NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

Transformation Plan
2015-2020
(2018 Refresh)

Children and Young People's Resilience, Mental Health and Wellbeing Hartlepool and Stockton-on-Tees

Good Health Everybody's business

Stockton-on-Tees BOROUGH COUNCIL

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Hartlepool and Stockton-on-Tees Transformation Plan

'Children and young people across Hartlepool and Stockton-on-Tees will be supported to reach their potential and when faced with difficulties will have access to quality evidence based services'. (2015 vision)

Refreshed October 2018

1 Introduction & Challenges

1.1 This document provides an update on the five year Children & Young People's Mental Health and Wellbeing plan for Hartlepool and Stockton-on-Tees. The original plan was established in line with the national ambition and principles set out in *Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing*[1].

1.2 A requirement of *Future in Mind* is for areas to develop a local plan focused on improving access to help and support when needed and improve how children and young people's mental health services are organised, commissioned and provided.

1.3 We acknowledge there are a number of challenges in the delivery of this transformation plan and we felt it pertinent to raise them at the beginning of the refresh. This is because, it was felt that, with the robust partnerships which are in place, the challenges can be, and are being overcome and this is illustrated throughout this plan.

- Increasing demand - Demand on services is increasing. This is in part due to better understanding and treatment of mental health issues, reduction in stigma associated with mental illness which have both led to an increase in demand.

- Commissioning landscape - There are a number of commissioning organisations responsible for delivering the children and young people's mental health care pathway which can result in complex commissioning arrangements.

- Parity of esteem – not just between increasing mental health funding to match the funding given to physical health, but also between the disparity between Adult and Children & Young People mental health funding

- Financial challenges - Across all partners involved in supporting people with mental health issues, austerity is creating a significant challenge as we look to ensure the greatest efficiency possible.

- Workforce - The challenge of building system wide capacity and capability to enable transformation needs to be acknowledged.

An outline of the key risks to delivery of the Local Transformation Plan can be located at Appendix 1.

1.4 Previous LTP's which have been developed for Hartlepool & Stockton have included an overall vision but both local authorities have prioritised different actions and have therefore operated independent action and work plans.

1.5 It has been determined that to enable greater transformation and joint working, one overarching LTP transformation group will be created, joint priorities established based on the vision and work undertaken to date and action plans created from there.

1.6 Due to this being a new development across the CCG and local authorities, this plan will provide high level aims and objectives for the 2018/19 work plan. As work plans are developed they will be added to the plan and made accessible through Local Authority and CCG webpages.

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

2.1 The transformation plan provides a framework to improve the emotional wellbeing and Mental Health of all Children and Young People across Hartlepool and Stockton- on-Tees. 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.

2.2 The plan sets out a shared vision, reflects on the work already undertaken, sets high level objectives, and an action plan which takes into consideration specific areas of focus for local authority areas.

2.3 The aim of the plan is to achieve the following outcomes:

- An improvement in the emotional well-being and mental health of all children and young people;
- Multi-agency approaches to working in partnership, promoting the mental health of all children and young people, providing early intervention and also meeting the needs of children and young people with established or complex problems;
- All children, young people and their families with an identified need, 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.

2.4 Mental Health has been identified as a priority area to address within the STP based on the potential to improve outcomes of care. We will maximise opportunities to collaborate with commissioners and providers of care to share approaches and resources across the STP to ensure a sustainable system. The LTP is an important part of the CCG's STP being developed across the North East.

2.5 This plan will be monitored to ensure that we deliver against the principles of *Future in Mind*:

- Promote resilience, prevention and early intervention.
- Improve access to effective support and review the tiers system.
- Ensure emotional health and wellbeing support is available and easily accessible for our most vulnerable children and young people.
- Improve accountability and transparency and ensure all partners are working towards the same outcomes in an integrated way.
- Develop the wider workforce and equip them with the skills to support children and young people with emotional health and wellbeing issues

3 Children and Young People's Mental Health; Policy Context

3.1 National Policy Context

3.1.1 The original Transformation Plan was borne out of the '*Future in Mind*: Promoting, protecting and improving our children and young people's mental health and wellbeing' (2015) which emphasised the crucial importance of early intervention in emerging emotional and mental health problems for children and young people. The publication of *Future in Mind* 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; Hartlepool and Stockton-on-Tees CCG developed and published their LTP in November 2015.

The full FIM report can be accessed via:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

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

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

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

3.1.4 Other relevant national policies and papers which are pertinent to children and young people's mental health and HAST's direction of travel are discussed below.

3.1.5 The '*Strategic direction for health services in the justice system: 2016 – 2020*' is the Health & Justice strategic document which sets out the ambition of NHS England to improve health and care outcomes for those in secure and detained settings, support safer communities and social cohesion.

3.1.6 The Operational Planning Guidance for 2017-19 includes a number of areas for mental health service provision and some specifically for the improvement of services for Children and Young People. This document is available on the Department of Health website https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf. More high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018.

3.1.7 '*Better Births; A Five Year Forward View for maternity care'* was published by NHS England in 2016 and set out a clear vision for maternity services across England to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care, and where she and her baby can access support that is centered on their individual needs and circumstances. Nine national programme workstreams feed into supporting implementation of Better Births locally; improving access to perinatal mental health services supports the implementation of the Darlington Local Transformation Plan. The Better Births report explains that 'mental health problems are relatively common at a time of significant change in life. Depression and anxiety affect 15-20% of women in the first year after childbirth, but about half of all cases of perinatal depression and anxiety go

undetected. Almost one in five women said that they had not been asked about their emotional and mental health state at the time of booking, or about past mental health problems and family history. Many of those with mental health problems that are detected do not receive evidence-based treatment. There is a large geographical variation in service provision: an estimated 40% of women in England lack access to specialist perinatal mental health services. Given the contribution of mental health causes to late maternal mortality, this is a significant concern, as also set out in NHS England's recently published Mental Health Taskforce report.'

3.1.8 Mental Health has been identified as a priority area to address within our local STP based on the potential to improve outcomes of care. We will maximise opportunities to collaborate with commissioners and providers of care to share approaches and resources across the STP to ensure a sustainable system. The LTP is an important part of the CCG's Integrated Care System (ICS) being developed across the North East and Cumbria.

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

The three main aims of the proposal are outlined below:

1. We will incentivise every school and college to identify a Designated Senior Lead for Mental Health to oversee the approach to mental health and wellbeing. All children and young people's mental health services should identify a link for schools and colleges. This link will provide rapid advice, consultation and signposting.

2. We will fund new Mental Health Support Teams, supervised by NHS children and young people's mental health staff, to provide specific extra capacity for early intervention and ongoing help. Their work will be managed jointly by schools, colleges and the NHS. These teams will be linked to groups of primary and secondary schools and to colleges, providing interventions to support those with mild to moderate needs and supporting the promotion of good mental health and wellbeing.

3. As we roll out the new Support Teams, we will trial a four week waiting time for access to specialist NHS children and young people's mental health services. This builds on the expansion of specialist NHS services already underway.

Hartlepool and Stockton-on-Tees CCG submitted an Expression of Interest to become one of the pilot sites for this new model in September 2018 but were unsuccessful. Despite this, the CCG and stakeholder partners have agreed to review opportunities to implement the model across Hartlepool and Stockton-on-Tees and will utilise any future opportunities to bid in a future wave.

3.1.10 The Department for Education published a document entitled '*Supporting mental health in schools and colleges – Pen portraits of provision'* in May 2018. The document outlined areas of good practice with guidance as to how these might be implemented across schools and colleges. The good practice recommendations within this report closely mirror those stipulated within the aforementioned Green Paper, and include:

- Incorporating mental health into the curriculum
- Having a designated mental health lead
- Engaging parents and care givers in supporting children's mental health
- Early identification of mental health need
- Having a plan or policy for mental health.

3.1.11 In order to support the mental health and wellbeing of specific vulnerable groups, NHS England published the *'Strategic direction for sexual assault and abuse services – lifelong care for victims and survivors: 2018-2023'* in April 2018. This strategy represents a shared focus for improvements to sexual assault and abuse crimes and outlines six core priorities; strengthening the approach to prevention, promoting safeguarding and the safety, protection and welfare of victims and survivors,

involving victims and survivors in the development and improvement of services, introducing consistent quality standards, driving collaboration and reducing fragmentation, and ensuring an appropriately trained workforce. The vision for the strategy focusses on providing therapeutic care for those who have experience sexual abuse and assault, recognising the devastating and lifelong consequences on mental health and physical and emotional wellbeing. The strategy addresses the need for clear access pathways into specialist mental health services for children and young people who have been victims and survivors of sexual abuse or assault, and to specifies that for future commissioning of services specifications and tenders recognise and encourage the links between the trauma victims and survivors of sexual assault and abuse experience and mental health.

3.1.12 The Educational Policy Institute published a detailed report in October 2018 regarding '*Access to children and young people's mental health services – 2018'*.The report follows investigation into the current arrangements across the country for children and young people to access mental health services, specifically CAMHS. For HAST, it is worth noting that Tees, Esk and Wear Valley (TEWV) were not involved in the analysis and therefore any key points raised within the report are in relation to mental health services across England as a whole, however the report includes points which should be taken into consideration for any service development/redesign.

The research examines access to specialist services, waiting times for treatment, and provision for those children that are not able to receive treatment. The report uses Freedom of Information (FOI) requests to providers of child and adolescent mental health services (CAMHS) and local authorities in England.

Based on the collected data, the number of referrals to specialist CAMHS has increased by 26.3 per cent over the last five years: 39.4 per cent among providers in the North of England. By contrast, the proportion of children and young people aged 0 - 18 have increased by 3 per cent over that period, meaning the rate of referrals has increased significantly.

The recommendations within the report suggest that wider focus must be on taking demand out of the system. Adverse childhood experiences, including maltreatment and neglect, but also more widespread experiences like parental ill-health or separation, are prevalent in the population of children and young people and strongly associated with poor lifelong mental health. These experiences are more common and more likely to be cumulative in families living in challenging social and economic circumstances. According to the Institute for Fiscal Studies' relative poverty measure and a new, comprehensive measure devised by the independent Social Metrics Commission, a third of English children live in poverty; in Hartlepool and Stockton-on-Tees there is a significantly higher proportion of children living in poverty in comparison with the national average.

Children in contact with social services, also on the increase, are at particularly high risk of emotional health issues. The evidence suggests that a good starting place for effectively addressing mental and emotional health difficulties in children and young people would include a concerted child poverty reduction strategy, as well as ensuring access to high quality early intervention services in all areas. This should be combined with a 'whole school approach' to well-being in all schools, necessitating a well-staffed and experienced teaching and support workforce that can effectively address individual pupils' barriers to learning.

3.2 Local Policy Context

3.2.1 This transformation plan contributes to the delivery of local priorities detailed within the local JSNA's (Joint Strategic Needs Assessment).

3.2.2 The Hartlepool Health and Wellbeing Strategy aims to give every child the best start in life and children and young people the opportunity to maximise their capabilities to have control of their lives. This will be achieved by supporting parents at the earliest opportunity and empowering children and young people to make positive choices about their lives and developing and delivering new approaches to children and young people with special educational needs and disabilities.

3.2.3 The Stockton-on Tees Health and Wellbeing Strategy also aims to give every child the best start in life and children and young people the opportunity to maximise their capabilities to have control of their lives. There is specific acknowledgement to improve the mental health and wellbeing of children and young people. Stockton-on-Tees are also developing an 'all age' integrated mental health strategy which will have children & young people as an integral strand.

3.2.4 Stockton-on-Tees Children and Young People's Partnership has endorsed the *Children and Young People's Plan 2019-2024* which places the emotional health and wellbeing of children and young people at its core and sets out a clearly defined approach to supporting children and young people to build resilience, form safe and trusted relationships, and understand and build upon their strengths.

3.2.5 The Hartlepool and Stockton-on-Tees CCG Clear and Credible Plan Refresh 2014/15-2018/19 cites the development of a plan to ensure that primary mental health services can meet the needs of children and young people with early stage mental health difficulties; through early intervention and quality longer term services for those children with more complex mental illness.

3.2.6 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 (Hartlepool and Stockton-on-Tees CCG, North Durham 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.

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 inpatient services.
- Delivery of 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 programmes 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

4 Our Successes and the Five Year Forward View

4.1 Following the publication of the Five Year Forward View Mental Health (FYFVMH) goals1 (which align with Future in Mind), CCGs are assured in terms of progress towards achieving those goals. The details of what needs to be achieved by 2020/21 and the CCG progress towards this are outlined in Figure 1 below: more detailed outcomes are explained further down.

	5 YFVMH Goals	Progress
1	Developing and refreshing a children and young people's mental health Local Transformation Plan on an annual basis, ensuring milestones are achieved, funding allocation is robust and agreed across the system and impact is monitored	HAST has worked with children, young people, parents/ carers and across the whole system to agree and develop a LTP and vision for children's mental health services. There is a robust governance structure in place to oversee transformation and finance spends.
2	A dedicated community eating disorder service is provided achieving the access and waiting times set out nationally in the Eating Disorder Guidance, and that the provider is part of the Quality Network.	A Hartlepool and Stockton-On-Tees community eating disorder service for children and young people has been implemented and complies with the national Guidance, meaning that young people now receive a NICE compliant service, closer to home.
3	Joint agency workforce plans aligned with the roll out of Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme.	HAST is a member of the North East, Humber and Yorkshire Learning Collaborative for CYP IAPT. From 2018, Hartlepool & Stockton CCG have taken over the Partnership lead role and have prioritised expanding the partnership and embedding it within the LTP steering group. Following a recent support and challenge session, we are in the process of developing an action plan to embed and widen the CYP IAPT programme further. This is discussed in greater detail in Section 10 of the plan.
4	Ensuring there is a mental health crisis response especially out of normal working hours;	The CCG has commissioned TEWV to provide a Paediatric Mental Health Crisis & Liaison team based in the University Hospital North Tees. This service is provided 24/7; 7 days per week and meaning that CYP presenting at A&E with Mental health issues get the appropriate timely response. This is helping to reduce inpatient admissions both within North Tees and across Tier 4 beds.
5	Collaborative commissioning plans between the CCG and NHS England with regards Tier 3 and Tier 4 CAMHS;	The CCG is working with NHS England and TEWV on the New Models of Care agenda to develop collaborative commissioning plans around crisis care and inpatient pathways. Reinvestment by TEWV into an intensive home treatment service aligned to the Crisis Team has helped to reduce Tier 4 bed days, allowed CYP to be supported in their own homes thereby creating better outcomes.

Figure 1: HAST successes so far

4.2 In 2017-18 we have undertaken a range of improvements to achieve our vision. Highlights of these successes are;

Hartlepool	Stockton-on-Tees	Locality wide
Further rollout of prevention and early intervention programme into second cohort of schools.	Implementation of a GP led 'One Stop Shop'	Review of the ASD pathways and development of an initiative to reduce the waiting times.
Champions identified in schools that have participated in the above programme.	Pilot project undertaken with 10 secondary schools to develop a whole school approach to build	Partnership working to build integrated pathways between health and local authorities to

[1] https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf

	resilience and enhance the emotional wellbeing of children and young people.	move to a Neurodevelopmental pathway.
TootToot commissioned in all Hartlepool schools from September 2018.	School survey completed with Schools' Student and Health Education Unit (SHUE)	Review of Core CAMHS undertaken – recommendations from this review are being finalised and will form part of wider action planning to design an overarching service model.
	Development of database to allow central collation of all risk factors identified in children and families	

. Table 1: Overarching successes 2017/18

4.3 The development of Hartlepool & Stockton's response to the Governments Green Paper; '*Transforming Children & Young People's Mental Health Provision*' was an exemplary example of partnership working.

