



Children & Young People's Resilience, Mental Health and Wellbeing

Darlington Transformation Plan
October 2018 Refresh

Children & Young People's Mental Health and Wellbeing Darlington Transformation Plan

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Children & Young People's Mental Health and Wellbeing Darlington Transformation Plan

Refreshed October 2018

Darlington's Children and Young People are our future. We will build on progress made and support all of our children to aspire and achieve their own potential. By enjoying life as active participating citizens, free from poverty, ignorance, neglect, crime, harm, abuse and distress. We will achieve this by working together to ensure families have access to effective, high quality integrated services. (LTP vision 2015).

1 Introduction and Challenges

1.1 Introduction

- 1.1.1 Since 2015, Darlington's Transformation plan has focused on a clear co-ordinated change across the whole system pathway to enable better support for children and young people; realising the local vision.
- 1.1.2 This refresh should not be considered in isolation from the original Local Transformation Plan (LTP) developed in 2015 and the subsequent annual refreshes.
- 1.1.3 Transformation takes time; in order to generate significant impact within this agenda we are requiring whole scale change from organisations, investment, in a time of austerity and a new way of thinking by children and their families at a time when referrals to CAMHS services are increasing.
- 1.1.4 This plan reflects on the actions already undertaken in Darlington to embed the principles of *Future In Mind* and how we propose to take these forward over the next 12 months.
- 1.1.5 The transformation plan provides a framework to improve the emotional wellbeing and mental health of all Children and Young People across Darlington. The aim of the plan is to make it easier for children, young people, parents and carers to access help and support when needed and to improve mental health services for children and young people.
- 1.1.6 The plan sets out a shared vision, reflects on the work already undertaken, sets high level objectives, and an action plan which takes into consideration specific areas of focus for the local authority area.
- 1.1.7 The aim of the plan is to achieve the following outcomes:
 - An improvement in the emotional well-being and mental health of all children and young people;
 - Multi-agency approaches to working in partnership, promoting the mental health of all children and young people, providing early intervention and also meeting the needs of children and young people with established or complex problems;
 - All children, young people and their families with an identified need, will have access to mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies.
- 1.1.8 Darlington Borough Council is in the process of refreshing their Joint Strategic Needs Assessment (JSNA), which sits alongside and is informed by the *Darlington Sustainable Community Strategy: One Darlington, Perfectly Placed*.

1.1.9 Mental Health has been identified as a priority area to address within the STP based on the potential to improve outcomes of care. We will maximise opportunities to collaborate with commissioners and providers of care to share approaches and resources across the Mental Health and Learning Disability Partnership to ensure a sustainable system. The LTP is an important part of the Integrated Care System being developed across the North East.

1.1.10 This plan will be monitored to ensure that we deliver against the principles of *Future in Mind*:

- Promote resilience, prevention and early intervention.
- Improve access to effective support and review the tiers system.
- Ensure emotional health and wellbeing support is available and easily accessible for our most vulnerable children and young people.
- Improve accountability and transparency and ensure all partners are working towards the same outcomes in an integrated way.
- Develop the wider workforce and equip them with the skills to support children and young people with emotional health and wellbeing issues

1.2 Challenges

We acknowledge there are a number of challenges in the delivery of this transformation plan and we felt it pertinent to raise them at the beginning of the refresh. This is because, it was felt that, with the robust partnerships which are in place, the challenges can be, and are being overcome and this is illustrated throughout this plan.

- Increasing demand - Demand on services is increasing. This is in part due to better understanding and treatment of mental health issues, and a reduction in stigma associated with mental illness which have both led to an increase in demand. The increase in the proportion of the population living with long term conditions and isolation within society across the ages is also leading to an increase in low level mental health issues such as depression and anxiety.
- Commissioning landscape - There are a number of commissioning organisations responsible for delivering the children and young people's mental health care pathway which can result in complex commissioning arrangements.
- Financial challenges - Across all partners involved in supporting people with mental health issues, austerity is creating a significant challenge as we look to balance high quality with sustainable cost-effective services.
- Workforce - The challenge of building system wide capacity and capability to enable transformation needs to be acknowledged.

An outline of the key risks to delivery of the Local Transformation Plan can be located at Appendix 1.

2. National and Local Policy Context

National Policy Context

2.1.1 The original Transformation Plan was borne out of the '*Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*' report which emphasised the crucial importance of early intervention in emerging emotional and mental health problems for children and young people. The publication of *Future in Mind* (2015) highlighted the difficulties children, young people and their families have in accessing mental health support and the need to transform the services offered.

The full report can be accessed via:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

- 2.1.2 Achieving these outcomes will involve transforming the whole system of care and our plan is based around three inter-related programmes of work:
- Building the infrastructure, including skilling up the workforce to respond to young people's mental health and promoting anti-stigma;
 - Shift in the balance of resources towards prevention, early intervention, resilience and promoting mental health and wellbeing; and
 - Targeting resources to those most at risk for example, those in crisis, Looked After Children and those known to youth offending services.
- 2.1.3 The transformation of the service offer involves developing more personalised services based around the needs of the individual and their families.
- 2.1.4 Mental Health has been identified as a priority area to address within our local STP based on the potential to improve outcomes of care. We will maximise opportunities to collaborate with commissioners and providers of care to share approaches and resources across the STP to ensure a sustainable system. The LTP is an important part of the CCG's STP being developed across the North East and Cumbria.
- 2.1.5 Other relevant national policies and papers which are pertinent to children and young people's mental health and Darlington's direction of travel are discussed below.
- 2.1.6 The '[Strategic direction for health services in the justice system: 2016 – 2020](#)' is the Health & Justice strategic document which sets out the ambition of NHS England to improve health and care outcomes for those in secure and detained settings, support safer communities and social cohesion.
- 2.1.7 The Operational Planning Guidance for 2017-19 includes a number of areas for mental health service provision and some specifically for the improvement of services for Children and Young People to provide more high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018.
- 2.1.8 '*Better Births; A Five Year Forward View for maternity care*' was published by NHS England in 2016 and set out a clear vision for maternity services across England to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care, and where she and her baby can access support that is centred on their individual needs and circumstances. Nine national programme workstreams feed into supporting implementation of Better Births locally; improving access to perinatal mental health services supports the implementation of the Darlington Local Transformation Plan. The Better Births report explains that 'mental health problems are relatively common at a time of significant change in life. Depression and anxiety affect 15-20% of women in the first year after childbirth, but about half of all cases of perinatal depression and anxiety go undetected. Almost one in five women said that they had not been asked about their emotional and mental health state at the time of booking, or about past mental health problems and family history. Many of those with mental health problems that are detected do not receive evidence-based treatment. There is a large geographical variation in service provision: an estimated 40% of women in England lack access to specialist perinatal mental health services. Given the contribution of mental health causes to late maternal mortality, this is a significant concern, as also set out in NHS England's recently published Mental Health Taskforce report.'
- 2.1.9 Five Year Forward View for Mental Health: The principles and goals are embedded within Darlington's work programme. Successes are highlighted in section 2. The independent Mental

Health Taskforce published its Five Year Forward View in 2016; NHS England accepted all of the enclosed recommendations and published an Implementation Plan in July 2016 detailing how these recommendations will be delivered. Chapter 2 of the Implementation Plan: 'Children and Young People's Mental Health' included the following objective:

By 2020/21, there will be a significant expansion in access to high-quality mental health care for children and young people. At least 70,000 additional children and young people each year will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions. To support this objective, all local areas should have expanded, refreshed and republished their Local Transformation Plans for children and young people's mental health.

- 2.1.10 Earlier this year the Government published a Green Paper on children and young people's mental health. The paper set out plans to transform services in schools, universities and for families with extra mental health staff training. By 2021 the aim is put an end to the practice of children being sent away from their local areas to receive care, treatment and support. Darlington CCG submitted an Expression of Interest to become one of the pilot sites for this new model in September 2018.

The three main aims of the proposal are outlined below:

1. Incentivise every school and college to identify a Designated Senior Lead for mental health to oversee the approach to mental health and wellbeing. All children and young people's mental health services should identify a link for schools and colleges. This link will provide rapid advice, consultation and signposting.
2. Fund new Mental Health Support Teams, supervised by NHS children and young people's mental health staff, to provide specific extra capacity for early intervention and ongoing help. Their work will be managed jointly by schools, colleges and the NHS. These teams will be linked to groups of primary and secondary schools and to colleges, providing interventions to support those with mild to moderate needs and supporting the promotion of good mental health and wellbeing.
3. As the new Support Teams are rolled out, trial a four week waiting time for access to specialist NHS children and young people's mental health services. This builds on the expansion of specialist NHS services already underway.

Darlington CCG's Expression of Interest to become a trailblazer site was unsuccessful however the vision for the team gives us a tangible product to drive the joint commissioning agenda across health, local authority and schools.

- 2.1.11 The Department for Education published a document entitled '*Supporting mental health in schools and colleges – Pen portraits of provision*' in May 2018. The document outlined areas of good practice with guidance as to how these might be implemented across schools and colleges. The good practice recommendations within this report closely mirror those stipulated within the aforementioned Green Paper, and include:

- Incorporating mental health into the curriculum
- Having a designated mental health lead
- Engaging parents and care givers in supporting children's mental health
- Early identification of mental health need
- Having a plan or policy for mental health.

- 2.1.12 In order to support the mental health and wellbeing of specific vulnerable groups, NHS England published the '*Strategic direction for sexual assault and abuse services – lifelong care for victims and survivors: 2018-2023*' in April 2018. This strategy represents a shared focus for improvements to sexual assault and abuse crimes and outlines six core priorities; strengthening the approach to prevention, promoting safeguarding and the safety, protection and welfare of victims and survivors, involving victims and survivors in the development and improvement of services, introducing consistent quality standards, driving collaboration and reducing fragmentation, and ensuring an

appropriately trained workforce. The vision for the strategy focusses on providing therapeutic care for those who have experience sexual abuse and assault, recognising the devastating and lifelong consequences on mental health and physical and emotional wellbeing. The strategy addresses the need for clear access pathways into specialist mental health services for children and young people who have been victims and survivors of sexual abuse or assault, and to specifies that for future commissioning of services specifications and tenders recognise and encourage the links between the trauma victims and survivors of sexual assault and abuse experience and mental health.

2.1.13 The Educational Policy Institute published a detailed report in October 2018 regarding '*Access to children and young people's mental health services – 2018*'. The report follows investigation into the current arrangements across the country for children and young people to access mental health services, specifically CAMHS. For Darlington, it is worth noting that Tees, Esk and Wear Valley (TEWV) were not involved in the analysis and therefore any key points raised within the report are in relation to mental health services across England as a whole; however the report includes points which should be taken into consideration for any service development/redesign.

The research examines access to specialist services, waiting times for treatment, and provision for those children that are not able to receive treatment. The report uses Freedom of Information (FOI) requests to providers of child and adolescent mental health services (CAMHS) and local authorities in England.

Within the report, there is discussion regarding prevalence levels for CYP MH and some of the key points are noted below:

- Based on prevalence estimates from 2004, only a quarter of children with a diagnosable mental health condition are currently in contact with CAMHS.
- Existing evidence suggests the prevalence of mental health difficulties among children and young people has risen over the last 15 years.
- Findings from the latest prevalence survey for children and young people will be published later this year. There is no data collected nationally on the number of children and young people with difficulties that do not meet diagnostic thresholds.
- Evidence points to a rise over time in the prevalence of mental health difficulties, specifically common mental health disorders, among children and young people, particularly among girls. One provider in the Midlands noted a 'considerable rise in the number of urgent and complex self-harm cases, and increasing numbers of looked after children, a large proportion of whom will have an emotional and/or mental health disorder.'

Based on the collected data, the number of referrals to specialist CAMHS has increased by 26.3 per cent over the last five years: 39.4 per cent among providers in the North of England. By contrast, the proportion of children and young people aged 0 - 18 have increased by 3 per cent over that period, meaning the rate of referrals has increased significantly.

The recommendations within the report suggest that wider focus must be on taking demand out of the system. Contextual factors are hugely important for children and young people's mental health: the well-being of their families, the communities in which they grow up, the schools they attend, and their social networks. Adverse childhood experiences, including maltreatment and neglect, but also more widespread experiences like parental ill-health or separation, are prevalent in the population of children and young people and strongly associated with poor lifelong mental health. These experiences are more common and more likely to be cumulative in families living in challenging social and economic circumstances. According to the Institute for Fiscal Studies' relative poverty measure and a new, comprehensive measure devised by the independent Social Metrics Commission, a third of English children live in poverty. Children in contact with social services, also on the increase, are at particularly high risk of emotional health issues. The evidence suggests that a good starting place for effectively addressing mental and emotional health difficulties in children and young people would include a concerted child poverty reduction strategy, as well as ensuring access to high quality early intervention services in all areas. This should be combined with a 'whole

school approach' to well-being in all schools, necessitating a well-staffed and experienced teaching and support workforce that can effectively address individual pupils' barriers to learning.

Local Policy Context

- 2.2.1 The Children and Young People's Mental Health and Wellbeing Transformation plan guidance identifies that intensive work with local partners needs to take place across the NHS, public health, children's social care, youth justice and education sectors, to jointly develop and take forward local plans to transform the local offer, to improve children and young people's mental health and wellbeing. This entails CCGs working closely with their colleagues in NHS England Specialised Commissioning, all local Health and Wellbeing Board partners, schools, colleges, youth offending services, children, young people and their families, to understand clearly where they are now, establish baseline information and develop an ambitious vision for the future that aligns with the overarching principles and ambition set out in *Future in Mind*. This plan will be published and also be available on CCG, Local Authority and partner websites.
- 2.2.2 Darlington Borough Council's Children and Young People Plan (CYPP) was refreshed and reset during 2017 with a specific focus on mental health for local children and young people in Darlington. Partners across the health and social care economy attend planning meetings on a regular basis to ensure continued pace against work streams and identified actions within the plan.
- 2.2.3 There are clear linkages between the Darlington CYPP, the draft Looked after Children strategy, sufficiency and commissioning statement, and the requirements of *Future in Mind*. The CYP plan allows for the ambitions from both areas to be aligned and worked towards simultaneously. This will ensure a whole system approach and strengthen the resilience and impact of both strategies moving forward.
- 2.2.4 In Darlington the levels of child poverty and deprivation are worse than the England average and we know that this has a significant impact on poorer mental health. To address this, a strategy called The Charter has been developed by Darlington Borough Council to tackle the causes and effects of poverty via a three-tiered approach:
- Ensuring Families have the Basics (Short-Term)
 - Boosting Families' Resilience (Medium-Term)
 - Tackling the Causes of Poverty (Long-Term)

A list of priorities and actions have been developed aligning to these three themes, each of which will have an identified lead tasked with driving its implementation and monitoring progress. The Charter asks for local people and businesses to support the strategy to implement change to reduce the inequalities experienced by the children and young people of Darlington and thereby assist in improving their mental health.

Further details of the action plan can be located at Appendix 4.

- 2.2.5 Darlington Borough Council have developed an Early Help strategic plan which is governed by a multi-agency steering group including Darlington CCG which aims to provide early intervention and prevention to the most vulnerable children and families in Darlington with improved pathways into specialist CAMHS services where necessary.
- 2.2.6 By incorporating all of the above plans we will build upon the work already undertaken to improve the resilience and wellbeing of children and young people in Darlington.

