NHS
North Lincolnshire
Clinical Commissioning Group

North Lincolnshire Children and Young People's Emotional Health and Wellbeing Transformation Plan 2015 –2020

Refresh October 2017

Index

A big thank you to Georgie, age 8, for allowing us to use your fabulous drawing on our front cover.

Foreword by Dr Faisel Baig

Foreword

The inaugural North Lincolnshire Children and Young People's Emotional Health and Wellbeing Transformation Plan describes our priorities and associated changes we intend to make in order to improve the lives and outcomes for our local children and young people. The impetus to engender a culture of change, influenced by the Future in Mind agenda remains a key priority for our area and the desire to work together in an innovative and transparent way, led by what our local children and young people tell us, is as always our guide.

Recognising the challenges that we face locally, regionally and nationally we have embraced this opportunity to reflect on our progress to date, being transparent and pragmatic regarding the areas we need to improve and develop, the areas in which our progress might not have been as we would have expected, but most importantly celebrating our successes. We have taken the learning not only from the areas for development, but also from our successes in order to reflect on what this tells us about the kinds of services and experiences our local children and younger people aspire to.

This refreshed Children and Young People's Emotional Health and Wellbeing Transformation Plan details our successes to date against the priorities originally described in the inaugural plan and our revised priorities which have been influenced by our learning and reflective practice thus far. We acknowledge that this remains an organic document which has, can and will change to reflect the ever changing health and social care landscape and the lived experiences of our local children and young people.

Dr Faisel Baig

Governing Body GP Member & Clinical Lead for Mental Health, NHS North Lincolnshire CCG

Our Vision

We strive, collectively, for good mental health for all North Lincolnshire. We are committed to working with all children and young people in North Lincolnshire to enable them to thrive: to be emotionally resilient, confident and able to achieve whatever they set out to do.

When children and young people do need additional help and support, we will collectively, ensure they gain the correct support easily, at the right time, at the right

To achieve our vision, children and young people, their parents and professionals will be partners within a child's life course, and work together to ensure a system-wide approach to support children's emotional well-being and mental health.

Our Transformation plan builds upon the known protective factors which contribute to positive mental health, starting from conception and recognises that there are times in people's lives when additional support is required. When this support is needed, there is commitment that by 2020 we will have developed a workforce across the community, schools, health, the local authority and voluntary sector which have the necessary skills to support individuals and their families to provide the appropriate support. Within North Lincolnshire, we are committed to designing our services around the needs of children and young people to enable us to be responsive to the continued changes within modern society. We are committed to ensuring our Transformation Plan is a live document which evolves to reflect local needs, on-going feedback, evaluations and the national and global evidence base.

As a community we are aware that there are certain population groups who are more at risk of developing mental ill health and we will continue, and where necessary, further develop our partnership working practices to ensure that our services are proactive, sensitive and bespoke to their needs. Furthermore, we are sensitive to the dynamic, cultural changes in North Lincolnshire, and we plan to continuously keep abreast and responsive to these.

Our vision, and naturally our Transformation Plan, is responsive and reflective of the community it is designed to serve. North Lincolnshire covers a geographical area of 328 square miles and comprises of a central town, Scunthorpe and collection of semi-rural small market towns and villages, with a total population of 170,786 (ONS 2016) . As a local network we are dedicated to ensure that no child or young person is disadvantaged in terms of opportunities or access to services due to the geography of their community. As such, to achieve our vision we are committed to being innovative and working closely with our neighbouring health and social care areas to ensure that children and young people do not receive compromised service provision due to their place of residence.

Our Expected Outcomes

Box 1: By 2020, the work detailed within this plan, will be expected to have impacted the following;

- More children and families will be resilient (evidenced by what they tell us and a reduce demand on services)
- We will have a joined up system with no barriers and easier access
- More young people will have good mental health (evidenced by the numbers referred to Specialist CAMHS, feedback from young people and families and goal based outcome measures)
- Fewer children and young people will develop severe mental health problems (evidenced in the reduced demand of services, reduced Tier IV admissions)
- Children young people and their families will get swift access to the supportive services they require (evidenced by increased satisfaction amongst service users and professionals with regards to the access of the correct service)
- Children and young people will be key in steering forward all developments (evidenced in the continued engagement and governance of young people – linked to the youth council and links to school councils)
- The gap in inequalities will reduce from those groups who are known to be most of risk of mental health problems
- We will have a sustainable workforce
- Continued opportunity for children and young people to influence services, not just for their own care but also as part of collaboration between services and young people
- Young people aged 14 -25 will get the right support and if necessary, a smooth transition to adult services
- We will have improved the capacity and capability across the whole system and ensured that services that are developed can sustain themselves in the long term. Current identified gaps in service provision will aim to be closed by 2020
- Education and children's mental health services will be working closer together around the needs of the child through establishing collaborative working
- We will work closely with neighbouring CCG's and authorities to ensure the most efficient and effective use of resources, to enable the population of North Lincolnshire to benefit from all the specialist provision sometimes only viable when working with larger populations.

Values

The values and guiding principles which underpin our plan are:

Principles

We will work together to ensure that:

- Approaches and services are person centered and designed around the needs of the individual or family rather than an organisation
- Needs are identified early and support is delivered at the earliest point
- Services are targeted to meet assessed needs and implemented locally
- We actively collaborate and engage with children, young people and their families in assessment, decision making and planning so that individual, child and family plans are outcome focused
- We recognise the importance of children, young people and their families and are committed to ensuring their views are continually used within the shaping and commissioning of our services.

As a Workforce, we believe that we should be:

- Ambitious for every child and young person
- Excellent in our practice
- Committed to partnership working with people working together to improve services and outcomes
- Respected and valued as professionals
- Expect high support and high challenge in everything we do

We believe that children and young people have the right to:

- Feel safe and be safe
- A stable family life
- For their individual circumstances, background and culture to be recognised, respected and valued
- Be able to discover their strengths and reach their potential
- Contribute positively to their local community
- Services and support that meet their needs
- Be consulted on plans, interventions and services that directly affect them

1.1 Introduction

1.2 Future in Mind, the report of the government's Children and Young People's Mental Health Taskforce, set out the national ambition for the improvement of children's mental health services. The purpose of this North Lincolnshire Transformation Plan is to demonstrate how we will transform local services by working in partnership to promote, protect and improve the mental health and emotional wellbeing of children and young people.

1.3 Positive emotional wellbeing and mental health contributes to young people being able to achieve positive outcomes. It can ensure that young people have the skills, confidence and self-esteem to be aspirational, to keep safe, to enable them to have the best start in life and to engage in positive activities and opportunities open to them. All young people have mental health, as they have physical health, and both change throughout their lives dependent on their individual circumstances, their perceptions, their experiences and the support and services they receive.

1.4 This plan sets out how all agencies will work together to improve the emotional wellbeing and mental health of children and young people in North Lincolnshire, over the next 5 years. This refreshed plan has been completed as we approach the end of our second year of delivery. Following working with children and young people, analysis of both qualitative and quantitative data, by applying evidence driven practice and policy, and embedding a culture of learning, we have further developed our key priority areas for North Lincolnshire.

1.5 This 2017/18 refreshed plan builds on the learning of the last 2 years. Key within the feedback of the 2016/17 plan was the in-accessibility of the document, due to the length. In response, North Lincolnshire's Young Minds Group, developed their own version of the plan, 'we have the 'FUTURE IN MIND'' leaflet, which summarises, in the words of young people, the aims of the Transformation plan. This fabulous document has been printed and published widely in North Lincolnshire. As such, this learning has also been implemented in the development of this refreshed plan, and to ensure accessibility, readability, and thereby impact, this plan concentrates on celebrating success and utilising our learning to shape our future priorities and workplan. Consequently, some of the background reading and policy context is not duplicated within this 'refresh'.

1.6 This 'refresh' plan has been developed, following consultation with North Lincolnshire health, care and education colleagues and in partnership with children and young people.

Part 1

The Local and Strategic Context

2.Strategic Context

2.1 National Strategic Context

Policy on Child and Adolescent Mental Health Services (CAMHS) in England has undergone radical changes in the last 15 years, with far reaching implications for funding models, access to service and service delivery.

Even though all published policy has had an impact on local provision and strategy, this plan has been heavily influenced and guided by the recent Government's Children's and Young People's Mental Health Taskforce, recommending a comprehensive package of reforms intended to 'Ensure no child is left struggling alone' and then thereafter Future in Mind (Department of Health, 2015) document https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

The local CAMHS Transformation Plan has been developed, based on the recommendations of the DH Future In Mind Report (2015). 'Future In Minds' identified how transformation is required across all sectors of the Health, Education and Social Care system to bring about the required changes needed to meet the mental health needs of children and young people and identified five key themes;

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Caring for the most vulnerable
- Improving accountability and transparency
- Developing the workforce

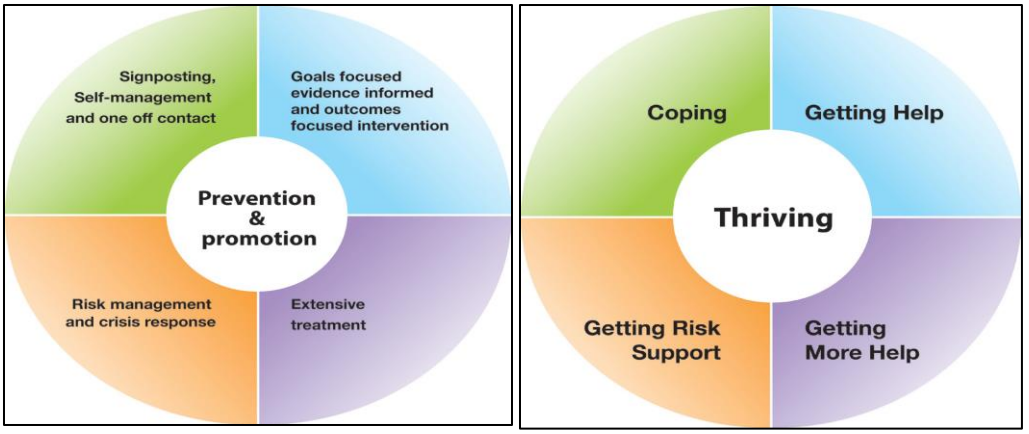
The local Emotional Health and Wellbeing Transformation Plan aim to address these key issues and adopt a partnership approach to its delivery.

2.2 New Service Model / Thrive

One of the key elements of Future In Mind, which has influenced our local vision, was the publication of the Thrive model of practice, identified within Future In Mind (further information can also be found at; http://www.annafreud.org/service-improvement/service-improvement-resources/thrive/)

The THRIVE model provides an evidence base as to how services can be shaped to meet the needs of children and young people. The model recognises the necessity for all agencies to work together to promote, protect and manage children's emotional and mental health and emphasises how children's needs require different configurations of service delivery and input, depending upon their needs. The model replaces the old 'Tiered System of CAMHS delivery' and outlines homogenous groups of children and young people, and conceptualises the support they may need, drawing a clearer distinction between 'treatment' and 'support'.

The THRIVE model, illustrated on 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.



Supporting the Transformation Plan, the NHS and local councils have formed partnership known as, Sustainability and Transformation Partnerships (STPs), in 44 areas, covering the whole of England, with the aim to improve health and care. Integral within developments all STPs have developed proposals around the needs of the whole populations within the STP, and not just those of individual organisations. As such, this plan aligns to the Humber Coast and Vale STP Plans, with specific allegiance to the Mental Health Five Year Forward Plan and the Maternity STP plan.

2.3 Local Strategic Context

Support for children and young people's emotional wellbeing and mental health is a golden thread that runs through a range of key strategic documents between North Lincolnshire CCG and North Lincolnshire Council.

The North Lincolnshire 2020 'Children and Young People's Challenge' is set within the context of the Health and Wellbeing Strategy with a particular focus on the partnership action required to improve outcomes and reduce inequalities for children and young people living in North Lincolnshire - it also incorporates the priorities in the Local Safeguarding Children's Board Business Plan. The strategy is informed by what children and young people have told us through their lived experience and the outcomes we know about for children and young people's populations, as collated within our Joint Strategic Assessment. The plan sets out a series of six partnership challenges including;

1. Improving children's resilience
2. Increasing the number of children with a healthy weight
3. Reducing the impact of smoking on children
4. Enabling children to be safer online
5. Closing the attainment gap
6. Improving younger people's readiness for work

In addition to this is an array of North Lincolnshire's Strategies, across Health and Local Authority, has influenced this Transformation Plan including, but not exhaustive;

- North Lincolnshire's Suicide Prevention Strategy (March 2016)
- Helping Children and Families 2016 – 2019 (Threshold Document)
- Five Year Mental Health Forward
- Youth Justice Plan 2015 - 2017
- Children in Care and Care Leavers Partnership Strategy

2.4 What is our Local Data Telling Us?

The analysis of public health data is essential to understanding the population needs, inequalities which may exist within the community and to effectively contribute towards the development of local priorities, service planning and the effective use of resources. The North Lincolnshire Strategic Assessment (SA) provides a population profile for North Lincolnshire to help inform local service planning.

2.4.1 Protective and Risk Factors

Proxy measures of population level factors, which research shows can promote or challenge children's wellbeing and resilience at local authority level are available at fingertips.phe.org.uk/profile-group/mental-health.

North Lincolnshire's current position and trends on each of these measures relative to the England average, are summarised in Table 1 below. Relative to the England average, North Lincolnshire has a higher and rising prevalence of protective factors, suggesting lower risk and greater resilience amongst the child population.

Table 1: Protective/risk factors for children and young people's mental health in North Lincolnshire vs England

Protective factors in North Lincolnshire (children)	Risk factors in North Lincolnshire (children)
• Low rates of family and youth homelessness • High rates of readiness for school • High rates of GCSE attainment • Low rates of youth offending • Low rates of CIN & looked after children • Low rates of hospital admissions for self-harm • 100% coverage of health assessments for looked after children • Falling rates of teen conceptions	• Higher than average rates of child poverty (under 16) • Higher % of lone parent households • Higher levels of excess weight amongst 10-11 year olds • Higher rates of youth unemployment

Source: PHE, 2016

2.4.2 Starting well 0-4 Years

Health and wellbeing of North Lincolnshire infants is improving year on year and is currently at best ever levels with an increasing number and proportion of the population being registered with and seen by, Children Centres. In North Lincolnshire there is an above average take-up of 2 year old early education places, more children are achieving expected levels of development and are perceived to be ready for school. Even though indicators suggest that we are doing well locally, there are still known challenges in terms of boys underachievement in writing and key early years public health priorities, including smoking during pregnancy and breastfeeding rates, remain stubbornly below the national average.

For elder children, aged 5 -19, we know there are many strengths amongst the population with:

- More and more young people are making positive choices about their future health and wellbeing, with 92% 15 year olds being smoke free, compared with 80% 6 years ago.
- Teen conception rates are less than half what they were in 2010, and are currently in line with the national average, for the first time in two decades.
- Attainment rates continue to rise each year in North Lincolnshire and above national levels.
- Higher and rising rates of engagement in education and training at 16+

- There is a greater proportion of young people aspiring to go on to higher education than in previous years.

