

**SUNDERLAND HEALTH AND WELLBEING BOARD**

**20 March 2020**

**CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING  
TRANSFORMATIONAL PLAN 2015 – 2020: 2020 REFRESH**

**Report of the Chief Officer of Sunderland Clinical Commissioning Group**

**1.0 Purpose of the Report**

- 1.1 This report is to present the Executive Summary of the Children and Young People's Mental Health and Wellbeing Transformational Plan 2015–2020: 2020 refresh for sign off.

**2.0 Background**

- 2.1 Sunderland Clinical Commissioning Group (SCCG) is required by NHS England to have a Children and Young People's Mental Health and Wellbeing Transformational Plan. The Children and Young People's Mental Health and Wellbeing Transformational Plan 2015–2020 was originally written in 2015. NHS England requires the plan to be refreshed annually.
- 2.2 An Executive Summary has been written to create a more accessible version of the plan, including for members of the public. This can be found at Appendix 1.
- 2.3 As previously agreed, no changes have been made to the main body of the existing plan and so this is not included. However, the Executive Summary will be added to the beginning of the plan to create one document for NHS England to download. The existing plan can be found [here](#).
- 2.4 NHS England requires the combined document to be signed off by the Health and Wellbeing Board prior to NHS England downloading the document on 31 March 2020.
- 2.5 The Children and Young People's Mental Health and Wellbeing Transformational Plan 2015–2020 refresh and executive summary will be published on the SCCG and shared with partners.

**3.0 Next steps**

- 3.1 The delivery of the priorities set out in the transformational plan for 2020/21 will be overseen by the Children's Integrated Commissioning Group. The detail to deliver the priorities will be set out in the Children's Integrated Commissioning Group work plan.

- 3.2 NHS England will carry out a review of the full transformational plan against their key lines of enquiry. NHS England will provide feedback on the refreshed transformational plan to SCCG.
- 3.3 An updated transformational plan will be required by NHS England in Spring 2021.

#### **4.0 Recommendations**

- 4.1 The Health and Wellbeing Board is recommended to:
- approve the Executive Summary of the Children and Young People's Mental Health and Wellbeing Transformational Plan 2015 – 2020: 2020 refresh
  - agree to the Executive Summary being combined with the main body of the Children and Young People's Mental Health and Wellbeing Transformational Plan 2015 – 2020 to be published before 31 March 2020.



## **Children and Young People's Mental Health and Wellbeing Transformational Plan 2015–2020: 2020 refresh**

# **Executive Summary**

### **Introduction**

NHS England require every Clinical Commissioning Group to annually update the Children and Young People's Mental Health and Wellbeing Transformational Plan 2015 – 2020 (referred to in this document as 'the plan'). This Executive Summary has been written to give an update of work undertaken to date to deliver the plan. This year no changes have been made to the plan itself. This 2020 executive summary is intended to be read in addition to the plan; it is not intended to summarise the entire plan.

It is likely that NHS England will require a new plan (since the current plan covers 2015 – 2020), although NHS England are yet to confirm requirements and deadlines. We anticipate that the next deadline will be March 2021.

### **Children's integrated commissioning**

In July 2019 the children's integrated commissioning function was created across Sunderland Clinical Commissioning Group (SCCG) and Together for Children (TfC). This integrated children's commissioning function covers the age range 0 – 25 years old.

The children's integrated commissioning function will enable TfC and SCCG to work together formally and transparently in new ways, providing economies of scale combined with integrated delivery around individuals and families. The integrated commissioning function will facilitate shared intelligence, enabling care services to be designed around our 0 – 25 year olds and their families; and not around existing services, structures and organisations.

The integrated commissioning function will work with children, young people and their families to co-produce and co-design services for the future. Systems and processes across health, education and social care need to be less complex and easier for families to navigate as well as supporting professionals to understand service provision across the city, thus enabling children, young people, and their families to access the services they need.

The 'Shaping Sunderland's future together' document sets out the aspirations of the children's integrated commissioning function in more detail (in line with TfC statutory responsibilities for care leavers and individuals with Special Educational Needs and Disabilities (SEND) and the NHS Long term Plan).

The work of the children's integrated commissioning function is overseen by the Children's Integrated Commissioning Group (CICG) which is made up of the following organisations:

- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) (as specialist commissioners)
- Sunderland City Council (SCC)
- Sunderland Clinical Commissioning Group (SCCG)
- Together for Children (TfC)

The CICG reports into both SCCG and TfC, with strategic oversight maintained by the Sunderland Health and Wellbeing Board. Task and finish groups sit below the CICG, including the Child and Adolescent Mental Health (CAMH) Partnership.

The Integrated Commissioning Group has three current priorities:

- mental health and emotional wellbeing
- SEND
- individual placements

Work on transitions and prevention/best start in life will continue alongside these priorities as part of a wider partnership with adult services and public health.

The CAMH Partnership leads the annual refresh of the Children and Young People's Mental Health and Wellbeing Transformational Plan 2015 – 2020. The following organisations are represented at the CAMH Partnership:

- CNTW
- Schools representative (head teacher)
- General practice representatives (GP and Practice Manager)
- Harrogate and District NHS Foundation Trust (HDFT)
- Healthwatch Sunderland
- South Tyneside and Sunderland NHS Foundation Trust (STSFT)
- Sunderland Carers Centre
- SCC
- SCCG
- Sunderland Counselling Service
- Sunderland Mind
- Sunderland Parent Carers Forum
- TfC
- Washington Mind

Both the Sunderland CICG and the CAMH Partnership are well-attended by partners from across the city. This partnership working is considered to be particularly strong in Sunderland.

The Children's Strategic Partnership (CSP) was disbanded in 2019 as the majority of the CSP's outstanding priorities and actions are dealt with by other strategic groups.

### **Key challenges**

The key challenges for CYP and their families in Sunderland remain as follows:

- high numbers of referrals are made into CYP mental health services in Sunderland in comparison with other areas within the region
- waiting times and waiting lists for CYP mental health services in Sunderland are too long
- an increase in coping and getting help services (prevention and early intervention) in line with national policy is required to reduce the increasing number of children and young people requiring Getting More Help and Getting Risk Support services
- the Autistic Spectrum Disorder and Attention Deficit Hyperactivity Disorder pathways do not currently offer a good experience for children and young people, their parents and carers
- children and young people, their parents and carers need to be involved more in service planning and reform
- our Trailblazer bid submitted in May 2019 was not successful, and we now need to understand what we can build upon locally to deliver increased mental health and emotional support into educational establishments
- the recruitment and retention of mental health staff in Sunderland
- whole system capacity to undertake service reform work, especially within the integrated commissioning function
- the integrated commissioning function requires further development work, including the embedding of governance processes, and long-term staffing arrangements

### **Progress**

Since the commencement of this plan in 2015, extensive work has been undertaken to improve CYP MH services in Sunderland. A summary of SCCG's CYP MH programme plan (2015 – 2020), and progress to date is set out in appendix A below.

### **2019/20 Priorities**

The table below sets out the 2019/20 priorities, with a status update.

### Status of the 2019/20 priorities at February 2020:

2019/20 Priority	Plan
Develop a Single Point of Access	<p>Actions to complete:</p> <ul style="list-style-type: none"> <li>• The outputs from the two three-day design events (held in January and February 2020 with representation from NHS providers, general practice, third sector, education, and parent carers) will be collated and used to write an options appraisal for consideration by the Children's Integrated Commissioning Group at the May 2020 meeting</li> <li>• This options appraisal will include the outputs from the deep dive work into demand and capacity which will be completed by end March 2020.</li> <li>• Following discussion at the Children's Integrated Commissioning Group at the May 2020 meeting, a full project plan will be completed by the end of May 2020.</li> </ul>
Review integrated commissioning arrangements for children and young people's mental health provision (arrangements for children and young people in 'special circumstances')	<p>Complete</p> <ul style="list-style-type: none"> <li>• In 2019 South Tyneside and Sunderland NHS Foundation Trust (STSFT) and CNTW agreed that CYP will be triaged according to their individual needs, rather than the circumstances the CYP was in. Previously, any child considered to be in 'special circumstances' was referred into Children and Young People's Service delivered by CNTW. Now all CYP will be referred to the service most suited to their needs.</li> <li>• This change has resulted in a shift in referrals from CNTW to STSFT.</li> <li>• The shift in activity from CNTW to STSFT will be monitored via SCCG contract monitoring and the deep dive due to be completed by end March 2020</li> </ul>
Ensure we have effective delivery of early interventions	<p>Actions to complete:</p> <ul style="list-style-type: none"> <li>• Early interventions in schools are being delivered via the Mental Health Charter Mark.</li> <li>• The Mental Health Charter Mark has been awarded to 28 schools (as of January 2020). This is less than the trajectory set by the Thriving and Coping Group. The Thriving and Coping Group will present a paper to the Children's Integrated Commissioning Group in May 2020 setting out actions to increase the number of schools with the Mental Health Charter Mark.</li> <li>• The Prevention Programme is currently developing a targeted mobile youth offer in areas of greatest deprivation which will include an emotional resilience support project and additional</li> </ul>

