


Sunderland

Children and Young People's Mental Health and Wellbeing Transformational Plan 2015 - 2020

2019 refresh

City Hospitals Sunderland 
NHS Foundation Trust

South Tyneside 
NHS Foundation Trust


Sunderland
Clinical Commissioning Group


**Northumberland,
Tyne and Wear**
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1. Introduction

1.1 Preface to the 2019 update

This plan was originally written in 2015, and has been updated annually since this time. Each annual refresh has built upon preceding plans, in the same way that service transformation in Sunderland continues to build upon the foundations of existing service provision. The original contents of this plan continue to be included as relevant. These original sections have not been changed, except where data has been updated. New sections have been added to the document to reflect further work undertaken based on the key lines of enquiry feedback from NHS England.

This plan is owned by the Child and Adolescent mental Health (CAMH) Partnership who oversee the delivery of the contents via a number of work streams. Members of the CAMH Partnership have contributed to this refreshed document, and this update would not have been possible without the involvement and continued enthusiasm of the CAMH Partnership members to achieve positive change across Sunderland for children, young people, their families and carers.

This plan is nearing the end of the five year cycle. It is anticipated that a new plan will be required from 2020.

1.2 Our vision

Our vision for mental health and emotional well-being is:

We want to improve the mental health and emotional wellbeing of all children, young people living in Sunderland and to narrow the gap in outcomes between those who do well and those who do not.

We will achieve this by continuing to work with partners at a local, sub-regional and regional level to plan, commission, develop and deliver integrated pathways and services for children, young people and their families; promote mental health and emotional wellbeing; act early and effectively when problems arise; meet the needs of children, young people and their families with established and complex problems and proactively work to meet the needs of the most vulnerable.

1.3 Purpose

The purpose of this plan is to:

- Set out the vision, principles, services and standards to develop resilience and improve mental health and emotional wellbeing outcomes for children, young people and their families
- Identify priorities and set out the process for the planning and commissioning of pathways and services to ensure that the resources of all agencies are being used in the most effective way possible to improve mental health and emotional wellbeing of children and young people living in Sunderland

1.4 Scope

The scope of this plan is to include all pathways and services that impact upon the mental health and emotional wellbeing of children and young people including those that:

- Build resilience, promote good mental health and wellbeing, prevention and early intervention
- Support children, young people and their families to take responsibility for their health and promote self help
- Identify and address risk factors associated with developing mental health problems e.g. housing, community and neighbourhood services and where possible minimise their effect
- Support the provision of targeted and specialist services to meet the needs of children, young people and families with identified mental health needs
- Proactively support the mental health and emotional wellbeing of children, young people and their families with identified vulnerabilities that include those who:
 - are or have been Looked After including those adopted
 - are or have been neglected or abused or are or have been subject of a child protection plan
 - have experienced trauma
 - are at risk of exploitation
 - have a learning or physical disability
 - have chronic, enduring or life limiting illness
 - have medically unexplained symptoms
 - are young carers
 - have substance misuse issues
 - are homeless or who are from families who are homeless
 - have parents with problems including domestic violence, illness, addiction
 - are refugee or asylum seekers
 - are at risk of, or are involved in offending
 - are at risk of school exclusion or are not in employment, education or training
- Support children and young people in the transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS)
- Tackle stigma and ensure that children, young people and their families with mental health needs feel safe and supported

1.5 Context

This plan builds upon sustained commitment of the CAMH partnership over a 10 year period to implement an integrated whole systems approach to improving mental health and emotional wellbeing in children and young people and their families.

We have worked in partnership at a local, sub-regional and regional level to develop and reform CAMH service provision and to develop a culture of evidence based service improvement. This includes:

Joint PCT/LA commissioning of the Community CAMH service which provides services to:

- Support early intervention and prevention including training, consultation and joint working to increase the capacity of universal service providers to meet the mental health needs of children, young people and families
- Individual and group work, brief interventions, parenting support, talking therapies counselling and early years mental health support services

Review and re provision of community services and the establishment of the NTW CYP Service which provides:

- Integrated CAMHS/LD service provision
- Extended range of services for vulnerable children (children in special circumstances)
- Services for children with complex behavioural, mental health and social care needs
- Community eating disorder service
- Intensive community treatment services
- Training, consultation, in-reach, outreach and opportunities for joint working with targeted service providers e.g. LAC services, Youth Offending Service, Paediatric Services, Substance Misuse Services

Collaborative working across the region to review and re-provide CAMHS/LD in-patient services and the commissioning of regional eating disorder service and regional CAMHS and LD service including intensive care, in-patient and neuro-developmental disorder service. These services now form part of the national model of CAMHS in-service provision

CAMH Service provision has been developed as an integral part of services for children in Sunderland and there has been extensive work to develop capacity in schools, universal and targeted services.

Over the last three years there have been significant changes in Children's Services. Established on the 1st April 2017, Together for Children (TfC) delivers children's services on behalf of Sunderland City Council. TfC is owned by Sunderland City Council but controlled by an independent board to ensure operational independence.

TfC works to develop modern and responsive services that make a difference for children and families in Sunderland. TfC offer high quality services by bringing commercial skills to public service delivery. TfC are a company with a strong desire to provide excellent services across the city. TfC believe that working in partnership is essential for ensuring children and their families get the services that they need. TfC are committed to continue to work in partnership to develop a shared model of multi-agency CAMH service provision aligned to services for children, young people and families through the Children's Strategic Partnership, the CAMH Partnership, and aligned work streams.

1.6 Development of the plan

This plan has been developed based upon:

- Our understanding of mental health and the factors that impact upon mental health
- Review of the Sunderland Strategy for Mental Health and Emotional Well Being for Children and Young People against recent National Policy Guidance including Future in Mind document published by DoH and NHS England in 2015
- Completion of the self CAMHS Transformational self-assessment tool
- Requirements set out in the Five Year Forward View for Mental Health and Implementation Guidance
- Detailed needs assessment
- Extensive consultation with the public, members, children, young people, parents and carers, service users and their families, multi-agency staff guidance
- Our understanding of the evidence base as outlined in Appendix 1 (Brief summary of evidence based interventions)
- Guidance of service standards for Child and Adolescent Mental Health Services
- Messages from good, evaluated local and national practice including National and Regional CAMHS Support Service publications

1.7 Outcomes

This plan provides a framework to produce improvements in children and young people's emotional health and wellbeing over the next 5 years.

1.8 Impact on mental health

We will see the following impacts that relate to mental health and emotional wellbeing in 2015-20:

- Increased numbers of children and young people attending schools that promote resilience, mental health and emotional well-being (i.e. attending schools with charter mark for mental health and emotional well-being)
- Improved peri-natal mental health and early years service provision and outcomes for mothers, babies and young children
- Increased numbers of children and young people with diagnosable mental health conditions commencing treatment from 29.67% (2016) to at least 35% (2020-21)
- Improve access to evidence based therapies for children, young people and their families (as evidenced by NICE compliant pathways of care)
- Improved access to CAMHS as evidenced by reduced waiting times
- Improved mental health outcomes for children accessing specialist services as demonstrated by Clinical Outcomes Research Consortia outcome measures
- Reduction in self-harm as measured by hospital episodes
- Reduction in the use of inpatient beds and 136 suites by delivering timely access to community support for children, young people and their families in crisis

- Reduction in the number of preventable in-patient bed days for children and young people with highly complex mental health needs including those with eating disorders and learning disabilities
- Improved access to psychological support for vulnerable children and young people and their families
- All young people with Eating Disorders having their needs met in a timely way as defined by access and waiting time standard
- Reduction in the number of out of area placements and improved mental health and psychological wellbeing of children and young people with complex behavioural mental health and social care needs

1.9 Wider Impact

Poor emotional health and wellbeing is linked to poor attainment; poor attendance at school; school exclusion; behavioural, emotional and social difficulties; increased substance misuse; criminal activity, and unwanted pregnancy.

The plan will contribute to the broader outcome indicators listed below however these will be significantly influenced by other services and circumstances e.g. the impact of austerity, redundancy, financial hardship and housing difficulties, on outcomes for children young people and families. The outcome indicators are:

- Under 18 conception rate
- First time entrants to the Criminal Justice System
- Achievement of at least 72 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal, Social and Emotional Development and Communication, Language and Literacy
- Achievement in English and maths at Key Stages 2 and 4
- Secondary school persistent absence rate and truancy
- Secondary schools judged as having good or outstanding standards of behaviour
- Rate of permanent exclusions from school
- Rate of proven re offending by young offenders

2 Key Concepts

2.1 Mental Health and Emotional Well Being

Within this plan, mental health and emotional wellbeing is defined as the capacity of children and young people to:

- Develop psychologically, emotionally and spiritually
- Initiate, develop and sustain mutually satisfying relationships
- Become aware of and others empathise with them
- Be confident, resilient and able to use psychological distress as a developmental process so that it does not hinder or impair future development
- Use and enjoy solitude
- Play and learn.

Mental health problems are difficulties in any of the areas outlined above. This in turn can impact upon health, safety, capacity to enjoy and achieve, make a positive contribution and achieve economic wellbeing.

Mental health problems impact on educational attainment, employment and economic wellbeing, positive engagement, family and relationships, safety, physical health, risk taking behaviours including smoking, substance misuse, unwanted pregnancy and involvement in crime and anti-social behaviour, placing demands on children's services, schools and the youth justice system.

Half of those with lifetime mental health problems have experienced symptoms by the age of 14 and over two thirds of adult mental illnesses (excluding dementia) had started by the age of 18.

Studies have shown that public service costs incurred in adulthood for individuals diagnosed with mental health problems in childhood can be as much as 10 times the cost of people with no such history.

Untreated mental health problems create distress not only to children and young people, but also their families and carers, continuing into adult life and affecting the next generation.

2.2 Factors Impacting on Emotional Health and Well Being

We know that mental health and emotional wellbeing is multi-factorial. Mental health problems may arise from any number of individual; family; school; life events or situations; and community and cultural factors.

Risk factors are those factors which make it more likely that children and young people will experience poorer outcomes and may include: poor attachment, poor parenting, traumatic experience or physical ill health problems.

Risk factors are cumulative. Children and young people may be able to overcome and learn from single or moderate risks, but when risk factors accumulate they are much more likely to impact negatively on mental health and emotional wellbeing.

Research shows that the nature of interaction between parents and child is more important than structural factors such as income in predicting mental health and emotional wellbeing. Specific parenting styles proven to be particularly effective are:

- Consistency in rules and style
- Warmth and interest
- Stability/security
- Authority without hostility.

There is a growing body of evidence that the quality of the period around birth and early childhood are particularly important for future mental health and emotional wellbeing. In this period, developing stable attachment to a parent figure is of central importance. Our first relationship with our carers acts as a lifelong template, moulding and shaping our capacity to enter into, and maintain, successful subsequent relationships.

Circumstances, for instance poverty, family break up, domestic violence, physical or mental illness can make it difficult for parents to give their children the secure loving relationships they need.

Children also need confidence and a sense of self-worth as they grow up. If they repeatedly receive negative messages from their parents or school staff, or are bullied, this will damage their emotional health. Parents and school staff need to feel positive about themselves and be supported in their roles to give messages to children.

The table (Appendix 2: Individual, family and environmental factors impacting upon mental health and emotional wellbeing) lists risk and protective factors and highlights those groups of children and young people we know are at most risk of developing mental health problems.

We will continue to work in partnership to promote resilience and provide services and support to mitigate risk factors wherever possible

2.3 Models of Support

Since 1995 a four tier model, has been used to conceptualise and describe levels of mental health need and CAMH service provision:

Tier 1: services for children, young people and their families with mild, early stage problems delivered by non-specialist primary care workers including teachers, school nurses and health visitors

Tier 2: services for children, young people and their families with moderate levels of mental health need delivered by specialised Primary Mental Health Workers

Tier 3: services for children, young people and their families with complex, severe or persistent levels of mental health delivered by specialist multidisciplinary teams

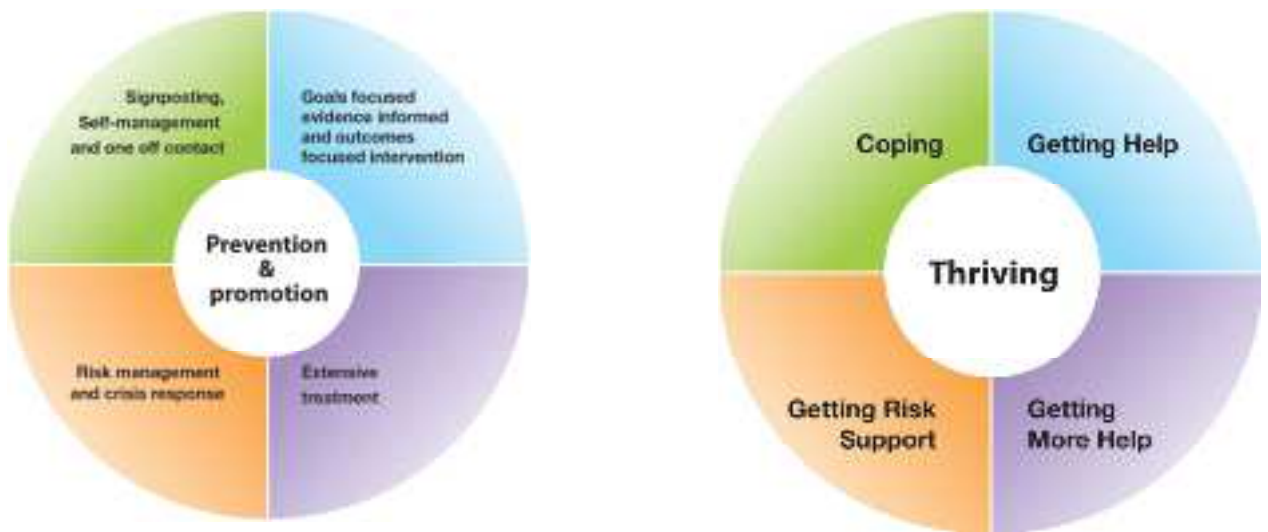
Tier 4: services for children, young people and families with highly complex, severe or persistent levels of mental health need often delivered in specialised day and in-patient settings

More recently the THRIVE Model has been developed by The Tavistock and Portman NHS Foundation Trust and the Anna Freud Centre. It is gaining national recognition as a useful model moving away from the service led Tiered model to a new conceptualisation of CAMHs services based for the needs of children and young people.

The THRIVE model conceptualises 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 model set out in section 2.4 below, to the left describes the input that is offered for each group; and 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.

The model is based in case and performance management, and the embedded use of outcomes measures, led by the children and young people with their families. It is a predominantly a health model of evidence based intervention and needs to be recognised in the context of communities where people will access a range of health and social care services including education and employment.

2.4 Thrive Model



The following diagram depicts the delivery of the Thrive model in Sunderland by provider:



2.5 Coping

2.5.1 Context

There is an increased interest in the promotion of resilience, to build the ability of a community (school/family) to prevent, support and intervene successfully in mental health issues. A proliferation of digitally based support (e.g. via email, phone and web) is becoming increasingly available and being used to support young people in their communities. There is increasing interest (e.g. community psychology) on how we can more effectively draw on strengths in families, schools and wider communities. School-based interventions have been shown to support mental health, peer support can promote effective parenting and integration of mental health in paediatric primary care can support community resilience.

2.5.2 Need

Within this group are children, young people and families adjusting to life circumstances, with mild or temporary difficulties, where the best intervention is within the community with the possible addition of self-support. This group may also include those with chronic, fluctuating or ongoing severe difficulties, for which they are choosing to manage their own health and/or are on the road to recovery.

2.5.3 Provision

The THRIVE model suggests that wherever possible, provision should be provided within education or community settings, with education often (though not always) the lead provider and educational language (a language of wellness) as the key language used. It is our contention that health input in this group should involve some of our most experienced workforce, to provide experience decision making about how best to help people in this group and to help determine whose needs can be met by this approach.

2.6 Getting Help

2.6.1 Context

There is increasingly sophisticated evidence for what works with whom in what circumstances and increasing agreement on how service providers can implement such approaches alongside embedding shared decision making to support patient preference and the use of rigorous monitoring of outcomes to guide treatment choices. The latest evidence suggests that only 33% of young people will be “recovered” at the end of even the best evidence-based treatments.

2.6.2 Need

This grouping comprises those children, young people and families who would benefit from focussed, evidence-based treatment, with clear aims, and criteria for assessing whether aims have been achieved. This grouping would include children and young people with difficulties that fell within the remit of National Institute for Health and Care Excellence (NICE) guidance and where there are interventions that might help.

2.6.3 Provision

The THRIVE model of provision would suggest that, wherever possible, provision for this group should be provided with health as the lead provider and using a health language (a language of treatment and health outcomes). Health input in

this group would draw on specialised technicians in different treatments. Treatment would involve explicit agreement at the outset as to what a successful outcome would look like, how likely this was to occur by a specific date, and what would happen if this was not achieved in a reasonable timeframe.

2.7 Getting More Help

2.7.1 Context

There is emerging consensus that some conditions are likely to require extensive or intensive treatment for young people to benefit. In particular, young people with psychosis, eating disorders and emerging personality disorders are likely to require significant input.

2.7.2 Need

This grouping comprises those young people and families who would benefit from extensive long-term treatment which may include inpatient care, but may also include extensive outpatient provision.

2.7.3 Provision

The THRIVE model of provision would suggest that wherever possible, provision for this group should be provided with health as the lead provider and using a health language (that is a language of treatment and health outcomes). Health input in this group should involve specialised health workers in different treatment.

2.8 Getting Risk Support

2.8.1 Context

This is perhaps the most contentious aspect of the THRIVE model and has certainly been the need / choice group we have found it hardest to agree a simple heading for. We posit that even the best interventions are limited in effectiveness. As noted above, a substantial minority of children and young people do not improve, even with the best practice currently available. There has, perhaps, in the past been a belief (strongly held by service providers themselves) that everyone must be helped by a service and if they are not then that is an unacceptable failure. The THRIVE model suggests that there be an explicit recognition of the needs of children, young people and families where there is no current health treatment available, but they remain at risk to themselves or others.