3. Five Year Forward View: Successes so far

- 3.1 Following the publication of the *Five Year Forward View Mental Health* (FYFVMH) goals¹ (which align with *Future in Mind*), CCGs are assured in terms of progress towards achieving those goals. The details of what needs to be achieved by 2020/21 and the CCG progress towards that are outlined in table one below: more detailed outcomes are explained further down.

	5 YFVMH Goals	Progress
1		
2		
3		
4	Ensuring there is a mental health crisis response especially out of normal working hours.	
5	Collaborative commissioning plans between the CCG and NHS England with regards Tier 3 and Tier 4 CAMHS.	The CCG is working with NHS England and TEVV on the New Models

Figure 1: Darlington's success so far against the Five Year Forward View

- 3.2 In 2017-18 we have undertaken a range of improvements to achieve our vision. Overarching successes, which are described in more detail later in the plan, have been:
1. Successful engagement of schools and Specialist CAMHS service through the Anna Freud School Link Programme, leading to an improved partnership.
 2. Engagement of a clinical lead for Darlington.
 3. Improved partnership between Health and Education leading to improvement in the SEND agenda (Social, emotional, mental health).
 4. Engagement of a cohort of primary schools to develop and pilot projects in 18/19.
- 3.3 The development of Darlington's response to the Governments Green Paper; '*Transforming Children & Young People's Mental Health Provision*' was an exemplary example of partnership working across health, education, social care and schools.

¹ <https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf>

A joint response to the consultation was submitted, contributed to by schools, Darlington CCG and Local Authority.

Further joint work was undertaken to develop the bid to be a Trailblazer site for the Mental Health Support Team and Waiting Time Pilot. Given the timing of the application process, Darlington were successful in engaging input from; schools, children & young people via Healthwatch, specialist CAMHS, VCS representatives, local authority representatives from commissioning and education, public health and CCG.

All stakeholders worked collaboratively together to create a strategic vision for the Mental Health Support teams. The energy and vision for this transformational opportunity is what we will harness through the new ways of delivering on the LTP objectives.

The strategic vision for the Mental Health Support Teams is owned by all partners across the Darlington health and social care economy. Unfortunately, the trailblazer bid was unsuccessful however the vision for the team gives us a tangible product to drive the joint commissioning agenda across health, local authority and schools.

4. Consultation with Children and Young People in Darlington: Communications & Engagement

4.1 The feedback from children and young people whether on a local, regional or national level has recurrent themes. Children and young people want to:

- Be involved in their own care through the shaping of services to meet their needs – they want a voice.
- Have easy access to advice and support – they want to be able to help themselves.
- Be able to access flexible services which don't have eligibility criteria – they want to be able to access support when they feel they have a need.
- Have more support in schools, with teachers trained to meet basic wellbeing needs – they want the stigma of mental health to be reduced.
- Have Mindfulness rolled out in all schools – they want universal support to be available.
- Be assured that there are good communication links between specialist providers and schools – they want to be able to have multi-agency support when they need it.
- Only tell their story once – they want effective information sharing.

4.2 Since the refreshed plan in 2017, further consultation work has been carried out with Children & Young People:

- 1) Following the development of the Children & Young People Plan, Darlington Borough Council consulted on the priorities and actions.

There were 31 responses to the Survey as **part of the public consultation** and overall there was agreement with the four **ambitions and priority actions**.

The Children and Young People's Plan in 2017 – in summary

Ambition 1: Ensuring that all children and young people are safe from any perceived harm

Ambition 2: Improving the health and wellbeing of all babies, children and young people

Ambition 3: Improving achievement and academic attainment for all children and young people

Ambition 4: Empowering families to be resilient and to achieve economic wellbeing

- 2) Healthwatch Darlington has undertaken a review into the specialist CAMHS service in Darlington which is delivered by TEWV and sought the views of children, young people and also their parents/carers. This review was carried out in July 2018.

Children & Young People

Findings	Suggestions for improvement
<ul style="list-style-type: none"> 131 Children and Young People completed the survey. 57% were not happy with the support provided during the wait for mental health services. 33% were not happy with the information provided during the wait. 85 (65%) young people used 1 or more form of technology to support their own mental health and a particular increase in apps and newer social media platforms have been noticed. 40 people mentioned newer apps and platforms they use. Examples of this were Discord and Snapchat. 	<ul style="list-style-type: none"> Support during the waiting period for mental health services where more support and communication from services is provided. More awareness raising in schools and earlier intervention. Improved waiting times. More staff and counsellors needed in and out of schools. More education needed in schools. More information about services and mental health needed in schools and the community. More services needed within the community. Peer support and support groups.

Table 1: Healthwatch Darlington survey responses – children and young people

Parent/Carers

Findings	Suggestions for improvement
<ul style="list-style-type: none"> 45 parent/carers took part in our survey. 70% were not happy with the amount of support available during the waiting period for mental health services. 43% were not happy with the information provided during the waiting period. Only 2.27% thought there was enough support in schools. 66% said they were offered no support during the waiting period. Parent and carers mostly mention using Facebook or Mindfulness Apps as a suggestion for helping mental health. A few parents didn't agree with using technology and thought it was best to see a clinician face to face. 	<ul style="list-style-type: none"> More communication and more information about services and other services need to be made available during the waiting period for mental health services. Several parents mention the need to have more support with 'how they can help their child during the wait'. More staff and improved waiting times. Staff training across all organisations, schools, settings that come into contact with children with mental health needs. Reducing stigma and raising awareness within schools and the wider community. More information about support and services available needed within services and in the community. More/New services within the community.

Table 2: Healthwatch Darlington survey responses – parent/carers

- 4.3 The Healthy Lifestyles Survey (HLS) is undertaken every year with children and young people who are attending primary and secondary schools in Darlington. Each year schools "sign up" to take part in the survey. The survey consists of an anonymous online survey containing questions about experiences, attitudes and behaviours across a range of topics related to health and wellbeing today.

The HLS results are fed back to young people, aiming to inform them about the 'social norms' of their peers and other young people, with respect to the attitudes and behaviours around specific lifestyle choices and risk-taking behaviours.

In 2017/18 the Healthy Lifestyles Survey was undertaken by:

- 1,468 Primary aged pupils (9-11 years old) from 16 primary schools in Darlington.
- 4,872 Secondary aged pupils (11-16 years old) from 8 secondary schools in Darlington.

The results are used to create several reports:

- Each school receives their own bespoke report related to their school's results.
- Data from each Primary school is combined to create a Darlington combined Primary school data report.
- Data from each Secondary school is combined to create a Darlington combined Secondary data report.

Some of the relevant key headlines from the 2017/18 HLS are as follows:

- Emotional wellbeing: The majority of pupils reported that they are general happy in their lives, have someone they can talk to, and feel supported by their families. 75% of primary pupils reported feeling stressed, this increases to 78% of secondary pupils. Schoolwork was the most frequently chosen cause of stress.
- The internet: Pupils have very active online lives with primary and secondary pupils having multiple social media accounts. Two thirds of pupils know everyone they are friends with online in person, and most pupils could identify online risks. 36% of primary pupils play games that are age-rated 16 or 18.
- Exercise and diet: Primary pupils reported being more active than secondary pupils and encouragingly; most say they exercise because they enjoy it. 8 in 10 primary pupils believe they have a balanced diet; this reduces to 66% of secondary pupils. 67% of primary pupils and 82% of secondary pupils have had an energy drink, despite 8 in 10 pupils agreeing that they are bad for your health.
- Bullying: 62% of primary pupils and just over to thirds of secondary pupils have not been bullied in the last year. Verbal bullying in school was the most common form of bullying. 96% of primary and secondary pupils agree that young people should never bully others.

The responses by young people to each of the questions in the survey will be different across age groups and between different schools. The response for each year group in each individual school are analysed and reported to each school as part of the Team Around the School (TAS) meeting. This enables each school and the multi-agency team of professionals that attend the TAS to understand the specific issues that are affecting their pupils and develop their own action plan for the coming academic year to prioritise actions required to tackle or mitigate the identified issues. It enables staff and teams to plan their work plans in response to the needs of the school population. The individual reports also enable the school to engage with parents using the evidence from the responses for their year groups to work with parents in addressing any specific issues or problems.

- 4.4 We remain committed to working with children and young people across Darlington as we make changes to the mental health and wellbeing landscape in Darlington and will demonstrate over the next 12 months that the key points raised in this section are responded to through service transformation.
- 4.5 We want to ensure continued engagement of a range of stakeholders including children, young people and their families, through 2018/19. There are a number of forums and avenues for ongoing engagement with children, young people, families and carers including Healthwatch Darlington. These will be used to gain views and ideas of services and also to assist in breaking down barriers to mental health with children and young people. At a service level, providers will continue to engage with and gain feedback from users on the service specific delivery and work hard to be flexible and adaptable to the needs and feedback of users. The use of shared decision making in services is also expanding and being used as a mechanism by which professionals and service users are developing care plans together to ensure improved outcomes.

- 4.6 Additionally, Tees, Esk and Wear Valley NHS Foundation Trust also conduct the friends and family test, the results of which can be seen below.

Results												
Area	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
CYPS Crisis	100.00	79.17	97.14	90.91	71.43	100.00	100.00	-	-	100.00	100.00	60.00
CYPS Darlington	92.86	85.71	84.62	77.78	90.91	100.00	70.00	62.50	50.00	100.00	100.00	90.00
CYPS Easington	-	-	-	72.41	68.75	60.71	58.82	73.33	54.55	58.62	58.62	64.71
CYPS North Durham	100.00	80.00	100.00	74.07	83.33	85.71	66.67	81.82	87.50	83.33	83.61	61.54
CYPS South Durham	60.00	88.89	70.00	88.89	88.00	81.82	80.00	100.00	100.00	100.00	100.00	100.00
D and D Eating Disorders Service	66.67	0.00	100.00	100.00	-	100.00	100.00	83.33	100.00	66.67	100.00	100.00
Trust Overall	90.91	82.43	91.43	80.91	81.82	80.28	72.41	78.26	68.42	76.32	79.05	73.58

Figure 2: TEWV Family and Friends test 17/18

The friends and family test is a national standard of consultation and evaluation.

5. National and Local Profile of Need

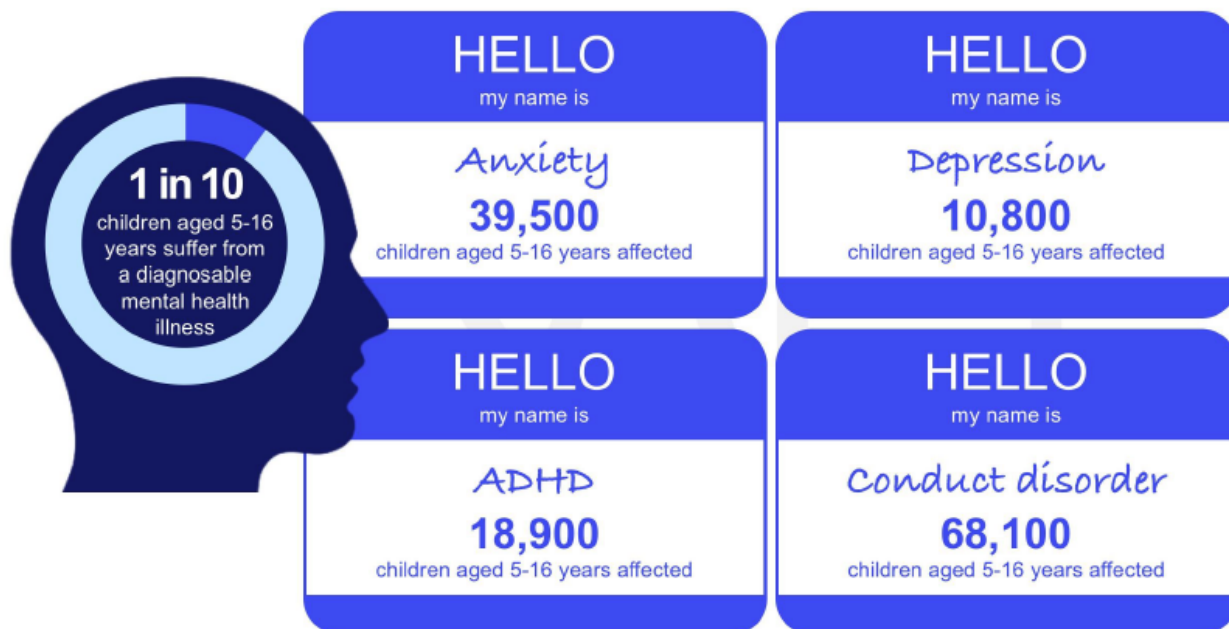
National Profile of Need

5.1.1 *Future in Mind* states;

'Mental health problems cause distress to individuals and all those who care for them. Mental health problems in children are associated with underachievement in education, bullying, family disruption, disability, offending and anti-social behaviour, placing demands on the family, social and health services, schools and the youth justice system. Untreated mental health problems create distress not only in the children and young people, but also for their families and carers, and the wider community, continuing into adult life and affecting the next generation'.

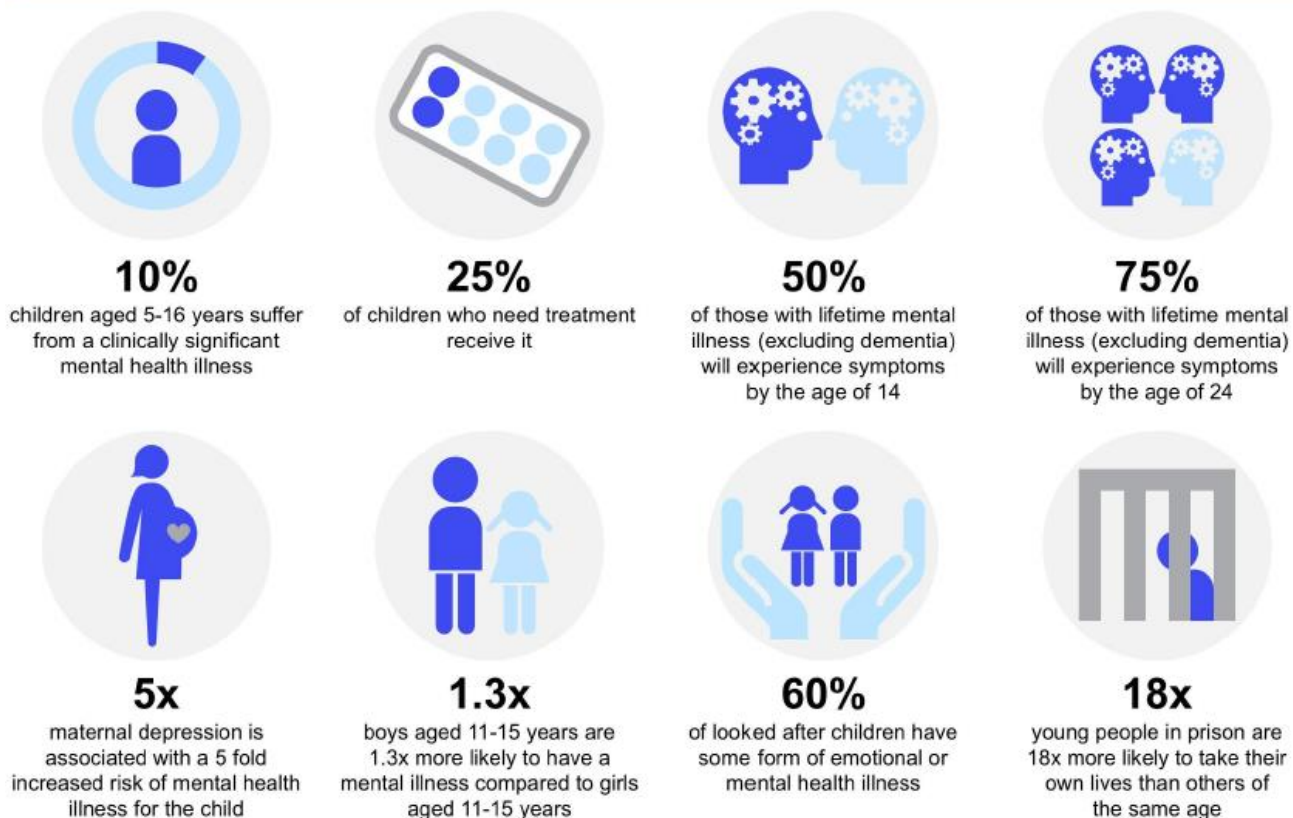
The below images have been created by Public Health England to provide an overview of CYP mental health prevalence and requirements across England.

