Sunderland

Children and Young People's Mental Health and Wellbeing Transformational Plan

2015-2020

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1. Introduction

1.1 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.

1.2 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

1.3 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 were 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
- Support children and young people in the transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS).
- 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

1.4 Context

This plan builds upon sustained commitment of the CAMHS 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 CAMHS 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 reprovision 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 reprovide 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.

Currently significant changes are being made within Childrens Services and there is a real opportunity to jointly develop models of support for the most vulnerable

1.5 Development of the plan

This plan has been developed based upon:

- Our understanding of mental health and the factors that impact upon mental health as described in Section 2
- 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 as described in sections 7 and 8
- Detailed needs assessment as described in section 5
- Extensive consultation with the public, members, children, young people, parents and carers, service users and their families, multi-agency staff guidance as described in section 6
- Our understanding of the evidence base as outlined in Appendix 3
- 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.

1.6 Outcomes

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

Impact on Mental health

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

- Improved resilience measure of children and young people
- Improved peri-natal mental health services provision and outcomes for mothers, babies and young children
- Increased children young people and their families access to evidenced based therapies
- Improved mental health CAMH service provision based on performance indicators including reduction in waiting times

- Improved mental health outcomes for children accessing specialist services as demonstrated by Clinical Outcomes Research Consortia outcome measures
- Increase in the number of children and young people with highly complex mental health needs including those with eating disorders being seen in the community as an alternative to in-patient provision
- 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
- Improve the emotional and behavioural health of vulnerable children and young people and their families
- 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

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;

- 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, 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 1) 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 work 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

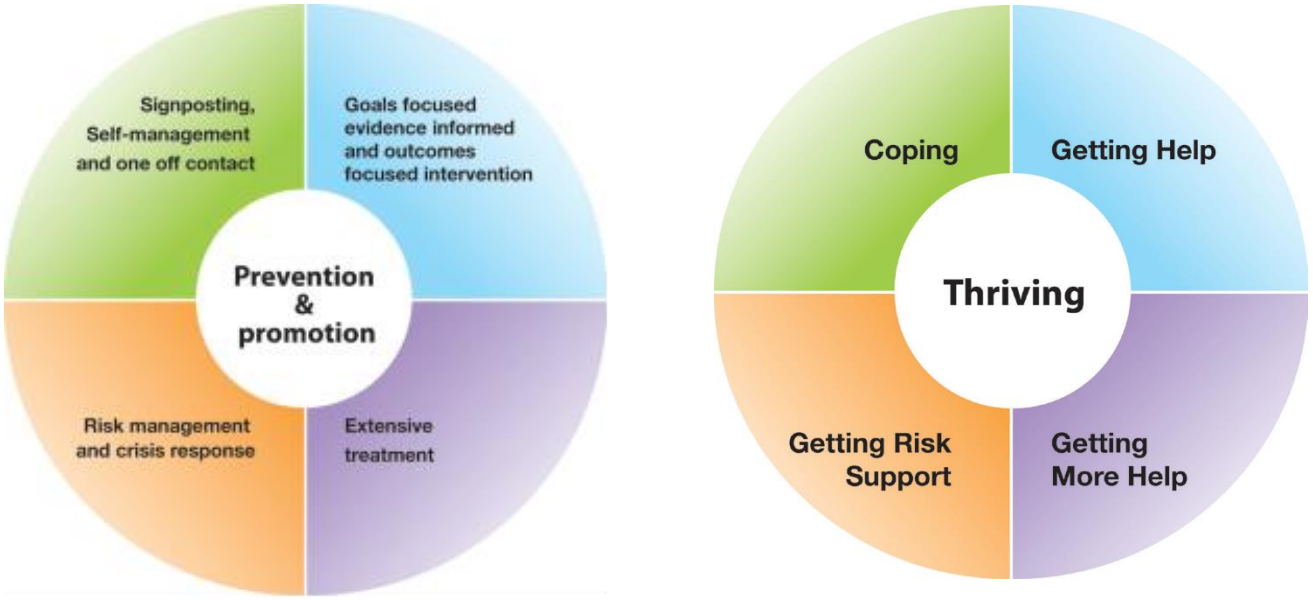
Tier 4: services for children, young people and families with highly complex, severe or persistent levels of mental health need often delivered in specialised day and in-patient settings

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 image to the left describes the input that offered for each group; that to the right describes the state of being of people in that group - using language informed by consultation with young people and parents with experience of service use.

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.

Thrive Model



Coping

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.

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.

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.

Getting Help

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.

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.

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.

Getting More Help

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.

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.

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.

Getting Risk Support:

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.

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.

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 has been selected as a pilot site for this programme

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

4 The Local Strategic Context

4.1 Policy Principles

As a result of national policy decisions and global economic conditions, public resources are reducing, at a time of rising expectation and increasing demand. This means that the ways in which public services are delivered, for many, is changing.

In response to this Sunderland has developed a number of policy principles which focus on:

- recognising the strengths and resilience of individual families and communities and building on those, thereby promoting independence, enabling families to help themselves and be less reliant on public services;
- where support is needed, recognising this at the earliest opportunity and preventing issues from escalating to specialist services;
- taking a whole family approach to providing support, rather than focussing on individual issues and tailoring that support to meet the families' needs;
- delivering services at a local level wherever possible, which are based on need, customer preferences and evidence of what works;
- Agencies working together to achieve more for families.

The Health and Wellbeing Strategy, Community Resilience Plan and Strengthening Families approach are together aiming to achieve the transition to this new way of working and at the same time achieve improved outcomes for the people of Sunderland.

4.2 Health and Wellbeing Strategy

Sunderland's Health and Wellbeing Board recognises the changing environment of public services and through its Health and Wellbeing Strategy presents an opportunity to embed new ways of working into the way we provide services.

Ultimately, the strategy aims to enable and support people to enjoy much better health and wellbeing with less reliance on the public sector in the longer term. It will do this by reviewing the way agencies interact with communities, being responsive to local needs,

but also to community strengths, recognising and enhancing their untapped potential which could complement the public sector's offering.

The Strategy identifies six strategic objectives to achieve its vision. They are:

1. Promoting understanding between communities
2. Ensuring that children and young people have the best start in life
3. Supporting and motivating everyone to take responsibility for their health and that of others
4. Supporting everyone to contribute
5. Supporting people with long-term conditions and their carers
6. Supporting individuals and their families to recover from ill health and crisis.

There is clear recognition that individuals who have good mental health and are emotionally resilient have a positive impact on their families and indeed the wider community, and are less likely to experience poor outcomes in other areas of their lives. It also recognises that people deal with and recover from crisis situations when they are emotionally resilient.