2.8.2 Need

This grouping comprises those children, young people and families who are currently unable to benefit from evidence-based treatment but remain a significant concern and risk. This group might include children, young people who routinely go into crisis but are not able to make use of help offered, or where help offered has not been able to make a difference, who self-harm or who have emerging personality disorders or ongoing issues that have not yet responded to treatment.

2.8.3 Provision

The THRIVE model of provision would suggest that, for this group, there needs to be close interagency collaboration (using approaches such as those recommended by AMBIT to allow common language and approaches between agencies) and

clarity as to who is leading. Social care may often be the lead agency and the language of social care (risk and support) is likely to be dominant. Health input should be from staff trained to work with this group and skilled in shared thinking with colleagues in social care, but with explicit understanding that it is not a health treatment that is being offered.

3. National Policy Context

3.1 No Health without Mental Health

The cross government mental health all age outcome strategy published by the Department of Health in 2011 set out the following objectives to improve the mental health and well-being of all people, and to improve outcomes for people with mental health problems through high quality services:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

The strategy supports the aim of achieving parity of esteem between physical and mental health and emphasises the interconnections between mental health, housing, employment, and the criminal justice system.

3.2 The Five Year Forward View

Sets out recommendations to build capacity and capability across the system so that by 2020 there is measurable progress towards closing the health and wellbeing gap and securing sustainable improvements in children and young people's mental health.

3.3 Future in Mind

The recent report of the Children and Young People's Mental Health Taskforce *Future in Mind* (March 2015), sets out a direction and some key principles about how to make it easier for children and young people to access high quality mental health care when they need it.

The Future in Mind publication sets out a vision for children and young people's mental health to reflect what children and young people as well as parents, carers and professionals have told us how they want things to change:

- To grow up to be confident and resilient so that they can fulfil their goals and ambitions
- To know where to find help when they need to and to be able to trust it;
- Choice about where to get advice and support from a welcoming place. It might be somewhere familiar such as school or the local GP; it might be a drop-in centre or access to help on line. But wherever they go, the advice and support should be based on the best evidence about what works
- As experts in their own care, to have the opportunity to be involved in how mental health services are delivered and developed, not just for themselves and those who support them but to all children and young people in their area
- To receive help to meet their individual needs, delivered by people who care

- To have someone dedicated to helping them, only having to tell their story rather than have to repeat it to lots of different people All the services in their area should work together to deliver the right support at the right time and in the right place
- If in difficulty, not having to wait until they are really unwell to get help. Asking for help shouldn't be embarrassing or difficult and they should know what to do and where to go; and if they do need to go to hospital, it should be on a ward with people around their age and near to home. And while children and young people are in hospital, we should ensure they can keep up with their education as much as possible
- To receive the best possible care, support and treatment, whatever their circumstances and wherever they live in the country
- To know that the people funding and providing services are offering them the best mental health services possible and are open and honest about how they do that and how they are working to improve

Future in Mind describes an integrated whole system approach to driving further improvements in children and young people's mental health outcomes with the NHS, public health, voluntary and community, local authority children's services, education and youth justice sectors working together to:

- Place the emphasis on building resilience, promoting good mental health and wellbeing, prevention and early intervention
- Deliver a step change in how care is provided – moving away from a system defined in terms of the services organisations provide towards one built around the needs of children, young people and their families
- Improve access so that children and young people have easy access to the right support from the right service at the right time and as close to home as possible. This includes implementing clear evidence based pathways for community based care to avoid unnecessary admissions to inpatient care
- Deliver a clear joined up approach: linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable
- Sustain a culture of continuous evidence-based service improvement delivered by a workforce with the right mix of skills, competencies and experience
- Improve transparency and accountability across the whole system - being clear about how resources are being used in each area and providing evidence to support collaborative decision making

3.4 Local Transformational Plans Guidance

In August 2015, NHS England produced guidance for health and care economies on the development of Local Transformation Plans to support improvements in children and young people's mental health and wellbeing. The guidance is designed to empower local partners to work together to lead and manage change in line with the key principles of the *Future in Mind* publication. The guidance:

- Sets out the strategic vision for delivering improvements in children and young people's mental health and wellbeing over the next 5 years

- Outlines a phased approach to securing locally driven sustainable service transformation and includes details of how the extra funding announced in the autumn statement (December 2014) and Budget (March 2015) will be used to support this work
- Provides guidance to support local areas in developing their local transformation plans through a planning process that can be tailored to meet the individual needs and priorities of different local areas
- Provides information on the assurance process and programme of support that will be available

The scope of local transformation plans should cover the full spectrum of service provision and address the needs of all children and young people, including the most vulnerable, making it easier for them to access the support they need when and where they need it. There are also some priorities for early delivery that are supported by additional national funding to:

- **Build capacity and capability across the system** to make measurable progress towards closing the health and well-being gap and securing sustainable improvements in children and young people's mental health outcomes by 2020.
- **Roll out the children and young people's improving access to psychological therapies** delivering a choice of evidence based interventions, adopting routine outcome monitoring and feedback to guide treatment and service design, working collaboratively with children and young people. The additional funding will also extend access to training for staff working with children under five and those with autism and learning disabilities
- **Develop evidence based community eating disorder services for children and young people** in line with the commissioning standards and requirements as set out in the recently published "Access and Waiting Time Standard for Children and Young People with and Eating Disorder Guidance"
- **Develop self-harm and crisis services** with the capacity released in general teams from the establishment of community eating disorder service
- **Improve perinatal care** with resources made available through an additional financial allocation in 2016
- Bring education and local children and young people's mental health services together around the needs of the individual child through a **joint mental health training programme**, testing it with 15 CCGS in 2015/16 - Sunderland was a pilot site for this programme

The funds announced (£608,737 for Sunderland) have been made available by NHS England, subject to local transformation plans being assured in a national process.

3.5 Implementing the Five Year Forward View for Mental Health

In July 2016, Implementing the Five Year Forward View for Mental Health was published which set the objective that by 2020/21, there will be a significant expansion in access to high quality mental health care for children and young people. At least 70,000 additional children and young people each year will receive evidence based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions.

NHS England will work with partner organisations across health, education, youth justice, children's services, the voluntary and independent sectors to consider how consequent improvements to access other services (for example those provided by local authorities and in schools or colleges) will be delivered and measured in parallel.

In delivering this expansion within community based services CCGs are required to commission services to ensure that by 20/21:

- Improved access to 24/7 crisis resolution and liaison mental health services which are appropriate for children and young people
- Evidence based community eating disorder services for children and young people ensuring that 95% of children in need receive treatment within one week for urgent cases, and four weeks for routine cases - during 2016/17 all localities were required to baseline current performance against access and waiting time standard and plan for improvement, in advance of measurement of the standard from 2017/18

NHSE are required to ensure that by 2020/21:

- In-patient stays for children and young people will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements. Inappropriate use of beds in paediatric and adult wards will be eliminated
- All general in-patient units will move to be commissioned on a "place basis" by localities, so that they can be integrated into local pathways. As a result, the use of in-patient beds should reduce overall, with more significant reductions possible in certain specialised beds

A combination of different activities to deliver transformation, such as increasing the number of children receiving evidence based treatment in the community and the development of new models of care is expected to reduce the number of in-patient beds for children and young people across all settings, with savings to reinvest in local mental health services. Investment to pump prime 24/7 crisis resolution services and home treatment services should release money currently within specialised commissioning budget that can be deployed to achieve further improvements in access and waiting times in mental health services.

There is an expectation that delivering increased access to mental health services will require significant expansion in the workforce. By 2020/21 at least 1700 more therapists and supervisors will need to be employed to meet the additional

demand, in addition to improving retention of existing staff, based on recommended caseloads.

All localities are required to ensure a highly skilled workforce by working with existing Children and young Peoples Access to Psychological Therapies. CCGs and providers should ensure that joint agency plans are in place for ensuring the continuing professional development of existing staff for the next five years.

To support this all local areas are required to expand, refresh and republish accessible Local Transformational Plan's for children and young people's mental health on an annual basis that include:

- Details of how extra funding will be used to support ambitions across the whole system
- Clear numeric targets for improved access to services in each year to 2020/21

3.6 Transforming children and young people's mental health provision – Green Paper

The Green Paper, published jointly by the Department of Health and the Department for Education, outlines three core proposals for central government to improve mental health provision:

- **A Designated Senior Lead in every school and college**
Every school and college will be incentivised 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.
- **New Mental Health Support Teams**
Government 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 on-going 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.
- **A new Waiting Times Standard**
As the new Support Teams are rolled out, a four week waiting time for access to specialist NHS children and young people's mental health services will be trialled. This builds on the expansion of specialist NHS services already underway.

The government's intention is to roll out these new approaches to at least a 20-25% of the country by the end of 2022/23. This will begin with Trailblazer areas, which will be operational from 2019 and will be supported by robust evaluation so that there is a comprehensive understanding of what works. The timing of the wider rollout will be determined by the success of the trailblazers, and securing funding after 2020/21, the end of the Government's current spending period.

The consultation on these proposals ended March 2018.

3.7 NHS Long Term Plan

The NHS Long Term Plan was published in January 2019. It pledges to improve care for patients over the next ten years by:

- Making sure everyone gets the best start in life
- Delivering world-class care for major health problems
- Supporting people to age well

These ambitions will be delivered by:

- Doing things differently
- Preventing illness and tackling health inequalities
- Backing our workforce
- Making better use of data and digital technology
- Getting the most out of taxpayers' investment in the NHS

For children and young people's mental health, the NHS Long Term Plan sets out the following ambitions:

- Increasing funding for children and young people's mental health services
- Expanding access to community-based mental health services
- Increasing investment in children and young people's eating disorder services
- Expanding timely, age-appropriate crisis services
- Rolling out Mental Health Support Teams in schools and colleges
- Extending current service models to create a comprehensive offer for 0 – 25 year olds integrated across health, social care, education and the voluntary sector

SCCG is now working to turn the NHS Long Term Plan aspirations into local actions. This includes working with the Integrated Care System (ICS) which covers the North East of England and Cumbria.

4. The Local Strategic Context

4.1 The Children's Strategic Partnership

The Children's Strategic Partnership (CSP) is Sunderland's overarching partnership to improve the outcomes and life chances of children and young people and their families. The purpose of the group is to work together to provide strong and effective leadership in setting the strategic agenda and using intelligence to monitor the effectiveness and impact of services for children and young people.

The partnership's vision "*Working together for children, young people and families*" is underpinned by the following key principles:

- Children, young people and their families will have a voice and be empowered to influence the design of services
- Services will be efficient and intelligence-led
- Children, young people and families who need help will be identified as early as possible and effective intervention strategies will be put in place
- Vulnerable children and young people will be supported so that inequality gaps are closed
- Strong and inspiring leadership will support a skilled and stable workforce.

The CSP delivers improvements through the Children and Young People's Plan 2017-22 which outlines the following priorities:

1. All children, young people and families who need help are identified and supported as early as possible
2. All children have the best start in life
3. All children and young people enjoy good health and wellbeing
4. All children and young people do well at all levels of learning and have ambition and the skills for life
5. All children and young people are kept safe from harm
6. All children, young people and their families will have a voice and influence.

Improving children and young people's mental and emotional wellbeing is firmly embedded in Priority 3 of the Children and Young People's Plan 2017-22 and there is a recognition that mental health outcomes for children and young people are integral to the success of each of the CYP plan priorities. Governance arrangements for the CAMH Partnership are aligned to the CSP and regular updates are provided ensuring that children and young people's mental health remains a constant priority for partners.

The CSP is an advisory group to the city's Health and Wellbeing Board and also works closely with the Economic and Education Leadership Boards and the Safer Sunderland Partnership to ensure the needs of children and young people, and particularly vulnerable groups including those with poor mental health, are reflected in their plans and strategies. The Sunderland Safeguarding Children Board is a key partner on the CSP.

4.2 Children and Young People's Mental Health and Well-Being Transformational Plan

The principles underpinning the CYP Mental Health and Well-Being Transformational Plan reflect those of the City and the plan wholly supports the delivery of the Health and Well Being Plan, the Community Strategy and the Children and Young Peoples Plan with respect to the mental health of children, young people and their families.

EARLY INTERVENTION AND PREVENTION – We will work to address stigma, promote resilience and foster a better understanding of mental health needs across the city. We will support peri-natal mental health and increase the capacity of parents to build emotional attachments with babies and children in the early years, to reduce the risk of children and young people developing mental and emotional ill-health. Where problems do arise, we will work with children, young people and families as early as possible on building their resilience to manage risk factors, promote self-help, prevent problems from re-occurring and reduce their need for future reliance on specialist services

IMPACT AND OUTCOMES – Services commissioned will be outcomes focused and able to demonstrate their impact on improving life chances for children, young people and families

INTEGRATED WORKING – We will work across the partnership to influence improvements in wider determinants of children and young people's mental health and emotional wellbeing and achieve more for families in a seamless way, e.g. Adult Mental Health Services, health, housing, employment, Local Health watch, youth Justice, schools, voluntary sector, community and leisure services

CHILDREN, YOUNG PEOPLE AND FAMILIES – We will involve children, young people and their families at every level of service planning, development and delivery. We will focus on the strengths and difficulties of the whole family rather than the parent or child in isolation. We will listen to children, young people and families, ensure that they are engaged and supported at every level of need, including intensive services for families most in need, and that their wishes and feelings will be taken into account with regard for age and understanding

ACCESS – We will ensure that children young people and families have easy access to websites and apps that provide information on self-help and how to get more help. We will provide the right support from the right service at the right time from services that are responsive to their needs, promote positive engagement, delivering services at a suitable time, in locations as close to home and in settings that are convenient and make sense to them;

EQUITY – We will meet the diverse needs of Children Young People and their families irrespective of their background, with a particular focus on narrowing the gap in outcomes for children and families more at risk of developing mental health problems and those who find it more difficult to engage with services

EFFECTIVENESS AND EVIDENCE BASE – We will sustain a culture of continuous evidence based service improvement ensuring that all aspects of commissioning,

pathway planning and service provision are developed in the light of the best available evidence including evidence based pathways of care for children and young people and their families with identified mental health needs

PATHWAYS OF CARE – We will ensure that mental health services are delivered as part of a holistic model of joined up, multi-agency service provision built around the needs of children, young people and families. This will be supported by clear evidenced based easy to navigate pathways of care, are tailored to individuals and families' needs, adapt as these change, support the most vulnerable and include effective support for transition

EXCELLENT QUALITY CARE – We will ensure that children, young people and families will have a positive experience of individualised care and treatment that in imaginative and non-stigmatising formats by people who care and with access to a named key worker. If young people do need to go to hospital it should be on a ward with people around their age and near to home. And while children and young people are in hospital, they should be supported to keep up with their education as much as possible

WORKFORCE CAPACITY AND CAPABILITY – We will ensure a culture of continuous evidenced based service improvement delivered by all staff who works with children, young people and families. The workforce have the right skills, competencies, confidence, training, at an appropriate level, to meet the mental health needs of children young people and their families

PROMOTION AND INFORMATION – We will ensure that services and environments promote mental health and wellbeing to help children, young people and their families develop the skills that enhance resilience, mental health and emotional wellbeing. Information about mental health and mental health services will be clear and available at all levels of service provision

SAFE FROM HARM – We will ensure that the children and young people have the right to feel safe from harm and exploitation

TRANSPARENCY AND ACCOUNTABILITY – We will work collaboratively to commission service, using data, children young people and their families' insight and evidence of what works to plan and commission services that best meet their needs ensure commissioned services represent value for money, thereby demonstrating effective use of resources.

The THRIVE model provides the framework that supports our longstanding commitment to putting the needs of children, young people and families at the centre of service provision and our understanding of:

- The role that education, health and social care in promoting mental health and supporting children and young people across the spectrum of mental health
- The role of CAMH services in providing training, consultation and joint working across the system to enable other agencies to effectively meet the mental health needs of children and young people

4.3 Mental Health Outcomes

We recognise that mental health outcomes for children and young people are integral to and interdependent upon each of the five outcome areas including being healthy, staying safe, enjoying and achieving and making a positive contribution.

Mental health problems impact upon each of the five outcome areas and reciprocally problems in any of the other outcome areas can impact upon mental health and emotional wellbeing.

Effective service provision to support each of the five outcome areas is an essential element in promoting children and young people's mental health, similarly effective mental health service provision supports good outcomes across each of the five outcome areas

5. Local Assessment of Need

5.1 Population

The Office for National Statistics 2016 mid-year population estimate for Sunderland was 277,962 of which 60,851 were children and young people aged 0–19. This represents 21.89% of the overall population.

These estimates indicate that there are 2,936 children aged under 1 year, 12,557 children aged 1–4, 15,615 children aged 5–9, 14,269 aged 10–14, and 15,474 aged 15–19.

The population for Sunderland is projected to increase by approximately 2% over the next 10 years compared with a national projected increase of 8%.

5.2 Mental Health Needs

One in four children will have some form of mental health problem, 15% (9,128) will have mild, early stage problems; 7% (4,260) will have moderately severe problems; 2% (1,217) will have complex and severe problems and less than 0.1% (60) will have very serious problems.

The NHS England projected prevalence of children and young people living in Sunderland with a diagnosable mental health condition is 5,573. These can broadly be described as follows:

- 4% of 5–15 year olds will have an emotional disorder (including anxiety, depression, phobias, obsessive compulsive disorder) this rises to 9% for 16 and 17 year olds
- 6% of 5–15 year olds will have a behavioural disorder (awkward, troublesome, aggressive, anti-social behaviours) which rises to 12% for 16 and 17 year olds
- 1% of 5–17 year olds will have a hyperkinetic disorder (inattention, impulsivity, overactive)
- 0.3% of 5–18 year olds will have autism, with larger numbers on the autistic spectrum
- 1% of 15–19 year old girls will have an eating disorder
- 3% of adolescents will self-harm rising to 7% in 16 and 17 year olds

One in five mothers suffer from depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth. Suicide is the second leading cause of maternal death, after cardiovascular disease. Mental health problems not only affect the health of mothers but can also have longstanding effects on children's emotional, social and cognitive development. The cost of peri-natal ill health is estimated at £1.8 billion for each annual cohort, or almost £10,000 per birth.

