



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

County Durham Children and Young People's



Mental Health, Emotional Wellbeing and Resilience

Transformational Plan Assurance

2018 Update



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To all of the children, young people, parents and carers who have engaged with the local transformation plan for County Durham.

To all organisations and groups who have engaged with the local transformation plan for County Durham.

To all the professionals who have engaged with the local transformation plan for County Durham.

Thank you for your support during 2017/18 to ensure long term sustained development for children and young people's mental health across County Durham, and thank you for your cooperation in the development of this document.

Forward

I have had the pleasure of chairing the County Durham Local Transformation Plan (LTP) for just over a year and having undergone a re-refresh of the terms of reference I am delighted that there is now a parent Co-chair for this group – Welcome and thank you Wendy Minhinnet! The LTP group's membership has expanded and now has an active school voice as well as a young person representative and elected member representation. Whilst the LTP has always been accountable to the Mental Health Partnership Board and the Health and Wellbeing Board in County Durham this last year has seen a tightening of governance and accountability through emerging integration structures being established. As the children's strategy for County Durham is developed mental health is an essential component to monitor improvements and track how the health inequalities for some of our more vulnerable young people can be reduced.

As the LTP has been re-refreshed significant engagement with children, young people and parents/carers has been undertaken to ensure the plan and actions reflect the assets that CYP and parents/carers have to offer as well as working to address their locally identified needs. The locally commissioned Rollercoaster parent peer support programme is a fully established forum which has received national recognition for good practice.

Over the last academic year County Durham has seen the development of the Anna Freud schools link programme. There have been three cohorts of schools engaged with this work collaborating closely with key stakeholders such as the local mental health trust, education psychology, school nursing and importantly the voluntary sector. Dedicated time working together to understand how future relationships should operate to maximise the role of the designated support lead in schools and how support can be better wrapped around a school setting has consolidated relationships. Workforce development is a critical part of this programme and seeing young people and parents as part of the solution through peer mentoring is fundamental to new ways of working going forward.

There has been a close link made between the work required on perinatal mental health (PNMH) and the local maternity system (LMS) plans. Through additional funding secured from Public Health England all midwives and health visitors are being trained to be confident and competent at assessing women for PNMH, providing brief advice/intervention and appropriate referral into specialist support if required. The numbers of trained staff will be tracked over the coming year.

The 2018 assurance plan highlights progress to date and areas that require further prioritisation. As we start to consider what our ambitions are for beyond 2020 there remains a strong commitment from across the system to raise the profile of mental wellbeing, tackle stubborn stigma and discrimination that still remains within some parts of the community and ensure the THRIVE approach is fully embedded ensuring help and support is available when needed.

Gill O'Neill (FFPH)
Deputy Director of Public Health

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

1. Introduction

This document is the 2018 refresh of the Children and Young People's Mental Health and Wellbeing Plan for County Durham. It has been written and published to enable partners and stakeholders to see the progress being made against the local five year plan first launched in 2015.

This plan and document should be read alongside the Five Year Forward View for Mental Health¹ and its Implementation Plan. This document will also form an element of the Sustainability and Transformation Plans (STPs)^{2 3} for North Durham and Durham Dales, Easington and Sedgfield CCGs. These plans incorporate the developing Integrated Care Partnership and the Accountable Care partnership for Mental health and Learning Disabilities. This refreshed plan sets out progress that has been achieved to date, consultation on the proposed priorities for 2018 and the longer term priorities until 2020 and beyond.

This plan will be published on CCG, Local Authority and partner websites. An easy "read" version, developed by Investing in Children working directly with children and young people, will also be made available later in 2018. The LTP will communicate its plans via a number of chosen formats agreed by children and young people e.g. animation, posters etc.

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

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, Young people and their families.

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 (2015-2020). The aim of the plan is to make it easier for children, young people, parents and carers to access help and support when needed and to improve mental health services for children and young people. The plan also promotes positive messages regarding mental health in order to challenge stigma and discrimination while also increasing public awareness. 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

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

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

³ <https://www.durhamdaleseasingtonsedgfieldccg.nhs.uk/what-we-do/sustainability-and-transformation-plan-stp/>

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.
- Better outcomes for Children and young people with special education need and disabilities (SEND) –improving support within the community

Please note that previous versions of the plan are available, this document is the 2018/19 Refresh and update on progress against plans.

Strong governance is key to support the plan and drive the work. Via the Health and Wellbeing board a coordinated approach across all health and wellbeing is taken to ensure consistency and strong leadership. A full structure is available at the back of this document (apex one)

3. How was the Children and Young People’s Mental Health and Wellbeing Transformation Plan created?

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.

Over the next two years (2018-2020), work will focus on realigning resources to the areas of need, to improve and enhance early intervention, prevention and specialist mental health services, very much continuing what we have started. Work will also ensure that services deliver across changing demographics and local needs. As part of embedding any future models for service delivery across the system, significant workforce development will be required to ensure shared decision making across service boundaries, this is a key area of development during the remaining two years of the LTP and beyond. This will require a variety of training, skill development and knowledge transference to ensure the workforce across the system has both the capacity and capability to meet the needs of our current and future population.

4. Policy Context

Future in Mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing ⁴ emphasised the crucial importance of early intervention in emerging emotional and mental health problems for children and young people. Its publication highlighted the difficulties children, young people and their families have in accessing mental health support and the need to transform the services offered. All CCG’s were required to develop a LTP and as such North Durham and Durham, Dales and Easington CCG’s developed and published their LTP in November 2015 with yearly updates, this being the 2017/18 update.

Also, NHS England’s Operational Planning Guidance for 2017-19⁵ includes a number

⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

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

of areas for mental health service provision and some specifically for the improvement of services for Children and Young People. These recommendations are also built into the LTP.

New systems of working emerge such as Sustainability and Transformation Plans (STP) and Accountable Care Partnerships (ACP) and Accountable Care Systems (ACS) which include mental health as a priority area across the North East and Cumbria. We will maximise opportunities to collaborate with commissioners and providers of care to share approaches and resources across the new systems to ensure sustainability. We have a track record of working together across County Durham.

We are also aware that the results of a green paper on children and young people's mental health, which was consulted on, and we now await the white paper based on this consultation. The paper will set out plans to transform services in schools, universities and for families. The findings of this paper will be supported via the LTP.

Locally there are a range of documents which support children and young people's mental health such as;

- The County Durham Joint Health and Wellbeing Strategy⁶ - 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 2016–2019⁷ - This outlines a three year vision for improving services for children and young people and includes children and young people's mental health services.

There has been a recent CCG review of crisis services; the findings of this review will be championed by the CCG and will be picked up via several work streams such as the mental health crisis concordat. This findings of this review will be released in October 2018 and embedded across a range of services.

Finally the development of a new Children's Strategy for County Durham has been consulted on during 2018 and will be complete in April 2019. Due to considerable changes to national policy a new local strategy is needed which will have four key aims;

- All children and young people have a safe childhood.
- Children and young people enjoy the best start in life, good health and emotional wellbeing.
- Young people can access good quality education, training and local employment.
- Achieve the best possible outcomes for children and young people with special educational needs and disabilities (SEND)

The four aims will be underpinned by the following principles:

- Participation of children, young people and families in service development and design.
- 'Think Family' approach with a focus on vulnerability.
- Good transitions into adulthood.
- Tackling the effects of inequality.

⁶ <http://www.durham.gov.uk/jhws>

⁷ <http://www.countydurhampartnership.co.uk/media/13659/Children-Young-People-and-Families-Plan-2016--2019-Delivery-Plan/pdf/ChildrenYoungPeopleandFamiliesPlan201619.pdf>

- Regular performance review, challenge and learning, including learning from serious case reviews and serious incidents.
- Support for young people with Special Educational Needs and Disabilities (SEND).

A draft of this strategy is available⁸ for further reading.

5. The Vision

Our vision remains unchanged from the original plan;

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

Adopting whole system transformation is complex but is needed in order to achieve the above vision. To achieve this 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. The groups below will provide assurance and oversight against delivery of the plan; The LTP reports into;

- County Durham Integrated Steering Group for Children (under Integrated Care Partnership)
- Mental Health Partnership Board – refreshed strategic plan for 2018-2020

This LTP update is also discussed as part of;

- Children and Young People Mental Health local transformation plan (LTP) group
- Crisis Care Concordat Steering Group
- Health and Wellbeing board

The initial plan is based on five themes within ‘Future in Mind’⁹. These continue to be the themes for the LTP and support a focus on specific areas;

⁸ <http://www.countydurhampartnership.co.uk/article/8482/Documents>

⁹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

Recommendations of Future in Mind

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

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

- Every young person in County Durham has access to a graduated and timely response to emotional health issues, ranging from maintaining a healthy mind to acute crisis
- That County Durham has a joined up system for early help that operates based on the THRIVE¹⁰ 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.

¹⁰ <http://www.implementingthrive.org/wp-content/uploads/2016/03/thrive-elaborated-2nd-edition29042016-1.pdf>

- By 2020/21, in-patient stays for children and young people will only take place where clinically appropriate, and will have the minimum possible length of stay, and will be as close to home as possible and be commissioned on a 'place-basis'
- Everyone in contact with children and young people feels equipped to actively support their mental health and wellbeing
- Well informed commissioners with comprehensive intelligence about needs and provision who strive to co-produce with children, young people and their families leading to innovative, creative and responsive support across a range of services from primary to inpatient and secure settings.
- Perinatal mental health service supporting the needs of our population to ensure timely assessment, early intervention and appropriate referral into specialist services when required

The THRIVE approach supports the vision and focuses support needs via its model which is embedded across the LTP.

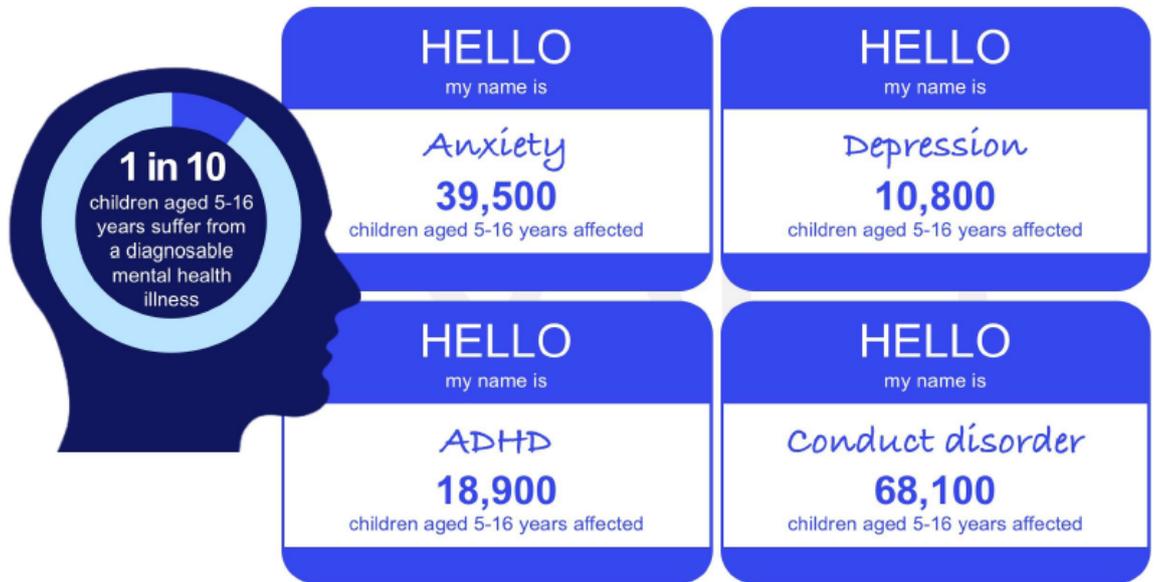


6. Children and Young People's Mental Health: National and Local Profile of Need

Many national policy documents exist showing the demand, impact and need for mental health services for children and young people. More recent Public Health England documents ¹¹ show updated data such as total number of children and young people with significant mental health illness, the break down into type of illness and wider facts about mental ill health in childhood;

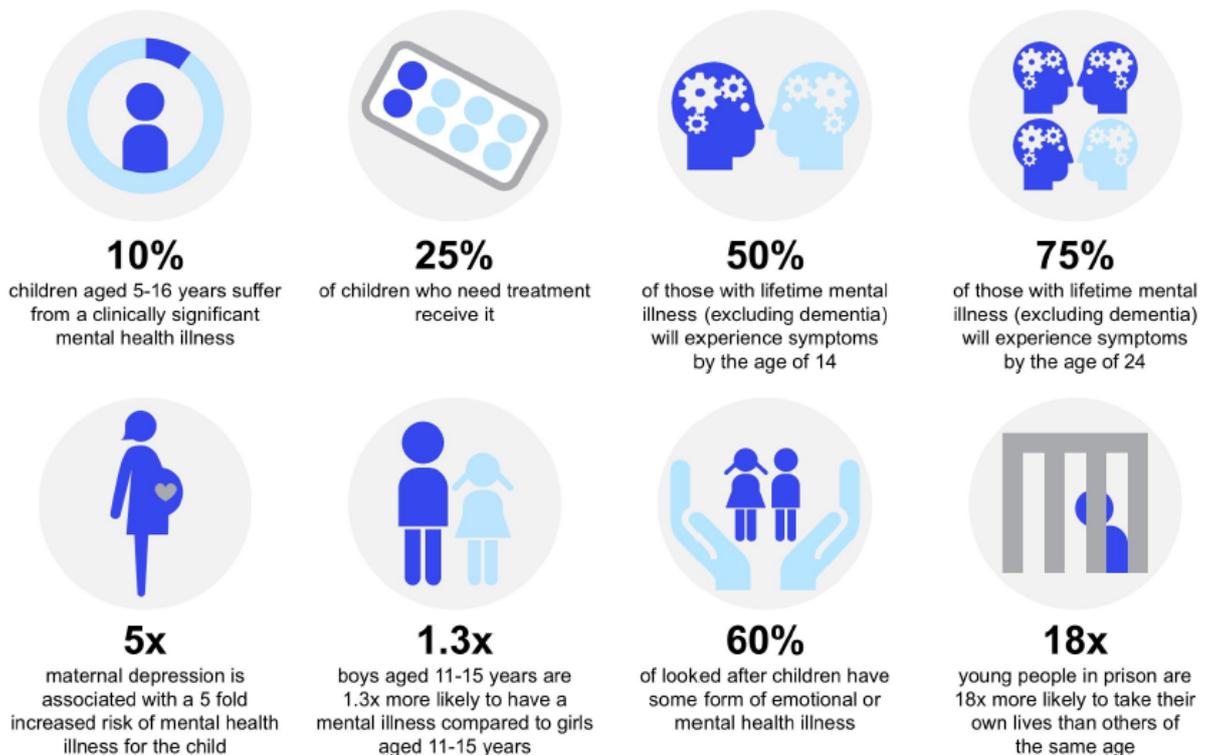
National Data

About **695,000** children aged 5 to 16 years in England have a clinically significant mental health illness



Numbers do not add up as individuals may meet the criteria for more than one category

Facts about mental health illness in CYP



Both of this images are taken from the Public Health England document 'The Mental We are also aware of specific needs such as We also know that Prevalence of autism

spectrum disorders in the UK is estimated at 1-2% of the CYP population which extrapolates to between 1266 and 2532 children/young people for the local population.