However, there are several key issues and challenges amongst the 5-19 year old age range, with excess weight amongst 11 year olds rising to above the national average. Furthermore, both adults and children are less physically active in North Lincolnshire than nationally and there is a low use of outdoor space for exercising. Finally, whilst local data provides evidence of rising physical health literacy amongst our young people, 11-15 year olds appear to be less aware of how to promote their own mental health, and the impact of staying physically well on mental wellbeing.

2.5 Incidence and prevalence of mental illness in children and young people

2.5.1 Mental Health data related to Hospital admissions for children and young people in North Lincolnshire compares favorably with England and regional comparators. The data below covers the period 2015-2016 and indicates that hospital admissions due to:

- Substance misuse (15-24 years) are in line with the England's average (106.2 per 100,000)
- Mental health conditions are in line with the England average (85.9 per 100,000)
- Self-harm (10-24 years) are significantly below the England average of 430.5 per 100,000 population, at 368.9
- Alcohol specific conditions for under 18s are significantly better than England average 36.6 per 100,000 at 22.6.

(Source PHE Fingertips profile mental health and children and young people accessed on 6th September 2017)

Identified within the statistics, 14-24 year olds admitted to hospital as a result of self-harm, is below the national average, and local data suggests that this has remained fairly stable at between 80-100 admissions per year. However, we acknowledge that the hospital data is likely to be just the tip of the iceberg with many more episodes that do not come to medical attention.

2.5.2 Perinatal mental health

Perinatal mental health refers to a women's mental health during pregnancy and the first year of life. Without support, maternal mental health can have a negative impact on infant mental health. The below table describes the estimated number of women affected by perinatal mental illness in North Lincolnshire.

Table 2: Estimated number of women affected by perinatal mental illness in North Lincolnshire each year

	Incidence per annum	Estimated no.s per year in North Lincolnshire
Adjustment disorders	15-30%	290-380
Mild to moderate anxiety and depressive illness	10-15%	200-290
Post traumtaic stress disorder	3%	60
Severe depressive illness	3%	60
Chronic severe mental illness	2%	38
Postpartum psychotic ilness	0.2%	4

Source: NSPCC, 2015

It is important to note that not all of these women will require specialist support or onward referral, with the NICE benchmark for service provision being 12% of all deliveries. As such, it is expected that 230 women a year in North Lincolnshire will require some form of intervention. Based on national estimates apporpriately a third of this number (76 a year) will have complex mental health needs, and 8% (150 women a year) may require psychological services.

2.5.3 Childhood mental illness

Whilst there is no single accurate local measure of childhood mental illness, national estimates (modelled from what we know about known community protective and risk factors, and based on national epidemiological studies) suggest that the incidence and prevalence of common mental health disorders in 5-15 year olds in North Lincolnshire are likely to be in line with, if not below, the national and regional average.

The 'Mental Health of Children and Young People in Great Britain, 2004' remains the most recent robust national source of psychiatric morbidity in school aged children. In that year, the study reported that 1 in 10 5-15 year olds, had a clinically diagnosable mental disorder, with prevalence being highest amongst older secondary school children.

The study suggested that boys were more likely than girls to have conduct and hyperkinetic disorders, whereas girls were more likely to have emotional problems. The study also reported an association between mental disorder, unauthorised absences from school, and poorer family and social support networks. Based on the outcomes of the study the below table proves an estimation of the number of children living with mental illness in North Lincolnshire;

Table 3: Estimated number of children living with mental illness in North Lincolnshire

Mental illness (5-15 years)	Prevalence %	Estimated number of children affected
Conduct disorders	5.8%	1094
Anxiety disorders	3.3%	722
Depression	0.9%	196
Hyperkinetic disorders such as ADHD	1.5%	328
Less common disorders	1%	220

Source: (ONS, 2004) (numbers will add up to more than 2190 due to some children having more than 1 condition)

2.5.4 High Risk Groups

High risk groups include looked after children, children with a long term physical illness, a long standing educational difficulty, children with learning disabilities, children who have experienced the death of someone close, young carers, children who have experienced abuse, neglect, severe bullying or discrimination, or witnessed domestic abuse, as well as homeless young people and asylum seekers. Table 4 describes the expected numbers of children and young people in North Lincolnshire in each of these groups, using estimations from national prevalence.

Children of parents with mental illness are known to be at greater risk of mental illness than the general population, although it is recognised that not all children will be adversely affected, with positive outcomes for this group also being identified in the research literature to include enhanced maturity and an increased capacity to develop resilience and effective coping mechanisms –*however, these outcomes are more likely to occur when children and families are supported adequately and appropriately.*

Table 4: Estimated number of children with mental illness in high risk groups

High risk groups	Expected prevalence of mental illness %	Expected no. in North Lincs
Looked After Children	60%	120
Special Educational Needs requiring statutory assessment	44%	330
Children with a learning disability	36%	340
Children of parents with severe mental illness	25-50%	100-200
Children who have witnessed domestic abuse	30%	165
Children living with a long term physical condition/disability	30%	870

2.4.5.1 Children with Learning Disabilities

Nationally, it is estimated that more than 1 in 3 (36%), children and adolescents with learning disabilities have a diagnosable psychiatric condition. Currently there are at least 1270 school aged children resident in North Lincolnshire with an Education Health Social Care Plan (EHCP) or a Statement of Educational Need, where the primary need is recorded as a moderate or severe learning disability. This means that at any one time, at least 450 children or young people, could also have a mental health condition.

In addition to this, nationally, it is estimated that 70% children with Autistic Spectrum Disorder (ASD) will also have a mental health problem, at some point in their life, and it is estimated that approximately 10% of

children who use CAMHS also have autism. Currently there are 113 children of school age (5-15) in North Lincolnshire who have an EHCP or statement of special educational needs, where the primary need is recorded as ASD, (DFE, 2015)

Children with learning disabilities may have additional long term health problems, such as epilepsy, or sensory impairment, compared with their peers, which may reduce their capacity to find creative and adaptive solutions to life's challenges.

2.4.5.2 Children with Chronic Physical Conditions

The presence of a chronic long term and limiting physical condition increases the risk of common mental health problems such as depression and anxiety by 2-6 times. According to national data an estimated 12% of children and young people aged 5-17 years live with a long term condition, or just over 3000 children in North Lincolnshire. Many of these children will have more than one condition; this includes diabetes, epilepsy and asthma.

2.4.5.3 Children Exposed to Domestic Abuse

Children can experience both short and long term cognitive, behavioural and emotional effects as a result of witnessing domestic abuse. Each child will respond differently to trauma and some may be resilient and not exhibit any negative effects. Nationally it is estimated that 12% of under 11s, 18% of 11-17s and 24% of 18-24 year olds have been exposed to domestic abuse in the home at some point during their childhood.

2.4.5.4 Looked After Children

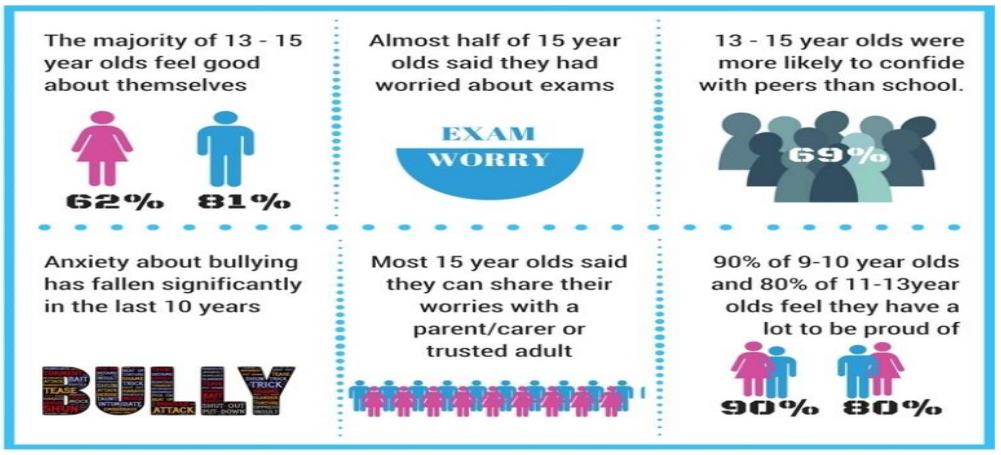
Nationally we know that looked after children are much more vulnerable to poor mental health than the general population, both as children and adults. A high proportion will have experienced poor health, educational and social outcomes before entering care, and may suffer from poorer mental health on leaving care. We know nationally that looked after children and care leavers are between four and five times more likely to attempt suicide in adulthood.

In 2008, the Strengths and Difficulties Questionnaire was introduced as a national measure of the emotional health of children between the ages of 4 and 16 who have been in care for 12 months. The average SDQ score for ooked After Children in North Lincolnshire was 15.9 in 2015, which was higher, but not significantly different to the England's average of 13.9.

2.5 What Local Children and Young People are Telling Us

2.5.1 Surveys of wellbeing

The latest published surveys of 9-17 year olds in North Lincolnshire were completed between 2013 and 2017, and show that the majority of children and young people in our schools and colleges have a positive outlook on life, are happy and confident, and feel they have a lot be proud of. Some of the highlighted results are summarised in the graphic below.



Our latest data suggests that emotional wellbeing scores were in line with the national average, with variation following national trends. Overall, girls were much more likely than boys to express lower emotional wellbeing and to ask for more coverage of this issue in their school's PSHE. Yet research evidence shows that males are much more likely to develop serious and enduring mental illness, and are less likely to seek help with mental health issue.

Other vulnerable groups who scored lowest on emotional wellbeing in these surveys included pupils with long term conditions and /or disabilities, young carers, and Looked After Children. Teenagers with few or no social contacts were another vulnerable group with lower than average wellbeing scores. 5% of 13-15 year olds in the 2016/17 survey said they had little or no contact with friends outside school and found it difficult to talk to adults about their worries.

2.5.2 Square Table Event

Prior to the publication of Futures in Mind, in 2015 a local Square Table Event led to Emotional Health and Wellbeing of Children' being identified as a priority within the Children and Young People's Plan. The event engaged with children and young people and local partners to identify the local position and priorities for children and young people's mental health. The event told us that;

- Young people need to be provided with clearer information, from approved sources, and in a variety of forms to enable them to understand issues of emotional wellbeing and mental health.
- Young people would like swift and confidential access to a trusted/supportive adult who knows what to do to help.
- Assessments and services should be tailored to meet individual needs and circumstances.
- The offer for emotional wellbeing and mental health services should be simple and available.
- Young people's mental health should be seen in the context of external pressures where relevant including family, friends, school and community.
- Acute services should be young person friendly (age appropriate) with swift access and choice.
- Young people should be supported to build resilience.
- There should be swift access and choice to specialist services.

The information gained from the event informed a local Children's Emotional Health and Wellbeing Strategy, and following release of the Future in Mind document, informed North Lincolnshire's Transformation Plan.

2.5.3 Make Your Mark Campaign

Locally, Make Your Mark Campaign has made a significant impact locally, with the work of the Youth Council being heavily influenced by the outcomes of the campaign. In 2016 a response rate of over 50% was achieved, and even though Mental Health had been identified as a key priority for young people locally, in

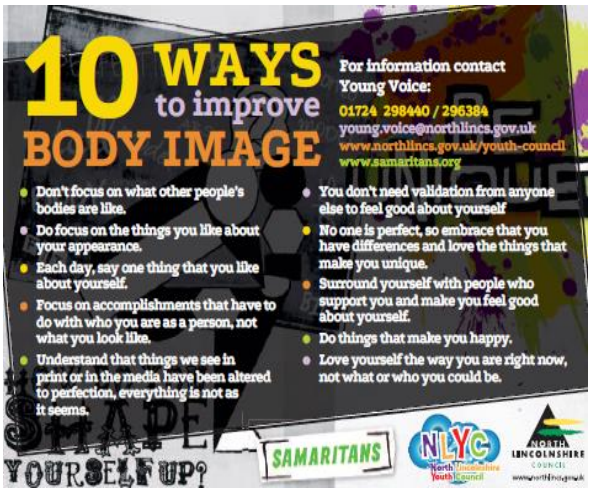
2016 this priority was replaced with concerns with regards to body image. However, the Youth Council and Positive Steps Groups continued to work on addressing the area of mental health. Recent results from the 2017 Make Your Mark campaign celebrated a phenominal 70% response rate, in which Mental Health was identified as the second major concern for young people locally.

2.5.4 North Lincolnshire Youth Council and Youth Council Emotional Health and Wellbeing Sub-Group

North Lincolnshire's Youth Council acts as a local leader, and champions the development and promotion of emotional health and wellbeing in North Lincolnshire. Locally, young people have taken a lead in developing positive messages to improve children and young people's emotional wellbeing and have developed an Emotional Health and Wellbeing Working Group, as a subgroup to the Youth Council. The group continually engages with children and young people and partners, to help shape and influence local information, services and support and are a key point of reference for all partners' developments, with regards to emotional and mental health services and provision. Local developments, which have significantly influenced the local Emotional Health and Wellbeing agenda include;

2.5.5 The 'Be Unique' Initiative

'Be Unique' was the Youth Councils response to the concern raised by North Lincolnshire Children and Young People that body image was something which causes individual concern. Promoting positive body image was something that the Youth Council felt exceptionally strongly about and had an ambition that they wanted people to feel good about themselves, promote positive body image and celebrate individuality. In 2015/16, the 'Be Unique' Positive Body Image was an established as a brand in North Lincolnshire, with 'top tips' postcards and stickers being distributed in schools, colleges, libraries, leisure centers and youth clubs. Recognition for the project has been awarded by the British Youth Council 'Youth on Board' award. The images below depict the materials designed by the group. More information on the initiative can be found here

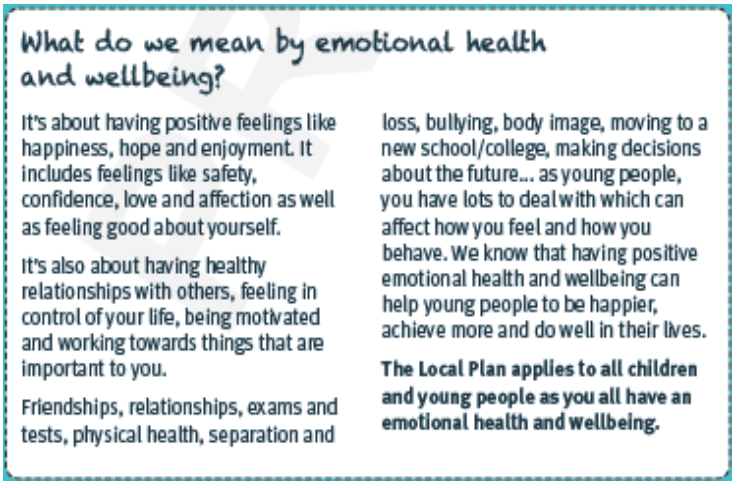


2.5.6 The Positive Steps Working Group.

The Emotional Health and Wellbeing working group have also developed a local, 'Positive Steps to Emotional Wellbeing leaflet' which sets out five positive steps towards emotional wellbeing. The leaflet has been widely distributed and has been championed by schools, colleges and partner organisations including school nurses, CAMHS and educational psychologists. With finances awarded by the Transformation Programme, in Year 1, a Positive Steps event was hold in Scunthorpe, North Lincolnshire, which aimed to raise the profile of young people's emotional health and wellbeing and engaged in the excess of 400 local young people.