4.3 Community Resilience Plan

The Community Resilience Plan recognises that individual, family and community resilience are intrinsically linked. Resilient individuals have certain skills and qualities that enable them to adapt well in the face of adversity and access the resources and support they need to succeed. However, it also recognises that external pressures (i.e. financial), poor physical and mental health and low self-esteem can make it especially difficult for an individual to cope with a challenge or take advantage of opportunities to improve their circumstances.

The Community Resilience Plan has nine strategic objectives, one of which - similar to the Health and Wellbeing Strategy - is to "Motivate and support people to take responsibility for their own health and wellbeing and the health and wellbeing of others." Our commitment to protecting the health of residents in Sunderland means making it easier for people to choose healthy options and ensuring they have access to the resources they need to keep themselves and the people they care about healthy. This involves:

- Changing individuals' attitudes and behaviours to encourage healthy lifestyle choices

- Building confidence, self-esteem and emotional wellbeing in individuals and families
- Promoting community based options for care and support
- Ensuring that everyone who is experiencing physical or mental ill health feels safe, supported and understood by local services and their community.

4.4 Children and Young People's Plan

The Children and Young People's Plan and Strategy 2010-25 recognises the importance of children's health and aims to:

> *"create a city where children and young people are empowered to make healthy life choices – to improve resilience to help children and young people make informed and healthy/safe choices and to develop coping strategies as well as being able to access effective and high quality health and social care services when the need arises."*

The strategy recognises the importance of resilience, mental health and emotional wellbeing in improving outcomes for children and young people.

4.5 CAMHS Transformational Plan

The principles underpinning the CAMHS 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.

5 Local Assessment of Need

5.1 Population

The ONS 2013 mid-year population estimate for Sunderland was 276,110 of which 61,540 were children and young people aged 0 – 19. This represents 22.3% of the overall population.

These estimates indicate that there are 3,000 under 1's, 12,570 children aged 1-4, 15,010 children aged 5-9, 14,280 aged 10-14, 16,680 aged 15-19 and 20,330 aged 20-24.

Mid-year estimates show that the numbers of children aged 0 – 19 in Sunderland have fallen by 1.3% since 2011. However these variations differ dependent upon age group. There has been an increase of 4% in children aged 1-9, whilst numbers of children under 1 and over 10 have fallen by 5.3%.

ONS, 2012 population projections suggest that the number of children and young people aged 19 and under in Sunderland will fall by 1% over the next decade from 62,000 in 2012 to 61,000 in 2022 with the number of 0-4 year olds forecast to fall by 3%.

Over the same period the England population is forecast to grow by 6%, 0-19 year olds and by 3% for 0-4 year olds.

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5.2 Mental Health Needs

One in four children will have some form of mental health problem, 15% (8,703) will have mild, early stage problems; 7% (4,061) will have moderately severe problems; 2% (1,160) will have complex and severe problems and less than 0.1% (58) will have very serious problems.

Nationally, it is recognised that one in ten children will have a diagnosable mental health disorder which can be 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

A more detailed analysis of this information is presented in Appendix 2 which also includes information on less common disorders

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.

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 is an increasing rate of self-harm in children and young people. There were 13% more hospital admissions in 2013 than in 2007. Sunderland had the sixth highest rate among 152 English local authority populations in 2013.

During 2014/15 There were 909 referrals to the CCAMH service and 1986 to the CYP service of which there were approximately 126 were to the Community Eating Disorder service and 318 were to ICTS.

During 2014/15 Sunderland used 1624 nationally commissioned bed days which was 13% less than in 2013/14.

There was relatively low use of acute CAMHS (602) and eating disorder beds (822) but relatively high use of learning disability beds (1310)

5.3 Bullying (including racist and sexual prejudice based bullying)

The Health related behaviour survey 2013 (due to be repeated in 2015) reported that 27% of Primary school children and 21% of secondary pupils said they had been bullied in or around the school premises in the twelve months prior to the survey, which is a decrease from the 2010 figures of a 39% and 27% respectively and below the current figures of 30% and 27% nationally.

The survey also shows a marked decrease in the numbers of children and young people who stated they had been cyber bullied in 2010 when 7% of Primary pupils and 6% of Secondary pupils stated they had been cyber bullied compared to the 2013 survey of 5% and 6% respectively.

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
This decrease could be as a direct result of the in depth work that has been undertaken over the last 3 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

In 2012 (due to be repeated in 2015) the HRBS survey showed that 36% of primary school pupils had high self-esteem scores with this rising to 38% in secondary schools. However in primary school, 34% worried about SATs, 30% about family problems and 32% about crime. In addition, 14% of pupils worried about how their body changes as they grow up, 19% of pupils worried about health problems and 34% of Year 6 boys and 43% of Year 6 girls would like to lose weight.

Self-esteem appears to increase with age; in Years 8 and 10 self-esteem scores increased to 40%. A clear gender difference is apparent with fewer girls recording levels of high self-esteem compared with boys, for example, 48% of Year 10 boys compared with 31% 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 1.

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 and at least 40% of young offenders have a diagnosable mental health disorder. Set out below is some 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 Poverty

Sunderland has high levels of social and economic deprivation. It is ranked as the 41st most deprived local authority in England (IMD, 2010) with 25.7% of children aged less than 16 years living in poverty. There were 11,703 (33%) children and young people

eligible for the pupil premium during the academic year 2014 and the 2012 HRBS indicated that 15% of boys worried about money.

5.7 Children, Young People and Families Requiring Extra Help

Of approximately 1500 Common assessment framework assessments, 500 children young people and families were referred to the Strengthening Families panel (including CAMHS) for multi- agency help and support.

5.8 Children and Young People subject to child protection plans

In March 2015 there were 419 children the subject of a child protection plan. The rates of children subject to a plan 2013/14 were roughly in line with our statistical neighbours but were much higher than the rates for England.

The proportion of child protection plans where one of the 'Toxic Trio' of domestic violence, substance misuse and parental mental health have been issues within the family is currently 81% as at the end of quarter 3 2014/15.
Individual concerns are recorded as follows:
Substance misuse 54%
Domestic Violence 57%
Parental Mental Health 52%
All three 22%

5.9 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 neighbour's group average, the North East and England Rates.

The number of children being looked after has been rising over the last 5 years from 390 in 2010 to 559 as at March 2015.

As with its comparators Sunderland has the lowest number of Looked After children in the under 1 year age group and the highest number in the 10 – 15 years age group.

In line with its statistical neighbours and nationally Sunderland has more males than females who are Looked After.

Sunderland has a lower proportion of Looked After Children from an ethnic minority group than its comparators although it is much closer in comparison with the statistical neighbours and regionally. The 2011 census recorded Sunderland has having 95.9% of its population as white.

Most children and young people come into the looked after system under the category of abuse or neglect (59%) of family dysfunction (30%).

Analysis of the local Strength and Difficulties Questionnaire shows that 2% of looked after children perceive themselves to have severe mental health needs, 35% some, 7% few and 56% have no mental health needs.