Further detail of the above graphics can be found at Health of Children and Young People in England¹² a separate report is available for London also. Further national data regarding children and mental health can be found at;

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

National data also supports our understanding; we know that 1 in 5 children will have self-harmed once and 1 in 10 will have self-harmed 4+ times. Data like this helps us understand the needs locally; for example a standard class of 30 students will have 6 young people who have self-harmed, and 3 that have done this regularly¹³. Applying national data to our local population helps us understand need. As such, national A&E admission data also helps with this issue.¹⁴

Further intelligence on local data can be seen as part of the Joint Strategic Needs Assessment (JSNA)¹⁵

Locally – County Durham

Locally about 10,000 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 which matches national data. Locally we know;

- Around 10% of children and young people in County Durham have a mental health disorder
- Young people's admission rates for self-harm in 2014/15 in County Durham (111.7 per 100,000) were statistically significantly higher than England (87.4/100,000) but not significantly different to the North East (93.1/100,000).
- Almost 5,000 people in County Durham are registered with dementia
- The rate of death by suicide for the period 2014-16 is statistically higher in County Durham (12.6 per 100,000) than England (9.9 per 100,000) and the North East (11.6 per 100,000).

Public Health England Children and Young People's Mental Health and Wellbeing Profile¹⁶ gives high level data for County Durham, fact sheets are also available¹⁷. This data highlights that County Durham has a higher prevalence of mental health need across conduct, emotional and hyperkinetic disorders (aged 5-16) than the England average, however, County Durham has a range of protective factors supporting children and young people such as an England average 'mean mental wellbeing score' (in 15 year olds) and a higher than average reporting in life satisfaction (in 15 year olds). Further data can be found via Public Health England Fingertips¹⁸, or via the embedded document below.

¹² <https://www.gov.uk/government/publications/improving-the-mental-health-of-children-and-young-people>

¹³ <http://www.durham-lscb.org.uk/professionals/multi-agency-safeguarding-arrangements/self-harm-and-suicide/>

¹⁴ <https://www.england.nhs.uk/publication/mental-health-five-year-forward-view-dashboard/>

¹⁵ <https://www.durhaminsight.info/jsna/living-well/mental-health-and-wellbeing/>

¹⁶ <http://fingertips.phe.org.uk/profile-group/mental-health/profile/CYPMH>

¹⁷ <https://www.durhaminsight.info/health-and-social-care/related-factsheets-health-social-care/>

¹⁸ <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/1/gid/1938133090/pat/6/par/E12000001/ati/102/are/E06000047/iid/91141/age/246/sex/4>



County Durham PHE
Data.pdf

CCG data

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%

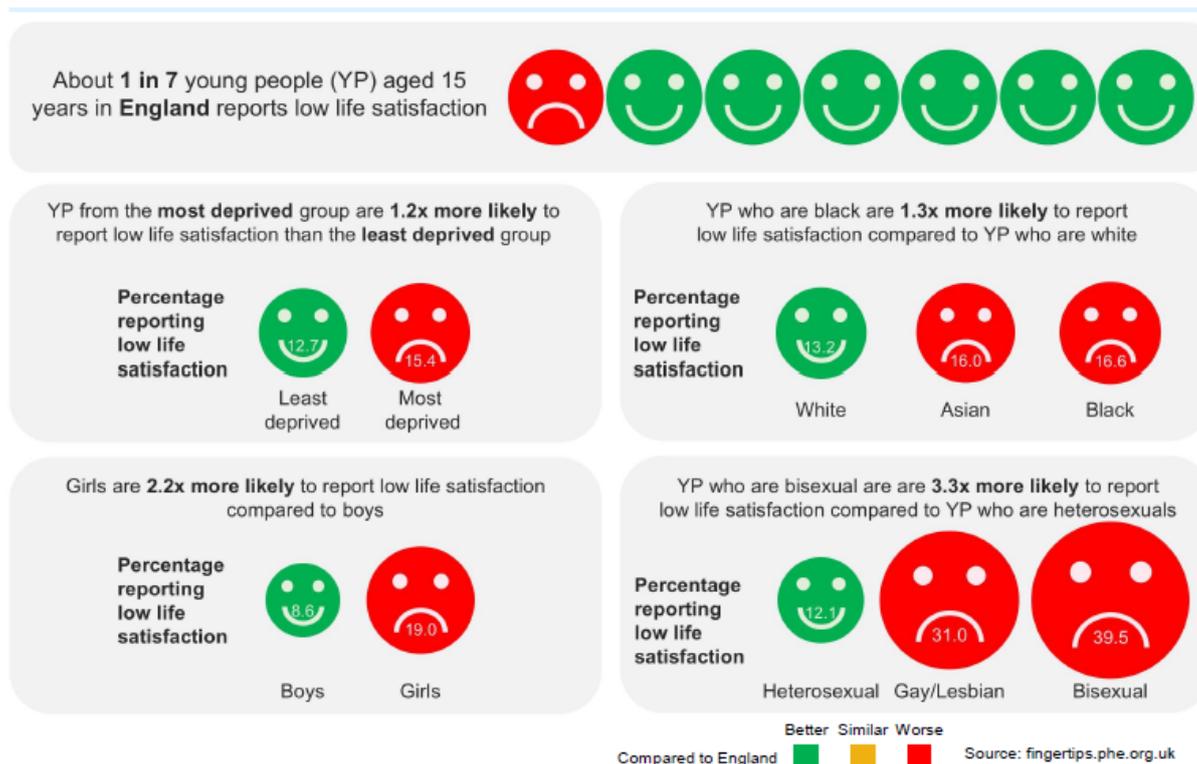
While the above data is for 2015 and updated data is not available directly linked to prevalence we know that using other data gives an indication of demand. National data such as 1 in 10 children and young people also help support planning figures. We have a under 18 population of just over 108,000 people.

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.

7. Inequalities

National data¹⁹ tells us that there are inequalities in self reporting of life satisfaction with links to deprivation, ethnicity, sexual orientation and gender when related to mental health.

Inequalities in reporting low life satisfaction (2014/15)



Locally the Durham Joint Health and Wellbeing Strategy²⁰ has an action (objective 2) to focus on inequalities across a range of health areas.



Durham Joint Health and Wellbeing Strateg

The JNSA key messages²¹ also gives further data re health inequalities across the whole population which gives supporting data to the LTP. We are also aware that a key inequality is stigma and discrimination due to mental ill health. Work with Stamp It Out is discussed later in this document

The County Durham LTP has robust plans to address the following (not exhaustive) specific need driven by evidence and system mapping, while the plan takes a universal approach to mental health a graded response to need is used to ensure

¹⁹ <https://www.gov.uk/government/publications/improving-the-mental-health-of-children-and-young-people>

²⁰ <http://www.durham.gov.uk/jhws>

²¹ <http://www.durham.gov.uk/media/17430/JSNA-2016-Key-Messages/pdf/CountyDurhamJSNAKeyMessages2016.pdf?m=636204355543770000>

children and young people get the right support. As such, a more intensive service is available for vulnerable children and young people such as;

- Perinatal mental health to give children and young people the best start in life.
- Bereavement counselling and support.
- Support to parents and carers
- Extension of the CAMHS crisis and liaison service to a 24/7 service
- A Street Triage Service open to all age
- A Durham suicide prevention plan to support at risk children and young people.
- Improving services for children with special educational needs
- Improving services for children and young people with a learning disability and/or autism (transforming care)

Outside of the LTP, work takes place between the CCGs and Durham County Council to support asylum seekers and refugees being settled into County Durham. This takes a whole family approach. There has been close working with TEWV to ensure that all asylum seekers and refugees have adequate support regarding mental health and that referral process' are in place. This is also supported by primary care in which general practice offers some dedicated time to ensure new arrivals to County Durham have time to register to a practice, have received all the health care they require from primary care and also are referred to specialist services (including mental health). Currently all services have a universal offer and there is no specific BME service; County Durham does have a lower than national average BME population.

The current LGBTQ+ contract has been comprehensively reviewed and is being amended to move away from being a sexual health based contract to focusing primarily on social and emotional wellbeing of this population. We are also linking more to the Women's Commissioning Support Unit (WCSU) and in late 2018 are attending events to explore what commissioners should be doing to support young girls and women with a focus on mental health and women within the criminal justice system.

8. Collaborative Commissioning Approach

Moving away from a tiered response into a THRIVE model enables people to be supported to thrive by a variety of prevention and promotion activities in the community. This approach has been embedded across the commissioning system for children and young people.

We feel that the THRIVE model offers a radical shift in the way that services are conceptualised and potentially delivered, along with suggestions for how they might be reviewed and improved. Through wider discussion, planning and, in time, the commissioning processes, the model will appropriately undergo refinements and developments as to how it can be applied to local contexts.

Anna Freud Centre²²

²² https://www.annafreud.org/media/2552/thrive-booklet_march-15.pdf

Through our developing Integrated Commissioning plans we aim to establish new collaborative commissioning routes to ensure local needs are met. This will endeavour to reduce duplication to ensure that fundamentally, children and young people and their parents and carers are supported across County Durham. This will be achieved by continuing to build on the close relationships between all agencies and stakeholders across the system such as CCGs, Public Health, the wider local authority, health and justice, police, education and health providers who are all key to the delivery of successful outcomes.

Key to the successful implementation to the above is our continued work within the accountable care partnership (ACP) to support collaboration. The Mental Health & Learning Disabilities partnership is across five local CCGs (North Durham CCG, Hartlepool and Stockton on Tees CCG, Durham Dales, Easington and Sedgefield CCG, Darlington CCG and South Tees CCG) and Tees Esk and Wear Valley NHS Foundation Trust (TEWV) who is the primary provider of mental health and learning disability services including our specialist inpatient service.

In addition to the initial phase of the Partnership for learning disabilities it was agreed that all age mental health services and packages including Continuing Healthcare will be included.

The purpose of the ACP is to improve the lives of people living with mental health illness and learning disabilities by enhancing the quality of care packages and services, maximise and control spend on these packages and services and deliver the Transforming Care Agenda. The partnership is in line with the emergent integrated care system (ICS) approach that promotes integration and manages care around the individual; They create a partnership of providers working together across traditional boundaries.

The ACP is overseen by a formal Board which provides strategic oversight of the work and defines its objectives and gives strong governance. All CCG members are equal partners of the Partnership Board which is supported by an operational delivery group. The CCG retains responsibility for statutory commissioning functions and for strategic oversight of the included services. All local Authorities within the Partnership are members of the board.

The current CCG and commissioning support resources engaged within learning disabilities and mental health alongside the lead partner are the resources that drive the approach. The partnership enables TEWV to manage the total allocation of funds for services and can re-invest that allocation to address the needs of the population; but not invested outside of the partnership. TEWV manage and monitor the contracts and deliver the outcomes for those services. They also agree arrangements with other providers to share the funding and risks.

The initial objectives for this work are;

- Reduce the reliance on the use of in-patient services
- Delivering a reduction in avoidable admissions to inpatient learning disability services and delivery of a commissioned bed reduction trajectory by 2020.
- Developing community services and alternatives to inpatient admission
- Implementation of the 5 Year Forward View for Mental Health
- Prevention, early identification and early intervention
- Increasing the health promotion/prevention programmers for people with a learning Disability or Mental Health conditions including increasing the number of annual health checks

- Avoidance of crisis and better management of crisis when it happens
- Better more fulfilled lives.
- Improved quality of life
- Improved service user experience

9. Children and Young People's Engagement

Investing in Children are involved in a number of engagement programmes regarding children and young people's mental health and emotional wellbeing which include:

- Supporting the CAMHS Children and Young People's monthly Participation Group meetings (part of SLA with North Durham & DDES CCG's)
- Supported review of IAPT (part of SLA with North Durham & DDES CCG's)
- Engagement for refresh of the LTP (SLA with Public Health)
- Engagement as part of the CYP Mental Health Digital Offer (SLA with Public Health)
- Engagement as part of the Prevention at Scale Agenda (SLA with Public Health)

Investing in Children are in the process of engaging with children and young people around mental health and emotional wellbeing, the engagement has been designed by young people and facilitated by young people to feed into the LTP refresh, to inform the development of the digital offer and also to support the engagement as part of the Prevention At Scale Agenda. Throughout July and August a series of Young People lead Agenda Days™ (Adult Free Spaces) and Project Officer Lead Focus Groups have taken place involving key groups throughout County Durham including LGBTQ, SEND, LAC, Young People involved in Youth Justice System, Young People who have accessed Mental Health Services, Primary/ Secondary and Post 16 age groups and young people from different geographic locations. The findings of this engagement have informed the updated plan on a page.

In addition to monthly CAMHS Participation meetings Investing in Children facilitate the Young Adult Support Café (YASC Group) for 16-21 year olds in partnership with Waddington Street Centre. Young people have regular access to information and advice and regularly provide evidence as experts by experience in relation to their work with CYP & Adult's Mental Health Services. Investing in Children will continue to deliver the Young Adult Support Café (YASC Group) for 16-21 year olds in partnership with Waddington Street Centre. The service is delivered weekly on a Tuesday night offering a safe space for informal peer support and supporting the transition from Children's to Adult's Mental Health Services.

