed spend of additional investment 2015/16, 2016/17 - 2020

		Year 1 2015/16	Year 2 2016/17	Year 3 2017/18	Year 4 2017/19	Year 5 2017/20
		£,000s	£,000s	£,000s	£,000s	£,000s
<b>Promoting Resilience, prevention and early</b>	Specialist community Perinatal Mental Health Service	Funding application to be actioned				

<b>intervention</b>	Increasing capacity in the Social Emotion and Wellbeing pathway	£155	Subject to evaluation			
	Parental Peer Support Network	£20	£20	£20	£0	£0
	Bereavement support for children and young people	£50	£50	£50 Per year subject to full evaluation		
	Suicide prevention		£20	£20	£20	£20
<b>Improving access to effective support</b>	Enhancement of Community Eating Disorder Service for Children and Young people, to be evidence compliant	£323	£306	£313	£313	£314
	Ongoing development of the CAMHS Crisis Service, with move to 24/7 service model	£582	£546	£546	£547	£547
	CYP liaison		£77	£0	£0	£0
	Intensive Home Treatment Service		£261	£0	£0	£0
	Increased capacity to reduce waiting time to treatment, with particular focus on ASD		£218	£0	£0	£0
<b>Care for the most vulnerable</b>	Health and Justice					
	Additional contribution to bespoke care packages		£43	£119	£119	£119
<b>Accountability and transparency</b>	Engagement and communication		£70	£50	£50	£50
	Project support to drive change		£59	£0	£0	£0
<b>Workforce Development</b>	CYP IAPT (training backfill)	£25	£112.5	£38.3	£0.0	£0.0
<b>Potential Additional funding – (Bid dependant)</b>						
<b>Health and Justice Funding</b>				<b>£34</b>		
<b>Intensive Home Treatment Service - Development of Safe Space</b>				<b>£68</b>		

## 26. Governance

The Children and Young People's Mental Health, local Transformation Planning group is accountable to the County Durham Mental Health Partnership Board which is a sub group of the Health and Wellbeing Board (HWBB). A full governance structure is shown in Annex 1.

Progress on delivery of the key priorities and action plan will be reported on a quarterly basis to the County Durham Mental Health Partnership with an annual report presented at HWBB.

The national Mental Health Crisis Care Concordat<sup>19</sup> (CCC) was launched in February

<sup>19</sup> <http://www.crisiscareconcordat.org.uk/>

2014. This aims to develop joined up service responses to people who are in mental health crisis (all ages). This plan is accountable to the County Durham Mental Health Partnership Board and the Health and Wellbeing Board.

The Children and Young People Mental Health, local transformation planning group submit a quarterly performance report which contains a range of indicators. The group implement and maintain the LTP tracker/action plan. Any key issues are escalated to the County Durham Mental Health Partnership Board.

## 27. Stakeholders involved in the development of this plan

Table 25 below lists the stakeholders that were engaged with to support the development of the original transformation plan. As this is a refresh of the original document, and engagement and work has been ongoing throughout the year, there has been no stakeholder engagement undertaken specific to this refresh.

**Table 25:** Stakeholders

NHS North Durham Clinical Commissioning Group (CCG)
NHS Durham, Dales, Easington and Sedgefield Clinical Commissioning Group (CCG)
NHS England – Specialised Commissioning
Durham County Council
County Durham Health and Wellbeing Board / County Durham Mental Health Partnership Board Sub Groups: <ul style="list-style-type: none"> <li>• Learning Disabilities and Mental Health Joint Commissioning Group</li> <li>• Public Mental Health Strategy Group</li> <li>• Children and Young People’s Mental Health and Emotional Wellbeing Group</li> <li>• CCG Mental Health Care Delivery Working Group</li> </ul>
Tees, Esk and Wear Valleys NHS Foundation Trust
County Durham and Darlington NHS Foundation Trust
Investing in Children (IiC)
County Durham Voluntary Community Sector

## 28. Next steps

- Durham will consult with all partners on the content of this draft ‘refreshed’ transformation plan by the end of November 2017.
- Amendments were necessary will be made, and following assurance from NHSE – within 2 weeks.
- The refresh will be formerly discussed at the Health & Wellbeing Board on 5<sup>th</sup> December 2017.

- The refresh will be formerly discussed at the Children and Young People's Mental Health & Emotional Wellbeing Group (Transformation Group) on the 15<sup>th</sup> November 2017.
- Plans will be edited into an easy read version to make sure that it is accessible to all. We are working with Investing in Children (IiC) to ensure that children and young people are involved in the design process by the end of November 2017.
- A summary document that outlines the plans will be developed following full assurance, and sign off from all partners, within 1 month.
- The plans will be made available via North Durham & Durham Dales, Easington and Sedgefield CCGs websites within 2 weeks following submission of the plan.
- Links to the plans will be made available on Local Authority websites within in 1 month following submission.

# Appendix 1: LTP Governance Structure

## HEALTH AND WELLBEING BOARD / MENTAL HEALTH GOVERNANCE STRUCTURE