5.10 Youth Offending

The local Sunderland Youth Offending data shows the numbers of young people entering the criminal justice system for the first time has reduced by 34% in the last three years (256 in 2011/12 to 168 in 2014/15). A small increase has been seen across 2014/15 in the local reoffending binary and frequency rates, although Sunderland's performance still compares very well against other YOTs. Use of custody continues to remain low at a rate of 0.54, which equates to 13 custodial disposals during 2014/15.

5.11 Substance Misuse

There has been a reduction in the number of children and young people referred to the Young Peoples Substance Misuse Service. In 2011/12 there were 399 referrals to the service which had fallen to 205 by 2014/15.

A significantly higher proportion of males (70%) than females (30%) were referred to the service in 2014-15.

There has also been a significant shift in the primary drug used from alcohol to cannabis. In 2011 71% of young people used alcohol and 24 % used cannabis as the primary drug. In 2014/15 this had shifted to 30% using alcohol and 58% using cannabis as the primary drug.

Sunderland is following the national trend in seeing a reducing trend in those young people requiring specialist treatment for 'hard' drugs. However, those not reaching the threshold are complex and problematic with increasing issues with Legal Highs.

In comparison with the 2005/06-2007/08 period, the rate of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol such as alcohol overdose is lower in the 2010/11-2012/13 period. The admission rate in the 2010/11-2012/13 period is higher than the England average.

5.12 Young Carers

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

5.12 Young People at Risk of Sexual Exploitation

Since the implementation of the CSE risk assessment tool in January 2015, 52 young people have been assessed as at risk of sexual exploitation and referred to the MSET team.

6 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 2015include:

- 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.

7 Local Offer

We are committed to working in partnership to deliver integrated whole systems approach to promoting resilience, improving mental health outcomes for children, young people and their families and narrowing the gap in outcome between those who do well and those who do not.

1. 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

2. 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

3. 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

4. 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

5. 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;

6. 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

7. EFFECTIVESS 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

8. 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

9. 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 do 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

10. 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

11. 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

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

13. 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 conceptual 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.

8 Current Position

Sunderland CAMHS partnership have completed a review of our current position against Future in Mind and the CAMHS Transformational Guidance and on the basis of this, consultation with wider partners e.g. specialist commissioning, elected members and ongoing consultation with CYP we would summarise our current position as follows:

8.1 Resilience, prevention, promotion and early intervention

There are a broad range of services that have responsibility for developing resilience, mental health promotion and early intervention for all children, young people and their families and providing coping support (THRIVE model). These include:

- Midwifery services
- Health visitors and Family Nurse Partnership Service
- Childrens Centres, Nurseries and Early Years Childcare Providers
- Schools, Colleges and Training Providers
- Services for young people e.g. youth service
- School Nursing Service
- General Practitioners

There are mechanisms in place in maternity and health visitor services to identify early warning signs of mental health distress and access to support as required.

CAMH Services are commissioned to deliver a range of training, consultation and support to maternity, early years and health visitor services in addition to providing a broad range of evidence based programmes to promote attachment and early years mental health and wellbeing

There are a broad range of services to promote attachment and provide evidence based programmes of intervention for parents to improve early years mental health Sunderland offers priority access to psychological therapies in the peri natal period

There have been high levels of investment and sustained support to schools to promote mental health and emotional wellbeing. CCAMS provides a broad range of training, consultation and support for schools to meet the mental health needs of children and young people including counselling, peer support, whole class and group approaches.

Sunderland successfully implemented the targeted mental health and schools programme with a significant number of schools across the city resourced to provide therapeutic spaces and with identified mental health leads with significant additional training.

Statutory and non-statutory CAMHS organisations adopt a co-ordinated approach to provide anti-stigma awareness training and targeted anti-stigma activities to promote mental health.

The CAMHS partnership is working to strengthen the well-being guide for children and young people.

8.2 Improving Access to Effective Support

Community Service Provision

The CCAMH Service, in partnership with Sunderland Counselling Service, is commissioned to provide direct and indirect services for children, young people and families who require specific time limited interventions that include individual and group work, brief interventions, parenting support, talking therapies and counselling (Coping/ Getting Help/ T2)

The Children and Young Peoples Service is commissioned to provide both direct and indirect services for:

- Children, young people and their families with complex, severe or persistent mental health needs (Getting Help T3)
- Children, young people and their families with learning disabilities with moderate to severe mental health needs (Getting Help T2/3)
- Children, young people in special circumstances with moderate to severe mental health needs (Getting Help T2/3)
- Children, young people and their families requiring intensive home treatment services (Getting More Help T3/4)
- Children, young people and their families requiring intensive community based support for eating disorders (Getting more help T3/4)
- Children, young people and their families with complex behavioural, mental health and social care needs through multi-systemic approaches (getting risk support)

CAMH services CAMH services are configured in a way that is aligned either to universal (schools) services or to targeted and specialist services e.g. LAC, YOS with the CYPS service providing integrated CAMHS and learning disability provision

The services are commissioned to provide the following improvements on previous service provision:

Outcome focused service provision with an agreed goals based approach, with IT infrastructure to support collection and reporting of CORC outcome information

Integrated models of service provision with CAMH services supporting locally agreed models of working including the current Strengthening Families Model and the delivery of CCAMH services from Childrens Centres and Extended Service Schools

Single point of access into both CCAMH Service provision and the CYPS Service aligned to integrated pathways for children and young people. CAMH services work collaboratively to ensure that children and young people receive the most appropriate service to meet their level of mental health need.

Improved access with core service available from 8am-8pm with a choice of time and venue, intensive community treatment services available 8am -10pm including week-ends, 24/7 emergency on-call service provision and urgent care services available within 72 hours

Reduced waiting time target of 6 weeks. Currently the CCAMH service has a 6-12 week waiting time. Within the CYP service 30% of cyp are seen within 6 weeks, 42% are seen within 9 weeks, 55% are seen within 12 weeks, 87% are seen within 18 weeks, leaving 13% with waits if over 18 weeks. There is a CQUIN target to reduce waiting times to no longer than 12 weeks by April 2016 and the Trust is on track to achieve this target.