2019/20 Priority	Plan
	<p>resource to support children transitioning from primary to secondary school. This offer will be delivered in 2021–2022.</p> <ul style="list-style-type: none"> <li>• Mapping of the mental health and emotional wellbeing offer in individual schools will commence in April 2020, and will be completed by end August 2020 (this will be delivered via the Prevention Programme)</li> <li>• This priority will be delivered via the Trailblazer bids to establish Mental Health Support Teams in schools. Work is currently underway to agree whether a bid will be submitted for the 16/03/20 Trailblazer deadline.</li> <li>• Early interventions are also delivered via the Kooth service (see separate priority)</li> </ul>
<p>Increase access to training to raise awareness and empower people to support children and young people with mental health issues</p>	<p>Actions to complete:</p> <ul style="list-style-type: none"> <li>• Additional capacity to deliver training in schools has been non-recurrently funded by SCCG, including: <ul style="list-style-type: none"> <li>○ 120 Friends training places to be delivered to by STSFT by end March 2020</li> <li>○ 12 members of staff at Sunderland Carers Centre will be trained to deliver the Friends programme to young carers and families by end March 2020. The 12 members of staff will be licenced for 2 years</li> <li>○ Mental Health First Aid training will be delivered to 27 secondary schools by Washington Mind by end March 2020 (four two day courses)</li> </ul> </li> <li>• The available training provision across the city will be mapped out and documented by CAMH Partnership by the end of March 2020. This will include locally delivered training and free national training programmes.</li> <li>• The documented training provision will be included on the <a href="http://wellbeinginfo.org">wellbeinginfo.org</a> website by end April 2020</li> <li>• This information will also be available via the single point of access (see separate priority)</li> </ul>
<p>Review the eating disorder service</p>	<p>Complete For the 12 month period February 2019 to January 2020:</p> <ul style="list-style-type: none"> <li>• For urgent referrals, for the 12 months to January 2020, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) saw 90% of SCCG CYP within the waiting time</li> </ul>

2019/20 Priority	Plan
	<p>standard of 1 week (9 out of a total of 10 people). The standard is 95%. This breach (in February 2019) has been attributed to data quality issues by CNTW.</p> <ul style="list-style-type: none"> <li>• Over the past 10 months CNTW has worked with members of staff within the eating disorders team to improve data recording to ensure that data quality issues do not impact on the waiting time standards. There have been no breaches since February 2019 attributable to data quality.</li> <li>• For routine referrals, for the 12 months to January 2020, CNTW saw 93% of SCCG CYP within the waiting time standard of 4 weeks (28 out of 30 people in total). The standard is 95%. Of the two individuals not seen within 4 weeks, one was as a result of patient choice where the child/parent rearranged the appointment, and the second individual did not attend their appointment</li> <li>• Compliance with eating disorder waiting time standards will continue to be monitored via the Child and Adolescent Mental Health Partnership and SCCG/NHS England.</li> </ul>
Submit a bid for Trailblazer funding to deliver Mental Health Support Teams in schools when wave 2 is announced	<p>Complete</p> <ul style="list-style-type: none"> <li>• Update: NHS England have announced a deadline of 16/03/20 to bid for waves 3 and 4. Work is currently underway to explore submitting a revised bid by 16/03/20</li> </ul>
Reform of the Autistic Spectrum Disorder pathway	<p>Actions to complete:</p> <ul style="list-style-type: none"> <li>• Undertake a multi-agency audit of the current pathway against NICE guidance by end April 2020 (this audit will include the findings of the deep dive due to be completed by end March 2020)</li> <li>• If the pathway is found to be non-compliant in any aspect, the audit will be used to inform a gap analysis and options appraisal. This gap analysis and options appraisal will be presented to the Children's Integrated Commissioning Group in May 2020</li> <li>• If the pathway is found to be non-compliant in any aspect a full project plan to ensure compliance will be written once a recommended option(s) has been agreed by the Children's Integrated Commissioning Group in May 2020. The project plan, if required, will be completed by the end of May 2020.</li> </ul>



2019/20 Priority	Plan
Reform of the Attention Deficit Hyperactivity Disorder pathway	<p>Actions to complete:</p> <ul style="list-style-type: none"> <li>• Undertake a multi-agency audit of the current pathway against NICE guidance by end May 2020 (this audit will include the findings of the deep dive due to be completed by end March 2020)</li> <li>• If the pathway is found to be non-compliant in any aspect, the audit will be used to inform a gap analysis and options appraisal. This gap analysis and options appraisal will be presented to the Children's Integrated Commissioning Group June 2020 meeting</li> <li>• If the pathway is found to be non-compliant in any aspect a full project plan to ensure compliance will be written once a recommended option has been agreed by the Children's Integrated Commissioning Group in June 2020. The project plan, if required, will be completed by the end of July 2020.</li> </ul>
Commission the Kooth online counselling service	<p>Actions to complete:</p> <ul style="list-style-type: none"> <li>• Kooth is currently commissioned on a non-recurrent basis, with the current contract due to end in July 2020</li> <li>• An evaluation is underway to understand the impact of the service. This evaluation includes feedback from CYP and professionals and will be completed in March 2020</li> <li>• A paper to recommend future commissioning options will be developed and presented to the Children's Integrated Commissioning Group March 2020 meeting</li> <li>• If the recommended option requires a business case, this will be completed by the end of March 2020</li> </ul>
Deep dive into waiting times	<p>Actions to complete:</p> <ul style="list-style-type: none"> <li>• Deep dive into the waiting times commenced January 2020.</li> <li>• The aims of the deep dive are: <ul style="list-style-type: none"> <li>○ To understand what is causing long waiting times for services</li> <li>○ To set out projected demand for the next 5 and 10 years (so we can understand demand and can measure the impact of reform and commissioning work)</li> </ul> </li> </ul>

2019/20 Priority	Plan
	<ul style="list-style-type: none"> <li>○ To develop a fit for purpose analytical CYP MH&amp;W dashboard, which includes data for both children who are looked after and children who have special educational needs and disabilities (SEND)</li> <li>○ To provide recommendations as to how the waiting times can be reduced in a sustainable way</li> <li>● The deep dive is will be completed by the end of March 2020.</li> </ul>

## 2020/21 priorities

The following diagram sets out the 2020/21 priorities within the framework of the Thrive model. The priorities which are ongoing from 2019/20 are included in the priorities for 2020/21 to ensure completion.



## Next steps

A detailed programme delivery plan will be developed for 2020/21 which sets out how the priorities above will be delivered, with timescales which are to be agreed via the Children's Integrated Commissioning Group.



**Appendix i: summary of SCCG's CYP MH programme plan (2015 – 2020), including progress to date**

<b>Partnership Planning and Commissioning</b>	
<b>Objective 1.1: To establish strategic planning arrangements</b>	<b>2019/20 update</b>
<p><b>2015/16</b>  Milestone 1.1.1: We will have ensured that children and young people's mental health is an integral part of the developing CYP Strategic Partnership arrangements and the refresh of the CYP Strategic Planning priorities</p> <p><b>2016/17</b>  Milestone 1.1.2: We will have strengthened the membership of the CAMHS partnership to reflect new management structures for CYP within the LA and key priorities e.g. schools and children and young people in crisis</p>	<p>The Children's Strategic partnership was stood down in 2019</p> <p>In July 2019 the children's integrated commissioning function was created across Sunderland CCG and Together for Children</p> <p>The work of the children's integrated commissioning function is overseen by the Children's Integrated Commissioning Group, which is made up of the following organisations:</p> <ul style="list-style-type: none"> <li>• Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) (as specialist commissioners)</li> <li>• Sunderland City Council (SCC)</li> <li>• Sunderland Clinical Commissioning Group (SCCG)</li> <li>• Together for Children (TfC)</li> </ul> <p>Mental health is one of the Children's Integrated Commissioning Group's current priorities.</p> <p>A member of staff from the children's integrated commissioning function chairs the CAMH Partnership. The following organisations are represented at the CAMH Partnership:</p> <ul style="list-style-type: none"> <li>• CNTW</li> <li>• Schools representative (head teacher)</li> <li>• General practice representatives (GP and Practice Manager)</li> <li>• Harrogate and District NHS Foundation Trust (HDFT)</li> <li>• Healthwatch Sunderland</li> <li>• South Tyneside and Sunderland NHS Foundation Trust (STSFT)</li> <li>• Sunderland Carers Centre</li> <li>• SCC</li> <li>• SCCG</li> <li>• Sunderland Counselling Service</li> <li>• Sunderland Mind</li> <li>• Sunderland Parent Carers Forum</li> <li>• TfC</li> <li>• Washington Mind</li> </ul> <p>The CAMH Partnership meets on a monthly basis and is well attended by NHS, education and voluntary organisations. Parent carers are invited to attend CAMH Partnership workshops where appropriate.</p> <p>This partnership working is considered to be particularly strong in Sunderland.</p> <p>The CAMH Partnership chair provides regular updates to the Sunderland All Together Better alliance Mental Health, Learning Disabilities and Autism Programme Meeting. Sunderland All Together Better covers people aged 18 years and over.</p>

