



**North East and
North Cumbria**

Children & Young People's Mental Health Service Transformation

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What services does the ICB commission



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Getting Advice – Digital resource – Kooth, Lumi Nova, Website developments, upskilling schools
(Links for Life, By Best Life, Sunderland Health & Wellness hub, providers)

Getting Help – Mental Health Support Teams (MHST), Social Prescribing, Listening Ear, Washington Mind, Sunderland Mind, Sunderland Counselling Service, Community CAMHS (STSFT)

Getting More Help – CNTW – CYPS service

Risk Support - CNTW

What have we been doing for the last 12 months

Getting to know services – referral routes, data dives, understanding the Sunderland landscape, training matrix.

Significant amount of work looking at Early Years with the Family Hubs and EY education team – if we get it right earlier on what impact will this have

This work is looking at the maternal mental health offer, under 5 mental health offer, speech & language workstream, trauma informed care

Complex Commissioning – learning from our joint high cost packages – across Social care, education and health

Building and developing the Mental Health Support Teams (MHST)


Reviewing the Neurodevelopmental Pathways

Mental Health Support Teams

2 Teams are now operational across 43 schools




3rd team is being recruited to and the trainees are undertaking their training - this wave includes a Speech & Language clinician



A further 22 schools will benefit from this team



We have just been successful at being awarded a 4th team which will start their training later in the year.



Apr 23 – Feb 24 – 549 referrals have been received, 75% have waited less than 4 weeks to receive 1:1 support, 76% referrals are for children aged 6-13

Mental Health Support Teams and work with education



Education colleagues are part of the MHST development group



MHST's and education are working collaboratively around anxiety and developing a graduated response



ICB have funded an OT & CYPS mental health nurse to work as part of the Autism Outreach Team

Beginnings of transformation....

- Focusing on meeting need as early as possible – EY work, Lumi Nova, Daisy Chain Family Support Service, Development of a Sleep Pathway, roll out of All About Me
- Re-allocation of resource to focus on reducing the Counselling wait which have reduced from 36 (June 23) to 11 weeks (March 24)
- Commissioned Humankind to support LGBTQ+ around mental wellbeing
- Staff training audit for CCAMHS and CYPS
- Introduction of a Neurodevelopmental Hotline for schools
- OT and CYPS Nurse in AOT
- Joint commissioning of Grow Brain with Family Hubs
- Introduction of an MDT pilot

MDT pilot

- Established due to scatter gun approach to referrals, the high number of rejected referrals and children being bounced between services
- Initial pilot was into 10 MHST schools
- MDT panel – CYPS, CCAMHS, Early Help, AOT, SALT and OT
- Remit – referrals to the MHST whose needs were outside of the remit of the team
- All panel members would discuss the referral in the presence of the school mental health lead and determined which service could best meet the child's NEEDS

MDT pilot – outcomes

- Between Nov and Feb – 25 referrals
- Main NEEDS: Emotional regulation/anger, social interaction, hyperactivity, attention, fear of change
- Previously all referrals would have gone into either CCAMHS or CYPS. Through this work:
5- CAMHS, 3 CYPS, 5 SEND support services, 6 Early Help, 3 OT, 2 Paeds (FASD), 2 0-19, and singular referrals into other TFC services
- Positive feedback from schools and professionals in terms of the focus on meeting need. Schools are being upskilled in terms of the plethora of services which are available and utilising that knowledge to refer other children with similar needs without referring into MH services.
- Pilot is rolling into a further 3 schools in the Coal Fields/Hetton Area with further roll out plans
- From a commissioning point of view we are recording the NEEDS coming through which will inform future joint commissioning intentions.

Neurodevelopmental Pathway

- 130% increase in referrals in a 12 month period (June 22-June 23)
- We know this is replicated in the increase for EHCP's
- Needs based work is to understand what NEEDS the children are presenting with to inform service re-design
- Significant number of rejected referrals- impact on family, clinical time and referrers time
- 2 entry points – CNTW and STSFT
- Diagnostic led model

Neurodevelopmental Transformation

- Moving to a Needs Led model – already mentioned the MDT, Daisy Chain, Sleep,
- Regional ICB work focusing on the waiting lists
- Place based work looking at our pathways for both under and over 5's – multi agency approach. Oversight group in place
- Whole system approach
- All About me training – anxiety
- Breathing Space
- Keyworker project

Next Steps

- Working with Public Health to define Sunderland's Universal CYP MH offer and a Communication strategy
- CYP Mental health JSNA being refreshed
- Rolling out of the MDT and Helpline
- Ongoing multi agency development of the Needs led neurodevelopmental pathway whilst working with providers, partners and parent carers to improve the current diagnostic pathway
- Looking to expand the CYPIAPT programme to enhance the evidence based pathways to meet the NEEDS which are coming through
- Ongoing partnership work with schools
- Continuation of the Early Years work



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Questions

Thank you