2.5 7 Feedback from Transformation Plan

Young People told us that the Transformation Plan was too long and not accessible to Children and Young People. To address this, Children and Young People worked with key professionals to develop a 'User Friendly Version' of The Plan, which involved developing a leaflet which summarised the Transformation Plan in the words of the young people. This version of the plan has been distributed and promoted amongst the community. The images below detail how Children and Young People have interpreted the plan and made it their own. The full plan is available here



2.5.8 Other Forms of Consultation

North Lincolnshire is committed to continually listening to children and young people, parents/carers, practitioners and partner agencies feedback on Emotional Wellbeing and Mental Health Issues for Children and Young People. Feedback is gained and utilised from a variety of sources including complaints compliments and engagement events such as Health Matters; a local CCG hosted event. Regular feedback is received from a variety of networks across health and social care, and an open dialogue between practitioners and the Clinical Commissioning Group, enables feedback to be received on a regular basis. Furthermore, in 2017/2018 work is planned to be initiated with North Lincolnshire Health Watch, to further expand consultation networks.

3. What do Local Services Look Like?

3.1 Cost of Services and Transformation Fund Allocation

North Lincolnshire CCG is responsible for the Commissioning of all children's mental health services within North Lincolnshire, with the exception of Tier IV inpatient provision, which is commissioned by NHS England. Children's mental health commissioning is completed in partnership with the Local Authority, to meet the needs of the local population. The below table illustrates that in North Lincolnshire, £2,146,08 is spent on community child and adolescent mental health services, which includes the £356,000 Transformation Funding allocations, plus an additional £90,000 allocated to the Eating Disorders Service. This spend is distributed across numerous service provides to meet the needs of Children and Young People in North Lincolnshire.

Table 5: North Lincolnshire Allocation of Targeted and Children and Young People's Mental Health Spend 2017/18	**North Lincolnshire CCG**	**North Lincolnshire Local Authority**
Specialist CAMHS Investment	£1,421, 545	£43,000
CQUIN	£35,539	
Specialist Trauma Pathway Therapeutic including CSE	£122,000	£78,000
Eating Disability Service	£90,000	
CAMHS Transformation Fund	£356,000	
Total Spend – North Lincs. CCG	£2,025,084	
Total Spend – including North Lincs LA contribution	**£2,146,084**	

The above chart illustrates the committed expenditure for 2017/18, for Specialist Mental Health Service, and for the duration of the plan (please note that this spend illustrative of the financial commitment of Specialist Mental Health support for Children and not exhaustive of all local spend on Children's Emotional Health and Wellbeing services, with the Local Authority and Schools commissioning and providing a vast arrange of supportive services including Education Psychology, Counselling Services, Behaviour Support Services etc (as identified in Table 3.2.17 on page 31). Also, this figure does not include the spend of Mental Health Support for North Linoclnshire Children and Young People who are residing, or being educated, outside of North Lincolnshire.

In 2016/17, a small amount of the CAMHS Transformation fund was unable to be responsibly utilised to meet the objectives within the plan, mainly due to some recruitment difficulties. As a result, this money has been made available in 2017/18, to address the identified priority areas. The below chart further explains the Transformation fund allocation for 2016/17. The financial investment plan demonstrates that in 2017/18 the specific developmental funds will be made available for delivery over 2017 and 2018. The financial investment table for 2018/19 and therefore in 2019/2020 moves towards a long-term commitment of finances and thereby embeds long-term sustainability of the plan.

Table 6:North Lincolnshire Allocation of Transformation Monies	2016/17		2017/18		2018/19 onwards
	National Allocation	Local Actual Spend	National Allocation	Local Forecast	Allocation
Eating Disability Service	£90 000	£90 000	£90 000	£90 000	£90 000
CAMHS Transformation Fund	£356 000	£310 000	£356 000		£356 00
Total Transformation Fund Investment	£446 000				

2017/ 18 CAMHS Transformation Fund	
Objective	Allocation and Predicted Spend
Eating Disorder	£90 000
Intensive Home Treatment Service and consultation and Advice Professional	£191 000
LD CAMHS Support	£40 000
Short Term Posts with CAMHS spanning 2016 and 2017	£71 000
Life Central Website Maintenance	£4 500
Workforce Development Scheme	£88 300
Infant Mental Health Strategy	£28 000
Thrive Model – Additional Long term posts within CAMHS	£24 400
Media Support	£800
2017/18 Investment Total	**£495 000**

2018/18 Investment onwards		
Eating Disorder	£90 000	
LD Mental Health and ASD Support	£110 000	
CAMHS Additional Staffing	£271 000	
Bereavement Support / Counselling	£18 800	Total Investment £446 0000

3.2 Local Service Provision: Mental Health

3.2.1 Specialist CAMHS

Specialist CAMHS is currently commissioned by North Lincolnshire CCG and provided by Rotherham and Doncaster Mental Health Hospitals Foundation Trust (RDASH). A detailed service specification underpins the contract setting out the requirements for the service. As such, the service is commissioned to deliver a wide range of mental health provision, including but not limited to;

- Support, Consultation and Liaison with Universal and Targeted Services
- Non-emergency assessment and therapeutic interventions (including a comprehensive range of evidence-driven mental health assessment and intervention pathways
- Targeted Support to those at an increased risk of developing mental health problems (including a bespoke service for Looked After Children and Youth Offenders)
- Emergency Assessment, Crisis Intervention and Intensive Home Support.

Tables 5 and 6 identifies the CCG's and LA's financial commitment to CAMHS and the associated Whole Time Equivalent (WTE) and skill set available within the service (Table 7). Since the advent of the Transformation Plan, there has been an increase in workforce numbers and spends. In the last refresh, in October 2017, 29.69 WTE were reported as being employed in Specialist CAMHS. Since the last plan refresh, there has been an increase of 2.91 WTE in specialist CAMHS. In addition to this, the additional investment in Learning Disability Psychology will further increase capacity by a minimum of 4 WTE. This investment is set to continue, with two additional posts being awarded to CAMHS to support the consultation and advice model of practice and the forthcoming procurement of the Learning Disability Service (see section **) bringing allocating additional finances to support the appointment of more practitioners.

Table 7: Key Workforce Data, Specialist CAMHS accurate as of 14th September 2017

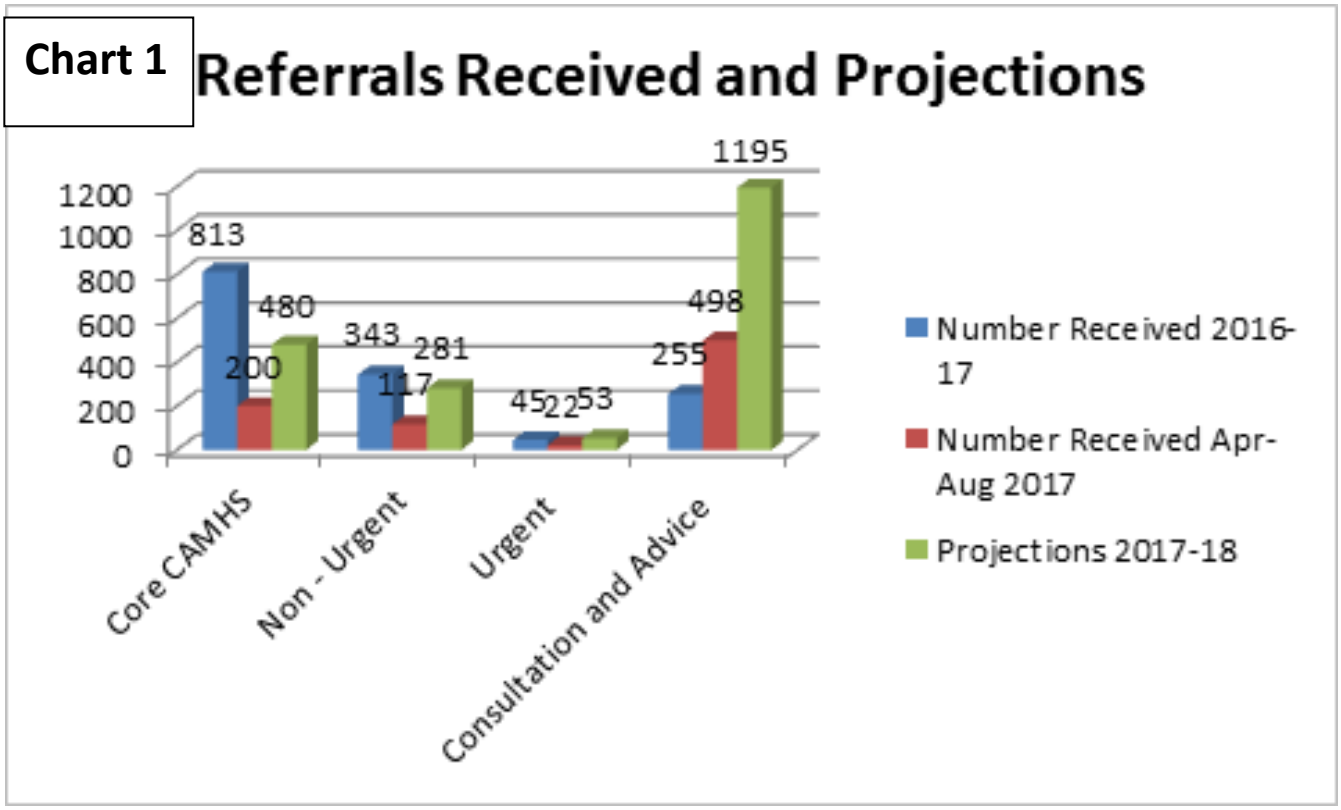
Role	WTE
Assistant Psychologist	2
CAMHS Practitioner (Agency)	3
CAMHS Clinical Support Worker	1
CAMHS Practitioner	8.4
Cluster Lead	1
Clinical Psychologist	1.6
Consultant Psychiatrist	1.3
Family Therapist	2
Nurse	1.3
Psychologist	6
Psychological Therapist	1
Self- Harm and IHT Lead	1
Total	**29.6 WTE**

3.2.2 Specialist CAMHS Activity

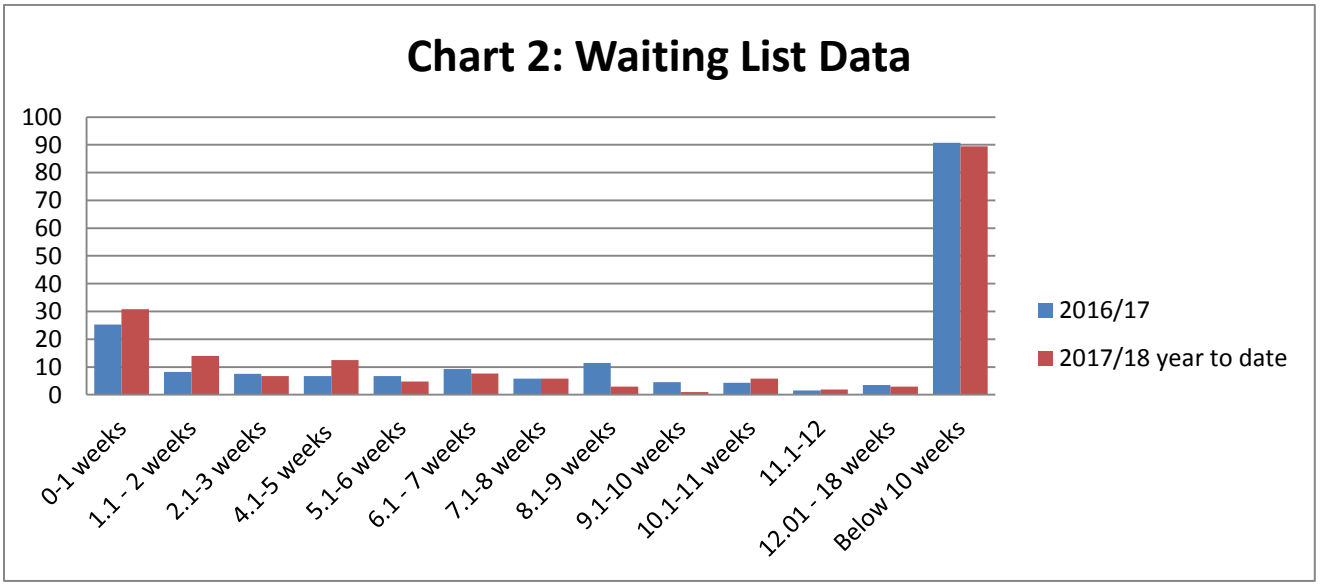
As part of routine contract monitoring arrangements, trends in referral data are monitored. Based on the data below we can see that there has been a 30% increase in referrals into the service which also evidences the embedding of our consultation and advice model. The graph illustrates that there has been a marked decrease in the number of core CAMHS referrals due to a large number of referrals being subject to the Consultation and Advice pathway, prior to being allocated on a 'Core CAMHS' pathway. This data thereby

suggests that children and young people are not placed on a treatment pathway unless this is clinically appropriate and in the best interests of the child or young person.

Chart 1



A local performance indicator for Specialist CAMHS is that children and young people will not have to wait more than 10 weeks for a service. The below chart illustrates that since 2016, over 90% of children and young people are seen within 10 weeks, with over a quarter of children and young people starting treatment within one week. This data is being closely monitored as an initial identified risk of implementing the Consultation and Advise Model of practice was the risk associated with increased waiting times, due to the timely nature of partnership working. However, the below data suggests that this risk has been mitigated by the model currently in practice and the additional investment. It is however important to note that this waiting list data refers only to children and young people allocated to core CAMHS and not to the Consultation and Advice element of the Specialist CAMHS pathway.



Local IT systems are being developed to be able to report on waiting times for the Consultation and Advice Model however, data collected manually and through reflective practice and the investment and partnership working strategic management of the model, is indicating that an additional waiting list is not being developed by the revised model.

3.2.3 Children and Young People, Improving Access to Psychological Therapies (IAPT)

The North Lincolnshire CAMHS has been engaged with Improving Access to Psychological Therapies (Children and Young People IAPT) for numerous years, in which the partnership for North Lincolnshire includes Doncaster CAMHS. North Lincolnshire is part of the North East Collaborative and is a wave 2 site; joining one year after the initial pilot began.

As a result of engaging with the cIAPT agenda, locally we have the following skills available to support children and young people;

- Systemic Family Therapy for Eating Disorders
- Interpersonal Psychotherapy for Adolescents for Moderate to Severe Depression
- Cognitive Behavioural Therapy for Anxiety Disorders
- Enhanced Evidence Based Practice (EEBP)

In In 2017/18 and 2018/19 the local CAMHS service will have and will continue to further engage with the agenda and support further CAMHS practitioners to undertake;

- CYP IAPT Systemic Family Practice for Depression and Self-Harm, and conduct problems (over 10s)
- CYP IAPT Enhanced Evidence Based Practice (EEBP)
- CYP IAPT Cognitive Behavioural Therapy for Anxiety Disorders.
- CYP IAPT principles into supervisory practice.
- CYP IAPT Service transformational leadership

Complementary to this, other therapeutic skills within the local CAMHS team includes;

- Dyadic Developmental Psychotherapy (DDP)
- Autism Diagnostic Observation (ADOS)
- Diagnostic Interview for Social and Communication Disorders (DISCO)
- Mode Deactivation Therapy (MBT)
- Solution Focus
- Systemic Family Work

In 2016/17 additional monies were awarded from NHS England which enabled two practitioners time to be 'backfilled' to enable the training to take place without compromising on service delivery.