Representatives of the project group included:

- Both local authorities from the fields of Public Health, Education and commissioning,
- Service managers from Tees, Esk & Wear Valley,
- Catalyst the VCS infrastructure organisation,
- VCS organisations
- Independent Psychological services
- CCG

All stakeholders worked collaboratively together to create a strategic vision for the Mental Health Support teams. The energy and vision for this transformational opportunity is what we will harness through the new ways of delivering on the LTP objectives.

The strategic vision for the Mental Health Support Teams is owned by all partners across the Hartlepool and Stockton-on-Tees health and social care economy. Unfortunately, the trailblazer bid was unsuccessful however the vision for the team gives us a tangible product to drive the joint commissioning agenda across health, local authority and schools.

5 Consultation with Children and Young People across HAST

5.1 Since the beginning of *Future in Mind*, consultation with children and young people has always been central to the development of the LTP. Previous LTP's have reported on the following highlights from consultation:

Hartlepool	Stockton-On-Tees
• Raised awareness about mental health and wellbeing; • Better access – via community based, young people friendly buildings; • Anti-bullying campaign – to cover different types of bullying, what people think it is, ways of overcoming; • The voice of children and young people heard and opinions valued; • Support available at key transition points; • Improvement in emotional and physical wellbeing of young people through a revised Curriculum for Life.	• Help for children and young people should be more immediate and delivered in their own homes, if necessary; • More services should be community based to make them more accessible; • Once engaged, a young person should be provided with a resilient and consistent worker-young person relationship; • There should be more awareness amongst professionals around the social and cultural context of difficulties; • Some issues go undetected or undiagnosed – for example autism and drug and alcohol abuse;

	• Mental health problems should be de-stigmatized amongst children and young people in particular; • Overall, children and young people need to be less isolated from services, so that they do not turn to negative coping strategies like crime, drugs and alcohol.

Table 2: Previous LTP consultation highlights

5.2 We have responded to the voice of Children & Young People across Hartlepool and Stockton-on-Tees so far by:

• Work has been undertaken to upskill front line professionals including teaching staff to help to remove the stigma associated with mental health • National campaigns are co-ordinated across the local authority's and CCG • The Voice of the Child is central to this plan • 50% of schools in Hartlepool have adopted the Curriculum for Life. • There have been significant advancements in the issues with the ASD pathway in Stockton; work has commenced to develop a needs-led Neurodevelopmental pathway across both localities.	• TEWV have developed an Intensive Home Treatment service to support the Crisis Service to enable more children to be supported in their own home • A One Stop Shop is being piloted utilising a GP practice. • TEWV have introduced a Lead Professional role whereby the child will retain a link with this person even if they are referred to a more relevant professional within TEWV to meet their needs • Multi agency working and relationships have improved

Table 3: Previous LTP consultation actions

5.3 Peer research has been carried out across Hartlepool & Stockton into the use of a digital 'app' for young people to use to maintain their mental health & wellbeing. An overview of the findings was: *In summary, it was felt that there is not enough information available on mental health apps, but young people were not averse to using them in addition to or whilst waiting for face to face support.*

5.4 Importantly, they felt that they should be involved in the design of any mental health app we would be looking to commission.

5.5 The recommendations from the peer researchers were:

- Young people help design mental health apps
- Young people help promote mental health apps
- Young people to develop news and blogs for mental health apps
- Schools to offer more support and information on mental health issues
- Teachers and support staff to be given more training on how to notice the signs of mental health issues
- Parents/carers offered more information and support on mental health issues
- Make sure any mental health apps for young people are safe and secure

5.6 Further work needs to be undertaken in 18/19 on the digital platform.

5.7 In Stockton-on-Tees, in 2018, as part of the Building Capacity & Capability in Primary Schools, the learning for schools was underpinned by the undertaking of a Health Related Questionnaire for children aged 8, 9 and 10. The purpose of the survey was to collect data about the attitudes, health needs and risk behaviours of our children.

The KIDSCREEN-52 survey assessed children's and adolescents' subjective health and well-being. It asked questions on physical activities and health; feelings; general mood; about themselves; free time; family & home life; money matters; friends; school & learning and bullying.

Key Messages

The Kidscreen-52 data provides us with subjective data from the primary school children themselves. Children took part in the survey between 18 June and 06 July 2018. In total 31 schools returned the data, with 1173 pupils aged 8, 9 and 10 completing the survey (52% girls & 48% boys).

The findings showed that, in general:

- Children at primary school age are comfortable in sharing their thoughts and feelings around their own health & well-being.
- 8.9% of children stated they had an emotional/mental health condition at the time the survey was completed.
- 71.5% of pupils felt cheerful always or very often.
- When asked if you have felt under pressure, 14.8% of the children replied always or very often.
- When asked the question have you had fun with your friends 93.5% of children replied always or very often.
- When children were asked if other girls or boys had bullied them 8.6% replied always or very often; 10.6% reported of being afraid of other boys and girls always or very often.

Moving forward, schools are responsible for generating individual action plans based on identified need within their schools.

5.8 Hartlepool Borough Council have worked with schools to establish a baseline wellbeing measure for comparison with future years, in order to evaluate the success of the emotional wellbeing project in improving children and young people's emotional wellbeing in Hartlepool. This has been achieved by utilising a number of wellbeing measure promoted by the Anna Freud Centre.

516 Primary school pupils and 545 secondary pupils responded to the surveys.

A number of different surveys were generated to gather this baseline information; for primary schools there were three main questionnaires:

- 'Me and my feelings' – assessing emotional and behavioural components of wellbeing.
- ''Students' Life Satisfaction Scale' – assessing children's satisfaction with their lives.
- Student Resilience Survey – assessing a range of subscales.

For secondary schools there were five questionnaires:

- The Short Warwick-Edinburgh Mental Wellbeing Scale – assessing young people's emotional wellbeing.
- The Strengths and Difficulties Questionnaire – assessing four areas of emotional, social or behavioural difficulties (emotional symptoms, conduct problems, hyperactivity or inattention and peer relationship problems) and one area of strength (prosocial behaviour).
- Train Emotional Intelligence Questionnaire: Adolescent Short Form – assessing items relating to self-regulation.
- Perceived Stress Scale – assessing young people's perceived stress.
- Student Resilience Survey – assessing a range of subscales (same as primary questionnaire).

The feedback from each survey has been reviewed and collated and evidences that whilst emotional health and wellbeing for children and young people in Hartlepool is generally at a high level, there is room for this to be improved.

The figures provided as outcomes from the questionnaire completion provide a baseline which can be compared against for future years, to provide an approximate overview of if and how emotional

wellbeing changes in schools in Hartlepool.

In summary, these figures mainly provide a baseline for comparison with future years. However, there were some interesting differences between the primary and secondary school samples which could bear further investigation as they may be able to give some insights into interventions which might help to improve secondary pupils' resilience and wellbeing.

5.9 In 2018, the CCG have consulted with children and young people on the provision of children and adolescent mental health services.

To ensure we received a wide scope of responses we asked for the questionnaire to be circulated through the parent/carer forums, through schools and through the participation teams within the local authorities.

In total we received 310 responses however; only 11% of the responses were from children & young people and were from both North and South Tees. We are mindful that this consultation was put out in quick succession to the ASD one and therefore there are a higher number of responses from parents who have children on the waiting list for a diagnosis. However, where we have been able, we have pulled out the responses which relate purely to the Core CAMHS service. Key themes were:

Finding	Comments
Communication	There were inconsistencies communicating to patients in relation to signposting, appointment reminders and care planning
Time to and in between appointments	The average length of time to the first appointment and subsequent appointments was 4+ weeks.
Location	The majority of appointments were held within a CAMHS building ranging from 83-90%.

Table 4: Hartlepool schools baseline wellbeing measure findings

General comments

We did not ask respondents how the system could be improved, but some solutions were offered are reflective of the direction of travel we should explore to improve the current offer:

- More specialist mental health support needed in schools rather than just teacher training on mental health
- Not enough done at a lower level
- Support needs to be made available for teenagers especially when they are in crisis
- Offering alternative locations to the CAMHS buildings to make people want to turn up

All of the points raised above will be explored with TEWV as part of the outcome from the review and recommendation made as to how to adequately respond to the children and young people's comments.

All consultation findings will be considered as part of the work outlined in section 10 which will be undertaken in 2018/19.

6 Wider Stakeholder Engagement

6.1 Previous plans have reflected on stakeholder engagement which has been conducted by both local authorities independently.

6.2 In Stockton-on-Tees, in-depth engagement with stakeholders has taken place to understand practitioner's perceptions and experience of navigating the borough's emotional health and wellbeing offer. 36 facilitated sessions were held with 11 organisations from across the children and young people's sector.

6.3 The following themes were identified:

Theme
• Communication & Engagement • Inconsistency of offer • Accessibility • Response time • Workforce Knowledge • Capacity issues • Gaps • Duplication • Transition and discharge

6.4 In Hartlepool, a consultation exercise was carried out with schools, academies and colleges to identify key issues and areas for development in relation to children and young people's emotional wellbeing.

6.5 The following themes were identified from the feedback and survey analysis from schools, academies and colleges:

Influences impacting on the emotional wellbeing of children and young people	Common presenting needs
• The toxic trio of family, drug and alcohol issues; domestic violence and neglect were seen as high influencers • A mixture of issues relating to family relationships and parental conflict and/or separation were seen as high influencers • An inability to communicate emotionally was identified as a high influencer • Parental mental health was also a common factor • Bullying, peer pressure and media/social media was a key issue for young people attending secondary and further education provision	• Anxiety is the most common presenting issue across all age ranges • Emotional outburst (anger/distress) are also common across all age ranges • Schools highlighted that children and young people are generally emotionally overwhelmed • Depression/low mood leading to self-harm behaviour was most prevalent in secondary and higher education provision

Table 5: Influences on local CYP mental health - Hartlepool

6.6 Additional consultation conducted by the CCG in 2018 seeking stakeholders' views on the Core CAMHS service, which is delivered across North & South Tees, revealed similar themes as quoted

above. A survey monkey questionnaire was developed in partnership with the Local Authorities and Parent Carer forums and was circulated to organisations whom we took to be the main stakeholders; Different teams with Local Authorities, GP's and schools.

6.7 In total 78 responses were received from schools, educational psychologists, early help teams, GP's and other front line local authority services. One third of the responses were received from Stockton, with the remainder coming from Hartlepool.

6.8 There was a varying response rate to each question, but there were clear messages which came out:

1. Communication between CAMHS and external organisations needed to improve
2. External organisations would benefit from having a named person to contact
3. A multi-agency approach would generate better outcomes for children and their families
4. There is a lack of low level support for children with self-esteem, anxiety and depression
5. Lack of understanding as to what CAMHS will and will not support
6. Inconsistency from staff

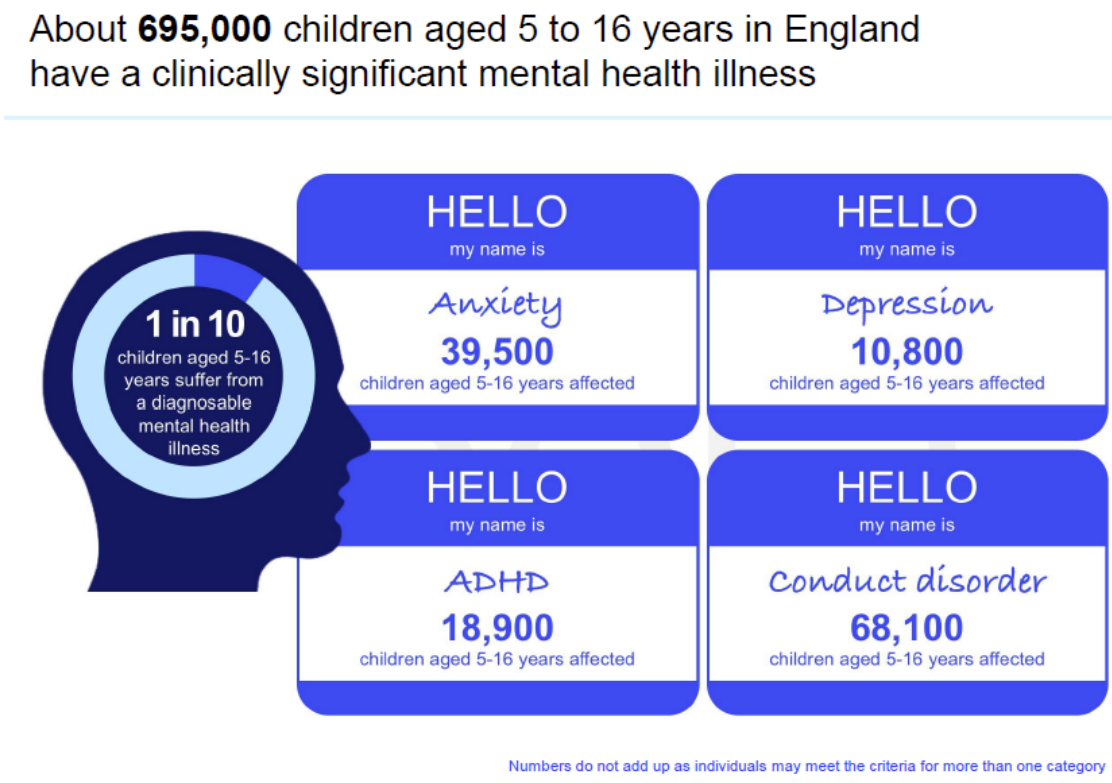
6.9 All of the points raised about will be explored with TEWV as part of the outcome from the review and recommendation made as to how to adequately respond to the findings.

7 Children and Young People's Mental Health; Profile of Need

7.1 National Profile of Need

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

7.1.2 The below images have been created by Public Health England to provide an overview of CYP mental health requirements in England.



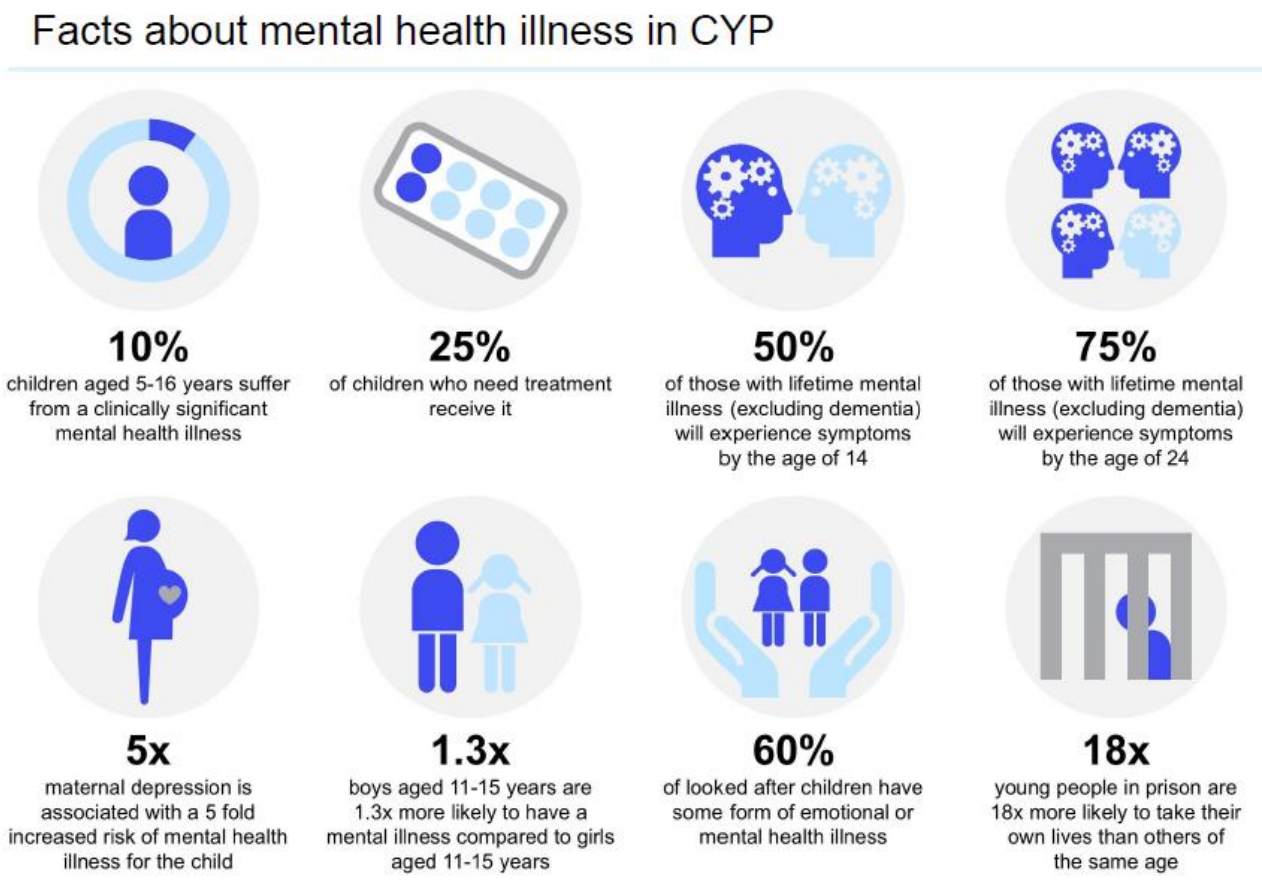


Figure 2: PHE CYP Mental Health facts

7.1.3 Information in key policy documents suggests:

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder. This equates to approximately 4,100 children in HAST;
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm. This equates to between 4,200 and 5,300 children in HAST;
- More than half of all adults with mental health problems were diagnosed in childhood - less than half were treated appropriately at the time;
- Number of young people aged 15-16 with depression nearly doubled between 1980s and 2000s;
- Proportion of young people aged 15-16 with a conduct disorder more than doubled between 1974 and 1999;
- 72% of children in care have behavioural or emotional problems;
- About 60% looked after children in England have emotional and mental health problems and a high proportion experience poor health, educational and social outcomes after leaving care;
- 95% of imprisoned young offenders have a mental health disorder.

