

Children and Young People's Transformation Plan 2021



Introduction

The following document sets out South Tyneside's Child and Young Person's Mental Health and Wellbeing Strategy 2021.

This document highlights some of the key achievements over the last few years and our intentions for the next. We are committed to ensuring that children, young people, and families in South Tyneside can access the right intervention, in the right place, at the right time and with the right outcome.

We want to continue to establish high quality services that are focused on individual needs, prevention, early detection and early help when issues first arise. We are committed to ensuring that we have a range of services available that make a real difference to children and young people (CYP) with established or complex problems.

The key to achieving our ambition relies on our Alliance way of working in partnership between health care services, education, social care and community and voluntary sector organisations, and importantly, working in partnership with children, young people and families across all areas of life.

This strategy has been both informed by national guidance and local knowledge and the views of our service providers, children/young people and their families, to help shape the way forward.

At the time of writing the strategy, the CAMHS Alliance has now been operating for 6 years, and will continue to implement the i-Thrive model for the organisation and delivery of mental health and wellbeing services in South Tyneside. This model places greater emphasis on how to help young people and communities build on their own strengths, with professionals working holistically on the need of the child or young person, rather than on their diagnosis.

We are also focused on finding different ways of working and developing new and innovative solutions for CYP and families.

We are continuously learning, from when we have great successes and also when we 'don't quite hit the mark', using every experience to learn and develop and look at new opportunities, with the goal to change the mental health landscape, whilst also recognising this may require us to procure different services in the coming years.

Following the publication of this strategy, an action plan will be developed to provide further details of plans and timelines.

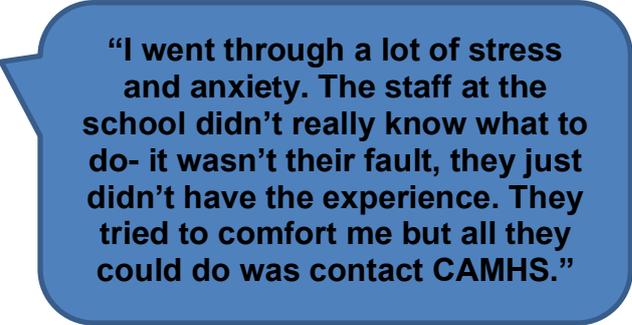
What is mental health and emotional wellbeing?

According to the World Health Organisation, mental health is a 'state of wellbeing in which the individual realises his or her own abilities, can cope with usual stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community'.

Emotional wellbeing is a 'positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment'.

What did children/young people living in South Tyneside tell us that mental health wellbeing means to them?

- Having friends and people who are close to you that you can trust
- Quality of environment (home, school, local area)
- Being active
- Learning and achieving
- Giving
- Being able to play or be creative
- Not being laughed at
- Feeling safe



"I went through a lot of stress and anxiety. The staff at the school didn't really know what to do- it wasn't their fault, they just didn't have the experience. They tried to comfort me but all they could do was contact CAMHS."

How did children/young people living in South Tyneside tell us that this could be achieved?

- Treat us with respect
- Make access easy
- Have all the help in one place or show us where we can get help
- A welcoming and age appropriate setting
- Give support up to age 25
- Skilled workers who take us seriously
- Involve us in decision making

We are committed to listening to children/young people and families to better understand their views, experiences and needs. Over the last few years, a number of engagement, listening and co-design activities have taken place.

For example, engagement helped us understand how CYP experienced mental health and wellbeing within the school context. The information was used to shape our Mental Health Support Teams and wider support offer.

“I never wanted to leave the house before the help I received... as the weeks passed by I began to see things improving, not quickly but every week something good happened for a change, now I’m ok, not great but coping and happy... You need to have a stable foundation, help should be easy to get not having to go to the doctors.”

Our vision and priorities

Our overall vision is:

For South Tyneside to be the best place for children and young people to grow up in; a healthy and caring place for all ages, where children and young people can thrive.