Over half of adult mental health problems in adult life (excluding dementia) start by the age of 14 and 75% by the age of 18.

Children from low income families are at highest risk of developing mental health problems, three times that of those at the highest.

In addition children living in poor housing have increased chances of experiencing stress, anxiety and depression.

A more detailed analysis of this information is presented in Appendix 3: Prevalence of Mental Health Disorders, which also includes information on less common disorders.

There is evidence of rising need in key groups, such as the increasing rates of young women with emotional problems and increasing numbers of young people presenting with self-harm.

In Sunderland there was a decreasing rate of hospital admissions for self-harm in children and young people aged 10-24 years against a national trend of increasing rates. Hospital admissions fell by 47% from 330 in 12/13 to 175 in 16/17. In 2016/17 self-harm in children and young people in Sunderland was ranked 94th out of 150 English Local authorities compared with 6th in 2013.

The number of children and young people attending the Emergency Department (A&E) is as follows:

	2015/16	2016/17	2017/18	2018/19 (April-Nov)
Number of children and young people attending A&E for self-harm	97	118	266	212

Referrals to CAMH services continue to rise. 3,540 referrals were accepted into CAMH services during 2017/18, compared with 3,130 during 2015/16.

- During 2017/18 Washington Mind Young People's Project received 609 referrals
- STFT CCAMH Service received 1121 referrals in 2017/18 compared to 984 in 2016/17
- NTW CYP Service accepted 1912 referrals in 2017/18 compared with 1928 in 2016/17

During 2017-18 there was an increase in the number of children and young people with ASD/Learning disabilities admitted to in-patient units compared with 2015/16. In addition there were a number of delayed discharges as a result of difficulties finding appropriate residential provision.

5.3 Bullying (including racist and sexual prejudice based bullying)

The Health Related Behaviour survey 2017 reported that 28% of primary school children and 33% of secondary pupils said they had been bullied in or around the school premises in the twelve months prior to the survey, which is the same as the 2012 figure for primary school children and an increase from the 2012 figure of 21% for secondary school pupils.

Around 16% of secondary pupils said they have experienced some form of cyber bullying, including 11% by text, 9% being written about online, 6% in a chat room and 2% by email. Around 11% of primary pupils said they had experience cyber bullying, including 8% by mobile phone and 6% by email.

The number of children and young people reporting feeling afraid to go to school because of bullying has also decreased locally from 37% in 2010 to 31% in 2013. In the 2017 survey, 32% of Year 6 pupils said they felt afraid of going to school at least sometimes. 31% of Year 8 pupils and 25% of Year 10 pupils said that they feel afraid of going to school because of bullying at least sometimes.

This decrease could be as a direct result of the in depth work that has been undertaken over the last few years by the Anti-Bullying Strategy Group in schools and the community in raising awareness and running training programmes, the current figures which although encouraging highlight the need for more work in this area.

Locally it is recognised that bullying is a factor in referrals for services such as Children and Adolescent Mental Health Service (CAMHS) and those services providing support to children/ young people and families

5.4 Self-esteem

The 2017 HRBS survey showed that 37% of Year 6 boys recorded levels of high self-esteem. This is lower than the 47% of boys in the wider sample. 36% of secondary school pupils reported high self-esteem scores. However in primary school, 36% worried about SATs/tests, 29% about family problems and 28% about crime. In addition, 15% of pupils worried about how their body changes as they grow up, 19% of pupils worried about health problems and 42% of Year 6 boys and 34% of Year 6 girls would like to lose weight.

Self-esteem appears to increase with age. Whilst 37% of Year 6 boys recorded levels of high self-esteem, in Year 8 this increased to 45% for boys and in Year 10, 47% of boys also recorded levels in the highest bracket. A clear gender difference is apparent with fewer girls recording levels of high self-esteem compared with boys, for example, 47% of Year 10 boys compared with 20% of Year 10 girls.

Students in post-16 education were surveyed and 20% (18%) (brackets indicates national data) of respondents said that they had experienced emotional or psychological problems this term; 51% (54%) have ever experienced such problems. Those problems include:

- 13% (12%) have thought that life is not worth living at some point this term; 57% (56%) ever;
- 4% (4%) have harmed themselves this term;
- 5% (5%) have thought about taking their own life;
- 2% (2%) say they have attempted suicide this term; 12% (13%) have ever done so;
- 6% (5%) have received counselling or other help for depression or other emotional problems this term, 26% (29%) in the past, and of these 41% (34%) said this help was effective.

5.5 Children and Young People in Special Circumstances

Some children are more at risk of developing mental health problems because of the underlying emotional stress in their lives as detailed in appendix 2: Individual, family and environmental factors impacting upon mental health and emotional wellbeing. Children are more at risk include:

- Children from low income families are at highest risk of developing mental health problems; three times that of those at the highest
- Children living in poor housing have increased chances of experiencing stress, anxiety and depression
- Children with significant learning disabilities are four times more likely than their peers to have mental health problems
- Looked after children are five times more likely to have problems than their peers
- At least 40% of young offenders have a diagnosable mental health disorder

Set out below is local information and data about those issues and/or groups that are associated with risk factors, which has informed our services to support vulnerable children and young people

5.6 Children and Young People with Special Educational Needs and Disabilities

In January 2018, a total of 1,111 children and young people aged 0-18 had an Education Health and Care Plan of which 16 (0.3%) were aged 0 to 4 and 1,095 children were aged between 5 and 18 (reception to year 13).

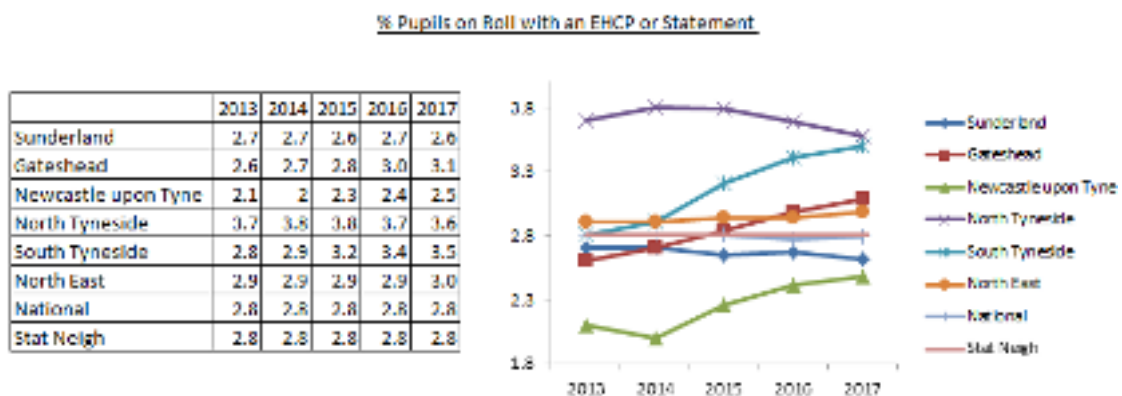
5.6.1 Trends in Primary Need

Data collected from schools and published by the Department for Education, shows that 'specific learning difficulty' is the most prominent need across children in Sunderland with SEN (statement, EHCP, SEN Support). The rate has risen by 66%, 2013 to 2017. Speech, Language and Communication Need has risen by 26%, social, emotional and mental health need has risen by 26%, autism has risen by 90% and Specific Learning Difficulties have risen by 87%.

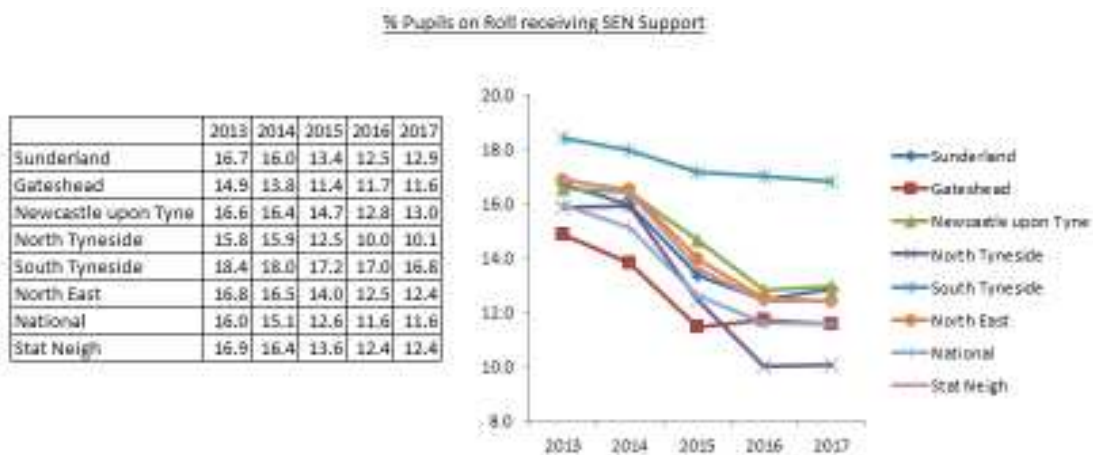
Category	2014/15	2015/16	2016/17	2017/18	2018/19
Primary	27.4	27.4	27.4	27.4	27.4
Secondary	27.4	27.4	27.4	27.4	27.4
Further Education	27.4	27.4	27.4	27.4	27.4
Higher Education	27.4	27.4	27.4	27.4	27.4
Adult Education	27.4	27.4	27.4	27.4	27.4
Other	27.4	27.4	27.4	27.4	27.4
Total	27.4	27.4	27.4	27.4	27.4

Source: DfE Statistical Release

EHCP/Statements as % of whole school population



SEN Support as a % of whole school population



5.7 Child Poverty

Sunderland has high levels of social and economic deprivation. It is ranked as the 41st (out of 150) most deprived upper tier local authority in England (IMD, 2015) with 18.92% of LSOAs in Sunderland in the most deprived 10% nationally.

5.8 Domestic Violence

Around 6,000 domestic violence and abuse (DVA) incidents in Sunderland are reported to the Police each year. However DVA is known to be under-reported by around 50%. Using data from the 2015/16 Crime Survey for England and Wales (CSEW) and applying this to Sunderland, it is estimated that there are:

- 12,800 DVA incidents per year in Sunderland
- 10,000 victims aged 16-59 who experienced DVA in the last year
- more than 32,000 people aged 16-59 in the city who are currently affected by DVA or have been affected by DVA in the past.

Exposure to domestic violence can have significant negative impacts on the health and wellbeing of children, as well as on educational attainment and future risk taking behaviour. 6% of all children are estimated to be exposed to severe domestic abuse between adults in their homes at some point in childhood. Police data from 2016/17 shows that 41% of police reported DVA incidents in Sunderland involved children. Domestic violence was identified as a factor in 547 (26%) of referrals to Children's Social Care.

5.9 Children, Young People and Families Requiring Extra Help

In Sunderland there were 2,899 children in need at 31st March for the financial year 2017/18 (which equates to 5.3% of under 18s). This is a rate of 532.5 per 10,000 children, an increase since the previous year when there were 2,704 such children. This is greater than the current average rate for all local authorities in the North East at 480.8 per 10,000 children.

There were 1,680 children with (any) learning difficulties known to Sunderland schools in 2018. This is a rate of 40.5 per 1000 pupils. This is a recorded decrease compared to the previous year (2017) when the figure was 1,752 which is a rate of 42.1 per 1,000 pupils.

5.10 Children and Young People subject to child protection plans

The Local Authority Interactive Tool shows that there were 495 children who were the subject of a child protection plan as at March 31st 2018, an increase of 72 from the previous year. This equates to 90.9 children per 10,000 of the population compared with 60.6 per 10,000 across statistical neighbours, 65.7 per 10,000 in the North East and 45.3 per 10,000 nationally.

5.11 Looked after children and care leavers

It is well understood that looked after children are one of the most vulnerable groups in society and they are five times more likely to develop mental health problems than others. Many looked after children will have experienced familial

abuse, rejection, disruption and loss in their lives. In particular, their subsequent life-chances, i.e. mental health problems, risk of homelessness and worklessness, are significantly influenced by their experiences in their own families and in the care system, as well as their own emotional resilience.

Sunderland has higher rates of children and young people being looked after than its statistical neighbours, the North East and England Rates.

The Local Authority interactive tool shows that there were 579 Looked After Children in the Sunderland as at 31st March 2018, an increase of 39 from the previous year. This equates to 106 children per 10,000 population. This compares to 99.8 per 10,000 across statistical neighbours, 95 per 100,000 in the North East and 64 per 10,000 across England.

5.12 Youth Offending

5.12.1 First time entrants

Sunderland Police National Computer (PNC) data for 2016/17 shows the rate per 100,000 of young people (rate of 393 equating to 91 young people) entering the criminal justice system now reports better than the regional rate and continues to lessen the gap with the National position. Close monitoring will remain in place to reinforce this steady improvement.

5.12.2 Reoffending

The latest PNC data between October 2014 and September 2015 reports the reoffending binary rate in Sunderland at 41.1%. This is calculated from the percentage of offenders who go on to reoffend with a one year monitoring period. This indicator will become a focus for improvement within the year ahead. Please note, this indicator carries a significant time lag to allow offences to become proven within the monitoring period.

5.12.3 Custody

There was only one custodial disposal during the year 2016-17. Sunderland has a very low use of custody (rate of 0.04, per 1000 young people) and report the best rate in the region (0.34) and are significantly better than the national (0.37).

5.13 Substance Misuse

During the period from April 2017 – March 2018, there were 136 young people who accessed specialist (tier 3) substance misuse services; this is compared to 85 in the previous year. Referral sources were as follows (Previous year shown in brackets):

- Children and Family Services at 31% (34%), compared to 20% nationally
- Education Services at 24% (22%), compared to 30% nationally
- Health and Mental Health Services at 12% (10%), compared to 9% nationally
- Substance Misuse Services at 1% (2%), compared to 3% nationally
- Youth Justice Services at 7% (16%), compared to 23% nationally
- Family, Friends and Self at 13% (10%), compared to 11% nationally
- Other at 5% (5%), compared to 2% nationally

During 2017-18, planned exits were measured at 79% (against 87% in the previous year), compared to 81% nationally.

The main substances used were as follows (previous year shown in brackets):

- Cannabis 65% (78%), compared to 88% nationally;
- Alcohol 57% (49%), compared to 47% nationally.

All young people accessing the services during 2017-2018 were reported as being White British (99% with 1% missing field status).

The majority of young people are engaged in substance misuse services between 13 and 26 weeks.

The (four) highest reported 'Wider Vulnerabilities' of those in treatment during 2017/18 was: (previous year in brackets)

- Mental health treatment need at 36% (21%)
- Affected by others' substance misuse at 26% (18%)
- Self-harm at 20% (11%)
- Domestic abuse at 19% (10%)
- Anti-Social Behaviour at 15% (31%);
- Child Protection Plan at 13% (26%);
- Mental Health Problem at 24% (10%).

5.14 Young Carers

Young carers are children and young people under 18 years old who provide unpaid care to a family member who is disabled, physically or mentally ill, or misuses substances.

There are an estimated 2,407 young carers aged between 5 and 25 in Sunderland and research shows that 27% of young carers miss school or have difficulties in education due to their caring role. This increases to 40% when caring for someone with an addiction/substance misuse. Young carers experience the following difficulties that in turn can impact on their mental health and emotional wellbeing:

- Problems at school – e.g. not completing homework etc.
- Isolation from other children
- Lack of leisure time – e.g. sport, socialising etc.
- Feelings of resentment and anger towards the person they are helping
- Feeling alone and that no one else understands
- Problems moving into adulthood – e.g. finding work, relationships etc.
- 26% of young carers say that they have been bullied as a direct result of their caring role
- Often there can be an emotional impact as the child can worry
- A survey of 9000 young people in England showed on average young carers achieve 9 grade lower than their peers
- Due to low self-esteem, reluctance to leave the family home and levels of achievement well below their potential, many young carers face major difficulties in making the transition into the world of work

- Young carers have limited access to extra-curricular activities due to their responsibilities at home, which can hinder personal development
- Caring often influences views of the future, leaving some with a reluctance to leave home or commit to study post-16
- Many young carers use their experience to access employment in the care sector. However, this must not be seen as the only option
- Employment opportunities may be reduced due to caring responsibilities and the impact a wage may have on the household's benefit situation

5.14.1 How many young carers and young adult carers are there?

Research from the BBC and the University of Nottingham shows that one in five secondary school children were performing a caring role.

The 2011 census (most recent available data) shows that there are 2,437 young carers in Sunderland aged up to 24. How this compares with the region is set out in appendix 4.

5.14.2 Young carers and their mental health

Research shows that being a young carer or young adult carer puts children and young people at greater risk of experiencing issues with their mental health:

- The 2017 GP Patient Survey in England found that 45% of young adult carers reported suffering from depression or anxiety compared to 31% of young people not in a caring role
- NHS Digital's Children and Young People's Mental Health Prevalence Survey found that young carers aged 11-19 were more likely to be living with an emotional disorder (e.g. anxiety or depression) than other people in this age group
- 33% of young carers say their caring role makes them feel worried, while 37% feel stressed. Of those that feel stressed, over 50% say they feel stressed 'often'

5.14.3 Support for young carers' mental health

Recent research by YouGov and the Carers Trust found that many young carers didn't have anyone to speak to about negative feelings that arise as a result of their caring role, and those that did have support often didn't have enough:

- 22% of young carers responding to the YouGov survey said they had no-one to speak to about negative feelings that arise as a result of their caring role
- Less than half of young carers felt they got enough help to deal with emotions and feelings arising as a result of their caring role

The Carers Trust's 2016 report 'Invisible and In Distress' provides more detail regarding the challenges faced by young carers and young adult carers with regards to their mental health and accessing appropriate support. The main issues identified were barriers to support. Young carers and young adult carers face extra barriers in accessing support for their mental health, including:

- Gaps in support: young carers face gaps in mental health support, struggling to access services that would address their mental health, their caring role and any relationship between them

- Identification: professionals frequently miss opportunities to identify children and young people's caring roles, meaning that young carers do not receive the assessment and support they need for their mental health and other needs
- Data: mental health professionals working with children and young people may not be aware of how many are likely to be young carers or young adult carers, and local commissioners lack the data to inform commissioning of appropriate services

5.14.4 What other issues are young carers likely to face that impacts their mental health?

Other issues young carers are likely to face that impacts their mental health includes:

- Nearly three quarters (72%) of young carers feel lonely during school holidays, and more than two thirds (68%) feel more stressed and worried
- 27% of young carers aged 11-15 experience educational difficulties (e.g not being unable to complete homework) or miss school because of caring responsibilities

(Source: Carers Trust England)

5.15 Young People at Risk of Sexual Exploitation

Sunderland began implementing the Child Sexual Exploitation risk assessment tool in January 2015. In 2017 - 18:

- 97 young people were identified as being at risk of sexual exploitation. A risk assessment matrix was completed for all of these young people
- In 2017/18, the number of Looked After Children missing was 645 episodes. This is often the same children repeatedly reported as missing so the data doesn't represent the number of individual children. This figure also does not capture children who are not looked after, those subject to a protection plan, or those not previously known to Children's Social Care
- 73% of children and young people recorded as missing had a return home interview completed where it had been offered

6 Consultation with Children, Young People and Families

6.1 Consultation with children, young people and families

Since 2010, there has been extensive consultation with children, young people and families to inform the development of children and young people's mental health service provision. Key areas for improvement within the consultation feedback requested the following improvements access to appointments, out-of-hours support, access to key workers, service integration and service promotion.