Investing in Children will continue to support the CCG Engagement Leads for North Durham and DDES in any engagement with children and young people and young adults in relation to mental health and emotional wellbeing services as well as other CCG Priority areas. Investing in Children will continue to support CAMHS to ensure the voice of children and young people is at the heart of their service delivery in County Durham. Investing in Children will also continue to have representation at key steering group meetings to ensure the voice of children and young people is at the centre of making decisions that affect Children and young people mental health and emotional wellbeing services. These meetings include:

- LTP Group
- LTP Workforce Group
- CYP Resilience Group
- Prevention at Scale Task 7 Finish Group.
- Health & Wellbeing Board
- Children & Families Partnership Board

This work is supported by a two year agreement with Public Health which includes the time of a Project Officer 1 day a month to represent the voice of young people and support engagement which also includes the delivery of 3 Agenda Days™ a year between April 2018-March 2020.

Investing in Children continues to have a service level agreement with North Durham & DDES CCG which is reviewed annually to support engagement with children and young people with regards to the CCG Priorities, Type 1 diabetes, and engagement of young people with SEND and the support of the CAMHS Participation Groups. Investing in children have a active social media site and partake in events which are showcased via social media, such as a recent (Aug 2018) kart race in cooperation with TEWV. This fun event was used to increase awareness of wider mental health and the teams kart 'powered by ADHD' raised awareness of this condition.

Tees and Esk Wear Valley NHS Foundation Trust also conduct the friends and family test. Details of the results of this test can be seen below.

Results												
Area	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
CYPS Crisis	100.00	79.17	97.14	90.91	71.43	100.00	100.00	-	-	100.00	100.00	60.00
CYPS Darlington	92.86	85.71	84.62	77.78	90.91	100.00	70.00	62.50	50.00	100.00	100.00	90.00
CYPS Easington	-	-	-	72.41	68.75	60.71	58.82	73.33	54.55	58.62	58.62	64.71
CYPS North Durham	100.00	80.00	100.00	74.07	83.33	85.71	66.67	81.82	87.50	83.33	83.61	61.54
CYPS South Durham	60.00	88.89	70.00	88.89	88.00	81.82	80.00	100.00	100.00	100.00	100.00	100.00
D and D Eating Disorders Service	66.67	0.00	100.00	100.00	-	100.00	100.00	83.33	100.00	66.67	100.00	100.00
Trust Overall	90.91	82.43	91.43	80.91	81.82	80.28	72.41	78.26	68.42	76.32	79.05	73.58

Friends and family test is a national standard of consultation and evaluation.

10. Current work (2018 update)

Prevention

Rollercoaster (parental peer support)

The parental peer support service aims to develop a model for supporting parents and carers who are caring for a child with emotional or mental health difficulties. The project builds on the pilot scheme which was developed by Success (North East) in partnership with Tees, Esk and Wear Valley Trust. Rollercoaster is made up of various elements;

Parent support; Rollercoaster runs two support groups in different locations in County Durham (North and South Durham) to offer a safe physical space for parents to meet, share experiences and support each other. As part of this offer Rollercoaster also offers substantial support via a closed social media group. This support also extends to telephone support and signposting to services.

Wider network and social media campaigns; with an increasing reliance on social media Rollercoaster uses Twitter and Facebook to promote positive messages, share resources and network. This work is monitored and gains more followers quarterly in a growing network. Also, a e-newsletter is circulated to inform parents and carers of services in the area and new developments.

Parent Training is supported via Tees and Esk Wear Valley and The Charlie Waller Memorial Trust various training packages are offered to parents including:

- Helping your child to manage anxiety
- Coping with overwhelming emotions
- Anger and crisis situations
- ASD and anxiety

Supporting parents and carers is a key element to the LTP to support the Think Family agenda in which all members of an individual's life must be considered to ensure the best outcomes.

I have learnt so much from all the different agencies to help support my daughter. Still on the rollercoaster on the up at the moment, but always anxious about what's around the corner.- Parent

Rollercoaster group has been such a positive experience for me as my concerns and experiences have been taken seriously. I really feel very blessed to be part of it. Thank you everyone – Parent

Parents and carer advisory group; Parents/carers in County Durham have been involved with a variety of local and national advisory work over the last year which include:

Local: Autism and Police Focus group, Parent representative on CYPMH LTP, Northern Clinical Network Eating Disorders



Event and Mid 5 Year Forward View Event Big Tent Event.

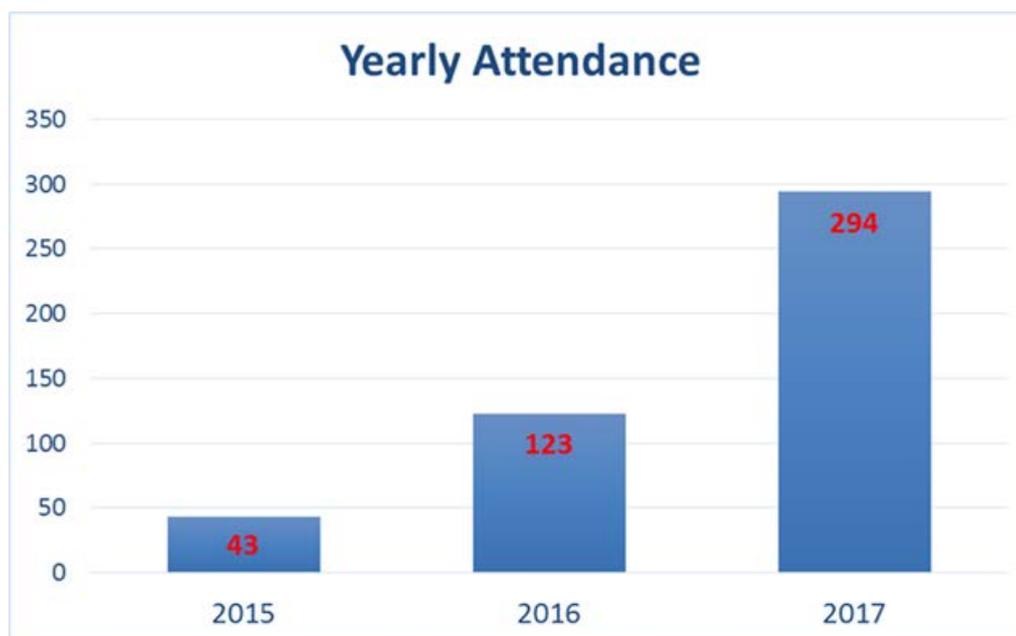
National: National Crisis Conference: Carers Trust Triangle of Care Video Production
Milestones Project: National Collaborating Centre for Mental Health-Implementing the Evidence-Based Treatment Pathways for Children and Young People's Mental Health Care Parent Workshop and Conference

During 2018 Rollercoaster won a National Positive Practice in Mental Health Award, and was selected to be part of the national Young Mind's Trailblazers Amplified Project. Also, Rollercoaster worked in partnership with NECS and NEL Healthcare Consulting to help produce a learning module for the National Commissioners Development Programme.

<https://cypmhcommissioning.necsu.nhs.uk/>

Five parents were involved with the production of some short videos clips to ensure the voice of parents/carers was included throughout the module. A local foster parent wrote about her involvement and experience in the process for DCC fostering newsletter.

This work will continue into 2019 in order to continue to support parents and carers across County Durham.



Youth Aware Mental Health (YAM)

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

This work started as a pilot phase for 5 schools, grew to 10 schools this year and aspires to be available in all secondary schools by 2019. During this year YAM has

worked with 1,200 students and this number will continue to grow in future years as YAM is offered to more schools. Also this year,

- In April 2018, 6 trained Instructors participated in 'Train the trainer' training – this gives sustainability to the work.
- A YAM Instructor course was delivered to a further 18 people (including staff from SEND & Inclusion, One Point, TEWV and CAMHS), significantly increasing delivery capacity and bringing the total trained Instructors to 26. The potential now exists to offer training to other local authorities and further staff as required.
- This work has been within the LTP plan and will remain as part of the work into 2018/19. Also, the government has commissioned a UK RCT of YAM alongside other promising school based Mental Health interventions for 2018/2019. Durham has been given research hub status as part of this research. Feedback and learning will continue to be used to inform Durham development in this area.

The Emotional Wellbeing and Effective Learning Service (EWEL)

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

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

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

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

The work of the service is explicitly informed by the core themes contained within the Department of Health's Future in Mind report (2015)

The core work of team continues as usual, and in line with above. However, recently in relation to the work undertaken the following observations are of note:

There is a 12-15% increase in referrals by schools, notably in relation to;

- Young people at risk of exclusion, around 80% of whom have been found to have unrecognised or under-recognised additional needs
- Young people going through the attention difficulties pathway (ADP)
- Young people engaging in self-harm
- Young people struggling to engage in school, and experiencing significant anxiety

In relation to the above the following actions were taken;

- A refreshed training offer was established for locality schools in relation to Behaviour Partnership Panels, to raise awareness of mental health and how it can present within school contexts, this work is ongoing.
- Following a successful pilot, the support to the ADP in the north of the county has been enhanced to ensure that in addition to providing assessment information there is work undertaken to create capacity within referring schools to understand and meet the needs of these young people better
- New protocols are beginning to establish in relation to young people who are chronically self-harming within school contexts; and which include closer liaison and a combined offer of support from CAMHS and Education to these settings (ongoing)

Future opportunities exist for this work; continuing to provide a wide range of support to schools remains a priority.

The Mental Health Services and Schools Link Programme (Anna Freud Centre)

This approach was successfully used to bring together two cohorts of schools and mental health services colleagues (north Durham and South Durham). This has set an agenda for future development work to strengthen existing arrangements, and will be followed through in the form of development networks that will run next year. A third group will be established in September and October 2018, which will create an east Durham group. We are also expected to take part in evaluation of the Schools Link Programme later this year.

This work supports schools to understand mental health and use a cascade model; as this approach is one key element of workforce development more on this work can be read further in this document. This work is new for 2018 and will continue into 2019.

Stamp It Out Anti-Stigma Campaign (Investing in Children)

Investing in Children are involved in two projects that specifically look at challenging mental health stigma and discrimination in County Durham and raising awareness about the impact stigma has on people lives.

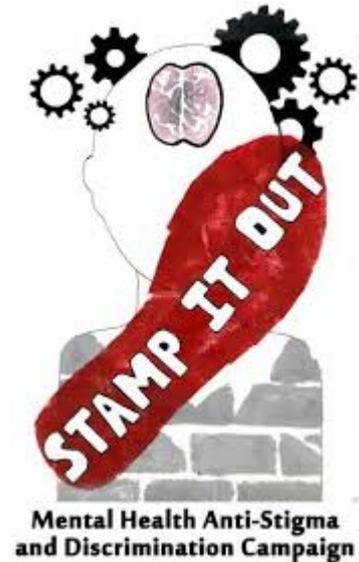
Investing in Children is in its second year of coordinating Stamp It Out. Stamp It Out is the County Durham anti-stigma and discrimination campaign and one of the delivery partners within the Durham Time to Change Organic Hub. The Stamp It Out Membership consists of key partners from across County Durham including Investing in Children, Waddington Street Centre, Home Group, Durham County Council, Wellbeing For Life, Alzheimer's Society, CAMHS, NECS and services users both young people and adults.

Local Champions (citizens) are involved in all aspects of the work of the Durham Organic Hub including planning and delivering events, workshops, presentations and running stalls.

Throughout the year the project works towards four main dates within the calendar year which include Mental Health Awareness Week in May, Suicide Prevention Day on the 10th September, World Mental Health Day on the 10th October and Time to Talk Day on the first Thursday in February. In addition to these key events the Campaign Group links in with community events and festivals as well as supporting key groups to develop bespoke engagement opportunities.

Examples of events and workshops delivered throughout this year have included workshops and presentations with a range of Employers from across the County in partnership with the Better Health at Work Award.

One highlight in June 2018 the group worked with Time To Change to deliver a Stamping Out Stigma Workshop at Durham Town Hall. The event showcased activities and engagement resources and techniques that could be adapted for challenging mental health stigma including the use of arts, quizzes and games. The event was attended by a range of organizations including One Point Service, Education Providers, DCC Staff, Harbor, Young People, Social Housing to name a few.



On Time to Talk Day the group worked in partnership with Culture and Sport to deliver Time To Talk Time To Walk events across the County. A series of lead walks were delivered where Champions facilitated conversations about mental health whilst promoting the physical benefits exercise has on mental health.

Investing in Children have been engaging with Education Providers including Schools and Colleges to deliver young person lead campaigns. One project developed into a Flash Mob by a drama group from New College Durham. The group performed this at their college and then again at a CCG Public Engagement Event.

Investing in Children and Stamp It Out continues to have a Social Media presence using Facebook, Twitter and You Tube to promote the work and develop film case studies of people from County Durham that have experience mental health stigma and discrimination.

The project continues to work in partnerships with AAP's, community groups and marginalized groups ensuring the mental health is everyone's business.

Through the engagement with young people and the Coordination of Stamp It Out, Investing in Children are a part of the Prevention At Scale Agenda with Public Health. Currently Investing in Children are facilitating a range of engagement to support the refresh of the LTP which includes elements around Stigma and Discrimination and a future potential Digital Offer.

Key future work for Stamp it Out includes;

- Investing in Children and the Stamp It Out Group are working with the Partnerships Team and Public Health as part of the planning for the Partnership Event on World Mental Health Day.
- The next project for Stamp It Out is to work with the Gala Theatre to hold a film and talk night. There will be a free viewing of a film which has mental health messages followed by open discussions and opportunities to promote the work going on in County Durham in relation to mental health stigma and discrimination.
- Stamp It Out will be working with the Health and Wellbeing Board to apply to become a Time To Change funded Hub.

- The Stamp It Out group are working with Durham Community Action to become a Charity with the aim of being registered with the Charity Commission and set up by the end of September. Currently, and for the past 2 years this work has been funded via Durham County Council with funding currently agreed until March 2019.

Durham County Council One Point Service

The aim of the One Point Service is to identify and support children, young people and families in need of early help, with an effective high quality service in order for them to achieve positive outcomes. One Point Service supports children, young people and families to improve their mental and emotional health and is an integral part of the 'Early Help Offer. This includes Wellbeing for Life Workers supporting children aged 5-13 and their families to improve their wellbeing through resilience building programmes and support to children and families with needs related to emotional health, wellbeing and resilience.