Choice of setting with a move from hospital clinic based services to the provision of services within localities across a range of venues including schools, community settings and home

Established Choice and Partnership approach offering a collaborative approach with families to develop understanding of problems, make informed choices, set goals and

outcomes, “clustering” of need to inform evidence based pathway, single care –co-ordinator throughout bringing in specialist assessment and intervention as necessary and supporting “team around the family” approach

Proactive approach to DNAs with CAMH services are required to have clear DNA policies in place and operate from a value base of "no giving up on families and will use a number of different, innovative approaches to engagement. This may include partnership working in reach, outreach, and joint working to support engagement

Support for discharge and transition with discharge planned from outset with measurable outcomes, support to access other services with after care plan and ability to come quickly back to service, plus flexible approach between CAMHS and AMHS with joint working where appropriate for young people between 17-19 years

Improved services for children in special circumstances including direct and indirect work drawing on expertise of multi-disciplinary team and specialists in the needs of e.g. learning disabilities, LAC, YOS, substance misuse, chronic and enduring illness

Multi-disciplinary team approach with staffing in line with national recommendations for both CAMHS and Learning Disability standards

Service provision in line with QUINMAC standards

Clear DNA policies in place with services operating from a value base of "no giving up on families and will use a number of different, innovative approaches to engagement. This may include partnership working in reach, outreach, and joint working to support engagement

Reduced unnecessary in patient admission through the provision of intensive community treatment service and community eating disorder service (Getting more help)

Reduced out of Area Placements through the establishment of multi-systemic approaches for the most complex children with mental health, behavioural and social care needs in partnership with children social care / YOS services (Getting Risk Support)

Sunderland CCG in partnership with CCAMHS, CYPS, SCC and the voluntary sector have been successful in bidding to become a pilot site for a joint training programme between CAMHS and 10 schools. 30 nursery, primary, secondary, will be involved in the project.

There are a range of peer support services for children, young people and their families available in mainstream and specialist settings

There are identified strategic leads for SEND and mental health in both the LA and CCG, CAMHS are commissioned to provide input into the SEND care planning process.

Sunderland locality has a crisis care concordat plan in place which includes children and young people. A range of services are available to prevent inappropriate use of police cells as a place of safety. This includes street triage, ICTS, 136 Suite, A&E, local authority and mental health provision.

Both CAMH services have seen a 50% increase in referrals over the last 2 years

Inpatient Service Provision
We have significantly improved our capacity to meet the needs of children and young people with highly complex needs through partnership working with specialist commissioners to establish the following services:

- A model of in-patient mental health and learning disability service opened in purpose built accommodation providing (Getting more support/T4)
- A model of neuro developmental disorder service provision providing outreach, advice and support to local CAMH services rather than a centralised day service model
- A commissioned regional children and young people's eating disorder service (Getting more support (Tier 4)
- High quality service provision in line with Quality Network for Inpatient Child and Adolescent Mental Health Services (QNIC)

More recently these services are commissioned at a national level through NHS England Specialist Commissioning which means that a national bed management model is now in operation.

8.3 Caring for the most vulnerable

CAMHS services are commissioned to proactively work alongside other organisations to engage children, young people and families. The services are expected to provide creative and imaginative models of service delivery to ensure that they are accessible to those whom may find engaging with services difficult.

The CYP service is commissioned to provide a broad range of services for vulnerable children and young people experiencing psychological distress to ensure that acceptance criteria is based on presenting need and not clinical diagnosis. The expectation is that the service provides imaginative, integrated models of care including co-location of staff, dedicated in-reach or outreach support, joint or collaborative and named contact for service.

The CYP Service is commissioned to deliver an integrated model of integrated CAMHS and Learning Disability provision ensuring that children and young people with learning disabilities are able to access a full range of CAMH Service provision

The CYP service is commissioned to provide the following services to support looked after children:

- Advice and training on identifying children and young people with mental health needs including use of the SDQ (Strengths and Difficulties Questionnaire)
- Training consultation and advice for foster carers, residential home staff and social workers
- Creative partnership working to ensure that children and young people have disclosed receive psychological support
- Psychological support for children and young people not in a stable placement
- Assessment of parenting to support effective placement
- Post adoption support for parents
- “Risk sharing” for children and young people with complex needs including taking clinical responsibility and providing support to manage behaviour and minimise risks
- Adopting a flexible approach to meet the needs of children and young people
- Flexibility in supporting children and young people placed in Sunderland who are from other areas and for children and young people from Sunderland who are placed Out of Area

The CYP service is commissioned to provide services for vulnerable children and young people, including homelessness, young offenders, substance misuse and those of parents with problems including domestic violence. Services to support the mental health needs of young offenders should include:

- Advice and training on identifying children and young people with mental health needs including use of the ASSETT
- Provision of direct support to young people
- Provision of consultancy advice including contribution to risk plan
- Ensuring continuity of provision, transition planning for young people entering and leaving custody

CAMH Service has practitioners with the necessary skills to understand the impact of trauma on the mental health of children, young people and families.

CAMH Services are commissioned to be an integral part of service to support children and young people who have been sexually abused or at risk of exploitation.

CAMH services are required to have clear DNA policies in place and operate from a value base of "no giving up on families and will use a number of different, innovative approaches to engagement. This may include partnership working in reach, outreach, and joint working to support engagement.

CAMHS collect data to enable them and commissioners to identify and address any inequalities as they arise e.g. under-representation of specific groups accessing services

8.4 Developing the Workforce

CAMH services are commissioned to provide staffing in line with national recommendations for both CAMHS and Learning Disability services

First cohort of Sunderland CAMH Services has recently completed CYPS IAPT Transformation Programme and are part of a CYP IAPT collaborative

CAMHS are commissioned to provide a significant amount of training in evidenced based approaches to universal, targeted and specialist services for children, young people and their families.

CAMHS Commissioner has completed National CAMHS Leadership Programme

9 Areas for Further Development

Sunderland CAMHS partnership have completed a review of our current position against Future in Mind and the CAMHS Transformational Guidance and on the basis of this, consultation with wider partners e.g. specialist commissioning, elected members and ongoing consultation with CYP we have identified the following areas for further development:

9.1 Resilience, prevention, mental health promotion and early intervention

Develop and disseminate clear information about mental health and mental health services across all stakeholders including children, young people and families

Increase the capacity of the universal work force to appropriately recognise and address identified mental health needs

Improve perinatal community support including the further development of specialist perinatal mental health clinician role

Develop CAMHS Partnership arrangements to include a robust mechanism to work with schools to consider their contribution to meeting the mental health needs of children, young people and their families

Consider the contribution of the school nursing service to support the mental health needs of children, young people and their families as part of the Healthy Child Programme

Further develop the mental health lead role within schools aligned to the development of link professional within CAMHS

Build on current best practice to develop and provide evidence based programmes including the development of Mindfulness in schools

9.2 Improving Access to Effective Support

Establish named point of contact within CAMH services for schools, GP; s and other services for children in particular services for vulnerable children, young people and their families

Extend the CAMHS Schools pilot at a local level to work with all schools who wished to become involved in joint training with CAMHS and the development of mental health lead in schools aligned to CAMHS support.

Develop the mental health lead role in other services for children, young people and their families including developing skills and expertise to support mental health needs in services for vulnerable children and young people

Establish an audit tool to provide a baseline of current range, type and effectiveness of peer support being offered across the City and develop a framework to support good practice.