This feedback was used to inform the design of the new children's and families service (CYPS) including those children in special circumstances e.g. learning disabilities, paediatric, looked after children, youth offending and substance misuse.

All CAMH services including CCAMH, CYPS, SCS and Washington Mind continue to engage children, young people and their families using a broad range of feedback mechanisms including surveys, experience of service questionnaire, friends and family test, focus and support groups such as the 'Express Your Emotions' group.

The outcome from this work is used to inform service development and delivery. Key themes emerging from CAMH user groups' feedback during 2015 include:

- Environment – in particular age appropriate waiting areas, importance of privacy and continued importance of providing choice of venue
- Importance of whole family based approaches- Impact of family/ carers concerns on children and young people's mental health and the importance of involving parents and carers in care and treatment
- Access – concern in relation to waiting times
- Importance of effective communication e.g. Young people may not be aware of who to approach if they have concerns about themselves or their peers

Positive feedback about providers was expressed, demonstrating good practice that is positively impacting on children, young people and their families:

- A number of users of provisions felt that the workers demonstrated true care and concern and this appeared to produce a sense of safety and belonging perhaps particularly needed by these young people
- 94% of service users completing friends and family test said they would recommend the service and none said they would not

A similar process of LA engagement with children in special circumstances during 2014/15 highlighted the following issues in relation to CAMHS:

- There is not always good or timely access to health services including CAMHS
- Need to increase self-esteem and acquire coping skills such as assertiveness to deal with bullying
- Young people often have anxiety/impatience re moving on
- Young people need better support to help them cope and manage, not just with the practical aspects of independent living but the emotional ones

During 2015/16 Sunderland Youth Parliament chose mental health and emotional well being as the areas that they wished to focus on. Their work focused on the development of a school based charter mark for mental health and well-being. Members of the Thriving and Coping Work stream worked to further develop the Charter Mark which was launched in January 2018 at the Sunderland Children and Young People's Mental Health and Emotional Well-Being Conference.

More recently (2017-18) Children's Strategic Partnership has provided additional funding to fund further engagement work with children and young people.

6.2 2019 consultation update

6.2.1 Together for Children

Together for Children (TfC) undertake extensive engagement and consultation with children and young people across Sunderland, including via the Sunderland Youth Parliament, the State of the City Debate and the Change Council. The State of the City Debate feedback from children and young people informed the CAMH Partnership priorities for 2019/20. Improving mental health is a key issue identified by children and young people across the city.

In the future SCCG will work with TfC, and other partners across the city, to more closely involve children and young people in the commissioning and delivery of services. For example, we are looking at how young people can be involved in the contract monitoring of the Kooth online counselling and support service to ensure it meets their needs, rather than what commissioners may perceive those needs to be.

6.2.2 Local Authority

Public Health at the Local Authority undertake an annual Health Related Behaviour survey of primary and secondary schools (year 6, 8, and 10). This will take place in February 2019. This survey will provide participant data and trends for health related behaviours.

6.2.3 Washington Mind

Washington Mind undertake engagement meetings with young people across the city as required. These meetings are held to:

- Enable young people to shape service delivery
- Understand the experience of youth loneliness and to explore ways to reduce its occurrence, and its negative impact on mental health and well-being
- Develop youth led research to further understand youth loneliness
- Develop the use of arts-based and creative methods to explore the lived experience of loneliness and isolation
- Further understand the role of literature, music and art in providing understanding and comfort
- Develop a range of tools to help young people to navigate problematic loneliness with peer support from and youth interns
- Amplify the voice of youth loneliness and widely disseminate the findings

7 Local Offer

Services to support Children and Young People (CYP) with mental health needs across Sunderland are as follows:

7.1 Universal and Targeted Services

There are a broad range of services that have responsibility for mental health promotion for ALL children, young people and their families (100%) and providing support for children, young people and their families with mild to moderate levels of mental health need (15%) These include:

- Midwifery Services (commissioned by CCG)
- Health Visitor and Family Nurse Partnership Services (commissioned by LA)
- Children's Centres, Nurseries and Early Years Settings (commissioned / provided by LA)
- Schools, Colleges and Training Providers
- Services for young people e.g. youth services (commissioned by LA)
- School Nursing Service (commissioned by LA)
- General Practitioners (commissioned by CCG from April 2015)

These services also responsible for providing continued support for children and young people with more significant mental health problems who may be accessing evidence based therapies within more specialist mental health services.

7.2 Children and Young People's Mental Health Services

7.2.1 Washington Mind Children and Young People's Service

Sunderland CCG commissions this project which works with young people 11 - 25 years old who live in Sunderland. These young people are often experiencing a complex range of issues. Referrals are accepted from young people, families and professionals.

During 2018 the service:

- Received 642 referrals (28 signposted)
- Delivered 2,421 counselling sessions
- Average wait during this period – 16 weeks
- 762 young people, parents/carers and professionals attended training
- 2,005 young people attended group activities
- 50 parents accessed group support
- Had 1793 downloads of the app Reasons2
- Had over 21,000 visits to the young people's pages at wellbeinginfo.org

The CCG has commissioned Washington Mind to strengthen the opportunities for children, young people and their families to access appropriate information and self-help materials. Washington Mind are also currently working with young people to co-create a range of wellbeing tools to combat loneliness.

7.2.2 South Tyneside Foundation Trust (STFT) Community Child and Adolescent Mental Health Service (CCAMHS) Tier 2

Sunderland CCAMH Service was jointly planned and commissioned by Sunderland CCG and Sunderland City Council with Sunderland CCG as the lead commissioner. The service was commissioned to provide an evidence based therapeutic service for children, young people and their families with moderate levels of mental health need (7% of the population), and to increase the capacity of universal services to meet the mental health needs of children, young people and their families.

Working in partnership with Sunderland Counselling Service, the service provides:

- Individual and group work, brief intervention, parenting support, talking therapies and counselling
- Training, consultation and joint work to increase the capacity of universal service providers to meet the mental health needs of children, young people and their families

From April to December 2018 the service:

- Accepted 887 new referrals
- Delivered 3190 sessions of evidence based therapies
- Delivered 148 group sessions with 772 attendances
- Average waiting time: 12 weeks referral to treatment with a significant downward trajectory in waiting time from 18 weeks in April 2018 to a current position of 2 weeks (February 2019)
- The service continues to collect a broad range of nationally recognised outcome and experience of service measures to inform clinical provision and service development and demonstrate improved outcomes for children and young people

Working with commissioners the service undertakes a process of improvement which has most recently included:

- The significant reduction in waiting times as detailed above
- The establishment of Children and Young People's Psychological Wellbeing Practitioners within the service that has enabled an increase in the range of evidence based interventions the service is able to offer

7.2.3 NTW Children and Young Peoples Service (CYPS)

Sunderland commissions and funds the NTW Children and Young People Service (CYPS). This service was commissioned following extensive partnership working and consultation to develop the service specification.

The NTW CYP Service provides:

- Specialist services for children, young people and their families with severe and complex mental health needs (2% of population)
- Intensive Home Treatment Services for children, young people and families with acute or highly complex and severe mental health needs - to prevent hospital admission
- Multi Systemic Treatment Services - to support children, young people and their families with complex behavioural, mental health and social care needs

- Community Eating Disorder Services
- Support for children, young people and families in special circumstances with moderate levels of mental health need (Tier 2+) including those:
 - Who have learning disabilities
 - Who are or have been looked after or accommodated including those who have been adopted
 - Who have been neglected or abused or are part of a child protection plan
 - Who have a learning or physical disability
 - Who have chronic, enduring or life limiting illness
 - Who have substance misuse issues
 - Who are at risk of, or have been involved in offending
 - Who are homeless or who are from families who are homeless
 - Whose parents have problems including domestic violence, illness, dependency or addiction

In addition the NTW CYP Service is commissioned to provide training, consultation, in-reach, outreach and opportunities for joint working with targeted service providers e.g. Youth Offending Service (YOS), Looked after Children (LAC), substance misuse services, and paediatrics.

During 2017/18 there were:

- 1,912 referrals accepted into the service
- Average of 9 face to face contacts per patient
- 20,084 face to face contacts
- Average waiting time for treatment was 15 weeks
- The service uses a range of measures to assess the clinical effectiveness of the service these include HONOSCA, Goal Based Outcomes and CGAS
- In addition to the nationally mandated Friends and Family Test the Trust has a bespoke process (Points of You) for obtaining information in relation to patient experience at key stages within the clinical pathways

NTW CYP service is rated as outstanding by CQC.

The service continues to work with commissioners to address increased referral pressure, develop models of care, improve access waiting times, improve flow through the service and support the high numbers of children and young people requiring urgent appointments.

During 2015/16 Sunderland CCG provided additional funding to support increased activity to reduce waiting time pressures. During 2016/17 the CCG provided further funding to support increased demands within the service and NTW/SCCG were successful in bidding for additional NHS England funding as part of a national waiting list initiative to improve access in 2018/19.

The neuro developmental disorder pathways are highly resource intensive with 45% of service capacity resourcing the ADHD pathway.

7.2.4 Community Eating Disorder Service

By quarter 4 (January – March) 2021, community eating disorder services are required to achieve the following performance standards as set out in the NHS Operational Planning and Contracting Guidance 2019/20:

- children and young people (up to the age of 19), referred for assessment or treatment for an eating disorder, should receive NICE-approved treatment with a designated healthcare professional within:
 - one week for urgent cases (for 95% of referrals)
 - four weeks for every other case (for 95% of referrals)

Due to the very low volumes of referrals for these services the performance of individual clinical commissioning groups will be assessed over a rolling six-month period

Recent figures from NTW who provide the Community Eating Disorder service in Sunderland show that these future service requirements are currently not being met. To ensure the standards are achieved by 2021, further work to understand the delivery of the service has been identified as a priority for 2019/20. This standard is important because people with eating disorders have better recovery rates and a reduced risk of relapse when they receive early intervention in eating disorder services. Early intervention may also reduce the need for hospitalisation. Delays in starting assessment and treatment can affect response to treatment, with a longer delay having a greater effect on outcomes.

Once the delivery of the service is understood we will create an improvement plan as required. This will take into account the 'Guidance for commissioners of eating disorder service' document published by the Joint Commissioning Panel for Mental Health.

SCCG have joined the regional Integrated Care System eating disorder group in order to learn from work done to date in other areas both locally and nationally. Expertise from this regional eating disorders group will be used to guide the work within Sunderland. Any regionally agreed approaches and performance frameworks can be considered and applied.

7.2.5 Early Intervention in Psychosis

Work with NTW continues to ensure that the Sunderland Early Intervention in Psychosis (EIP) team meets the rating for 'good' services in the CQC self-assessment by 2019/2020. The EIP team see young people from the age of 14 upwards. Work will be ongoing throughout 2019/20 with regular monitoring in place.

7.2.6 24/7 crisis service

Crisis services are in place in Sunderland to cover 24/7. There are CYPs workers in the liaison service at City Hospitals Sunderland (CHS). These workers do not cover 24/7 as there is currently insufficient demand overnight. CHS can contact an on call psychiatrist overnight as required.

7.2.7 Reduction in beds

SCCG continues to work with NTW 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 closure and reform work linked to Roselodge.

7.2.8 Transitions

The transition of young people to adult services is recognised as a time of importance to young people and their families and carers. Work is underway across the city to support children and young people transitioning into adult services. Opportunities remain to improve support to children and young people at this time, and work is ongoing with NTW.

The 'Transitions out of CYPs MH services' Commissioning for Quality and Innovation (CQUIN) framework is in place, with an action plan and audit data provided to SCCG regularly.

7.2.9 New models of care

In June 2017, Northumberland, Tyne and Wear NHS Foundation Trust (NTW) submitted a successful proposal to NHS England to 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'.

The New Model of Care project will develop a revised pathway across Northumberland, Tyne, Wear and North Cumbria for Getting Risk Support Mental Health services and across the whole of the North East and North Cumbria for Getting Risk Support Learning Disability services; the aim being to reduce, wherever possible, the reliance on inpatient beds with more services being delivered in the community and closer to home. Any savings that may arise from the new pathway will subsequently be invested into local services for children and young people.

The aim of the Wave 2 New Model of Care pilot is to introduce new integrated models that ensure the individual is at the centre of care with specialist service provision wrapped around them, no matter where they are located.

The key objectives are as follows:

- Greater focus on prevention and early intervention
- Provision of integrated care closer to home
- Reduced reliance on inpatient beds
- Better use of resources across the whole pathway
- Delivery of the specialised service element of Transforming Care

7.2.10 Northumberland, Tyne and Wear NHS Foundation Trust service reform

In 2018 NTW started a service reform project focussing on reviewing mental health, neuro and learning disabilities pathways. The project was established to

address increasing waiting times in CYPS. Preliminary work found that staff were frustrated with waiting times and that their systems and process have become disjointed. It was also identified that there is some variation between clinical practice and multiple hand-offs between clinical and administrative staff. There is some duplication and over-processing of referral information, with did not attend rates of 17%.

NTW identified a number of whole system and NTW actions which are being led by a project team. SCCG will be working with NTW as appropriate to deliver the project.

7.2.11 Implementation of Care and Treatment Reviews and Care, Education and Treatment Reviews

Work continues around Care and Treatment Reviews (CTRs) and Care, Education and Treatment Reviews (CETRs), including:

- Roll out of SCCG processes around CTRs and CETRs within the children's arena to fulfil our requirements of CETRs ensuring quality throughout. This will require a training programme for TfC Social Workers and other partners
- Working with NTW around development, agreement and roll-out of the provider training offer across Sunderland
- Working with NTW and wider partners to consider options around out of area placements and registration with local GP Practices

7.2.12 Prevention Programme

SCCG and TfC have established a Prevention Programme. In 2019/20 this is working to:

- Deliver:
 - Digital technology and social media, including Facebook groups
 - Motivational interviewing and brief intervention skills in health care (digital)
 - Mindfulness for all children in Sunderland primary schools (Train the Trainers programme)
 - Health, lifestyle and avoidable illness: health care professionals and expert patients support and secondary school assemblies
 - Sunderland health and happiness week
 - Increased uptake of the Sunderland Mental Health Charter Mark in schools
 - Increased uptake of the Daily Mile
- Commence:
 - Digital wellbeing and lifestyle coach for Sunderland children and young people
 - Alcohol injury and substance misuse pathway redevelopment
- Develop:
 - Nutritional education and promote healthy eating in school age children
 - Approaches to reduce obesity in school children
 - Disseminating trends in nutrition science to health care practitioners
 - Connecting Sunderland (improving community resilience, social prescribing and self-care)
 - Reducing the impact of Adverse Childhood Experiences (ACEs)

7.2.13 Use of digital technologies

There is widespread adoption of digital technology in Sunderland. The Reasons2 app is a free app designed by young people and Washington Mind to help improve mental health. The app allows young people to:

- Manage their mental wellness by building their own profile of Reasons2 feel better
- Upload pictures and images that give them the feel good factor and makes them smile
- Find other ways to improve their mental wellness by clicking on links to other websites and information
- Share their Reasons2 with other users and see what makes them smile too
- Keep their favourite Reasons2 so they can see them easier and without having to scroll through old information

Washington Mind also provides an online Wellbeing Guide which provides the following information for people, including young people:

- Information for people looking to improve their own health and wellbeing, or wanting to help a friend, colleague or a family member, but not knowing where to start
- Information on local support services in the Sunderland and South Tyneside areas
- Information about specific health issues and how to look after yourself
- Links to other useful websites and national helplines
- Information on things to do to enable people to get out and about
- Resources to help staff help the people they work with

In 2018 Washington Mind launched the wellbeinginfo App to help enable people to find out about health and wellbeing and manage their own self-care. The app is free to download and aims to help people to:

- Find local services
- Provide information for young people
- Find local training opportunities
- Find health and wellbeing information and advice
- Learn about what is happening in their local area
- Provide self-help information

STFT also offer the following brief protocol driven online cognitive behaviour therapy as part of their service delivery:

- We Eat Elephants
- Living Life To The Full

NTW are using digital technologies including digital dictation to cut down on the time spent by clinicians on paperwork, thus freeing up clinical time to undertake more face to face sessions with young people.

TfC, supported by SCCG, are commissioning Kooth. Kooth is an online counselling and emotional well-being platform for young people aged 11 to 18 (up to 25 for care leavers), accessible through mobile, tablet and desktop and free at

the point of use. Kooth is already commissioned in Newcastle, Gateshead, and North Tyneside, as well as other parts of the country. Where a young person has a therapeutic contact with a counsellor, this is counted toward the NHS England access target. It is anticipated that for those young people that don't require face to face contact, Kooth will provide less stigmatising service delivery which can be accessed by those young people who may not engage with traditional services.