There are 10 Wellbeing for Life Workers aligned to the Family Centres across the 7 One Point localities in County Durham. They are responsible for delivering the Strengthening Families Parenting Programme which is a 7 week evidence based whole family programme designed to increase resilience and reduce risk factors for behavioural, emotional, academic and social problems for young people aged between 10-14 years. Young people and parents attend together. In addition to this One Point can support families in accessing Booster Sessions (follow-up from Strengthening Families), use 'Relax Kids' techniques and support using 'Mind Ed' tools. One Point also contributes to the delivery of YAM and supports secondary school aged young people through the Team Around the School whereby group work sessions are delivered to young people which can address emotional wellbeing issues if identified as a need.

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

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

- 29 Strengthening Families Programmes were delivered across the county between 2017-2018;
- 142 Parent/Carers completed a Strengthening Families Programme;
- 147 Young People completed a Strengthening Families Programme;
- 74% of young people demonstrated a reduction in their total difficulties with emotions and behaviours at the end of the Strengthening Families Programme (Strengths and Difficulties Questionnaire);

- 89% of parents demonstrated a reduction in their perception of their child's total difficulties with emotions and behaviours at the end of the Strengthening Families Programme (Parents Strengths and Difficulties Questionnaire);
- 75% of Young People demonstrated a positive increase in their wellbeing score at the end of the Strengthening Families Programme (Adolescent Wellbeing Scale);
- 73% of parents demonstrated a positive increase in their wellbeing score at the end of the Strengthening Families Programme (Warwick Edinburgh Mental Wellbeing Scale);

Effective Support

Bereavement Support

Provided by St Cuthbert's this service offers timely and appropriate bereavement support to children and young people up to 25yrs of age. Specialist bereavement and post intervention counselling service takes referrals from a number of sources, the most common via family/friends, and for various reasons of death including suicide, however, bereavement as a result of cancer is the highest cause of referral.

This service also runs family days when children and young people (both on waiting lists, in current service and those with closed cases) are invited to come together for a fun activity day. This also gives parents and careers the chance to network.

This service will continue into 2019 in order to support children and young people during bereavement.

Early intervention in Psychosis (EIP)

Two EIP teams cover the North and South of Durham. The teams cover North Durham, DDES and Darlington CCG areas and provide care to those over the age of 14.

The North Team provides services for the Chester-Le-Street, Easington, Derwentside and Durham City Area. The South Team provides services for Bishop Auckland, Spennymoor, Aycliffe and Darlington areas.

The teams have been provided and increase in funding from the commissioning bodies to enhance our ability to meet the NICE Guidelines. This has meant the old age 'restriction' that EIP worked to has been lifted for some of our clients. Two care pathways exist; The First Episode Psychosis (FEP) pathway is an multi Disciplinary Team led pathway aimed at identifying and treating individuals between the ages of 14 and 35. Criteria for referral for the FEP pathway will be a first onset of psychosis for which the individual has received no previous treatment.

The other pathway relates to people displaying an at risk mental state (ARMS). These will be people of all ages that are showing signs of a more 'transient' psychotic episode. They may have experiences throughout their life of such issues. Or the sudden onset may be as a result of life stressors, personality issues or a combination of other mental health problems and comorbid substance misuse. The ARMS pathway is more psychologically led and aims to introduce a number of psychological

strategies that will allow the individual to manage their stressors and reduce the likelihood of any further psychotic episode.

The increase in funding has meant the service has been able to recruit and develop a more robust psychological service to enable us to provide all interventions identified within the NICE Guidelines. Successful recruitment of IPS workers (independent placement support workers) that will assist service users in their search for meaningful employment and career opportunities.

A priority area has been referral to treatment times and the service has developed systems that ensure the vast majority of our patients (81.25% in the period May 2017 to July 2018) are assessed and allocated to a dedicated worker who will direct their journey through the evidence based pathway of care, within the required two week period.

				Apr	May	Jun	Jul
EH4% of people experiencing a FEP treated with a NICE approved care package within 2 weeks of referral	201807	H	Month Actual	100.00%	60.00%	100.00%	75.00%
			Month Target				
			YTD Actual				81.25%
			YTD Target				

Next steps are accommodation of the South Team who are currently based in Bishop Auckland. Options are being explored which will enable the team to work closer to other trust services that provide care for working aged adults with psychosis.

A priority area continues to be in-reach into the inpatient facilities to try to reduce the length of stay, and ensure that new patients identified on the ward receive the services offered by EIP immediately.

Transitional Ages

This work aims to offer improvements to the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services (CYPMHS). There are three components to this work:

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

This work is supported via CQUIN

The Project Manager for the Transitions CQUIN continues to ensure young people are being offered a questionnaire and encouraging the young person to complete and return at their last CAMHS appointment regarding their experience. Monitoring of these returned questionnaires is undertaken.

The Transitions Team prompt the care named case worker of those young people who have transitioned to ensure the young person is given the opportunity to complete a survey. This applies to those young people still in service three months

after their transition from CAMHS. The CQUIN team also prompts the named case worker to ask the young person if they wish to share their story with regards to transition should they wish.

An Audit tool was approved by C&YPS Clinical Audit subgroup. Data is now available via the Trust's Information Department on a monthly basis which identifies those young people who have transitioned. The Audit for 2018/19 Q1 has commenced, ensuring that the reporting of case note audit findings Q1-Q2 at the end of Q2 as per CQUIN requirements will be met.

Also, based on year 1 results an implementation plan has been developed.



Action Plan
Transitions.docx

Street Triage

This service implemented via the Crisis care Concordat, provided by TEWV, works with police to support mental health crisis in the community. The service, which operates 7 days a week from 2pm till 12am, has mental health specialists working alongside call handlers within the police force control room to see 999 calls to Durham Constabulary and flag potential mental health crisis. The MH staff have access to the clinical system and are able to flag important information to police response officers to deal with people in MH crisis. The service also visits people who may be facing crisis and have called the police; this enables the police to deploy their resources effectively while patients get appropriate support.

This service is open to all ages including young people and is funded via local A&E delivery board funding; this work will continue into 2019.

Vulnerable Groups

Eating Disorders Service

This service provides specialised multi-disciplinary assessment, treatment and evaluation for young people and their families, the team includes:

- Doctors
- Psychologist
- Mental health nurses
- Mental health practitioners
- Dietitians.

Young people are offered assessment appointments initially to set up a treatment plan. Two members of staff, including a dietician work with young people and parents/carers to gain a greater understanding during this assessment stage. The multi-disciplinary teams look at physical and psychological issues as part of the plan, and also work with GPs where needed (for example if further bloods or monitoring is needed); This model supports best outcomes.

In the future, as CCGs move to Accountable Care Organisation's (discussed within this document) North Durham, Durham Dales Easington and Sedgfield, Darlington, Hartlepool and Stockton and South Tees Clinical Commissioning groups will work across this model.

CCGs currently monitor baseline performance via a joint work stream (all the CCGs above); the data for (so far) 2018 can be seen further in this document as part of apex 4. This data looks at 4 week (routine) appointments, 1 week (urgent) appointments as part of Nice Guidelines. These figures are expressed as a % as so it should be understood that due to relatively small numbers % can vary month on month to a large degree. Referral data can also be seen further in this document but aware that during 2017 a total of 105 children and young people were referred into the service for North Durham and DDES CCG. So far this year that number is 35 children and young people.

CAMHS Crisis, Liaison & Intensive Home Treatment (IHT)

The team work flexibly and will respond and visit young people within the acute hospital wards and A&E, GPs, home, school and community settings. The service aims to support young people in mental health crisis within the community, reducing admissions to Tier 4 and paediatric services, supports discharges from Tier 4 to reduce length of stay. The service offers provision over 7 days and is integrated into the crisis team offering a flexible service.

Recently the service was allocated funding from the better care fund to increase the IHT provision and grow the service, and is very much part of new care models with TEVV supporting wave 1 of this work nationally.²³

²³ <https://www.england.nhs.uk/mental-health/taskforce/imp/mh-new-care-models/>

Transforming Care

Transforming Care addresses the needs of the following groups.

Children and young people with a learning disability, autism or both who have or are at risk of developing a mental health condition such as anxiety, depression, or a psychotic illness, and those with personality disorders, which may result in them displaying behaviour that challenges.

Children or young people with an (often severe) learning disability, autism or both who display or are at risk of developing self-injurious or aggressive behaviour, not related to severe mental ill health. Some of whom will have a specific neuro-developmental syndrome and where there may be an increased likelihood of developing behaviour that challenges.

Children or young people with a learning disability, autism or both who display or are at risk of developing, risky behaviours which may put themselves or others at risk and which could lead to contact with the criminal justice system (this could include things like fire-setting, abusive or aggressive or sexually inappropriate behaviour).

Children or young people with a learning disability, autism or both, often with lower level support needs and who may not traditionally be known to health and social care services, from disadvantaged backgrounds (e.g. social disadvantage, substance misuse, troubled family backgrounds) who display or are at risk of developing, behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.

A successful bid for funding to implement 2 projects via the Transforming Care Transformation Funding these projects will be delivered in 2019 –

1. Children and Young People's Autism Post Formulation Offer - 12 month pilot - Improving access to mainstream services through reasonable adjustments and Prevention of exclusion from schools.

The proposal is to offer local schools and families who have been through the Autism assessment process post formulation support whether they receive a diagnosis of Autism or not. Utilising the assessment information a Post Advisory teacher will be employed to bring together schools and families to work together to understand the needs of the child and what adjustments would be needed for the child to remain in school. By building confidence in parents during this very worrying time, and ensuring them that they are not alone they will receive the support they need so that their child's needs can be met locally and at school.

2. Establishment and embedding the use of dynamic support registers across health and local authority Improving the quality of Care, Education and Treatment Reviews, aiming to embed sustainable processes that link to Education, Health and Care Plan.

We will look to employ a project support to help develop and embed as standard practice a Dynamic risk register for CYP. This will enable local services to anticipate and meet the needs of those people with a learning disability and/or autism who display behaviour that challenge, or who are at risk of developing behaviour that challenges, ensuring local services plan appropriately and provide early interventions, including preventative support.

The funded post would also support the CETR/EHPC processes ensuring collaboration. We know how vital early intervention and support is to meet the needs of children and young people, some of whom have very complex needs.

By the end of 2018 we will have completed and submitted Capital bids for the development of Hawthorn House, respite provision for 14+, in County Durham. The aim of the project is to renovate the existing Hawthorne house to a high specification and implement care to allow the provision to offer respite to Children and Young People over the age of 14 and not only adults. It is planned that if successful at bid the works would be completed in 2019.

Autism

County Durham continues to experience an increase in demand on ASD Services. The current ASD pathway across County Durham & Darlington comprises a comprehensive assessment to support effective formulation and diagnosis with 82% of those assessed getting a diagnosis of autism. This demonstrates that the Trust is making best use of resources and not putting young people on the pathway unnecessarily.

Increased awareness of ASD has resulted increase demand and lengthy delay for young people to receive assessment and diagnosis. Referrals increased by 127% (between 2013/14 and 2016/17) across County Durham & Darlington. Below is the breakdown across the locality.

Referral Data

	2013/14	2016/17	% increase to 2016/17	2017/2018 *
North Durham	196	260	33%	274
South Durham	47	187	298%	197
Easington	41	135	229%	143
Darlington	17	100	488%	106
TOTAL	301	682	127%	720

**2017/2018 figures are a forecast for 12 months based on data for the period 1st May 2017 to 31st October 2017 and are the basis on which demand is subsequently calculated*

Darlington data remains to show total figure.

From May 2017 demand and capacity was as follows:

Month	Referrals (Demand)	Formulations completed (Capacity)	Difference Shortfall in capacity
May 2017	59	38	21
June 2017	70	29	41
July 2017	66	35	31
August 2017	36	27	9
September 2017	53	41	12
October 2017	45	47	-2

In order To respond to the demand issues and increasing profile of ASD waiting, commissioners have provided additional funding to increase service capacity, throughput and productivity to reduce the number of CYP on the ASD waiting list.

A pilot initiative went live in County Durham in August 2018 which is a fast track assessment centre which will significantly reduce the backlog of children waiting and will improve future waiting times. The service will ensure parents, carers and schools are more informed at each stage and ensure wider support is offered.

The new service will allow for the completion of an additional 10 assessments per week for 12 weeks; this is in addition to the existing resource which completes on average 38 assessments a month.

Care, Education and Treatment Reviews (CETR)

Care and treatment reviews came about as a result of the Winterborne Investigation which highlighted high levels of institutionalization with limited/no reviews of care packages. The findings of this investigation also opened up exploring young people's care and treatment reviews including education which have since become care, education and treatment reviews.

The CTR nurse is involved in the development of the Durham children's transforming care delivery group and is involved in the discharge planning meeting of complex young people to prevent hospital admissions.

Community Clinical Staff are not always aware of the need for a community CTR prior to hospital admission. This option is reinforced wherever possible and the team foresee an increase in requests for Community CETR's as clinical staff become more familiar with the CTR process. This all works to prevent hospital admissions as far as possible.

The North East Commissioning Support CTR team are working in collaboration with South Tees CCG to consider the alignment of the CTR/CETR processes and how they are operated by the two organisations. Key to this is;

- Ensure that the CTR team are kept up to date with current legislation and guidance that will influence their practice and development.
- Support the development of Children's Dynamic Risk Registers in each CCG locality.
- Evaluation and review of collection of feedback from CTRs.
- Develop a more proactive and preventative model to avoid any unnecessary admissions (demand for more Community CETRs and LAEPs- which are local area emergency protocols)
- Make stronger links with Local ACP partnerships in local areas and contribute towards their local defined priorities.
- Undertake frequent and in depth audits of the service provided.
- Provide data and statistics to predict the future scope of CETRs.

In the 2017 LTP update we said;

- By March 2018, we will have a system that will deliver, at least 6 months before transitioning:
- Joint meeting to plan;
- Jointly agreed transition plan with personal transition goals;
- A named and contactable transition key worker

From April 2017 -18 the CTR team increased staffing capacity and the team now includes a nurse who specialises in children's' CETR's. Two members of the CTR team attend community CETR's – one to act as Chair and the other as Clinical Adviser. Where children and young people have been admitted to inpatient services a member of the CTR team will attend the post admission CETR and any subsequent reviews facilitated by NHS England under specialist commissioning arrangements, to represent the locality CCG.

The team have developed and are working to a Standard Operating Procedure across all CCG localities to create a consistent approach.