3.2 4 Eating Disorders

As part of the first year of delivery for the Transformation Plan North Lincolnshire worked with Rotherham and Doncaster CCGs to commission a hub and spoke eating disorders mode (see page 55, for more details). This service is now fully operational, officially launching in January 2017, in which all NICE standards have been fully adhered to. As part of this commission, RDaSH subcontract South Yorkshire Eating Disorders Association (SYEDA) to deliver education and low level group interventions. Over recent months much work has been done with schools, liaising with Head teachers to book in these awareness sessions – please note that further information of this commissioning arrangement and performance is further described on page 53-56.

3.2.5 Provision for Looked After Children (LAC)

North Lincolnshire CAMHS has a well-established model of joint partnership working with the LA, based initially on a Tiered Foster Care' (TFC) Model. The model is embedded by a shared decision making whereby CAMHS and LA staff work together to identify children and young people's levels of need and plan the appropriate interventions. The model, and the complementary use of SDQ, identifies children who require a higher need of intervention and, if required, long term input on a "Team around the Child" basis. Looked After Children with lower needs can be supported through CAMHS via a consultative process. A Mental Health diagnosis is not required for the CAMHS service as the model is based around psychosocial thinking, including the development of attachment relationships and resilience.

The local model enables one-third of Looked After Children to be supported with CAMHS input, at any one time. As a result, this model has enabled approximately 65% of Children In Care (CIC) to have received support from CAMHS – this is in keeping with the anticipated percentage of CIC with mental health concerns, compared to the population as a whole.

The CAMHS Psychologists work closely with Social Workers, Fostering Social Workers and Foster Carers to ensure the child is at the centre of the service and much of the work aims to develop resilience and attachment relationships rather than a focus on one to one interventions or mental health diagnosis that are not at the heart of the young person's needs. Additionally, if a young person's needs escalate and an out-of-area placement is required, the team will work in partnership with social care to identify and plan the best placement for the young person. When feasible, the service will continue to support the review of commissioning arrangements for the young person, and assist within future planning.

3.2.6 Youth Offending Service (YOS)

To meet the needs of Youth Offenders a part –time CAMHS worker is seconded within the local YOS. Funding from the first year of the transformation plan was awarded to the YOS to train all YOS staff in mental health, within the Young Minds Framework. Liaison and diversion services for YOS have been embedded into the YOS for numerous years, and a Speech and Language Therapist and a family support worker is commissioned to work in partnership with the team.

3.2.6 Out- of- Hours

In 2012, a joint commissioning arrangement was established with both Doncaster and Rotherham CCGs, in which the service was based on a model of existing practitioners adopting an on-call rota. The service is discussed further in Section 10.3 on page 58, however activity data identifies both a relatively low use (on average one child or young person a week), however, not all these result in a face-to-face intervention.

3.2.7 Specialist CAMHS and Transition CQUIN

On page 19 it was identified that £35,539 of Specialist CAMHS financial commitment is allocated towards a Commissioning for Quality and Innovation (**CQUIN**) national goals, a system was introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care. The local CAMHS CQUIN aims to incentivise improvements to the experience and outcomes for Children and Young People as they transition out of Children and Young People's Mental Health Services (CYPMHS). The CQUIN has been constructed to encourage greater collaboration between providers spanning the care pathway in which performance is measured through:

- A caseload audit in order to assess the extent of Joint-Agency Transition Planning; and
- A survey of young people's transition experiences ahead of the point of transition; and
- A survey of young people's transition experiences after the point of transition.

The CQUIN objectives are being appropriately monitored and to-date has received a 100% success rate., illustrating positive transition experiences of young people.

3.2.8 Trauma Based Pathway

To meet the therapeutic needs of children who have experienced trauma a Trauma Based Pathway is jointly commissioned by North Lincolnshire CCG and the Local Authority. This service operates a single point of access with CAMHS and works in partnership. In 2017 the service went out to full procurement, in which the charity Barnardo's was awarded the contract.

The Service consists of a multi-disciplinary team offering a wide range of therapeutic interventions, these include person centered counseling, cognitive behavioural therapy, therapeutic play, play therapy, eye movement, desensitization and reprocessing (EMDR), stress management, psycho-education, creative therapies and dyadic therapy. The service provides evidence based interventions as recommended by NICE guidelines. Therapy is delivered based on completion of a thorough assessment in collaboration with the family which identifies appropriate intervention. The average length of intervention upon completion of therapy in 2016/17 was 15 sessions with an aspiration of no more than a 20 session average. This clearly demonstrates that no child is receiving therapy for longer than needed thus ensuring that dependency on the service is not created.

In 2016/17 a total 53 referrals were accepted onto the trauma pathway, 38 cases were allocated, reporting an average waiting time of 7 weeks with 92% receiving an intervention within the agreed target of 12 weeks. Within the year, 45 cases received a planned closure and 47 cases are on-going. The therapeutic team consists of a Children's Service Manager, Consultant Clinical Psychologist, a Lead Therapeutic Practitioner, 3 Therapeutic Practitioners and 3 Sessional Therapeutic Practitioners and Business Support Officers.

3.2.9 Children with Learning Disabilities and Mental Health Needs

Children with Learning Disabilities and Mental Health Needs are served locally, by the CCG commissioning a local private sector company, which specialises in Learning Disability and Psychology. Referrals go to the single point of access for CAMHS and the service is commissioned on a case-by-case basis. The service provides Psychology interventions within the community and works extremely closely with schools. This commissioning arrangement has been operational since 2014 and has found a significant increase in the numbers of children and young people accessing the service since the introduction of increased awareness of staff through the commissioned project (see 8.21 on page 47).

In line with NHS Guidance the CCG facilitates Care Education Treatment Reviews (CeTRs) for children and young people. In 2016 and 2017 four CeTRs have been facilitated, with only one resulting in a Tier IV admission. This along with the review of Education Health Care Plans, and the individual commissioning of Psychology services for Children with Learning Disabilities, has enabled a thorough needs analysis of this population group to be established.

3.2.10 Schools Commissioning of CAMHS

In North Lincolnshire schools are also a key commissioner, and provider, to support the emotional health and wellbeing of their students. Locally, schools commission and provide a variety of services including counseling and training , such as mental health first aid; mindfulness, thrive etc. Locally, one school (See Box 26, for further details) has recognised the importance of children's emotional health and wellbeing and commissioned a part-time CAMHS practitioner to work within the school.

Box 8 Example of a Secondary School Directly Commissioning CAMHS Services

The local model has been developed with the aim of providing those children within the school who do not require specialist input but who may have mild mental health concerns, early and easy access to CAMHS services. Within the model, CAMHS staffs hold consultation sessions with school staff members and this consultation model enables children who require specialist provision to be identified early, thus ensuring timely access to appropriate services. The CAMHS input to the school has included a staff member who completed the Children and Young People Improving access to Psychological Therapies (Children and Young People IAPT) training.
To complement the model CAMHS also delivers the Webster Stratton based parenting programme to identified families within the feeder (primary) schools with the aim of improving the presenting behavior and relationships of the young people who have some problem presentations *before* they move to secondary school. This service provision is now in year 3 and an analysis of the impact of the programme is planned going forward in the form of a robust service evaluation.

The secondary head teacher holds a positive (anecdotal) view that by supporting such early intervention, children transitioning to his secondary provision will present with fewer behavioural and emotional problems and therefore have a greater chance of succeeding within the secondary school environment.

3.2.11 Child Sexual Assault Referral Centers (SARC)

NHS England commissions provision for the acute child sexual abuse examinations. The national model that has been developed is a 'Hub and Spoke' service. NHS England in the Yorkshire and the Humber region has commissioned four Hubs, one in each Police Force Area. Children and young people from North Lincolnshire receive a service from Humberside police and from Hull and East Yorkshire Hospital NHS Trust who provide emergency medical care. Under the 'Hub' and 'Spoke model that is used throughout the Yorkshire & Humber Region, children and young people residing within the North Lincolnshire CCG area that are seen initially in the 'Hub' at East Yorkshire Hospital NHS Trust then receive follow up treatment from local Peadiatric services at Northern Lincolnshire and Goole NHS Founation Trust (NLaG). NLaG NHS Trust representing the 'spoke' arm of the service.

3.2.12 Tier IV / Hospital Inpatient provision

NHS England commissions Tier IV / Hospital Inpatient provision for the population of North Lincolnshire. The below table illustrates how many North Lincolnshire young people were admitted to Tier IV in 2016/17 and the number of bed days occupied. In additional to this, we know that in 2016/17, the costs of Tier IV for our population was £429,959 which represents a 40% decrease in spend on Tier IV placements between 2015/16 and 2016/17. The average distance from home of these inpatient facilities for those admitted was 88.96 miles.

Tier IV Admissions 2014/15 & Spend								
CCG	**Adolescent**	**Child**	**ED**	**LD**	**Low Secure**	**Medium Secure**	**PICU**	**Grand Total**
2014/15	7	1	0	0	0	0	0	8
2015/16	9	0	1	0	0	0	2	12
Service Category 2014/15								
CCG	**Adolescent**	**Child**	**ED**	**LD**	**Low Secure**	**Medium Secure**	**PICU**	**Grand Total**
2014/15	8	2	1	0	0	1	0	12
2015/16	13	0	1	0	0	0	2	10
Occupied bed days 2014/15								
CCG	**Adolescent**	**Child**	**ED**	**LD**	**Low Secure**	**Medium Secure**	**PICU**	**Grand Total**
2014/15	591	301	34	0	0	365	0	1291
2015/16	1198	0	140	0	0	0	89	1427
NHS England Total Spend								
2014/15								Unavailable
2015/16								£790 102, 00

CCG 2016/17	Service Category	Bed Days Occupied	Spend
North Lincolnshire	*CAMHS Acute*	*513*	*£429,959*

NHS England has commenced a national Mental Health Service Review and now has an established national Mental Health Programme Board to lead on this process. The Mental Health Service Review will be locally directed and driven so that the services meet the needs of local populations. Yorkshire and Humber commenced procurement of general adolescent and psychiatric intensive care inpatient services ahead of the national timescales. The way that the procurement is organised will mean that the Yorkshire and Humber area will be divided into three geographical Lots; the first Lot to be procured will be services for Hull, East Riding of Yorkshire, North and North East Lincolnshire. The remaining two Lots are Lot 2; West Yorkshire, North Yorkshire and York, and Lot 3; South Yorkshire. Timescales for these areas are yet to be announced.

A detailed piece of work has been carried out to assess the numbers of beds required and in which geographical locations. Lot 1 bed requirements are 11 in total which incorporates General Adolescent beds with psychiatric intensive care beds. This service will provide for the populations of Hull Clinical Commissioning Group, East Riding of Yorkshire Clinical Commissioning Group, North Lincolnshire Clinical Commissioning Group and North East Lincolnshire Clinical Commissioning Group.

In July 2017 it was confirmed that a new 11 bedded inpatient unit for 13 – 18 year olds will be developed in Hull. This provision will include;

- Nine general CAMHS and two Psychiatric Intensive Care (PICU) en-suite bedrooms
- A lounge, dining area, kitchen, laundry, treatment and dispensing room, staff office and quiet room
- Multi-purpose, activity, gaming and sensory rooms
- An extra-care area, school, tribunal and meeting room, gym, multi-faith room, family visit room, interview room, reception area, facility management rooms, central kitchen and support office spaces
- Courtyards providing access to safe outdoor space;
- A new entrance shared with the Children' Centre.

This important new provision will mean that children and younger people from North Lincolnshire who may require inpatient treatment will be able to access this much closer to home. This is represented as 23 miles with a travel time of approximately 40 minutes, and is generally more accessible than other units for parents/carers including those who do not have access to transport.

NHS England is leading a new programme, announced in the Planning Guidance 16/17, that aims to put local clinicians and managers in charge of both managing tertiary budgets and providing high quality secondary care services. Tees, Esk and Wear Valley Foundation Trust was selected as one of the providers selected as the first-wave sites, working towards a go-live date in October 2017 to cover the North East and North Yorkshire. This will provide the incentive and responsibility to put in place new approaches which will strengthen care pathways to:

- Improve access to community support
- Prevent avoidable admissions
- Reduce the length of in-patient stays and,
- Eliminate clinically inappropriate out of area placements.

It is clear from the CAMHS benchmarking that has taken place that there is significant variation in usage of Tier 4 beds as well as the length of stay in these units. The data shows that there is a link between this utilisation and lack of Intensive Community CAMHS services available in a CCG area; it is envisaged that the development of the Local Transformation Plan is a significant opportunity to develop Intensive Home Treatment and Crisis Services to reduce the need for admission. In order to improve the quality and outcomes for children and young people we will work closely with NHS England to link plans with Sustainable Transformation Plan (STP) footprints. This will enable better understanding of the variation that currently exists across Yorkshire and the Humber to help identify opportunities to challenge this in order to ensure equity of access, outcomes and experience for all patients. The aim is to develop greater understanding of patient flows and the functional relationship between services to work with commissioners and providers to support new and innovative ways of commissioning and providing services, to improve quality and cost effectiveness. This work will continue to be carried out collaboratively through the Children and Maternity Strategic Clinical Network which includes all relevant stakeholders.

3.2.13 Neuro-development Assessments - Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD)

The ASD and ADHD diagnosis pathways are both managed by CAMHS, with on-going treatment and review delivered in partnership with Paediatrics and Education.

Figures suggest that in **2016** there were 92 neurodevelopmental assessments completed by North Lincolnshire CAMHS. Of these, 55 Children were assessed for ASD, with 43 or 78% being diagnosed. In addition to these, in 2016, 37 children were assessed for ADHD assessments in which 25 (68%) were diagnosed with ADHDIn **2017** figures to date (September) indicate a slight but predicted increase in assessments with a total of 71 children and young people having a completed assessment to date. Of these, 60 children and young people have been assessed with 52, or 87%, being diagnosed.

These figures identify those children and young people have been 'opted in' for a full neurodevelopmental assessment and do not take into account all the work and cases that are undertaken in the consultation and advice element of the pathway before a case is opted into the service for an ASD and/or ADHD assessment. This relatively high diagnosis rate suggests that the consultation and advise model for the pathway is being effective and only subjecting children, young people and their families to a full assessment, when necessary.

3.2.14 Early Intervention Psychosis Service

Early Intervention in Psychosis (EIP) is a local mental health service that works with young people aged over 14, who are experiencing a first episode of psychosis and locally is provided by the same organisation which delivers CAMHS. The service is made up of a range of staff disciplines including community psychiatric nurses, occupational therapists, support workers and psychiatrists who work together with the person to achieve their recovery. CAMHS and EIP work in partnership to support the needs of young people. Locally, the use of the service is relatively low for under 18's with a handful of young people requiring input each year.