7.1.4 Just like adults, any child can experience mental health problems, but some children are more vulnerable to this than others[5]. These include those children who have one or a number of risk factors:

- who are part of the Looked After system
- from low income households and where parents have low educational attainment
- with disabilities including learning disabilities
- from Black Minority & Ethnic (BME) groups including Gypsy Roma Travellers (GRT)
- who identify as Lesbian, Gay, Bisexual or Transgender (LGBT)
- who experience homelessness
- who are engaged within the Criminal Justice System
- whose parent (s) may have a mental health problem
- who are young carers
- who misuse substances
- who are refugees and asylum seekers
- who have been abused, physically and/or emotionally

7.1.5 Adverse Childhood Experiences (ACEs) are situations which lead to an increased risk of children and young people experiencing impacts on health, or other social outcomes, across the life course. Research suggests that adverse childhood experiences were associated with a higher risk of death before the age of 50. For those who had suffered two adverse experiences, this risk was 57% higher for men and 80% higher for women, compared to those with no such experiences. The researchers suggest that childhood exposure to adverse experiences could affect brain or other biological system development. Or, they suggest, it could encourage behaviours which reduce stress in the short-term but increase mortality in the long-term.

As ACE's are such strong predictors of adult health and disease, any significant reduction in the number of Hartlepool and Stockton children experiencing ACE's will benefit mental health services in the future.

The following ACEs are all associated with poorer mental health outcomes for children and adolescents (where CYP experience more than one of the below, the level of risk increases):

- Witnessing domestic violence and abuse
- Being party to a safeguarding arrangement or becoming a Looked After Child
- Living with a parent with mental health issues
- Who have been abused, physically and/or emotionally.
- Parental alcohol and substance misuse
- Bereavement and loss
- From low income households and where parents have low educational attainment;
- With disabilities, including learning disabilities;
- From Black Minority and Ethnic (BME) groups including Gypsy Roma Travellers (GRT);
- Who identify as Lesbian, Gay, Bisexual or Transgender (LGBT);
- Who experience homelessness;
- Who are engaged within the Criminal Justice System;
- Whose parent(s) may have a mental health problem;
- Who are young carers;
- Who misuse substances;
- Who are refugees and asylum seekers;
- Who have been abused, physically and/or emotionally.

7.2 Local Profile of Need

7.2.1 The table below shows the 0 to 19 years population for both Hartlepool and Stockton-on-Tees.

	Male population aged 0-4 years (2016)	Male population aged 5-9 years (2016)	Male population aged 10-14 years (2016)	Male population aged 15-19 years (2016)
Hartlepool	2,834	3,008	2,665	2,827
Stockton-on-Tees	6,292	6,512	5,792	5,882
	Female population aged 0-4 years (2016)	**Female population aged 5-9 years (2016)**	**Female population aged 10-14 years (2016)**	**Female population aged 15-19 years (2016)**
Hartlepool	2,659	2,879	2,577	2,695
Stockton-on-Tees	5,825	6,309	5,503	5,392

Table 6: 0-19 population HAST

Source: Local authority mid-year resident population estimates for 2016 from Office for National Statistics.

7.2.2 The population pyramids (2016) below show that Hartlepool and Stockton-on-Tees have a:

- Higher proportion of 0-4 year olds than the regional average, however, a lower/similar* proportion to the national average.
- Higher proportion of 5-9 year olds than the regional and national average;
- Higher proportion of 10-14 year olds than the regional average, however, a similar proportion to the national average;
- Similar proportion of 15-19 year olds to the regional and national average;

*Hartlepool = lower, Stockton-on-Tees = similar

Having a higher proportion of 0-14 year olds in comparison with the regional average means that locally there is likely to be higher levels locally of mental health disorders in children and young people who require support (see 7.2.3).

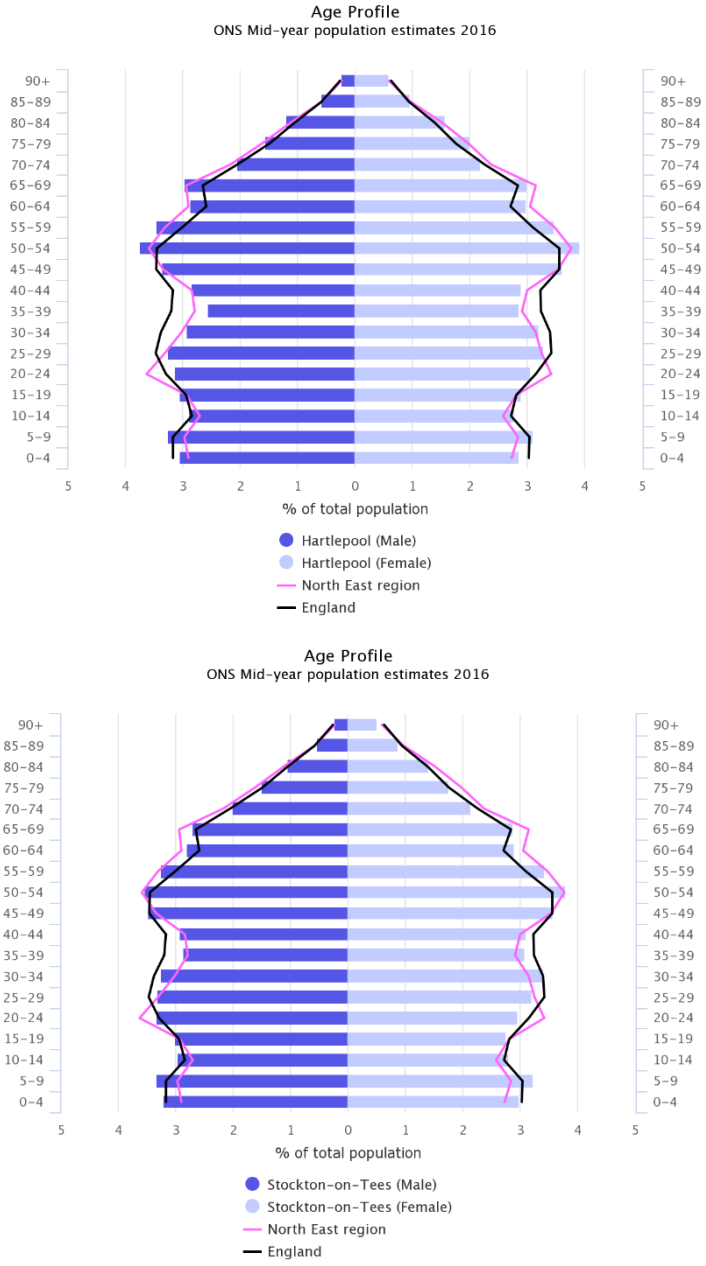


Figure 3: Population pyramids – Hartlepool and Stockton-On-Tees

Source: Public Health England (2018)

7.2.3 In 2015, the estimated prevalence of mental health disorders in children and young people aged 5-16 was:

- Hartlepool = 10.5% (n = 1,389) – *Higher than national average*
- Stockton-on-Tees = 9.7% (n = 2,730) - *Higher than national average*

Where there is a higher prevalence of mental health disorders locally, this evidences that more work needs to be done across Hartlepool and Stockton-on-Tees to reduce this.

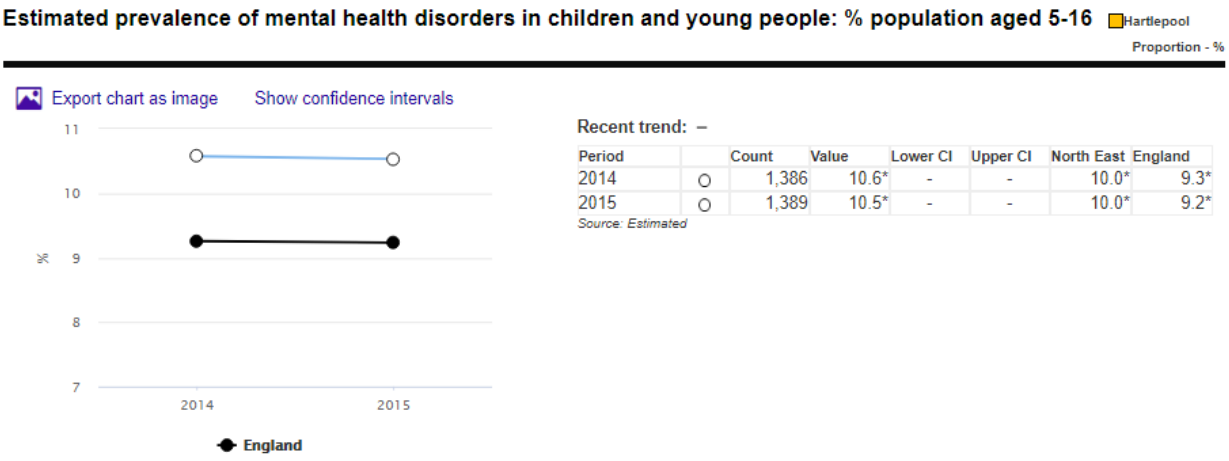


Figure 4: Prevalence of mental health - Hartlepool

Source: Public Health England (2018)

Figure 5: Prevalence of mental health – Stockton-on-Tees

7.2.4 The chart below shows the estimated prevalence of children with conduct, emotional and hyperkinetic disorders by local authority. It should be noted that children and young people can be diagnosed with more than one mental health disorder. Hartlepool and Stockton-on-Tees have a higher prevalence than the national average for all three of these disorders meaning increased focus is needed in the coming years to reduce prevalence of conduct, emotional and hyperkinetic disorders for the children and young people of Hartlepool and Stockton-on-Tees.

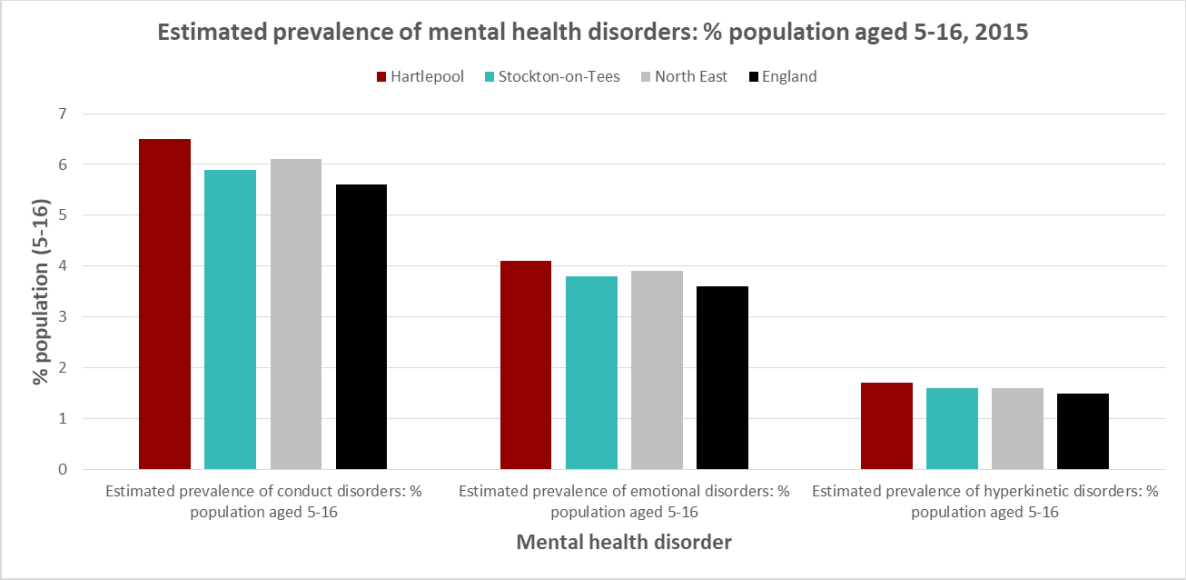


Figure 6: Prevalence of mental health disorders as a percentage of population
Source: Public Health England (2018)

7.2.5 The most common mental health disorders in children and young people in both localities were conduct disorders. Each of the areas have specific challenges that are not causal of mental health difficulty but can be described as increasing an individual's risk of mental or emotional health problems.

7.2.6 In 2015, there were a significantly higher proportion of children in poverty in Hartlepool and Stockton-on-Tees compared with the national average. The gap with England has been increasing since at least 2006.

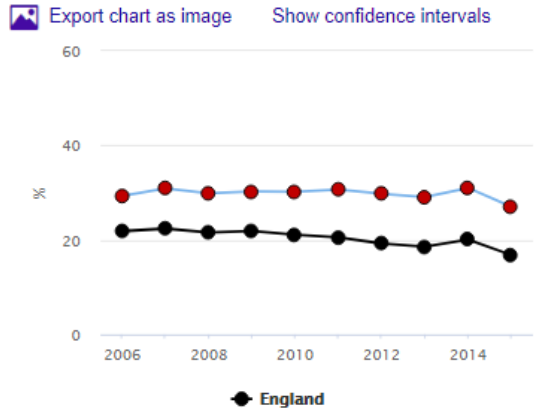
Evidence has shown that children and young people living in poverty are more likely to experience mental health disorders and therefore, having a high proportion of the local population living in poverty means increases in the number of children and young people within Hartlepool and Stockton-on-Tees requiring mental health support.

Hartlepool and Stockton-on-Tees Clinical Commissioning Group's Clear and Credible Plan describes that work will be undertaken to address poverty across the local area as part of the CCG's five year plan via the long-term actions:

- Address the social causes of poor health and premature deaths: continue to address the 'causes of the causes' of illness and premature deaths such as unemployment, poor quality housing, fuel poverty, raising literacy and educational attainment.
- Improve maternal and child health by addressing the social causes of poor health including; teenage pregnancy, educational attainment, unemployment, food poverty and maternal mental health.