In terms of demand the number of Community CETR's facilitated by NECS for the Durham and DDES areas totalled 4. The number of attendances at specialist commissioned post admission CETR's and reviews totalled 8.

In future we anticipate a rise in the number of Community CETR's as community staff become more familiar with the process and the number of inpatient beds declines. This is based on figures from last year, current requests and projected numbers going forward.

Special Educational Needs and/or Disabilities (SEND)

OFSTED and Care Quality Commission (CQC) visited County Durham in November 2017 and inspected the area's services for special educational needs and/or disabilities. The outcome of this inspection was that Local Authority and the CCG have had to produce a written statement of action (WSOA) outlining the actions to be taken in relation to the key findings of the report which were;

- Concerns about the system leadership and strategic direction

- Lack of joint commissioning for services
- Lack of performance data to help understand local services
- No embedded approach to coproduction
- The written statement of action was approved in April 2018 and was shared with parent groups for views and can be seen on The Local Offer ²⁴



Revised Final WSOA
June 2018.docx

The intended outcomes detailed within the WSOA demonstrate the determination to make a difference to children and young people who have Special Education Needs in County Durham, primarily by establishing a new governance structure for SEND with greater oversight and scrutiny by all partners, including young people and their families. There is a commitment toward improving quality assurance processes across the local area, in particular to ensure that Education Health Care plans are holistic, clearly capture the views of young people, their needs and aspirations. There is also completion of the first “You Said, We Did” which has been published on the Local Offer, to ensure stakeholders are kept up to date on progress. Further more, working with Investing in Children a SEND Promise had been produced to ensure Children and Young People know and understand the work that is being done.

During 2018/19 the written statement of action will continue to be worked through; the above document gives performance against the plan and work continuing into 2018/19.

Health and Justice - Youth Offending Service Harmful Sexual Behaviours

This project provides a consultant child psychologist (Via TEWV) and additional support via the team to offer the youth offending service support and intervention for young people with harmful sexual behaviours. This work primarily supports youth offending staff in their case management of young offenders and offers training to staff in associated subjects. However, the work also has some direct work (such as assessments) in order to support children and young people within the criminal justice system and therefore have some extra needs to support their wellbeing.

This work is commissioned and supported via Health and Justice Commissioners but CCG staff link in with commissioners and data is shared in order to maintain knowledge of the work; The LTP is a commitment to work together with local partners to coordinate commissioning activities more effectively. With a focus 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.

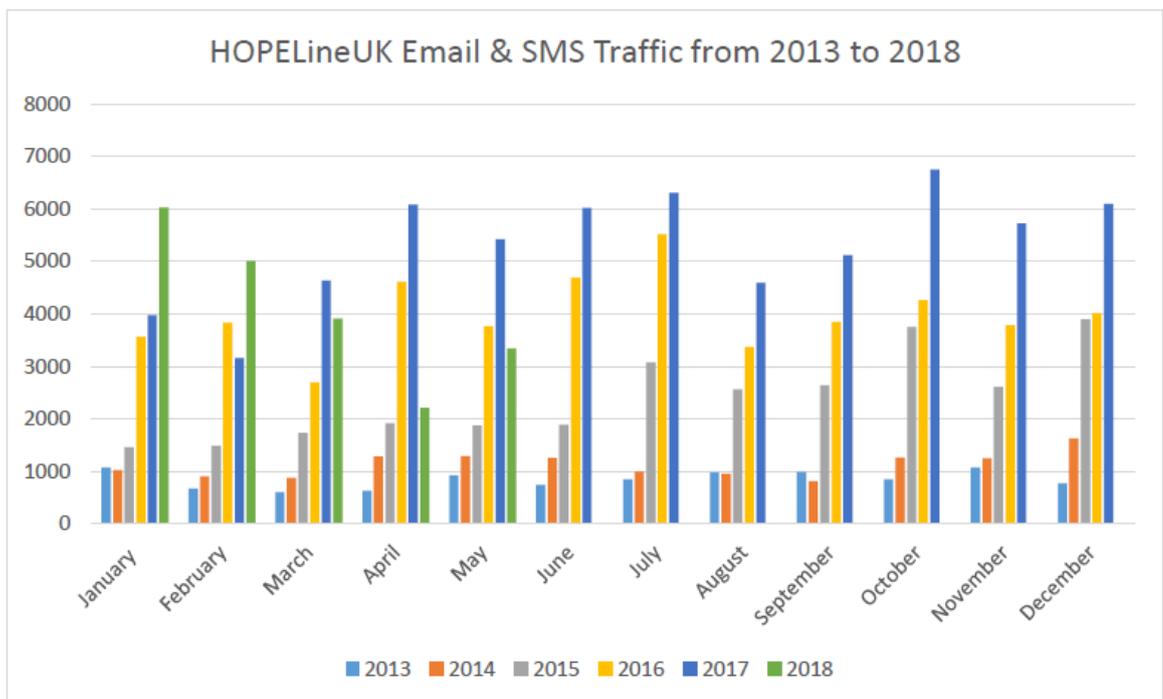
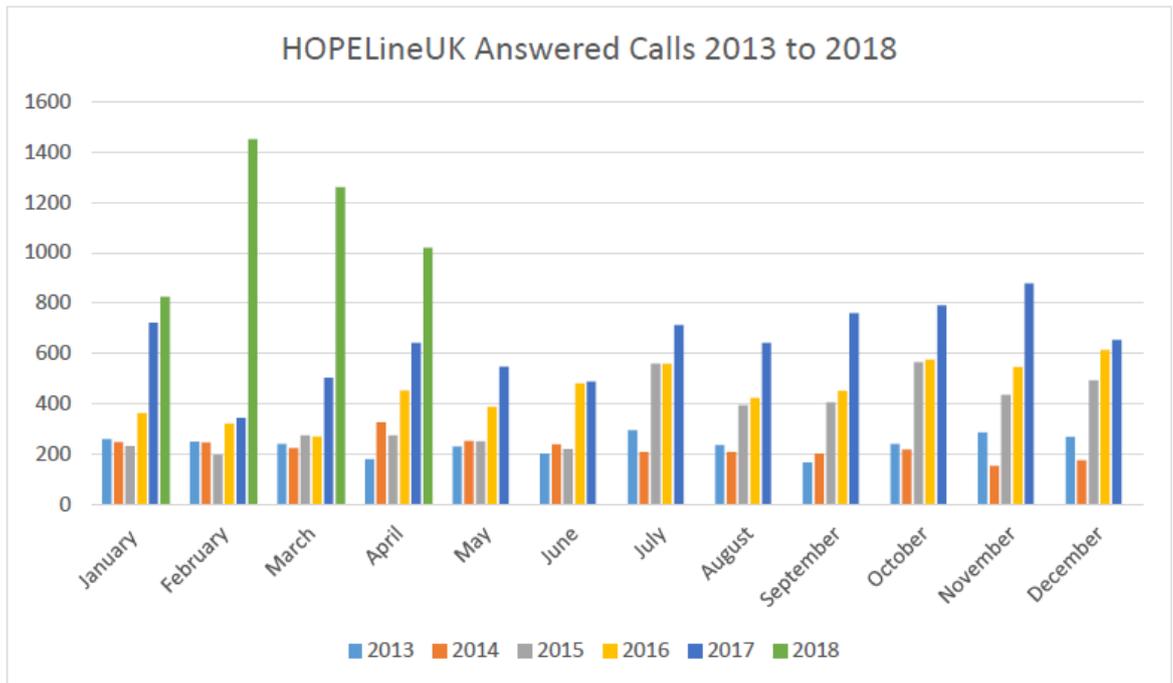
This work is funded year on year, currently until March 2019 but is eligible for an extension until March 2020 should commissioned outcomes be met; as such this work is expected to continue into 2019 but will be confirmed at a later date.

HOPEline/Papyrus

²⁴ <http://www.countydurhamfamilies.info/kb5/durham/fsd/localoffer.page>

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

Reporting on this work is difficult; its not always appropriate to ask for caller details at a time of crisis and as such this gives some limitations to the reporting locally. However, we know that calls to the service (nationally) are increasing and the CCG will continue to monitor this work.



Workforce

Workforce capacity and retention is a particular challenge in all settings. Durham is complex ad hoc coastal, rural, city, urban populations. The Complexity of the population requires an appropriately skilled workforce.

A high level workforce plan exists (see supporting documents) and some areas have been particularly challenging to develop but progress has been made in part.

Schools: The Anna Freud Centre for Children and Young People offered CASCADE training for schools and stakeholders which aims to;

- Develop a shared view of strengths and limitations and capabilities and capacities of education and mental health professionals
- Increase knowledge of resources to support mental health of children and young people
- Ensure more effective use of existing resources
- Improved joint working between education and mental health professionals
-

This work was complete in early 2018 by 32 schools, 36 teachers in Durham and a further cohort has been agreed for completion by November 2018 growing this number further. This means that a large number of schools across county Durham have taken part in CASCADE and will have;

- **Clarity on remit, roles and responsibilities of partner organisations**
- **Agreed best use of key points of contact in schools and CAMHS**
- **Structures to support shared planning and collaborative working**
- **Common approach to outcome measures for children and young people**
- **Ability to continue to learn and draw on best practice**
- **Development of integrated working to promote rapid and better access to support**
- **Evidence based approach to intervention**

The work of Anna Freud is going to be evaluated via Ecorys independently which the LTP will support.

This work, while had intended outcomes, did show that schools were keen to network around the topic of mental health, they wanted to share learning but also support each other. As such (and while not originally planned) we are establishing a series of “network/share” events. The aspiration is that these events will meet termly in local geography (North, South and East) in order to bring people together to continue the learning very much from the passion and energy created by the Anna Freud work.

These networks will have bespoke training agreed but also enable needs assessments and potential data to be gathered; this in turn ensures that schools are not a passive recipient of any training but they can own and use these networks in the best way for them. This will continue to build capacity within schools. This engagement directly with schools supports schools capacity to support Children and Young Peoples Mental Health, and mindful that the Children and Young Peoples Mental Health Green Paper (and any potential from the Trailblazer sites learning) will also support school training.

While schools have had focus in 2018 other areas have been also considered. Additional Public Health England funding supported training for all midwives and

health visitors to complete perminational mental health assessments, providing brief advice and intervention and appropriate referral into specialist support if needed. We are also aware that;

- Within Durham County Council Children’s Social Care (workforce) is being reviewed against mental health training and development.
- Primary care (general practice) has had mental health training as part of the LTP in 2016/17 but it’s agreed this needs to be revisited in 2019 to ensure stability and CPD.
- A greater understanding of the total offer is needed; we are aware of a wide offer of training through the voluntary sector at national and local level and further work is needed to understand what is available, and “package” this as a neat offer. This can be mapped and an offer can be presented to the total workforce; however, we need to be mindful to make bespoke offers to sectors of the workforce to ensure training is relevant, useful and safe. An example of the type of training;



ALSS distance
learning DCC.PDF

We are aware of the emerging evidence re workforce mental health and the importance of supporting those who do the supporting; as such this area will be modelled into the workplan going forward.

IAPT workforce training is offered by TEWV and is open to all sectors of staff not just health workers or NHS Employed staff. This is a key feature of IAPT to ensure that all children and young people (and their parents/carers) receive a consistent messages re IAPT and understand what psychological therapies are available. Access is important and this can only be achieved by the whole system supporting the work. The training offer in Durham is vast (further details available via NHS England ²⁵) but we are aware that 2018 is the final year for IAPT training.

IAPT training has been provided this year to:

- Police volunteers
- College staff
- One point staff
- School Nurses
- Trainee Social Workers
- Groups - such as ‘swimming durham city’ , and Darlington theatre group
- Schools
- Young carers
- Voluntary service - such as youth clubs , Auckland project , Kynren,
- Ymca

While a workforce plan exists for this work key aims in 2019 are;

²⁵ <https://www.england.nhs.uk/mental-health/cyp/iapt/learning-collab/>

Action	By When
Continue to support the Anna Freud work by developing schools networks to continue the work.	End of 2018
Develop a primary care training offer specific for general practice supported by TEWV	End of 2018 planned for early 2019 as part of CPD
Support Individual Placement Support (IPS) Transformation Funding available to TEWV for workforce development.	Started and going through ACP for sign off by end of 2018
Universal offer mapped. Understanding this offer is key but understanding what it is, where its offered and who for is important. Stage 1; mapping Stage 2; coordinating the offer Stage 3; supporting the offer.	Start by end of 2018 Plans for this early 2019

Transparency

Commissioning

All of the above work is evaluated depending upon what type of contract is held and who the provider managers are (CCG, local authority, regional commissioners) but all are commissioned for outcomes. In light of many changes to commissioning ²⁶, integrated commission arrangements will lead to an outcomes based model which supports increased investment in community services leading to better coordination of finance. In some cases this can lead to pooled budgets to support providers. In Durham this is already happening with some voluntary sector contracts jointly funded via CCGs and Durham County Council. In some cases money from one commissioner is given to another who will lead on the provider management, thus giving more than one commissioner an interest in the work.

Commissioning needs to be based on need and commissioned for outcomes, this is a corner stone to good commissioning but we must also be aware that innovation is important and as such we need to use a combination of international, national and local examples, evidence and young people (and parents/carers) voice to help us innovate.

Data

A large amount of data is obtained as part of Children and Young Peoples Mental Health work across County Durham. All contracts and work have data reporting mechanisms which feed into different commissioners but are understood by the LTP group as a whole system. Due to varying contract size, value and type, data reporting does have variation but this is important to reflect the nature of the work across County Durham. Depending upon the lead commissioner data requests are made and reports obtained but are fed together via the LTP. One challenge here is including national commissioning or regional team commission such as work by

²⁶ <https://www.kingsfund.org.uk/topics/commissioning-and-contracting>

Health and Justice. However, relationships between commissions ensure that work is understood and data is shared.

A large amount of work sits with one main NHS provider for Children and Young People. Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust provide mental health services including child and adolescent services. High level data is recorded by TEWV and shared with the system including baseline access, waiting times and workforce.

The data is at the end of this report; regarding the data below please note that 2018 data is valid up till 30th June 2018. Reporting over the life of the LTP has changed as some data is hard to compare year on year. As data is displayed yearly this data should be read alongside the LPT 2017 update to draw comparisons. One area (ED) is highlighted due to significant investment during 2017. Also, to protect patients data under the count of 5 is changed to # to signify that a number is present. This data is visible at apex 4

Finance

County Durham Financial Baseline 2017/18.