3.215 Parenting

There is a growing body of evidence that theoretically sound parenting programmes, which are underpinned by strong research evidence, can provide positive gains for parents and children. Reviews have found that parent-training programmes can be successful in improving maternal psychosocial health and in improving emotional and behavioural adjustment of young children under three (Marmot Review:Fair society Healthy lives 2010). As such, there is strong evidence that investment in promoting the mental health and wellbeing of parents and children, notably in the pre-school years, can avoid health and social problems later in life. Given the significance of parenting and family influences on child health outcomes, health visitors, school nurses and the early years workforce, are well placed to play a key role in promoting emotional wellbeing and positive mental health of children, young people and their families and have a specific contribution to make in identifying issues, using proactive screening.

North Lincolnshire has recently invested in a revised model for school nurses and health visitors in the form of the 0-19's Integrated Wellbeing Service. This service commenced in August 2017 and aims to work holistically around health and wellbeing to ensure improved health and wellbeing outcomes for the children and families they work with. Furthermore, supporting families in North Lincolnshire, there is also a wide range of parenting programmes being delivered across North Lincolnshire, aiming to work with local people to enhance parenting capacity.

3.2.15 Perinatal Mental Health

Perinatal mental illnesses and existing mental health problems, if untreated, can have a devastating impact on the mother and their families (estimate 210 women for NL). We are looking locally at how best to prevent perinatal mental illness and also how to improve early identification and treatment as we know the detrimental impact of poor maternal mental health on long term outcomes for children and young people. Northern Lincolnshire Maternity Strategy and the Starting Well work stream, both have a focus on perinatal mental illness as we know that when mothers suffer from these illnesses it increases the likelihood that children and young people will experience behavioural, social or learning difficulties and they may fail to fulfill their potential. Locally Perinatal Mental Health is a prioritised within iAPT provision, however we know locally that the pathway is not comprehensive. As such, we intend to submit a bid for Wave 2 funding in partnership with North East Lincolnshire CCG to develop a perinatal mental health service, which represents one of our priorities for 2017/18.

2.2.16 Healthy lifestyles

There is strong evidence to demonstrate the impact on healthy lifestyle adoption and good future health and wellbeing, especially in early childhood, in particular, impacts on health and disadvantage throughout life. In order to support emotional wellbeing, focusing on public health interventions such as physical activity, healthy eating, healthy weight, smoking cessation

programmes and alcohol reduction have been shown to improve health and wellbeing throughout life. (Marmot Review FSHL 2010).

In order to encourage and support CYP and their families to become healthier and reduce significantly their potential for future onset of a range of long term conditions; **North Lincolnshire has a range of health promoting** programmes in place**, such as:**

- **the C&YP Get Going' weight management programme, as part of the wider schools sport partnership agenda,**
- **an adult healthy lifestyle service,**
- **An comprehensive MECC (Making Every Contact Count) agenda that has trained range of people working front line and wider communities trained to be able to give brief advice and health and wellbeing**
- **The North Lincolnshire Wellbeing at Work; healthy workplace award scheme**
- **A wide range of leisure centers, parks, open spaces and play areas to encourage people to adopt healthy lifestyles.**

There are plans to further enhance this agenda to promote more people to adopt healthier lifestyles.

3.2.17 Harmful Sexual Behaviour

In North Lincolnshire a pathway has been developed to ensure consistency in the management of children and young people where it is believed they have may engaged in sexually harmful behaviour (SHB). The pathway was developed as a result of the need for a coordinated multi agency response and a requirement of the need for interagency /multidisciplinary working. The pathway ensures that;

- A co-ordinated multi-agency approach including youth justice (where appropriate), children's social care, education (including educational psychology) and health (including child and adolescent mental health) agencies and police;
- The needs of children and young people who abuse others should be considered separately from the needs of their victims; and
- A multi-agency assessment should be carried out in each case, appreciating that these children may have considerable unmet developmental needs, as well as specific needs arising from their behaviour.

3.2.17 LA Commissioned and Provided Services

In addition to the above a plethora of services either commissioned or provided by North Lincolnshire Local Authority, provide emotional health and wellbeing. These include key services (please note the list is not exhaustive);

- 0-19 Health and Wellbeing Service
- Emotional Health and Wellbeing Teacher
- Educational Psychologists
- Families are Safe, Supported and Transformed (FaSST)
- Youth Information and
- Counseling Unit (YICU)
- Complex Behaviour Team

Part 2 – The Priorities

4. Priorities

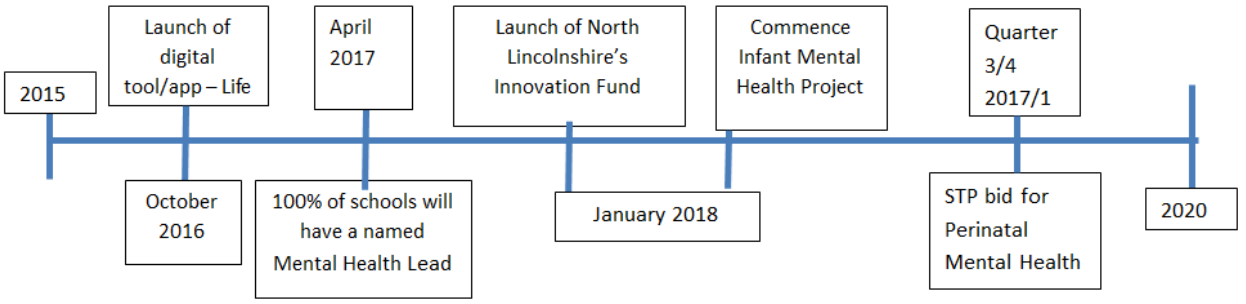
The six priorities outlined in the Transformation Plan were developed as a result of quantitative and qualitative analysis of local needs, gaps in current service provision, the learning within the Future-In-Mind, listening to children and young people and to the national evidence base.

Since the inaugural publication of the Transformation Plan and last year's refresh, much work has been undertaken to address the identified priority areas. Local partnership working has been able to further steer and define our objectives and the associated activity. The following section aims to describe North Lincolnshire's priority areas and the associated achievements and challenges.

North Lincolnshire Priorities
Primary Prevention / Children and Young People Enjoy Good Health and Emotional Wellbeing Promoting Resilience, Increasing Public Awareness, Demystifying Stereotype
Improving Access & Supporting Universal Services Implement a consultation model that moves away from referrals and towards joint working, advice, guidance and support and creates a provision specifically to support universal services.
Workforce Development To ensure that we have the workforce across universal, targeted and specialist to support children and young people
Development of an Intensive Home Treatment Provision Implement a new home treatment service that acts an alternative to inpatient services and has a key role in pre-crisis and enables step down from acute / inpatient services
Eating Disorders Create a new community eating disorders service to reflect local needs and meet national standards
Caring for the Most Vulnerable Develop bespoke inter-agency models which reaches out to the most vulnerable children and young people's groups

**Please note that the priorities have not been numbered, at the request of children and young people, as feedback indicated that it was felt that numbering the priority ranked them in terms of importance.*

5 Priority: Primary Prevention / Children and Young People Good Health and Emotional Wellbeing



5.1 Aim: Children and Young People's Emotional Health and Wellbeing will be the responsibility of everyone. Ill-health will be prevented by investing in universal services, supporting families and those who care for children, building resilience through to adulthood and developing and implementing strategies to support self-care. This priority aligns to North Lincolnshire Children's Strategy 2020: Children and Young People Challenge and is a viewed as a supportive mechanism for delivery across the Children's Trust. Box 2 below identifies our anticipated outcome from this priority.

Box2: Anticipated Outcomes Primary Prevention/ Children and Young People Enjoy Good Health and Emotional Wellbeing

- Raised public awareness of the importance of emotional health in children and young people
- More young people report positive emotional wellbeing and develop the necessary skills to enable them to engage positively in society
- More young people report having a trusted family member or adult to talk to
- More young people have a positive self-identity
- Children, young people, parents/carers and professionals will have easy access to reliable, local information and there will be an Increased footfall to emotional wellbeing website and app
- More settings and professional groups have champions for emotional well-being
- Lower rates of SDQ scores for Children in Care
- More families are accessing universal early help services available in their communities.
- Long term reduction in the requirement for Specialist CAMHS interventions
- Perinatal Mental Health will be effectively promoted and supported including infant mental health
- More evidence of young people-led messages and peer – to –peer support activity and impact

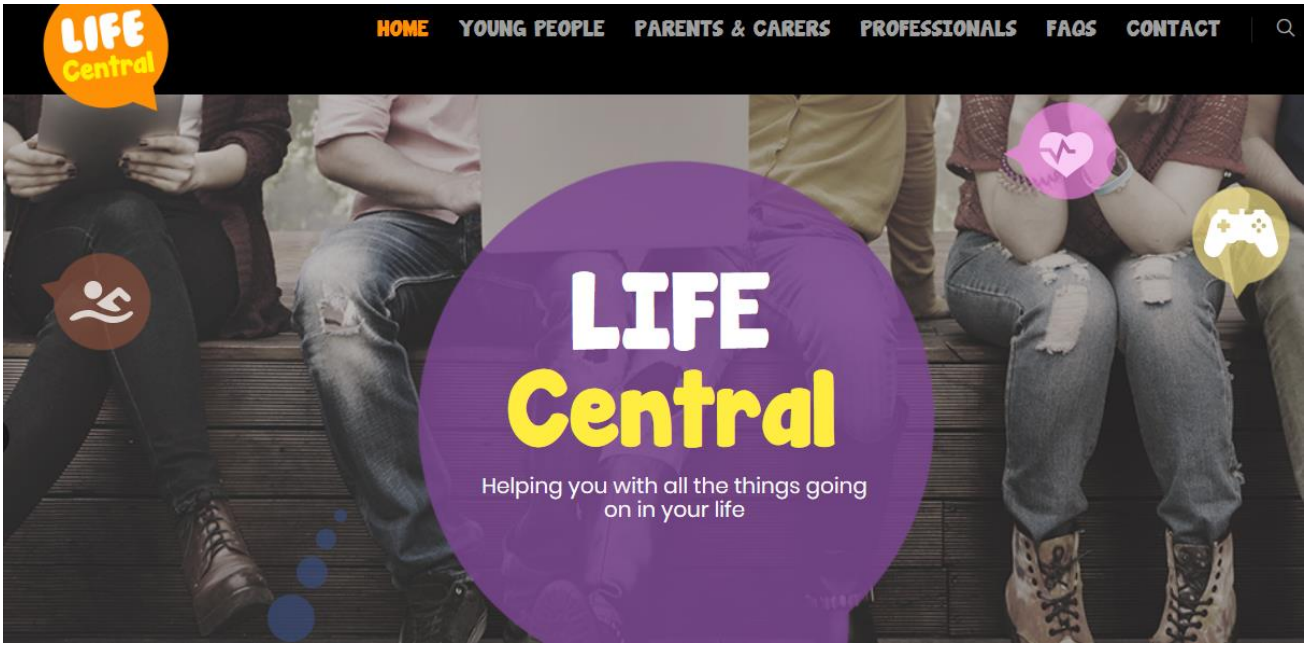
5.2 Why Is This a Priority?

Future in Mind emphasised how mental health is everyone's business including the importance of early intervention and building resilience. This was echoed within the outcome of the Square Table Consultation Event and the Adolescent Lifestyle Survey. It is our vision that to reduce the likelihood of developing a mental health problem we must support positive mental health, and intervene early, throughout a child's life-course. In addition to this, we have listened to children and young people, who have told us that they want access to trusted information and we have heard the voices of education, which have identified that this is also the case for them, when seeking to support children and young people with their emotional health and wellbeing.

In North Lincolnshire, within the field of primary prevention it is essential to recognise the many strengths we have in the work of the Youth Council and the excellent work, approaches and attitudes, local schools have taken in respect to the investment of children's emotional health and wellbeing. This plan, aims not to replicate this, but to build and further support much of the excellent practice locally, and adopt a leadership framework to support and further guide, this work. Acknowledging that this is a five year plan, it is essential that this Transformation Plan is flexible enough to meet the emerging and changing demands of our children and young people, North Lincolnshire.

5.3 What We Have Achieved To Date

In North Lincolnshire the partnership response and dedication to primary prevention is outstanding. However, a key achievement of this priority area was to ensure children and young people had trusted advice and guidance with regards to Emotional Health and Wellbeing. To support this, a website and app were commissioned, which have now been in operation for one year. Local children and young people co-designed the website and app, and currently there are approximately 100 hits a day on the Life Central website and the app is frequently downloaded (www.life-central.org)



5.4 What will we do next?

We will continue to identify the key stages and risk factors of children and young people, and both promote positive, resilient behaviour and also have systems and process in place to intervene early.

5.4.1 Perinatal Mental Health

Even though much good work is happening in North Lincolnshire, we acknowledge that we do not have access to a comprehensive perinatal mental health pathway whereby parents can have access to Specialist service provision. However, our local IAPT service does accept and prioritise perinatal mental health referrals.

Whilst we were not successful in the first wave of funding, we aspire to make sure that this is achieved by 2018, and are working with North East Lincolnshire, Hull and East Riding CCGs to ensure access to a

sustainable, specialist service for our local population. In autumn 2017 we will be submitting a bid with the aforementioned CCGs to secure financial support from NHS England in order to enable us to deliver this vital service which forms a priority of and will be aligned with our STP footprint.

5.4.2 Raise the Profile of Emotional Health of Children and Young People in North Lincolnshire and further develop the use of Life Central Website

We continue to raise the profile of emotional wellbeing and reduce the stigma so often associated with mental health. We have built on the work completed in year 1 of the plan and our Positive Steps group continues to remain vibrant and dynamic, whilst evolving to ensure we are listening to, understanding and meaningfully reflecting the views of children and younger people.

We remain committed to utilising technology to engage children and young people to build resilience and reduce stigma surrounding mental health. Our commissioned app and website www.life-central.org continues to develop and was recently highlighted as a particular area of good practice in the most recent Ofsted Inspection which took place in June 2017 and was awarded a rating of outstanding. A full copy of the report can be found here

Our positive steps group is continuing to shape the content of the website and have highlighted the following areas for inclusion over the next year; healthy relationships, staying safe online, starting relationships online and LGBTQ+. The website will provide targeted information and support for parents, carers, and professionals related to these subject areas.

5.4.3 Continued Work with Schools

Schools in North Lincolnshire have a proud history of engaging in the Emotional Health and Wellbeing agenda. This was evidenced in the aforementioned Ofsted inspection report.

We will continue work with schools to evaluate and provide meaningful guidance around their universal and targeted role within Emotional Health and Wellbeing and will develop best practice guidelines, in terms of schools based commissioning and provision.

To further support schools and partner agencies in the development of their prevention and early intervention role, in 2017/18 as part of the Transformation Plan, we will be launching a North Lincolnshire Innovation scheme with aim to both address primary prevention, encourage early intervention approaches, and to act as a mechanism to develop the workforce.

5.4.4 Infant Mental Health

All children need reliable care from a very small number of people who can give them a sense of security and enable them to feel confident about exploring the world around them. Babies are born with the innate need and capacity to become attached to a parent or caregiver and their early experiences have a decisive and long lasting impact on how they develop, their ability to learn and their capacity to regulate their emotions. Recent research on brain development shows that the structure of the baby's brain is formed by experiences in the first two or three years of life, supporting the psychoanalytic view that early experiences shape later psychological functioning.

Most parents and babies attune happily with each other in routines of feeding, cuddling and sleeping. Where this happens, mother and baby feel pleasure and comfort with each other. But the arrival of a new baby can put strain on families. Though parents generally want to do the best for their children, some may be prevented by many different factors and require additional supportive services.