Partnership Planning and Commissioning	
Objective 1.2: To strengthen joint commissioning arrangements	2019/20 update
<p><b>2015/16</b>  Milestone 1.2.1: We will have established the CCG as the lead joint commissioner for CAMH Service provision</p> <p><b>2016/17</b>  Milestone 1.2.3: We will have completed the local financial mapping exercise detailing the current level of spend on mental health and well-being across all partners including public health, education, schools and social care</p> <p><b>2017/18</b>  <b>Milestone 1.2.2:</b> We will have developed a commissioning framework to support a consistent approach aligned to the transformation plan, review of CAMH Service provision (as detailed in getting help) agreement of roles and responsibilities across services in relation to delivery of THRIVE model</p> <p><b>Milestone 1.2.4:</b> Planning and commissioning of services to support mental health and well- being will be an integral part of service planning and commissioning for children and young people</p> <p><b>Milestone 1.2.5:</b> We will have developed an agreed set of KPIs and outcome measures that will demonstrate the impact of universal and targeted services on mental health outcomes for CYP and their families</p> <p><b>2018/19</b>  <b>Milestone 1.2.2:</b> We will continue to develop a commissioning framework to support a consistent approach aligned to the transformation plan, review of CAMH Service provision (as detailed in getting help) agreement of roles and responsibilities across services in relation to delivery of THRIVE model</p> <p><b>Milestone 1.2.6</b> We will have agreed revised service specifications with CAMH service providers that reflect the requirements of the five Year Forward View; priorities identified through process/pathway mapping and transformational work streams</p> <p><b>2019/20</b>  <b>Milestone 1.2.7:</b> We will have reviewed and strengthened service specifications for universal and targeted services to reflect contribution of these services to mental health and emotional well-being and agreed strategic priorities e.g. maternity, health visiting</p>	<p>SCCG holds contracts with CNTW, STSFT and 3<sup>rd</sup> sector providers for health provision</p> <p>A children's integrated commissioning function was established in July 2019, across SCCG and TfC.</p> <p>A Children's Integrated Commissioning Group has been established to oversee the work of the children's integrated commissioning function</p> <p>Two joint Strategic Commissioning Manager posts sit within the children's integrated commissioning function</p> <p>Children's Integrated Commissioning Group has commenced the mapping of MH spend across the partners represented at the group. This work is ongoing.</p> <p>In 2019 a document titled 'Shaping Sunderland' Future together: statement of intent – integrated commissioning for 0 – 25 year olds in Sunderland has been written and agreed which sets out the high level plan as to how TfC and SCCG, together with key partners, will deliver the integrated commissioning function</p> <p>The 0-19 service has been recommissioned by public health and from 2018 has been delivered by the Harrogate and District NHS Foundation Trust. The service is delivered using the principles of proportionate universalism and comprises of the following components:</p> <ul style="list-style-type: none"> <li>• Provision of antenatal reviews from 28 weeks of pregnancy.</li> <li>• Provision of all mandatory universal reviews as prescribed by the Healthy Child Programme at the following points: <ul style="list-style-type: none"> <li>○ Antenatal</li> <li>○ New births</li> <li>○ 6-8 weeks</li> <li>○ 9-12 months</li> <li>○ 2-2.5 years</li> </ul> </li> <li>• Provision of a 3-4 month review.</li> <li>• Provision of school readiness review.</li> <li>• Targeted support for teenage parents via the implementation of the Family Nurse Partnership.</li> <li>• Provision of the National Child Measurement Programme at commencement and completion of Primary School.</li> <li>• Audiology Screening at commencement of primary education.</li> <li>• Provision of Public Health advice, information and support.</li> <li>• Provision of enhanced support to children and young people with higher levels of need.</li> <li>• Ensuring children and vulnerable adults are kept safe.</li> <li>• Provision of support to schools in developing a full understanding of the health and wellbeing needs of their pupils.</li> <li>• Provision of Oral Health Promotion</li> </ul>

Partnership Planning and Commissioning	
Objective 1.3: To increase the capacity of the universal and targeted workforce to promote resilience, appropriately signpost and support children and young people across all aspects of the Thrive Model	2019/20 update
<p><b>2016/17</b> Milestone 1.3.1: We will have an agreed approach to audit current training / training needs in mental health across the city</p> <p><b>2017/18</b> Milestone 1.3.2: We develop an educational framework to ensure the delivery of high quality, evidence based support and management of risk across the city</p> <p>Milestone 1.3.3: we will understand the training and development needs of CAMHS clinicians to deliver Evidence based therapies (outcome of process /pathway mapping CAMHS)</p> <p><b>2018/19</b> Milestone 1.3.2.1 – we will deliver a rolling programme of training for universal services based upon the mental health and emotional well- being workshops and delegate feed back</p> <p><b>2019/20</b> Milestone 1.3.4: We will have developed CAMHS services to use learning from CYP IAPT programme both to support their own practice and to roll out of evidence based approaches to universal and targeted service providers</p>	<p>Initial audit has been completed, but this work continues to bring information about the training available across the city into one information hub (wellbeinginfo website). Work will continue to be required to maintain up to date information.</p> <p>Training continues to be delivered to universal services, including education and third sector organisations. SCCG non-recurrent funding has been allocated to training in winter 2019/20. This training includes Mental Health First Aid and Friends training. The training is delivered by South Tyneside and Sunderland NHS Foundation Trust and Washington Mind.</p> <p>PWPs have been trained in a CBT focussed approach for CYP, and their role includes training and support to targeted universal services</p>

Thriving and Coping	
Objective 2.1: Strengthen the opportunities for children, young people and their families to access appropriate information and self-help materials	2019/20 update
<p><b>2016/17</b> Milestone 2.1.1 We will have continued to develop Sunderland emotional health and well-being guide to support children and young people</p> <p><b>2017/18</b> Milestone 2.1.2 Washington Mind will work with partners to produce core set of emotional well-being, self- help, service information</p> <p>Milestone 2.1.3: We (WM) will have worked with children, young people and their families to understand the range of ways that they would like to access information about mental health and well-being (link to North Area Committee self- harm project)</p> <p>Milestone 2.1.4: We have implemented agreed plan raise the awareness of children, young people and their families on how to access appropriate material to support mental health and emotional health and resilience</p> <p><b>2018/19</b> Milestone 2.1.2.1 we will continue to work with children, young people, parents and carers to further develop self-help app, self-help service information and resources</p> <p><b>2019/20</b> Milestone 2.1.5 Children, young people and their families will be able to access quality information and self-help materials</p>	<p>Both public health and SCCG continue to invest in the wellbeinginfo.org website which is maintained by Washington Mind. This website has dedicated CYP mental health resources, including sections for young people, parent/carers and professionals</p> <p>Washington Mind are working with young people to co-produce this website.</p> <p>Washington Mind has also developed a free Reasons2 app with young people which is available for both apple and android devices. The app enables people to:</p> <ul style="list-style-type: none"> <li>• Manage their mental wellness by building their own profile of Reasons2 feel better.</li> <li>• Upload pictures and images that give them the feel good factor and makes them smile.</li> <li>• Find other ways to improve their mental wellness by clicking on links to other websites and information.</li> <li>• Share their Reasons2 with other users and see what makes them smile too.</li> <li>• Keep their favourite Reasons2 so they can see them easier and without having to scroll through old information</li> </ul> <p>Work continues on these milestones via the single point of access priority, which includes access to advice, information and support for CYP, families and professionals.</p> <p>Information is also available via the Local Offer on the Together for Children website.</p>