To achieve these aims, the Children and Young People’s Mental Health and Wellbeing Alliance has approved the following priorities:

-  Meet the waiting time directives across all pathways
-  Iteratively improve and embed recently implemented crisis offer to ensure the model is fit for purpose
-  Prototyping of a trauma-informed Children’s Primary Care Mental Health Offer aligned to MH Transformation
-  Enhancing Eating Disorder Pathways across the PCN & System
-  Enhance the offer and improve access for harder to reach groups

Underlying principles

- Work together to improve public awareness and reduce stigma associated with mental health
- Educate partners across the system to ensure an 'every contact counts' approach
- Focus our efforts on the areas that we know can make a significant difference such as in the early years
- Treat each individual as a whole person considering both mental and physical health and their social circumstances, delivering services in partnership to ensure the wider needs of the young person are met
- Actively listen to the voice of children and young people and involve them and parents/carers in the shaping of our services
- Ensure children or young people have the opportunity to set their own treatment goals and that services and interventions are always outcome-focused
- Ensure *'think family'* is embedded in everything we do
- Use best practice and evidence-informed advice, support and interventions, with the best balance of services to respond to identified need
- We want children and young people in South Tyneside to enjoy good mental health and emotional wellbeing and be able to achieve their ambitions and goals through being resilient and confident
- Shared decision-making and partnership working
- Prevention and promotion work
- Develop a 'pathways' approach to ensuring children and young people can access the right service at the right time
- Deliver a flexible service that meets the needs of children and young people and will be proactive in engaging them
- Ensure our commissioned services are good quality and provide value-for money
- Share statistical data to ensure a shared understanding of the mental health needs of our population
- Ensure services are accessible to groups known to have higher prevalence of mental health issues (for example children in our care, young carers)
- Ensure CYP IAPT Principles are embedded in our psychological services.

National context

The *Future in Mind* report and the *NHS Five-Year Forward View for Mental Health* were published in 2015 and 2016 respectively and called for major transformation of CYP emotional wellbeing and mental health services, including specifically: promoting resilience, prevention, and early intervention, improving access to effective support, care for the most vulnerable, accountability and transparency, developing the workforce, and partnership working.

- To action the recommendations put forward in these papers, a national programme of CAMHS Transformation was launched in 2015, providing additional funds for local areas to invest in developing the CAMHS workforce, developing local services and giving more CYP access to services.
- South Tyneside has submitted yearly transformation plans in line with these priorities.
- The *Green Paper on Transforming Children and Young People's Mental Health* was published in 2017 to build on ongoing transformation work. It calls for designated mental health leads across all schools, local mental health support teams for mild-moderate issues that links with schools and specialist services, and A number of key national strategies, policy documents, and programmes have shaped our local transformation over the last decade, as well as the priorities going forward: reduced waiting time for CYP requiring specialist help
- To deliver against the Green Paper *The Link Programme* was launched in 2018 to connect local schools and CAMHS providers and pool understanding and resources. South Tyneside was one of the first areas to pilot the roll out of this programme.
- A national Trailblazer programme was also launched in December 2018 to roll out Mental Health Support Teams (MHSTs) across local areas. MHSTs can provide early intervention on some mental health and emotional wellbeing issues, help staff to provide a 'whole school approach' to mental health and wellbeing, and act as a link between local children and young people's mental health services.
- As part of the national trailblazer national initiative, an Empowering Parents Empowering Communities programme was also launched to improve parenting, child outcomes and family resilience.
- New Models of Care (2017 onwards) is a national programme transforming the provision and management of Tier 4 CAMH services.
- In 2011 a CYP Improving Access to Psychological Therapies (IAPT) programme was launched to develop the CAMHS workforce and the provision of evidence-based practice. South Tyneside has taken part in this programme over the years and we have a number of staff trained and delivering IAPT programmes.
- In January 2019 the *NHS Long Term Plan* was published, outlining plans and priorities for the next decade, including plans for children's mental health. There is a commitment for further investment, continuing to improve access through CAMHS, community services and support in schools, improving crisis care, expanding provision models to include the 18-25 age group, and improving services for CYP with complex needs.
- In 2020, we were hit by the Covid-19 pandemic, which is predicted to have an unprecedented impact on the number of young people who are now likely to require mental health support. Indicative figures are included below:

Population group	Research determined increase (percentage)	Mental health condition
Children and young people general population	5.6%	Post traumatic stress disorder (Range 4.7%-22.9%)
	19.5%	Depression (1.6%-44.8%)
Children and young people experiencing quarantine and social isolation	35.85%	Depression (10.1% - 81.8%)
	14.05%	Anxiety (4.2%- 32.3%)
	30.0%	Post traumatic stress disorder
Bereaved children	22.5%	Internalising disorder (anxiety and depression)
	10.0%	Post traumatic stress disorder
Children who are recovering from severe Covid-19	11.75%	Post traumatic stress disorder (5%-28.5%)

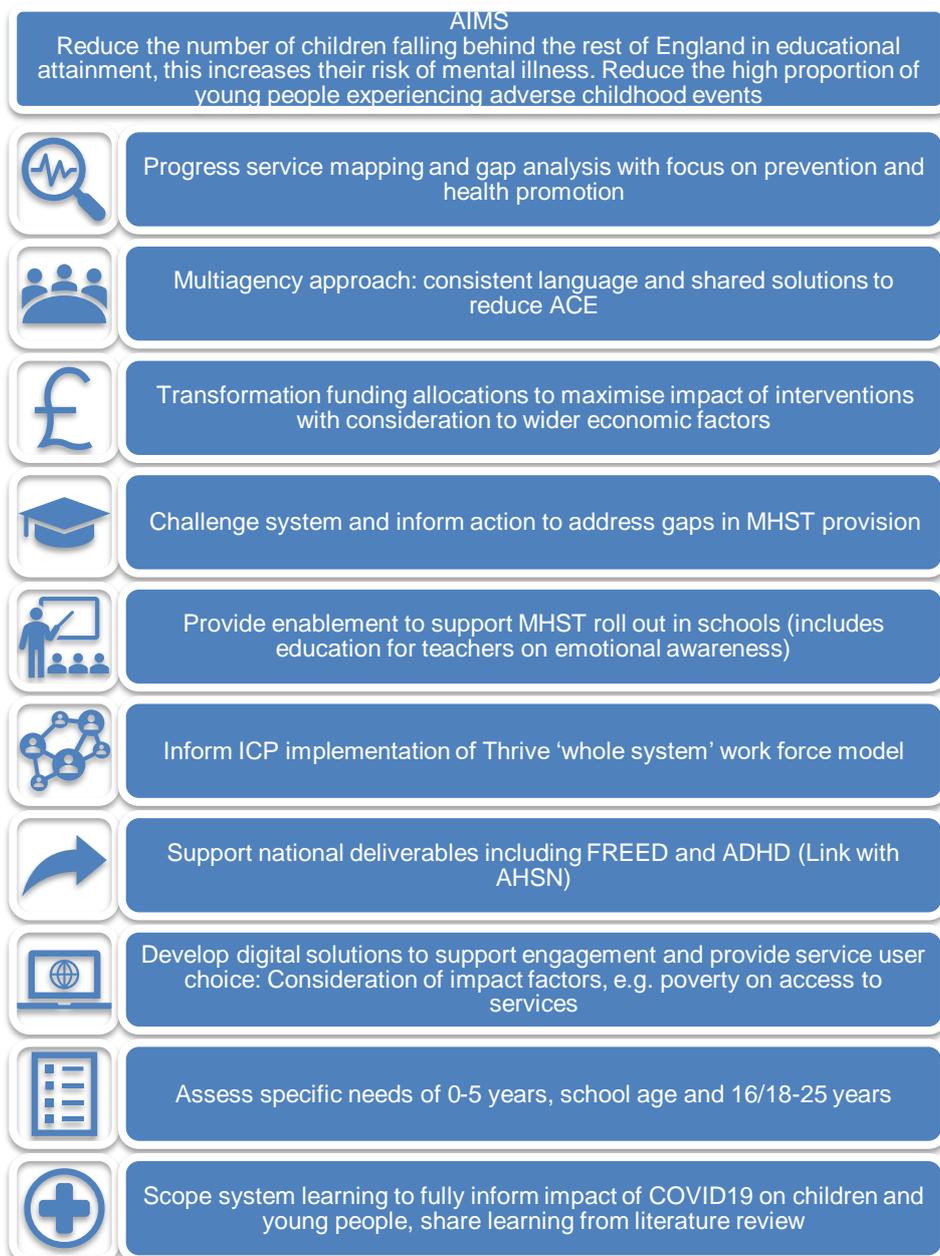
Local context

The following local and North East and Cumbria-wide programmes and drivers are shaping our CAMHS landscape:

- In South Tyneside there is a focus on a 'whole system approach' where the emotional wellbeing and mental health of a child or young person is everyone's business, not just specialist CAMHS providers.
- This includes a 'whole school approach' to mental health and emotional wellbeing. Health and social care professionals have come together and are investing in training and support for young people, families and teachers, as well as new innovative digital solutions.
- Our Autism Strategy highlights key priorities and areas for CAMHS development to meet the needs in South Tyneside. This includes the continued expansion of the autism hub to ensure that we are meeting the needs of people across the age group, including parents.
- The Regional Suicide Prevention Framework also sets out key areas of work including suicide awareness training.
- In 2019, as part of the national Trailblazer Initiative South Tyneside introduced MHSTs to a cluster of schools as a first wave. This has been expanded with subsequent waves being rolled out across all schools and colleges.
- A new Health and Wellbeing Strategy is in the process of being developed, with strong focus on early intervention as well as mental health wellbeing.
- A new all-age mental health strategy was developed in 2021 supporting the transformation plan and holding partners responsible for implementation.