The importance of developing a local infant mental health strategy, and appropriate interagency pathways of support and specialist intervention, has been identified as a key objective within this plan. As such, in 2017/18 funding has been allocated to commission a North Lincolnshire Mental Health Strategy with the aim

of building resilience and providing the necessary pathways from early to specialist interventions. This one year project will work across the health, social care, private and volunteer economy, and include the exploration of current provision for children who have had exposure to trauma in their early years (Box 3) describes the proposed outcomes of the project).

Furthermore, to ensure joint strategic planning for conception (-9 months) to 2 years, a joint strategic group, across health and local authority is being developed to ensure that all commissioning arrangements are complementary across early years pathways, and key issues should as resilience and supporting teenage parents are addressed and owned by a multi-agency partnership.

Box 3:Proposed Aims of the Early Years Project

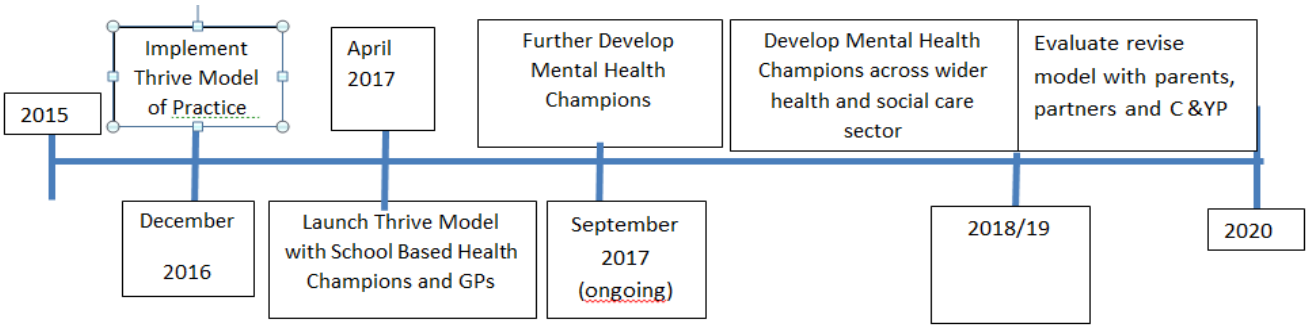
1. To create a strategic local infant mental health alliance involving representation from all services (health, early years, social care, educational psychology)
2. To agree upon a shared commitment to infant mental health from all service area to guide the work of the alliance
3. To develop shared infant mental health competencies which are consistent across all service areas
4. To develop specific infant mental health competencies for each specific service (including involving a working group of representatives from different services)
5. To develop and implement a universal training package to equip all staff with the identified competencies (to include students about to enter related professions)
6. To develop a specific training and support package for early years practitioners and child-minders working with babies focusing on infant mental health
7. Create an 'infant mental health champion' role
8. Explore how we can develop and offer a package of professional supervision to practitioners working with babies
9. Develop an agreed pathway of support at universal, targeted and indicated level for infant mental health.
10. Develop a pathway to address and support the consequences of trauma in early years.
11. To Align a local parenting strategy / approach to the Infant Mental Health Strategy

5.5 Summary of Progress to Date

The table below provides a summary of some of our key achievements to date, including any challenges and next steps.

Achievements	➢ All of our schools inclusive of primary, secondary and higher education have a named mental health champion ➢ Our positive steps group and Life Central website being highlighted as areas of good practice in the recent Ofsted inspection ➢ Life Central has increasing numbers of CYP accessing it and a very active editorial group involving young people working on key issues for young people e.g. sexual health/healthy relationships/consent ➢ Implemented Youth Mental Health First Aid, locally ➢ Commissioned a North Lincolnshire Mental Health Strategy Project ➢ Two schools have implemented resilience programs
Challenges	➢ At the time of writing, the uncertainty regarding our NHS England perinatal bid
Next Steps	➢ The roll out of the school mental health champion training networks ➢ The development of the school mental health champion role aligned to the new regional competencies ➢ Commencing the Infant Mental Health Project ➢ Improving Perinatal Mental Health Provision. ➢ Investigate further roll out of resilience building programs in schools.

6. Priority: Improving Access and Supporting Universal Services



6.1 Aim

North Lincolnshire aims to change how care is delivered, building this around the needs of children, young people and their families. We aim to move away from a system of care delivered in terms of what services and organisations provide, to ensure that children and young people have early access to the right support at the right time in the right place.

Box 4: Anticipated Outcomes: Improving Access and Supporting Universal Services

- Services will provide timely access for all children
- Children with experience more effective care planning and onward referral to other services, including transition to adults
- There will be increased involvement of children, young people, their parents or carers, and more choice with regards to specific services which will lead to an improved experience for all children and their families
- Increased resilience in very vulnerable children and young people
- A workforce trained in issues faced by children with multiple issues including LD, Autism and Mental Health
- Reduction in children and young people reaching a state of crisis
- Reduction in inappropriate referrals to CAMHS
- Health, Education and Social Care Staff will feel more supported to effectively support children and young people and will benefit from a more responsive escalation route.

6.2 Why is this a Priority?

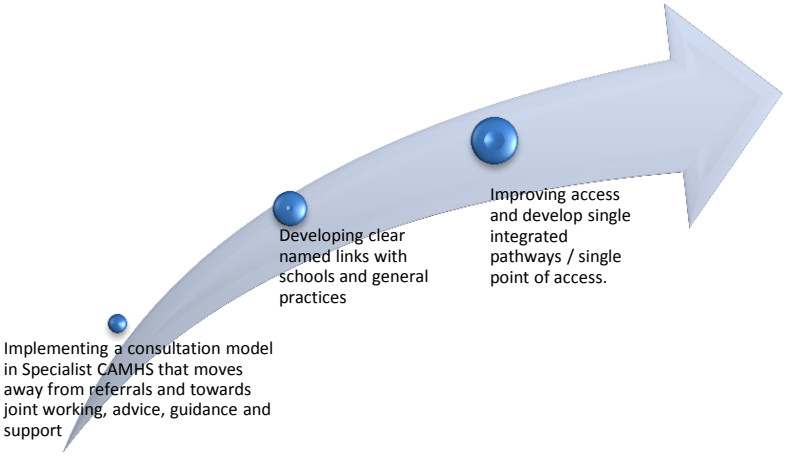
In the inaugural plan this priority was described as 'Liaison', in which its main objective was described as, "Developing clear named links with both schools and general practices, to improve liaison and consultation and early identification of children and young people's mental health needs". Even though this remains a key objective within this priority area, it was not thought to reflect the true transformation associated with this objective.

When the first plan was published, one of the key local challenges, which was voiced amongst many different professional groups, concerned the access to specialist CAMHS. This concern was illustrated within the performance report with approximately 40 – 50 % of all CAMHS referrals being 'signposted' to other

agencies. With General Practitioners (GPs) previously responsible for approximately 80 – 90 % of all referrals into CAMHS, this frustration was regularly rehearsed amongst its members. Furthermore, when more appropriate agencies were recommended, mainly by CAMHS, GPs reported further problems in accessing the suggested services**.**

This priority area embraces the true transformation agenda associated with Future in Minds and embeds the recommendations from The Thrive Model, described in Section 2.2. To achieve the desired model moving forward, three interrelating objectives need to be achieved. These include;

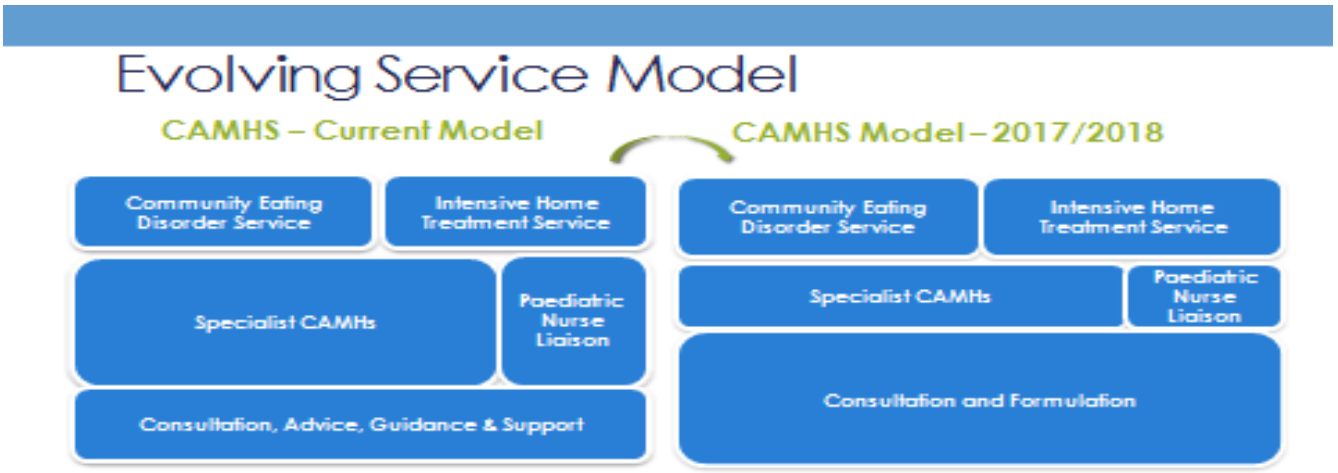
- Implementing a consultation model in Specialist CAMHS that moves away from referrals and towards joint working, advice, guidance and support
- Developing clear named links with schools and general practices
- Improving access and develop single integrated pathways / single point of access.



6.3 Implementing a consultation model in Specialist CAMHS that moves away from referrals and towards joint working, advice, guidance and support

As previously described the implementation of this Thrive Model of practice, has been used as a local vision of service delivery. The revised model, described locally as an 'Evolving Service Model' (see page 37) which shifts the way in which the local specialist CAMH service is delivered.

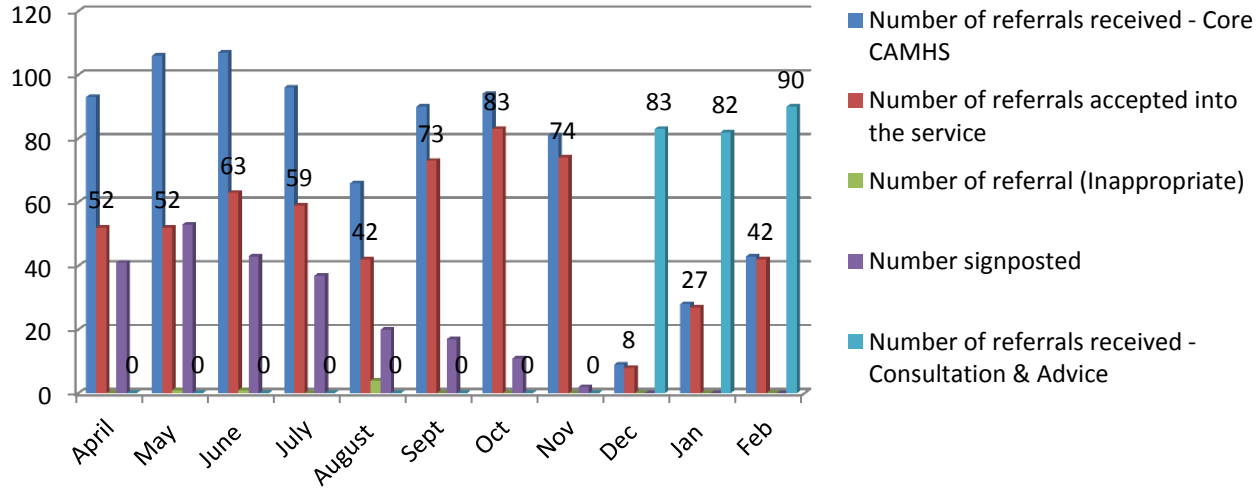
The evolving model above, puts greater emphasis and resource within the delivery of 'Consultation and Advice' and places great importance on the support CAMH staff will play within supporting partner agencies in the 'formulation' and planning of the support programmes that children and young people require to meet their needs. The model advocates minimizing written 'referrals' with interventions being viewed independently of the network around the child and recognises that some difficulties cannot be 'treated' by CAMH therapies at a particular point in a child's life and require a multi-disciplinary intervention / treatment plan, in the context to which the child or young person is living.



- **Consultation and Advice – Formulation and Planning**
- Move away from referral in and CAMHs therapies / interventions being viewed independently of the network around the child.
- Ultimately, the aim is to develop skills in the workforce within school and beyond and to develop resilience.
- Recognition that some difficulties cannot be treated by CAMHs therapies and managing the difficulties in context may be the only alternative.

As previously described, prior to the implementation of this model approximately 40 -50% of all CAMH referrals were 'signposted' to other agencies. Graph 3 provides a visual representation of how referrals, and practice, has changed between April 2016 and February 2017, illustrating how when the model was implemented in December 2016, the amount referrals 'signposted' to other agencies took an extraordinary decline, to approximately zero and has remained constant thereafter.

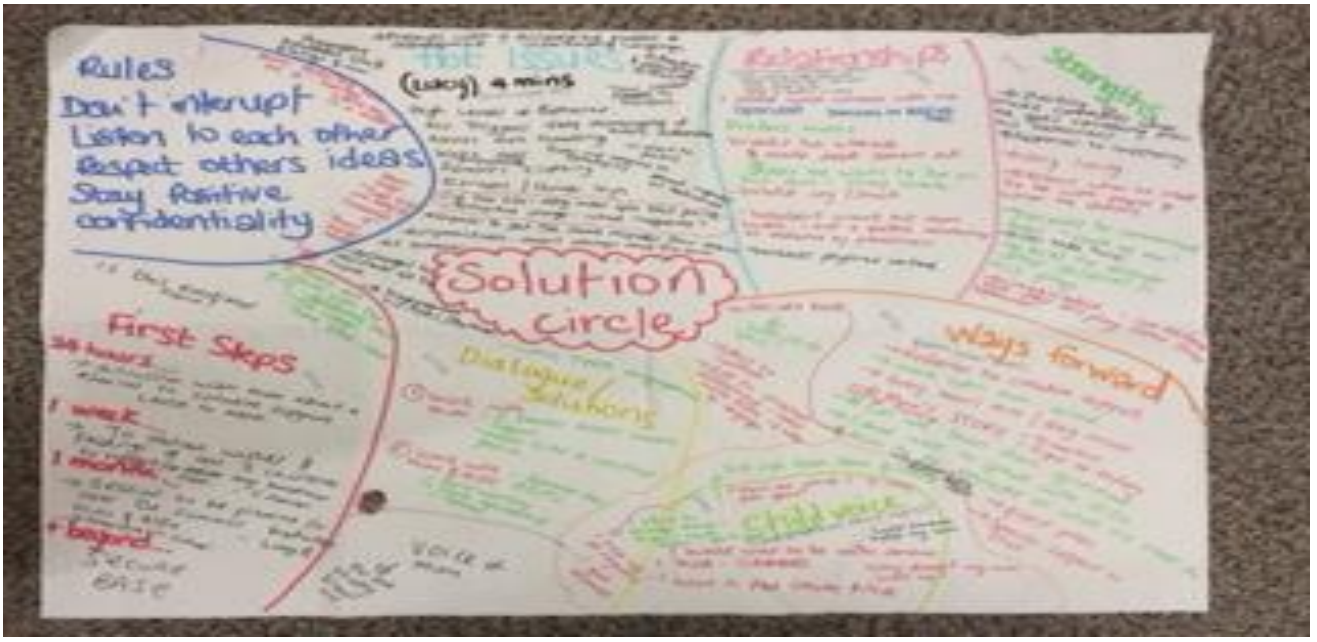
Graph 3: Referral Trend – April 2016 – February 2017



Identified within the above chart is the apparent, 'decrease' of the number of referrals being 'accepted into the service', however, this decrease was predicted as this figure represents all referrals which have been allocated to an intervention pathway, in which some have also been subject to the consultation and advise element of the service. In line with the theoretical underpinning of the 'Thrive' model, these individuals

should be at a place to effectively engage within the evidence driven therapeutic interventions, and thereby it is anticipated that the outcomes will be greater for these children and young people.