Strengthen the coordination of strategic planning arrangements for SEND and mental health and develop capacity within CAMHS to effectively support the Educational Health and Care Planning process

Develop evidence based pathways including the diagnostic pathway for Autistic Spectrum Disorders to ensure NICE compliance and consistency and support for children, young people and their families across the spectrum.
Develop innovative and bespoke models of integrated multi-disciplinary support for children with learning disabilities including those with challenging behaviour to avoid preventable admission to inpatient services

Develop innovative and bespoke models of integrated multi-disciplinary support for children with complex behavioural, mental health and social care needs that include children and young people in crisis and those with challenging behaviours to reduce the number of young people in out of area placements..

Monitor effectiveness of street triage, 136 detentions, A&E, RAID and police custody to support ongoing service development and future commissioning

Strengthen pathways and communication between inpatient and community services

Develop and improve integrated models of service provision for children and young people across the City including one stop shop approach. CAMH services should be integral to the planning and delivery of new models of integrated service provision.

Continue to proactively work to reduce waits to local waiting time standard of 6 weeks

Improve the capacity of universal and targeted services to effectively address the mental health needs of CYP and their families at an earlier stage to reduce increasing levels of referrals to specialist services.

Ongoing partnership work to develop a more integrated approach and joint working between partner organisations to ensure better engagement with CYP and their families in particular those CYP who find services difficult to access.

9.3 Caring for the most vulnerable

Sunderland partners are working to improve service provision to the most vulnerable. CCG and CAMH services will work to support the development of services including more integrated working between partner organisations and better engagement with children, young people and their families in particular those who find services difficult to access.

Develop more effective working between CAMHS and services supporting vulnerable children across the spectrum of mental health need from coping through, getting help to those with complex behavioural, mental health and social care needs requiring risk management and crisis response

9.4 Developing the Workforce

Audit current mental health training provided across the City

Produce an educational framework to ensure the commissioning and delivery of high quality, evidence based training and the most effective and efficient use of training resource across the City

Roll out of CAMHS IAPT – second cohort to complete training

10 Commissioning for Mental Health and Emotional Wellbeing

10.1 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 4 and 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.

10.2 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

11 Resources

Funding for CAMH service provision is as follows:

Service	Provider	Service Description	2015/16 Total Contract £
NTW CYPS Services	NTW	S'Land & S Tyne CYPS	8,883
NTW CYPS Services	NTW	CYPS Forensics In-Reach	41,991
NTW CYPS Services	NTW	S'Land & S Tyne CYPS	2,780,203
STFT CCAMHS Service (including total cost to CCG and recharge to the LA)	STFT	Community CAMHS [681024] Pooled Budget	1,111,708
STFT CCAMHS Service (including total cost to CCG and recharge to the LA)	Sunderland LA	CAMHS Income	-442,049
Sunderland Counselling Service CYP service	Sunderland Counselling Services	Counselling Services - CAMHS	188,214
CYP IAPT Funding	TBC	CYP IAPT Funding	TBC
Transformational Monies (Eating Disorder)	NTW	Transformational Monies (Eating Disorder)	174,000
Transformational Monies (School CAMHS Link Pilot (£50k from NHS England = £50K matched funding from CCG)	TBC	Transformational Monies (School CAMHS Link Pilot	100,000
Transformational Monies (School CAMHS Link Pilot (£50k from NHS England = £50K matched funding from CCG)	NHS England	Transformational Monies (School CAMHS Link Pilot	-50,000
Resilience funding for liaison (CYP)	NTW	Resilience Funding - CYPS	140,000
Washington Mind CYP	Washington Mind	13;25 Young People's	83,550
Individual Funding for CYP Complex behavioural mental health and social care needs	Various	Health contribution - 8 young people	613,549.33
Total			**4,750,049**

A financial mapping exercise needs to be undertaken to understand the total spend on mental health and emotional wellbeing across partners including public health, education, social care and youth justice to support a transparent, cohesive approach to future funding decisions.

12 Local Governance Arrangements

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.

Children's Trust

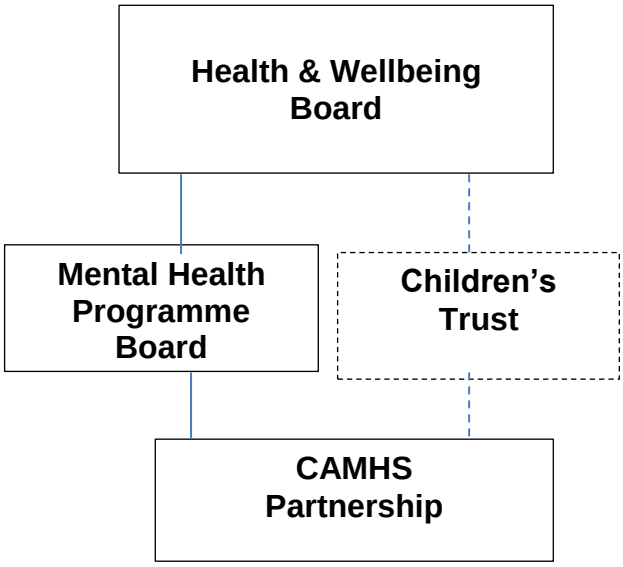
The Local Authority is currently in the process of working with partners to strengthen JSNA, strategic planning and partnership arrangements for children and young people. When these arrangements are put in place this partnership will:

- Support the ongoing development and monitor the implementation of this plan
- Work with commissioners to support implantation of this plan to deliver a co-ordinated approach to service commissioning and provision across the pathway

CAMHS Partnership

There is a well-established CAMHS partnership in Sunderland that provides a wide multi-agency representative strategic forum to:

- Support the ongoing 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



13 Delivery Plan

This high level plan has been 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.

This plan and summary will be available on both the CCG and SCC websites as part of the local offer. The actions identified within the delivery plan are for implementation over the next 3 years. The refocusing of services and resources to ensure a more preventative and early intervention approach are delivered within a community setting.