Children in poverty (under 16s) Hartlepool

Proportion - %



Recent trend:

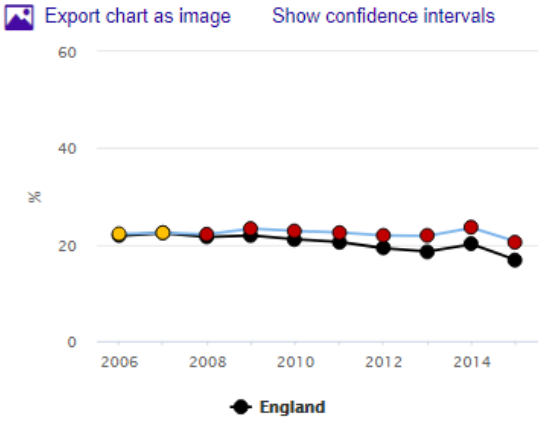
Period	Count	Value	Lower CI	Upper CI	North East	England
2006	5,455	29.3	28.7	30.0	24.7	21.8
2007	5,645	30.9	30.2	31.5	25.3	22.4
2008	5,405	29.9	29.2	30.5	25.0	21.6
2009	5,500	30.3	29.6	30.9	25.4	21.9
2010	5,435	30.2	29.5	30.9	24.8	21.1
2011	5,480	30.6	30.0	31.3	24.5	20.6
2012	5,315	29.8	29.1	30.4	23.6	19.2
2013	5,175	29.1	28.5	29.8	23.3	18.6
2014	5,470	31.0	30.4	31.7	24.9	20.1
2015	4,750	27.0	26.4	27.7	22.0	16.8

Source: HM Revenue and Customs (Personal Tax Credits: Related Statistics - Child Poverty Statistics)

Figure 7: Child poverty data - Hartlepool

Children in poverty (under 16s) Stockton-on-Tees

Proportion - %



Recent trend:

Period	Count	Value	Lower CI	Upper CI	North East	England
2006	8,030	22.2	21.8	22.7	24.7	21.8
2007	8,085	22.5	22.0	22.9	25.3	22.4
2008	7,940	22.1	21.7	22.6	25.0	21.6
2009	8,415	23.3	22.9	23.8	25.4	21.9
2010	8,270	22.8	22.4	23.2	24.8	21.1
2011	8,215	22.5	22.1	22.9	24.5	20.6
2012	7,995	21.9	21.5	22.3	23.6	19.2
2013	7,990	21.8	21.4	22.2	23.3	18.6
2014	8,640	23.5	23.1	23.9	24.9	20.1
2015	7,560	20.6	20.2	21.0	22.0	16.8

Source: HM Revenue and Customs (Personal Tax Credits: Related Statistics - Child Poverty Statistics)

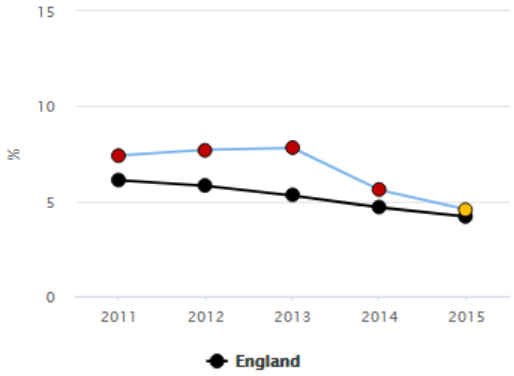
Figure 8: Child poverty data – Stockton-On-Tees
Source: Public Health England (2018)

7.2.7 Stockton-on-Tees and Hartlepool have some of the highest health inequalities in the country, where residents from the most deprived areas have a life expectancy that is approximately 12-15 years (males) and 10-14 years (females) lower than those from the least deprived areas.

In 2015, approximately 600 young people in Hartlepool and Stockton-on-Tees aged 16-18 years were not in education, employment or training (NEET). The rates of NEETS in Hartlepool was statistically similar to the national average, however, the rate in Stockton-on-Tees was significantly worse than England.

16-18 year olds not in education, employment or training Hartlepool — Proportion - %

Export chart as image Show confidence intervals



Recent trend:

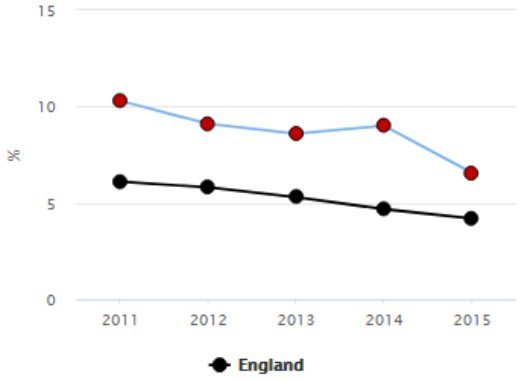
Period		Count	Value	Lower CI	Upper CI	North East	England
2011	●	280	7.4	6.6	8.3	8.8	6.1
2012	●	290	7.7	7.0	8.7	8.3	5.8
2013	●	290	7.8	7.1	8.8	7.6	5.3
2014	●	200	5.6	4.9	6.4	7.0	4.7
2015	●	160	4.6	3.9	5.3	5.7	4.2

Source: Department for Education

Figure 9: 16/18 year olds NEET - Hartlepool

16-18 year olds not in education, employment or training Stockton-on-Tees — Proportion - %

Export chart as image Show confidence intervals



Recent trend:

Period		Count	Value	Lower CI	Upper CI	North East	England
2011	●	750	10.3	9.6	11.0	8.8	6.1
2012	●	640	9.1	8.4	9.8	8.3	5.8
2013	●	590	8.6	7.9	9.2	7.6	5.3
2014	●	610	9.0	8.4	9.8	7.0	4.7
2015	●	440	6.6	6.0	7.2	5.7	4.2

Source: Department for Education

Figure 10: 16/18 year olds NEET – Stockton-on-Tees
Source: Public Health England (2018)

7.2.8 In 2015, the rate of domestic abuse-related incidents and crimes in Hartlepool and Stockton-on-Tees were much higher than the national average. As we know, domestic abuse and crime can generate ACE's in children and young people; work to reduce the number of ACE's for the children and young people in Hartlepool and Stockton-on-Tees will commence within 2018/19.

Figure 11: Domestic abuse statistics - HAST
Source: Public Health England (2018)

7.2.9 In 2016/17, hospital admissions as a result of self-harm (10-24 years) in Hartlepool were significantly lower than the national average. Stockton-on-Tees rates were similar to the England average. Both localities have had a significant decrease since 2011/12.

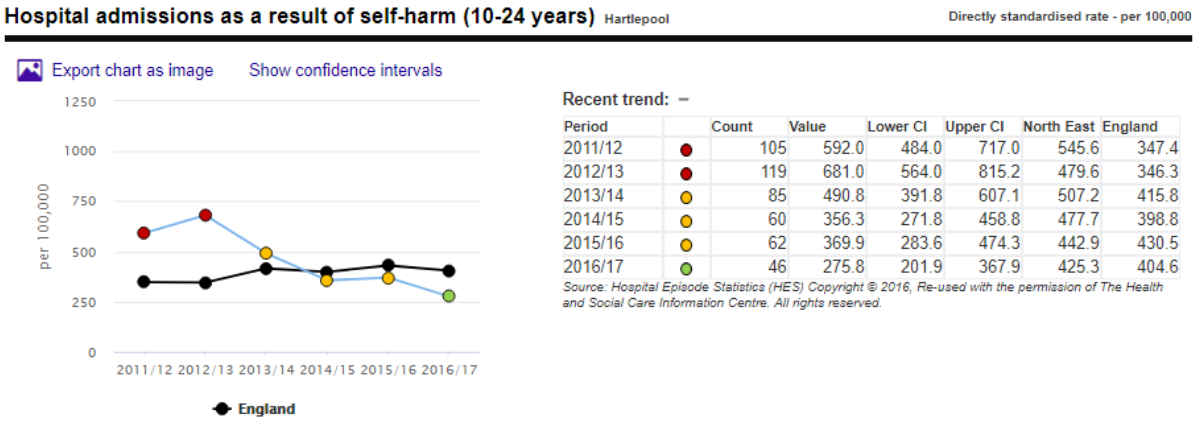


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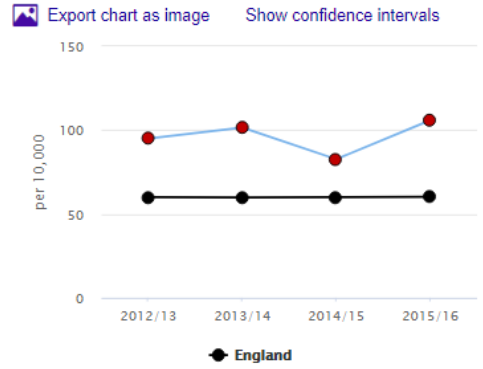
Figure 12: Hospital admissions as a result of self-harm – Hartlepool and Stockton-on-Tees
Source: Public Health England (2018)

7.2.10 In 2015/16, the rates of looked after children (LAC) in Hartlepool and Stockton-on-` Tees were significantly higher than the national average.

Looked after children: rate per 10,000 <18 population Hartlepool — Crude rate - per 10,000

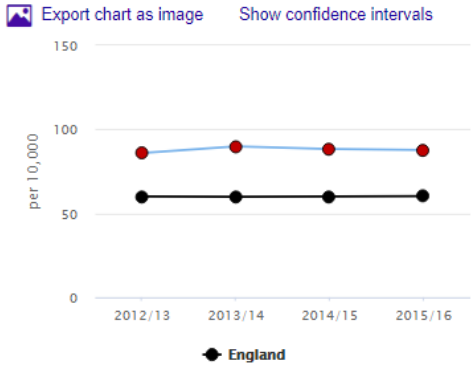


Recent trend: –

Period		Count	Value	Lower CI	Upper CI	North East	England
2012/13	●	190	95.0	80.8	107.9	80.0	60.0
2013/14	●	205	101.6	88.1	116.4	81.0*	59.8
2014/15	●	165	82.7	70.5	96.3	81.8*	60.0
2015/16	●	210	105.9	92.1	121.2	83.9	60.3

Source: Department for Education

Looked after children: rate per 10,000 <18 population Stockton-on-Tees — Crude rate - per 10,000



Recent trend: –

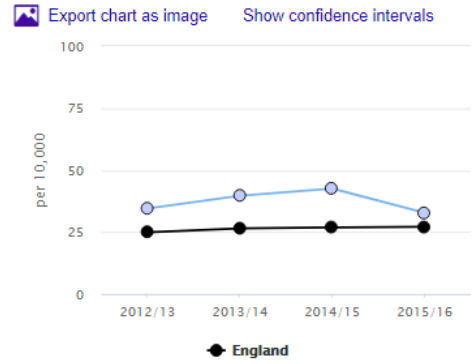
Period		Count	Value	Lower CI	Upper CI	North East	England
2012/13	●	360	86.0	76.9	94.8	80.0	60.0
2013/14	●	380	89.9	81.1	99.4	81.0*	59.8
2014/15	●	375	88.3	79.6	97.7	81.8*	60.0
2015/16	●	375	87.7	79.1	97.1	83.9	60.3

Source: Department for Education

Figure 13: Number of looked after children – Hartlepool and Stockton-On-Tees
Source: Public Health England (2018)

7.2.11 In 2015/16, the rates of children leaving care in Hartlepool and Stockton-on-Tees were similar to the national average.

Children leaving care: rate per 10,000 <18 population Hartlepool — Crude rate - per 10,000



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	North East	England
2012/13	○	70	34.5	26.9	43.6	33.9	24.9
2013/14	○	80	39.6	31.4	49.3	37.8*	26.4
2014/15	○	85	42.6	34.0	52.6	36.1*	26.8
2015/16	○	65	32.8	32.6	33.2	38.1	27.2

Source: Department for Education

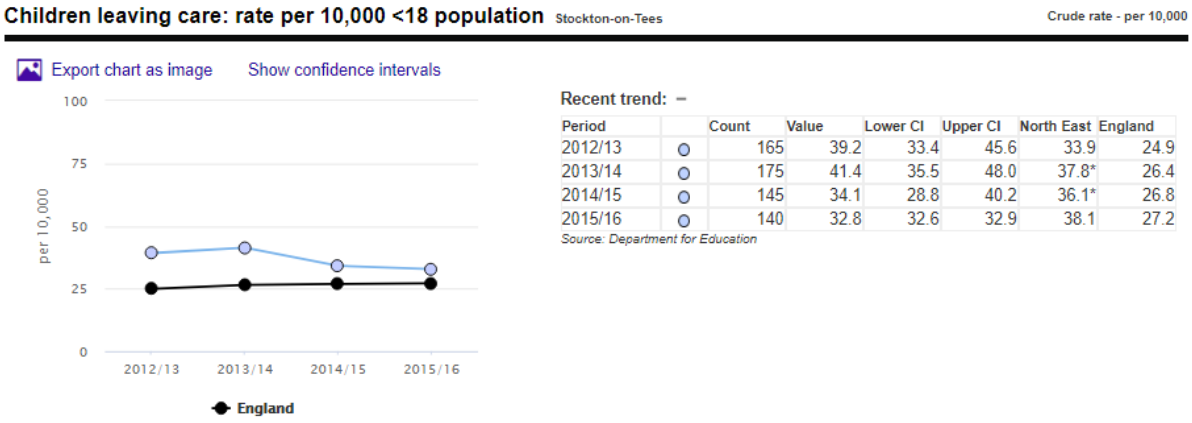


Figure 14: Number of children leaving care – Hartlepool and Stockton-on-Tees
Source: Public Health England (2018)

8 Our Vision to 2020 & THRIVE Model

8.1 Our vision is that ***'Children and young people across Hartlepool and Stockton-on-Tees will be supported to reach their potential and when faced with difficulties will have access to quality evidence based services'***

The plan continues to be underpinned by the following set of principles which have been developed in partnership;

- Children, young people, their family/carers will be involved in future design of services.
- Building of capacity across the system to deliver evidence-based outcomes and focused pathways is needed.
- Resilience will be built across the whole system.
- Resources should be re-focused towards prevention and earlier intervention (whilst including consideration of, and adequate provision for, children and young people with identified mental health problems that require access currently to specialist mental health services).
- Reducing unmet need and increasing choice of, and access to, services for targeted and high risk groups.
- High quality, cost effective services, based in community settings (except for highly specialist clinical provision) and offering flexible provision to a wide range of needs and to the broad diversity of the population.
- Clear service pathways between and within services will be developed in partnership and be communicated widely.
- Services will adopt holistic, family centred approaches including the active participation of children and young people in developing solutions to their own needs, and in decisions around service planning and development.
- Support for parents and carers from pre-birth onwards to better support their child's emotional development in the early years of life will be prioritised within family and adult services
- Vulnerable groups, such as Looked after Children, neuro-behavioural issues, learning disability or victims of abuse, will have access to the support they need.
- '*No door is the wrong door'*; and aspire towards '*one child, one assessment, one plan'*.
- Jointly commission appropriate services across Hartlepool and Stockton-on-Tees.

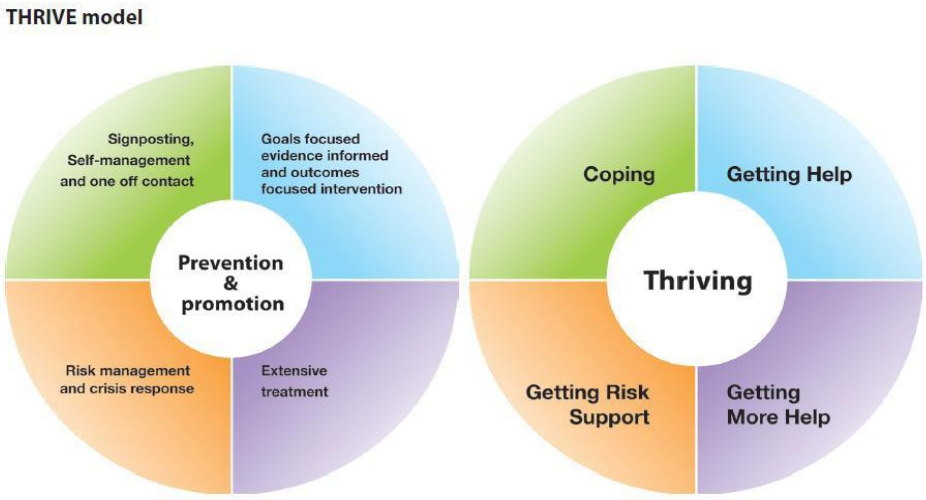
8.2 The Hartlepool & Stockton on Tees Transformation Plan has been developed to bring about a clear coordinated change across the whole system pathway to enable better support for children & young people.