The time consuming nature of effective formulations and interagency working was identified within the inaugural plan is illustrated in the below picture, which provides a visual representation of how the partnership working and 'formulation' is occurring within practise. As a result an additional financial commitment was awarded to Specialist CAMHS from the outset of the plan. Even though the provider has managed keep waiting lists access times below the commissioned standard of 10 weeks, it is acknowledged that to be effective and timely within consultation and advice element of the service, additional capacity is required within CAMHS. To support delivery of waiting times, within the 2017/18 Transformation Monies allocation, two permanent additional posts have also been awarded.



Overseeing both the strategic and operational implementation of the model is a multi-disciplinary Future In Mind (FIM) group which meets fortnightly with the following representation; commissioning, CAMHS Senior Management, FAST team manager, School Nursing, Universal Education Support Service, and Education Psychology. The group leads on, and works to embed the Thrive model of delivery, fostering open and transparent communications between providers and practitioners (include troubleshooting) to ensure that each child or young person receives the most appropriate service for their needs. In addition, complex cases or presentations can be discussed to avoid delays any delays in support. This group reports directly to the Emotional Health and Wellbeing Transformation Board and has been instrumental in taking responsibility for the revised model, from an interagency perspective. Supporting this approach, an Education Psychologist has also been funded to ensure protected time to the support schools within their role, which has assisted in keeping waiting lists low.

Further to the above, the aspiration is that by 2020, all written referrals into CAMHS will be removed and entry into the service will come only through consultation and co-working or self-referral. A further aim of the consultation model is that cases (as appropriate) will be led by the most appropriate person, be this carer or professional, supported by the CAMHS worker. In practice this will mean the development of joint assessments, better awareness of roles and responsibilities across the range of services and effective communication. At present, even though the referral route has been opened up to schools, there has only been an marginal decrease in referrals from primary care into CAMHS.

6.4 Performance Associated with Advice and Consultation Model

To date, the joint vision between all commissioning and provider parties is that the model is evolving and an action research / learning approach is being adopted, which is being led by the Future In Mind working party, previously described. As such, at this time we are monitoring referrals and activity and no performance trajectories have been set.

Locally GP's are reporting back to the CCG that they feel that they are not experiencing the same problems as before in referrals being 'rejected' and thus children and young people being are not 'bounced around the system' . However, at this stage, there is no quantitative data to support this.. During the next year we will complete a 360 degree feedback from CAMHS staff members, partners, parents and children and young people, to evaluate the impact of the model.

At the moment only referral data is available. Within the 2018/19 CAMHS contract, we will further develop the outcome and performance matrix to enable further evaluation of the model to be completed.

6.5 Transitions

CQUIN feedback is telling us that process of transitioning between adult and children services is working relatively well. Since the last refresh our CAMHS service has been taking part in the RDaSH initiative Listening into Action (LiA). This project has reviewed the previous transition arrangements from both the clinician's and patient's perspectives. What has been identified is a process that was heavily focussed on data collection and the label of a mental illness rather than outcomes for the child/young person.

The pathway has now been redesigned with the CAMHS care coordinator attending a weekly meeting with Adult services and representatives from primary care, secondary care and the crisis team. The principles behind this process is that the patients presenting needs are discussed and a plan of appropriate care is provided, this is based on need, rather than a mental illness; though if a mental illness was identified it would be treated accordingly. If the patient is not transitioned to adult services then a discussion is held with the patient with detailed signposting to other support services, if required.

Feedback from CAMHS clinicians has been that there is no longer a fear for patients that they won't be accepted from Adult Mental Health Services, and from a patient's view point, there are reports of transitions being less cumbersome. However, further work is required to ascertain young people's experiences of on-going support when they do not reach the threshold for adult services or require another community support service.

6.6 Next Steps

6.6.1Development of Mental Health Champions in Schools and the Wider Health, Social and Education Field

Within the original Transformation Plan, schools and GPs told us that they sometimes found it difficult to access advice and consultation from CAMHS. In response to this,, there was the commitment to develop 'School Mental Health Champions' and to develop clear, named links between CAMHS, Schools and General Practices. To achieve this objective the main activity has been two-fold and include; developing School Based Mental Health Champions and developing networks to establish key links between CAMHS and Schools and GPs.

6.6.2School Based Mental Health Champions

In the Summer term of 2016, on behalf of the Transformation Plan team, each school received a letter from the Lead for Education in the Local Authority asking them to nominate a School Based Mental Health Champion for their primary, secondary or alterative school provision. The engagement and support from schools has been exemplary, with 100% of schools, colleges and alterative provisions in North Lincolnshire

identifying a School Mental Health Champion – the continued commitment and enthusiasm for the agenda is also illustrated with local Head-teachers choosing to focus their annual conference on Emotional Health and Wellbeing of Children and Young People.

The role was launched with a series of half days workshops, delivered in partnership between local young people, Education, and CAMHS, with an outstanding 97% attendance rate. The role is being strategically driven between Education leaders and CAMHS who have delivered further additional training and role development sessions for Mental Health Champions. Feedback from the sessions identified additional areas for development which included the request for more support around;

- Children with disabilities and mental health needs
- Trauma counselling for children
- Availability of other support services
- Supporting parents who request a CAMHS referral where the school does not identify any of the behaviours
- How to support parents with mental health needs
- A central bank of proven, evidence based resources
- Staff well-being

This continual programme of development and support is being driven by the workforce development steering group.

Supporting this role, in 2017/18 North Lincolnshire was awarded an additional £25,000 to implement Youth Mental Health First Aid training. To date, all mental health champions and school nurses have been trained in Youth Mental Health First Aid. As part of the commissioning, eight local leaders underwent a 'train the trainer' programme. A detailed plan has been developed to train all of North Lincolnshire's Children and Young Peoples workforce in Youth Mental Health First Aid over the next 2-3 years.

Over the course of the plan, continued work and engagement will take place with mental health champions and work towards meeting their identified needs. Furthermore, we will explore their role in line with the Yorkshire and Humber Core Competencies in School-Based Mental Health Champion. We are committed to investing within Mental Health Champions locally, and in addition to the Youth Based Mental Health Training already delivered to them, we will be launching a development fund (see section 7.2.4, page 46).

6.6.3 Named CAMHS Links with GPs

In our first Transformation Plan we identified the need for each school, academy and GP practice in North Lincolnshire to have access to a named CAMHS professional to facilitate proactive advice and consultation. Through implementing this model, it is expected that in time, no child or young person will be referred into CAMHS without a discussion with the named contact.

In response, to this, much work has been undertaken between CAMHS and Primary Care to educate primary care about the Future In Mind model, the Transformation Plan, the revised Consultation and Advice Model, and the support available to GPs in order for them to support the children, younger people and families they see in their practices. As this plan that is constantly evolving, the current feedback from GPs is that rather than having a named CAMHS professional affiliated with their practice, they would prefer to simply be able to call the CAMH service direct and have a discussion. This is an idea that has been welcomed by CAMH service and is perceived as being more sustainable than having one primary CAMHS contact for each practice. Throughout the duration of this plan we will aim to continually engage with GPs and gain regular feedback to continually evaluate and develop the model of service delivery.

6.6.4 Mental Health Champions for Other Professional Groups

To date, the development of Mental Health Champions has focused on the development of School Based Mental Health Champions. Throughout the next year, we will work to develop additional mental health champions across a wide range of health and social care professionals.

6.6.5 Develop Single Integrated Pathways

To ensure that swifter access to the most appropriate services is received we work across the North Lincolnshire partnership to further develop referral pathways and processes to ensure that children, young people and their families receive our ambition of being able to access the most appropriate person, at the most appropriate time and in the most appropriate place. To ensure that more expedient access is provided to the most appropriate services, we work across the entire North Lincolnshire Partnership, discussing, developing and refining our referral pathways. This dialogue enables us to achieve our ambition with regards to access. We have started to scope the feasibility of a single point of access and initial discussions and views have centered on enhancing our pathways and communicating these more explicitly to key referrers. It is felt that if we did this, then a single point of access may not be required.

As previously described, in 2016 North Lincolnshire School Nurses co-located with CAMHS workers. Anecdotal evidence suggests that this has significantly improved partnership working, developed School Nurses skills and decreased referral rates. Further work will be undertaken to scope further co-location opportunities.

We will work with Local Authority colleagues to embed the principles of 'Every Contact Counts' and to further develop the physical activity local authority development programmes into CAMHS services.

6.6.6 Access for Parents

For children to thrive, parents need support. At times within the parenting cycle, more support, from professionals with varying skills and competencies may be required. All too often we still hear both nationally and locally that parents find it difficult to access advice and guidance themselves. Over the next year, we will proactively engage with local parents to understand how they feel they are being supported to manage the emotional health and wellbeing of their children and what they would like 'good access' to look like for themselves and their children

6.6.7 Further Work with Youth Council

We will also continue to work with Children and Young People and the Youth Council to explore children and young people's perception of access to the service. We will further publicise the self-referral route into the service and complete the identified piece of work, from the Youth Council, which involves videoing a virtual tour of the CAMHS building.

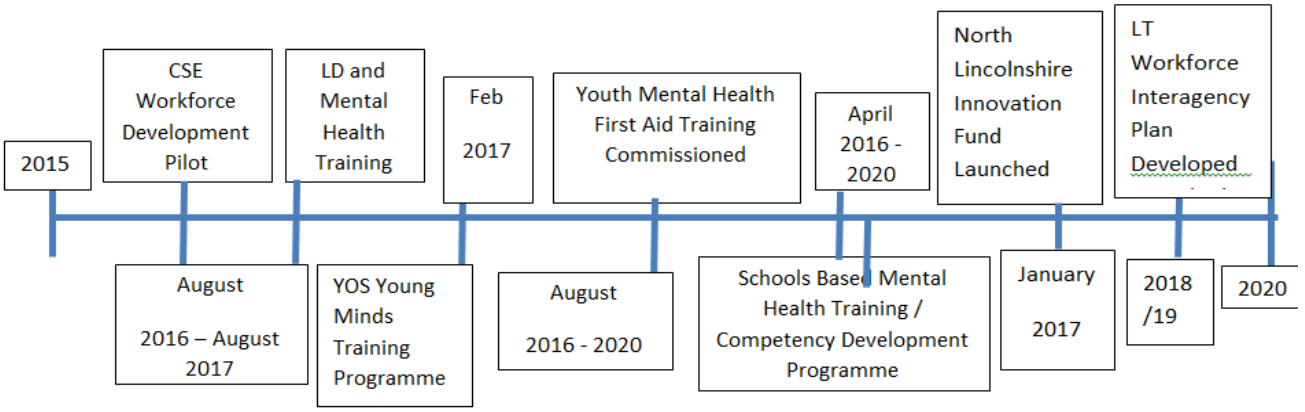
We know that demand to access to the service out-of-hours is low and difficult to deliver. We will work with our partners across the STP footprint to scope more efficient and effective models of delivery, including the potential joint commissioning of a place of safety and a revised out-of-hours model.

6.7 Summary of Progress To Date

The table below provides a summary of some of our key achievements to date, including any challenges and next steps.

Achievements	➢ Implementation of the Thrive Model of Practice ➢ Named School Health Champion for ALL schools, colleagues and alterative provisions in North Lincolnshire ➢ There has been a significant reduction in inappropriate referrals to our CAMHS service ➢ Improved experiences and understanding of our CAMHS service in primary care ➢ *'Actually being able to get the final project finished and to be able to get stuff sorted out, therefore being able to show off the new and improved CAHMS is a great achievement'* (Feedback from a CYP)
Challenges	➢ Obtaining the right data to be able to evidence the outcomes and impact of the consultation model ➢ A lack of up to date demand data
Next Steps	➢ Continued work on the development of Mental Health Champions , in line with the regionally identified core competencies and through joint working / experimental learning. ➢ Further expansion of Youth Mental Health First Aid, including the adoption of a school based approach ➢ The development of an improved dataset, inclusive of the MHSDS in order to be able to demonstrate the impact of the consultation model ➢ To work towards gathering more up to date demand data ➢ Increase Mental Health Champions Across Different sectors and disciplines

7. Priority: Workforce Development



7.1 Our vision is to empower our workforce to be able to support children and younger people with emotional, mental health and wellbeing needs. Without a workforce with the right skills and competencies, North Lincolnshire will be unable to deliver its objectives within the plan. Box 5 summarises our anticipated outcomes for this priority.

Box5: Anticipated Outcomes Priority Workforce Development

- Children and young people will be supported by workers at the right time, in the right place, with the aim of preventing escalation
- Local partners are aware of how, and where, to access mental health training and development/assessment programmes to help them recognise and manage early emotional distress
- Local partners know how to effectively refer to targeted and specialist services as required
- Information sharing is improved
- The ability to provide appropriate support is widened across the workforce
- More confident and better informed workforce about all aspects of emotional health and wellbeing

7.2 How are we going to do this?

7.2.1 Workforce Development and Child Sexual Exploitation (CSE)

In August 2016, a year- long CSE training and consultancy project was commissioned, as part of the Transformation Plan, with the aim to:

> *To work together in partnership with children, young people, carers/families, significant others and professionals to promote, maintain and improve mental health and emotional wellbeing of children and young people in North Lincolnshire by providing an Assessment and Consultancy Service to partner providers to identify early signs of trauma or sexual exploitation and thus improve short and long term outcomes for local children and their families*

The project was provided by Action for Children, as an extension of the Specialist Trauma Pathway, already provided by them. The service provided;

- Consultation to specialist teams, providing consultation on cases and supporting staff to focus on their emotional health and wellbeing to avoid burnout and compassion fatigue
- Weekly drop-in sessions at a local 16 plus colleague for young people identified to be 'at risk' or vulnerable to CSE
- Foster carer coffee forums to obtain their views
- Delivered bespoke packages of innovative support to young people who had not previously engaged in other traditional forms of therapies, providing opportunities for two young people to engage with 'Equine Assisted Psychotherapy'

Probably the most successful and innovative outcome of the project was the development and piloting of a experimental training programme, to which a total of 213 young people and 122 professionals attended.