Proposal	Action	Lead	LTP fund	Timescale
1. Partnership, Planning and Commissioning				
Strategic Planning Arrangements	Ensure that children and young people's mental health is an integral part of the developing CYP Strategic Partnership arrangements and the refresh of the CYP Strategic Planning priorities	CCG/LA	No	15-16
	Strengthen the membership of the CAMHS partnership to reflect new management structures for CYP within the LA and key priorities e.g.peri natal mental health and schools	CCG	No	15-16
Strengthen Joint Commissioning Arrangements	The CCG is the lead joint commissioner for CAMH Service provision	CCG	No	15-16
	Complete local financial mapping exercise detailing the current level of spend on mental health and well being across all partners including public health, education, schools and social care	All Commissioner	No	16 -17
	Develop a commissioning framework to support a consistent approach aligned to the strategy and transformation plan	CCG / Lead commissioning organisations (see appendix 6)	No	16 -18
	Review and strengthen service specifications for universal and targeted services to reflect contribution of these services to mental health and emotional well being and agreed strategic priorities e.g. maternity, health visiting	Lead commissioning organisations	No	16 -20
	Develop an agreed set of KPIs and outcome measures that will demonstrate the impact of universal and targeted services on mental health outcomes for CYP and their families	CCG/ lead commissioning organisations	No	16-18
Increase the capacity of the universal and targeted workforce to	Audit current training and its effectiveness across the city	CCG/LA	No	16-17
	Produce an educational framework to ensure the delivery of high quality,	Lead commissioning organisation	No	16-18

promote resilience, appropriately signpost and support children and young people across all aspects of the Thrive Model	evidence based support and management of risk across the city			
	CAMHS services to use learning from CYP IAPT programme both to support their own practice and to roll out of evidence based approaches to universal and targeted service providers	NTW/STFT/3rd sector	Yes	16-20

Proposal	Action	Lead	LTP fund	Timescale
2. Thriving / Coping				
Strengthen the opportunities for children, young people and their families to access appropriate information and self help materials	Continue to develop Sunderland emotional health and well being guide to support children and young people	Lead commissioning organisation	Yes	16-17
	Raise children, young people and their families awareness of how to access appropriate material to support mental health and emotional health and resilience	Lead commissioning organisation	Yes	16-18
Develop peer support within universal, targeted and specialist service provision	Establish an audit tool to provide a baseline of current range, type and effectiveness of peer support being offered across the city and develop a framework to improve and expand current good practice	Lead commissioning organisation	No	16-18
Improve perinatal mental health care, in line with local need and national guidance	Review of maternity services across Sunderland in line with national requirements	CCG		Oct 16
	Review of peri-natal mental health in line with national guidance, funding and regional work streams	CCG	Yes	April 17
	Establish named peri-natal mental health link in maternity services	CCG/CHS/NTW	Yes	April 16
Further develop early years support	Agree CAMHS outcome measures for attachment and early years mental health	CCG	No	15 -16
	Consider the contribution of health visitor services, including mental health lead role, in supporting mental health of CYP and families as part of the Healthy Child Programme	LA	No	16-18
Improve the capacity of universal workforce to effectively address the mental health needs of CYP at an earlier stage to reduce increasing levels of	Consider the contribution of GP's to supporting the mental health needs of children and young people including considering of GP mental health lead roles within localities	CCG	No	16-18
	Consider the contribution of school nursing service, including mental health lead role, in supporting the mental health needs of CYP as part	LA	Yes	16-18

referrals to specialist services	of the healthy child programme			
	Establish a network of schools to pilot and develop school based approaches to support resilience, mhewb	CCG/LA	Yes	April 16
	Implement national CAMHS schools link pilot in 30 schools to include: • Shared training • Establishment of mental health lead role in schools	CCG/LA	Yes	15 - 16
	School based introductory training in applied basic mindfulness– teachers, pastoral and pupil support staff	CCG/School/LA	Yes	16-17

Proposal	Action	Lead	LTP fund	Timescale
2.Getting help				
Increase capacity to deliver evidence based interventions	Continued roll out of CYPS IAPT transformation programme to CAMH Services Ensure IT infra-structure supports IAPT delivery	CCG	Yes	16-17
	Provide mindfulness training to CAMH service providers to enhance their practice and to enable them to provide mindfulness training to other professionals.	CCG	Yes	16-17
Targeted school based service	Establish a systematic approach to shared schools/CAMHS support to CYP with identified mental health needs via regular school based MDT meeting to discuss and prioritise mental health support to CYPs and their family (including CYP with complex needs and those at risk of exclusion)	CCG Schools	Yes	16-19
	Commission external expert-led Mindfulness training for children and family members of the most vulnerable families identified by schools (linked to school/CAMHS pilot). It is proposed that each school will be able to offer an 8-week course, at the beginning of each term with follow-up after each half term, in the form of progress/activity support for the pupils.	CCG Schools	Yes	16-17
Improve access to CAMH Service provision	Review existing referral pathways across all CAMH services to establish a single point of contact for all service provision	CCG	No	16-17
	Establish named point of contact for GPs, schools and other service providers	CCG NTW STFT	Yes	16-17
	Raise the awareness of CYP ,families and referrers on what services are available and how to access them	Lead commissioning organisation	No	16-17

	Continued proactive management of waiting times in both CCAMHS and CYP service	CCG	No	15-17
	Develop more creative approaches through joint working with partner organisations to ensure better engagement with CYP and their families in particular those who find it difficult to access service	Lead commissioning organisation	No	15-17
Ensure CAMH services continue to develop as an integral part of children's service provision	Develop and improve integrated models of service provision for children and young people including locality based working and one stop shop approach	Lead commissioning organisation	No	15-17
Ensure alignment of CAMH services within SEND process	Strengthen the co-ordination of strategic planning arrangements for SEND and mental health as part of integrated planning for children and young people	LA Schools CCG	No	15-17
	Develop capacity within CAMHS to provide effective and timely support to the Education Health Care planning process	LA Schools CCG	No	15-17
Improve multi-agency pathways to support CYP with neurodevelopmental disorders	Develop a consistent, NICE compliant diagnostic pathway pathway for CYP on the autistic spectrum	CCG		15-16
	Develop multi-agency support for CYP and their families • With ASD traits that do not meet diagnostic criteria • With a diagnosis of ASD	CCG	Yes	15-17
Improve model of care for children and young people with learning disabilities	Review current CYP service provision and delivery for children and young people with learning disabilities	CCG	No	15-16
	Ensure equitable access to appropriate therapies and support within CAMHS	CCG	No	15-16
	Develop innovative and bespoke models of integrated multi-disciplinary service provision that support individual CYP EHCP to avoid gaps and duplication	LA Schools CCG	No	15-17

Proposal	Action	Lead	LTP fund	Timescale
Getting more help Focus on conditions requiring extensive treatment				
Enhance CYPS Intensive Community Treatment Service to further support CYP with learning disabilities to avoid preventable admissions to inpatient services	Audit the contribution of CAMH services to support children with learning disabilities and challenging behaviours in the community	Lead commissioning organisation	No	15-16
	Develop innovative multi-agency support and interventions for children and young people with learning difficulties including those with challenging behaviour	Lead commissioning organisation	No	15-17
Improve pathways between inpatient and community provision	Further develop pathways and protocols to ensure continuity of care and effective transition between community and inpatient service provision within CAMH and LD services	CCG/ NHS England		16-17
Enhance community eating disorder services for children and young people.	Increase capacity of the CED Team to provide: • more intensive, home based interventions support • joint working, liaison, supervision advice and training to Sunderland Royal in-patient paediatric service • liaison and joint training with regional eating disorder in-patient service • Support transition to adult community eating disorder services where indicated	CCG/NTW	Yes	15-16