Thriving and Coping	
Objective 2.2: To develop peer support within universal, targeted and specialist service provision	2019/20 update
<p><b>2017/18</b>  Milestone 2.2.1: We will have established an audit tool to provide a baseline of current range, type and effectiveness of peer support being offered across the city and develop a framework to improve and expand current good practice</p> <p><b>2019/20</b>  Milestone 2.2.2: CYP and families will be able to access peer support across universal, targeted and specialist services</p>	<p>The Thriving and Coping Group hold cluster meetings for schools across the city to share best practice.</p> <p>Schools have been encouraged to develop peer support via the Mental Health Charter Mark</p> <p>SCCG part fund Sunderland Mind to work into certain schools, and their work includes peer support for CYP and their families. Washington Mind also delivers peer support via groups and work into schools</p>

Thriving and Coping	
Objective 2.3: To improve perinatal mental health care, in line with local need and national guidance	2019/20 update
<p><b>2016/17</b>  Milestone 2.3.1: We will have established named peri-natal mental health link in maternity services</p> <p>Milestone 2.3.2: We will have audited maternity services across Sunderland in line with national requirements</p> <p><b>2017/18</b>  Milestone 2.3.3: We will use the outcome of the NECS review of peri-natal mental health services to work with partners to plan improved peri-natal mental health services in line with National Guidance</p> <p>Milestone 2.3.4: we will monitor the impact of the named peri- natal health practitioner within maternity services as part of the broader development of peri- natal mental health services</p> <p><b>2018/19</b>  Milestone 2.3.4: we will continue to monitor the impact of the named peri-natal health practitioner within maternity services as part of the broader development of peri-natal mental health services</p> <p><b>2019/20</b>  Milestone 2.3.5 We have established peri-natal mental health services that can demonstrate improved peri- natal mental health</p>	<p>Following a successful non-recurrent bid to NHS England's Community Services Development Fund in 2016, CNTW rolled out a specialist Perinatal Community Mental Health Team across the CNTW footprint. This service provides specialist care to women who experience a range of moderate to severe mental health problems from conception to the 1st year post-partum, as well as pre-conceptual counselling for women with severe or complex mental illness. They see women with pre-existing mental health conditions such as bipolar affective disorder, schizoaffective disorder or previous post-partum psychosis. They provide a range of specialist treatments, including Integrating mental health support into Obstetric Clinics and the promotion of early mother-child relationship and attachment whilst the mother's mental health is recovering. They have close links with the Sunderland Psychological Wellbeing Service and are developing links with midwifery and the Health Visiting Service, as well as with other agencies. The Perinatal Community Mental Health Team sees the most severe cases of mental health problems, estimated as the top 5% of those women experiencing mental health problems, and approximately 100 women across the 5 regions they cover across the North East region.</p> <p>SCCG agreed to recurrently fund the Perinatal Community Mental Health Team (CMHT) from the 1st April 2019, thus all CCGs in the CNTW footprint will jointly commission the enhanced service recurrently.</p> <p>This service will be expanded in 2020/21 to offer support to fathers, and mothers up to 24 months from birth (currently the service only covers up to 12 months post birth)</p> <p>Midwives and Health Visitors all receive perinatal mental health training provided by the institute of health visiting and receive annual updates. Midwifery have a detailed protocol in relation to screening for and supporting those with mental health concerns, including recommended screening tools Depression Identification Questions (DIQ) and Generalised Anxiety Disorder (GAD2 and GAD7), as well as referral pathways and specialist support available. Health Visitors use evidence-based assessment tools, including the Edinburgh Postnatal Depression Scale (EPDS) to assess the mental health of all new mums. Additional listening visits are offered when mums indicate issues with their mental health. Over 600 listening visits were offered from October 2018 to 2019 by the 0-19 service delivered by Harrogate and District NS Foundation Trust</p> <p>The Sunderland Psychological Wellbeing Service (IAPT) have a specific perinatal mental health pathway for pregnant women and women with a child under 1 year old. They offer a number of psychological therapies for those experiencing mild to moderate mental health problems, including, psycho-educational classes, guided self-help therapy sessions, primarily CBT based, and a range of one-to-one interventions. Perinatal women are a priority group and the service aim to see them with 4-6 weeks of referral. In 2018-19 the average waiting time until first treatment was 7.2 days. This increased to 37.4 days for a second treatment.</p>



Thriving and Coping	
Objective 2.4: To further develop early years support	2019/20 update
<p><b>2016/17</b>  Milestone 2.4.1: We will have agreed CAMHS outcome measures for attachment and early years mental health</p> <p><b>2017/18</b>  Milestone 2.4.2: We will agree the contribution of health visitor services, in supporting mental health of mothers, babies and young children and part of the Healthy Child Programme</p> <p>Milestone 2.4.3: We will ensure that the service specification for Health visitor services reflect the contribution that the Service will make to support the mental health of mothers, babies and young children (to support local offer)</p> <p><b>2018/19</b>  Milestone 2.4.2.1 : We will monitor the impact of the Healthy Child Programme in improving mental health outcomes in early years</p>	<p>The current 0-19 contract has been in place since July 2018. The service is contracted to deliver a series of visits from the antenatal period until children reach primary education age. These form a core part of the activity of the Service and enable it to make a universal offer to all pregnant women and families with children below the age of 5.</p> <p>Visits will be designed to address specific areas at each stage of development and promote good parent-child attachment. There is a wide range of requirements which the Provider will ensure are addressed across all visits, including a family health assessment focusing on parents and grandparents of the child including mental Health</p> <p>As part of the local offer, the service will work to support the delivery of the Children and Young People's plan in Sunderland</p>

Thriving and Coping	
<b>Objective 2.5: To improve the capacity of universal workforce to effectively address the mental health needs of CYP at an earlier stage to reduce increasing levels of referrals to specialist services</b>	<b>2019/20 update</b>
<p><b>2016/17</b></p> <p>Milestone 2.5.1: We will have established a network of schools to pilot and develop school based approaches to support resilience</p> <p>Milestone 2.5.2: We will have implemented national CAMHS schools link pilot in 30 schools to include:</p> <ul style="list-style-type: none"> <li>• Shared training</li> <li>• Establishment of mental health lead role in schools</li> </ul> <p><b>2017/18</b></p> <p>Milestone 2.5.3: We will have improved mental health provision in schools through:</p> <ul style="list-style-type: none"> <li>• Further development of mental health lead role in schools / CAMH School link role</li> <li>• Development and dissemination of models of good practice across schools including development of resilience and targeted support, mindfulness (whole school, targeted), whole school mental health training , FRIENDS, Incredible Years, Counselling ..</li> <li>• Development and launch of charter mark(guidance on peer support, counselling etc)</li> </ul> <p>Milestone 2.5.4: We will have considered the contribution of GP's to supporting the mental health needs of children and young people including considering of GP mental health lead roles within localities</p> <p>Milestone 2.5.5: We will agree the contribution of the school nursing service, in supporting mental health of CYP and families as part of the Healthy Child Programme</p> <p>Milestone 2.5.6: We will ensure that the service specification for School Nursing service reflect the contribution that Service will make to support the mental health children, young people and their families (to support local offer)</p> <p><b>2018/19</b></p> <p>Milestone 2.5.7 We will Increase the number of schools with mental health lead role/ school link role / achieving charter mark</p> <p>Milestone 2.5.4: We will work to more effectively engage GP's in supporting the mental health of children and young people including considering the role of GP mental health lead roles within localities</p> <p>Milestone 2.4.2.1 : We will monitor the impact of the Healthy Child Programme in improving the mental health of children, young people and their families</p> <p><b>2019/20</b></p> <p>Milestone 2.5.8 Increase in number of schools CAMHS/ School link, mental health lead role/ charter mark</p> <p>Milestone 2.5.9 Demonstrated impact on outcomes for children, young people and their families</p>	<p>Thriving and Coping Group set up as a subgroup of the CAMH Partnership to work with schools to increase their contribution to meeting the mental health needs of children, young people and their families</p> <p>Schools link pilot undertaken in 30 schools via the Anna Freud Centre (Cascade training project). NHS England approved the Sunderland CAMHS/Schools bid, and the Link Pilot was implemented. Sunderland successfully implemented the targeted mental health and schools programme with a significant number of schools across the city resourced to provide therapeutic spaces and with identified mental health leads with significant additional training 2015/16. This pilot is complete, but as a result of this work the Thriving and Coping Group was set up and continues to meet.</p> <p>The Mental Health Charter Mark which was proposed by the Sunderland Youth Parliament has been awarded to 28 schools (January 2020). The Mental Health Charter Mark is awarded at bronze, silver and gold levels. The roll out of the Mental Health Charter Mark is led by the Thriving and Coping Group, which is chaired by a Sunderland Head Teacher. Further information about the Mental Health Charter Mark can be found at: <a href="https://www.togetherforchildren.org.uk/mental-health-charter-mark">https://www.togetherforchildren.org.uk/mental-health-charter-mark</a></p> <p>Every school awarded the Mental Health Charter Mark has an identified mental health lead.</p> <p>The Thriving and Coping Group runs cluster meetings for schools across the city where best practice and training is shared.</p> <p>SCCG has set up a prevention programme which is working onto schools to deliver initiatives such as the daily mile and mindfulness.</p> <p>Training is delivered to school staff including Mental Health First Aid and Friends training. This training is delivered by both STSFT and Washington Mind.</p> <p>Additional support is available through the current 0-19 provision which includes school nursing and emotional resilience nurses who provide support within school/community drop in setting (secondary schools). Families can also call the single point of contact and speak to duty worker, the child will be triaged and offered the appropriate support – which includes 1:1 or group session with emotional resilience nurse or onward referral to a specialist service.</p> <p>Support for primary school children is provided via PSHE sessions delivered by school nurses.</p> <p>SCCG and TfC have established a Prevention Programme, which currently includes digital approaches, mindfulness, and increasing uptake of the daily mile. Further initiatives will be rolled out. The prevention programme will improve the capacity of the universal workforce to effectively address the mental health needs of CYP at an earlier stage</p>