Description		County Durham	County Durham
		2016/17	2017/18
		£,000	£,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
Total		£9,666	£9,144

Additional funding made available in 2016/17 – 2017/18

	Year 1	Year 2	Year 3	Year 4	Year 5
	2015/16	2016/17	2017/18	2018/19	2019/20
	£,000	£,000	£,000	£,000	£,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
	£1,154	£1,779	£ 1,174	£1,756	£1,780

11. Beyond 2020

A new NHS 10 year plan²⁷ has been launched beginning 2019/20 aiming to give measurable improvements and challenge inequalities to gain better outcomes. Mental Health is a significant part of the new plan

During 2018/19 the CCGs will lead on designing a ten year plan in partnership. Key to this plan is consultation with children, young people, parents and carers and this collaboration is key in order to design a change which is transformational. Some elements of the LTP will need to continue; for example workforce will need further development in order to ensure we have a workforce fit for the future and the future needs of County Durham.

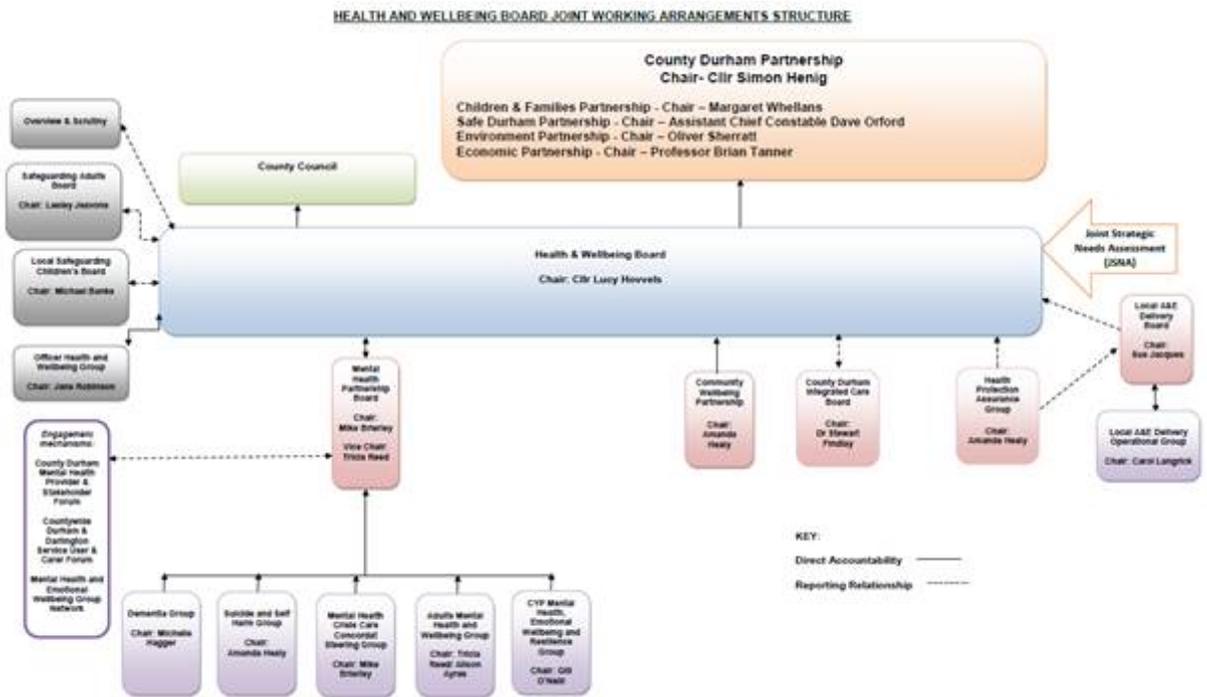
Following NHSE guidance the plan will support;

- Building resilience
- Prevention
- Providing quick and fair access to those experiencing mental illness and aiding their recovery

²⁷ <https://www.kingsfund.org.uk/publications/nhs-10-year-plan>

Supporting sections (Apex documents)

Full governance structure (apex 1)



Making Mental Health Everybody's Business

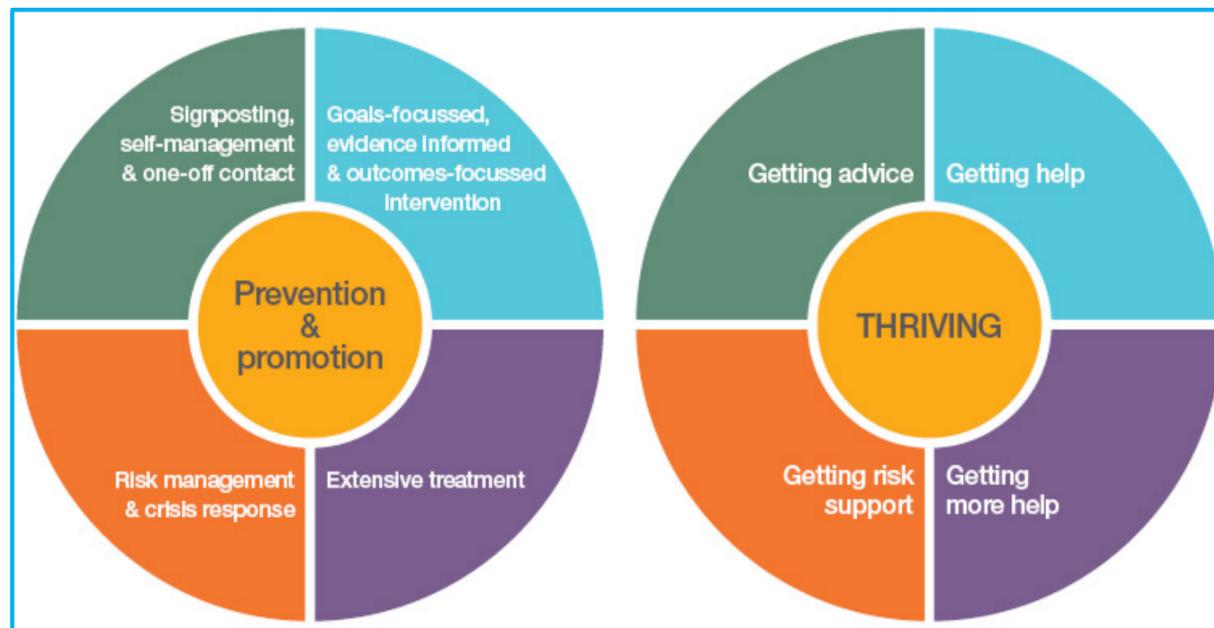
Children and Young People's Mental Health, Emotional Wellbeing and Resilience Plan

Three overarching aims for the LTP for 2018-2020

1. Have a clear, transparent mental health offer for children and young people that is easy to access. This starts from universal prevention / early intervention, moving through to providing effective support and treatment. See THRIVE model below (Tavistock and Portman NHS Foundation Trust)

2. Have a CYP workforce that is skilled, competent and confident to talk about mental health, understands mental health issues and can effectively support and/or signpost/ refer.

3. A developed and well tested mental health and wellbeing communications strategy. This will be a collaborative approach providing clarity of what is available in County Durham.



Glossary:

ASD	Autism spectrum disorder
CAMHS	child and adolescent mental health services
CDYOS	County Durham youth offenders services
CYP	Children and Young people
DRP	Durham Resilience Programme: Schools based covering all ages
FE	Further education setting
LAC	Looked after children
LGBT+	Lesbian, gay, bisexual, transgender and other groups
MH	Mental health
MHEWB	Mental health and emotional wellbeing
SDQ	Strengths and difficulties questionnaire
SEND	Special educational needs and disability
SPOC	Single point of contact
YAM	Youth aware mental health programme – for year 9 students (13-14 yrs)
VCS	Voluntary and community sector

NOTE:

The mental health integrated needs assessment fact sheet is available at <https://www.durhaminsight.info/wp-content/uploads/2018/05/MentalHealthAndWellbeingHSCW015.pdf> this covers all applicable mental health intelligence available.

County Durham's Children and Young People's Mental Health Emotional Wellbeing and Resilience Transformation Plan 2018-2020

Children, Young People and their Families in County Durham to be supported to achieve their optimum mental health and wellbeing

	Promoting Resilience, Prevention and Early Intervention	Improving Access and Effective Support	Caring for the Most Vulnerable (LAC, care leavers, adopted, young carers, LGBT+, youth offenders, CYP with SEND, those with a known MH disorder)	Workforce
What are we going to do?	<ol style="list-style-type: none"> 1. Reduce stigma and discrimination about MH in communities and schools 2. Improve the process to assess, give brief intervention and signpost parents during antenatal and postnatal period. 3. Clear offer of support, advice and guidance for parents about CYP MHEWB 4. Support development of MH lead in all schools 5. Develop a quality framework for Mental Health and wellbeing in schools and FE 6. Roll out Durham Resilience Programme (DRP) to all primary and special schools 7. Roll out Youth Aware Mental health (YAM) to all mainstream year 9 pupils and develop an adapted version for special schools 	<ol style="list-style-type: none"> 1. Continue with bereavement support and embed as mainstream offer 2. CYP in crisis have access to support in the right place and close to home as possible 3. Roll out intensive home treatment including community support 4. Review and implement a multi-media support offer for advice, support and low-level interventions including digital platforms and social media technology 5. Establish an autism assessment team to reduce the delay in diagnosis for ASD by redesigned pathway. 	<ol style="list-style-type: none"> 1. Understand the MH needs of our vulnerable populations and commission/ provide targeted support accordingly based on identified need 2. Reduce the rate of self-harm through the better identification of CYP, provide consistent support and develop schools and services to manage self harm in services 3. Implement recommendations from SEND written statement of action plan 4. Improve transition for CYP from CAMHS into appropriate adult services 5. Deliver pre-birth programme and interventions to promote infant attachment, bonding and nurturing. 6. All young people who offend will be assessed for mental health and emotional wellbeing needs when referred to CDYOS and given appropriate support 7. Undertake a review of self-harm and suicide for CYP and reduce the risks/triggers through early identification of need 8. Provide targeted Mental health and emotional wellbeing support for young people who are LGBT+ 	<p>Work within:</p> <ul style="list-style-type: none"> • Education • Children's services • Universal health services <p>To improve the CYP workforce's ability to understand mental health, and where appropriate undertake a brief intervention and signpost or refer accordingly</p>
How will we Measure it?	<ol style="list-style-type: none"> 1. Annual perceptions survey to monitor attitude changes in the community 2. Number of midwives and health visitors trained in PNMH and delivering interventions 3. Parents voice is obtained through parent engagement with VCS / community groups inc. Roller-coaster through an 'annual conversation' 4. Number of schools/FE with a designated lead 5. Implement health related behavior questionnaire (HRBQ) to measure mental and physical wellbeing – develop baseline 6. Evaluation of schools DRP action plans: impact of change on school, staff and pupils 7. Number of pupils accessing YAM and academic evaluation of YAM implementation 	<ol style="list-style-type: none"> 1. CYP receiving support and intervention report positive goals / outcomes achieved 2. 90% of CYP who need crisis support will receive it with set time thresholds 3. Intense home treatment is supporting reduction in tier 4 admissions 4. Commissioned multimedia offer that CYP can access 5. Reduce waiting times and increase capacity 	<ol style="list-style-type: none"> 1. MH of vulnerable groups will be audited using standard measurements and compared to overall outcomes of the group (e.g SDQ in LAC) 2. A&E attendance for self-harm 3. Detailed project plan to complete HNA and add to Durham JSNA, action plan implemented 4. 90% of CYP open to CAMHS will have a good quality transition plan in place by age 17 ¾ 5. Review programme outcomes and include mental health measures 6. CDYOS health assessments to be audited for quality and impact on mental wellbeing 7. Analysis of local data on self-harm from crisis dataset to identify children potentially at risk of repeated self-harm or suicide 8. Undertake service review and consultations with redesigned service implemented 	<p>Number of staff trained in each of the workforce groups</p> <p>CYP voice in feedback surveys stating that professionals understand mental health and can help effectively</p>
What difference will it have made to CYP?	<ol style="list-style-type: none"> 1. Attitudes will shift to become more accepting that MH is every bodies business and we all have MH 2. Women are better supported during and after pregnancy, improving attachment with their baby 3. Parents will be better informed and resilient to support their children's mental health 4. Schools/FE will have a SPOC for mental health 5. Increase in mental wellbeing from HRBQ and reduced hospital admissions for self-harm (aged 10-24 yrs) 6. CYP are better supported in primary schools as staff and school environment promote resilience 7. Pupils aged 13 to 14 years will be better equipped to manage life's adversities, know how to support a friend and understand what support is available in County Durham 	<ol style="list-style-type: none"> 1. Bereavement support offered at scale which builds the resilience of CYP to cope with life adversities 2. Crisis support will ensure CYP receive a timely and appropriate offer of support to reduce risk and avoid future crisis events 3. More treatment within the community, closer to home when CYP need it 4. Low level advice, support and intervention is available, which will reduce inappropriate CAMHS referrals 5. CYP / families will have support while going through timely assessment 	<ol style="list-style-type: none"> 1. Vulnerable groups needs will be understood and this will see an improvement in mental health support including a reduction in self-harm with clear pathways in place 2. CYP will be coping with life's adversity through resilience skills 3. Mental Health needs of CYP with SEND are fully supported as part of SEND programme of work 4. CYP will be effectively supported into the most appropriate service whether in mental health services or VCS 5. Positive impact on the child's emotional development and family attachment with reduction in babies being looked after 6. All CDYOS cohort of CYP will receive support with their mental health to reduce risk of re-offending 7. CYP who are at increased suicide risk receive earlier support through changes in pathways and delivery of services 8. Improved mental health and wellbeing of LGBT&QI+ and a reduced risk of suicide and self-harm 	<p>The work force will have the right skills at the right level to ensure they are confident and competent to support CYP.</p>
Cross cutting themes	<p>Accountability, Transparency and Governance Ongoing monitoring of the implementation plan and progress against identified priorities using established national indicators and local metrics for improvement.</p>			<p>Think Family</p>
			<p>Intelligence lead and sharing of data</p>	<p>Engagement and Communication Implement a proactive engagement and communication strategy to support the delivery of the local transformation plan and ensure CYP, families and professionals know how to self-help, what support is available, when and how to access it</p>