- In 2021, the Integrated Commissioned Group across the North East and Cumbria footprint revisited their priorities to promote a consistency across the footprint whilst recognising the importance to place-based development thus ensuring that the children and young people of South Tyneside benefit from being able to access services closer to home and of a high standard, whilst when there is a requirement for very specialist services, having access to a skilled workforce.

ICS priorities relating to children and young people are set out below. The priorities have been informed by the Long Term Plan and form the basis of our priorities locally as set out above.



Local need

Health in summary

The health of people in South Tyneside is generally worse than the England average. South Tyneside is one of the 20% most deprived districts/unitary authorities in England and about 26.4% (6,770) children live in low-income families. Life expectancy for both men and women is lower than the England average.

Health inequalities

Life expectancy is 9.3 years lower for men and 8.1 years lower for women in the most deprived areas of South Tyneside than in the least deprived areas.

Child health

In Year 6, 25.3% (406) of children are classified as obese, worse than the average for England. The rate for alcohol-specific hospital admissions among those under 18 is 107, worse than the average for England. This represents 32 admissions per year. Levels of GCSE attainment (average attainment 8 score), breastfeeding and smoking in pregnancy are worse than the England average.

Adult health

The rate for alcohol-related harm hospital admissions is 983*, worse than the average for England. This represents 1,475 admissions per year. The rate for self-harm hospital admissions is 316*, worse than the average for England. This represents 460 admissions per year.

Estimated levels of excess weight in adults (aged 18+), smoking prevalence in adults (aged 18+) and physically active adults (aged 19+) are worse than the England average. The rates of new sexually transmitted infections killed and seriously injured on roads and new cases of tuberculosis are better than the England average.

The rates of violent crime (hospital admissions for violence), under 75 mortality rates from cardiovascular diseases, under 75 mortality rate from cancer and employment (aged 16-64) are worse than the England average.

For further information please see appendix A.