7.2.14 Nationally Commissioned Services

NHS England currently commissions Tier 4 services for children with highly complex, severe or persistent mental health needs (0.075%). These are predominantly in-patient services and are provided by the two major mental health trusts in the region as follows:

- Tees, Esk and Wear Valley (TEWV) Regional Eating Disorder Service for Children and Young People
- Northumberland Tyne and Wear Mental Health Foundation Trust (NTW) Regional CAMHS and Learning Disability Services including intensive care, in-patient and Neuro-Development Disorder Service

NHS England operates a national bed management system and meets with CCG commissioners on a regular basis to monitor activity.

Sunderland has well developed Intensive Community Treatment Services and a Community Eating Disorder Service which is reflected in relatively low numbers of admissions to in-patient services.

NHS England has previously reported a number of incidences of children and young people from Sunderland who have either been readmitted or had delayed discharge due to limited social care support in the community. However during 2017/18 there were no delayed transfers of care in Sunderland.

In line with the Transforming Care agenda the number of commissioned inpatient beds has reduced which has enabled additional funding to be put into the Sunderland CYPS community intensive care team and the development of a CYPS community forensic team which operates across the region.

Locally, a Risk Management Group is being established to ensure a co-ordinated multi-agency response to meeting the needs of children with complex needs. This group will ensure appropriate multi-agency support is in place to prevent avoidable in-patient admissions and support effective discharge.

7.2.15 Mental Health Services Data Set

SCCG has worked closely with providers to ensure national Mental Health Services Data Set (MHSDS) submissions reflect activity and performance for services commissioned in Sunderland. Issues with national submissions for non-acute providers remains a challenge in Sunderland and is a key focus of work to progress in 2019/20. Due to the resource implications of implementing national reporting requirements and submissions, information continues to flow both locally and nationally as agreed by NHS England.

The CCG is currently working with all providers to ensure national submissions are made and data quality and assurance is monitored for all services and for the Sunderland system overall. As part of this work, SCCG is in the process of agreeing data quality improvement plans (DQIP) with providers which will be embedded within NHS Standard Contracts and this will be monitored via routine contract monitoring meetings.

A local dashboard is produced which has been developed over time and work has been carried out to ensure that where national submissions are made by key providers, the local dashboard reflects this level of performance and quality. Data quality improvement plans which set out the requirements of providers to improve the quality of data flows, both locally and nationally, include the need to monitor improvements over time.

8 Progress and Priorities

During 2014/15 the CAMH Partnership worked with wider partners including specialist commissioning and elected members to complete *the Sunderland Children and Young People's Mental Health and Wellbeing Plan 2015-20*. The Plan reflected priorities identified through self-assessment against the Five Year Forward View for Mental Health, Future in Mind, the CAMHS Transformational Guidance and engagement with children, young people and families. We have continued to develop and implement this plan as described below:

8.1 Priority 1: Partnership, Planning and Commissioning

The Sunderland CAMH Partnership is responsible for the development and implementation of the CYP Mental Health and Emotional Well Being Transformational Plan. There are 3 objectives within this priority:

- To strengthen strategic planning arrangements
- To strengthen joint commissioning arrangements
- To increase workforce capacity to meet the mental health needs of children, young people and their families

8.1.1 Progress 2015/18

- We have continued to strengthen partnership arrangements to deliver the Children and Young People's Mental Health and Emotional Well-Being Transformational Plan
- We have embedded children and young people's mental health and emotional well-being within the Children and Young People's Plan
- We have increased partner engagement in the development and delivery of the Transformational Plan
- We have established working Groups to deliver on each of the priority areas
- We have established a joint commissioning group for children and young people

8.1.2 Priorities 2018/19

- We will agree a joint commissioning plan and resource to support the children and young people's Mental Health and Emotional Well Being Transformational Plan
- We will agree multi-agency roles and responsibilities to support the commissioning of services to in line with the THRIVE model
- We will agree revised service specifications with all CAMH service providers to reflect: requirements of Five Year Forward View; priorities identified through process and pathway mapping and transformational work-streams

8.2. Priority 2: Thriving and Coping

The Thriving and Coping Work Stream Group is focused on the delivery of the Thriving and Coping Priority of the Children and Young People's Mental Health and Well-Being Transformational Plan. There is excellent partner representation at this meeting. There are 5 objectives within this priority:

- Strengthen the opportunities for children and young people and their families to access appropriate information and self-help materials
- Develop peer support within universal, targeted and specialist provision
- Improve peri-natal mental health care in line with local need and national guidance
- Further develop early years support for mental health and emotional well being
- Improve the capacity of the universal workforce to effectively address the mental health needs of children and young people at an earlier stage to reduce increasing levels of referrals to specialist services

8.2.1 Progress 2015/18

- We have continued to develop the peri-natal mental health practitioner to support maternity services as part of the psychiatric liaison service
- Washington Mind has worked with young people and partners to produce an app to support the mental health of young people
- We have worked to ensure that the re-commissioned 0-19 Public Health services will support the mental health and emotional well-being of children, young people and their families as an integral part of an agreed partnership approach
- The mental health lead role is now well established in schools that were part of the school CAMHS link pilot
- We have well-established school/CAMHS half termly meetings to develop practice to improve mental health and emotional well-being in schools
- We have developed and launched a School Charter Mark for mental health and emotional well-being based upon the work of the Youth Parliament

8.2.2 Priorities 2018-19

- We will continue to commission Washington Mind to work with young people to further develop the mental health and emotional well-being app to include self-help and service information
- We will explore digital approaches to support children and young people's mental health and emotional well-being including on-line packages and on-line counselling
- We will work with partners locally and regionally to plan the expansion of peri-natal mental health service provision (maternity services, adult mental health, IAPT, health visitor services)
- We will monitor the effectiveness of the model of peri-natal mental health maternity liaison service
- We will encourage all schools to participate in the CAMHS/ schools link work including the development of mental health lead role, participation in cluster meetings and engaging with the school charter mark for mental health
- We will work to encourage GP's to more actively engage with the CYP mental health and emotional well-being transformational plan
- We will work with partners to develop a multi-agency parenting offer across Sunderland
- We will offer workshops throughout 2018/19 to support workforce development based upon those requested at 2018 conference

8.3. Priority 3: Getting Help / Getting More Help

The Getting Help / More Help Work Stream Group is focused on the delivery of the Getting Help/ Getting More Help priority of the CYP Mental Health and Well-Being Transformational Plan.

There are 8 objectives within this priority:

- Improve multi-agency pathways to support children and young people with neurodevelopmental disorders – Autistic Spectrum Disorder (ASD) and Attentional Deficit Hyperactivity Disorder (ADHD)
- Improve model of care for children and young people with learning disabilities
- Increase capacity to deliver evidence based interventions (CYP Improving Access to Psychological Therapies Programme)
- Improve access to CAMH Service Provision
- Ensure CAMH services continue to develop as an integral part of service provision for children young people and families
- Enhance NTW CYP intensive Community Treatment Service (ICTS) to support children and young people with learning disabilities to avoid preventable admissions to inpatient services
- Ensure CAMH services provide effective support for children and young people with Special Educational Needs and Disabilities (SEND process)
- Improve pathways and processes between community and in-patient services

8.3.1 Progress 2015-18

- We have completed a process and pathway mapping exercise for all commissioned CAMH services
- We have provided additional funding during 2015/16 and 2016/17 to improve access through reducing waiting times
- We have recruited 7 Psychological Well-Being Practitioner (PWP) to support improved access to psychological support as part of the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme
- We have developed an agreed multi-agency NICE compliant pathway for children and young people with Autistic Spectrum Disorder
- We have developed an agreed multi-agency NICE compliant pathway for the assessment and management of Attention Deficit Hyperactivity Disorder which will support more pro-active early intervention and support for children, young people and their families
- We have expanded the Rapid Assessment Interface and Discharge (RAID) service by 3.5 wte dedicated children and young people's practitioners to deliver psychiatric liaison services for children and young people
- We have further developed the Community Eating Disorder Service to be compliant with the access and waiting times standard
- We have strengthened the Community Education Treatment and Review process for children and young people to prevent unnecessary admission to in-patient services

- We have established a complex needs group to support children and young people with complex learning, mental health, behavioural and social care needs

8.3.2 Priorities 2018-19

- We will improve access to CAMHS and reduce waiting times by delivering pathway reform and efficiencies to include:
 - Improved multi-agency support for children and young people with social, emotional and behavioural difficulties including family (parenting) support
 - Implementation of the outcomes of ADHD pathway review to include early psychosocial support at home and school (release capacity within CYPS)
 - Further pathway review of all CAMH services to include direct and indirect service provision, workforce requirements and consideration of single point of access
 - Evaluating the contribution of PWP's to improving access to treatment (psychological therapies) to inform 2019/20 plan
 - Continuing to develop flexible, needs led models of service provision
- We will exceed the national CAMHS access target of at least 31% of children and young people with a diagnosable mental health condition accessing evidence based treatment
- We will develop revised service specification for all CAMH service providers based upon outcomes of process mapping, CAMHS transformational work, requirements of Five Year Forward View including increased access to therapies, community eating disorder service provision, access to CORE 24 psychiatric liaison services, access to crisis response services and cost envelope/ commissioning plan
- We will further develop workforce plan based upon the outcome of process mapping
- We will improve CAMHS and LD service provision for children and young people with Special Educational Needs and Disabilities to include:
 - Improved pathways and processes to support Education Health and Care Planning process
 - Root Cause Analysis of all ASD/LD in-patient admissions to inform community service planning
 - Support for implementation of Transforming Care for Children and young people including new models of care and enhanced community service provision for children and young people with learning disabilities including Positive Behaviour Programmes, exploration of models of residential community provision

8.4. Priority 4: Getting Risk Support

The Getting Help / more Help Work Stream Group, is focused on delivery of the getting Risk support priority of the CAMHS Transformational Plan.

There are 3 objectives in this area:

- Continue to develop a more integrated, joint working model to improving multi-agency approaches to supporting vulnerable children including LAC

- Continue to improve services for children and young people in line with the crisis care concordat
- Develop multi-systemic / multi-agency wrap around support to meet the needs of children and young people with complex behavioural, mental health and social care needs

8.4.1 Progress 2015/18

- We have established a complex needs group to support children and young people with complex learning, mental health, behavioural and social care needs
- We have established psychological consultation sessions for residential care staff
- We have identified the training needs of foster carers

8.4.2 Priorities 2018-19

- We will consider the establishment of a multi-agency model of a multi-systemic therapy approach to meeting the needs of children and young people with complex behavioural, mental health and social care needs
- We will explore the development of a model of therapeutic residential care for young children with complex behavioural, mental health and social care needs – to include residential care, therapeutic support and bespoke education packages

8.4.3 2019 progress update

8.4.3.1 Children's Psychological Wellbeing Practitioners

In 2018, seven Children's Psychological Wellbeing Practitioners (CPWPs) were employed in Sunderland to increase access to psychological support as part of the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme. Following an evaluation undertaken by STFT, the CAMH Partnership Chair wrote a CCG business case for recurrent funding. In January 2019 SCCG Executive Committee agreed to fund the 7 CPWP posts recurrently. In the future, these posts will support the development and delivery of the Single Point of Contact, which is a priority for 2019/20.

8.4.3.2 Mental Health Charter Mark

Seventeen schools across the city have now been awarded the Bronze Mental Health Charter Mark. These schools will be eligible to apply for the Silver Mental Health Charter Mark in the summer term of 2019. A number of other schools have expressed an interest in applying for the bronze Mental Health Charter Mark.

One of the children's homes' managers has undertaken a piece of work adapting the Charter Mark for use in the homes. The children's homes, social care and the Thriving and Coping Chair are working together to progress the roll out of the Mental Health Charter Mark to children's homes.

The chair of the Thriving and Coping work stream provides updates to the Youth Parliament regarding the roll out of the Mental Health Charter Mark into schools as the Youth Parliament came up with the idea.

To develop and enhance the existing Mental Health Charter Mark the CAMH Partnership supported a bid for the Voluntary, Community and Social Enterprise (VCSE) Health and Wellbeing Fund led by Sunderland Counselling Service on behalf of the partnership. The bid included support, training, scaffolding and supervision to schools around improving mental health and emotional wellbeing of pupils and families.

The Health and Wellbeing Fund works with the Department of Health and Social Care, Public Health England and NHS England to support projects for a period of three years. A total sum of up to £510,000 is available per applicant. Match funding from a statutory partner, e.g. Clinical Commissioning Group (CCG), Local Authority (LA) is required, with a 0% contribution in year 1, 50% in year 2 and 80% in year 3. After three years of grant funding, projects that are successful are expected to find ongoing funding and demonstrate sustainability. 5% of the funding amount in each year needs to be reserved for evaluation of the project.

This bid builds on the existing good work underway in schools, evolving services to meet emerging needs. This strong foundation will create the conditions to successfully roll out Mental Health Support Teams in schools in the future.

8.4.3.3 Growing Healthy Sunderland

Growing Healthy Sunderland provides an integrated Public Health service for expectant mothers, children and young people and their families in the city. The team delivers high quality, evidence-based interventions which support families and identify and respond appropriately to need across Sunderland. Since 1st July 2018 Growing Healthy Sunderland has been funded by Sunderland City Council and delivered by Harrogate and District NHS Foundation Trust (HDFT). The Growing Healthy Sunderland service includes:

- Provision of antenatal reviews from 28 weeks of pregnancy.
- Provision of all mandatory universal reviews.
- Provision of a 3-4 month review.
- Provision of school readiness review.
- Targeted support for teenage parents via the implementation of the Family Nurse Partnership.
- Provision of the National Child Measurement Programme at start and completion of primary school.
- Audiology Screening at commencement of primary education.
- Provision of Public Health advice, information and support.
- Provision of enhanced support to children and young people with higher levels of need.
- Ensuring children and vulnerable adults are kept safe.
- Provision of support to schools in developing a full understanding of the health and wellbeing needs of their pupils.
- Provision of Oral Health Promotion.

There is representation from HDFT at both the CAMH Partnership and the work stream groups.

8.4.3.4 Peri-natal service

Following a successful bid to Wave 1 of NHS England's Community Services Development Fund in 2016, NTW has been rolling out a specialist Perinatal Community Mental Health Team across the whole NTW footprint. The enhanced perinatal service was funded on a non-recurrent basis across CCGs by NHS England.

SCCG has agreed to recurrently fund the current Perinatal Community Mental Health Team (CMHT) from the 1st April 2019. This means all CCGs covered by NTW will recurrently commission the enhanced service together.

This arrangement will deliver a central hub and spoke enhanced model of care, serving women and their families in each local area to utilise the experience, knowledge and skills of the current Perinatal CMHT to provide expertise, training, management, leadership and supervision. There will be one team working across localities to deliver:

- An effective care pathway ensuring women get the right care at the right time in the right place
- Consistent and informed multi-agency working
- The identification of those well women who are at high risk due to diagnoses of bipolar disorder and psychosis to be proactive and prevent relapse
- The collaborative model offers greater value for money, cost effectiveness an improved patient and carer experience than each CCG funding a CCG specific service

8.4.3.5 Altogether Better in Sunderland

In February 2018 Sunderland CCG agreed to secure a multi-specialty community provider collaboration business model, via an alliance approach, supported initially through a compact for collaboration and subsequently by an alliance executive and Programme Board, with alliance principles being incorporated into each contract commissioned by the CCG.

The Programme Board is accountable for delivery of the overarching programme and provides strategic leadership and direction, overseeing progress across all its component projects and delegated responsibilities from the All Together Better (ATB) Executive Group. The Programme Board provides engagement across service providers and with service user and carers' networks.

The ATB Alliance Mental Health, Learning Disability and Autism Programme Group is established to undertake and be principally responsible for overall integrated delivery, performance, outcomes and system-wide overview of mental health, learning disability and autism services.

The ATB covers the adult population, and does not directly include children and young people. The chair of the CAMH Partnership delivers a regular update paper to the ATB Mental Health, Learning Disability and Autism Programme Group to ensure the ATB has oversight of the delivery of this plan. This plan will also be discussed at the ATB Alliance Mental Health, Learning Disability and Autism Programme Group.

8.4.3.6 Strategic Commissioning Manager post

SCCG and Together for Children have agreed funding for a joint Strategic Commissioning Manager post across the two organisations to strengthen partnership arrangements and integrated commissioning in Sunderland. Initially this post will be for 12 months. The job description has been agreed and will be recruited to in March 2019. This new role will contribute to the achievement of the priorities set out in this plan, and to the delivery of support to children and young people with Special Educational Needs and Disabilities.

8.4.3.7 Integrated Care Partnership

Sunderland is part of the central Integrated Care Partnership (ICP), which also includes South Tyneside and Durham. Working between CCGs across the ICP has commenced.

8.4.3.8 Integrated Care System

Sunderland is part of the North East and North Cumbria Integrated Care System (ICS). There are regular meetings of the Children & Young People's Mental Health and Wellbeing ICS Partnership, which the CAMH Partnership Chair attends. There are also further regional subgroups that feed into the children and young people's Mental Health and Wellbeing ICS Partnership, for example the Community Eating Disorders Services Workstream. The ICS Partnership also has a work stream which supports the development of the individual CCG versions of this plan.

The CAMH Partnership Chair will continue to work with colleagues across the ICS system to share learning and best practice.

9 Commissioning for Mental Health and Emotional Wellbeing

9.1 Commissioning

Sunderland has a well-established model of joint commissioning to support the implementation of agreed priorities based upon assessed need.

The CCG leads on the commissioning of CAMH Services on behalf of the CAMHS Partnership which has recently developed this plan.

The CCG and the partnership will work with other commissioning organisations as described in Appendix 5.

There has been extensive work across the NE to develop a complimentary model of community and in-patient service provision including intensive community treatment services and community eating disorder services.

This collaborative approach will need to continue and further develop to support continuity of care between in-patient and community settings.

9.2 Measuring service outcomes

Services outlined in this plan will be commissioned by the relevant commissioner(s) using outcomes-based commissioning, with targets and measurement of the real change achieved for children, young people and families who use the service, built into contracts and contract monitoring for providers from all sectors.