Getting help	
Objective 3.1: To improve multi-agency pathways to support CYP with neurodevelopmental disorders	2019/20 update
<p><b>2016/17</b>  Milestone 3.1.1: We will have developed a consistent, NICE compliant diagnostic pathway for CYP on the autistic spectrum</p> <p><b>2017/18</b>  Milestone 3.1.2: we will implement the agreed Paediatric/CYPS NICE compliant diagnostic pathway for ASD and measure its impact</p> <p>Milestone 3.1.4: we will review the current pathway for the diagnosis and management of ADHD with a view to developing an agreed multi-agency approach (RPIW)</p> <p><b>2018/19</b>  Milestone 3.1.5: We will implement the agreed diagnostic and treatment pathway for ADHD and measure its impact</p> <p><b>2019/20</b>  Milestone 3.1.3: We will have developed multi-agency support for CYP and their families</p> <ul style="list-style-type: none"> <li>• With ASD traits that do not meet diagnostic criteria</li> <li>• With a diagnosis of ASD</li> </ul>	<p>An RPIW was held in 2017 led by the North of England Commissioning Support Unit. The RPIW produced a revised ASD pathway. A second RPIW was held in 2017 led by the North of England Commissioning Support Unit, which produced a revised ADHD pathway. The revised pathways have not been formally signed off by SCCG and further work has been undertaken in 2019 to understand the pathways currently being delivered by providers.</p> <p>Further work will be undertaken in 2020/21 to assess the current pathway against NICE guidance. This assessment will inform the next steps</p> <p>This pathway reform work remains a priority and is identified as such in the plan for 2020/21. This priority is overseen by the Children's Integrated Commissioning Group. This work is linked to the SEND agenda.</p> <p>The deep dive work commissioned by SCCG and due to be completed by March 2019 will inform the pathway reform work</p>

Getting help	
Objective 3.2: To improve model of care for children and young people with learning disabilities	2019/20 update
<p><b>2017/18</b></p> <p>Milestone 3.2.1: We will have reviewed current CYP service provision and delivery for children and young people with learning disabilities</p> <p>Milestone 3.2.2: We will review the current level of CAMH service involvement in the EHCP process – timely assessment, advice and contribution to EHCP</p> <p><b>2018/19</b></p> <p>Milestone 3.2.3: We will have ensured equitable access to appropriate therapies and support for children and young people with learning disabilities within CAMHS</p> <p>Milestone 3.2.3.1: we will work with NTW to enhance community support for children and young people with learning disabilities including enhanced PBS service for cyp</p> <p>Milestone 3.2.4: We will have developed innovative and bespoke models of integrated multi-disciplinary service provision that support the SEND process including individual CYP EHCP to avoid gaps and duplication</p> <p>Milestone 3.2.4.1 – we will develop robust processes including dynamic risk register and m/a CETR processes to ensure effective and timely support for children and young people with learning disabilities</p> <p>Milestone 3.2.4.2 – we will reduce the number of preventable in-patient admissions for children and young people with ASD/ LD</p>	<p>Sunderland has a Special Education needs and Disabilities (SEND) Strategic Partnership which began meeting regularly again in 2019. A SEND Strategic Commissioning Group has been set up which is tasked with driving the delivery of the SEND Strategic Commissioning Plan. The SEND Strategic Commissioning Group has established links with other relevant groups, including the CAHM Partnership and the SEND Strategic Partnership to inform intelligence, planning and integrated commissioning</p> <p>The Children’s Integrated Commissioning Group oversees both the SEND work and the MH work, which are both undertaken by the Children’s integrated function.</p> <p>A SEND strategic commissioning plan 2020 – 23: a roadmap to integrated commissioning for children and young people with Special Educational Needs and Disabilities in Sunderland has been written, which includes mental health provision for CYP with SEND. A key The objective of the plan is to ensure that there is sufficient education, health and social care provision to meet identified needs and demand for children and young people with special educational needs (SEND) and their families</p> <p>The 0-19 Public Health Service has a SEND team element to support children and young people through Health Visiting and School Nursing, who often refer into appropriate services or offer support through key elements of the service</p> <p>Work is underway with the Prosper Learning Trust to deliver specialist autism provision with integrated therapeutic support for up to 96 children aged 5-16 at the new Harry Watts Academy</p> <p>There is an established Care and Treatment Review process led by SCCG to ensure all CYP are seen in the most appropriate setting, and that the right care package is put in place to support the CYP and their family</p> <p>Education and Health Care Plans are reviewed by the Designated Medical Officer for Sunderland who is currently (2020) a consultant paediatrician in the paediatric disability team at STSFT</p> <p>Transforming Care programme is underway regionally. SCCG is on target to reduce inappropriate hospitalisation of people with a learning disability, autism or both to meet the national requirements by March 2020.</p>

Getting help	
Objective 3.3: To increase capacity to deliver evidence based interventions	2019/20 update
<p><b>2018/19</b></p> <p>Milestone 3.3.1: we will have completed a workforce training needs assessment (across all commissioned providers) to understand the capacity to deliver evidence based interventions in line with NICE guidance to inform workforce planning, training needs (CYPIAPT) and pathway delivery</p> <p>Milestone 3.3.2: We will support CAMHS professionals to access training in evidence based therapies to support wider workforce development</p> <p>Milestone 1.3.2.1 – we will introduce the PWP role to improve access to evidence based psychological therapies</p> <p>Milestone 1.3.2.2 – we will consider the establishment of on-line therapy services</p> <p><b>2019/20</b></p> <p>Milestone 3.3.3: We will have continued the roll out of CYPS IAPT transformation programme to CAMH Services and ensured IT infra-structure supports IAPT delivery</p> <p><b>Additional priorities:</b></p> <ul style="list-style-type: none"> <li>• Commission the Kooth online counselling service</li> <li>• Submit a bid for Trailblazer funding to deliver Mental Health Support Teams in schools when wave 2 is announced</li> </ul>	<p>A workshop to explore this work was held in 2019. Further work is required in collaboration with the region. This work has been deferred due to ongoing work at the regional level by the CYP Mental Health and Wellbeing ICS Partnership.</p> <p>SCCG agreed to recurrently fund 7 Children’s Psychological Wellbeing Practitioner posts from January 2019. These posts had undergone the PWP training offered by NHS England in 2018. These posts are employed between South Tyneside and Sunderland NHS Foundation Trust (STSFT) and Sunderland Counselling Service who work closely together</p> <p>The Community Child and Adolescent Mental Health Service delivered by STSFT now delivers online cognitive behavioural therapy</p> <p>SCCG secured recurrent funding and implemented the Children and Young People’s Improving Access to Psychological Therapies (CYP IAPT) programme, including the recruitment of a wide range of posts financed via investment awarded as part of the CYP IAPT programme</p> <p>Sunderland Counselling Service has staff trained in IPT for Adolescents (1) and Evidence Based Counselling (3). The SCS Senior Counsellor has also completed the CYP IAPT course in Transformational Leadership.</p> <p>The Kooth online counselling service has been commissioned in Sunderland and went live in April 2019. The service is funded non-recurrently for 15 months, with the contract due to end on 4th July 2020.</p> <p>An evaluation of the Kooth service is underway by the Integrated Commissioning Team. This evaluation includes face to face group discussions with children and young people. A survey has also been distributed to children, young people and schools. A second survey has been sent to educational staff and members of the CAMH Partnership</p> <p>The Evaluation and recommendations will go to the Children’s Integrated Commissioning Group. A CCG business case may need to be written if the Kooth service is to continue beyond the end date of the current contract (July 2020)</p> <p>A Trailblazer (Mental Health Support Teams) bid was submitted in 2018. Unfortunately this bid was unsuccessful. A revised bid based on the Mental Health Charter Mark was submitted in 2019. This bid was also unsuccessful. Work is currently underway (winter 2020) to write another bid for the NHS England deadline of 16/03/20</p>