Local performance

The number of referrals received in 2020/21 were:

Healthy Minds Team (MHST- At end of financial year)	
Referrals received	560
% achievement towards goals of at least 50% from initial assessment to discharge (Average across year)	73%

KOOTH 2020/21 (As at end of financial year)	
Number of logins	4188
New registrations	605

LIFECYCLE 20/21 (As at end of financial year)	
Referrals received	2026
% achievement towards goals of at least 50% from initial assessment to discharge (Average across year)	70%

CYPS (point in time data end of March 20/21)

Cases awaiting treatment	476
Caseload	865
Learning Disabilities pathway- Average waiting time from referral to assessment	18 days
Mental Health pathway- Average waiting time from referral to assessment	86 days
Neuro pathway- Average waiting time from referral to assessment	125 days
Main Team- Average waiting time from referral to assessment	125 days

Waiting lists for treatment can be summarised as follows:

LIFECYCLE (point in time data end of March 20/21)

Cases awaiting treatment	131
Cases in treatment	285
Children seen within 0-4 weeks	73%
Children Waiting 4 - <12 weeks	26%
Children Waiting 12- <18 weeks	1%
Children Waiting 18 - <30 weeks	0%
Children Waiting 30+ weeks	0%

CYPS 20/21 (As at end of financial year)

Number of referrals	1151
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Emotional wellbeing and mental health services in South Tyneside – overview and priorities

Theme: Prevention, promoting resilience and early help

Schools

What we've done and where we are now:

- We have invested in various training programmes to train mental health leads in schools and support schools in developing their mental health promotion plans (for example ROAR Training, ICAMHS, incredible years and other bespoke programmes based on need)
- We have emotional wellbeing support links for teachers and parents and pathways through to services in a joined-up way
- Each school has an identified link worker based within the school. They can also be contacted informally for advice and support or via formalised consultation sessions which are available at least weekly
- We have iteratively improved the local culture and approach to mental health by supporting the development of the 'Whole School Approach'
- Become a Trailblazer site for the roll out of the Government's Mental Health Support Teams in Schools and we now have an established support and Emotional Wellbeing Practitioners (EWPs) in all of our schools
- We have co-produced the delivery of our 'Healthy Minds Team' (MHST) and continue to engage with young people to develop the offer
- We have a suite of documents and links available in an accessible format online via a padlet
- We have developed helpful resources and packs which are accessible and available to all
- We have developed videos and other resources on key topics such as worry and low mood
- All schools are offered group work through the evidence-based 'Friends' programmes
- We are offering online platforms such as Kooth, We Eat Elephants and Living Life to the Full
- Children and young people struggling with their sexuality and/or identity are supported by the LGBT+ service, which is commissioned to deliver group and individual support
- The Rainbow Flag award has been commissioned for all of our schools
- We have introduced the Stronger Schools programme, accessible to all schools to provide pathways for school staff.

Where we'd like to get to:

- We want to further expand prevention and early help provision available in schools
- We want to understand the impact of the Mental Health Support Team and continue to develop it
- We want an informed and dynamic network of mental health leads in schools that actively work and learn together and are supported to promote their mental health and emotional wellbeing agenda.

What we will do:

- We will develop our forum for mental health leads in schools to provide ongoing support and networking opportunities to enhance our getting advice and getting help offers, utilising a 'whole school approach'
- We will continue to work with our MHST teams and Mental Health Champions to further develop this mental health support intervention
- We will work with schools to better understand any blockers or further areas we can develop (especially in relation to our priorities to engage with harder to reach groups and achieve waiting time directives).

Workforce

What we've done and where we are now:

- We are built the capacity and capability of our wider workforce, to promote emotional wellbeing and recognise and respond to mental health issues, through an ongoing programme of networking and training opportunities.

Where we'd like to get to:

- We want to continue to invest in our wider CYP workforce to ensure they can promote emotional wellbeing and know when and how to help CYP or families when mental health issues arise.

What we will do:

We will continue to provide training opportunities to our workforce.

Best start in life

What we've done and where we are now

- We have aligned our mental health offer to corresponded to the BSIL approach and ensure that there is a clear link worker aligned to each hub.
- Our mental health services are working in partnership with our Health Visiting teams, Children's Centres and colleagues in Early Years to ensure that prevention, getting advice and early help for emotional wellbeing and mental health is a key part of their offer to families.