8.3 A whole system approach to pathway improvement has been adopted. This means health organisations, both local authorities, schools, youth justice system, the voluntary and private sector working together with children, young people and their families.

8.4 Fundamental to the plan is strong partnership working and the alignment of commissioning processes to foster integrated and timely services from prevention and intervening early in problems before they become harder and more costly to address.

8.5 To date we have laid the ground work for transformation, now, as we move into year 4 of the programme, we need to be bold as we make transformational decisions. We recognise the unique opportunity to design a new system which, in 3 years, looks substantially different from our current services – which builds upon the strengths that exist within our local communities and services and addresses the needs and issues our young people tell us exist. We want to resist being constrained by traditional boundaries or tiers, organisations, funding mechanisms and criteria and develop clear, coordinated between agencies and stop young people falling through the gaps.

8.6 The THRIVE model[9] reflects the principles of what we want to achieve across Hartlepool and Stockton-on-Tees as it brings services together to focus on the needs of children and young people. The model defines four clusters (or groupings) for young people with mental health issues and their families, as part of the wider group of young people who are supported to thrive by a variety of prevention and promotion initiatives in the community. The image below describes the input that offered for each group; that to the right describes the state of being of people in that group - using language informed by consultation with young people and parents with experience of service use.



Source: THRIVE – The AFC – Tavistock Model
Figure 15: THRIVE Model

8.7 We will continue to pursue the THRIVE model with all partners throughout 2018/19 as we require multi-agency buy-in to the model.

9 Journey to date and impact

9.1 The way in which work has to date been structured along three separate work strands; CCG, Hartlepool Borough Council and Stockton Borough Council. As section 10 explains in more detail, the way in which we will work moving forward will be more collaboratively as this will have a greater impact on transforming the whole system.

There has been significant work undertaken by all three organisations to date and this is reflected in the tables below:

9.1.1 Hartlepool & Stockton CCG

HAST CCG successes during the past year are outlined in the table below.

	Achieved by 2017/18	Impact
Review of Core CAMHS	Review completed across North & South Tees.	A clear workplan will be developed following full review of findings from

		the CAMHS review; the impact of the review and subsequent recommendations should improve the offer to CYP across HAST.
Review of the diagnostic pathway for ASD	Full multi-agency review has allowed for a clear picture to be created as to the current pathway.	The local waiting list project has been initiated and should reduce the number of CYP awaiting a diagnosis of ASD.
Transformation of the ASD pathway	Multi-agency buy in to transform the pathway to one which is needs led and supports an integrated approach between health and local authority.	Parents now have a clearer understanding of where and when support can be accessed to meet the needs of their child with the right teams involved.
Access NHSE Crisis funding	Bid for additional resources to reduce the level of crisis experienced by parents with children on the ASD waiting list. Bespoke training package developed with local voluntary sector provider.	Access to the funding has enabled a reduction in the number of episodes of crisis for local CYP with an ASD diagnosis.
Development of a One Stop Shop Pilot	Pilot has gone live in October 2018 and is being supported by FIM funding and input from Stockton Borough Council's commissioned Public Health services and TEWV.	The service enables Young People in a targeted area to receive support and interventions with the intention of reducing the unnecessary referrals into specialist CAMHS. The pilot has been a success so far with high numbers of referrals. More evaluation is required at the end of the pilot to establish outcomes for the young people who have attended.
Investment to ensure Crisis & Liaison Service is available to all age 24/7	Investment in the Tees crisis service to ensure it is available to children & young people 24/7 utilising Future in Mind money. TEWV have invested in Intensive Home Treatment to support the Crisis service.	Improved access and waiting times, children are treated at the right place, in the right timeframe as close to home as possible; improved outcomes, reduced admissions to Paediatrics wards in Acute Hospitals.
Eating Disorder Service	Development of a Community Eating Disorder Service.	Improved waiting times and access, improved outcomes, reduced admissions to Tier 4.
Peri Natal Service	Supported the specialist commissioning of a Tees Wide Peri Natal Service.	Access to advice and information; deliver a timely service; support women in their own community safety and effectively avoiding unnecessary admission.

Table 7: HAST CCG Successes 2017/18

9.1.2 Transforming the Autism pathway across Hartlepool & Stockton

The length of waits which children and their families were experiencing across Hartlepool and Stockton-on-Tees within the ASD pathway have been well publicised. In the 2017 LTP we highlighted that work would be ongoing to improve the current pathway which would enable us to move towards a new pathway built on meeting the needs of the child whilst they were waiting for a diagnosis.

We have aligned the work to *Future in Mind* due to the following:

1) The current pathway sits within CAMHS

2) The current processes are elongated which have a detrimental effect on both the mental health of the child and of their parent/care giver.

To enable us to effectively progress this work, we have involved professionals from a number of organisations;

North Tees & Hartlepool Foundation Trust – Paediatricians, Speech & Language Therapists, Occupational Therapists Tees, Esk & Wear Valley – Service Managers, ASD Co-ordinator, Psychologists, Project Managers Hartlepool Borough Council – SEND Lead, Education Psychology, Children's Commissioner Stockton Borough Council – Public Health, Early Help Manager, Strategic Commissioning Team, Education Hartlepool & Stockton CCG – Children & Young People's Commissioning Team

Vitally, representatives from both Parent Carer Forums have been embedded in the work.

Actions undertaken in the last 12 months have enabled us to separate the work out:

1) Actions to reduce the waiting list
2) Actions to move to a needs-led Neurodevelopmental Pathway.

Actions to reduce the waiting list were agreed as follows:

Action	Impact
Research conducted around areas of good practice	St Helen's identified as area of good practice (SEND Report 2018). Local area site visit to St Helens with all relevant stakeholders present inc. Parent Carers. Enabled partnership ownership of reducing the waiting list to enable a move to a needs led model
Oversight group established – time bound project plan created	Accountability across all partners
Investment to reduce waiting times	Once commenced children & their families will see a reduction in their predicted waiting times.
Worked with Parent Carer Forums to re-write standard letters distributed following a referral	More appropriate, jargon free letter designed for parents.

Table 8: ASD Pathway Waiting List Actions and Impact

Actions undertaken to move towards a needs led Neurodevelopmental Pathway:

Action	Impact
Established working groups within each Local Authority area to explore the 'needs' led services which could support children & their families	Partnership working, inclusion of Parent Carer representatives. Initial scoping of services which can be aligned to the pathway
Consultation with parent/care givers around the current pathway and what the gaps are	Plans to develop the new Neurodevelopmental pathway are based on the findings from this consultation
Consultation with schools as to current processes to identify and refer a child new neurodevelopmental needs	Plans to develop the new Neurodevelopmental pathway are based on the findings from this consultation
Joint commissioning of a pilot Family support service to provide guidance and support to families to meet the needs their child is displaying. To provide additional training into	Partnership working, improved support and accessibility for parents/care givers. Improvement of the families' wellbeing.

schools around neurodevelopmental conditions	
Meetings with parent carer organisations to keep them informed of the developments and to help shape the service specification for the family support service	A robust service specification which will meet the needs identified.

Table 9: ASD Neurodevelopmental Pathway Actions and Impact

This work will continue to be done in partnership and is a key priority for 2018/19.

9.2 Hartlepool Borough Council

9.2.1 HBC Successes

Hartlepool Borough Council key achievements for the previous year are outlined in the table below.

	Achieved by 2017/18	Impact
Prevention Programme	Cohort 2 schools self-evaluate against emotionally healthy school criteria and action plans developed; Implementation of the whole schools approach to emotional wellbeing following the Public Health guidance of 2015; Leadership training for whole school approaches, involving Governors, Senior Management Teams and relevant leaders in the community e.g. Social Care Managers, Leaders in VCSE; Development of school leadership around emotional wellbeing including a focus on monitoring and evaluating impact; Analysis of whole school surveys using Wellbeing Measurement framework (Anna Freud Centre). Multi Agency Awareness Raising around Adverse Childhood Experiences and the impact on wellbeing and mental health. TootToot commissioned for all Hartlepool Schools to support a digital front end to asking for help.	Buy in from schools that emotional wellbeing is a high priority has generated enhanced levels of emotional mental health support being available for the children of Hartlepool; this will evidence a reduction in the prevalence of mental health within the local area. Recognition from schools that they can do more at a universal level to enhance prevention of mental health disorders across Hartlepool. Understanding the importance of staff wellbeing for an emotionally healthy school. Led to changes in policies, curricula and learning across school which is impacting on resilience. Staff reflections on work/life balance enhance productivity. Schools redirecting internal resources towards emotional wellbeing. An improved universal offer for wellbeing and resilience to enhance prevention of mental health disorders for children and young people across Hartlepool.
Early Intervention Programme	Champions identified in all Hartlepool schools and role developed and embedded. Champion training programme and Learning sets developed and delivered. 55 ELSAs trained across 28 schools delivering emotional support at the earliest opportunity. Ongoing network group.	Pilot schools equipped to identify need early and direct towards appropriate evidence based targeted interventions available in schools. School staff appropriately trained and supervised in interventions to target common areas of need such as low level anxiety and stress. Increased confidence and competence of champions.

	Mindfulness training delivered to 41 staff in 20 and ongoing network group. Evidence based interventions identified. Approximately 400 children accessed 6 week programmes of intervention by Assistant Psychologists. Parents fully involved in the interventions. 11 different evidence informed interventions on offer. Work with Virtual School Headteacher targeting support for LAC, refugees etc. Video Interaction Guidance (VIG) offered as an intervention to cases open to social care. Sports development programme to link physical health with mental health using a whole family approach	Schools in a better position to intervene early via SLAs for Assistant Psychologists. Development of wellbeing teams to enhance emotional wellbeing within all schools in Hartlepool. Champions are taking the lead to oversee interventions across school; this provides a specific named contact. Schools feel they have the mandate and the confidence to dare to do things differently. Video made of positive impact of Mindfulness, evidencing the successes that have been made across the local area.

Table 10: Hartlepool Borough Council Successes 17/18

9.2.2 Case Study from working with schools in Hartlepool

What does Mindfulness mean for the West View Community?

For our Children:
"One of my children has had a conversation with me about how she isn't worrying as much about big things now, she knows they aren't such a 'big' thing and actually you can just think about the little ways of helping you with your big worry" – Year 2.

Years 6, 4, 3 and 2 have received Mindfulness Training: by rolling this out across the school, we hope that a common language can be used to ensure that children can become calmer and more able to deal with their emotions.

Year 3:
"When I get angry at my dad when he says I can't go on my games, I always try to get him to let me go back on them. I use my Mindful breaths to get me to relax"

"Sometimes in football when it is an easy shot and I miss, I take it back and think it through using Mindful breaths and then get on with the game"

For our Staff:
"My class have really benefitted from the Mindfulness Sessions, they often talk about their Mindfulness breathing and how it makes them feel relaxed and calm and allow them to forget about things they worry about" – Year 3 teacher.

"We will often practice Mindful breathing after lunchtime, I feel that this allow the children to calm down after lunch and be ready for the afternoon lessons" – Year 3 teacher.

For our families:
"My child enjoyed the sessions and talked about how it helped her concentrate in class rather than be distracted"

For the Leadership team:
"Through delivering the Mindfulness sessions with the teacher present in a classroom, this in a way has given some free CPD to other teachers, who have then been able to continue exploring and embedding the strategies every day"

St Helen's Primary School
Parent feedback from assistant EP sessions:

'My child has become more confident and she loved to come to fun friends group'

'She has really enjoyed the group. Since starting the group she has now started to do her homework over time instead of last minute. She's not as stressed when it comes to work, she also practices the work she finds hard to try and get it right'

'My son has enjoyed this workshop. I feel he has gained more knowledge and skills to use in the future'.

Staff feedback:

'I feel more confident in talking about emotions and helping children build resilience'

'I have enjoyed this process, enjoyed working with younger children and now understand how to talk/manage emotions effectively'

'Feel more confident in green and red thoughts with regards to younger children'

9.3 Stockton Borough Council

9.3.1 SBC Successes: Stockton-on-Tees Borough Council successes are outlined in the table below.

	Achieved by 2017/18	Impact
Building capacity within Local authority services to deliver targeted interventions.	Pilot project undertaken with 10 secondary schools to develop a whole school approach to build resilience and enhance the emotional wellbeing of children and young people. School survey completed with Schools' Student and Health Education Unit (SHUE).	Increased knowledge and skills of the school community, to support early identification of need and access to appropriate intervention Created 'school champions' within schools and learning support networks across clusters, with close effective working with CAMHS (TEWV). School Champions support local schools to become 'mentally healthy'. Developed a training program which can be built upon over time, embedded into the PDP process and be supported through network action learning sets. Baseline measure of children and young people's emotional well-being and resilience completed with year 8 and year 10 pupils to

		enable outcomes to be measured in future years. Schools strength's and weakness identified and action plans developed based on SHUE survey. Training undertaken by Social care and Early Help Managers. All Social Care process, paperwork and systems now incorporate this model across Children's Hub, Child in Need and Child Protection.
Therapeutic Support for Carers.	Training in Solihull method of parenting to support carers of looked after children and families.	Parents' anxiety about their children decreased significantly as did the severity of the problems. There is a significant decrease in distress and parental perception of child difficulty. Improvement in child behaviour seen. Parents increased their knowledge of strategies and solutions for responding to children's behaviour, improved their interactions with their children and were better able to recognise and respond to their child's feelings Improved parent/child relationships and increased confidence in dealing with behaviour challenges.
Intelligence.	Development of database to allow central collation of all risk factors identified in children and families.	Development of a new system which collates a range of information and analysis of outcomes to measure success. Section developed which identifies the Emotional Health and Well-being of Children and young people to provide a baseline picture of mental health prevalence across Stockton-on-Tees. Professionals to have access to the most up to date information for children and young people enabling them to make appropriate decisions for future treatment/care. All active cases prior to April 18 and new cases are registered direct on Capita and identified

		risks are identified at source and ongoing throughout the active episode to mitigate. Themes and trends are now reported directly from the system (live reports) to provide real-time data.
Engagement and Design.	3 x "Incredible years" parenting programme groups delivered between February 2017 and October 2017 for parents/carer of children aged 6-12. Project Dragonfly implemented across Stockton-on-Tees. Family Group Conferencing skills offered to families who are receiving support via Early Help.	Improved parenting interactions and relationships. Identifications by CAMHS of families with parenting needs to enable appropriate support to be provided. Prevention, reduction and treatment of early onset conduct behaviours and emotional problems. Tackling stigma around emotional wellbeing and mental health in children and young people. Delivered by educationists working with communities, schools and businesses to address young people's hopes, aspirations, self-worthiness and put children and their ideas at the heart of their individual and collective futures Family Group Conferencing practitioner post recruited to commence November 2017. Families have accessed Family Group Conferencing. New Family Group.

Table 11: Stockton Borough Council Successes 17/18

9.3.2 Case studies

Building Capacity & Capability Across Schools

One of the key priority areas within the plan was around building workforce capacity and capability. A project plan was produced outlining a "schools pilot" across Stockton-on-Tees & Hartlepool taking lessons learnt from the national work and promoting and developing emotional wellbeing and mental health "school champions."