Services and projects will be reviewed by the individual commissioners responsible on the basis of whether they are achieving the real outcomes for children, young people and families that were agreed in their service specification.

CAMH services, commissioned by the CCG are required to collect data in line with the National CAMHS minimum data set, CORC, IAPT and locally agreed data to inform the planning and commissioning of services.

10 Resources

10.1 Funding for CAMH service provision

Provider	Funding Source	Description	2015/16 (Outturn)		2016/17 (Outturn)		2017/18 (Outturn)		2018/19 (Forecast)	
			Recurrent Funding £	Non-recurrent Funding £	Recurrent Funding £	Non recurrent Funding £	Recurrent Funding £	Non recurrent Funding £	Recurrent Funding £	Non recurrent Funding £
NTW	SCCG	CYP Services	2,831,077		2,862,219		3,408,970		3,412,376	
NTW	SCCG	CYP Element of RAID Service					153,844		310,765	
NTW	SCCG	CYP Service Pressures and other Non-Recurrent Funding e.g. waiting list funding		314,000		749,000		106,000		182,000
STFT	SCCG	CCAMHS	669,659		694,300		694,996		695,691	
STFT	SCC	CCAMHS	442,049		446,912		447,358		447,805	
Schools/STFT	SCCG	School CAMHS Link Pilot		50,000						
Sunderland Counselling Service	SCCG	CYP Counselling	188,214		190,285		190,475		190,665	
Washington Mind	SCCG	13-25 young people service	83,550		84,386		84,470		84,554	
Complex behavioural mental health social care	SCCG	Health contribution to individual packages of care (2018/19 value yet to be validated with Altogether Children)	613,549		642,898		574,356		574,356	
Total			4,828,098	364,000	4,921,000	749,000	5,554,469	106,000	5,716,213	182,000
Grand Total			5,192,098		5,670,000		5,660,469		5,898,213	

Notes:

- Please note that the non-recurrent investment in 2016/17 was largely to address short term backlog and capacity issues within the CYP Service at NTW. There was not the expectation that this would fully continue on a recurrent basis.
- The CYP Element of the RAID service line occurred during the 2017/18 financial year. An assumption has been made that 50% of the costs were incurred in 2017/18.

Regarding financial resources to support the delivery of the priorities, SCCG are currently working through the details and implications of the draft CCG financial allocations for 2019/20 to 2023/24. As part of this work a separate budget setting paper specifically for mental health is being produced for SCCG's Governing Body in March 2019.

11 Local Governance Arrangements

11.1 Health and Well Being Board

The Health and Wellbeing Board has been involved in the self-assessment process and the identification of key priorities. The Board has approved this plan and will continue to monitor and support its implementation.

11.2 Children's Strategic Partnership

The Children's Strategic Partnership has been re-established. The chair of this group is the Director of Children's Services and the deputy is the CCG Chief Executive.

The purpose of this group is to:

- Provide strong and effective leadership
- Support effective partnership work and take action to ensure that children and young people in Sunderland are supported to achieve their potential
- Set the strategic agenda for children and young people in Sunderland and seek to influence the strategic commissioning intentions of partners
- Monitor the effectiveness and impact of services for children and young people
- Using local intelligence, identify areas for improvement which require input from across the partnership and which add real value to the outcomes of children and young people
- Co-produce improvement plans on areas identified
- Influence strategic partnerships in the setting and reviewing of priorities

The Children and Young People's Mental Health and Well-Being partnership reports to this group which supports the on-going development and monitors the implementation of this plan; supports a more co-ordinated approach to the development of CAMHS pathways and provision as an integral part of services for children, young people and their families.

11.3 Children and Young People's Mental Health and Well-Being Partnership

There is a well-established Children and young People's Mental Health and Wellbeing Partnership in Sunderland that provides a wide multi-agency representative strategic forum to:

- Support the on-going development and implementation of this plan
- Monitor and comment on progress in implementation of this plan
- Promote service practice and development, opportunities for sharing information about good practice and service innovation and joint working across agencies
- Feed information and views from and disseminate information to, other stakeholders and organisation including schools
- Ensure that the views of parents, children and young people inform all aspects of this plan

A number of groups have been established to support the implementation of this plan.

11.3.1 Thriving and Coping

Thriving and Coping Work-Stream is chaired by Sunderland Head Teacher, supported by public health and STFT Community CAMH Service is focused on the delivery of the Thriving and Coping Objectives set out in this plan including developing mental health lead role in schools, implementing the school Charter Mark, and planning and running school cluster meetings to promote best practice.

11.3.2 Getting Help/ More Help

A number of time task and finish groups and events support the delivery of this element of the plan including ASD Kaizen, ADHD Kaizen, pathway and process mapping events. During 2018-19 a kaizen event focusing on developing community support for children with learning disabilities and a task and finish group focusing on implementation of ADHD pathway are planned.

11.3.3 Risk Support

Both Task and Finish and established groups support the delivery of this outcome area including the therapeutic residential home planning group and the Complex Needs Group.

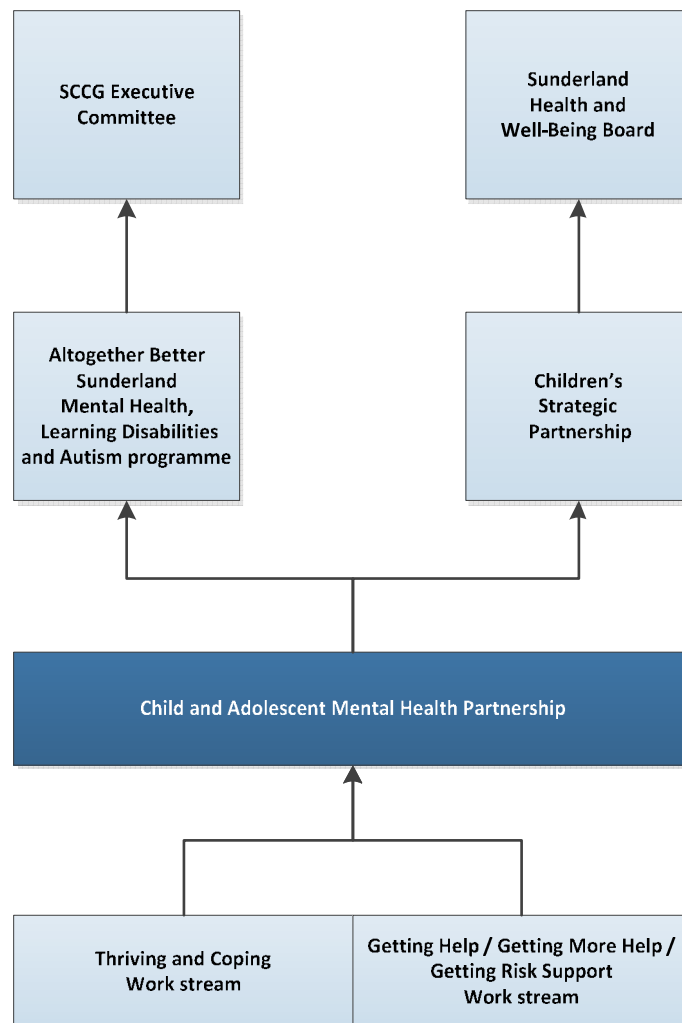
11.3.4 Governance structure

Currently the Thriving and Coping and Getting Help/Getting More Help/ Getting Risk Support work stream groups report into the CAMH Partnership, which in turn reports into the Children's Strategic Partnership (CSP) and the Altogether Better Sunderland MH, LD and Autism programme. The CSP informs the Health and Wellbeing Board. This governance structure is set out in section 11.4.

11.3.5 Integrated Planning and Commissioning Group

A new Integrated Planning and Commissioning Group was convened in 2018 with representation from Together for Children and SCCG. Discussions are ongoing regarding the specific governance arrangements for this group and this may impact the governance structure set out in section 11.4.

11.4 Governance structure:



12. 2019/20 Priorities

The refresh of this plan has been developed by assessing the needs of children and young people in Sunderland, as set out in the Joint Strategic Needs Assessment (JSNA) (Available from: <https://www.sunderland.gov.uk/article/15183/Joint-Strategic-Needs-Assessment>) and the Special Educational Needs and Disabilities JSNA. Existing service delivery was considered within the context of these needs, and any gaps or potential gaps were identified using formal data and the local intelligence of clinicians, service managers and general practitioners together with feedback from children and young people, their families and carers. Performance requirements were also considered to ensure statutory organisations are meeting their responsibilities.

The 2019 refresh of this plan was presented at the CAMH Partnership, which included a discussion regarding the Key Lines of Enquiry feedback from NHS England. The draft refreshed plan will be discussed at the Sunderland Health and Well Being Board prior to their final sign off. The plan was also shared beyond the membership of both these groups to seek updates as required.

The refresh of this plan was also raised in multiple forums including the Children's Strategic Partnership and the Special Educational Needs and Disabilities Strategic Partnership to raise the profile of the document and to ensure it has shared ownership across the city.

There are a number of gaps to service delivery which have already been identified within the plan but which have not been achieved due to a lack of resources. These include the improvement of the Autistic Spectrum Disorder (ASD) pathway and the Attention Deficit Hyperactivity Disorder (ADHD) pathway. The development of a single point of contact had also already been identified within the plan. These pre-commitments are set out in Appendix 6.

The deliverables for 2019/20 build upon achievements of previous years, and opportunities to enhance these achievements. For example, the Youth Parliament proposed a Mental Health Charter Mark for schools, and to date 17 schools have achieved bronze status. Sunderland Counselling Service (on behalf of the CAMHS Partnership) is now bidding for Voluntary, Community and Social Enterprise (VCSE) Health and Wellbeing Funding to roll this work out at a scale and pace not possible within existing resources.

A CAMH Partnership workshop was held in January 2019 to consider priorities for 2019/20. This workshop was attended by the following partners from across Sunderland:

- Harrogate and District NHS Foundation Trust
- Hylton Red House Nursery School
- Northumberland, Tyne and Wear NHS Foundation Trust (NTW)
- South Tyneside NHS Foundation Trust
- Sunderland Carers Centre
- Sunderland City Council

- Sunderland Clinical Commissioning Group
- Sunderland Counselling Service
- Sunderland Mind
- Sunderland University
- Together for Children
- Washington Mind

Background information was presented to the group, including this plan, details of the 2019/20 Operational Plan performance requirements, the details from last year's planning submission, key points from the NHS Long Term Plan and existing pre-commitments.

How to include the views of children and young people was considered before the priority setting workshop was held. Following discussions with TfC who have undertaken extensive engagement, it was agreed to present the feedback from the State of the City debate at the workshop for attendees to take into consideration.

Through group discussions, the CAMHs Partnership proposed the following priorities for 2019/20:

1. Review integrated commissioning arrangements for children and young people's mental health provision
2. Develop a Single Point of Contact
3. Ensure we have effective delivery of early interventions
4. Increase access to training to raise awareness and empower people to support children and young people with mental health issues
5. Review the eating disorder service

The existing pre-commitments to be carried forward into 2019/20 are:

6. Submit a revised bid for Trailblazer funding to deliver Mental Health Support Teams in schools when wave 2 is announced
7. Continue reform of the Autistic Spectrum Disorder pathway
8. Continue reform of the Attention Deficit Hyperactivity Disorder pathway
9. Commission the Kooth online counselling service

The rationale for each priority is as follows:

No	Priority	Rationale
1	Review integrated commissioning arrangements for children and young people's mental health provision	<ul style="list-style-type: none"> • Integrated commissioning is an organisational priority for SCCG and Together for Children • Recognises that to be effective, clinical pathways need to be integrated across organisations • Effective joint working between partners via the CAMH Partnership provides opportunities for greater integration where this will benefit CYP and their families and carers • Will support the review of arrangements for CYP in 'special circumstances' • Will support best use of resources across the system • Will remove barriers to certain groups of CYP

		<p>receiving care which meets their needs</p> <ul style="list-style-type: none"> • Will reduce CYPS waiting times • Will provide a better experience for CYP • Will be less stigmatising for CYP if seen in the place that meets their needs • Recognised as a priority due to increased rate of mental health issues and complexity of issues CYP are presenting with • Will facilitate meeting the future waiting time standard (4 weeks) • Will ensure high volume / low intensity demand is responded to • Will improve timeliness of intervention at point of need
2	Develop a Single Point of Contact	<ul style="list-style-type: none"> • Recognised as a priority in previous years and not progressed due to a lack of resources • Will enable CYP and their families and carers to be directed to the most appropriate service to meet their needs • Will reduce waste of resources (by both services and CYP and their families and carers), by CYP and their families and carers being seen in the right service the first time • Will maximise effectiveness of limited resources • Will improve people's experience of accessing services • Will ensure young people can access the appropriate service • Will support the effective commissioning of services • Will ensure CYP receive timely interventions • Supported by additional funding from the CCG from April 2019
3	Ensure we have effective delivery of early interventions	<ul style="list-style-type: none"> • Will enable partners to understand barriers the schools are experiencing • Will enable the successful Mental Health Charter Mark model to be adopted more widely • Will provide an evidence base to support effectiveness • Will support equity of provision across the schools • Evaluation of impact will enable value for money to be achieved
4	Increase access to training to raise awareness and empower people to support children and young people with mental health issues	<ul style="list-style-type: none"> • Recognition that everyone who comes into contact with CYP can have a positive impact on their mental health • Staff have identified a lack of knowledge as a barrier to supporting the mental health of CYP • Recognition that prompt identification, support and interventions can prevent mental health issues

		<p>worsening</p> <ul style="list-style-type: none"> • Recognition that early intervention can reduce demand for services in the longer term • Current resources are expensive • The wider workforce don't know what schools can offer currently so can't signpost or ask for help • To ensure we provide a core offer of training that meets local need, builds on local expertise • Will facilitate a whole system / whole family approach • Will ensure competencies of professionals working with CYP • Will improve awareness of and use of resources e.g. MindEd • Will help reduce stigma • Will ensure interventions are evidence based
5	Review the eating disorder service	<ul style="list-style-type: none"> • Required to understand current issues with the service • Actions to ensure the service meets requirements can then be implemented as required
6	Submit a revised bid for Trailblazer funding to deliver Mental Health Support Teams in schools when wave 2 is announced	<ul style="list-style-type: none"> • A bid was submitted for wave 1 funding but this was unsuccessful • Potential to build upon the engagement of schools in the CAMH Partnership work (the Thriving and Coping Work stream is chaired by a head teacher) • Potential to build up the Mental Health Charter Mark work and the popular school cluster meetings • Potential to build upon prevention work currently underway
7	Continue reform of the Autistic Spectrum Disorder pathway	<ul style="list-style-type: none"> • Previously identified as a priority for delivery in 2017/18 • Changes to key staff at SCCG meant the work has not progressed through to completion • Remains a priority to ensure CYP and their families and carers receive interventions that meet their needs in the most appropriate setting for those needs without unnecessary waiting times
8	Continue reform of the Attention Deficit Hyperactivity Disorder pathway	<ul style="list-style-type: none"> • Previously identified as a priority for delivery in 2017/18 • Changes to key staff at SCCG meant the work has not progressed through to completion • Remains a priority to ensure CYP and their families and carers receive interventions that meet their needs in the most appropriate setting for those needs without unnecessary waiting times
9	Commission the Kooth online counselling service	<ul style="list-style-type: none"> • Will enable YP to access low level interventions in a non-stigmatising setting • Will enable YP to access low level interventions

		<p>quickly to alleviate further deterioration</p> <ul style="list-style-type: none"> • Will support the achievement of the access rate • Includes care leavers up to age 25
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These priorities and pre-commitments reflect the work undertaken to date and the vision set out in earlier versions of this plan. A 'plan on a page' version of these priorities can be found in Appendix 7.

The priorities were signed off by the Children's Strategic Partnership in January 2019 and work has commenced to draw up a detailed delivery plan for 2019/20. This delivery plan will include what success looks like and how outputs and outcomes will be measured. This work will be informed by the Evaluation Framework: A set of principles, processes and resources published on behalf of the ICS.

13 Delivery Plan

The original high level delivery plan was developed collaboratively with children, young people and families and partner organisations including, Youth Justice, education, voluntary sector, NHS E Specialist and Health and Justice Commissioning team.

The delivery plan and summary have been available on both the TfC and SCCG websites as part of the local offer. The actions identified within the original delivery plan were for implementation over the subsequent three years. The refocusing of services and resources to ensure a more preventative and early intervention approach are delivered within a community setting.

The delivery plan is divided into the following priority areas:

- Partnership, Planning and Commissioning
- Thriving and Coping
- Getting Help
- Getting More Help
- Getting Risk Support

A new programme plan will be drawn up to cover deliverables in 2019/20. The 2019/20 delivery plan will include actions carried over from the 2015 – 2019 delivery plan which were agreed as ongoing priorities.