Proposal	Action	Lead	LTP fund	
Getting risk support Focus on interagency collaboration for particularly vulnerable groups				
Continue to develop a more integrated, joint working model to Improve multi-agency approaches to support vulnerable children including LAC	Consider the develop of mental health lead role within services for vulnerable children	Lead commissioning organisation	Yes	15-17
	Complete a skills audit of social care staff in relation to their understanding of the emotional health and well being needs of children and young people in the social care system.	LA	No	15-17
	Working with partners develop a training plan for social care staff, residential care and foster carers to enable them to more effective address the emotional health and well being needs of children and young people	All	No	16-17
	CAMHS services to deliver training plan to improve skills and expertise within services for vulnerable children to support mental health as agreed in partnership	NTW STFT	Yes	16-17
	Agree a model of additional support to fostering and adoption (pre and post adoptive services) to understand and support the mental health of CYP	LA CCG NTW	No	16-17
	Develop a shared understanding of the impact of child sexual exploitation on mental health and wellbeing, the range and type of interventions that are most effective and the role of CAMH services as part of a multi-agency response	LA CCG NTW	Yes	16-17
Continue to improve services for children in crisis in line with the crisis care concordat	Monitor the effectiveness of street triage, 136 detentions, A and E, RAID and police custody to support ongoing service improvement and future commissioning in line with crisis care concordat	Lead commissioning organisation	No	16-18
	Develop on line mental health guidance on processes, algorithms and procedures for use by partner agencies	Lead commissioning organisation	No	16-17

	Develop risk sharing protocols across partner organisations	Lead commissioning organisation	No	16-17
	Develop information sharing protocols across organisations	Lead commissioning organisation	No	16-17
	Target awareness raising with known high risk groups for suicide	Lead commissioning organisation	No	15-17
Develop multi-systemic/multi-agency wrap around support to meet the needs of children and young people with complex emotional, psychological, behavioural and social care needs to reduce the number of children in out of area placements	Agree a model of multi-agency management and support for highly complex children and young people with significant challenging and risk taking behaviours who fall outside the scope of mainstream provider services and require an assertive multi-agency approach	LA/CCG	Yes	16-17
	Enhance CYP service to: • provide multi-disciplinary community outreach service to provide support, advise and training and risk sharing for social care staff; • Provide in-reach support, risk assessment and delivery of high level of support; • Support joint working, liaison, supervision and training to families and carers • Provide liaison and joint working with secure residential services	CCG/LA	Yes	16-17

Appendix 1

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)**
Easy temperament Adequate nutrition Secure attachment to at least one adult Attachment to family Above average intelligence School achievement Problem solving skills Internal locus of control Social Competence Social skills Good coping style Optimism Moral values and beliefs Positive self-related cognitions Physical activity	Prenatal brain damage Prematurity Low birth weight, birth complications, birth injury Poor health in infancy Insecure attachment in infancy/childhood Difficult temperament Learning Difficulties Disability Poor attainment Poor social skills Low self esteem Alienation Impulsivity Alcohol and other substance misuse Chronic illness Multiple school moves	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: 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 Who are at risk of or involved in offending Who are from a minority ethic 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	Absence of father in childhood Large family size Having a teenage mother Anti-social role models in childhood Parental illness or mental health	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

More than two years between siblings Responsibility within the family Supportive relationship with other adult Strong family norms	problems Repeated early separation from parents 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 ethic 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 Opportunities for some success and recognition School norms against violence	**School Context** Bullying Peer rejection Poor attainment Poor sense of belonging Inadequate behaviour management Deviant peer group School failure	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: 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
Life events and situations Involvement with significant other person Availability of opportunities at critical turning points or major life transitions Economic security Good physical health	**Life events and situations** Physical, sexual or emotional abuse School transitions Divorce or family break up Death of a family member Physical illness Unemployment, homelessness in family Incarceration	

	Poverty/ economic insecurity Caring for someone with an illness or disability War or natural disasters	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 ethic or minority cultural background including travellers Of refugee and asylum seeking families Who are not involved in education, employment or training
Community / Cultural Factors Sense of connectedness and community resilience Attachment to and networks within the community Participation with community groups Strong cultural identity and ethnic pride Development of a positive cultural, ethnic, gender, sexual, identity Access to support services Community/ cultural norms against violence Good housing	**Community /Cultural Factors** Socio-economic disadvantage Social or cultural Discrimination Isolation Neighbourhood violence and crime Population density and housing conditions Lack of support including transport, shopping, recreational activities Lack of cohesion and community resilience	

Appendix 2

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 Separation anxiety Specific Phobia Social Phobia Panic Agoraphobia Post-Traumatic Stress Disorder (PTSD) Obsessional Compulsive Disorder (OCD) Generalised Anxiety Disorder (GAD) Other Anxiety	3.8 0.8 1.0 0.3 0.1 0.1 0.2 0.2 0.6 1.2	5.0
Depression Depressive episode Other depressive episode	0.9 0.7 0.2	4.0
Conduct Disorder Oppositional Defiant Disorder Conduct Disorder (family context) Unsocialised Conduct Disorder Socialised conduct Disorder Other Conduct Disorder	5.3 2.9 0.1 0.5 1.0 0.9	3.0-5.0 (1.0 very severe conduct disorder) 6.0-10.0
Hyperkinetic Disorders Hyperkinesis Other hyperkinetic disorder	1.4 1.3 0.1	1.0
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 3

Brief summary of evidence based interventions

<table>
<tr><th colspan="5">DEVELOPING RESILIENCE</th></tr>
<tr><td colspan="5">0-5 years - Work to support early attachment and parenting skills</td></tr>
<tr><td>Multi–faceted whole school (service) programmes to promote wellbeing</td><td colspan="2">Effective Schools (services) which value social and emotional outcomes alongside academic outcomes</td><td colspan="2">Effective classrooms (environments) which promote participation in learning</td></tr>
<tr><td>Supportive and inclusive school culture and environment

Training for teachers in mental health emotional wellbeing issues

Social and emotional learning programmes: problem solving, social awareness, managing feelings etc.