Where we'd like to get to:

- We want to ensure that our early Years CAMHS offer is aligned with the Early Help offer and find new innovative ways of working.

What we will do:

- We will reassess our provision in Early Years and identify areas where we can grow.
- Continue to promote the importance of early intervention and prevention in everything we do.

Theme: Improving access to effective support

Single Point of Access (SPA) CAMHS/CYPS**What we've done and where we are now**

- We introduced the SPA in 2016 as an effective gateway into local mental health services
- 73% of young people referred for treatment are seen within 8 weeks, and 26% within 12 weeks
- 82% of treatment referrals were offered one or more face to face or telephone contact/service
- We have worked with our SPA to ensure those CYP who are not brought to appointments are followed up, so they do not 'slip through a gap'
- We have worked with our CAMHS team to improve the links into CAMHS via wider workforce learning, development and networking opportunities
- Young people and their families are able to self-refer.

Where we'd like to get to:

- Although our SPA performs well, we want to have faster times from referral to the point of Treatment and to be resourced to manage the increase in referrals.

What we will do:

- We will review our current model against referral trends to ensure there is capacity for growing demand
- We will explore ways to ensure referral to treatment targets are met and improved.

Neurodevelopmental pathway

What we've done and where we are now:

- We continue to see a large number of referrals to the neurodevelopmental assessment service. Despite significant financial investment and efforts to redesign the pathway, the service continues to struggle with the current demand
- We have expanded and improved the offer of pre- and post-diagnosis support available through a range of different opportunities including development of the autism hub and an improved emotional wellbeing support offer
- We supported the development of Autism Strategy and the CAMH Alliance is taking operational responsibility for delivery of the Children and Young People aspects of the Action Plan.

Where we'd like to get to:

- Children with ASD/ADHD have access to assessment services within the 12-week target, are better signposted to available support; and have a range of support options available.

What we will do:

- We will engage and work with our partners to further develop our neurodevelopmental pathway, specifically exploring new ways to ensure faster access to diagnosis for CYP, more options for pre- and post-diagnosis support, and better signposting including links to stronger schools.

Getting help

What we've done and where we are now:

- We have commissioned a new bereavement service for young people
- We are offering online support issues such as anxiety, depression, self-harm, etc.
- Commissioned mental health support for those children and young people who are known to the Looked After Service
- Invested in our Community Eating Disorder Services to ensure access and waiting time standards were improved, and we are working with partners on a revised service specification to increase capacity for growing demand and ensure a service that is fit for purpose
- Increase access to health checks for children with autism and /or learning disabilities.

Where we'd like to get to:

- We want a Getting Help counselling service with the resources to cope with any challenging demands post-Covid
- We want to ensure children and young people who self-harm can be supported in the best way possible

- We want to better understand the demand for and impact of our getting help/getting more help services
- A fit for purpose 0-25 Community Eating Disorder service that meets national access and waiting time standards.

What we will do:

- We will monitor our provision to ensure that self-harm needs are met, and if needed explore alternative avenues
- We will have access to key performance indicator (KPI) data from our providers to enable us understand service performance and evaluate impact
- Agreement and implementation of new service specification
- Explore options to expand the service to a 0-25 age group.

Theme: care for the most vulnerable

Crisis care

What we've done and where we are now:

- We have improved our Hospital Liaison Service so that any young person in crisis who presents at A&E receives the right support in a timely way, and is followed up in local CAMHS services where needed
- We have a process in place to complete Care Education and Treatment Reviews to improve community interventions and support and prevent unnecessary hospitalisation of children and young people
- A joint Dynamic risk register was set up between CCG, local authority and providers to monitor children and young people who may be at risk of crisis and to ensure adequate provision of support
- We introduced an enhanced discharge coordinator.

Where we'd like to get to:

- We want to see a reduction in unnecessary hospital admissions and more CYP accessing flexible community-based interventions
- We want children and young people, families and our workforce to know how to respond to crisis situations.