14 Risks and Mitigating Actions

14.1 Risks and mitigating actions

The risks and mitigating actions associated with the delivery of this plan are reviewed bi-monthly by the CAMH Partnership. Work is currently underway to refresh the risk log following the agreement of the priorities for 2019/20. Risk management will be undertaken for every agreed priority. Risk and issue logs are part of the SCCG corporate programme plan which is overseen by the Project Support Office at SCCG. Risks are reported via the SCCG Executive Committee. The CAMH Partnership ethos is to encourage joint ownership of this plan, the programme plan to manage delivery, and risk and issues logs, rather than the corporate documentation being viewed as for SCCG use only. The risks and mitigating actions for the 2019/20 priorities identified to date are as follows:

Risk	Mitigating Actions
<p>Priority 1:</p> <p>If there is a lack of engagement with providers and service reform capacity, there is a risk that it will not be possible to undertake the review of integrated commissioning arrangements for children and young people's mental health provision with the result that this priority will not be delivered in 2019/20.</p> <p>If providers and SCCG cannot agree funding reallocations to support a change in commissioning for children in 'special circumstances', there is a risk that it may not be possible to change commissioning arrangements with the result that this priority will not be delivered in 2019/20.</p>	<ul style="list-style-type: none">• The actions will be captured in the programme plan, and overseen by the CAMH Partnership / Children's Strategic Partnership• There is engagement from providers to undertake the work• Scoping work will be undertaken to understand the implications for providers if commissioning arrangements were to change• A joint role between SCCG and TfC has been agreed
<p>Priority 2:</p> <p>If there is a lack of financial, clinical and service reform resources, there is a risk that it may not be possible to develop the Single Point of Contact with the result that this priority will not be delivered in 2019/20.</p> <p>If partners and SCCG do not work together, there is a risk that the Single Point of Contact model for service delivery may not be agreed, with the result that this priority is not delivered in 2019/20.</p>	<ul style="list-style-type: none">• Recurrent funding has been secured for some clinical staff• Partners are keen to progress the work• There is good engagement with partners via the CAMH Partnership (chaired by SCCG) and the work streams.• There are good relationships between SCCG and providers and between providers in Sunderland, which should facilitate honest conversations.• Workforce mapping work has commenced via the CAMH

	Partnership / Children's Strategic Partnership
<p>Priority 3:</p> <p>If there is a lack of resources and a lack of engagement with partners, there is a risk that it will not be possible to deliver effective early interventions with the result that this priority is not delivered in 2019/20.</p>	<ul style="list-style-type: none"> • TfC delivers early interventions to families and carers. • TfC and SCCG are working closely together to deliver a prevention programme. • Actions will be managed via the CAMH Partnership, with oversight from the Children's Strategic Partnership • Sunderland Counselling Service will submit a bid to the Voluntary, Community and Social Enterprise Health and Wellbeing Fund 2019-20: Children and Young People's Mental Health on behalf of the CAMH Partnership to support the Mental Health Charter Mark in schools
<p>Priority 4:</p> <p>If there is a lack of resources, there is a risk that increased access to training to raise awareness and empower people to support children and young people with mental health issues cannot be delivered, with the result that this priority cannot be delivered in 2019/20.</p>	<ul style="list-style-type: none"> • There is a mapping exercise underway to understand which organisations provide what training to schools in Sunderland. This work will identify any duplication and gaps in training currently delivered. • SCCG working closely with TfC has agreed funding to undertake prevention work, which includes training, particularly to Sunderland schools. • We will continue to engage with CYP and their families and carers to understand training needs. • We will encourage the use of MindEd online training, which is a free educational resource on children and young people's mental health for all adults
<p>Priority 5:</p> <p>If the provider does not or cannot provide information around the delivery of the Community Eating Disorder Service, there is a risk that it will not be possible for SCCG to understand the issues with the current service, with the result that it will not be possible to undertake a review of the service.</p>	<ul style="list-style-type: none"> • SCCG and the provider of the service already work together • The work will be overseen and held to account by the CAMH Partnership / Children's Strategic Partnership • SCCG will attend regional Integrated Care System Eating Disorder meeting to ensure regional learning • Outcome measures will be agreed beyond activity numbers
Priority 6:	<ul style="list-style-type: none"> • The previous submission will be

<p>If there is a lack of time and/or management resource to write a revised bid for wave two Trailblazer funding, there is a risk that either a revised bid will not be submitted or the bid may not be of sufficient quality to be successful, with the result that Sunderland does not secure wave 2 Trailblazer funding and cannot roll out Mental Health Support Teams cannot be rolled out to schools in Sunderland.</p>	<p>used as a starting point for a revised bid.</p> <ul style="list-style-type: none"> • Feedback from NHS England will be used to inform the wave two bid. • Work will be commenced as soon as wave two funding is announced. • Partners will be asked to contribute to the wave two bid • The Thriving and Coping work stream (which is chaired by a Head teacher and reports to the CAMH Partnership) will lead the work with the support of SCCG
<p>Priority 7: If the revised clinical pathway is not agreed by partners and SCCG, there is a risk that a revised Autistic Spectrum Disorder pathway cannot be implemented, with the result that this priority cannot be delivered</p> <p>If partners do not agree joint ways of working, there is a risk that the revised Autistic Spectrum Disorder pathway cannot be implemented, with the result that this priority cannot be delivered.</p>	<ul style="list-style-type: none"> • Work is underway to capture the details of the pathway which was agreed at the original RPIW. • Once drawn up this pathway will be shared with partners and in SCCG for sign off. • All outstanding actions have timescales agreed at the follow up event. • Actions will be monitored via the CAMH Partnership / Children's Strategic Partnership • Outcome measures will be agreed beyond activity numbers
<p>Priority 8: If partners do not engage and a revised clinical pathway cannot be agreed, there is a risk that the actions from the Attention Deficit Hyperactivity Disorder Rapid Process Improvement Workshop (RPIW) will not be implemented, with the result that the work cannot progress and this priority will not be delivered</p>	<ul style="list-style-type: none"> • An RPIW follow up event has been held • Further work is underway to engage with partners who did not attend the follow up event • Another event will be held to agree the new clinical pathway • Outcome measures will be agreed beyond activity numbers
<p>Priority 9: If there is a lack of funding to support the commissioning of Kooth, there is a risk that the service will not go live, with the result that young people will not be able to access the online counselling service and this priority will not be achieved.</p>	<ul style="list-style-type: none"> • Non-recurrent funding has been identified to support Kooth. • The service will be evaluated. If it evaluates well, recurrent funding will be sought

15. Workforce Planning

Workforce planning has underpinned children and young people's MH service reform over the duration of this plan. This work has included training staff to ensure they have the skills to deliver the mental health requirements of their varied roles. Workforce and training underpins this plan and is therefore referenced throughout the plan. Details of current and historic workforce details can be found in appendix 8.

This year the CAMH Partnership has commenced a strategic approach to workforce planning for the future, which will build upon the workforce analysis work undertaken to date. This strategic approach will look at the whole system of children and young people's MH provision across Sunderland, including the wider children and young people's workforce and not just NHS staff. Our approach to workforce is to ensure there is sufficient numbers of trained staff to meet the needs of children and young people at whatever age and level of need they present with. Ensuring capacity, competence and capability to meet children and young people's MH needs before, or as soon as they emerge, is a key principle. This work will be informed by feedback from children and young people themselves, their families and carers.

This work will include:

- The mapping of training delivered to school staff via the Prevention work
- Drawing up a list of all children and young people's MH training offered to staff in Sunderland
- Drawing up a list of all children and young people's MH training delivered by organisations in Sunderland
- The children and young people MH interventions offered by organisations in Sunderland
- Understanding the current children and young people MH workforce in Sunderland including skills and capabilities audits undertaken by organisations delivering children and young people MH interventions (to include for example: retirement age of staff, gender and ethnic mix)
- Understanding what future workforce would be required based on demographics and predicted need
- Understand any gaps between current and future workforce and actions to address. Actions may include changes to service delivery, rather than just increasing staffing levels

Appendix 1: Brief summary of evidence based interventions

DEVELOPING RESILIENCE		
0-5 years - Work to support early attachment and parenting skills		
Multi-faceted whole school (service) programmes to promote wellbeing	Effective Schools (services) which value social and emotional outcomes alongside academic outcomes	Effective classrooms (environments) which promote participation in learning
<p>Supportive and inclusive school culture and environment</p> <p>Training for teachers in mental health emotional wellbeing issues</p> <p>Social and emotional learning programmes: problem solving, social awareness, managing feelings etc.</p> <p>Involvement of parents and community in learning and social aspects</p>	<p>Strong leadership, safe and orderly environment</p> <p>Ecological understanding of child – as a member and influenced by family, peer group, class, school and community</p> <p>Consistency of approach, personal development opportunities</p> <p>High expectations and recognise achievements</p>	<p>Effective and responsive teaching</p> <p>Provide classroom climate</p> <p>Knowledge and use of effective classroom management techniques</p> <p>Effective behaviour management techniques</p>
GETTING HELP		
Early signs of externalising problems	Early signs of internalising problems	
<p>Small group sessions with a focus on developing problem solving skills and pro-social behaviours</p> <p>Working with parents to reinforce small group work</p>	<p>Small group work with a focus on developing thinking skills and changing thinking patterns</p> <p>Working with parents to reinforce small group work</p> <p>Starting early and giving booster sessions if necessary</p>	

Starting early and giving boosters if necessary	Well established nurture groups and play based approaches			
Well established nurture groups and play based approaches				
GETTING HELP				
Behaviour Problems	ADHD	Anxiety Problems	Depression	Other disorders e.g. attachment; eating disorder; PTSD
Parent training/ education programmes Plus problem solving and social skills training for 8-12 year olds	ADHD diagnosis and no other explanation - medication is the treatment of choice –	Therapy focused on thinking patterns and associated behaviours (CBT)	Therapeutic support - CBT, or family approaches depending on symptoms and associated problems	School-based prevention and resilience programmes may be effective in preventing some problems e.g. eating disorders and drug misuse
For adolescents family based approaches addressing full range of family's needs	Supported by parent training and individual behaviour therapy if the child does not respond to medication, or if the child is also experiencing anxiety	To be carried out with parents where the child is under 11 or there is high parental anxiety	Therapeutic support – CBT, psychoanalytic child psychotherapy or family therapy depending on symptoms and associated problems	Various therapeutic approaches, often involving the family and looking at a range of systemic issues see NICE
Nurture groups, play based approaches, well-structured mentoring schemes with focus on education/ training	Supported by psychosocial treatments where the child's behaviour is challenging		For adolescents not responding to psychological therapy, anti-depressant medication combined with longer term psychological treatment	
MST for young people with complex behavioural, mental health and social care needs	Advice to teachers about how to work with young primary school children			

	<i>with ADHD like behavioural difficulties</i>			
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Key:

Non italicised text = strongest evidence

Italicised text = less strong evidence

Appendix 2: Individual, family and environmental factors impacting upon mental health and emotional wellbeing

INDIVIDUAL FACTORS POTENTIALLY INFLUENCING THE DEVELOPMENT OF MENTAL HEALTH PROBLEMS IN CHILDREN AND YOUNG PEOPLE		
PROTECTIVE FACTORS	RISK FACTORS	AT RISK GROUPS (Vulnerable Children / Children in Special Circumstances)
<p>Easy temperament</p> <p>Adequate nutrition</p> <p>Secure attachment to at least one adult</p> <p>Attachment to family</p> <p>Above average intelligence</p> <p>School achievement</p> <p>Problem solving skills</p> <p>Internal locus of control</p> <p>Social Competence</p> <p>Social skills</p> <p>Good coping style</p> <p>Optimism</p> <p>Moral values and beliefs</p> <p>Positive self-related cognitions</p> <p>Physical activity</p>	<p>Prenatal brain damage</p> <p>Prematurity</p> <p>Low birth weight, birth complications, birth injury</p> <p>Poor health in infancy</p> <p>Insecure attachment in infancy/childhood</p> <p>Difficult temperament</p> <p>Learning Difficulties</p> <p>Disability</p> <p>Poor attainment</p> <p>Poor social skills</p> <p>Low self esteem</p> <p>Alienation</p> <p>Impulsivity</p> <p>Alcohol and other substance misuse</p> <p>Chronic illness</p>	<p>Some children and young people are at greater risk of developing mental health problems than their peers and may find it more difficult to access the support they need. These include children and young people:</p> <ul style="list-style-type: none"> • Who are or ever have been Looked After or accommodated including those who have been adopted • Who have been neglected or abused or are subject of a child protection plan • Who have a learning or physical disability • Who have chronic, enduring or life limiting illness • Who have substance misuse issues

	Multiple school moves	<ul style="list-style-type: none"> • Who are at risk of or involved in offending • Who are from a minority ethnic or minority cultural background including travellers • Who are not involved in education, employment or training • Who are homeless • Who are placed out of area • Who are placed in a secure placement • Whose parents are in prison
FAMILY FACTORS POTENTIALLY INFLUENCING THE DEVELOPMENT OF MENTAL HEALTH PROBLEMS IN CHILDREN AND YOUNG PEOPLE		
Family / Social Factors	Family / Social Factors	Family / Social Factors
Supportive, caring parent Family harmony Secure and stable family Consistent Parenting Small family size More than two years between	Absence of father in childhood Large family size Having a teenage mother Anti-social role models in childhood Parental illness or mental health problems Repeated early separation from parents	Of refugee and asylum seeking families Who have parents with problems including domestic violence, illness conditions, dependency and addiction Who are from families who are homeless Who have parents who are abused

siblings Responsibility within the family Supportive relationship with other adult Strong family norms	Family violence and disharmony Marital discord in parents Low parental involvement in child's activities Long-term parental unemployment Criminality in parent Parental substance misuse Harsh or inconsistent discipline style Social isolation Experiencing rejection Lack of warmth and affection	Who have parents who have a learning or physical disability Who have parents with a chronic, enduring or life limiting illness Who have parents who have substance misuse issues Who have parents who are at risk of or involved in offending Who are from a minority ethnic or minority cultural background including travellers
ENVIRONMENTAL FACTORS POTENTIALLY INFLUENCING THE DEVELOPMENT OF MENTAL HEALTH PROBLEMS IN CHILDREN AND YOUNG PEOPLE		
PROTECTIVE FACTORS	RISK FACTORS	AT RISK GROUPS (Children in Special Circumstances)
School Context Sense of belonging Positive school environment Pro social peer group Required responsibility and helpfulness	School Context Bullying Peer rejection Poor attainment Poor sense of belonging Inadequate behaviour management	Some children and young people are at greater risk of developing mental health problems than their peers and may find it more difficult to access the support they need. These include children and young people:

<p>Opportunities for some success and recognition</p> <p>School norms against violence</p>	<p>Deviant peer group</p> <p>School failure</p>	<ul style="list-style-type: none"> • Who are or ever have been Looked After or accommodated including those who have been adopted • Who have been neglected or abused or are part of a child protection plan • Who have a learning or physical disability • Who have chronic, enduring or life limiting illness • Who have substance misuse issues • Who are homeless or who are from families who are homeless • Who have parents with problems including domestic violence, illness, dependency or addiction • Who are at risk of or involved in offending • Who are from a minority ethnic or minority cultural background including travellers
<p>Life events and situations</p> <p>Involvement with significant other person</p> <p>Availability of opportunities at critical turning points or major life transitions</p> <p>Economic security</p> <p>Good physical health</p>	<p>Life events and situations</p> <p>Physical, sexual or emotional abuse</p> <p>School transitions</p> <p>Divorce or family break up</p> <p>Death of a family member</p> <p>Physical illness</p> <p>Unemployment, homelessness in family</p> <p>Incarceration</p> <p>Poverty/ economic insecurity</p> <p>Caring for someone with an illness or disability</p> <p>War or natural disasters</p>	
<p>Community / Cultural Factors</p> <p>Sense of connectedness and community resilience</p>	<p>Community /Cultural Factors</p> <p>Socio-economic disadvantage</p> <p>Social or cultural</p>	

<p>Attachment to and networks within the community</p> <p>Participation with community groups</p> <p>Strong cultural identity and ethnic pride</p> <p>Development of a positive cultural, ethnic, gender, sexual, identity</p> <p>Access to support services</p> <p>Community/ cultural norms against violence</p> <p>Good housing</p>	<p>Discrimination</p> <p>Isolation</p> <p>Neighbourhood violence and crime</p> <p>Population density and housing conditions</p> <p>Lack of support including transport, shopping, recreational activities</p> <p>Lack of cohesion and community resilience</p>	<ul style="list-style-type: none"> • Of refugee and asylum seeking families • Who are not involved in education, employment or training
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Appendix 3: Prevalence of Mental Health Disorders

Mental Health Disorder	Prevalence % of 5-15 year old children and young people with each disorder (ONS)	Prevalence % of 16 and 17 year old young people with each disorder (RCP)
Emotional Disorders (all)	4.3	9.0
Anxiety disorders – all	3.8	5.0
Separation anxiety	0.8	
Specific Phobia	1.0	
Social Phobia	0.3	
Panic	0.1	
Agoraphobia	0.1	
Post-Traumatic Stress Disorder (PTSD)	0.2	
Obsessional Compulsive Disorder (OCD)	0.2	
Generalised Anxiety Disorder (GAD)	0.6	
Other Anxiety	1.2	
Depression	0.9	4.0
Depressive episode	0.7	
Other depressive episode	0.2	
Conduct Disorder	5.3	3.0-5.0
Oppositional Defiant Disorder	2.9	(1.0 very severe conduct disorder)
Conduct Disorder (family context)		6.0-10.0
Unsocialised Conduct Disorder	0.1	
Socialised conduct Disorder		
Other Conduct Disorder	0.5	
	1.0	
	0.9	
Hyperkinetic Disorders	1.4	1.0

Hyperkinesis	1.3	
Other hyperkinetic disorder	0.1	
Developmental Disorders: Pervasive Developmental Disorder	0.3	1.0 0.3 core autism, 0.7 Asperger's/ atypical autism
Tic Disorders / Tourette's Syndrome	0.3	0.5
Deliberate Self Harm -overdose, cutting, bodily mutilation	3% in adolescents	7.0 (1.0 repeated self-harm, evolving / borderline personality disorders)
Somatoform disorders, CFS, Neurasthenia, conversion Disorder, Abnormal Illness Behaviours		8.0
Eating Disorder: Anorexia Nervosa / Bulimia Nervosa	1% in 15-19 year old girls / 0.2% in 11-15 year old girls	1.3
Psychotic Disorder	0.5	0.3
Substance Misuse Disorders		7.0 (estimated, very weak data)

Appendix 4: Young carer numbers across the North East of England

Figures from the latest data available (2011 census) illustrates a comparison of young cares across the northern region

Local authority: county / unitary (prior to April 2015)	Young carers Age 0 to 15	Age 0 to 15 Population Total	Young carers Age 16 to 24	Age 16 to 24 Population Total	Population Total	Young Carer Total	% of carers
County Durham	1,054	87,984	3,319	62,540	150,524	4,373	2.91%
Darlington	197	20,207	543	11,149	31,356	740	2.36%
Gateshead	477	35,498	1,203	21,835	57,333	1,680	2.93%
Hartlepool	180	17,800	573	10,976	28,776	753	2.62%
Middlesbrough	274	28,003	976	19,943	47,946	1,250	2.61%
Newcastle upon Tyne	422	47,974	1,933	55,479	103,453	2,355	2.28%
North Tyneside	392	35,713	1,029	19,960	55,673	1,421	2.55%
Northumberland	544	53,866	1,517	30,847	84,713	2,061	2.43%
Redcar and Cleveland	294	24,166	927	15,215	39,381	1,221	3.10%
South Tyneside	355	25,927	909	16,979	42,906	1,264	2.95%
Stockton-on-Tees	344	37,107	1,134	23,115	60,222	1,478	2.45%
Sunderland	621	48,192	1,816	34,170	82,362	2,437	2.96%
Total	5,154	462,437	15,879	322,208	784,645	21,033	2.68%