About **695,000** children aged 5 to 16 years in England have a clinically significant mental health illness



Numbers do not add up as individuals may meet the criteria for more than one category

Facts about mental health illness in CYP



5.1.2 Information in key policy documents suggests:

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder although this is predicted to increase when new research is published;
- Between 1 in every 12 and 1 in every 15 children and young people deliberately self-harm;
- More than half of all adults with mental health problems were diagnosed in childhood - less than half were treated appropriately at the time;
- A number of young people aged 15-16 with depression nearly doubled between 1980s and 2000s;
- Proportion of young people aged 15-16 with a conduct disorder more than doubled between 1974 and 1999;
- 72% of children in care have behavioural or emotional problems;
- About 60% looked after children in England have emotional and mental health problems and a high proportion experience poor health, educational and social outcomes after leaving care;
- 95% of imprisoned young offenders have a mental health disorder.

5.1.3 Adverse Childhood Experiences (ACEs) are situations which lead to an increased risk of children and young people experiencing impacts on health, or other social outcomes, across the life course. Research suggests that adverse childhood experiences were associated with a higher risk of death before the age of 50. For those who had suffered two adverse experiences, this risk was 57% higher for men and 80% higher for women, compared to those with no such experiences. The researchers suggest that childhood exposure to adverse experiences could affect brain or other biological system development. Or, they suggest, it could encourage behaviours which reduce stress in the short-term but increase mortality in the long-term.

As ACE's are such strong predictors of adult health and disease, any significant reduction in the number of Darlington children experiencing ACE's will benefit mental health services in the future.

The following ACEs are all associated with poorer mental health outcomes for children and adolescents:

- Witnessing domestic violence and abuse
- Being party to a safeguarding arrangement or becoming a Looked After Child
- Living with a parent with mental health issues
- Who have been abused, physically and/or emotionally.
- Parental alcohol and substance misuse
- Bereavement and loss
- From low income households and where parents have low educational attainment;
- With disabilities, including learning disabilities;
- From Black Minority and Ethnic (BME) groups including Gypsy Roma Travellers (GRT);
- Who identify as Lesbian, Gay, Bisexual or Transgender (LGBT);
- Who experience homelessness;
- Who are engaged within the Criminal Justice System;
- Whose parent(s) may have a mental health problem;
- Who are young carers;
- Who misuse substances;
- Who are refugees and asylum seekers;
- Who have been abused, physically and/or emotionally.

Local Profile of Need

5.2.1 The Public Health England Child Profile for Darlington published in June 2018 provides information regarding the local population statistics for children and young people in Darlington.

	Local	Region	England
Live births (2016)	1,154	28,574	663,157
Children aged 0 to 4 years (2016)	6,300 (6.0%)	148,400 (5.6%)	3,429,000 (6.2%)
Children aged 0 to 19 years (2016)	24,800 (23.5%)	592,200 (22.5%)	13,107,000 (23.7%)
Children aged 0 to 19 years in 2026 (projected)	24,400 (22.8%)	611,400 (22.5%)	14,065,900 (23.8%)
School children from minority ethnic groups (2017)	1,506 (11.1%)	34,058 (10.6%)	2,132,802 (31.0%)
School pupils with social, emotional and mental health needs (2017)	487 (3.0%)	10,364 (2.7%)	186,793 (2.3%)
Children living in poverty aged under 16 years (2015)	19.6%	22.0%	16.8%
Life expectancy at birth (2014-2016)	Boys:78.2 Girls:82.1	Boys:77.8 Girls:81.5	Boys:79.5 Girls:83.1

Table 3: Child population in Darlington (Source: Public Health England, www.gov.uk/phe, <https://fingertips.phe.org.uk/>)

5.2.2 The Child and Maternal Health Intelligence Network Service Snapshot; Children and Adolescent Mental Health Services (CAMHS) reports² by Clinical Commissioning Group, estimate that there were 1,445 children and young people of school age with a mental health disorder in 2014 across Darlington. A breakdown is shown in the Table 1 below;

	Estimated number of children aged 5-10 yrs with mental health disorder	Estimated number of children aged 11-16 yrs with mental health disorder	Total
NHS Darlington CCG	595	850	1,445

Source: Local authority mid-year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).

Table 4: Estimated number of children with a mental health disorder (2015 1458 aged 5-16, 9.8% of population)

5.2.3 Prevalence rates of mental health disorders have been further broken down by prevalence of conduct, emotional, and hyperkinetic disorders. The following graph shows the estimated number of children with conduct, emotional, hyperkinetic disorders.

² National Child & Maternal Health Intelligence Network
Oct 2018

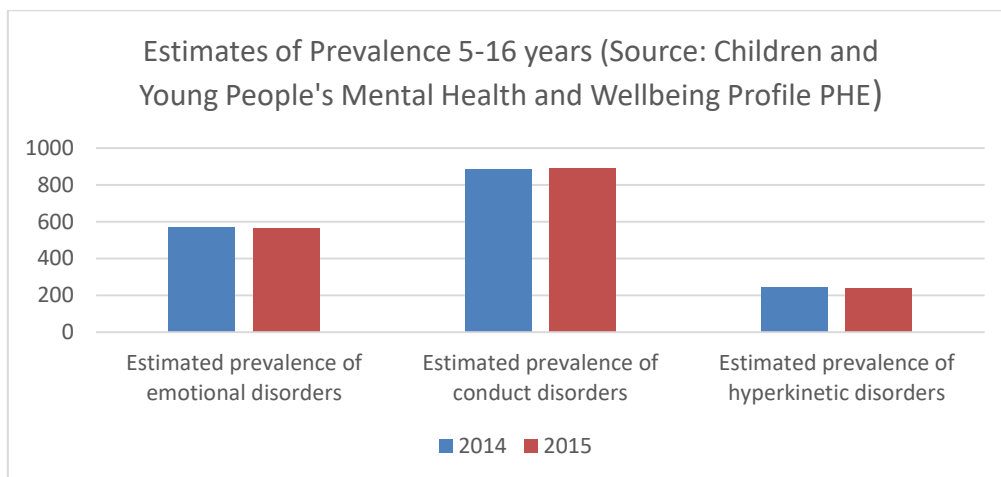


Figure 3: Prevalence estimates.
Source: Children and Young People's Mental Health and Wellbeing Profile PHE

5.2.4 The Darlington Children Health Profile was refreshed in 2018. Highlights are set out below:

- Children and young people under the age of 20 years make up 23.5% of the population of Darlington;
- 11.1% of school children are from a minority ethnic group;
- The health and wellbeing of children in Darlington is generally worse than the England average;
- The level of child poverty is worse than the England average with 19.6% of children aged under 16 years living in low income families. Darlington is in the top 30% most deprived local authority areas in England.

5.2.5 Other data to consider:

- Percentage of 16-17 year olds not in education, employment or training is 4.3% compared to the England average of 6%.
- The 2011 census identified 740 young carers aged 0-24 in Darlington, 197 of whom are 0-15 and 543 who are 16-24.

5.2.6 Breastfeeding rates in Darlington are low compared with the rest of England, with just over a third of babies being breastfed at 6 weeks compared to 44.4% for England. A quarter (25%) of children in Reception year in Darlington is overweight or obese. By year 6 this has grown to 36.7%.

5.2.7 Only 18% of 15 year olds said that they were physically active for more than 1 hour a day, 7 days a week, although this is in line with the national average.

5.2.8 Key messages from the Darlington Children and Young People's Mental Health and Wellbeing Profile³ include:

- The estimated prevalence of any mental health disorder in children aged 5 – 16 years in Darlington is 9.8% of the population, slightly lower than the regional estimate but in line with the national average estimated value;
- Child admissions for mental health aged 0-17 in Darlington were at a lower rate than in England in 2015/16 (44.2 per 100,000). This has increased to 97.7 per 100,000 in 2016/17 and is now above the England rate. Data prior to 2015/16 show a similar rate to 2016/17 suggesting that the low rate in 2015/16 was a fluctuation.

³ Darlington Children and Young People's Mental Health and Wellbeing Profile
 Oct 2018

- Self-harm is increasing in England but the rates of presentation in Darlington have reduced, although it is still higher amongst girls than boys.

Figure 4: Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10-24 years)

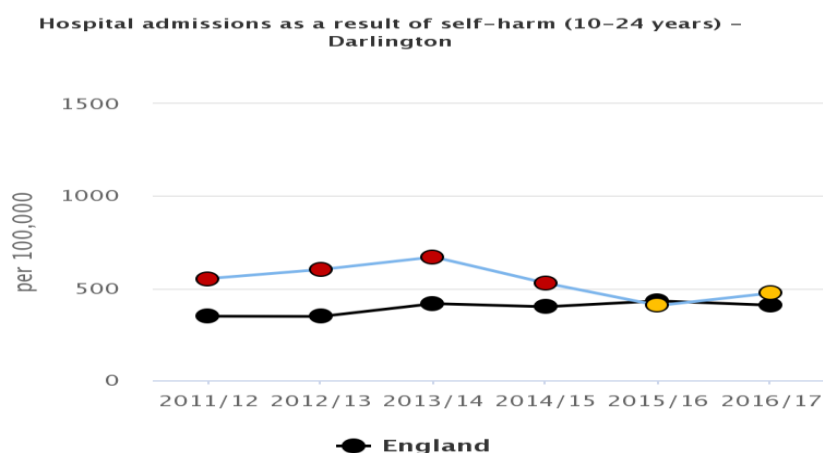


Figure 5: Hospital admission trends

Recent trend: –

Period		Count	Value	Lower CI	Upper CI	North East	England
2011/12	●	103	552.1	450.3	669.8	545.6	347.4
2012/13	●	108	601.0	492.8	725.9	479.6	346.3
2013/14	●	121	668.9	554.6	799.7	507.2	415.8
2014/15	●	95	526.8	425.9	644.3	477.7	398.8
2015/16	●	72	405.7	317.2	511.3	442.9	430.5
2016/17	●	82	472.8	375.7	587.3	425.3	407.1

Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

6. The Vision – Landscape to 2020 & THRIVE Model

6.1 The Vision & THRIVE Model

- 6.1.1 Since the beginning of *Future in Mind*, in Darlington there has been some significant progress in the transformation of specialist mental health services and the profile of mental health has been increased within the educational setting. In order to continue to make progress across the whole system, the level of collaborative and enthusiastic work undertaken as part of applying to become a Trailblazer site must be harnessed and replicated across future work.

We want to resist being constrained by traditional boundaries – of tiers, organisations, funding mechanisms and criteria and develop clear, coordinated, whole system pathways that improve co-ordination between agencies and stop young people falling through the gaps utilizing the THRIVE model.

- Access to services will be based on need.
- There will be cohesion between services, with pathways that prevent delays in access
- The wellbeing of CYP will be the responsibility of all agencies they have contact with

- 6.1.2 The focus will be on prevention - prevention of needing a specialist service and the prevention of having to be an inpatient.

- 6.1.3 To realise the vision of the LTP we need to utilise the umbrella of the CYPP, work more collectively and drive change forward.
- 6.1.4 Darlington's LTP is based on the five themes outlined within *Future in Mind*. These continue to be the key themes for the Transformation of services locally as this enables us to focus our work and ensure that all areas of the pathway and system delivering it are transformed and improved.

The recommendations made in the report were based around five key themes:		
1		<i>Our aim is to act early to prevent harm, by investing in the early years, supporting families and those who care for children and building resilience through to adulthood.</i>
2	Improving access to effective support	<i>Our aim is to change how care is delivered and build it around the needs of children and young people and families. This means moving away from a system of care defined in terms of the services organisations provide to ensure that children and young people have easy access to the right support from the right service at the right time.</i>
3	Care for the most vulnerable	<i>Current service constructs present barriers making it difficult for many vulnerable children, young people and those who care for them to get the support they need. Our aim is to dismantle these barriers and reach out to children and young people in need.</i>
4	Accountability and Transparency	<i>Far too often, a lack of accountability and transparency defeats the best of intentions and hides the need for action in a fog of uncertainty. Our aim is to drive improvements in the delivery of care, and standards of performance to ensure we have a much better understanding of how to get the best outcomes for children, young people and families/carers and value from our investment.</i>
5	Developing the workforce	<i>It is our aim that everyone who works with children, young people and their families is ambitious for every child and young person to achieve goals that are meaningful and achievable for them. They should be excellent in their practice and able to deliver the best evidenced care, be committed to partnership and integrated working with children, young people, families and their fellow professionals and be respected and valued as professionals themselves.</i>

Table 5: Recommendations of *Future in Mind*

- 6.1.5 In line with the principles within *Future in Mind*, the Darlington Children and Young Peoples Mental Health and Wellbeing Transformation Plan supports the principle of developing a system to work for children, young people and their families. This means placing the children and their family 'at the centre' of what we do; regardless of the current tiered service model.
- 6.1.7 The THRIVE model was jointly developed by the Anna Freud Centre and The Tavistock and Portman NHS Foundation Trust in 2014 to refine a new model for CAMHS services which conceptualises the key issues identified in the current-tiered model of mental health services provision. The model outlines groups of children and young people and the sort of support they may need and tries to draw a clearer distinction between treatments on the one hand and support on the other.

- 6.1.8 The THRIVE model below 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.
- 6.1.7 The THRIVE model reflects what we want to achieve in Darlington as it brings services together to focus on the needs of children and young people. The language of the tiered model is common within our locality. An early part of this plan will be to have discussions between commissioners, providers, children and young people and families to explore more integrated models of provision.