What we will do:

- We will work with our hospital liaison service to get better oversight of the pathways into and out of crisis
- We will ensure our local offer has clear guidelines about what to do in crisis
- We will promote personal health budget offer for CYP under S117 and those working with the adolescent outreach team, as a new way to support CYP and prevent admissions/readmissions.

Transitions

What we've done and where we are now:

- Commissioners attend the 'Preparation for Adulthood' Group that seeks to improve services and support for young people transitioning to adult services and we are currently looking at how we can best facilitate complex transitions.
- CCG chair quality assurance meeting where the dynamic risk register is reviewed to ensure that the system is working for the young person.

Where we'd like to get to:

- We want a clear pathway to ensure Young People transition seamlessly to adult services when required.

What we will do:

- Continue to work with 'Preparation for Adulthood Group' and providers to ensure oversight of all young people approaching transition age
- Explore options to expand more services to 0-25 age group.

Vulnerable groups

What we've done and where we are now:

- Perinatal Mental Health Teams introduced delivering high-quality perinatal mental health care and support to those who are exhibiting signs and symptoms of mental ill health
- Raised the profile of the 'Think Family' agenda via awareness and training campaigns to improve the recognition and response to parental mental health issues that may impact CYP emotional wellbeing or mental health
- Funded positive behaviour support packages
- Commissioned a training package for workforce and parents to learn the principles of PBS to better support parenting
- We have reviewed our therapy provision in special schools and are working towards increasing capacity.

Where we'd like to get to:

- We want to better understand the demand for and impact of our specialised services and the outcomes CYP and families are experiencing
- We want a workforce that uses trauma-informed approaches
- We want to be innovative in the way we support at risk groups, meeting them where they are at.

What we will do:

- Explore new innovative ways to support at risk groups
- Train our workforce in trauma-informed approaches
- Review our specialist CAMHS provision and increase capacity where needed
- We continue to listen and create sustainable employment opportunities that also support young people's emotional wellbeing needs
- Map the CAMHS contribution to the EHCP process as mandated
- Explore options to employ a dedicated PBS worker as part of PCN CYPS post.

Theme: Commissioning, partnership and governance

CAMHS Alliance Board

What we've done and where we are now

- The multi-agency board is well established with a core membership that includes representation from CAMHS commissioners, providers, social care, education, early years, public health, schools, parents, and the community and voluntary sector
- The board meets bi-monthly and drives the CAMHS agenda
- The board reports directly to STAC.

Where we'd like to get to:

- We want to ensure that the board continues to function effectively and delivers on this strategy..

What we will do:

- We will continue to ensure that the board's terms of reference are robust
- We will regularly review membership and continue to ensure adequate representation
- We will ensure effective communication and that we impact mental health and emotional wellbeing initiatives up- and downstream
- We will work together to ensure that we learn from serious incidents to ensure a partnership approach to safeguarding.

Listening to children and young people

What we've done and where we are now:

- Through regular engagement meetings we have engaged with different groups of CYP e.g. schools, youth parliament
- We offer an out of hours 'ask the commissioners' meeting available to all children young people and their parents/carers - the session is offered digitally and gives the opportunity for open dialogue

- We have a themed parent/carers peer support and information session every other month - this allows parents/carers to voice concerns
- Consistent and iterative co-production is encouraged through regular engagement via the healthy minds team- competitions and fun activities are used to gain feedback
- Young health ambassadors have been established to ensure that young people are able to influence strategic direction
- Expert by experience engagement workers attend the CAMHS alliance to represent the views of young people
- Schools attend a regular working group and specifically feedback views of young people to influence strategic direction and hold all partners to account
- Funding was secured to employ expert by experience posts within the commissioning team in order to gain fresh perspective and challenge decision making as well as engage with young people.

Where we'd like to get to:

- We'd like to ensure that the voice of CYP and families isn't just heard, but that it is used to co-design and co-deliver the services and support that impacts CYP and families consistently.

What we will do:

- Continue to work with our participation and engagement teams and groups to explore opportunities for co-design and co-delivery of future services and support.