Getting help	
Objective 3.4: To improve access to CAMH Service provision	2019/20 update
<p><b>2016/17</b></p> <p>Milestone 3.4.1: We will have continued proactive management of waiting times in both CCAMHS and CYP service</p> <p>Milestone 3.4.2: We will have developed more creative approaches through joint working with partner organisations to ensure better engagement with CYP and their families in particular those who find it difficult to access service</p> <p>Milestone 3.4.3: We will have reviewed existing referral pathways across all CAMH services</p> <p>Milestone 3.4.4: We will have established named point of contact for GPs, schools and other service providers</p> <p>Milestone 3.4.5: We will have raised the awareness of CYP, families and referrers on what services are available and how to access them</p> <p><b>2017/18</b></p> <p>Milestone 3.4.6: continued proactive management of waiting times</p> <p>Milestone 3.4.7: We will have an agreed single point of access to CAMH service provision</p> <p>Milestone 3.4.8: we will complete process mapping exercise across all CAMH services to include:</p> <ul style="list-style-type: none"> <li>• Referral pathways (referrals, accepted referrals, DNA's, completed treatment)</li> <li>• Number of children and young people accessing each NICE compliant treatment pathway against prevalence rates e.g. neuro- development, mental health (anxiety, depression, Eating Disorder) challenging behaviour and disrupted childhood</li> <li>• Analysis of workforce requirements to support each diagnostic pathway – discipline and therapeutic modality</li> <li>• Indirect service provision- training, consultation, scaffolding, multi-agency working</li> </ul> <p>Milestone 3.4.9: we will consider the resource implications for CAMHS relation to Thriving/ Coping and Risk Support Delivery</p> <p><b>2018/19</b></p> <p>Milestone 3.4.6: continued proactive management of waiting times</p> <p>Milestone 3.4.7: We will have an agreed single point of access to CAMH service provision</p>	<p>In 2019 SCCG commissioned a deep dive into CAMH demand and capacity (including waiting times). The work will enable a full understanding of what lies behind the key issues in the city, and will provide a robust foundation for future CYP MH service reform. This work is due to be concluded by end March 2020. This work will inform future planning of CYP MH services, particularly around the current waiting times</p> <p>Progressed via the wellbeinginfo.org website. This website has dedicated CYP mental health resources, including sections for young people, parent/carers and professionals. Washington Mind have worked with young people to co-produce this website</p> <p>Funding to address waiting times:</p> <ul style="list-style-type: none"> <li>• during 2015/16 Sunderland CCG provided additional funding to support increased activity to reduce waiting time pressures</li> <li>• during 2016/17 the CCG provided further funding to support increased demands within the service</li> <li>• NHS England awarded non-recurrent funding to provider organisations (via the CCG) in winter 2018/19</li> <li>• CNTW have been awarded £250,000 (across both Sunderland and South Tyneside) to tackle waiting times in winter 2019/20</li> <li>• Multiple providers across Sunderland, including STSFT have received a combined total of £200,000 non-recurrent funding from SCCG to tackle waiting times</li> </ul> <p>In January and February 2020 two three day design events were held to agree a single point of access model. These events were attended by:</p> <ul style="list-style-type: none"> <li>• Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust</li> <li>• Educational representatives (schools and Sunderland College)</li> <li>• General practice representatives (GP and Practice Manager)</li> <li>• Harrogate and District NHS Foundation Trust (HDFT)</li> <li>• More than grandparents</li> <li>• South Tyneside and Sunderland NHS Foundation Trust (STSFT)</li> <li>• Sunderland Carers Centre</li> <li>• Sunderland City Council (Public Health)</li> <li>• SCCG</li> <li>• Sunderland Counselling Service</li> <li>• Sunderland Mind</li> <li>• Sunderland Parent Carers Forum</li> <li>• Together for Children</li> <li>• Washington Mind</li> </ul> <p>Sunderland Parent Carer Forum undertook a survey monkey on behalf of Together for Children to gather the views of young people and their families and carers. Other partners (eg the TfC participation and engagement team) including providers undertook engagement with young people on specific questions in relation to the SPA to gather further views</p> <p>Parent carers were represented at the design events.</p> <p>Once the design phase is complete, if additional resources are required a business case may be submitted to Sunderland Clinical Commissioning Group</p>

<p>Milestone 3.4.8: we will complete process mapping exercise across all CAMH services to include:</p> <ul style="list-style-type: none"><li>Referral pathways (referrals, accepted referrals, DNA’s, completed treatment)</li><li>Number of children and young people accessing each NICE compliant treatment pathway against prevalence rates e.g. neuro- development, mental health (anxiety, depression, Eating Disorder) challenging behaviour and disrupted childhood</li><li>Analysis of workforce requirements to support each diagnostic pathway – discipline and therapeutic modality</li><li>Indirect service provision- training, consultation, scaffolding, multi-agency working</li></ul> <p>Milestone 3.4.9: we will consider the resource implications for CAMHS relation to Thriving/ Coping and Risk Support Delivery</p> <p>Milestone 3.4.10: we will have revised service specifications for all CAMH service providers to reflect requirements of Five Year Forward View, future in Mind, outcome of pathway mapping and camhs transformational work streams</p> <p><b>2019/20</b></p> <p>Milestone 3.4.11 –we will have implemented agreed model of CAMH service provision</p> <p><b>Additional priority:</b></p> <ul style="list-style-type: none"><li>Review integrated commissioning arrangements for children and young people’s mental health provision (arrangements for children and young people in ‘special circumstances’)</li></ul>	<p>Pathway review work will focus on specific pathways initially, with the ASD/ADHD pathway a priority for this work.</p> <p>The model of CAMH service provision is revised on a continual basis, with ongoing changes made to existing services and the commissioning of new services (e.g. Kooth online counselling)</p> <p>From 2019, South Tyneside and Sunderland NHS Foundation Trust and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust are working together to ensure CYP access the service which best meets their individual needs, rather than the circumstances they find themselves in. For example, previously CNTW saw all CYP with mental health needs who were looked after. Now these children will be seen by whichever service can best meet their individual needs</p> <p>CNTW and STSFT (Children and Young People’s Service and the Community Child and Adolescent Mental Health Service) hold joint weekly interface meetings to discuss referrals to ensure referrals are accepted by the most appropriate service for the individual’s needs.</p> <p>CNTW and STSFT are undertaking CYP mental health service improvement work within their organisations</p> <p>SCCG continues to meet the increasing access to NHS funded community mental health services for children and young people standard (at least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service):</p> <table><tr><th colspan="5">Percentage of CYP with a diagnosable MH condition receiving two or more contacts in the reporting period.</th></tr><tr><th>Actual number of CYP receiving treatment (last 12 months)</th><th>Actual number of CYP receiving treatment (YTD)</th><th>Total number of CYP with a diagnosible mental health condition</th><th>Percentage access rate (last 12 months)</th><th>Percentage access rate (forecast year end current FY)</th></tr><tr><td>3,310</td><td>2,350</td><td>5,629</td><td>58.8%</td><td>61.3%</td></tr></table>	Percentage of CYP with a diagnosable MH condition receiving two or more contacts in the reporting period.					Actual number of CYP receiving treatment (last 12 months)	Actual number of CYP receiving treatment (YTD)	Total number of CYP with a diagnosible mental health condition	Percentage access rate (last 12 months)	Percentage access rate (forecast year end current FY)	3,310	2,350	5,629	58.8%	61.3%
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Getting Help	
Objective 3.5: To ensure CAMH services continue to develop as an integral part of children's service provision	2019/20 update
<p><b>2017/18</b></p> <p>Milestone 3.5.1: we will have an agreed early help offer and pathways of care that include mental health and emotional wellbeing</p> <p><b>2019/20</b></p> <p>Milestone 3.5.2: We will have developed and improved integrated models of service provision for children and young people including locality based working and one stop shop approach</p>	<p>The early help offer is delivered by Together for Children. Early Help offers advice, support and direct interventions at the earliest point of identified need. The aims of Early Help are to support families to support themselves, to prevent problems escalating and to reduce the numbers needing statutory interventions. Together for Children's Early Help service works closely with schools, health visitors and families in Sunderland to provide the right level of support at the right time.</p> <p>Together for Children also offers Family Group Conferences which are a means of enabling the child and their family to find solutions to their own problems within a professionally supportive framework. A family is defined as the child, the parents, extended family members and family friends. Family Group Conferences are based on a model which has been proven via research to help produce better outcomes for children and young people by keeping them within their family or community. FGCs are based on the belief that families can usually find their own solutions to their difficulties, and children and young people have a right to have their families involved in their future planning. Feedback from children and young people who have attended Family Group Conferences has shown that they find them a far better way of getting their wishes and feelings heard. The aim of the meeting is to empower the children and family to come up with an agreed, safe and sustainable plan that will resolve the issue and support change</p>