THRIVE model

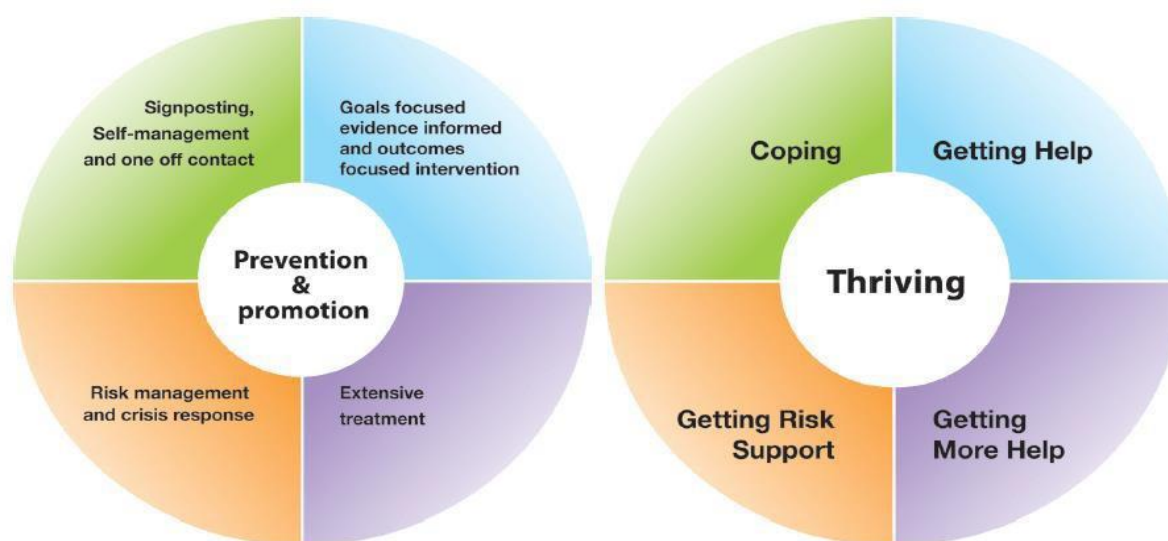


Figure 6: THRIVE model (Source: THRIVE, The AFC-Tavistock Model for CAMHS)

7 The Journey So Far & Future Plans

7.1 Working with schools & colleges

Our aim is to work collaboratively with schools and colleges across Darlington to embed system change through a 'whole school' approach to emotional health & wellbeing in schools, developing resilience and supporting cultural change, by upskilling the workforce and having key points of contact for escalation where required. Darlington has partnership commitment from schools, local authority and health to embed the priorities laid out in the Green Paper '*Transforming Children & Young people's Mental Health provision*' and we will move towards these during 2018/19.

A key accomplishment for Darlington is the productive relationships which exist between educations, CCG's and schools, and the joint ambition to improve access to services for children and young people.

Achievement & commitments

Achievements to date	Commitments for 2018/19
Mindfulness training has been delivered to 70% of schools	Evaluate the impact of the training which has been made available through <i>Future in Mind</i>

Mental Health First Aid has been delivered to 30 schools and colleges

9 schools participated in Peer Mentor Training

35 out of 41 schools have participated in the Anna Freud school link programme

To complete the second wave of the Anna Freud School Link Programme
To comply with the action plan

12 schools are participating in the ELSA programme

Delivered 3 full days of training to staff who have also attended two supervision sessions led by Educational Psychologist facilitators.
Second year of the programme will continue EP supervision throughout their practice.

A third of schools have expressed an interest in joint commissioning for mental health and wellbeing

To pursue the joint commissioning agenda with the aim of having joint service specifications in place by Summer 2019

We worked with school representatives to develop an Expression of Interest to be a Trailblazer site as part of the Governments Green paper.

To roll out a model based on the Green Paper and the Mental Health Support Teams across Darlington by end of 2019.

Despite being unsuccessful, the concept of the Mental health Support teams will be the vision realised through joint commissioning

Work collaboratively to build a strategic approach to mental health & wellbeing within education settings

Establish a termly Mental Health leads Network

Develop a school specific web page for mental health resources

Support the Local Authority bid to Careers Enterprise Fund – supporting vulnerable groups (Gypsy, Roma, Travellers)

If bid successful to deliver a peer support project for GRT pupils aged 11-18 in Darlington.

Healthy Lifestyle survey completed by 6,340 pupils aged 9-16 from 24 Darlington schools.

Work with Early Help teams to embed the results of the Healthy Lifestyles Survey – become part of the stakeholder group.

7.2 Vulnerable Groups

Our longer term aim is to have services available based on need, targeting early intervention and prevention. Whilst we transition to this landscape, we need to ensure that there are no barriers to vulnerable groups accessing the support they need. We need to work as a whole system to embed early intervention & prevention to reduce the number of children & young people who are considered to be vulnerable.

Achievement & commitments

Achievements to date

Commitments for 2018/19

Ran successful anti-stigma campaigns utilising social media: Please see below table.	We will consult with young people to ensure that the theme of this campaign is still relevant.
Established a multi-agency Vulnerable Pupil Panel. Part of the remit is to reduce school exclusions. Specialist CAMHS are represented on the panel.	To monitor the effectiveness of the panel and to utilise data to obtain a more effective strategic overview.
Exploration of establishing an 'edge of care' team within Early Help	The new Edge of Care service will become operational during January 2019. The key priority will be to develop and embed the Edge of Care Team.
Discussions have taken place with VCS organisations and cultural providers as to their offer and how it can support the statutory services	Continue to work with the wider sector to complement and expand on services already in place. Support organisations to bid for funding where available to expand the offer to all CYP.
A number of VCS organisations across Darlington have submitted a bid relating to loneliness and vulnerable groups focusing on the impact of mental health & wellbeing needs, linking in GP's and CAMHS	Support the implementation of this bid and if not successful, work with the VCS sector to ensure all pathways are in place and there are no barriers to accessing support
Ensured there were no barriers to Young Carers accessing Specialist CAMHS services	Continue to monitor the young carer's service to ensure there are no issues surrounding access. Work with the provider to target areas of highest deprivation.
Mental Health First Aid training has been rolled out to all front line practitioners within the Local Authority	We will work collectively across health, education and social care to explore the use of personal health budgets for CYP with complex health needs
TEWV sit as members of the Safeguarding Boards to identify those at greater risk and to work at a strategic level across Darlington	To be explored further as part of the Workforce strategy.
Supporting the Local Authority bid to the Careers Enterprise Fund, <i>Future in Mind</i> will support a Gypsy Roma Traveller (GRT) Children and Young People (CYP) project 'Moving On, Aiming High'.	TEWV to continue to fulfil this role and to strengthen the links between Safeguarding and the Local Transformation Plan
	Delivery of Circle of Friends' Peer Support in Schools. CYP from GRT communities can suffer social isolation, which has impacts on social, emotional and mental health. Schools will receive support to set up and/or embed peer support services for GRT children to provide communities within schools where CYP feel it is safe to talk and where they will be listened to. Based upon peer led person centred planning, Circle of Friends' will create a support network for GRT children, provide encouragement and recognition for achievements and progress and where necessary to work with any child to identify difficulties and come up with practical ideas to help sort difficulties. This can be delivered in the four main schools with the highest GRT community but will be extended into the camp for Elected Home Educated children.

Initial discussions with the Leaving Care Team regarding the provision of health and wellbeing support.

Consider the use of CBT trained staff to support the transitions agenda.

We have utilised social media to raise awareness via specific campaigns and the following stats demonstrate the range of sites and messages which have been promoted and shared:

Facebook

Post	Reach	Engagements	Clicks	Shares
Speak Up	7,486	159	290	59
Speak Up				
Text message	1372	14	22	5
Missing Piece				
1 in 10	1316	3	9	-
Words Hurt	1850	2	27	1
Total	20,308	220	425	84

Table 6: Social media awareness statistics - Facebook

Twitter

Post	Impressions	Engagement
Speak Up	726	11
Speak Up		
Text message	816	10
Missing Piece		
1 in 10	610	1
A Way Through		
Words Hurt	736	11
Total	4871	64

Table 7: Social media awareness statistics – Twitter

7.3 Promoting resilience, prevention and early intervention

The early identification of emotional wellbeing issues is key to ensuring the best outcomes are met for the child or young person. The promotion of 'early help' being the responsibility of anyone, individual or organisations that have concerns around a child or young person is key to this. Early intervention and a universal approach allows for resilience to be embedded from an early age.

Achievement & commitments

Achievements to date	Commitments for 2018/19
Development of an Early Help strategy and partnership support	Roll out of action plan
Embedded the Single Point of Access (SPA) within CAMHS service	To continue to monitor the effectiveness of the SPA
Supported TEWV to apply for and be successful with an application for NHSE funding to roll out the Tees Peri-Natal Service into Durham & Darlington	To monitor the roll out of this service to ensure it is embedded into relevant pathways. Commissioners from the CCG have met with Service Leads in TEWV to discuss comms roll-out across Darlington.

Commissioned a 0-19 service from Harrogate District Foundation Trust (HDFT) with requirements around early identification and universal support to CYP in the areas of Mental health & wellbeing

To carry out further work to ensure there is no duplication between service areas and to ensure relevant pathways are in place

Establish base line data from both the maternity service (CDDFT) and HDFT to further understand the prevalence of emotional wellbeing and mental health issues through pregnancy

Ensure there is an effective pathway between both organisations for flagging concerns and how this links to the SEND agenda, early help and parenting programmes.

Theraplay training has been delivered to 30 local authority staff at level 1 and 12 at level 2 in February and July 2017.

Feedback from the sessions evidences that LA committed to embedding Theraplay activities within children's centres across Darlington. Continue to embed Theraplay across Early Help teams.

Theraplay post-course evaluation feedback from those trained included:

How will you implement in practice what you have learned on this training course?

I will cascade to staff. I am looking forward to putting this into practice

I will take this forward with adopters, foster carers and families. The team is very enthusiastic about Theraplay and feel it is important that Darlington use this enthusiasm to benefit the children.

I will work with colleagues to implement group work

We will look to deliver group Theraplay with Children's Centres as a targeted group'

We endeavour to support a range of children/parents, using the activities in Theraplay

Delegates were also asked to provide feedback 3-6 months following Theraplay training to provide information on how this had been implemented and how it affected their practice.

'We are now delivering group Theraplay for children 0-5 years and 5-9 years within Children's centres. The groups are going very well and are continuing to develop.'

'Activities have been useful when supporting children during direct work'

'These activities have helped a child feel comfortable to share their views and feelings. It has helped my understanding of why behaviours occur when completing assessments'

'I have delivered Group Theraplay with colleagues in the Early Help Team and also assisted a colleague to deliver one to one sessions. Theraplay has real benefits for families and I have seen this first hand while delivering the sessions.'

'I was able to lead in planning a short group Theraplay course during the summer holiday period for families allocated to the Early Help Team. I was able to draw on a wider range of Theraplay activities I had learnt from the training and felt better able to evaluate the Theraplay sessions.'

'Following the training, information was cascaded within my team re: overview of what Theraplay is and examples of how it can be used - as a staff team we use the techniques/activities in our everyday role when engaging with young people - i.e. calming activities & those that boost self-esteem/confidence via brushing/styling hair, etc.'

7.4 The Digital Platform

The utilisation of websites, apps and other online resources still requires exploration in Darlington. Initial consultation with Children & Young People by Healthwatch in 2015 concluded that online support should be available in addition to face to face support.

Recent consultation in 2018 by Healthwatch indicated that CYP would like a physical space to go to in order to access support rather than rely on on-line resources. Therefore we need to ensure that any development on an online resource is matched by ensuring access to 1:1 support.

Achievement & commitments

Achievements to date	Commitments for 2018/19
Healthwatch have consulted with CYP in a number of areas including the digital platform	Work with Healthwatch to address the issues raised by CYP
Identified effective resources to be promoted via school specific webpage	<p>Develop webpage in partnership with schools</p> <p>Explore the associated costs with purchasing Kooth or Tootoot</p> <p>Work with TEWV to develop their Recovery College for Children & Young people</p> <p>Promote 'On My Mind' programme and resources provided by the Anna Freud Centre.</p>

7.5 Collaborative Commissioning

Work which was undertaken to build a vision for Mental Health Support Teams as part of the Government's Green paper opportunities energised both joint and collaborative commissioning. It was positive to see so many organisations come together to discuss a joint vision. Unfortunately Darlington were unsuccessful in our bid to become a pilot site however we will harness the energy and explore the opportunity further to enable transformation to happen.

Collaborative commissioning is the golden thread through Darlington' Children and Young People Plan and therefore gives an additional platform to explore and discuss this concept.

This concept also embraces the system wide transformation through the Transforming Care agenda which is led by TEWV. This is a focus on the reduction of Tier 4 inpatient stays for children & young people and how re-investment can improve the community Tier 3 offer in order, to reduce the number of commissioned Tier 4 beds in the longer term.

Achievement & commitments

Achievements to date	Commitments for 2018/19
Discussion with Hullabaloo children's theatre over their resources, training and strategy for providing therapies through theatre to young children	Explore funding resources to be able to create a borough-wide offer. Work with Leisure partners to access additional resource through external funding opportunities to support access to physical activities.
Collaborative commissioning plans have been developed between NHSE Specialist commissioning and TEWV to reduce the number of bed days in Tier4 services	To continue to support TEWV in the Transforming Care agenda.
Durham Constabulary secured Home Office funding to establish a Child Advocacy Project for victims of sexual abuse	To explore with NHSE, Police Crime & Victims Commissioner and the Local Authority how the psychological input in retained at the end of the project.

7.6 Primary Care

As a key referral agency into specialist CAMHS services, work is required to have a clearer understanding of the offer across primary care in Darlington.

Achievement & commitments

Achievements to date	Commitments for 2018/19
Initial Primary Care questionnaire undertaken to get a base line understanding of any provision within primary care	Additional work to be undertaken to gather further information to ensure we have a comprehensive picture of support available
Recruited a GP clinical lead to advise the CCG on Children & Young People issues and who sits as part of the LTP strategic group	Continue to work with the GP clinical lead Work with TEWV and Primary Care to embed principles learned through the Anna Freud School Link Programme.

7.7 Health and Youth Justice

Work with the Youth Justice Board and Youth Offending Team (YOT) has established children's mental health as an important partner in delivery of services to this vulnerable group of young people. While the proportion of children in Darlington who enter the criminal justice system is

comparatively low in relation to regional and national averages, and to peers with similar demographics and levels of deprivation, the high proportion of children in the area still means that the absolute numbers of children from these vulnerable groups needing support for emotional or mental health difficulties will be high.

Health and Justice Commissioners in Cumbria and North East are leading a project which is part of a national drive to improve collaborative commissioning. This will involve NHS H&J commissioners working together with local partners to coordinate commissioning activities more effectively. The project is focused on those children and young people who are in receipt of services from some or all of the following:

- In the Youth Justice System, including in custody and detention;
- Presenting at Sexual Assault Referral Centres;
- Liaison and Diversion;
- Welfare placements in the Children and Young People's Secure Estate

We were successful in achieving NHS England Youth Justice funding to roll out speech and language training to front line practitioners across the local authority who support vulnerable young people, this is predominately aimed at youth offenders and those at risk of offending.