Positive outcomes

As part of the project schools were asked to reflect on what improvements they had undertaken. Conyers School, like many others, reported on the improvements in place such as:

- *Organised a MH awareness group of staff for students to go and talk to as required*
- *A number of staff completed the Mental Health First Kit training course – Pastoral team, learning mentors and TA's*
- *Appointment of two TLR 2 leadership posts for Mental Health and Resilience and Physical Health*

and Well being

- *Organised a Y8-11 Focus day on Mental Health and Resilience covering topics including coping with loss, Anxiety, depression. Working in conjunction with 'If U Care Share' and MIND*
- *Enhanced in-school counselling model to increase the number of students that can access counselling (2 internal counsellors)*
- *Trialled a pilot with MIND – self-esteem and low mood counselling*
- *Trialled a MHWB drop in for staff with CAMHs to discuss any student concerns*
- *Redeveloped PSHE resources in light of the mental health training received.*
- *Took up the opportunity for PAC-UK training for staff to raise awareness on attachment.*

Key Outcomes from the Schools Pilot

- *The learning programme for School Champions increased their confidence in dealing with the mental health and well-being issues faced by students.*

- *The learning programme successfully delivered a suite of evidenced based learning and resources for schools that will enable schools to be in a better position to intervene early in supporting children and young people's emotional health and well-being.*

- *The whole school approach model to learning was well received and is something that should now be rolled out to all schools. It has however been difficult to measure the difference in the impact across Hartlepool and Stockton because of the different approaches taken prior to the commencement of the pilot.*

- *There is evidence that implementation of changes to policies, curricula and learning across the schools is having a positive impact on pupil and staff resilience and well-being.*

- *The role of the School Champion is more likely to be successful in taking forward implementation of change and improvement across the school if that role is in a leadership position and has the ability to influence other senior leaders, staff and governors.*

- *There is early and anecdotal evidence that the learning is starting to have an impact on reducing CAMHS referrals and/or making referrals more appropriate. As part of the legacy of this work further support to schools on robust data collection would be most welcome.*

10 Workplan

10.1 We have highlighted, in Section 9, the work which has been undertaken to date, to begin the transformation process of Children & Young People's mental health provision across Hartlepool & Stockton-on-Tees.

10.2 It is acknowledged that whole-scale transformation and system wide development requires a clear shared vision and a fundamental shift in how organisations work – both individually and collectively. In previous years, we have worked to build this shared vision and to understand the barriers and enablers which need to change within the current system.

10.3 The partnership is now well placed to develop and realise ambitious plans to change the mental health and wellbeing landscape for children, young people and families across Hartlepool and Stockton-on-Tees. We are harnessing the enthusiasm and learning from our recent work to design school based teams as part of the unsuccessful Trailblazer bid and the ongoing work to design a locally defined neurodevelopmental pathway.

10.4 As highlighted in the introduction to this refresh, the way in which we will create a work plan is changing. A revised infrastructure is now in place whereby both Local Authorities and the CCG will work collectively to progress our plans, which is in contrast to previous arrangements whereby Local Authorities had individual plans/workstreams (previously identified next steps for both Local Authorities as separate workforces can be found at Appendix 4).

10.5 Collectively, there are five areas which will be developed over the next 12 months:

Key area	Outline of work plan for next 12 months
Develop a workforce development & training directory	• Understand the offer from all training organisations. • Determine collectively a baseline offer which we would expect all professionals to have who work directly with CYP. • Begin to develop a tiered approach to training. • Continue to expand the CYPIAPT agenda.
Roll out the priorities laid down in the Governments Green Paper if Trailblazer bid, despite being unsuccessful in the bid to become part of the national pilot: • **Mental health leads in all schools** • **Development of Mental Health Support Teams**	• Baseline understanding of the number of schools who have designated Mental Health Leads. • Work with schools to address barriers for creating these roles. • Develop, with schools and TEWV what the role and remit of these workers are. • Revisit the bid and build up the Mental Health Support Team vision. • Look to support a pilot team on a joint commissioning basis.
Development of a Neurodevelopmental Pathway	• Continue to build a map of services which will support a needs led approach • Work collectively to establish pathways, referral mechanism and open communication • Develop a Neurodevelopmental Diagnostic team
Continue to work collaboratively as a system across Hartlepool and Stockton-on-Tees to reduce gaps and identify opportunities for new service models.	• Set-up joint meetings on a regular basis to develop joint action plans for 2018/19.
Develop a model for mental health services for children and young people across Hartlepool and Stockton-on-Tees.	• Multi-agency design of a whole system approach to resilience, mental health and wellbeing.

Table 12: Key priorities for 2018/19

10.6 The actions which evolve through this new way of working will lead to a whole system change, with a clear focus on; prevention, early intervention and accessibility to specialist support when required across the whole life course of children & young people. We will ensure that all children, especially the most vulnerable are able to access services at the earliest opportunity.

10.7 The finances which become available will be utilised to effectively look for whole system change across the two localities. Expenditure will be agreed and authorised by the *Future In Mind* Oversight group which is made up of senior officers across both Local Authorities and the CCG.

10.8 Although we have highlighted specific areas of work we will continue to ensure that the services commissioned are effective and meet the needs of the children and young people in our local areas. We will continue to work with services that support the most vulnerable children to ensure there are no fractures in any future model which would further disadvantage them.

Workforce

11.1 Ensuring we have a robust 'fit for purpose' workforce is essential to be able to transform children and young people's mental health journey. Having highly trained staff is required to enable the vision outlined in this plan to be realised. For Hartlepool and Stockton-on-Tees developing and beginning to act on a workforce plan is a key action for the next 12 months.

To support earlier intervention & prevention we need to ensure that the Universal and targeted workforce have the skills and knowledge to provide brief interventions. Across Hartlepool & Stockton work needs to commence with workforce leads from TEWV, Catalyst, Hartlepool Borough Council and Stockton Borough Council to understand training priorities across the whole workforce. Additionally a further action for 18/19 is to map the training which is available across all organisations to remove any duplication in the system and to ensure we are offering consistent and appropriate training.

It is recognised that the ambitions laid down by the Government in terms of recruiting 1700 additional staff into the mental health arena and training a further 3400 is ambitious and a major challenge. Based on a model developed in Manchester to calculate how these figures translate on a local level, for Hartlepool & Stockton this equates to:

New Staff	**9.35**
Additional training to current staff	**18.7**

Table 13: Additional workforce requirements

11.2 Children and Young People's Improving Access to Psychological Therapies programme (CYP-IAPT)

CYP-IAPT is described as 'a change programme for existing services delivering CYP mental health care'. It aims to improve outcomes and experience of care for children, young people and their families by increasing access to effective services and evidence-based therapies through system-wide service improvements. CYPIAPT creates within teams a culture of full collaboration between child, young person and/or their parents or carers by embedding the following principles:

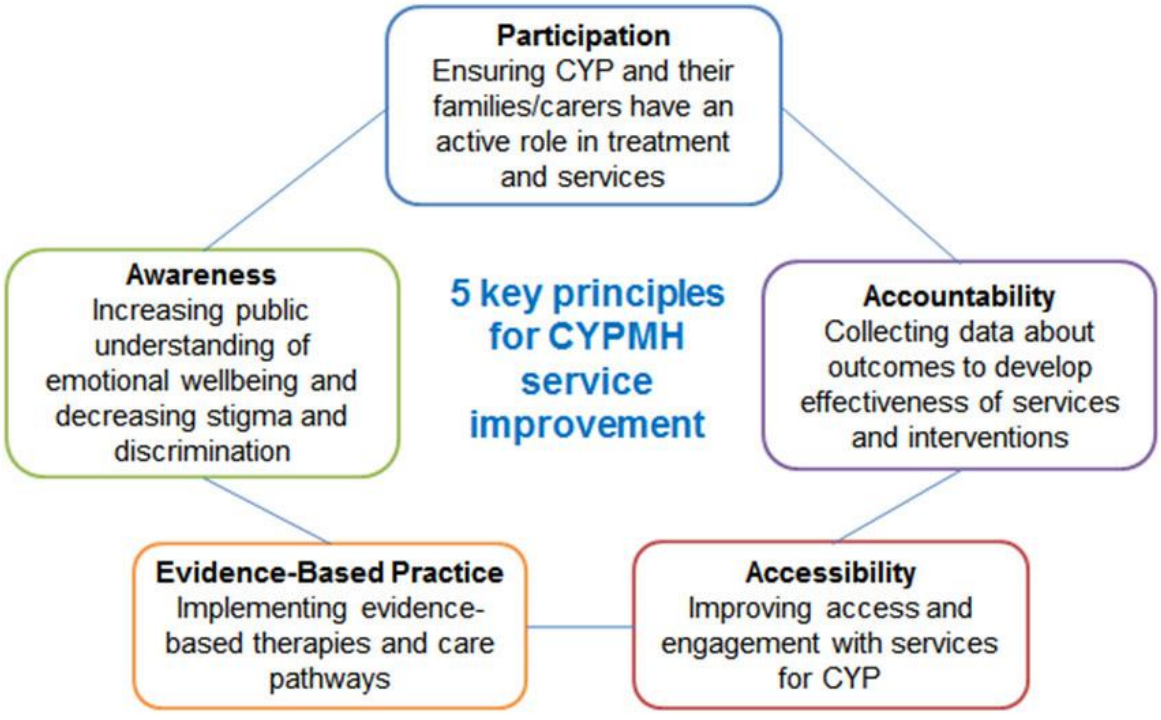


Figure 16: Principles for CYPMH service improvement

However, Funding for the CYP IAPT infrastructure comes to an end on 31 October 2018. NHS England will continue to support the programme until December 2018 when it will transfer to HEE/NHSI. While the infrastructure funding will come to an end in October, there will be a CYP IAPT programme of training in 2019 and this will need to be managed by the partnership and Northumbria University. New commissioning arrangements are developing to ensure the training element of the workforce development plan required in CYPMHS continues but have not yet been finalised.

11.3 Each locality area is required to have a 'partnership' through which training places were allocated. In Hartlepool & Stockton, TEWV and Alliance Psychological Services have accessed training through the CYPIAPT programme. In 2018, the CCG made the decision to bring the management of the programme back 'in house' to allow for a more strategic approach. To this end, for 2019, Stockton Borough Council has joined the programme and has a CWP Recruit to Train post. This is really positive for the locality and we will work to expand this model throughout 18/19. We will also work to determine how this can be widened into Hartlepool Borough Council and out into schools and the VCS.

To ensure Hartlepool and Stockton are prepared for the infrastructure change, CYPIAPT will be managed through the Local Transformation Group and opportunities for training will be disseminated through TEWV and the Workforce Teams within the local authority.

CYPIAPT is strategically relevant for a number of reasons but the 2 key ones for Hartlepool and Stockton are:

- Creates an infrastructure for developing outcomes based commissioning and
- Enables HAST to strategically address the gaps in their workforce by working with their local identified university to plan specific course.

A national evaluation of the CYP-IAPT programme has also demonstrated the effectiveness of the programme.

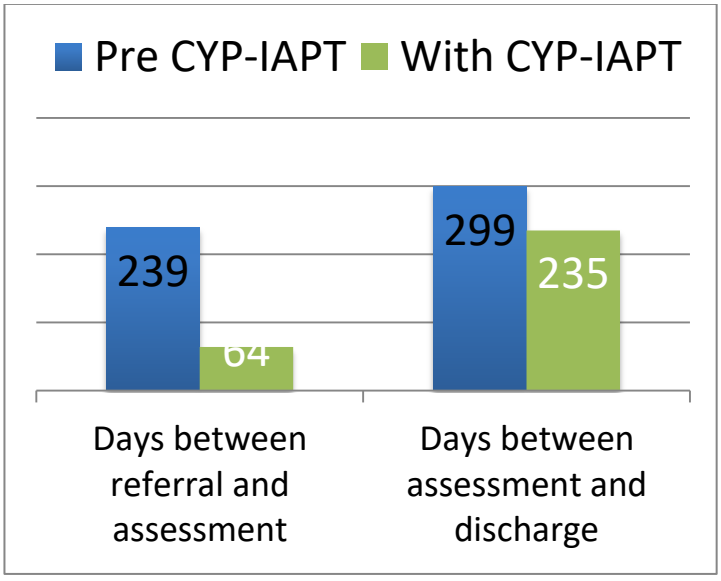


Figure 17: CYP-IAPT intervention effectiveness

- Young people seen more quickly-time between referral and assessment decreased by 73%
- YP achieved significant clinical improvement over fewer sessions - number of days between assessment and discharge decreased by 21%.

With substantial evidence as to the effectiveness of CYP-IAPT interventions, it is imperative to the success of transforming the landscape of services for children & young people's wellbeing across Hartlepool & Stockton, that CYP-IAPT principles are adopted and widened.

Work needs to be undertaken with TEWV and Alliance to identify gaps around CYP-IAPT courses to ensure we have a relevant skill mix. We then need to understand the training gaps in the local authority and wider services. This will enable us to develop a strategic approach.

11.4 **CYP – Improving Access to Psychological Therapies**

TEWV has been involved with the implementation of CYP – IAPT since Wave 2 (November 2012) to the present time. The aim of which was to transform the existing CAMHS workforce through training in evidence based practice, the use of routine outcome measures, participation, awareness, accountability and accessibility.

As part of the training the Trust has trained staff in CBT, parenting, systemic family practice, IPT-A and supervision and service leadership.

If we succeeded in our ambition to wider and strengthen the CYPIAPT offer, we would look to introduce 3 KPI's across all providers who were delivering on the programme:

Proposed KPI's

Key Performance Indicator	
1 - Improved emotional wellbeing	Clinical outcomes will be recorded using IAPT validated outcomes tools.
2 – Satisfaction with services	Data will be gathered using the national "family and friends test" and also via an experience questionnaire. Measure will be the percentage of service users reporting satisfaction.
3 – Easier access	Referral to intervention without delay. To be monitored against nationally recommended timescales. Standard referral to treatment times: 6 weeks; 12 weeks and 18 weeks for all new cases. Monitor signposting, source of referral and rejections.

Table 14: CYP-IAPT Key Performance Indicators

Achievement & commitments

Achievements to date	Commitments for 2018/19
Hartlepool & Stockton organisations have been involved in CYPIAPT since 2012.	Widen the CYPIAPT 'partnership' to include Hartlepool Local Authority and VCS providers. Understand in more detail the impact the investment in CYPIAPT has made and how that can be shared wider
Discussions with Workforce Planning within the local authorities to map training gaps	To work collaboratively to address gaps in skills & knowledge building up a multi-agency workforce plan Understand any training needs within the 0-19 service Work with TEWV to ensure their training offer is maximised across North Tees

Table 15: IAPT commitments 18/19

12 Specialist Services

12.1 Tees, Esk & Wear Valley (TEWV) are the specialist CAMHS provider for Hartlepool and Stockton-on-Tees and are commissioned by Hartlepool and Stockton-on-Tees CCG. Staffing information can be located at Appendix 2.

The table below details the services that are commissioned for children and young people with emotional and mental health difficulties by the Tees Esk and Wear Valley (TEWV) NHS Foundation Trust. Services are currently divided into tiers, reflecting the level of specialist intervention. However as work progresses to the Thrive model, the tiers can be applied to the different sections of the Thrive circle i.e. Universal becomes 'coping', Early Help & Targeted Services becomes 'Getting help' and so on.