Appendix 5: Service Provision

NATIONAL / REGIONAL INPATIENT AND SPECIALIST SERVICE PROVISION (Getting More Help / Tier 4)		
Broader Effectiveness	Direct Support to Children, Young People and Families	Scaffolding (Specialist Services)
Support to local partnerships to support strategic and pathway planning e.g. development of ASD Pathways	<p>Forensic Services Region wide community forensic team is now in place which has been developed as part of the New Care Models to move to a community focused service following the closure of inpatient bed provision.</p> <p>Eating Disorder Services In-patient services for young people with eating disorder: provision of evidence based interventions to young people and their families. As part of New Care Models the service has been expanded to provide in-reach into Acute Paediatric In-patient services and community EDICT services have been strengthened.</p> <p>Children and Young Peoples Service CAMHS and LD In-patient services for children and young people with severe and complex mental needs with capacity for urgent and unplanned admission including:</p> <ul style="list-style-type: none"> Services for children and young people with severe learning disabilities (6 beds) – these beds are now closed 	Advice, consultation and training to specialist services and broader network

	<ul style="list-style-type: none"> • Services for young people with mild/moderate learning disabilities (8 beds) • Young people's low secure learning disability services (7 beds) • Children and young people's acute psychiatric services including up to 4 for intensive care/flexible use, 2 for flexible use for children under 12 and 8 for young people 12 – 18 years (14 beds) • Regional neurodevelopmental disorder service 	
(GETTING HELP / GETTING MORE HELP / GETTING RISK SUPPORT T2-4) NTW Children and Young Peoples Service		
Broader Effectiveness	Direct Support to Children, Young People and Families	Scaffolding (Targeted and Specialist Services)

<p>Work with other Tiers of CAMHS to ensure continuity of care with seamless step up and step down into and out of in-patients and between specialist (Tier 3) and services at Tiers 1 and 2.</p> <p>Input into multi-agency review processes including Child Protection Reviews, Looked After Children Reviews and Special Education and 14+ Reviews.</p> <p>Work to support participation of children, young people and families in service design, development and delivery.</p> <p>Undertake research and evaluation as agreed with the commissioner including service audit and review, client satisfaction responses and pre and post evaluation measures.</p> <p>Contribute to the development of multi-agency pathways and protocols including the provision of expert knowledge in the development of pathways for children with particular mental health needs e.g. autism pathway.</p>	<p>Provide imaginative, non-stigmatising Tier 2 psychological support services for children, young people and their families with moderate to severe learning disabilities and in special circumstances</p> <p>Work in partnership with services for children with learning disabilities and in special circumstances to provide imaginative, non-stigmatising psychological support services to children, young people and their families including the provision of a primary mental health worker model of in-reach support.</p> <p>Provide a comprehensive range of effective, evidence based multi-disciplinary assessment and treatment services for children and young people with mental health problems such hyperkinetic disorders, conduct disorders, emotional disorders, developmental disorders, eating disorders, psychotic disorders somatoform disorders, attachment disorders, substance misuse disorders and deliberate self-harm that are delivered in line with NICE guidance and within the context of agreed multi agency pathways and protocols that includes:</p> <p>Holistic assessment of need taking account of psychiatric, cognitive, developmental, psychological, educational, family and broader environmental factors</p>	<p>Increase the capacity of services working with children and young people with learning disabilities and in other special circumstances to most effectively meet their mental health needs through the provision of proactive training, advice, consultation, collaborative and joint working that:</p> <ul style="list-style-type: none"> • Supports services to more effectively promote mental health and emotional wellbeing • Increases knowledge and understanding of generic mental health and the particular needs of the client group served • Develops therapeutic skills of staff working within the service to support the mental health needs of the client group served with particular reference to CBT and systemic approaches • Increases the ability of service providers to recognise problems early in their development, provide support as appropriate and know when to seek additional support from specialist CAMHS as necessary <p>Contribute to multi-agency support for children, young people and families including:</p> <ul style="list-style-type: none"> • Attendance at multi-agency referral
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<p>Provide specialist consultation, advice and training to services working with children with complex needs.</p> <p>Contribute to the work of the Local Strategic Partnership in particular Children and Young People's Strategic Partnership, LSB, CAMHS Partnerships, SEND partnership.</p>	<ul style="list-style-type: none"> • Risk assessment • Case formulation and care planning in partnership with young person, family and carers that takes account of evidence base • Implementation of an agreed, evidence based, plan which may include any of the following management and therapeutic services that include: pharmacological, psychosocial, behavioural, CBT, Systemic Family, interpersonal, psychodynamic, parenting group work • Recording, evaluation and communication of work carried out <p>CAMHS and specialist learning disability clinicians will work flexibly to ensure that the needs of children and young people across the spectrum of ability, learning difficulty and disabilities are most effectively met including access to a broad range of appropriate therapies</p> <p>Provide enhanced packages of care to all children and young people with complex and severe mental health needs, including children and young people with learning disabilities, to prevent unnecessary in-patient admission and also support earlier discharge from in-patient services</p> <p>The service will offer intensive support and</p>	<p>meetings</p> <ul style="list-style-type: none"> • Input into team around the child and family support • Attendance at clinical and case liaison meetings • Support for local safeguarding arrangements including children in need meetings, child protection and MAPPA conferences
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	<p>treatment services, that can provide a rapid response 24 hours a day, 7 days a week for children and young people with complex and severe mental health needs to avoid unnecessary admission, facilitate admission when needed support early discharge and provide holistic, systemic home-based packages of care.</p> <p>The service will offer enhanced levels of support and work in partnership with other agencies to develop and provide multi-systemic models of care, individualised problem focused treatment models including strategic family therapy, structural family therapy and cognitive behaviours therapy to meet the needs of children and young people with complex behavioural, mental health and social care needs.</p>	
(GETTING HELP / T2) COMMUNITY SUPPORT- CCAMH Service (in partnership with SCS)		
Broader Effectiveness	Direct Support to Children, Young People and Families	Scaffolding (Universal and Early Intervention Services)
Contribute to the development local plans for children, young people and	Provide a comprehensive range of assessment and short interventions for children with	Increase the capacity of universal and early intervention services to promote mental

<p>families plans and partnerships including HWBB, CAMHS Partnership, Early Intervention and Prevention Strategy</p> <p>Support the local implementation of relevant government initiatives;</p> <p>Contribute to the development and delivery of the multi-agency parenting pathway</p> <p>Lead on pathway development for the provision of services to improve access to talking therapies for children and young people</p> <p>Lead on the development and implementation of training plan to increase the capacity of universal service providers to meet the mental health needs of children and young people with particular attention to early years settings, schools and colleges</p> <p>Lead on the development of mental health, emotional wellbeing and anti-bullying elements of healthy schools programme,</p>	<p>moderate mental health needs that are delivered in line with NICE guidance within the context of agreed multi-agency pathways and protocols through the provision of Choice Appointments and Targeted Interventions to include:</p> <p>Holistic assessment</p> <p>Risk assessment</p> <p>Case formulation and planning in partnership with children, young people and their families that takes into account evidence base</p> <p>Implementation of an agreed evidence base plan which may include any of the following management and therapeutic services:</p> <ul style="list-style-type: none"> • Psychosocial • Behavioural • Cognitive Behavioural • Systemic Family • Counselling • Parenting and Group work including: <ul style="list-style-type: none"> • A range of interventions for parents and babies at risk of developing attachment difficulties • Social Baby Programme, Incredible Years (Early Years) • School Age Incredible Years Programme (Dinosaur School) for children with externalising difficulties (e.g. .behaviour/ 	<p>health and emotional wellbeing through training, consultation and support including children's centres, schools, colleges, health visitor, school nursing and GPs</p> <p>The development of school and service policies</p> <p>The development of emotionally health environments</p> <p>The development of school and service approaches to managing behaviour and improving relationships</p> <p>Core training to include; promoting mental health, developing resilience, child development and mental health, mental health problems; establishment of a social and emotional curriculum</p> <p>More specialised training for identified leads e.g. parenting, cognitive, behavioural and systemic approaches</p> <p>Consultancy and advice to develop more specialised programmes e.g. nurture groups, school based counselling</p> <p>Locality/cluster based advice and consultancy including the development of</p>
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	<p>conduct difficulties)</p> <ul style="list-style-type: none"> • Incredible Years Parent Training Programme • Group work with children and young people with internalising difficulties e.g. FRIENDS programme 	<p>mental health lead roles within universal and early intervention services</p> <p>Provide training and consultation for universal and early intervention services to deliver targeted interventions for children and young people with mild to moderate mental health problems e.g. group work with children, young people and their families to promote positive mental health</p> <p>Provide training, consultation and support (joint working) to universal and early intervention services to support children, young people and their families with mild early stage mental health problems</p> <p>Establishment of tiered model of counselling provision</p> <p>Development of a tiered model of CBT, Brief Solution Focused and Systemic Practice Training</p>
COPING/ GETTING HELP TARGETED EARLY INTERVENTION		
<ul style="list-style-type: none"> • Maternity services will identify parents-to-be who are likely to have difficulties in parenting well because of their emotional, mental, physical health or learning disabilities and ensure that they receive appropriate support • There will be a systematic process for identifying children and young people with mental health and emotional wellbeing difficulties • Children and young people identified as being at risk of developing mental health problems will receive targeted support • Parents of children and young people identified as being at risk of developing mental health problems will receive targeted support • Parenting courses will be provided for identified vulnerable families 		

- Children at risk of emotional health problems whose needs cannot be met by schools or other agencies will be referred through the Common Assessment Framework to the multi-agency panel for intervention from a range of agencies (including where appropriate CAMHS)
- Support for self-help (IT/apps)

THRIVING/COPING

UNIVERSAL SERVICE PROVISION

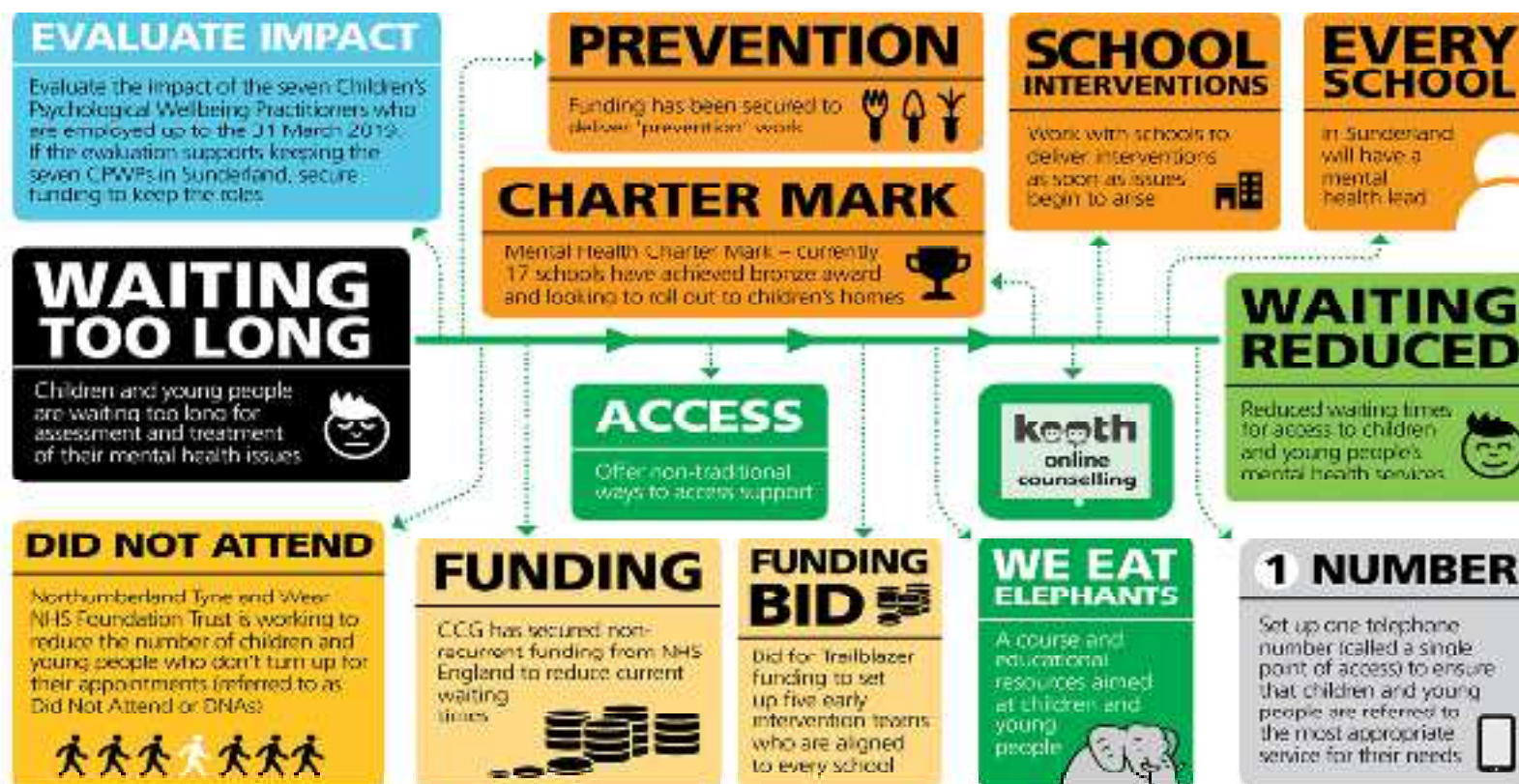
- Delivery of good quality PSHE that includes information on child development, parenting, equalities and social and emotional skills in school
- Provision of “emotionally healthy environments” – warm relationships, clear boundaries, rules and expectations, pupils and teachers are valued and learn to value others, child’s positive aptitudes are recognised nurtured and encouraged
- Good quality teaching to develop the skills of children and young people to manage emotions, cope with change, emotional understanding and interpersonal problem solving
- Parenting programmes / support that promote positive attachments, good mental health and emotional wellbeing
- Easily accessible advice and support available to parents
- All staff will know how they can receive consultation, advice and support about issues with individual children
- Delivery of evidence based programmes e.g. FRIENDS programme
- Schools promote good school – home communication and engagement
- Children and young people will have access to peer mentoring befriending schemes
- Services will promote positive transitions
- Universal service providers will recognise problems early in their development and know where to access support
- Support for self-help – IT/ apps

THRIVING

Work with partners to influence the broader determinants of mental health e.g. health, housing, community services

Appendix 6: Pre-commitments for 2019/20

Improving waiting times for children and young people's mental health services in Sunderland



Appendix 7: 2019/20 deliverables plan on a page

Sunderland Children and Young People's Mental Health and Wellbeing Transformational Plan 2015 – 2020 2019/20 deliverables			
Thrive Model			
Thriving and Coping	Getting Help	Getting More Help	Getting Risk Support
Ensure we have effective delivery of early interventions	Review integrated commissioning arrangements for children and young people's mental health provision		
Increase access to training to raise awareness and empower people to support children and young people with mental health issues	Develop a Single Point of Contact		
	Continue reform of the Autistic Spectrum Disorder pathway	Review the eating disorder service	
Submit a revised bid for Trailblazer funding to deliver Mental Health Support Teams in schools when wave 2 is announced	Continue reform of the Attention Deficit Hyperactivity Disorder pathway		
	Commission the Kooth online counselling service		

Appendix 8: Workforce

Service	Discipline	2014-15		2015-16		2018-19		2019 -20		
		wte	Total wte	wte	Total wte	wte	Total wte	wte	Total wte	
NTW CYP Service Including CAMHS and LD services ICTS, CEDS,	Nursing	38.26	Total 69.02	41.4	Total 78.32	43.95	Total 69.89	43.95	Total 69.89	
	AHP	0.53								
	OT	2.69		7.12		5.2		5.2		
	Professional and technical	1.46	Clinical 57.23	3.0	Clinical 68.3	0	Clinical 59.55	0	Clinical 59.55	
	Psychology	9.34		12.4		6.3		6.3		
	Social Work	0.44		0		0		0		
	Admin	9.76		10.2		10.34		10.34		
	Apprentices	0.67		1.0		0		0		
	Consultant medical	5.2		3.2		3.77		3.77		
	Other medical	0.67		0		0		0		
STFT Community CAMH Service	Head of Service	0.5	Total 19.1	0	Total 20.7	0	Total 22.04	0	Total 23.03	
	Clinical Lead	0.5		1		1		1		
	Data Analyst	1.0		0.5		0.5		0		
	Admin	4.0	Clinical 14.1 0	4	Clinical 15.7 0	4	Clinical 18.04	4	Clinical (including specialist teachers) 19.13	
	Specialist teachers	2.8		2.8		3		2.9		
	Early Years specialists	2.3		2.3		2.3		2.33		
	Specialist PMH practitioners	5.0		7.1		5.3		7.10		
	PMH practitioners	1.0		1		2		1.8		
	PMH worker	2.0		2		1		0.9		
	Trainee Child and Young People's Psychological	0		0		3		3		

	Wellbeing Practitioner (will cease to be trainees from mid-April 2019)								
Sunderland Counselling Service CYPS	Counsellors	5.0	Clinical 5.8	5.0	Clinical 5.6	5.5	Total 12	4.79	Total clinical 12.39
	Volunteer counsellors	8.0 X 0.1		6.0x0.1		2.5		3.6	
	Trainee Child and Young People's Psychological Wellbeing Practitioner (will cease to be trainees from mid-April 2019)	0		0		4		4	
Washington Mind: YPS	Counsellors	2.5	Clinical 2.5	Clinical 2.5	Clinical 2.5	3.2	Clinical 3.2	4	Total clinical 4
Total workforce			96.42		107.12				
Total Clinical			79.63		92.1				