**Northumberland Local Transformation Plan, Our Strategy and Annual Refresh**

In recognision of the importance children and young people’s emotional wellbeing and mental health, there has been a growing attention, nationally and locally, over recent years, within the political, policy and media. In fact, it is now widely accepted that everyone who comes into contact with a child or young person has an influence on their emotional wellbeing and mental health, suggesting that children and young people’s mental health and emotional wellbeing ‘EVERYONE’S BUSINESS’

In 2014 the government launched a national inquiry into child and adolescent mental health services in England in 2014, the findings were published in a report called ‘Future in Mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing.’ Future in Mind outlined a number of recommendations that every Clinical Commissioning Group in England needs to work towards in partnership with wider stakeholders including local authorities, schools, NHS providers, youth justice, the police, the voluntary and community sector and most importantly children, young people and parents/carers.

It called for a Joint Needs Assessment to analyse the needs within each local area, including Northumberland and based upon the findings a Local Transformation Plan was to be devised. Northumberland’s Joint Needs Assessment identified that resources had been successfully invested in specialist services with fewer resources invested in universal & preventative services. Access to the specialist services was poor children waiting for long periods before being assessed & longer still for treatment fragmentation of services a recognition that the health and care system need to reshape services. As a result of such findings our Local Transformation Plan set out an ambitious system wide transformation of services for children with mental health needs that will benefit the whole of the borough.

A vision for services sets out in Northumberland’s Emotional Health & Well Being Strategy is ‘**’ All children and young people will be emotionally healthy and fulfilled throughout their childhood and adolescence. We will promote and improve the emotional health and well-being of children and young people in Northumberland by building relationships, realising potential and providing easy access to the right services when required** ‘’.

Our plan has been in place since 2015. It is published in full on the website for those interested. It tells the story of all the work that we have been doing in Northumberland to improve children and young people’s emotional and mental health and wellbeing. It is accompanied by an action plan and workforce development plan in line with government directives. It recognises the importance of early help and prevention and improving access to support by providing the right service at the right time in the right place. It also called for increased accountability and transparency within services and a developed workforce with the right skills to support at the right time. It called for a step change in provision, that moved from a tiered approach to a new thrive model of commissioning and delivery.

The plan is monitored by NHS England and we are measured against a set of Key lines of enquiry. Part of the NHS assurance framework around the Transformation Plan is that a refreshed plan is produced annually. The 2018/2019 Transformation Plan Refresh, which can be found here, includes outline progress during the last two years and the next steps for future developments to support children and young people’s mental health and emotional wellbeing.

The NHS five Year Forward plan for mental health in 2016 followed and sets out ambitious plans for improving access and building capacity in the community to release capacity and demand in the acute sector and develop a resilient and sustainable community focused model. In order to meet these recommendations new funding has been available. This funding is available for every CCG area to:

1.Build capacity and capability across the system so that we make measurable progress towards closing the health and wellbeing gap and securing sustainable improvements in children and young people’s mental health outcomes by 2020;

2.Roll-out the Children and Young People’s Improving Access to Psychological Therapies programmes (CYP IAPT) so that by 2018, CAMHS across the country are 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 via CYP IAPT for staff working with children under five and those with autism and learning disabilities;

3.Develop evidence-based community Eating Disorder services for children and young people with capacity in general teams released to improve self-harm and crisis services;

4.Improve perinatal care

Building upon this vison in Northumberland in 2017 a whole system transformation began to deliver financially stable, efficient and effective services to the population. As part of this there is a work stream for mental health and within this an objective to improve the mental health pathway for children and young people. This work started in the summer of 2017 and is multiagency in nature. The working group identified 3 priorities for delivery based on feedback from children and young people alongside their parents and carers and other feedback such as from referrers and services. These priorities fit with the deliverables in the Local transformation plan and also the children and young people’s mental health green paper published in December 2017.

Priority 1 – improve access to mental health information and services for children and young people at all levels of complexity

Priority 2 – Deliver mental health support to children and young people in and around schools

Priority 3 – Review the needs of those with most complex needs who often require bespoke or out of area placements to ensure where possible they can remain within their community and home.

In 2018 the Government published a green paper entitled Transforming children and young people's mental health provision. This sets out a proposal to focuses on earlier intervention and prevention, especially in and linked to schools and colleges. The proposals include:

•creating a new mental health workforce of community-based mental health support teams

•every school and college will be encouraged to appoint a designated lead for mental health

•a new 4-week waiting time for NHS children and young people’s mental health services to be piloted in some areas

In October 2018 NHS England provided an opportunity to bid to become a trailblazer site for the delivery of the children and young people’s green paper and |Northumberland was successful in becoming a wave 1 site for both the delivery of mental health support to schools and for delivery of a 4-week waiting time to treatment. We are one of 25 areas in the country for the MHST delivery and one of only 12 for the 4-week waiting time element. For Northumberland this represented acknowledgment and agreement on the pathway redesign that was already underway and for us enables us to test out our model with some additional funding to explore new roles and ways of working before a county wide roll out.

Services in Northumberland is currently providing us with an opportunity to be at the fore front of national transformation of children and young people’s mental health support. We ae currently trying out new and innovative ways of working to meet new wait times and new models of working with education settings for those children with mild moderate issues and concerns identified, the lessons learnt and models developed will be reviewed and shared across the borough and nationally.

Using the Thrive model of delivery we have set out ambitious targets to be reviewed by December 2020 as follows –

**Agreed success criteria for the Mental health support teams -**

**Coping –**

Rise in the number and quality of referrals to the early help hubs leading to timely access and less “bounce”

Increase in the numbers of young people knowing how to access support

Increase in use of the web based guided self-help materials

Reduction in the number of applications for an EHCP with SEMH as the primary need

**Getting Help-**

Increase in young people being seen for interventions

Improvements in outcomes for young people evidenced by use of a paired outcome measure

**Getting more help –**

After a potential initial increase in referrals to the specialist mental health service, a trend of reducing referrals is expected.

Shorter length of stay in the specialist service

Reduction in waiting times

Numbers of appropriate referrals to increase.

Reduction in young people presenting in crisis as their needs have been met earlier in the pathway

**The agreed success criteria for the 4 week wait initiative is -**

**Thriving / coping-**

Prevention is a key element across all universal services for children and young people.

 Identify evidence based preventative programmes

Identify preventative resources and programmes available in the area

Map services and resources required to deliver these programmes

**Getting help –**

Increase in referrals to this part of the pathway

Reduction in waiting times

Overall increased number of young people accessing mental health treatment

Increased number of families accessing the parent factor group.

Increased number of families accessing the cygnet group.

Reduction in numbers of those with ASD applying to go to special school and/or presenting in crisis

**Getting more help –**

Reduction in inappropriate referrals to the specialist service

Reduction in re-referrals

Reduction in referral rate (over the lifetime of the trailblazer)

Reduction in numbers of young people presenting in crisis

Reduction in waiting times

Conclusion -Early results from these programmes is already demonstrating significant levels of improvement in our outcomes. We look forward to publishing the results at the end of the programmes.