Getting more help	
Objective 4.1: To enhance CYPS Intensive Community Treatment Service to further support CYP with learning disabilities to avoid preventable admissions to inpatient services	2019/20 update
<p><b>2016/17</b>  Milestone 4.1.1: We will have conducted an audit regarding the contribution of CAMH services to support children with learning disabilities and challenging behaviours in the community</p> <p><b>2018/19</b>  Milestone 4.1.2: We will have developed innovative multi-agency support and interventions for children and young people with learning difficulties including those with challenging behaviour</p>	<p>SCCG continues to work with CNTW to reduce the number of people with a learning disability, autism or both in inpatient care, by supporting Sunderland residents to leave hospital in line with the delivery of the transforming care agenda and the regional Transforming Care Programme</p> <p>CNTW deliver support into special schools in Sunderland as part of their contract</p> <p>The Sunderland Adult Learning Disability Service have a Health Transition Nursing Team. The team offer health needs assessments and support to young people with a learning disability and complex healthcare needs between the ages of 14-25 years to make the transition from child to adult health services. The team work with other health professionals and agencies to ensure that the healthcare received by the young person throughout the transition process is coordinated and uninterrupted</p> <p>CNTW provides a Children and Young People's Community Services for People with a Learning Disability and or Autism. The Children and Young People's Service provides a single service to all children and young people aged 0-18 years who present with mental health difficulties. This includes children and young people who may have learning disabilities and or autism and those living in a range of difficult and challenging circumstances. The services provide:</p> <ul style="list-style-type: none"> <li>•Assessment, diagnosis and intervention on a range of mental health difficulties</li> <li>•Intensive home based treatment for those children and young people whose mental health is causing significant concern</li> <li>•A comprehensive transition support package to those young people who are approaching their 18th birthday and may need continuing support as adults</li> <li>•24 hour access to support</li> <li>•Training, consultation, support and advice to frontline staff working in targeted services for children and young people in special circumstances including;</li> <li>•Services for children with disabilities including learning disability services, special schools and specialist education services</li> </ul>



Getting more help	
Objective 4.2: To enhance community eating disorder services for children and young people.	2019/20 update
<p><b>2015/16</b>  Milestone 4.2.1: We will have increase capacity of the Community Eating Disorder Team to provide:</p> <ul style="list-style-type: none"> <li>• more intensive, home based interventions support</li> <li>• joint working, liaison, supervision advice and training to Sunderland Royal in-patient paediatric service</li> <li>• liaison and joint training with regional eating disorder in-patient service</li> <li>• Support transition to adult community eating disorder services where indicated Services that are fully compliant with access and waiting time standards</li> <li>• Services that meet the standards set out in QUINMAC CED guidance</li> </ul> <p><b>2016/17</b>  Milestone 4.2.2: we will continue to develop Community Eating Disorder Team</p> <p><b>2017/18</b>  Milestone 4.2.4: we will enhance CEDS</p> <p><b>2018/19</b>  Milestone 4.2.4: we will continue to develop CEDS to support the delivery of:</p> <ul style="list-style-type: none"> <li>• Services that are fully compliant with access and waiting time standards</li> </ul> <p>Milestone 4.2.3: We will reflect the requirements of CEDS access and waiting time and QUINMAC standards in pathway planning (Milestones 3.5.8) and in service specification (3.5.10)</p>	<p>The children and young people's eating disorder service in Sunderland is delivered by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW). This is a regional service. There is also a regional eating disorders group hosted by NHS England who come together to share best practice across the north east.</p> <p>A key challenge for CNTW is to reduce the demand for out of area Specialist Eating Disorder Unit placements for young people from the CNTW geographies. CNTW have expanded the existing Eating Disorders Intensive Community Treatment (EDICT) Service, adding clinical capacity into the community teams and also providing an in-reach service to Ferndene to support ward teams manage the care and treatment of young people with disordered eating</p> <p>Based on the principle of early specialist treatment optimising outcomes and prognosis - CNTW Specialist CED-CYPS (North &amp; South of Tyne Eating Disorder Intensive Community Team) migrated to a model whereby they see all children and young people diagnosed with an eating disorder within CNTW (as per DSM diagnostic criteria) despite the risk level (Low, Moderate, High-Amber, High-Red). A rag rating approach is applied to risk, based on the Junior Marsipan for AN, and is used to determine the response priority for referrals.</p> <p>A key aim of the CAMHS Specialist CYPS New Care Model (NCM) programme is to revise pathways across CNTW for Getting Risk Support mental health services; to reduce wherever possible, the reliance on Tier 4 beds with more services being delivered in the community and closer to home. As part of this work, CNTW have developed CYPS community based Eating Disorder Services over the last 2 years in order to better meet the needs of young people who have an eating disorder. CNTW have invested through New Care Models in to EDICT.</p> <p>This has been combined with service development initiatives with acute hospital partners, including a service level agreement with the RVI (agreement with STSFT (Sunderland Royal site) is in progress) in relation to access to paediatric on call, training and support for mental health staff in order that young people with an eating disorder can be nursed when appropriate in CNTW inpatient settings (Ferndene) rather than having to be transferred out of area to specialist eating disorder units elsewhere in the country. Further developments in the pathway are in relation to further staff training for nasogastric feeding/insertion and a roll out of training for all CNTW staff who work in children's inpatient services. CNTW are in discussions with STSFT to introduce these changes at the Sunderland Royal site.</p> <p>CNTW aims to further develop the eating disorder pathway so that it is as clinically effective as possible and sustainable in the longer term, rather than expanding the service.</p> <p>For urgent referrals, SCCG is currently meeting the waiting time standard. For the 12 months to December 2019, CNTW saw 100% of SCCG CYP within the waiting time standard of 1 week (9 people in total).</p> <p>For urgent referrals, SCCG is not meeting the waiting time standard. For the 12 months to December 2019, CNTW saw 93.8% of SCCG CYP within the waiting time standard of 4 weeks (32 people in total). Two individuals were seen between 4- 12 months after referral. The standard is 95%.</p> <p>Work with CNTW is ongoing to understand the reasons for these breaches, which can include patient choice. Some breaches have been recorded by CNTW over the last 12 months, but ongoing audits have ascertained most of these have been data entry errors. CNTW is working with staff to ensure all data is recorded correctly.</p>

Getting more help	
Objective 4.3: To improve pathways between inpatient and community provision	2019/20 update
<p><b>2016/17</b> Milestone 4.3.1: We will have further developed pathways and protocols to ensure continuity of care and effective transition between community and inpatient service provision within CAMH and LD services</p> <p><b>2017/18</b> Milestone 4.3.2: we will have a multi-agency process to monitor ALL children and young people either at risk of and admission to inpatient services OR who have been discharged from in-patient services – to ensure that all partners work to provide bespoke multi-agency package of care to prevent unnecessary admission/ delayed discharge – building on CTR process for LD/ASD t to include all CYP.</p> <p><b>2018/19</b> Milestone 4.3.2: we will further develop a multi-agency process to monitor ALL children and young people either at risk of and admission to inpatient services OR who have been discharged from in-patient services – to ensure that all partners work to provide bespoke multi-agency package of care to prevent unnecessary admission/ delayed discharge – building on CTR process for LD/ASD t to include all CYP.</p>	<p>SCCG continues to work with CNTW to reduce the number of CYP in inpatient care, by supporting CYP and their families to leave inpatient settings</p> <p>Protocols are in place to support the transfer of CYP between community and inpatient services for CAMHs and LD</p> <p>Multi-agency process are in place to monitor those CYP at risk of admission.</p> <p>Bespoke packages are put in place to prevent admission where appropriate</p> <p>SCCG processes around children's Care and Treatment Reviews (CTRs) and Care, Education and Treatment Reviews (CETRs) to fulfil national requirements and ensure quality have been rolled out</p>