Achievements & commitments

Achievements to date	Commitments for 2018/19
Liaison & Diversion workers sit as part of the Youth Offending Team	Continue to support and monitor the effectiveness of this arrangement
Psychology post sits as part of the Youth Offending Team	Continue to support and monitor the effectiveness of this arrangement.
NHS England Youth Justice money secured to roll out Speech and Language training to YOS staff and wider front line practitioners.	Commission a provider to roll out the required training.

A case study is included below to evidence the success of Darlington in supporting vulnerable groups within the criminal justice system.

Young People with Sexually Harmful Behaviour - Youth Justice Pilot

Durham and Darlington YOS, jointly with North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups (CCG), have been successful in securing funding under the NHS England Collaborative Commissioning Network for a project working with young people who sexually harm.

The project provides Consultant Child Psychologist expertise in the YOS to improve assessment of intervention and outcomes for young people with sexually harmful behaviour (SHB).

The Child Psychologist is working with YOS case managers to provide clinical input and consultation as well as designing and delivering training to staff to ensure that young people are appropriately screened and assessed regarding trauma, development and attachment. The Child Psychologist also oversees staff delivering low level interventions to identify and advise on the most appropriate pathways for young people with SHB.

A number of CPD Training sessions have been delivered with YOS staff as well as in some sessions, the wider children's social care staff teams. Training has included:

- *Working with young people with Autism, Speech and Language Disorders and Learning Disabilities*
- *Working with young people from challenging families, including those affected by domestic and sexual violence and significant life events*
- *Working with Anger and Violence*

Evaluation of these sessions has seen positive feedback in relation to improving confidence and provided useful tools to assist staff in identification and intervention. Further workshops are arranged for October and November 2018 around working with young people who self-harm and Adolescent brain development - Neurological changes which may impact upon decision making.

An SHB Practitioner group has also been established and membership includes all professionals who are trained in AIM2 Assessment and delivery. The group meet every 6 weeks and share experiences, skills and interventions/resources with a view to developing confidence and establishing clear practice in the area.

Overall positive feedback has been received from YOS staff regarding the children's psychologist support and input into improving ability and confidence to work successfully with young people who sexually harm.

7.8 Maternity and Health Visiting

Anxiety and postnatal depression affects 13% of mothers shortly after birth and 22% of mothers one year after the birth (Gavin et al 2005). Teenage mothers are particularly high risk, with a three times higher risk of postnatal depression and poor mental health for three years after the birth.

The Local Maternity System plan has been published and we need to ensure that our actions link effectively with changes to the way in which maternity services are delivered via the Better Births programme.

In 2018, TEWV launched secured funding from NHS England to introduce community perinatal mental health services across County Durham, Darlington, North Yorkshire and the Vale of York. The service supports local women suffering with mental health difficulties during pregnancy or the first year after the birth of their baby. The new service supports the 5% of the perinatal population who need specialist services and works closely with maternity/ health visiting/ primary care. With the additional funding and expansion of services it is estimated that TEWV will be able to provide support to over 1,000 more women each year.

Achievements & commitments

Achievements to date	Commitments for 2018/19
Launch of bespoke perinatal mental health service across Darlington.	<p>Establish base line data from both the maternity unit (CDDFT) and the 0-19 service (Harrogate Foundation Trust) to further understand the prevalence of emotional wellbeing and mental health issues through pregnancy.</p> <p>Understand the pathway between both services for flagging any concerns and how this links into Early Help services and the available parenting programmes.</p> <p>We will work collectively to implement pathways to support perinatal mental health including earlier diagnosis of emotional perinatal mental health,</p>

In Darlington, emotional health and wellbeing will continue to be a key priority for health visiting and school nursing services under the existing commissioned service arrangements. Public Health will take the lead on this element through contract management.

8 Workforce

- 8.1 Ensuring we have a robust 'fit for purpose' workforce is essential to be able to transform children and young people's mental health journey. Having highly trained staff is required to enable the vision outlined in this plan to be realised. For Darlington developing and beginning to act on a workforce plan is a key action for the next 12 months.

To support earlier intervention & prevention we need to ensure that the universal and targeted workforce have the skills and knowledge to provide brief interventions. In Darlington work has been scoped with the Workforce lead for Darlington Borough Council and the actions are:

- Understanding what training has been received by their front line staff teams
- Identifying the gaps & establishing how these gaps can be met
- Linking into the Developing Darlington VCS group to complete a needs analysis of training received across the sector and associated gaps
- Establishing links with the regional workforce strategy.

In Darlington TEWV run their training offer through Darlington Borough Council's workforce lead which is more efficient and helps to reduce duplication. However, a key action for 18/19 is to map the training which is available across all organisations to remove any duplication in the system and to ensure we are offering consistent and appropriate training.

It is recognised that the ambitions laid down by the Government in terms of recruiting 1700 additional staff into the mental health arena and training a further 3400 is ambitious and a major challenge. Based on a model developed in Manchester to calculate how these figures translate on a local level, for Darlington this means:

New Staff	3.23
Additional training to current staff	6.46

Table 8: Additional workforce requirements

- 8.2 Children and Young People's Improving Access to Psychological Therapies programme (CYP-IAPT)

CYP-IAPT is described as 'a change programme for existing services delivering CYP mental health care'. It aims to improve outcomes and experience of care for children, young people and their families by increasing access to effective services and evidence-based therapies through system-wide service improvements. CYP-IAPT creates within teams a culture of full collaboration between child, young person and/or their parents or carers by embedding the following principles:

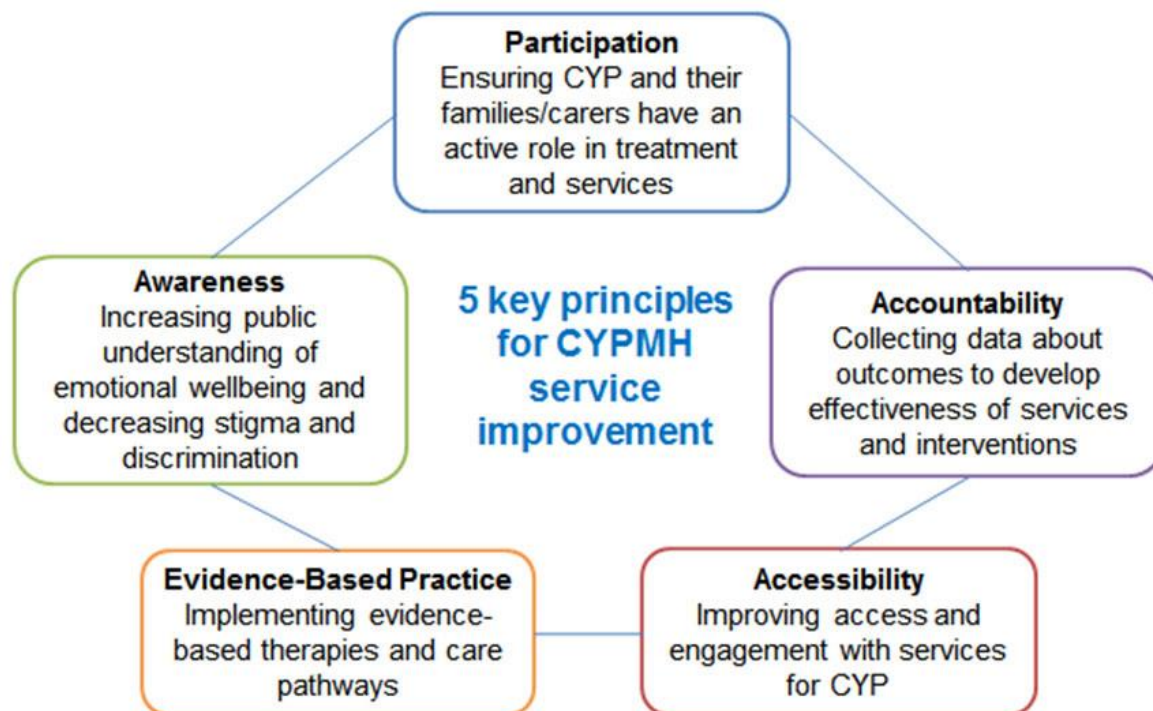


Figure 7: Principles for CYPMH service improvement

However, funding for the CYP IAPT infrastructure comes to an end on 31 October 2018. NHS England will continue to support the programme until December 2018 when it will transfer to HEE/NHSI. While the infrastructure funding will come to an end in October, there will be a CYP IAPT programme of training in 2019 and this will need to be managed by the partnership and Northumbria University. New commissioning arrangements are developing to ensure the training element of the workforce development plan required in CYPMHS continues but have not yet been finalised.

- 8.3 Each locality area is required to have a 'partnership' through which training places were allocated. In Darlington, TEWV have been the only organisation to have been involved in the CYPIAPT programme. This 'partnership' needs to be broadened to include local authority, schools and the VCS.

CYPIAPT is strategically relevant for a number of reasons but the two key elements for Darlington are:

- Creates an infrastructure for developing outcomes based commissioning and
- Enables Darlington to strategically address the gaps in their workforce by working with their local identified university to plan specific course.

To ensure Darlington is prepared for the infrastructure change, CYPIAPT will be managed through the Local Transformation Group and opportunities for training will be disseminated through TEWV and the Workforce Team within the local authority.

We acknowledge that the 'partnership' in Darlington has been weak and we now want to utilise the principles of CYPIAPT as a time when the funding mechanisms for the CYP IAPT infrastructure are changing. We are hopeful that new commissioning arrangements will be finalised to enable the programme to continue as the targets for new staff, as required in CYPMHS, have not been reached.

If we succeeded in our ambition to widen and strengthen the CYPIAPT offer, we would look to introduce 3 KPI's across all providers who were delivering on the programme:

Proposed KPI's

Key Performance Indicator	
1 - Improved emotional wellbeing	Clinical outcomes will be recorded using IAPT validated outcomes tools.
2 – Satisfaction with services	Data will be gathered using the national “family and friends test” and also via an experience questionnaire. Measure will be the percentage of service users reporting satisfaction.
3 – Easier access	Referral to intervention without delay. To be monitored against nationally recommended timescales. Standard referral to treatment times: 6 weeks; 12 weeks and 18 weeks for all new cases. Monitor signposting, source of referral and rejections.

Table 9: CYP-IAPT Key Performance Indicators

TEWV have embraced the principles of CYPIAPT and Darlington has seen an improvement in the overarching CAMHS service as a result:

Across Durham and Darlington, TEWV have five Children's Psychological Wellbeing Practitioners (CPWP). The CPWP are able to provide evidence based cognitive therapy and are very much focussed on outcome measures and being able to demonstrate the effectiveness of these lower level interventions.

Key areas which can be supported are:

Depression, anxiety, obsessive compulsive disorder, panic disorder, separation anxiety and social phobias.

Comments from children and young people who have received treatment from a CPWP include:

'I'm living a life full of smiles with friends and family and they've certainly noticed a big change; you've helped me find my happy side'

'I've learnt a lot and grown as a person'

'I never thought it was possible to feel how I do now and to improve in such a short space of time. Even though I still have bad days, I now know how to deal with them and not let them consume me'

'Thank you so much for helping me through my ups and downs. I now know how to control my anxiety'

'I feel like a different person'

'I've never felt as happy as I do right now'

'I truly thought before I came here that it wouldn't work but I am amazed in myself that I've gotten over this. I can't thank you enough for helping me get rid of that nasty feeling'

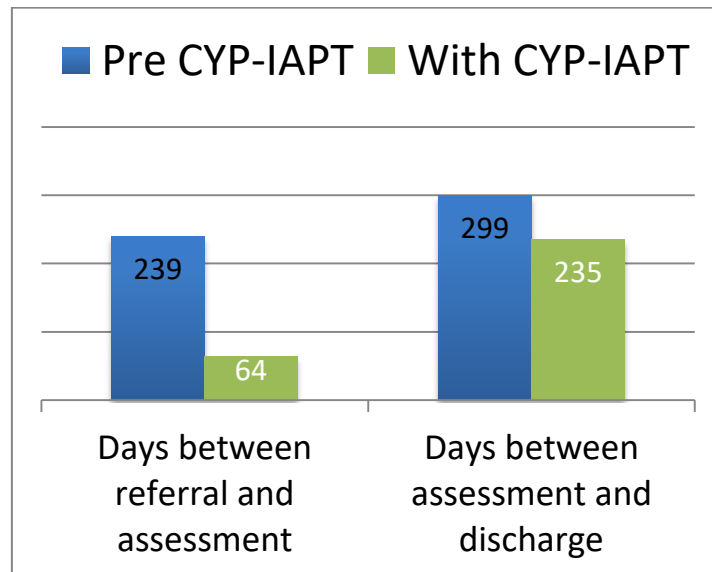


Figure 8: Impact of CYP-IAPT on access and waiting times

- Young people seen more quickly-time between referral and assessment decreased by 73%
- YP achieved significant clinical improvement over fewer sessions - number of days between assessment and discharge decreased by 21%

With substantial evidence as to the effectiveness of CYP-IAPT interventions, it is imperative to the success of transforming the landscape of services for children & young people's wellbeing in Darlington, that CYP-IAPT principles are adopted and widened.

TEWV have identified gaps around Family Therapy CYP-IAPT courses and the availability of supervisor training for the numbers of CPWP which are coming through. We then need to understand the training gaps in the local authority and wider services. This will enable us to develop a strategic approach.

The CWP training programme is of particular relevance for Darlington due to the commitment to look at the joint commissioning of their Mental Health Support Team model knowing that the Trailblazer bid was not successful in Darlington.

Achievement & commitments

Achievements to date	Commitments for 2018/19
Darlington has been involved in CYPIAPT since 2012. The principles of which are embedded in the CAMHS team.	Widen the CYPIAPT 'partnership' to include Local Authority and VCS providers. Understand in more detail the impact the investment in CYPIAPT and how that can be shared wider.
Discussions with Workforce Planning within Darlington Borough Council to map training gaps.	To work collaboratively to address gaps in skills & knowledge building up a multi-agency workforce plan. Understand any training needs within the 0-19 service. Work with TEWV to ensure their training offer is

maximised in Darlington.

Take learning from the Anna Freud School Link Programme and apply them to Primary Care – training, awareness and dedicated link workers.

9 Specialist Services

- 9.1 Tees, Esk & Wear Valley (TEWV) and the specialist CAMHS service for Darlington is commissioned by Darlington CCG. Although the staffing team is considered to be 'Durham & Darlington', Darlington retains its own core CAMHS team.

Investment has been ongoing through the Future in Mind agenda to:

- Reduce waiting times;
- Enable the Crisis Service to be available 24/7 across Durham & Darlington and;
- To implement an Eating Disorder Service across the same geography.