Level	Service
Universal	Training of children's workforce Recovery College (online) – in development for CYP
Early Help and Targeted Services	Children's Psychological Wellbeing Practitioner (low intensity input) GP Pilot – One Stop Shop
Specialist - Community	CAMHS and Learning Disability Crisis and Liaison and IHT Community Forensics Community Eating Disorders Service Looked After Children Learning Disability Challenging Behaviour Intermediate Care / Respite Early Intervention in Psychosis Liaison and Diversion
Specialist including Inpatients	Assessment and Treatment – Mental Health inpatient Eating Disorders inpatient Low Secure (Mental Health and Learning Disability)

Table 16: Levels of CAMHS service provision

12.2 **Training**

TEWV offer a core training programme to multi-agency *children's workforce* across Teesside. The emphasis throughout the training is on effective multi-agency working to improve outcomes for children and young people. The sessions are written at an introductory level and are targeted towards an audience that has basic or no previous child mental health knowledge.

The sessions are designed to bring together practitioners from across the children's workforce in order to promote collaborative inter-professional learning and working. The content of courses and delivery methods are regularly reviewed and updated, and the project has received a number of requests for specific training and bespoke sessions have been delivered upon request when possible, for example specific sessions for school nursing staff, residential care workers, foster carers, young people and GP's.

Training programmes are also offered for all parents and carers in Teesside and their child does not need to be open to CAMHS, with no previous mental health knowledge; the sessions are suitable for parents and carers who wish to develop an understanding of children's mental health issues.

In collaboration with secondary head teachers from Stockton schools, and with support from CAMHS Head of Service, it was agreed that the CAMHS training team would provide 16 Mental Health First Aid (MHFA) schools full day training packages, sufficient for each secondary school to have 16 staff training up to be a mental health first aid champion.

The successful feedback led to a further request for provision of the training to secondary school staff within the alliance and this was accommodated.

Positive Behaviour Support (PBS) workshops are available for parents/carers of young people who are open to CAMHS teams following recommendation from their care coordinator. The workshops support family members to think about their young person's needs in an individualised way, to help understand the factors that increase the likelihood of difficult behaviour.

Attendance data for training courses (January 2017 – September 2018)

- Multi-agency core training 1520
- Parent/ carer core training 510
- MHFA Schools 113
- PBS Workshops 417

12.3 Recovery College

TEWV have a Recovery College Online providing a range of online educational courses and resources to people who might be struggling with mental health issues, families, friends, mental health workers and anyone else who might be interested. They are currently in the process of developing resources for children and young people.

12.4 Specialist Mental Health Supervision and Consultation in and with Schools

Middlesbrough CAMHS commenced a roll out program of school consultation model in October 2017. The pilot initially targeted 9 schools by providing them with a 2 hour slot each half term to bring cases for discussion that were at risk of, or presenting with unmet mental health needs. By offering a CAMHS clinician who could facilitate a peer supervision model of care; SENCO's were able to develop existing skills to identify more specific early interventions for each individual child. The program was effective in identifying educational settings that required a more targeted mental health training need. This allowed for specific training packages to be delivered directly to full staff teams to enhance global mental health. During program delivery a marked reduction in referral rates has been seen in Middlesbrough CAMHS. This allowed CAMHS to focus on more multifactorial young people requiring specialist treatment and assessment.

Due to the success of the program a further 4 schools have now been offered the service with the aim of targeting early assessment and identification of child mental health. This programme will be rolled out across Hartlepool and Stockton during 2018/19.

12.5 CAMHS provision

Specialist CAMHS focus on the complex and severe mental health needs of children and young people including those individuals with a learning disability. They are multidisciplinary teams that often consist of:

- Psychiatrists
- Nurses
- Clinical psychologists
- Children's psychological wellbeing practitioners (CPWP)
- Support workers
- Occupational therapists
- Psychological therapists – this may include psychotherapists, family psychotherapists, cognitive behavioural therapists
- Allied health professionals, i.e. occupational therapists and art therapists

Children's Psychological Wellbeing Practitioners (CPWP) work with the following common mental health problems: (mild to moderate)

- Anxiety (social, panic, phobias, worry, OCD)
- Depression/low mood.
- Mild self-harm

They offer CBT based low intensity interventions delivered in the following ways:

- Self help
- Guided self help
- E-CBT
- One to one sessions.
- Groups
- Parent-led CBT

	2013/14	2014/15	2015/16	2016/17	2017/18
Total referrals	**2, 143**	**2,308**	**3,709**	**3,716**	**2,320**
Accepted referrals	2,035	1,980	3,608	3,316	1,561
Non-accepted (re-directed)	108 (5%)	328 (14.2%)	101 (2.7%)	400(10.8%)	759 (32.7%)

Table 17: Child and Adolescent Mental Health Service (CAMHS) Community Team referral data – HAST CCG

	2014/15	2015/16	2016/17	2017/18
Percentage of patients who attended a first appointment within 9 weeks of external referral (target 90%) - Children and Young People Services	89.90%	85.30%	100%	99%

Table 18: CAMHS Community Team Waiting Times data – HAST CCG

	2015/16	2016/17	2017/18
Number of face-to-face (direct) contacts	18,567	30,374	29,474

Table 19: CAMHS Community Team Direct Contacts – HAST CCG

12.7 **Routine Outcome Measures (ROMs)**

TEWV uses Routine Outcome Measures (ROMs) to improve treatment outcomes for clients, to provide better services that are targeted to client needs. ROMs can be used in a meaningful way for clients, for example by collecting measures on progress towards the young person's own goals by using Goal Based Outcomes (GBOs). Children, young people and/or parents/carers are asked to give session by session feedback and are involved in reviewing progress, goals and outcomes.

12.8 **Crisis and Intensive Home Treatment**

The Tees CAMHS Crisis and Intensive Home Treatment Team have been operational since June 2015 and provide a 24 hour crisis response. Since the service began there has been an 83% reduction in admissions to acute hospitals with 97% of young people who attend A&E being assessed within one hour and very few needing admission to a Paediatrics ward.

The crisis team also responds to urgent CAMHS appointments which have reduced the pressure on Tier 3 teams not having to cancel appointments for patients in crisis. There has been a 38% reduction in admissions to Tier 4 beds with a 30% reduction in bed days due to the work of the Intensive home Treatment Team.

IHT has provided an alternative to inpatient admission and also helped facilitate early discharge for those young people who have been admitted. It has been estimated that the work of the Crisis and Intensive Home Treatment Team has saved the NHS £1.7 million due to the reduction in A&E attendances, acute admissions and emergency service response. This has further been estimated to be £2.3 million when the reduction in inpatient admissions is included in those figures.

	2016/17	2017/18
Total referrals	171	537

Table 20: Tees-wide Crisis and Liaison Service Referral Data

	2015/16	2016/17	2017/18
Number of contacts (face to face and telephone)	1,247	1,828	2,637

Table 21: Tees-wide Crisis and Liaison Service Direct Contact Data

12.9 **Early Intervention Psychosis (EIP)**

A designated EIP team works across the age range of 14-35 years. For young people presenting with possible first episode of psychosis CAMHS and EIP services would work closely together to offer the most appropriate support and treatment.

The table below shows the number of referrals into EIP teams for 2017/18, aged between 14 and 25 with a referral reason of Suspected 1st Episode Psychosis.

	2016/17	2017/18
Total referrals	97	105

Table 22: EIP Referral Data

	2016/17	2017/18
Number of contacts (face to face and telephone)	1,292	2,381

Table 23: EIP Direct Contacts Data

12.10 **Community Eating Disorder team**

The Teesside CYP Community Eating Disorders service operates from Monday to Friday between the hours of 9am-5pm and is a multi-disciplinary team made up of Nursing, Psychiatry, Paediatrics, Psychology and Dietetic disciplines who work collaboratively to assess and treat those aged up to 18 years with suspected or actual Eating Disorders. The team is trained in a number of psychological interventions such as CBT and Systemic and multi-family therapy in line with NICE guidance and consistently meets the AWT standard requirements. A varied range of routine outcome measurements are used to ensure care is individualised, goal based and achievable in line with CPA principles.

The service has had a big impact on reducing inpatient admissions and significantly reducing lengths of stay for those who require it. An early intervention model comprising of rapid response, intensive support at home and training the children's workforce has assisted in reducing the flow of young people entering and exiting services with their symptoms under control. The team is committed to understanding patient and carer experiences and fully adopts the notion of participation as defined by CYP-IAPT.

	2013/14	2014/15	2015/16	2016/17	2017/18
Total Referrals	**52**	**52**	**293**	**42**	**37**
Accepted Referrals	47	42	293	36	31
Non-accepted (re-directed)	5 (9.6%)	10 (19.2%)	0	3 (7%)	6 (16.2%)

Table 24: Teesside Community Eating Disorder Service Referral Data

	2015/16	2016/17	2017/18
% of children & young people seen within 4 weeks for a first appointment	100%	100%	100%

Table 25: Teesside Community Eating Disorder Service Waiting Times Data

	2015/16	2016/17	2017/18
Number of contacts (face to face and telephone)	2,267	2,313	2,073

Table 26: Teesside Community Eating Disorder Service Direct Contacts

12.12 Purposeful and Productive Community Services

TEWV have made extensive progress in delivering the Purposeful and Productive Community services (PPCS) agenda. The team can demonstrate productivity; know their 'customer' and where skill gaps lie within teams. The business plan strives to deliver excellent services and service developments are shaped towards this aim.

12.14 Participation

Patient participation groups are well established across all localities within Teesside. Groups are facilitated by community clinicians and have active participation from children who currently access CAMHs services. The groups meet monthly and develop solutions to issues that have been received into the service often through information gathering that the children and young people have facilitated themselves. Parent and carer groups are being established within each locality and the focus for these groups will be on looking at what self-care is available for parents and how TEWV can support this in the future.

12.15 Collaborative care planning

The *Future in Mind* Report highlighted that one key area to improve Children and Young People's Mental Health was that they should only have to tell their story once, to someone who is dedicated to helping them. The children's passport tool was developed in line with this.

The 'passport' idea, includes clinical information as well as key personal preferences, it has been developed by young people, parents and carers. Since the report was published TEWV have been working with children and young people, parents & carers to develop the "children's passport" since renamed "My Careplan".

There are two versions – one for children and young people in generic CAMHS, one for children and young people in Learning Disability CAMHS. My Careplan will always be written by the young people with support from staff or parents/carers as required.

A copy will always be offered to the young people and a copy sent to GP with the relevant clinical letter. My Careplan has been designed to support staff use of ROMs and includes a description of discharge/transition planning which will be compliant with the Transition out of CAMHS.

12.16 Currency and development

Payment by Results (PbR) is the method that the Government uses to pay for health care in the acute sector. In these settings national currencies (those determined at a national level) have been used for reimbursement since 2003, and it was recently estimated that these payment arrangements cover two thirds of services provided to patients (PwC 2012).

From 2012/13 this approach has been introduced for mental health services for working age adults and older people, and government ministers have stated that they want the approach extended to cover Children and Adolescent Mental Health Services (CAMHS).

The following are the TEWV Currency and Tariff Project Objectives:

- To support the development and implementation of the CAMHS currency and tariff model
- To influence the national direction of CAMHS currency and tariff development
- To understand the type and level of need supported in each team using a consistent language that facilitates internal and external benchmarking
- To have in-depth understanding of the Trust's core business in terms of its cost, price, quality, productivity and effectiveness
- Produce a richer set of data which enhances clinical/management information
- Improve the level of data quality, including helping staff understand why data quality is important

- Communication and engagement with service users and staff
- Ensure the needs of commissioners in terms of information and demonstrating
- Service quality, clinical outcomes and value for money are met.

Achievements & Commitments	
Achievements to date	**Commitments for 2018/19**
CAMHS core training programme offered to multi-agency children's workforce and also parent/carers.	Work with partners to develop a multi-agency Hartlepool & Stockton training offer.
Mental Health First Aid training provided across Stockton to 16 secondary school staff.	Provide further Mental Health First Aid training to secondary school staff across Hartlepool and Stockton-on-Tees.
Positive Behaviour Support (PBS) workshops implemented for parents/carers of CYP open to CAMHS.	Work with partners to develop a multi-agency Hartlepool & Stockton training offer.
Recovery College Online available for adults.	Develop content for children and young people.
Specialist mental health supervision and consultation in and with schools in Middlesbrough.	Pilot to be expanded into Hartlepool and Stockton-on-Tees to enhance early identification and prevention of CYP mental health.
Tees CAMHS Crisis and Intensive Home Treatment Team has generated 83% reduction in hospital admissions, reduced pressure on Tier 3 teams and generated a reduction in the number of admissions into Tier 4 beds.	Work with TEWV through the New Care Models work stream to re-invest money into increasing the level of IHT.
Participation – parent/carer groups well established across HAST.	Groups will be targeted to focus on self-care available for parents and how CAMHS can support.
Children's passport tool developed.	Continue to use 'My Careplan' across HAST to support staff use of ROMs and enhance discharge processes on transition out of the service.
	Continue supporting the 'One Stop Shop' pilot in Stockton-on-Tees.

Table 27: CAMHS commitments 18/19

13 NHSE Commissioning/New Models of Care

13.1 In June 2016, Tees Esk and Wear Valleys NHS Foundation Trust submitted a successful proposal to NHS England to become a New Care Models (NCM) Wave 1 pilot site for Tier 4 Children and Young People's service across as part of NHS England's 'Five Year Forward View for Mental Health'.

13.2 Aims of TEWV CYPS NCM are:

- Young people are supported as close to home as possible in times of crisis, within a community setting wherever possible
- Admissions are to a unit as close to home as possible
- Leave and discharge is planned as soon as clinically appropriate, supported by local CAMHS Crisis and Home Treatment teams

In 2017/18, the Trust was able to invest in community services to ensure CYP Crisis and Intensive Home Treatment services are available across the Trust

13.3 A significant reduction in use of Tier 4 in-patient services has been achieved across Teesside, from a relatively low bed usage baseline. This is in line with the delivery of 24/7 crisis services, and the addition of Intensive Home Treatment services.

NCM is now in its second year and we have received correspondence that Wave 1 sites will now be extended beyond the initial two years. This is in effect mainstreaming the new model in advance of the original pilot end date of March 2019. An ongoing national piece of work entitled Establishing Steady State Commissioning (ESSC) is addressing this.

13.4 The CCG along with NHSE Specialised Commissioning have been actively involved in the development and governance which has and continues to support the implementation of this pilot. The scope of the pilot replicates the work that was developed within Teesside with the early implementation of a crisis, liaison and Intensive Home Treatment service resulting in a reduction in the number of children needing an in-patient stay, and reducing the length of any required stay.

13.5 Collaborative commissioning plans, both through New Models of Care and with NHS England Specialised Commissioning, for those children that would fall under the remit of Transforming Care, will continue to be developed. These plans will need to include the further development of integrated pathways supporting crisis, admission prevention and safe discharge.

1. Complete the review of mental health support to children and young people with learning disabilities by December 2018.
2. Deliver improvements to the pathway for children and young people with potential ASD or ADHD by July 2019.
3. Review current emotional and mental health provision to Looked after Children and care leavers by March 2019.

14 Financial baseline, funding allocation and proposed spend

Over the last 12 months, the *Future In Mind* investment has generally been provided for Specialist Services. This investment, as evidenced in previous sections, has enabled Hartlepool and Stockton-on-Tees CAMHS to be able to offer enhanced services.

This plan has laid out the areas which will be focused on during the next 12 months and although we will continue to fund the Specialist elements, we should be able to utilise a finite resource to enable the aforementioned projects to move forward.

Any additional resource which becomes available through the 2018/19 spending allocation will be discussed through the governance structure and any spend will be mutually agreed and project plans drawn up along with anticipated outcomes. This will enable the outcomes from the financial input to be demonstrated in the 2019 refresh.

Further financial information provided at Appendix 3.

15 Governance Arrangements

15.1 Accountability for delivery of locality integrated action plans lie with the respective multi-agency Health and Wellbeing Board.