Apex 3 workforce plan (old but elements will be used)

Stages	Summary	Key Action	Purpose	Lead	Timescales	What needs to be done	Update
1. About the Plan:	Define the Plan: Identify why a workforce plan is needed and its scope	Purpose Ownership Timescale Scope	This is the critical first step in the planning process. We must be clear why a workforce plan is required and what it will be used for.	Working group	Dec 2018	We must determine the scope of the plan, whether it will cover a single service area, a particular pathway or a whole health economy and given this, be clear who is responsible for ensuring the plan is delivered and who will need to be involved in the planning process.	
2. Local population profile	Mapping service change: Visioning the future. Identify the purpose and shape of any proposed service change that will impact on future workforce requirements.	Demographics Goals/benefits Current baseline Needs Assessment Normative; Comparative; Expressed; Felt Drivers/constraints Option appraisal	This is the process of service redesign in response to choice, changes in modes of delivery, advances in service delivery. Services will be informed by the assessment of local need, the views of those who use the services and carers, and the best available evidence to ensure that services deliver effective outcomes and the best value for money.	Working group	January 2019	We must be very clear about current costs and outcomes and identify the intended benefits from service change. We should identify those forces that support the change or may hamper it. There must be a clear statement about whether the preferred model better delivers the desired benefits or is more likely to be achievable, given anticipated constraints.	
3. Current services	Define the required workforce: Identify the skills required and the type/number of staff to deliver the new service model (workforce demand).	Activity analysis Skills Audit /Types/numbers Productivity Capacity & Demand	Consideration of which types of staff should best carry out particular activities in order to reduce costs and improve the user experience even where this leads to new roles and new ways of working.	Working group	January 2019	Map the service activities and identifying the skills needed to undertake them and the types and numbers of staff required.	
4. The labour market	Understanding the workforce: Identify current and future staff availability based on current profile	Workforce forecasting Supply options Workforce data	Describe the existing workforce in our areas under consideration, its existing skills and deployment, plus assessing any problem areas arising from its age profile or turnover. It may be the case that	Working group	Feb 2019	Describe the existing workforce in our areas under consideration, its existing skills and deployment, plus assessing any problem areas arising from its age profile or turnover.	

	and deployment (workforce supply).		the ready availability of staff with particular skills, or, alternatively, the shortage of such staff itself contributes to service redesign and steps 2 and 3 will need to be revisited.			Consideration should be given to the practicalities and cost of any retraining, redeployment and/or recruitment activities that could increase or change workforce supply	
5. Strategic vision	Develop an action plan & Implement: Plan to deliver the required workforce (new skills in new locations) and manage the change. Implement the plan	Options appraisals / Gap analysis Risk matrix Priority planning / Action planning Productivity & pre performance Managing change implementation	Reflecting on the previous three steps and determining the most effective way of ensuring the availability of staff to deliver the options, even if this means some further service redesign. Also include in our plan an assessment of anticipated problems/risks and how we will build a momentum for change.	Working group	By March 2019 for release April 2019	A plan for delivering the right staff, with the right skills in the right place needs to be developed with milestones and timescales.	
6. Review, Monitor, refresh and adapt	Review progress, adapt and refresh: Measure progress and refresh the plan as required.	Monitor / measure progress Refresh plan Review and adapt	After the plan begins to be delivered, it will need periodic review and adjustment.	Working group	Ongoing; review July 2019 and Dec 2019	The plan will need to be clear about how success will be measured, but unintended consequences of the changes also need to be identified so that corrective action can be taken.	

Data details (apex 4) covering referral numbers to TEVV and staff at TEVV

CAMHS Referrals (community) by source DDES CCG 2017/18

Row Labels	Referral Source Description	Accepted	Assessed & Open	Assessed & Closed	Closed With No Direct Contact	Rejected	Waiting	
NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG								
	A & E	#						
	CARER	20				9	#	
	COMMUNITY CARE ASSESSMENT	#						
	CONCERNED OTHER	#				#		
	CONSULTANT	19		#		7	#	
	CPN	#				#		
	EDUCATION SERVICE	31		3		#	#	
	GENERAL HOSPITAL	58		#		16	8	
	GP	731	#	80		221	150	
	LOCAL AUTH SOCIAL SERVICES	6				#		
	LOOKED AFTER CHILDREN	#						
	MULTI DISCIPLINARY TEAM	730	7	#		66	7	
	OTHER	550	#	55		104	57	
	OTHER CLIN SPECIALITY (TEAM)	66		#		14	#	
	OTHER PRIMARY HEALTH CARE	6				#		
	POLICE	#						
	PSYCHIATRY	#						
	RELATIVE	443	6	20		65	51	
	SCHOOL NURSE	#				#	#	
	SELF REFERRAL	35				#	5	
	TRANS FROM LOCAL CAMHS	11				#		
	Unknown	18				5	23	
	TELE OR ELEC ACCESS SERVICE	#						
NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG Total		2743	20	163		523	306	22

Of total accepted referrals; 0.8% are waiting, 19% were closed with no direct contact (eg after many attempts to make contact)

CAMHS Referrals (community) by source North Durham CCG 2017/18

Row Labels	Referral Source Description	Accepted	Assessed & Open	Assessed & Closed	Closed With No Direct Contact	Rejected	Waiting	
NHS NORTH DURHAM CCG	CARER	20				#		
	CONCERNED OTHER	#				#		
	CONSULTANT					#		
	CPN	#				#		
	DRUG SERVICE NON STATUTORY	#						
	EDUCATION SERVICE	21			#	#	#	
	GENERAL HOSPITAL	32			#	10	7	
	GP	681			71	139	112	#
	LOCAL AUTH SOCIAL SERVICES	#			#	#		
	MULTI DISCIPLINARY TEAM	313			#	45	#	7
	OTHER	546		7	28	163	40	#
	OTHER CLIN SPECIALITY (TEAM)	16				#		
	OTHER PRIMARY HEALTH CARE	#						
	POLICE	#					#	
	PSYCHIATRY	#						
	RELATIVE	346			16	48	45	
	SCHOOL NURSE	#				#	#	
	SELF REFERRAL	22			#	#	#	#
	TRANS FROM LOCAL CAMHS	215				15	#	6
	Unknown	#				#	20	#
NHS NORTH DURHAM CCG Total		2233		7	126	437	239	20

CAMHS Referrals (community) by source DDES CCG 2018/19

Row Labels	Referral Source Description	Accepted	Assessed & Open	Assessed & Closed	Closed With No Direct Contact	Rejected	Waiting
NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG	CARER	#			5		#
	CONSULTANT	#	#	#			#
	EDUCATION SERVICE	#					
	GENERAL HOSPITAL	16	#	#	5		
	GP	157	34	28	80	7	9
	HOSPITAL WARD						#
	MULTI DISCIPLINARY TEAM	154	#	#	7	#	59
	OTHER	129	15	13	31	#	13
	OTHER CLIN SPECIALITY (TEAM)	17	#				26
	RELATIVE	126	14	8	20	#	#
	SELF REFERRAL	12		#			
	TRANS FROM LOCAL CAMHS	6					#
Unknown					9	#2	
NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG Total		620	68	54	148	24	119

CAMHS Referrals (community) by source North Durham CCG 2018/19

Row Labels	Referral Source Description	Accepted	Assessed & Open	Assessed & Closed	Closed With No Direct Contact	Rejected	Waiting
NHS NORTH DURHAM CCG	CARER	#					
	CONCERNED OTHER	#			#		
	EDUCATION SERVICE	#					
	GENERAL HOSPITAL	#				#	
	GP	165	21	26	63	7	6
	HOSPITAL WARD					#	
	MULTI DISCIPLINARY TEAM	73	#		#	#	40
	OTHER	141	16	14	65	5	31
	OTHER CLIN SPECIALITY (TEAM)	#					
	RELATIVE	80	12	6	20	6	#
	SELF REFERRAL	8			#		
	TRANS FROM LOCAL CAMHS	35					18
	Unknown					7	
NHS NORTH DURHAM CCG Total		513	52	46	153	28	96

Referrals ED 2017/18

Row Labels	Referral Source Description	Accepted	Rejected	Closed With No Direct Contact	Assessed & Closed
NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG	CARER		#		
	GENERAL HOSPITAL				#
	GP	18			#
	HOSPITAL WARD	#			
	MULTI DISCIPLINARY TEAM	11			
	OTHER	#	#		
	RELATIVE	#			
	SELF REFERRAL	#			
	TRANS FROM LOCAL CAMHS	13			
Unknown			#		
NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG Total		53	#	#	#
NHS NORTH DURHAM CCG	GENERAL HOSPITAL				#
	GP	19			
	HOSPITAL WARD	6			
	MULTI DISCIPLINARY TEAM	15			
	OTHER	#			#
	RELATIVE	#	#		
	SELF REFERRAL	#			
	TRANS FROM LOCAL CAMHS	#			
NHS NORTH DURHAM CCG Total		52	#	#	#

Referrals ED 2018/19

Row Labels	Referral Source Description	Accepted	Rejected	Closed With No Direct Contact
NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG	GP	5	#	
	HOSPITAL WARD	#		
	MULTI DISCIPLINARY TEAM	5		
	OTHER	5		
	RELATIVE	#		
	SCHOOL NURSE	#		
	SELF REFERRAL	#		
NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG Total		21	#	
NHS NORTH DURHAM CCG	GP	8	#	#
	HOSPITAL WARD	#		
	MULTI DISCIPLINARY TEAM	#		
	OTHER			#
	Unknown		#	
NHS NORTH DURHAM CCG Total		14	#	#

TEWV offer a 24/7 crisis service

Crisis 2017/18

Count of Referral Source ID	Referral Source Description	Accepted	Closed With No Direct Contact	Assessed & Closed
NHS DURHAM DALES, EASINGTON AND SEDFIELD CCG	A & E	123		#
	CARER	18	#	#
	COMMUNITY CARE ASSESSMENT	#		
	CONCERNED OTHER	15		#
	CONSULTANT	#		
	CPN	#		
	DRUG SERVICE NON STATUTORY	#		
	EDUCATION SERVICE	44	#	8
	GENERAL HOSPITAL	36		#
	GP	13	#	#
	HOSPITAL WARD	15		
	LOCAL AUTH SOCIAL SERVICES	5		#
	LOOKED AFTER CHILDREN	#		
	MULTI DISCIPLINARY TEAM	25	#	
	OTHER	19	#	#
	OTHER CLIN SPECIALITY (TEAM)	15		
	OTHER PRIMARY HEALTH CARE	#		
	POLICE	24		#
	PSYCHIATRY	#		
	RELATIVE	43	#	6
SELF REFERRAL	14			
TRANS FROM LOCAL CAMHS	5			
DRUG SERVICE STATUTORY	#			
NHS DURHAM DALES, EASINGTON AND SEDFIELD CCG Total		426	12	27
NHS NORTH DURHAM CCG	A & E	92	#	
	CARER	17		#
	COMMUNITY CARE ASSESSMENT	#		
	CONCERNED OTHER	10		#
	CONSULTANT	#		
	EDUCATION SERVICE	18	#	#
	GENERAL HOSPITAL	15		#
	GP	15	#	#
	HOSPITAL WARD	10		#
	LOCAL AUTH SOCIAL SERVICES	#		
	MULTI DISCIPLINARY TEAM	16		#
	OTHER	7		

OTHER CLIN SPECIALITY (TEAM)	#		
OTHER PRIMARY HEALTH CARE	#		
POLICE	8		
RELATIVE	29	#	#
SELF REFERRAL	16		#
VOLUNTARY SECTOR	#		
NHS NORTH DURHAM CCG Total	262	5	16

Crisis 2018/19

Row Labels	Referral Source Description	Accepted	Closed With No Direct Contact	Assessed & Closed
NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG	A & E	44		#
	CARER	18	#	
	COMMUNITY CARE ASSESSMENT	#		
	CONCERNED OTHER	15	#	
	CONSULTANT	#		#
	EDUCATION SERVICE	5	#	#
	GENERAL HOSPITAL	8	#	#
	GP	9		
	HOSPITAL WARD	5		#
	LOCAL AUTH SOCIAL SERVICES	#		
	MULTI DISCIPLINARY TEAM	15	#	
	OTHER	#		
	OTHER CLIN SPECIALITY (TEAM)	#		
	OTHER PRIMARY HEALTH CARE	#		
	POLICE	#		
	PSYCHIATRY	#		
	RELATIVE	18		#
	SELF REFERRAL	8		#
NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG Total		161	6	10
NHS NORTH DURHAM CCG	A & E	34		#
	CARER	7	#	#
	COMMUNITY CARE ASSESSMENT	#		
	CONCERNED OTHER	13		#
	CONSULTANT	#		
	EDUCATION SERVICE	6		6
	GENERAL HOSPITAL	#		

GP	6		#
HOSPITAL WARD MULTI DISCIPLINARY TEAM	#		
	7		
OTHER	#		
OTHER PRIMARY HEALTH CARE			#
POLICE	6		
RELATIVE	12	#	5
SELF REFERRAL	9	#	#
NHS NORTH DURHAM CCG Total	112	4	20

Looked after Children 2017/18

Row Labels	Referral Source Description	Accepted
NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG	CPN	#
	LOCAL AUTH SOCIAL SERVICES	7
	LOOKED AFTER CHILDREN	#
	MULTI DISCIPLINARY TEAM	#
NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG Total		12
NHS NORTH DURHAM CCG	LOCAL AUTH SOCIAL SERVICES	#
NHS NORTH DURHAM CCG Total		#

Looked after Children 2018/19 (note no data for DDES)

Row Labels	Referral Source Description	Accepted
NHS NORTH DURHAM CCG	EDUCATION SERVICE	#
NHS NORTH DURHAM CCG Total		#

Learning Disabilities Service 2017/18

Row Labels	Referral Source Description	Accepted	Rejected	Closed With No Direct Contact	Assessed & Closed	Waiting
NHS DURHAM DALES, EASINGTON AND SEDFIELD CCG	GP	#				
	MULTI DISCIPLINARY TEAM	65			#	
	OTHER OTHER CLIN SPECIALITY (TEAM)	27				
	RELATIVE	#				
	Unknown	#	7		#	
NHS DURHAM DALES, EASINGTON AND SEDFIELD CCG Total		97	7		#	
NHS NORTH DURHAM CCG	CPN	#				
	EDUCATION SERVICE	#				
	GENERAL HOSPITAL	#				
	MULTI DISCIPLINARY TEAM	25			#	
	OTHER TRANS FROM LOCAL CAMHS	47				
	Unknown	#	#		#	
NHS NORTH DURHAM CCG Total		80	#		#	

