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Working with our partners, including commissioners, VCS/3rd sector providers and some local authority colleagues to co-create and deliver the i-THRIVE framework of care

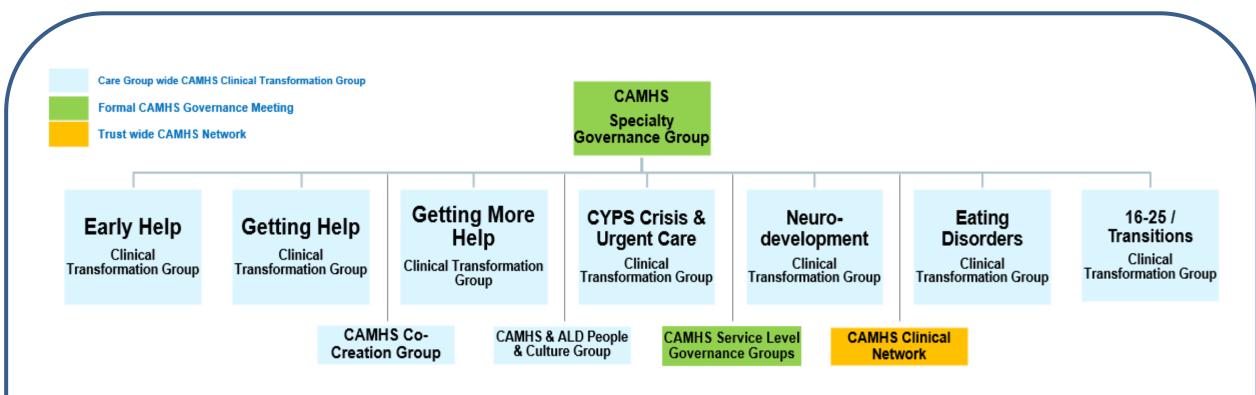
A whole system and evidenced-based approach in supporting families with their emotional wellbeing and mental health needs

Draws a clear distinction between treatment and support

Children, young people and their families are active decision makers

TO AN HIS Clinical Transformation model





Clinical Transformation Group function:

To lead priority actions and objectives related to designated work stream from the clinical strategy priorities & business plan

To monitor progress and impact against priority metrics related to the high impact changes each month

To provide assurance against previous reporting month activities, planned future activities and detail any support or escalations to the Specialty Governance Group

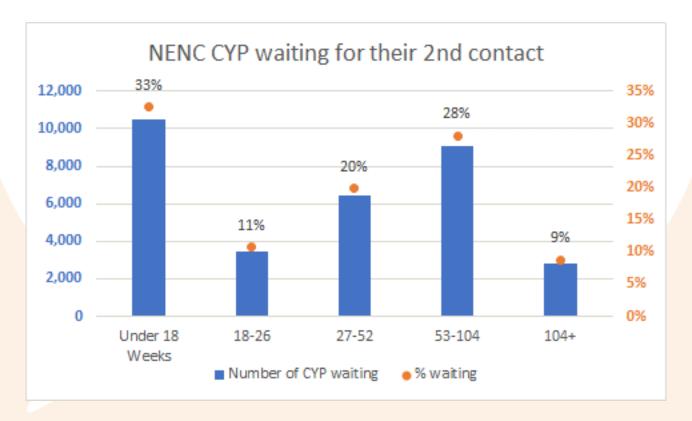


 In Darlington, waits for triage, needs assessment and commencement of support through SPA (single point of access), Getting Help and Getting More Help teams compare favourably with national benchmarks

Average wait for assessment in Q3 23/24 26 days

Follow-up appointments typically within 4-6 weeks for Getting Help and 6-12 weeks for Getting

More Help.





- Specialist eating disorders performance against national access standards
 - In Q3 23/24 88% of routine referrals seen within 4 weeks
 - In Q3 23/24 67% of urgent referrals seen within 1 week
 - All reported standard breaches due to data quality or patient choice
- Crisis and IHT teams performing well
 - In Q3 23/24 94.4% of urgent referrals were seen within 4 hrs
- Progress against national plans
 - In 23/24 Tees Valley had a target to achieve 10,442 young people accessing NHS commissioned mental health services
 - This is on track to be exceeded by over 1000



- Neurodevelopmental assessments
 - Average wait in Darlington currently 463 days
 - Currently, assessments are typically concluding 29 months post referral onto the assessment pathway
 - A small number are prioritised for early conclusion based on individual circumstances and risk
 - Referral demand continues to outstrip capacity
- In response all partners and key stakeholders are:
 - Embedding a needs-led system to offer support to young people, families, carers and schools, regardless of a young person's diagnostic status
 - Reviewing diagnostic pathways to maximise efficiency
 - Submitting a proposal to use non-recurrent funds for a waiting list initiative



- Keeping in Touch (KIT) process helps mitigate any risks associated with all waiters and is monitored daily at clinical and senior management levels.
- Young persons' engagement lead in post to drive coproduction of care delivery and service development.
- Rolling out of PCN practitioners to support GP practices with young people's mental health and emotional well being
- MHSTs (school-based teams) having a positive impact across the Tees Valley
 - Darlington will be the first local authority in the Tees Valley to achieve 100% coverage



Thank you

Any questions?