	2016/17	2017/18
Total referrals	86	149

Table 10: Referrals to County Durham & Darlington Crisis and Liaison Service

	2016/17	2017/18
Number of contacts (face to face and telephone)	271	644

Table 11: Number of direct contacts with County Durham & Darlington Crisis and Liaison Service

- 9.2.1 TEWV is the provider lead for the New Care Models work. This is an opportunity for secondary mental health providers to take responsibility for tertiary commissioning budgets and demonstrate their ability to innovate and transform services in the best interests of service users and their families – available for CAMHS Tier 4, Adult Secure and Adult Eating Disorders services. The actions undertaken by TEWV to date for the Darlington locality are:
- Enhance community resource, enabling young people to be supported at home in times of crisis
 - Reduce the number of young people who need to be admitted, and for it to be as close to home as possible
 - Reduce lengths of stay
 - Increase community resources with equity across the Trust area for access to CAMHS Crisis and Intensive Home Treatment

Durham & Darlington have seen a 4.6% reduction in inpatient use for 17/18 which was achieved with limited Intensive Home Treatment services. The associated savings made will enable reinvestment into the IHT service across 2018/19, which we expect to further reduce the reliance on in-patient admissions. The IHT service is aligned to the Crisis Service and enables intensive work to be done with the young person within their own home to avoid a hospital inpatient stay, support leave from hospital and promote planned discharge at the earliest point.

The County Durham and Darlington specialist eating disorders service provides specialised multi-disciplinary assessment, treatment and evaluation for young people and their families, up to the age of 18.

	2013/14	2014/15	2015/16	2016/17	2017/18
Total referrals	45	62	37	96	23
Accepted referrals	45	58	37	90	22
Non accepted	0	4 (6.5%)	0	6(6.25%)	1 (4.3%)

referrals					
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Table 12: County Durham and Darlington Eating Disorder Service referral information

NCM is now in its second year and we have received correspondence from Claire Murdoch that Wave 1 sites will now be extended beyond the initial two years. This is in effect mainstreaming the new model in advance of the original pilot end date of March 2019. An ongoing national piece of work entitled Establishing Steady State Commissioning (ESSC) is addressing this.

An internal review has been able to identify that the Crisis and IHT service have reduced presentations at A&E departments, reduced 'blue light' episodes, reduced the number of overnight stays on general paediatric wards and improved outcomes for the young person. It also enabled support to be given to parents and other family members to ensure their mental health is not affected by their child's mental health crisis. Comments taken from the review from young people and their families included:

- *They listened to me and what I had to say and what my family were saying, they were helpful.*
- *Very quick response, helpful advice, always there.*
- *That I could stay at home and have my family around.*
- *They gave my child the help she needed and supported her really well, pleased with what has been done for her*
- *We were kept updated on things and everything was dealt with really quickly.*

TEWV will continue to improve the Crisis/IHT service and Eating Disorder service into 2018/19 through the New Care Models work.

Achievement & commitments

Achievements to date	Commitments for 2018/19
Invested in a dedicated Children & Young People's Community Eating Disorder Service	To work with TEWV through New Care Models to reinvest money to enable this service to move to a 7 day week service across Durham & Darlington
TEWV have secured Paediatrician involvement to offer a more holistic service and to enable more CYP to be maintained at home	To work with TEWV through New Care Models to reinvest money into increasing the level of Intensive Home Treatment; this is aligned to the Crisis Service.
Invested in the CAHMS crisis service to move to a 24/7 access model	Review Crisis Service
Investment in a Primary Mental Health Worker	Review the impact of this investment and overall structure and skill mix of the Core CAMHS team
Supported the implementation of the MHSDS	Ensure that all providers are able to submit their data into the MHSDS on a regular basis.

9.2.2 The Five Year Forward View for Mental Health set the ambition that by 2020/21 there will be 'national metrics to support improvements in children and young people's mental health outcomes'

and that 'all services should routinely collect and publish outcomes data' and as such a new indicator has been designed to evidence this.

The Mental Health Services Dataset (MHSDS) has been introduced nationally by NHS Digital in order to collate record level data about the care of individuals who are in contact with Mental Health, Learning Disability or Autism Spectrum Condition services. Flowing data in the MHSDS is mandatory for all providers funded partially or wholly by the NHS, and optional for those funded through alternative streams and TEWV regularly submit data into the MHSDS for Darlington. Current barriers to submitting data to NHS Digital are largely infrastructural; not all providers have a secure connection by which they can flow data. Darlington CCG is working closely with NHS Digital to resolve these issues.

The new CYPMH outcome indicator is designed to use already existing sources of data. The ambition is to start national rollout from April 2019. The year leading up to this date will be dedicated to preparing services for this data being included in routine publications from NHS Digital.

The national indicator will be:

Of all CYP discharged after treatment, how many show reliable improvement in presenting problem following treatment.

9.3 Tees-wide Early Intervention Psychosis Service

This table shows the number of referrals to the EIP teams for 2016/17 and 2017/18, aged between 14 and 25 with a referral reason of 'Suspected 1st Episode Psychosis and associated number of direct contacts. Data from neighbouring CCGs is also included for reference.

CCG	Referrals 2017/18	Caseload (31/03/18)	Direct contacts 2017/18
NHS Darlington	32	19	595
NHS Durham Dales, Easington and Sedgefield CCG	122	84	2332
NHS Hartlepool and Stockton-On-Tees CCG	105	61	2381
NHS North Durham CCG	73	37	1283
NHS South Tees CCG	119	54	1849

Table 13: EIP team referral information – comparison with other CCG's across the North East

The EIP standard states that for timely access, 50% referrals should commence treatment within two weeks (moving to 53% by Q4 2018/19).

For Darlington, the latest data published in the MHSDS for Q2 2018/19 (period 01/05/2018 to 31/07/2018) there were 15 CYP referrals onto the EIP pathway.

Waiting times:

Q2 2018/19 0-17 years	Referrals	Waiting >2 weeks	Within standard
Darlington	15	5	66.6%

Table 14: EIP service waiting times

9.4 New Areas of Work

Work which has been undertaken through New Care Models, Future in Mind investment and TEWV internally reviewing their ways of working has meant that Darlington CAMHS performs very well against the national waiting time standard and less referrals are rejected than across the rest of the Tees Valley (see tables below).

Due to this, we are in a good position in Darlington to have started discussions with TEWV as to how alternative ways of working can be explored.

CAMHS Referrals:

	2013/14	2014/15	2015/16	2016/17	2017/18
Total referrals	733	957	1147	1422	1456
Accepted referrals	706	853	1145	1355	1084
Non accepted referrals	27 (3.7%)	104 (10.9%)	2 (0.002%)	67 (4.7%)	112(10.3%)

Table 15: CAMHS referral statistics – Darlington CCG

CAMHS Waiting times:

	2014/15	2015/16	2016/17	2017/18
Percentage of patients who attended a first appointment within 9 weeks of external referral - Children and Young People's Services (Target 90%)	98.46%	88.63%	100%	100%

Table 16: CAMHS referral waiting times – Darlington CCG

Activity:

Referrals	Darlington CCG
	2017/18
Community Teams	
Caseload	747
Total attended - direct contacts	7531
Total Discharges	1243
Eating Disorders	
Caseload	10
Total attended - direct contacts	586
Total Discharges	18
Crisis	
Caseload	1
Total attended - direct contacts	644
Total Discharges	150
Total Referrals	136
Learning Disabilities – (CAMHS)	
Caseload	71
Total attended - direct contacts	850
Total Discharges	39

Table 17: Darlington CCG CAMHS activity information – split into teams.

Row Labels	Referral Source Description	Accepted	Assessed & Open	Assessed & Closed	Closed With No Direct Contact	Rejected	Waiting
NHS DARLINGTON CCG	CARER	6		2		1	
	CONCERNED OTHER					1	1
	CONSULTANT	1				1	
	CPN	1					
	EDUCATION SERVICE	7		1		4	1
	GENERAL HOSPITAL	65		5		14	2
	GP	241		32		61	45
	HOSPITAL WARD	1					1
	LOCAL AUTH SOCIAL SERVICES	4					2
	MULTI DISCIPLINARY TEAM	334				21	2
	OTHER	191		18		37	19
	OTHER CLIN SPECIALITY (TEAM)	6		1		1	
	OTHER PRIMARY HEALTH CARE	2				1	
	RELATIVE	211	1	21		32	33
	SCHOOL NURSE	1					
	SELF REFERRAL	13		1		3	
	Unknown						6
NHS DARLINGTON CCG Total		1084	1	81		177	112

Table 18: CAMHS referrals (community) by source Darlington 2017/18

Of total accepted referrals, 0.09% are waiting. 16.3% were closed without any contact e.g. after attempts to make contact failed.

There are a number of areas which will be taken forward and explored in more detail in the next 12 months:

Achievements & Commitments

Achievements to date

Trailblazer bid submitted for Darlington following collaborative working with TEWV

Commitments for 2018/19

Prior to this opportunity being received, initial discussion had already taken place locally to pilot the model which was submitted in a small number of schools in Darlington. This was in response to feedback from schools and previous consultation with children and young people around accessibility. This pilot will go ahead in Darlington regardless of the unsuccessful outcome of the national pilot and is currently being worked up. This model will build upon the outcomes from the Anna Freud School Link programme.

ASD pathway developed across Hartlepool and Stockton-On-Tees and work commenced to begin to model the pathway for Darlington

Learning will be taken from the HAST model for Darlington implementation and we will look to move towards a needs-led Neurodevelopmental Pathway.

Anna Freud School Link programme implemented and rolled out across all schools in Darlington

Work will be undertaken with the GP Clinical Lead to establish plans to roll out learning from the Anna Freud School Link Programme and to improve knowledge.

Training for parents/carers

Work will be undertaken to understand the level of training available to parents and how this can be enhanced across Darlington.

Training in schools

Work will be undertaken with schools to identify their key training requirements and appropriate training will be provided.

9.5 Transitions

We have worked with TEWV to embed the Transition CQUIN into the current contract. We will continue to monitor this through contract management to ensure smooth transition or discharge for young people reaching adulthood.

We do this by working with our provider to develop joint agency transition planning with the three following components of the CQUIN:

1. A case note audit in order to assess the extent of Joint-Agency Transition Planning; and
2. A survey of young people's transition experiences ahead of the point of transition (Pre-Transition / Discharge Readiness); and
3. A survey of young people's transition experiences after the point of transition (Post-Transition Experience).

We promote that at least 6 months before transitioning there is:

- Joint meeting to plan;
- Jointly agreed transition plan with personal transition goals;
- A named and contactable transition key worker.

10 Financial baseline, funding allocation and proposed spend

Further financial information provided at Appendix 3.

Over the last 12 months, the *Future In Mind* investment has been for Specialist Services. This investment, as evidenced in previous sections, has enabled Darlington CAMHS to be able to offer enhanced services.

This plan has laid out the areas which will be focussed on during the next 12 months and although we will continue to fund the Specialist elements, we should be able to utilise a finite resource to enable the aforementioned projects to move forward.

Any additional resource which becomes available through the 2019/20 spending allocation will be discussed through the governance structure and any spend will be mutually agreed and project plans drawn up along with anticipated outcomes. This will enable the outcomes from the financial input to be demonstrated in the 2019 refresh.

11 Governance Arrangements

- 11.1 A Children and Young People's Mental Health Transformation Group has been established to ensure that improvements in children and young people's mental health are delivered in line with the aspirations of the Transformation Plan. Membership of this group includes representatives from Darlington CCG, Public Health, TEWV, VCS providers, members from the Local Authority including Youth Justice, Commissioners, Education, Early Help and Social Care). An LTP tracker has been developed to measure performance monitoring and associated risks. This is achieved through a partnership approach bringing together commissioners across the system to oversee the delivery, monitoring and ongoing development of the Local Transformation Plan. Recent changes now mean that the group has a stronger position as it is now to be a subgroup of the Children and Young People Plan multi-agency steering group.
- 11.2 Due to links with joint commissioning, the CYPP will feed the work of the LTP into the Governing Body, in regard to financial governance. There is a clear reporting mechanism to the Darlington Clinical Commissioning Group Governing Body, in regard to financial governance.
- 11.4 Risks and issues will be escalated through the routes outlined above.
- 11.5 The CYPP steering group will provide a forum for engagement with wider stakeholders and can continue to influence this area of work.

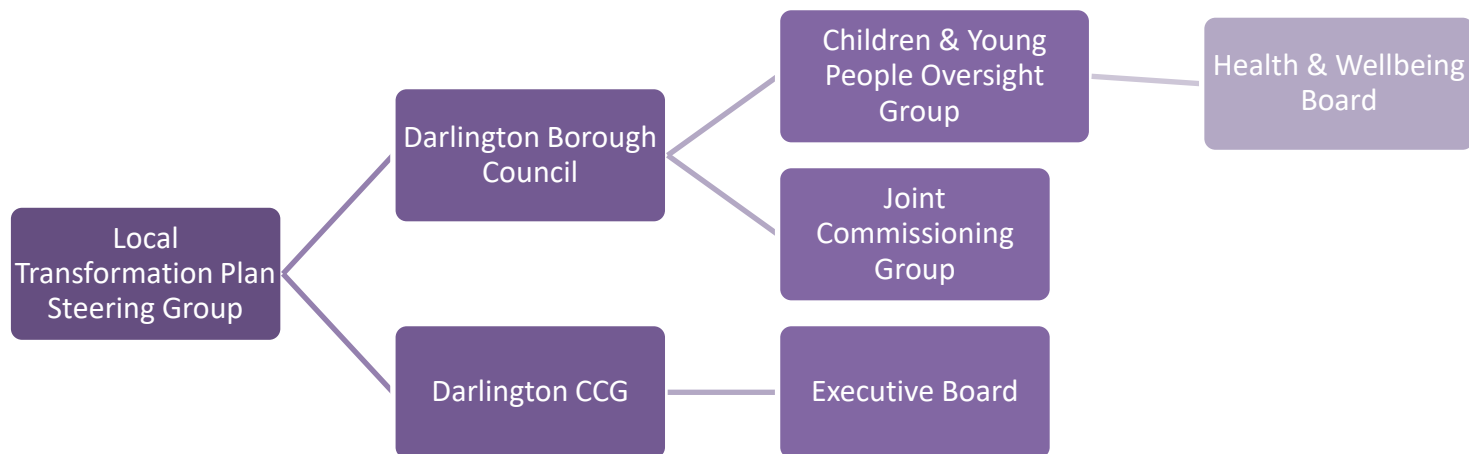


Figure 9: Darlington Governance Map

11.6 To ensure that our ambitious plans are jointly owned by all partners, we need to ensure that we are transparent as this manifests positive working relationships and achieves more creativity and outcomes for children and young people. To improve our accountability and transparency we have:

- Published the annual refresh of the plan.
- Strengthened the governance for mental health.
- Will jointly own the ongoing monitoring of the implementation plan and progress against identified priorities.
- We will work with local transformation partnerships to peer review and challenge implementation progress, spending and impact of transformation ambitions.

11.7 Key to the successful implementation of the above is our continued work within the accountable care partnership (ACP) to support collaboration. The Mental Health & Learning Disabilities partnership is across five local CCGs (Hartlepool and Stockton on Tees CCG, North Durham CCG, Durham Dales, Easington and Sedgefield CCG, Darlington CCG and South Tees CCG) and Tees Esk and Wear Valley NHS Foundation Trust (TEWV) who is the primary provider of mental health and learning disability services including our specialist inpatient service.