Learning Disabilities Service 2018/19

Row Labels	Referral Source Description	Accepted	Rejected	Closed With No Direct Contact	Assessed & Open	Waiting
NHS DURHAM DALES, EASINGTON AND SEDFIELD CCG	CARER	#				
	MULTI DISCIPLINARY TEAM	14				8
	OTHER RELATIVE	#		#		
	Unknown		#			
NHS DURHAM DALES, EASINGTON AND SEDFIELD CCG Total		18	#	#		8
NHS NORTH DURHAM CCG	CPN	#				
	MULTI DISCIPLINARY TEAM	9				
	OTHER	9				
	Unknown		#			
NHS NORTH DURHAM CCG Total		#	#			

Early Intervention in Psychosis 2017/18 referrals

CCG	Referrals 2017/18	Caseload 31/03/2018	Contacts 2017/18
NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG	122	84	2332
NHS NORTH DURHAM CCG	73	37	1283
Total	195	121	3615

Early Intervention in Psychosis 2018/19 referrals

Row Labels	EIP Referrals Apr - Jun 2018	EIP Caseload 30/06/2018	EIP Contacts Apr - Jun 2018
NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG	25	82	730
NHS HARTLEPOOL AND STOCKTON-ON-TEES CCG	22	61	802
NHS NORTH DURHAM CCG	22	40	438
NHS SOUTH TEES CCG	24	48	501
Total	100	253	2646

If data was broken down into needs based it would look like;

Needs Based Grouping			Durham & Darlington
Getting Advice	Neurodevelopmental Assessment	NEU	27%
	Signposting and Self-management	ADV	1%
Getting Help	Attention Deficit Hyperactivity Disorder	ADH	10%
	Autism Spectrum	AUT	9%
	Behavioural and/or conduct disorders	BEH	4%
	Bipolar Disorder	BIP	0%
	Depression	DEP	9%
	Generalised Anxiety Disorder and/or panic Disorder	GAP	13%
	Obsessive Compulsive Disorder	OCD	1%
	Post - Traumatic Stress Disorder	PTS	2%
	Self-Harm	SHA	3%
	Social Anxiety Disorder	SOC	2%
	Co-occurring Behavioural and Emotional Difficulties	BEM	5%
	Co-occurring Emotional Difficulties	EMO	3%
	Difficulties not covered by other Groupings	DNC	2%
Getting more help	Eating Disorders	EAT	1%
	Psychosis	PSY	0%
	Difficulties of Severe Impact	DSI	7%
	Potential Borderline Personality Disorder	PBP	0%

Wait times

- 97% seen for first appointment within 4 weeks of referral – Target is 90%
- 88.89% seen for second appointment within 9 weeks of referral – 2016/17 position was 86% so while below the 90% target has improved year on year

Eating Disorders 2018 data

QUALITY INDICATOR		STANDARD	JAN 18	FEB 18	MAR 18	APR 18	MAY 18	JUN 18	JUL 18	2016/17	2017/18	YTD 2018/19
CHILD AND ADOLESCENT MENTAL HEALTH NORTH DURHAM CCG												
CYPED.01	PROPORTION OF EATING DISORDER PATIENTS SEEN WITHIN 4 WEEKS OF REFERRAL FOR NICE APPROVED TREATMENT (ROUTINE)	75.0%	100.0%	-	100.0%	75.00%	-	50.00%	100.00%	NA	84.0%	71.43%
CYPED.02	PROPORTION OF EATING DISORDER PATIENTS SEEN WITHIN 1 WEEK OF REFERRAL FOR NICE APPROVED TREATMENT (URGENT)	50.0%	-	-	-	100.00%	-	-	-	NA	100.0%	100.00%

QUALITY INDICATOR		STANDARD	JAN 18	FEB 18	MAR 18	APR 18	MAY 18	JUN 18	JUL 18	2016/17	2017/18	YTD 2018/19
CHILD AND ADOLESCENT MENTAL HEALTH DDES CCG												
CYPED.01	PROPORTION OF EATING DISORDER PATIENTS SEEN WITHIN 4 WEEKS OF REFERRAL FOR NICE APPROVED TREATMENT (ROUTINE)	75.0%	100.0%	100.0%	100.0%	100.00%	100.00%	100.00%	100.00%	NA	73.9%	100.00%
CYPED.02	PROPORTION OF EATING DISORDER PATIENTS SEEN WITHIN 1 WEEK OF REFERRAL FOR NICE APPROVED TREATMENT (URGENT)	50.0%	-	-	-	-	-	-	-	NA	-	50.00%

Workforce

Tier 4 service

Tier 4	see notes	2017/18
Subjective Code Desc	Subjective Summary	WTE budget
Administrative And Clerical	B4 Admin & Clerical	1.00
	B3 Admin & Clerical	3.80
	B2 Admin & Clerical	3.50
Administrative And Clerical Total		8.30
Allied Health Professionals	B6 Dietitian	1.75
	B3 Dietitian	0.50
	B6 Occupational Therapist	2.00
	B3 Occupational Therapist	0.60
Allied Health Professionals Total		4.85
Medical And Dental	Consultant	3.90
	Staff Grade Practitioner	1.00
Medical And Dental Total		4.90
Nursing, Midwifery And Health Visiting	B8c Nurse Consultant	1.00
	B7 Nurse Manager	3.00
	B7 Qualified Nurse	2.90
	B6 Qualified Nurse	8.00
	B5 Qualified Nurse	33.91
	B3 Unqualified Nurse	50.38
Nursing, Midwifery And Health Visiting Total		99.19
Scientific Therapeutic And Technical	B8a Psychologist	1.80
	B8c Psychologist	1.29
	B5 Psychologist	2.00
Scientific Therapeutic And Technical Total		5.09
Grand Total		122.33

Early Identification of Psychosis (EIP)

EIP	County Durham and Darlington	2017/18		
		North Durham	South Durham & Dton	County Durham & Darlington
		WTE Budget	WTE Budget	WTE Budget
Medical	Consultant	0.00	1.00	1.00
	Associate Specialist	1.00	0.00	1.00
Manager Nursing	B7 Nurse Manager	1.00	1.00	2.00
	B7 Qualified Nurse	1.40	1.00	2.40
	B6 Qualified Nurse	7.60	7.00	14.60
	B5 Qualified Nurse	4.00	2.00	6.00
	B3 UnQualified Nurse	2.00	1.00	3.00
	B2 Unqualified Nurse	0.00	0.16	0.16
	B4 Unqualified Nurse	1.34	0.00	1.34
	B4 IPS worker	1.16	0.84	2.00
	B8b Psychologist	0.00	1.00	1.00
	B8a Psychologist	1.00	0.00	1.00
	B8d Psychologist	0.15	0.00	0.15
	B7 Psychologist	0.50	1.50	2.00
	B3 Admin & Clerical	0.96	1.00	1.96
	B2 Admin & Clerical	0.48	0.00	0.48
Pay Sub total		22.59	17.50	40.09

County Durham and Darlington	2016/17		
	North Durham	South Durham & Dton	County Durham & Darlington
	WTE Budget	WTE Budget	WTE Budget
Consultant	0.00	1.00	1.00
Associate Specialist	1.00	0.00	1.00
Band 7 Nurse Manager	1.00	1.00	2.00
Band 7 Qlfd Nurse	0.50	0.50	1.00
Band 6 Qlfd Nurse	7.60	6.00	13.60
Band 5 Qlfd Nurse	4.00	2.00	6.00
Band 4 Qlfd Nurse	0.00	0.00	0.00
Band 3 Uhqld Nurse	2.00	1.00	3.00
Band 4 IPS worker	0.00	0.00	0.00
Band 6 OT	0.00	0.00	0.00
Band 5 OT	0.00	0.00	0.00
Band 8c Psychology	0.00	0.00	0.00
Band 8b Psychology	0.00	1.00	1.00
Band 8a Psychology	1.00	0.00	1.00
Band 7 Psychology	0.00	0.00	0.00
Band 5 Psychology	0.00	0.00	0.00
Band 4 A&C	0.00	0.00	0.00
Band 3 A&C	0.96	1.00	1.96
Band 2 A&C	0.48	0.00	0.48
	18.54	13.50	32.04

Due to investment during 2017 posts have grown in this service; above data for 2016/17 and 2018/19 shows significant investment in this area.

CYP teams

County Durham and Darlington 2017/18	CHILD AND YP - TIER 3	CCG			
Subjective Summary	Subjective Code Desc	Darlington CCG	DDES CCG	North Durham CCG	Grand Total
Administrative And Clerical	B2 Admin & Clerical	1.00	4.00	4.00	9.00
	B3 Admin & Clerical	0.65	5.20	5.80	11.65
	B4 Admin & Clerical	0.59	3.30	2.30	6.19
Medical And Dental	Associate Specialist		0.00	1.00	1.00
	Consultant	1.70	4.60	2.15	8.45
	Staff Grade Practitioner			0.80	0.80
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	1.94	7.87	2.91	12.72
	B7 Nurse Manager	1.00	2.00	1.00	4.00
	B7 Qualified Nurse	1.50	3.50	4.50	9.50
	B8a Nurse Consultant			1.00	1.00
Scientific Therapeutic And Technical	B4 Psychologist	1.00	0.00	1.00	2.00
	B6 Psychologist		0.00	2.00	2.00
	B7 Psychologist	1.00	2.00	0.65	3.65
	B8a Psychologist	1.00	2.10	2.40	5.50
	B8c Psychologist	0.60	2.60	0.50	3.20
Grand Total		11.98	41.17	36.01	88.66

County Durham and Darlington	CHILD AND YP - LD	Budget WTE	Budget WTE	Budget WTE	Budget WTE
Subjective Summary	Subjective Code Desc	Darlington CCG	DDES CCG	North Durham CCG	County Durham & Darlington
Administrative And Clerical	B2 Admin & Clerical	0.00	0.00	0.00	0.00
Allied Health Professionals	B7 Speech Therapist	0.08	0.24	0.19	0.50
Medical And Dental	Consultant	0.26	0.84	0.65	1.75
Nursing, Midwifery And Health Visiting	B3 Unqualified Nurse	0.53	1.68	1.30	3.50
	B4 Unqualified Nurse	0.42	1.34	1.04	2.80
	B5 Qualified Nurse	0.15	0.48	0.37	1.00
	B6 Qualified Nurse	0.84	2.68	2.06	5.58
	B7 Qualified Nurse	0.30	0.96	0.74	2.00
Scientific Therapeutic And Technical	B4 Psychologist	0.15	0.48	0.37	1.00
	B8a Psychologist	0.24	0.77	0.59	1.60
	B8c Psychologist	0.09	0.29	0.22	0.60
Grand Total		3.05	9.76	7.52	20.33

Targeted Team	CHILD AND YP - TIER 2	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE
Subjective Summary	Subjective Code Desc	County Durham and Darlington	Darlington CCG	DDES CCG	North Durham CCG	Total
Administrative And Clerical	B2 Admin & Clerical	0.00	0.10	0.30	0.24	0.64
Nursing, Midwifery And Health Visiting	B3 Unqualified Nurse	0.00	0.17	0.54	0.42	1.13
	B4 Unqualified Nurse	0.00	0.15	0.48	0.37	1.00
	B6 Qualified Nurse	0.00	2.66	8.45	6.61	17.72
	B7 Qualified Nurse	0.00	0.30	0.95	0.75	2.00
Grand Total		0.00	3.38	10.72	8.39	22.49

	CHILD AND YP - TIER 3	2017/18 recurring only			
CHILD AND YP D AND D AUTISM SPECTRUM DISORDERS		Budget WTE	Budget WTE	Budget WTE	Budget WTE
Subjective Summary	Subjective Code Desc	Darlington CCG	DDES CCG	North Durham CCG	County Durham & Darlington
Allied Health Professionals	B7 Speech Therapist	0.11	0.33	0.26	0.70
Scientific Therapeutic And Technical	B8c Psychologist	0.15	0.48	0.37	1.00
Grand Total		0.26	0.81	0.63	1.70

County Durham and Darlington	CHILD AND YP D AND D CRISIS	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE
Subjective Summary	Subjective Code Desc	County Durham and Darlington	Darlington CCG	DDES CCG	North Durham CCG	County Durham & Darlington
Administrative And Clerical	B4 Admin & Clerical	1.00	0.15	0.48	0.37	1.00
Nursing, Midwifery And Health Visiting	B6 Qualified Nurse	11.44	1.72	5.45	4.27	11.44
	B7 Qualified Nurse	1.00	0.15	0.48	0.37	1.00
Scientific Therapeutic And Technical	B8b Psychologist	0.00	0.00	0.00	0.00	0.00
Grand Total		13.44	2.02	6.41	5.01	13.44

County Durham and Darlington	CHILD AND YP D AND D EATING DISORDERS	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE
Subjective Summary	Subjective Code Desc	County Durham and Darlington	Darlington CCG	DDES CCG	North Durham CCG	County Durham & Darlington
Administrative And Clerical	B3 Admin & Clerical	1.00	0.15	0.48	0.37	1.00
Medical And Dental	Consultant	0.60	0.09	0.29	0.22	0.60
Nursing, Midwifery And Health Visiting	B4 Unqualified Nurse	2.00	0.30	0.95	0.75	2.00
	B5 Qualified Nurse	0.00	0.00	0.00	0.00	0.00
	B6 Qualified Nurse	3.00	0.45	1.43	1.12	3.00
	B7 Nurse Manager	1.00	0.15	0.48	0.37	1.00
	B7 Qualified Nurse	1.00	0.15	0.48	0.37	1.00
Scientific Therapeutic And Technical	B5 Dietitian	1.00	0.15	0.48	0.37	1.00
	B6 Dietitian	1.00	0.15	0.48	0.37	1.00
	B7 Dietitian	0.00	0.00	0.00	0.00	0.00
	B7 Psychologist	0.00	0.00	0.00	0.00	0.00
	B8a Psychologist	1.00	0.15	0.48	0.37	1.00
	B8c Psychologist	0.00	0.00	0.00	0.00	0.00
Grand Total		11.60	1.74	5.55	4.31	11.60