Involvement of parents and community in learning and social aspects</td><td colspan="2">Strong leadership, safe and orderly environment

Ecological understanding of child – as a member and influenced by family, peer group, class, school and community

Consistency of approach, personal development opportunities

High expectations and recognise achievements</td><td colspan="2">Effective and responsive teaching

Provide classroom climate

Knowledge and use of effective classroom management techniques

Effective behaviour management techniques</td></tr>
<tr><th colspan="5">GETTING HELP</th></tr>
<tr><th colspan="2">Early signs of externalising problems</th><th colspan="3">Early signs of internalising problems</th></tr>
<tr><td colspan="2">Small group sessions with a focus on developing problem solving skills and pro- social behaviours

Working with parents to reinforce small group work

Starting early and giving boosters if necessary

Well established nurture groups and play based approaches</td><td colspan="3">Small group work with a focus on developing thinking skills and changing thinking patterns

Working with parents to reinforce small group work

Starting early and giving booster sessions if necessary

Well established nurture groups and play based approaches</td></tr>
<tr><th colspan="5">GETTING HELP</th></tr>
<tr><td>Behaviour Problems</td><td>ADHD</td><td>Anxiety Problems</td><td>Depression</td><td>Other disorders e.g. attachment; eating disorder; PTSD</td></tr>
<tr><td>Parent training/ education programmes
Plus problem solving and social skills training for 8-12 year olds</td><td>ADHD diagnosis and no other explanation - medication is the treatment of choice –

Supported by</td><td>Therapy focused on thinking patterns and associated behaviours (CBT)</td><td>Therapeutic support - CBT, or family approaches depending on symptoms and associated problems</td><td>School-based prevention and resilience programmes may be effective in preventing some problems e.g. eating disorders and drug misuse</td></tr>
</table>

For adolescents family based approaches addressing full range of family's needs *Nurture groups, play based approaches, well-structured mentoring schemes with focus on education/ training* MST for young people with complex behavioural, mental health and social care needs	parent training and individual behaviour therapy if the child does not respond to medication, or if the child is also experiencing anxiety Supported by psychosocial treatments where the child's behaviour is challenging *Advice to teachers about how to work with young primary school children with ADHD like behavioural difficulties*	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 For adolescents not responding to psychological therapy, anti-depressant medication combined with longer term psychological treatment	Various therapeutic approaches, often involving the family and looking at a range of systemic issues see NICE

Key:

Non italicised text = strongest evidence
Italicised text = less strong evidence

Appendix 4

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	**Forensic Services** **Deaf Services** **Eating Disorder Services** - In-patient services for young people with eating disorder: provision of evidence based interventions to young people and their families **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: Services for children and young people with severe learning disabilities (6 beds) Services for young people with mild/moderate learning disabilities (12 beds) Young people's low secure learning disability services (8 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	Advice, consultation and training to specialist services and broader network

(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)**
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. Input into multi-agency review processes including Child Protection Reviews, Looked After Children Reviews and Special Education and 14+ Reviews. Work to support participation of children, young people and families in service design, development and delivery. Undertake research and evaluation as agreed with the commissioner including service audit and review, client satisfaction responses and pre and post evaluation measures. 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. Provide specialist consultation, advice and training to services working with children with complex needs. Contribute to the work of the Local Strategic Partnership in particular Children and Young People's Strategic Partnership, LSB, CAMHS Partnerships, SEND partnership.	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 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. 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: Holistic assessment of need taking account of psychiatric, cognitive, developmental, psychological, educational, family and broader environmental factors • 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	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: • 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 Contribute to multi-agency support for children, young people and families including: • Attendance at multi-agency referral meetings • 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

	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 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 . The service will offer intensive support and 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. 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.	
(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 families plans and partnerships including HWBB, CAMHS Partnership, Early Intervention and Prevention Strategy Support the local implementation of relevant government initiatives; Contribute to the development	Provide a comprehensive range of assessment and short interventions for children with 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: Holistic assessment Risk assessment	Increase the capacity of universal and early intervention services to promote mental health and emotional wellbeing through training, consultation and support including children's centres, schools, colleges, health visitor, school nursing and GPs The development of school and service policies The development of emotionally

and delivery of the multi-agency parenting pathway
 	
Lead on pathway development for the provision of services to improve access to talking therapies for children and young people
 	
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
 	
Lead on the development of mental health, emotional wellbeing and anti-bullying elements of healthy schools programme,
	Case formulation and planning in partnership with children, young people and their families that takes into account evidence base
	
	Implementation of an agreed evidence base plan which may include any of the following management and therapeutic services:
	• Psychosocial
	• Behavioural
	• Cognitive Behavioural
	• Systemic Family
	• Counselling
	• Parenting and Group work including:
	  • 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/ conduct difficulties)
	  • Incredible Years Parent Training Programme
	  • Group work with children and young people with internalising difficulties e.g. FRIENDS programme
		health environments
		
		The development of school and service approaches to managing behaviour and improving relationships
		
		Core training to include; promoting mental health, developing resilience, child development and mental health, mental health problems; establishment of a social and emotional curriculum
		
		More specialised training for identified leads e.g. parenting, cognitive, behavioural and systemic approaches
		
		Consultancy and advice to develop more specialised programmes e.g. nurture groups, school based counselling
		
		Locality/cluster based advice and consultancy including the development of mental health lead roles within universal and early intervention services
		
		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
		
		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
		
		Establishment of tiered model of counselling provision
		
		Development of a tiered model of CBT, Brief Solution Focused and Systemic Practice Training

COPING/ GETTING HELP
TARGETED EARLY INTERVENTION

- 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 5: Workforce

Name of Service	Discipline	Number wte	Total wte
NTW Children and Young Peoples Service (including ICTS, Community Eating Disorder Services and MST Services	nursing	38.26	Total : 69.02 Clinical: 57.23
	AHP	0.53	
	OT	2.69	
	Professional and technical	1.46	
	Psychology	9.34	
	Social worker	0.44	
	Admin	9.76	
	apprentices	0.67	
	Consultant medical	5.2	
	Other medical	0.67	
STFT Community CAMH Service	HoS	0.5	Total: 19.1 Clinical 14.1
	Clinical Lead	0.5	
	Data analyst	1.0	
	Admin	4	
	Specialist CAMH Teachers	2.8	
	Early Years specialist	2.3	
	Specialist PMH practitioners	5	
	PMH practitioner	1	
	PMH worker	2	
Sunderland Counselling Service	Counsellors	5	Total 13
	Volunteer Counsellors	8	
Washington Mind: Young Minds wellbeing project	Counsellors	2.5	Total 2.5
Total Workforce			103.62 89.33 clinical

Appendix 6

Commissioned Services and Commissioner Responsibilities

THRIVE Area	Service	Commissioning Responsibility/ Arrangements
Thriving and Coping	GPs	NHS England / CCG
	Nurseries	Nurseries
	Childrens Centres / Early Years Services	SCC
	Schools	Schools
	Family Nurse Partnership	SCC
	Health Visitor Service	SCC
	School Nursing Service	SCC
Getting Help	Community CAMH Service	Jointly Commissioned Service: CCG / SCC Lead Commissioner CCG
	Sunderland Counselling Service	CCG
	Washington Mind	CCG
	IAPT	CCG
	NTW CYPS	CCG
Getting More Help	NTW CYP Intensive Community Treatment Service	NHS England
	NTW Community Eating Disorder Service	CCG
	CAMHS and CYP Learning Disability in-patient Services	NHS England
	TWEV Eating Disorder Inpatient Services	NHS England
Getting Risk Support	NTW: MST and services for children in special circumstances	Sunderland CCG / LA
	Services for young people in secure estates	NHS England