Getting more help	
Objective 4.4: To improve services for children and young people in crisis including the development of psychiatric liaison services for children and young people	2019/20 update
<p><b>2016/17</b> Milestone 4.4.1: we will recruit CAMHS practitioners to deliver psychiatric liaison services as part of RAID service</p> <p><b>2017/18</b> Milestone 4.4.2 We will have established psychiatric (mental heath) liaison services in City Hospitals (Sunderland Royal)</p> <p>Milestone 4.4.3: We will have clearly defined CAMHS support for CYP with complex mental health social care and behavioural needs (MST Services)</p> <p>Milestone 4.4.4: We will have clear pathways of care for children in crisis and with complex needs (Psychiatric Liaison, ICTS, street triage &amp; MST Services)</p> <p><b>2018/19</b> Milestone 4.4.5 We will have increased the capacity of the psychiatric liaison service to meet the needs of children and young people to achieve core 24</p>	<p>There is now a recurrently funded liaison mental health team (also referred to as the Rapid Assessment Interface and Discharge (RAID) team) for CYP delivered by CNTW which is based at the Sunderland Royal hospital site. This team sees CYP from both the Emergency Department and from inpatient wards.</p> <p>The liaison mental health team (also referred to as the Rapid Assessment Interface and Discharge (RAID) team) has been expanded by 3.5 whole time equivalent dedicated children and young people's practitioners in 2018 to deliver psychiatric liaison services for children and young people</p> <p>The service is not currently 24/7 due to reduced demand over night, but there are on call arrangements in place outside core hours. The service is operational seven days a week</p> <p>There is 24/7 provision of a CYP MH crisis service delivered by CNTW via the Intensive Community Treatment Service (ICTS). All CYPs with a MH emergency are seen within 4 hours, and all other CYP are seen within 24 hours.</p>

Getting risk support	
Objective 5.1: To continue to develop a more integrated, joint working model to Improve multi-agency approaches to support vulnerable children including LAC	2019/20 update
<p><b>2016/17</b>  Milestone 5.1.1: We will have considered the development of mental health lead role within services for vulnerable children</p> <p><b>2017/18</b>  Milestone 5.1.2: We will have completed a skills audit of social care staff in relation to their understanding of the emotional health and well-being needs of children and young people in the social care system.</p> <p>Milestone 5.1.3: We will have worked with partners and developed a training plan for social care staff, residential care and foster carers to enable them to more effectively address the emotional health and well-being needs of children and young people</p> <p>Milestone 5.1.4: We will have agreed a model of additional support to fostering and adoption (pre and post adoptive services) to understand and support the mental health of CYP</p> <p>Milestone 5.1.5: We will have developed a shared understanding of the impact of child sexual exploitation on mental health and wellbeing, the range and type of interventions that are most effective and the role of CAMH services as part of a multi-agency response</p> <p><b>2018/19</b>  Milestone 5.1.6 we will explore the establishment of a therapeutic residential care home to support young children with complex, behavioural, mental health needs</p>	<p>The Children's Integrated Commissioning Group includes representation from Together for Children's Social Care Team</p> <p>CNTW prioritise access for CYP who have a mental health issue and are identified as vulnerable</p> <p>Ongoing discussions regarding establishment of a therapeutic residential care home to support young children with complex, behavioural, mental health needs</p>

Getting risk support	
Objective 5.2: To continue to improve services for children in crisis in line with the crisis care concordat	2019/20 update
<p><b>2016/17</b></p> <p>Milestone 5.2.1: We will have developed on line mental health guidance on processes, algorithms and procedures for use by partner agencies</p> <p>Milestone 5.2.2: We will have developed risk sharing protocols across partner organisations</p> <p>Milestone 5.2.3: We will have targeted awareness raising with known high risk groups for suicide</p> <p>Milestone 5.2.4: we will recruit CAMHS practitioners to deliver psychiatric liaison services as part of RAID service</p> <p><b>2017/18</b></p> <p>Milestone 5.2.5 We will have established psychiatric (mental health) liaison services in City Hospitals (Sunderland Royal)</p> <p>Milestone 5.2.6: We will have clearly defined CAMHS support for CYP with complex mental health social care and behavioural needs (MST Services)</p> <p>Milestone 5.2.7: We will have clear pathways of care for children in crisis and with complex needs (Psychiatric Liaison, ICTS, street triage &amp; MST Services)</p> <p>Milestone 5.2.5: We will have monitored the effectiveness of street triage, 136 detentions, A and E, RAID and police custody to support ongoing service improvement and future commissioning in line with crisis care concordat</p> <p><b>2018/19</b></p> <p>Milestone 4.4.5 We will have increased the capacity of the psychiatric liaison service to meet the needs of children and young people to achieve core 24</p> <p>Milestone 5.2.7: We will have clear pathways of care for children in crisis and with complex needs (Psychiatric Liaison, ICTS, street triage &amp; MST Services)</p> <p>Milestone 5.2.5: We will have monitored the effectiveness of street triage, 136 detentions, A and E, RAID and police custody to support ongoing service improvement and future commissioning in line with crisis care concordat</p>	<p>There is now a recurrently funded liaison mental health team (also referred to as the Rapid Assessment Interface and Discharge (RAID) team) for CYP delivered by CNTW which is based at the Sunderland Royal hospital site. This team sees CYP from both the Emergency Department and from inpatient wards.</p> <p>The service is not currently 24/7 due to reduced demand over night, but there are on call arrangements in place outside core hours. The service is operational seven days a week</p> <p>Sunderland has an all ages Street Triage service delivered by CNTW and Northumbria Police</p> <p>Mental health training is delivered into schools e.g. mental health 1<sup>st</sup> aid training and Friends training by STSFT, CNTW and third sector providers</p> <p>SCCG commissions suicide awareness training for schools from Washington Mind.</p> <p>SCCG commissions CNTW to deliver Multi-Systemic Therapy (MST)</p> <p>SCCG commissions the ICTS (Children and Young People's Intensive Community Treatment Service) from CNTW. This service provides intensive home based treatment for children and young people with complex mental health needs. The service provides urgent assessments for self harm and acute mental health presentations. The ICTS plays essential role in pre-admission pathway and early discharge for all young people admitted to Ferndene.</p>

Getting risk support	
<b>Objective 5.3: To develop multi-systemic/multi-agency wrap around support to meet the needs of children and young people with complex emotional, psychological, behavioural and social care needs to reduce the number of children in out of area placements</b>	<b>2019/20 update</b>
<p><b>2016/17</b>  Milestone 5.3.1: We will have agreed a model of multi-agency management and support for highly complex children and young people with significant challenging and risk taking behaviours who fall outside the scope of mainstream provider services and require an assertive multi- agency approach</p> <p><b>2017/18</b>  Milestone 5.3.2 We will have established a multi-agency risk management group to support children and young people with significant, challenging and risk taking behaviours who fall outside the scope of mainstream service provision and require an assertive multi-agency approach</p> <p>Milestone 5.3.3 We will agreed a multi- systemic model of support for Looked After Children with complex, behavioural mental health, behavioural and social care needs</p> <p><b>2018/19</b>  Milestone 5.3.4: We will have enhance CYP service to:</p> <ul style="list-style-type: none"> <li>• provide multi-disciplinary community outreach service to provide support, advice and training and risk sharing for social care staff;</li> <li>• Provide in-reach support, risk assessment and delivery of high level of support;</li> <li>• Support joint working, liaison, supervision and training to families and carers</li> <li>• support implementation of MST model of working as part of a broader ma approach</li> </ul>	<p>In 2017 CNTW become a New Model of Care Wave 2 site for getting risk support (Tier 4) CYP Services across Mental Health and Learning Disability services as part of NHS England's 'Five Year Forward View for Mental Health'. This New Model of Care pilot will introduce new integrated models that ensure the individual is at the centre of care with specialist service provision wrapped around them</p> <p>A Children with Complex Needs Strategic Group has been established to review the risk management of this small but complex group of CYP</p> <p>The MH needs of looked after children are meet by the most appropriate service (either the Children and Young People's Service provided by CNTW or the Community Child and Adolescent Mental Health Service delivered by STSFT) according to the individual CYP's level of need</p> <p>SCCG commissions the ICTS (Children and Young People's Intensive Community Treatment Service) from CNTW. This service provides intensive home based treatment for children and young people with complex mental health needs. The service provides urgent assessments for self harm and acute mental health presentations. The ICTS plays essential role in pre-admission pathway and early discharge for all young people admitted to Ferndene.</p>