The purpose of the ACP is to improve the lives of people living with mental health illness and learning disabilities by enhancing the quality of care packages and services, maximise and control spend on these packages and services and deliver the Transforming Care Agenda. The partnership is in line with the emergent integrated care system (ICS) approach that promotes integration and manages care around the individual; they create a partnership of providers working together across traditional boundaries.

The ACP is overseen by a formal Board which provides strategic oversight of the work and defines its objectives and gives strong governance. All CCG members are equal partners of the Partnership Board which is supported by an operational delivery group. The CCG retains responsibility for statutory commissioning functions and for strategic oversight of the included services. All local Authorities within the Partnership are members of the board.

The current CCG and commissioning support resources engaged within learning disabilities and mental health alongside the lead partner are the resources that drive the approach. The partnership enables TEWV to manage the total allocation of funds for services and can re-invest that allocation to address the needs of the population; but not invested outside of the partnership. TEWV manage and monitor the contracts and deliver the outcomes for those services. They also agree arrangements with other providers to share the funding and risks.

The initial objectives for this work are:

- Reduce the reliance on the use of inpatient services.

- Delivery of a reduction in avoidable admissions to inpatient learning disability services and delivery of a commissioned bed reduction trajectory by 2020.
- Developing community services and alternatives to inpatient admission.
- Implementation of the 5 Year Forward View for Mental Health
- Prevention, early identification and early intervention
- Increasing the health promotion/prevention programmes for people with a learning Disability or Mental Health conditions including increasing the number of annual health checks
- Avoidance of crisis and better management of crisis when it happens
- Better more fulfilled lives.
- Improved quality of life
- Improved service user experience

12 Measuring Success

12.1 Performance metrics are developed against each action on the plan as they are initiated. This enables the CYPP steering group (as indicated above) to monitor progress against delivery of each action. Delivery of the plan forms part of the CCG assurance process required for NHS England.

12.2 Indicators include, but are not limited to:

- Process outcomes – activity, waiting times;
- Evidence based routine outcome measures showing improvements in emotional wellbeing of children and young people receiving services;
- Children and young people, parent/carer experience of services;
- Admissions for self-harm among young people;
- In-patient care admissions/occupied bed days.

12.3 Anticipated national developments in data collection for monitoring will be used to monitor delivery against local CAMHS services as well as core contractual requirements.

12.4 Where new services are commissioned they will be done so on an outcomes specification and embed the CYPIAPT principles as previously discussed.

12.5 In summary, the LTP in Darlington will track its progress against a number of measures, including the following:

CYP Transformation Key Performance Indicators	KPIs and Measures
Increase in emotional and mental health and wellbeing in CYP with a particular focus on those groups of children, young people and young adults at most risk of mental illness.	<p>Increase in CYP who report a reduction in clinical symptoms as a result of evidence-based treatment plans 2018/19-2020.</p> <p>Increase in the proportion of CYP who receive community based treatment showing reliable improvement in treatment from 18/19 baseline (measured through the MHSDS).</p>
Children and young people receive a timely and effective service.	<p>Increase access to evidence-based treatment so in 2020/21, 35% of CYP with a diagnosable mental illness have access to treatment (MHSDS).</p> <p>Routine assessments to all commissioned services completed within 4 weeks of accepted referral and treatment commenced within 18 weeks of accepted referral.</p>
Children and young people with an eating disorder.	Eating disorder treatment should start within 4 weeks from first contact with a designated healthcare professional for routine cases.

	Eating disorder treatment should commence within a maximum of 1 week from first contact with the designated healthcare professional.
People who experience a first episode of psychosis (aged 14+).	Achieving the national target of at least 50% of people requiring this specialist intervention receiving NICE concordat treatment within two weeks of referral.
Women with post-natal mental illness and women with current mental health issues who become pregnant.	100% routine referrals to be assessed within 20 working days. 100% urgent referrals to be assessed within 5 working days. 90% satisfaction rate.
Children and young people who are in crisis receive effective support in the community in line with national guidelines.	Increase in Crisis referrals assessed and treated within 4 hours of presentation 24/7. Increase in number of children and young people who receive community evidence based treatment. Reduction in bed days for CYP under 18 in CAMHS wards. Reduction in admissions for CYP under 18 in CAMHS wards.
Transforming Care Learning Disability and Autism.	Every young person that meets the criteria will have at least an annual review of their care and education plan that is person and family centred; safe and evidence based, participative, centred on living life at home, and maximises engagement in education. The review will be once per year or sooner if a young person is in hospital or at risk of being in hospital.

The majority of the above will be monitored via submissions to the MHSDS. The new national indicator, as discussed in section 9, will also measure the success of mental health interventions across Darlington.

13 Programme of Work

- 13.1 This plan has outlined a number of key actions for the next 12 month period. There are key themes which run throughout the work plan:

Priority	Action
Training	To ensure there is a comprehensive, strategic training offer available to agencies, schools and parents.
Joint Commissioning	To take forward with health, education and schools joint commissioning for mental health and wellbeing services.
Schools Pilot	To establish a pilot to reflect the concept of the Mental Health Support Teams – this will, in turn, produce a visible concept for joint commissioning.

Table 19: Darlington Priorities for 2019/20

Being able to evidence that these three actions have been completed within a 12 month period will allow us to demonstrate a changing landscape for children and young people's mental health provision in Darlington.

13.2 Next steps:

- Darlington will consult with all partners on the content of this draft 'refreshed' transformation plan by the end of December 2018.
- Where amendments to the content of the plan are required and alongside NHSE assurance, these will be completed within two weeks.
- The refresh will be formally discussed with all partners at the Health & Wellbeing Board in March 2019 but will be shared with appropriate Directors for sign-off before this date.
- Links to the updated Darlington LTP will be made available on the Darlington Borough Council website within 1 month.

Appendix 1

Risk log

Risk	Mitigating Actions
Inability to recruit / retain sufficient staff with experience required to undertake the work.	<p>Specialist CAMHs agency staff were retained until new starters commenced.</p> <p>Skill mix utilised when appropriate.</p> <p>Membership of local CYP IAPT collaborative - prospective staff finds this attractive, existing staff are encouraged and supported to undertake additional training.</p> <p>Voluntary sector partners have recruited and trained additional staff/ volunteers.</p> <p>Supervision arrangements in place for practitioners.</p> <p>Providers held to account when projects/ milestones delayed- recovery plans required and monitored via the contract process.</p> <p>Providers need to work with commissioners and Health Education England to model the future skill mix and staffing numbers required to deliver the required changes to deliver <i>Future In Mind</i>.</p>
Poor system engagement.	<p>Improving emotional health and wellbeing in CYP is a multiagency priority and is championed by system leaders and by having a robust governance structure.</p>
Risk that there is a further peak in crisis/Urgent Care presentations which continues to be higher than additional capacity. Financial- insufficient funds to cover all required investments.	<p>Investment in whole system training and working to enable earlier intervention and crisis prevention.</p> <p>CCG and partners working collaboratively across Darlington to identify opportunities for economies of scale.</p> <p>CCG and partners proactively bidding for grants and resources.</p>
Poor quality of referrals resulting in delays in the child accessing the right help at the right time.	<p>Training for referrers.</p> <p>Regular communication updates to referrers.</p> <p>Proactive outreach by providers to referrers.</p>
Schools underestimating the level of staff involvement required to implement the School Link project, leading them to step away from the programme.	<p>Utilise the strong relationships between Educational Psychologists, Primary Mental Health Workers and schools to help to facilitate the project.</p> <p>Publicise outcomes from other areas of the country that have seen a link between strong emotional health/ resilience amongst pupils and better academic outcomes.</p>
Submissions to MHSDS do not capture non NHS delivered treatment resulting in our cover data being reported as lower than the reality.	<p>Non NHS providers are submitting data to CCGs but currently this activity is not captured on MHSDS. Non NHS providers do not currently have the IT infrastructure to submit data onto MHSDS. CCGs are in discussion with NHSE on how to resolve this issue and we are working with NHS Digital.</p>
Staff reluctant to implement the required changes.	<p>Supervision arrangements in place for practitioners.</p>

Improving emotional health and wellbeing in CYP is a multiagency priority and is championed by system leaders.

Service user feedback to staff and organisations.

Promotion of CYP IAPT training.

Evidence of positive changes in outcomes for service users.

Appendix 2

TEWV current staffing levels and structure (2017/18)

CAMHs County Durham Darlington CRISIS Service		WTE	WTE
Team	Profession	Darlington CCG	County Durham and Darlington
Administrative and Clerical	B4 Admin & Clerical	0.15	1.00
Nursing, Midwifery and Health Visiting	B6 Qualified Nurse	1.72	11.44
	B7 Qualified Nurse	0.15	1.00
Scientific Therapeutic And Technical	B8b Psychologist	0.00	0.00
Grand Total		2.02	13.44

County Durham and Darlington CYP EATING DISORDERS		WTE	WTE
Team	Profession	Darlington CCG	County Durham and Darlington
Administrative And Clerical	B3 Admin & Clerical	0.15	1.00
Medical And Dental	Consultant	0.09	0.60
Nursing, Midwifery And Health Visiting	B4 Unqualified Nurse	0.30	2.00
	B5 Qualified Nurse	0.00	0.00
	B6 Qualified Nurse	0.45	3.00
	B7 Nurse Manager	0.15	1.00
	B7 Qualified Nurse	0.15	1.00
Scientific Therapeutic And Technical	B5 Dietitian	0.15	1.00
	B6 Dietitian	0.15	1.00
	B7 Dietitian	0.00	0.00
	B7 Psychologist	0.00	0.00
	B8a Psychologist	0.15	1.00
	B8c Psychologist	0.00	0.00
Grand Total		1.74	11.60

County Durham and Darlington CAMHS Tier 3 (LD)			
Team	Profession	Darlington CCG	County Durham and Darlington
Administrative And Clerical	B2 Admin & Clerical	0.00	0.00
Allied Health Professionals	B7 Speech Therapist	0.08	0.50
Medical and Dental	Consultant	0.26	1.75
Nursing, Midwifery and Health Visiting	B3 Unqualified Nurse	0.53	3.50
	B4 Unqualified Nurse	0.42	2.80
	B5 Qualified Nurse	0.15	1.00
	B6 Qualified Nurse	0.84	5.58
	B7 Qualified Nurse	0.30	2.00
Scientific, Therapeutic and Technical	B4 Psychologist	0.15	1.00
	B8a Psychologist	0.24	1.60
	Band 8c Psychologist	0.09	0.60
Grand Total		3.05	20.33

CAMHS TIER 2			
Team	Profession	Darlington CCG	County Durham & Darlington
Administrative And Clerical	B3 Admin & Clerical	0.10	0.64
Nursing, Midwifery And Health Visiting	B3 Unqualified Nurse	0.17	1.13
	B4 Unqualified Nurse	0.15	1.00
	B6 Qualified Nurse	2.66	17.72
	B7 Qualified Nurse	0.30	2.00
Grand Total		3.38	22.49

CHILD AND YP - TIER 3 - ASD			
Team	Profession	Darlington CCG	County Durham & Darlington
Allied Health Professionals	B7 Speech Therapist	0.11	0.70
Scientific Therapeutic And Technical	B8c Psychologist	0.15	1.00
Grand Total		0.26	1.70

CHILD AND YP – TIER 3			
Team	Profession	Darlington CCG	County Durham & Darlington
Administrative and Clerical	B2 Admin & Clerical	1.00	9.00
	B3 Admin & Clerical	0.65	11.65
	B4 Admin & Clerical	0.59	6.19
Medical and Dental	Associate Specialist		1.00
	Consultant	1.70	8.45
	Staff Grade Practitioner		0.80
Nursing, Midwifery and Health Visiting	B4 Unqualified Nurse		3.00
	B5 Qualified Nurse		3.00
	B6 Nurse Manager		2.00
	B6 Qualified Nurse	1.94	12.72
	B7 Nurse Manager	1.00	4.00
	B7 Qualified Nurse	1.50	9.50
	Band 8a Nurse Consultant		1.00
Scientific, Therapeutic and Technical	B4 Psychologist	1.00	2.00
	B6 Psychologist		2.00
	B7 Psychologist	1.00	3.65
	Band 8a Psychologist	1.00	5.50
	Band 8c Psychologist	0.60	3.20
Total		11.98	88.66

Appendix 3 – Financial Information

The CCGs position shown in the table below indicates an estimated proportion of the overall Secondary care mental health block contract with Tees Esk and Wear Valleys NHS Foundation Trust for 2018/19. Also included is Darlington Borough Council funding which supports two therapeutic social workers for Looked After Children therapy that are employed separately from the CAMHS service.

Provider	Description	2016/17 £	2017/18 £	2018/19 £
TEWV Block Contract TEWV Block Contract	CAMHS CAMHS LD	1,493,045 181,406	1,494,538 216,441	1,496,032 234,086
Total		1,674,451	1,710,979	1,730,118

Initial allocation of funding for Eating Disorders and Planning in 2015/16	Additional funding available for 2015/16 when Transformation plan is assured
£59,985	£93,945
Initial allocation of funding for Eating Disorders and planning in 2016/17	Additional funding available for 2016/17 when Transformation plan is assured
£61,485	£176,454
Initial allocation of funding for Eating Disorders and planning for 2017/18	Additional funding available for 2017/18 when Transformation plan is assured
£61,546	£218,382
Initial allocation of funding for Eating Disorders and planning for 2018/19	Additional funding available for 2018/19 when Transformation plan is assured
£61,607	£278,306

Appendix 4

Darlington Children and Young Peoples Mental Health & Emotional Wellbeing Transformation Programme

OCTOBER 2018 REFRESH

Description of project	Future in Mind Recommendations	Planned investment	Intended outcomes	Lead organisation & nominated officers	Partners	Year	Key updates	RAG*
Improve access to perinatal mental health care; in line with published guidance	4	Awaiting further guidance re allocation	<p>Improved patient experience – self reported measure</p> <p>Improved outcomes for the service users and their family (routine outcome measures)</p> <p>Reduction in in-patient admissions</p> <p>Baseline data and KPI's determined</p>	CCG MH (NECS) NH (TEWV)	CCG TEWV CDDFT	18/19	<p>We have mapped out current community perinatal mental health provision, identified gaps and developed an outline business case.</p> <p>We have set up a perinatal mental health steering group to review the current position and develop a specialist community pathway (refine business case).</p> <p>Funding opportunities will be sourced as appropriate.</p> <p>Bespoke perinatal mental health service launched across Darlington in June 2018.</p>	
Identify all aspects of the Children and Young People's Mental Health – social emotional and wellbeing pathway	6,7,21,26,28,29,30		<p>More children and young people will have good emotional wellbeing and mental health; they are resilient and equipped to manage life challenges via survey</p> <p>Reduction in referrals to specialist services</p>	CCG NC (CCG) MH (NECS) RO (PH)	CCG DBC TEWV Schools GP's	18/19	<p>A mapping exercise needs to be undertaken to explore the existing landscape of services available in Darlington across statutory and 3rd sector/private organisations. To determine if pathways can be improved and service recommissioned differently</p> <p>This work will complete a high number of the priority actions outlined in the refreshed plan – Early Help, Vulnerable</p>	

Description of project	Future in Mind Recommendations	Planned investment	Intended outcomes	Lead organisation & nominated officers	Partners	Year	Key updates	RAG*
			Services are accessed based on need not eligibility				groups.	
Promote Solihull antenatal infant attachment programmes and parenting support and promote nurturing information within the 0-19 service growing healthy programmes			Data base developed to record staff training Families supported in early response Parent/child bond is increased	PH (PH)	DBC CCG HFT CDDFT	18/19	0 – 19 growing healthy team have undertaken significant training in their health visitor work force. There remains a gap in midwifery teams being trained.	
Support 'Time to change' anti-stigma campaign	3	N/A	Increase awareness of mental health & wellbeing issues amongst all groups of children & young people	PH RO (PH)	DBC CCG HFT	Ongoing	Repeat social media campaigns.	
Review of Early Intervention Psychosis pathway.	13, 6	No	Help is available at the earliest opportunity. Inpatient care is reduced.	CCG NC (CCG) DS (TEWV)	CCG TEWV DCC	Ongoing	Service is formally monitored from April 2017. Runs across Durham and Darlington.	
Implement a model for peer support for parents/carers.	11	No	Families will have access to increased support. Number of peer mentors. Improved feelings of wellbeing for families.	PH RO (PH) MH (NCES)	CCG DCC	18/19	This will grow following the mapping work to determine the landscape of services available in Darlington. Work to be done with DAD to determine how they can support this work.	