15.2 A governance framework is offered below;

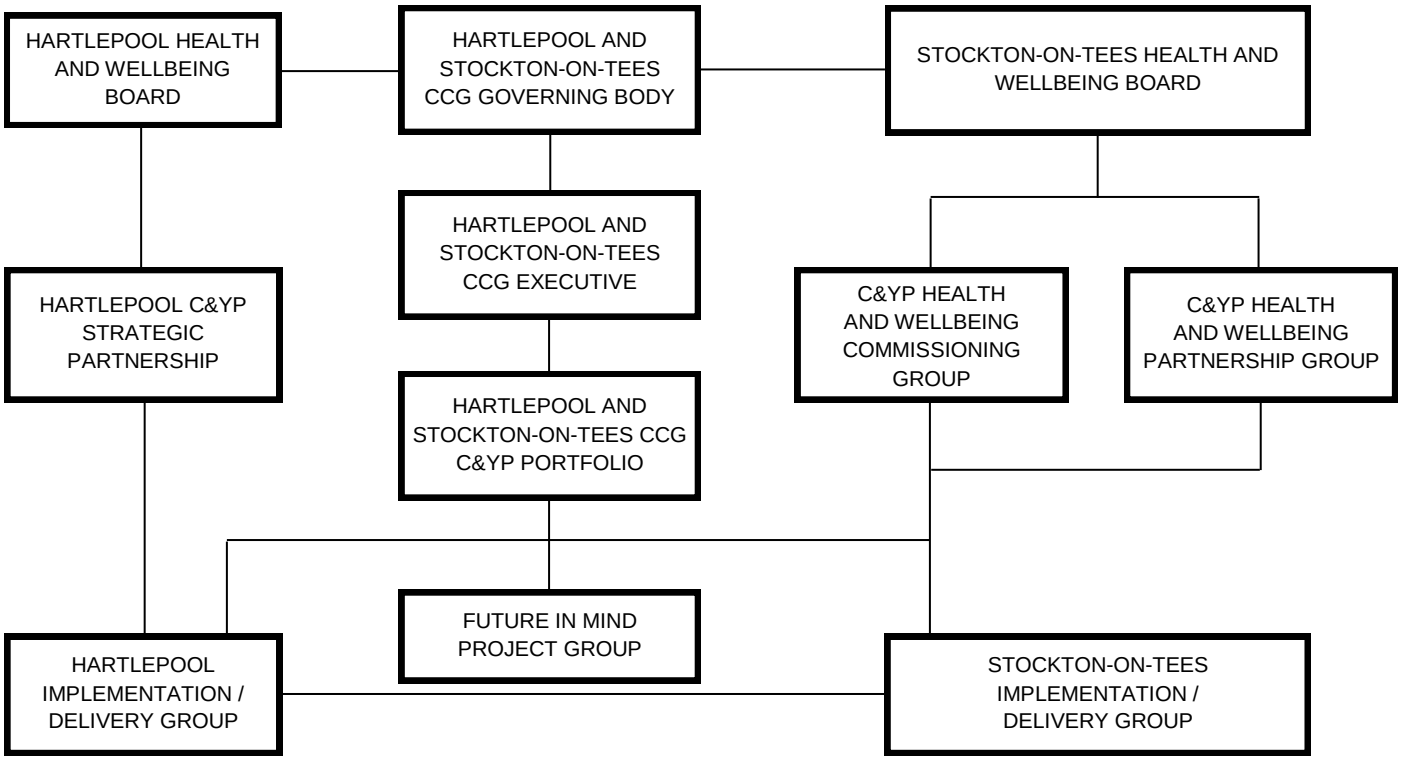


Figure 18: Hartlepool and Stockton-on-Tees Governance Framework

15.3 To ensure that our ambitious plans are jointly owned by all partners, we need to ensure that we are transparent as this manifests positive working relationships and achieves more creativity and outcomes for children and young people. To improve our accountability and transparency we have:

- Published the annual refresh of the plan.

- Strengthened the governance for mental health.

- Will jointly own the ongoing monitoring of the implementation plan and progress against identified priorities.

- We will work with local transformation partnerships to peer review and challenge implementation progress, spending and impact of transformation ambitions.

16 Measuring Success

16.1 A performance framework will be developed to support implementation of this transformation plan and will monitor progress against achieving success.

16.2 Measurable key performance indicators will be agreed to enable monitoring of progress and demonstrate improved outcomes. This will form part of the assurance process required by NHS England.

16.3 Indicators may include, but not limited to:

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

17 Executive Action Plan

17.1 An executive action plan is detailed in Appendix 4. This action plan covers the priorities that have been collectively identified and informed by wider locality CAMHS strategic plans covering the full pathway.

17.2 As this is living document it will be subject to change as the plan develops.

17.3 Next Steps

- Hartlepool & Stockton CCG will consult with all partners on the content of this draft 'refreshed' transformation plan by the end of December 2018.
- Amendments, where necessary, will be made and following assurance from NHSE – within 2 weeks of feedback being received.
- The refresh will be formerly discussed at the next Health & Wellbeing Boards (March 2019) in both localities.
- Plans will be edited into an easy read version to make sure that it is accessible to all by the end of March 2019.
- A summary document that outlines the plans will be developed following full assurance, and sign off from all partners, within 1 month.
- Links to the plans will be made available on Local Authority websites within in 1 month following submission.

Appendix 1
Risk Log

Risk	Mitigating Actions
Inability to recruit / retain sufficient staff with experience required to undertake the work.	Specialist CAMHs agency staff were retained until new starters commenced. Skill mix utilised when appropriate. Membership of local CYP IAPT collaborative - prospective staff finds this attractive, existing staff are encouraged and supported to undertake additional training. Voluntary sector partners have recruited and trained additional staff/ volunteers. Supervision arrangements in place for practitioners. Providers held to account when projects/ milestones delayed- recovery plans required and monitored via the contract process. Providers need to work with commissioners and Health Education England to model the future skill mix and staffing numbers required to deliver the required changes to deliver *Future In Mind*.
Poor system engagement.	Improving emotional health and wellbeing in CYP is a multiagency priority and is championed by system leaders and by having a robust governance structure.
Risk that there is a further peak in crisis/Urgent Care presentations which continues to be higher than additional capacity.	Investment in whole system training and working to enable earlier intervention and crisis prevention.
Financial- insufficient funds to cover all required investments.	CCG and partners working collaboratively across Hartlepool and Stockton-on-Tees to identify opportunities for economies of scale. CCG and partners proactively bidding for grants and resources.
Poor quality of referrals resulting in delays in the child accessing the right help at the right time.	Training for referrers. Regular communication updates to referrers. Proactive outreach by providers to referrers.
Staff reluctant to implement the required changes.	Supervision arrangements in place for practitioners. Improving emotional health and wellbeing in CYP is a multiagency priority and is championed by system leaders. Service user feedback to staff and organisations. Promotion of CYP IAPT training. Evidence of positive changes in outcomes for service users.
Submissions to MHSDS do not capture non NHS delivered treatment resulting in our cover data being reported as lower than the reality.	Non NHS providers are submitting data to CCGs but currently this activity is not captured on MHSDS. Non NHS providers to do not currently have the IT

	infrastructure to submit data onto MHSDS. CCGs are in discussion with NHSE on how to resolve this issue and we are working with NHS Digital.

Appendix 2
Staffing information - TEWV

There is one main NHS mental health provider for children and young people in Hartlepool and Stockton-on-Tees. Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust provide CAMHS and Eating Disorder Services.

Staffing profile:

Workforce (CAMHS Community and Targeted Team)

Team	Staff – whole time equivalent (wte)
Clinical Staff	
Consultant	4.00
Specialist Doctors	0.40
Band 8c – Psychologist	3.00
Band 8a – Psychologist	3.00
Band 7 – Psychologist	1.00
Band 7 – Occupational Therapist	0.50
Band 7 – Qualified Nurse	10.36
Band 7 – Nurse Manager	2.00
Band 6 – Qualified Nurse	24.65
Band 5 – Qualified Nurse	2.00
Band 5 – Psychologist	1.00
Band 4 – Unqualified Nurse	3.60
Band 4 – Psychologist	6.50
Band 3 – Unqualified Nurse	1.48
Total Clinical Staff	**63.49**
Administrative Staff	
Band 4 – Admin and Clerical	3.71
Band 3 – Admin and Clerical	8.37
Band 2 – Admin and Clerical	1.48
Staff grade practitioner	0.60
Total Administrative Staff	**14.16**
Total Workforce	**77.65**

Workforce (Tees-wide Community Eating Disorder Service)

Team	Staff - whole time equivalent (wte)
Clinical Staff	
Consultant	0.60
Band 8c – Psychologist	0.10
Band 8a – Psychologist	1.30
Band 7 – Psychologist	1.00
Band 7 – Nurse Manager	1.00
Band 7 – Dietician	0.70
Band 6 – Qualified Nurse	3.00
Band 6 – Dietician	0.80
Band 5 – Qualified Nurse	1.00
Band 4 – Unqualified Nurse	1.00
Total Clinical Staff	**10.5**
Administrative Staff	
Band 3 – Admin and Clerical	1.00

Total Administrative Staff	1.00
Total Workforce	**11.5**

Workforce (Tees-wide Crisis and Liaison Service)

Team	Staff - whole time equivalent (wte)
Clinical Staff	
Band 8b – Psychologist	0.40
Band 7 – Qualified Nurse	2.00
Band 6 – Qualified Nurse	14.33
Band 3 – Unqualified Nurse	3.45
Total Clinical Staff	**20.18**
Management and Administrative Staff	
Band 4 – Admin and Clerical	0.30
Band 3 – Admin and Clerical	1.87
Total Administrative Staff	**2.17**
Total Workforce	**22.35**

Appendix 3

Financial baseline information – Tees, Esk and Wear Valley

Provider	Description	2016/17 £'000	2017/18 £'000	2018/19 £'000
TEWV Block Contract	CAMHS	5,137,143	5,428,808	5,534,237
TEWV Block Contract	CAMHS LD	395,350	395,745	396,141
Total		**5,532,493**	**5,644,553**	**5,930,378**

Initial allocation of funding for Eating Disorders and Planning in 2015/16	Additional funding available for 2015/16 when Transformation plan is assured
£170,847	£427,648
Initial allocation of funding for Eating Disorders and planning in 2016/17	**Additional funding available for 2016/17 when Transformation plan is assured**
£166,000	£657,353
Initial allocation of funding for Eating Disorders and planning for 2017/18	**Additional funding available for 2017/18 when Transformation plan is assured**
£166,000	£657,353
Initial allocation of funding for Eating Disorders and planning for 2018/19	**Additional funding available for 2018/19 when Transformation Plan is assured**
£166,332	£772,744

The projects outlined in Appendix 4 have been approved and will commence in April 2018 where it is indicated that additional resource is required.

Appendix 4

It should be noted that the actions plans below for Stockton-on-Tees and Hartlepool Borough Councils are aligned to specific projects. These will be commenced within 18/19 in addition to the work specified within the main text of the plan – it is anticipated that working groups to move the projects forward will develop their own actions plans which will be reported back into the Oversight Group and through the 2019 refresh. As noted in Section 10 of the main plan, a collaborative, joint working plan has been agreed for 2018/19 across SBC, HBC and HAST CCG; there are four key priorities identified which will be progressed collaboratively.

Stockton-On-Tees Borough Council

SoT1 – Building capacity within Local authority services to deliver targeted interventions	• Develop workforce skills in Children's IAPT • Support the CCG with review of CAMHS services • Refresh JSNA • Deliver emotional well-being and resilience programme in primary schools • Repeat of Secondary School SHEU - Comparison Study completed; analysis of information to inform planning within Schools. • Progress on action plans from schools • Plans for baseline measure for Primary Schools using alternative questionnaire • Signs of Safety adapted to Signs of Success as a strength based parenting model to be incorporated within the Early Help Assessment, regular reviews to access progress and change • Secondary school champions continue to meet as learning set 4x a year. This is facilitated by Horizons specialist Academy Trust. • Schools involved in the pilot continue to implement their action plans.	**SoT2 Workforce skill and development- Social care**	• Develop staff skills and knowledge to support carers to develop their skills and strategies leading to improved relationships, confidence and wellbeing • Professionals using the Solihull method had increased job satisfaction, self-esteem and efficacy and a decrease in feeling stressed and burnt out. This also will impact on another strand of Future in Mind which is to build and sustain workforce capacity and capability • Mentoring and Coaching to embed skills and knowledge with staff • Further work to be undertaken to embed work therefore Foster placement stability will improve, meaning fewer moves for children
SoT3 - Intelligence	• Roll out to live system to Early Help services by April 2018 • Early Help assessment registrations are now logged directly into Capita from April 2018. • All active cases have been migrated into the Capita system • All closed cases from 2012 are to be migrated onto the system before March 2019 • Family Solutions and Youth Direction are to go live with the case management process from October 2018 • To fully utilise the system to help with the predictor model that will support the early help resource allocation • Social Care teams to have access to the system to ensure information sharing is effective for families and children	**SoT4 – Engagement and Design**	• Evaluation of courses, feedback from families and impact on the Children and Young People of improved parenting • Task and finish group reviewing evidenced parenting programmes and work surrounding needs of families in Stockton-on-Tees • Development of a new team whose focus will be solely on Family Group Conferences • Increase capacity of Family Group Conferencing within the Local Authority

Prevention Programme	Build on the success of the previous development work and extend beyond schools to integrated locality working as follows; • Embed wellbeing teams in cohort 3 of schools • All schools to further develop wellbeing action plans as part of the whole school development plan • Roll out training across multi agency locality teams • Continue to embed GREAT DREAM in the wider workforce • Redo whole school surveys using Wellbeing Measurement framework (Anna Freud Centre) to measure progress from the baseline • Further information, advice and guidance for parents • Further information, advice and guidance for school staff via a new website • Wide-scale awareness raising of Adverse Childhood Experiences, the impact of toxic stress and relationships that heal.	**Early Intervention Programme**	• ACE Team to focus on children and young people aged 5-16 across all schools not accessing current provision with mild/moderate mental health needs. In particular three groups; 1) CYP whose place of education is within the PRU or Alternative Education (EOTAS). 2) CYP who sit below the threshold for Core CAMHS services or who have been discharged from the service early. 3) CYP who may have never presented to services or have other vulnerabilities but where schools and parents/carers identifies need. • Continued development of the Assistant Psychologist role (11 schools have bought into a new SLA) • Further parental involvement in the intervention packages above. • Develop programme of peer to peer support • Healthy Relationships and Young People Early Intervention Project to address the needs of those young people, who may, because of their expose to parental conflict, be at risk of developing unhealthy relationships.

Hartlepool & Stockton CCG

Promoting Resilience	• Continue to support anti stigma campaigns • Evaluate the schools project • Build relationships with colleagues in Leisure and cultural services to understand their offer in terms of mental health wellbeing. Look for funding possibilities	**Developing the workforce**	• Work with the LA workforce teams to determine availability of courses, who can access and if this can be widened • Continue to support IAPT training • Work with specialist providers (TEWV) to understand their training programme and if best practice can be shared across the localities
Improving access to effective support	• Continue to build relationships with schools and education colleagues to ensure we understand the current school offer • Look at joint commissioning opportunities • Ensure schools have access to the right support at the right time • Continue to work with TEWV through contract management processes • Work with partners to understand the current service provision available for mental health & wellbeing, mapping pathways – whole system review (LA's, TEWV, 3rd sector, police, education etc.) • Learn from South Tees' CCG review of Crisis Liaison • and Intensive Home Treatment • Identify gaps once the whole system review has been completed and look for new models of commissioning • Begin to highlight quick wins for improving access to support	**Accountability & Transparency**	• Be an active member of both implementation groups and ensure there is representation at the FIM oversight group • Ensure all project aligned to FIM are reported back through the Oversight Group • Continue to build effective working relationships
Care for the most vulnerable	• Implement actions highlighted in 'Improving access to support' • Work with NHS England to ensure transitional pathways between inpatient and community CAMHS services work well • Continue to consider models identified as best practice		