Description of project	Future in Mind Recommendations	Planned investment	Intended outcomes	Lead organisation & nominated officers	Partners	Year	Key updates	RAG*
Embedding of enhanced Community Eating Disorder Service for Children and Young people and monitoring of access and waiting times	13, 6	Ongoing	Implementation of waiting time standards; Improved outcomes; Reduced potential for in-patient admission	CCG MH (NCES) DC (NECS)	CCG TEWV	15/16 Ongoing	Business as usual – contract monitoring.	
CAMHS Crisis 24/7 provision	12, 13, 6	Ongoing	Comprehensive assessment for children and young people in crisis within 4 hours of referral; Crisis resolution reducing the need for hospital admissions	CCG MH (NCES) DC (NECS) NC (CCG)	CCG TEWV	15/16	Now fully operational and offering a 24/7 service. Business as usual – contract monitoring.	
Develop a model for intensive home treatment (IHT) (potentially linked with the crisis service model) for children and young people with complex needs	13	TEWV	Reduction of inpatient bed days	CCG MH (NECS) DS (TEWV) DC (NECS)	CCG TEWV	Ongoing	The evaluation into the crisis/liaison services showed that the service reversed an increasing trend of admissions through A&E, significant cost reduction in use of paediatric beds and a reduction in Tier 4 use. The evaluation shows an indicative net return on investment of 53% of team costs. The service is currently evaluating the IHT pilot, early evidence supports that IHT continues to positively impact on the reduction of inpatient bed use. IHT service running across Darlington – savings made during 17/18 which will be reinvested for 18/19.	

Description of project	Future in Mind Recommendations	Planned investment	Intended outcomes	Lead organisation & nominated officers	Partners	Year	Key updates	RAG*
Work with schools to understand their current mental health & wellbeing offer. Determine if it is viable to have a 'universal offer' in schools of quality assured and reviewed programmes.	2,3,5,8	No	Fully integrated model between schools and TEWV and Early Help models. Joint commissioning.	CCG DBC NC RO EM MH	Schools	18/19	Joint commissioning work stream will progress.	
Emotional Literacy Support Assistants' project	2,3,5,8	No	ELSA's role is to support children and young people in school to understand and regulate their own emotions whilst also respecting the feelings of those around them. This project would be a pilot for 15 staff within Darlington schools.	DBC EM	EP Schools	18/19	15 ELSA's have been trained in 12 schools. Staff receiving ongoing supervision. Second year of the programme will continue EP supervision throughout their practice.	
Children and Young People's Autism Pathway	15, 21	Subject to scoping	Improve timely access of assessments. To support families while they await diagnosis. Reduce waiting times for assessment to the national standard and NICE compliant.	Darlington CCG NC (CCG) DS (TEWV)	ND DDES CCG DCC	18/19	RPIW session in January 2018 – due to review in 2019.	
Forensic CAMHS	15,19	Yes after 3 year point	Ensure pathways are in place for all key organisations	Health & Justice CB (NHSE)	CCG DBC	18/19	Locally to support the national agenda we will need to:	

Description of project	Future in Mind Recommendations	Planned investment	Intended outcomes	Lead organisation & nominated officers	Partners	Year	Key updates	RAG*
				MH (NECS)			Multi-agency pathway review to ensure this vulnerable group of young people have their needs addressed. This action remains on-going.	
Ensure the needs of vulnerable population groups are addressed: Looked after children, care leavers, those who have been sexually abused, young people who offend, young carers, children and young people with special educational needs or disabilities.	8.10, 21,26,28,29,30	No	Pathways are in place for all children & young people. The Health & wellbeing needs of all children & young people are catered for.	DBC CCG	CDDFT HDFT TEWV	18/19	Linked to pathway work. Work to be undertaken with safeguarding and Children's Access Point (CAP). See updates within workplan above.	
Improve integrated response to co- and multi-morbidity mental health and physical problems including long term conditions.	10,21, 30, 43, 44	No	Increased knowledge across professional and service users. Pathway in place.	CCG NC (CCG)	DBC TEWV CDDFT	18/19		
Implementation of the suicide protocol. Suicide multi agency prevention plan.	25, 24, 23, 21, 22, 28, 29	No	KPI's as per NICE Guidance	PH RO (PH)	CCG DBC	17/18	A local suicide early alert system is in place in order to identify any CYP deaths and monitor and intervene in the formation of any clusters or hot spots. CYP are included in the Darlington suicide prevention plan.	

Description of project	Future in Mind Recommendations	Planned investment	Intended outcomes	Lead organisation & nominated officers	Partners	Year	Key updates	RAG*
Clear leadership and accountability arrangements for children's mental health across agencies	31, 32, 46	No	HWB Strategies aligned Strategic leadership aligned to priorities	PH RO	CCG DBC All partners	18/19	Further work in coming year to ensure robust lines of accountability are to the Health and Wellbeing Board and the Darlington CYP Joint Commissioning group and CYPP.	
Consultation and engagement	33, 21	No	The 'Voice of the Child' can be heard in the development of any new service specification needed. Review of services/Pathways/service models are influenced by consultations with children & young people. Part of Local Offer.	CCG DBC	DBC CCG NECS All partners	18/19	New engagement plan to be drawn up between DBC and NECS. (see section 3 of LTP refresh). Healthy Lifestyle Survey undertaken in schools each year.	
Exploring the commissioning environment and widening the scope of how we address the mental health & wellbeing needs of CYP.	6, 7, 46, 47, 49	No	Shared vision across all partners.	CCG DBC	Partners – police?	18/19	Ongoing – however alignment of plan to Children & Young People's Plan. LAC sufficiency and Health & Wellbeing Plan will enable work to be more collaborative.	
Primary Mental Health Workers	8.3	No	Support offered at the right level and at the right time in the right place. Roles clarified and commissioning contracting arrangement in place.	TEWV NH (TEWV) NC (CCG)	TEWV CCG DBC	2018	Contractual agreement and commissioned to provide. Commissioning correct and is the contract still fit for purpose.	

Description of project	Future in Mind Recommendations	Planned investment	Intended outcomes	Lead organisation & nominated officers	Partners	Year	Key updates	RAG*
CYP IAPT Programme	43	TBC		CCG JR (TEWV)	TEWV	18/19	<p>The CCG is now a member of the North East, Humber and Yorkshire Learning Collaborative for CYP IAPT with the intention of being compliant in 2017 following scoping and planning in 2016/17, and will link the development of a whole system workforce strategy to the CYP IAPT programme.</p> <p>Discussions ongoing with Workforce Planning Team at Darlington Borough Council.</p>	
Targeting the training of health and social care professionals and their continuous professional development to create a workforce with the appropriate skills, knowledge and values to deliver the full range of evidence-based treatments.	66	No	<p>Quality assured standardised training programme for staff from universal through to targeted support.</p> <p>95% of staff trained by 2020.</p>	CCG DBC NC (CCG) (DBC)	CCG TEWV VCS DBC	19/20	<p>A workforce audit to be completed to enable a gap analysis which will inform roll out of the quality assured training programmes.</p> <p>This is an all age mental health workforce plan so people working with adults who can also be parents are effectively trained.</p> <p>Key action for 18/19 is to map the training which is available across all organisations to remove any duplication in the system and to ensure we are offering consistent and appropriate training.</p>	

*RAG status

RED	Off track, unachievable Project is unlikely to be achieved; there are major issues which are unlikely to be resolved within the time (or resources) available.
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AMBER	Off track, under review Project is feasible, but there are risks and/or issues which must be mitigated/resolved in order to achieve – senior level action is required
GREEN	On track Project is on track and achievable; there are no outstanding risks/issues which need resolution.
BLUE	Achieved / completed Project has been delivered and no further action is required
GREY	Not started

APPENDIX 5

The Charter Action Plan – to reduce poverty and health inequalities for the children and young people of Darlington.

	Area	Priority	Actions	Lead	Required outcomes
COVERING THE BASICS	Boosting Families' Incomes	Mitigating the impact of welfare reform on families with children	Establish a programme board with relevant local partners to: <ul style="list-style-type: none"> • Coordinate Darlington's response to reforms • Share information • Target advice and support 	Working group to be established	Impact of reforms mitigated. Residents supported into quality work.
		Increasing benefit take up	<ul style="list-style-type: none"> • Support the current #DarloMillions campaign • Auto-enrol children living in eligible households for free school meals • Review the council's Council Tax Reduction scheme to support low income working-age families • Improve the take up of the Healthy Start initiative which provides free vouchers to pregnant women or those with children under 4 on qualifying benefits 	#DarloMillions operational group	More people claiming their entitlements. Reduction in crisis presentations.
	Reducing Families' Costs	Tackling the poverty premium	Establish a cross sector group to: <ul style="list-style-type: none"> • Mitigate the impact of the poverty premium on low income families • Focus on tangible actions such as working with high street banks, the Post Office and Job Centre Plus to maximise the take up of bank accounts • Promote ethical alternatives to rent-to-own companies • Looking at scope to tackle funeral poverty (I.e. http://www.quakersocialaction.org.uk/Pages/Category/funeral-poverty-campaign) 	Working group to be established	More families supported to make better financial decisions which protect their income. Public services delivering same quality of services in low income areas.
		Making necessities more affordable	<ul style="list-style-type: none"> • Explore opportunities for targeted investment to improve the energy efficiency of private rented / owned properties in areas with high levels of poverty • Ensure any investment in improved efficiency and effectiveness of heating schemes in social housing reduces costs and benefits low-income families • Sign up to the Sustainable Food Cities Network / Work with partners and charities to divert as much surplus food as possible to low-income families / Encourage more sustainable food help such as food cooperatives and penny pantries • Develop a sustainable offer to provide healthy food and activities for children from low income households during the school holidays • Providing funding to schools to prevent absence 	DBC Planning DBC Housing Darlington Cares Public Health	More families eating healthier food & food help developed into a more sustainable offer. More low income families living in energy efficient homes with improved health outcomes.

BOOSTING RESILIENCE	Strengthening Families and Communities	Adopting strengths-based approaches	<ul style="list-style-type: none"> • Talk to residents in low-income neighbourhoods to discuss how the Charter links to their area and what positive actions can be taken to boost resilience • Maximise participation and improve access to cultural, sporting and community facilities for families living in poverty • Build on and link to existing work including Mutual Gain and community building work being undertaken at Red Hall and Cockerton. • Implement 20mph speed limits in low income neighbourhoods to improve road safety, encourage play and tackle inequity 	DBC Community Services DBC Highways DBC Planning	More resilient families who are able to access local facilities including cultural & sporting venues.
		Improving environmental inequalities	<ul style="list-style-type: none"> • Tackling environmental issues which disproportionately affect low income areas – from poor housing conditions and rogue landlords, to air and noise pollution, and crime and antisocial behaviour • Restrict establishments with known negative impacts on the health and wellbeing of people in low income areas using licensing and planning powers i.e. fast food on school fringes via supplementary planning document 	Community Safety	
	Improving Families' Access to Services	Improving identification & signposting of families in poverty	<ul style="list-style-type: none"> • Incorporate addressing poverty into existing programmes of work that already work with low income families such as Early Help, Troubled Families, Safeguarding and local VCS services to develop a more universal offer that provides support for low income families and uses poverty to identify families in need of support • Train staff in spotting key warning signs or safeguarding concerns in communities and knowing how and where to report concerns to help identify vulnerable residents and deliver the support they need early • Include questions on poverty/low income in Healthy Behaviours survey? 	Anchor Institutions	Improved identification & signposting of families in poverty to ensure support is offered at an early stage e.g. via referrals to Early Help
		Poverty-proofing services	<ul style="list-style-type: none"> • Using best practice from elsewhere, co-develop a poverty proofing toolkit with partners, stakeholders and residents which is adaptable for different uses and organisations including health and the VCS, i.e.: <ul style="list-style-type: none"> ○ Schools – focus on overcoming barriers to learning and develop tailored approaches to support children from low income families ○ Businesses/service providers – illuminate practices that could be providing barriers to those on low-incomes and ensure equal access to quality services • Embed consideration of socioeconomic impacts into organisations' decision-making processes 	Darlington Partnership	Everyone has equal access to local services, and no one receiving poorer quality because they're poor.
	THE CAUSES OF Removing Barriers to Quality Employment	Tackling costs of employment	<ul style="list-style-type: none"> • Understand the current availability of childcare in the borough including cost and flexibility, assess the take up of free childcare for under 3's for those on benefits and capacity of current providers to deliver the 30 hours for over 3's recently introduced. • Consider options for provision for working parents during school holidays 	DBC People's Services	Better understanding of market & ability to deliver. Action to raise capacity / flexibility
		Improving	<ul style="list-style-type: none"> • Review careers advice and aspiration in schools in the context of the special distribution 	CYPP Group	Greater awareness of local

		employability	<p>of poverty to ensure effective provision reaches target areas</p> <ul style="list-style-type: none"> • Produce a curriculum for life, drawing on the softer skills which young people and employers identify as being important (i.e. employment skills / relationships / self-management / health / citizenship) and ensure these skills are embedded into existing lessons • Delivering and supporting local employability programmes 		labour market opportunities and aspiration in low income areas
	Increasing Supply of Quality Employment	Community wealth building	<p>Improve existing procurement and commissioning policies to ensure that:</p> <ul style="list-style-type: none"> • Social value is a major part of the scoring mechanism • Any commissioned services are targeted at lower income neighbourhoods 	Darlington Partnership	People from low income areas securing employment in anchor institutions / their supply chains.
		Taking responsibility for employee welfare	<p>Make a specific ask of all employers to use their recruitment practices, procurement and assets to maximise the benefits to low income residents i.e.:</p> <ul style="list-style-type: none"> • Targeting employment opportunities and apprenticeships to residents from lower income neighbourhoods • Paying staff a real living wage • Encouraging in-work progression • Allowing staff to volunteer 	Darlington Partnership	Reduction in the proportion of residents earning below the living wage and improved skills.