The experimental training was developed by the service and was based on the premise that even though young people may be aware of the dangers of CSE as a cognitive, and narrative concept, in practice, they can remain 'vulnerable' as they are unable to see the dangers when they arise in personal circumstances. The training programme used an action learning approach and demonstrated to children, young people and professionals, vulnerabilities and risks associated with CSE (see Box 6)

Box 6: CSE Experimental Training - Key lessons and themes learnt as a result of working with Young People:

- During delivery of our young people's experiential training the trainers 'spiked' young peoples drinks with an unknown pill (Tictacs). Despite young people seeing the substance in their drink, the majority continued to drink it without saying anything. Upon debrief the young people told us they saw the tictac but didn't want to say anything, or thought it was a flavouring. They told us that they know not to drink spiked drinks but were surprised that they drank it and even more surprised that they assumed professional adults were safe.
- Young people told us that they continue to add "friends" on social media that they don't know – they assume people are safe if they have a "mutual friend"
- The kudos of knowing/having a friend over the age of 18 is far greater than the risk (when a person is unknown). Young People tell us that they want to be independent and socialise with Young Adults.
- Male young people predominately believe they will not fall victim to grooming and CSE – in particular those from Year 9 (13 years onwards).
- Despite attending training and knowing about the risks of sexual predators, Young People believe that a paedophile/predator is an older male (over 50) – bald, glasses and usually a loner (ie no family, lives alone)
- A high number of young people have or have considered sending nude or sexually provocative pictures of themselves. Young people were not aware of the impact of sending nude images of themselves, particularly on career – their career is too far into the future to be a significant factor
- Young People are trusting of adults, particularly of professionals and adults in authority. During the training, the trainers 'pretended' to be someone else, used pseudo names that were different to their ID badge and befriended Young People. Whilst some Young People were curious and suspicious they did not challenge or report their concerns.
- Our trainers were able to obtain information about a high number of young people from their social media pages, making it easier to befriend and groom them. Young People were shocked and disturbed when they learnt the truth. (Debrief and Counselling support was offered to all young people who attended the training).

Themes which emerged included;
- Young people continue to feel invincible – "it won't happen to me"
- As long as someone else already knows this person – I'm safe
- A predator is an older male – not a female or young/er person
- Young people trust/believe adults in authority / professionals
- Social media continues to be a vulnerable space for young people

The outcome of the training programme was extremely positive with young people who attended identifying that they intended to make adjustments to their lives including updating and securing their social media and feeling more confident in challenging adults in the future. Specifically evaluations commented how;

'You should not be In a relationship where you feel unsafe' (Student)

'People are not always who they say they are' (Student)

'Understanding how students who have found themselves in traumatic circumstances can behave' (Teacher)

'*If I believe in myself I can achieve anything, I just have to try'' (Young Person)*

'A pleasure to watch my students – thank you' (Head of Department)

'I am much more confident now' (Young Person)

'*It was really good, I learnt loads and realised I can't trust everyone' (Student)*

The evaluation of the service has just been published, in which the project made a number of recommendations including:

- Information and training provided by power point alone teaches children and young people the cognitive information and rationale behind a topic.
- Experiential training enables learners to 'feel' and 'remember' what is taught, providing a psychological and somatic memory that will alert them if they were ever to be in a vulnerable and similar situation again, reducing the likelihood of harm.
- Information on billboards and information boards need to be changed regularly and moved because people become complacent and don't read them.
- The best way to communicate with young people is face to face or via social media.
- Experiential training must be provided by trained and competent professionals. Debrief and support must be available to manage any symptomatic reaction to the activities.
- Continuous experiential training, awareness and updates for young people and professionals regarding CSE

As such, in the remaining 2016/17 we will work on sharing the learning across North Lincolnshire and plan how this learning is going to influence future service delivery and commissioning intentions.

7.2.2 Training

In the original Transformation Plan, workforce development focused on delivering training to many universal and early help practitioners, as soon as possible to deliver and provide support to children and young people, as and when required, with timely onward referral. Even though there are some areas in which formal, teacher led training has been prioritised and supported within the Transformation Plan, including the delivery of Youth Mental Health First Aid, Eating Disorders Training (Section 12), Learning Disabilities and Mental Health (Section 5.9) and Future in Mind YOS training, the focus on workforce development has changed slightly from its original intention.

When local training has been mapped, the formal, teacher led education provided in North Lincolnshire through Educational Psychology, CAMHS, LSCB, Early Intervention Services etc., is extremely comprehensive. When a working group was established to further develop the training necessary, it concluded that at the moment the training was sufficient. Therefore, to meet the necessary outcomes of developing competencies of front line workers, it has been decided that as a local area our vision is that services which complement the Transformation agenda will be transformed by developing their competences by working alongside them

and providing the appropriate consultation and joint working, led by Specialist staff groups, especially CAMHS.

Work has however commenced on our multiagency workforce development plan, and will take the form of sequential levels, such as Gold, Silver and Bronze or similar. Each will relate to a particular area of the workforce, for example; universal, targeted, etc., and will operate on a rolling programme in order to ensure that any new staff are offered training within a timely manner as part of their induction period. This plan is still in the embryonic stages and updates will be provided as part of our quarterly submissions.

Furthermore, we will forge links between all services and the 'Making Every Contact Count' approach and work in partnership with both lesuire and public health, to ensure physical activity is embedded within preventive and treatment approaches.

7.2.3 Long-term Workforce Interagency Workforce Development Plan

Recruitment into Specialist CAMHS has been challenging with some specialist vacancies, including Psychiatry, being difficult to recruit too. The majority of long-term posts within Specialist CAMHS are now recruited to, however further work is required with regards to the development of a Multi-agency workforce development plan. For some specialist role, for example Psychiatry and Learning Disabilities, to achieve our vision of delivering local services, further work across the STP footprint will be initiated to support recruitment at STP level.

Furthermore, we will develop a workforce development plan and embrace local projects aim to enhance local professional recruitment, and work closely with key professional groups, including Education Psychology. We will also work towards developing a multi-disciplinary workforce plan, whereby there are clearer routes of competency development, and potential secondment opportunities for professionals who articulate an interest in working in children and young people's mental health.

As previously described the cIAPT is an integral part of the Specialist CAMHS service delivery. In 2016, North Lincolnshire CCG was fortunate to secure additional funding to 'backfill' two practitioners to attend cIAPT training. To complement this, we will also continue to stimulate the market and continue to work with third and private sector providers to ensure the local availability of skills. We will also, work across the STP footprint, and locally across the STP footprint, and beyond, to determine what collective workforce development activities we can engage with to meet local need..

Complementing both workforce development and the primary prevention priority, in the 2017/2018 financial year as part of the transformation plan we will be launching access to a North Lincolnshire Emotional Health and Wellbeing development fund. This innovative scheme will be a competitive scheme in which professionals and voluntary groups who wish to initiative a local project to meet identified needs will be able to bid for funding, with the overall aim being to meet children and young people's needs, whilst developing skills and competencies of the workforce.

7.2.4 Workforce Development and Primary Prevention

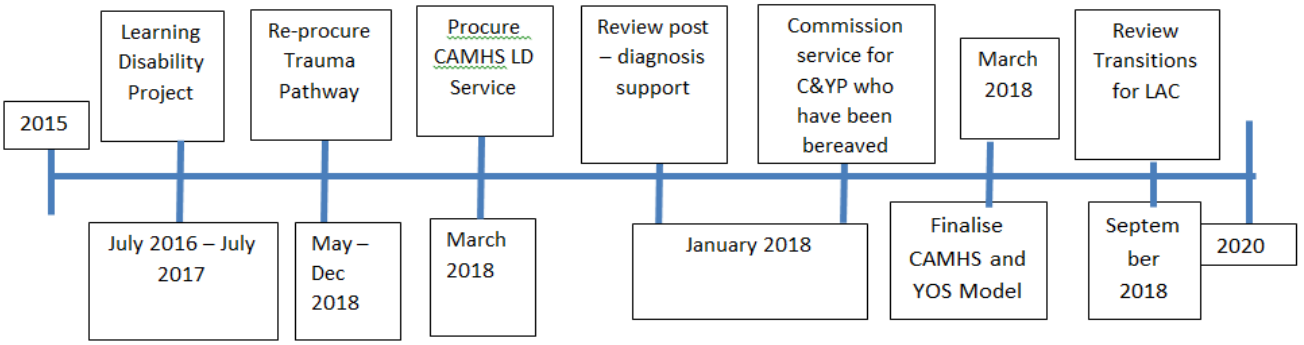
Approximately £88,000 has been set aside to implement the 'Emotional Health and Well-being Development Fund' with three main objectives to:

- address local primary prevention / early intervention priorities;
- develop the workforce and
- to ignite local innovation.

This competitive bid process will be launched in Quarter 4 2017/18 and be open to children and young people groups, professionals and voluntary sector organisations. All developments will be expected to

incorporate an element of evaluation and demonstrate commitment to sharing learning across North Lincolnshire and inform the future transformation programme.

8 Improve access to specialist CAMHS services especially for the most vulnerable



8.1 Why is This a Priority?

As described in Section 2.5, our JSNA data tells us that high risk groups are at greater risk of developing mental health problems. In North Lincolnshire we have a successful model of CAMHS support for Looked After Children whereby a bespoke model of practice, based on partnership working, consultation, training and therapy has gained national recognition. We aim to build on this learning and develop further bespoke models of multi-agency practice for other vulnerable groups including, but not exclusive to, children and young people with Learning Disabilities, Autism, Autistic Spectrum Disorder. The below box details our anticipated outcome from this objective.

Box 7: :Anticipated Outcomes Improving access to specialist CAMHS services especially for the most vulnerable

- Services provide timely access for all children
- More effective care planning and onward referral to other services including transition to adult services
- Increased resilience in very vulnerable children and young people
- A workforce trained in the issues faced by children with multiple issues including, LD, Autism and Mental Health
- Reduction in children and young people reaching a state of crisis.

8.2 How will we do this?

Over the duration of the plan we will engage with identified groups to ensure that, in North Lincolnshire, we are meeting their needs. We will engage with these identified vulnerable populations in particular children and young people with learning disabilities and autism along with their families and carers to listen and learn from their experiences. In addition, we will review the data available, and collect any additional required data, to build a local picture, of where it is necessary to focus our efforts. We will build on the multi-agency approach and relationships we already have to ensure services are more accessible. The forthcoming points will describe the populations we will engage with in order to realise this ambition.

8.2.1 Children with Learning Disabilities

As previously referenced in Year 1 of the Transformation Plan, money was allocated to develop an innovative, proactive, early intervention service, with for children with learning difficulties, which was commissioned to complement the existing spot purchase model of psychological support, currently used for expected outcomes of the project). The project ran initially from June 2016 to July 2017, within the two North Lincolnshire Special Schools, with the final evaluation published at the end of October 2017. The project had three main objectives which included (for a full list of the outcomes please see box 8).

- Developing 20 Learning Disability Mental Health Champions to undergo a period of intensive training and graduate with a Level II qualification and providing the opportunity for five practitioners to undertake a year-long level five course on mental health and learning disabilities.
- Delivering an outreach model of consultation model, within both of the local special schools having a visiting Clinical Psychologist working alongside them, b-weekly, offering a proactive outreach model, advising on support programmes and offering the appropriate reviews.
- Monthly consultation outreach service for the Disability Social Work Team, whereby social workers would take individual cases to supervision with the identified Psychologist.

The service ran for one year and used a mixed methodology of qualitative feedback and classroom observations, using pre and post training evaluations. Due to the relatively short period programme length, findings were unable to be generalised, the findings of the study were extremely promising and included;

- Staff felt more confident in identifying mental health and emotional issues and were more able to identify emotional and mental health needs
- Both schools were observed in making significant strides in providing a nurturing environment, with notable differences observed in the language used by staff to describe behaviours with more evidence of staff seeking to understand the meaning behind the behaviours, displaying more positive attitudes that something can be done
- There was a significant shift in the attitude of school based staff and the approach taken in regards to behaviours that challenge and there is now evidence that the emotional development model is now a language that is widely used by the staff, with those who have completed the training being more adept in their knowledge and application.
- Psychological input / formulation being included into development plans and into Children In Need Meetings
- Positive case studies concerning children's needs being identified proactively and multi-disciplinary support influencing significant behaviour change.

The most promising outcome of the programme, which demonstrates the value of the programme, is in the fact that one of the special schools valued the support so much that it has continue to commission the Psychology support itself and used the programme as evidence of good practise in a local SEND inspection. The other school, valued the training so highly, that they have commissioned the service to provide additional training throughout the school year.

Box 8: Expected Outcomes of the Learning Disabilities Project

- More children and young people with learning disabilities will have good mental health and increased emotional resilience
- More children and young people will be provided with early help, identification and intervention within the community, by a range of skilled professionals
- More children and young people with a combination of learning disabilities at both the mild-moderate level and the moderate-severe level will have their emotional wellbeing and mental health needs evaluated and treated in the most appropriate service.
- More children and young people in this cohort with learning disabilities and with mental health problems will also have good physical health or their physical health will improve.
- More children and young people in this cohort with learning disabilities will have a positive experience of care and support
- Fewer children and young people will suffer avoidable harm
- Children and young people with learning disabilities will feel involved in the planning, development and evaluation of the services
- More staff will be trained within a school setting and within the integrated team in respect of the issues of managing children with a combination of learning disabilities and emotional health issues.
- More staff will feel supported and be actively mentored within schools and the integrated team.
- Staff will work as multidisciplinary teams and actively case manage difficult cases to obtain the best outcomes for children and young people with learning disabilities

As previously described, to meet the therapeutic needs of children with Learning Disabilities an alternative Psychology provider is used. Since the introduction of the project there has been a substantial increase in the number of children and young people with LD identified as requiring therapeutic interventions. Additionally, with the introduction of Children's Care Education and Treatment Reviews (CeTRs), review of these children through the Special Education Needs Disability (SEND) process and the learning from the project, a holistic picture of the needs of this cohort has been able to be established. It is therefore our intention to use this information, plus the learning from the project, to work towards a procurement of a comprehensive Learning Disability Service which is based on what we know works locally and meets the population needs of this cohort. A multi-disciplinary working party will be established to lead this procurement in Quarter 4 of 2017/18.

8.2.2 Children with ADHD and / or ASD

Locally we are confident that the local diagnostic pathway is robust, however we are unclear as to whether the pathway for children with ADHD and / or ASD and support afterwards, is meeting the needs of this population group. As such, in 2017/2018 the Emotional Health and Wellbeing Transformation Group members will be working with 'HealthWatch North Lincolnshire' to instigate a consultation exercise to establish whether the current configuration of services is meeting the needs of these population groups and make suggestions for any future pathway redesign and / or commissioning arrangements for this population group.

8.2.3 Looked After Children (LAC)

Even though the model of practice locally is kite-marked as a model of good practice and within a recent Ofsted inspection the LAC CAMHS service received an explicit acknowledgement with regards to timeliness and accessibility, it is acknowledged that further evidence, policy and guidance is being published. We will therefore continue to review this service in-line with national direction. This priority will form one of our key priorities for year 3 of our delivery plan, and will work in partnership with North Lincolnshire's MALAP (Multi-agency Looked After Children's Partnership), to ensure all objectives and work-programmes are aligned. As such, and in partnership with the MALAP, and the Looked After Children's Health Action Group, we will be

prioritising the review of transition arrangements for LAC and assessing whether the pathway into adult mental health services is meeting the needs of this population group.

This plan also acknowledges that not all North Lincolnshire's Looked after Children reside within North Lincolnshire, with some of our most vulnerable children residing in residential schools out-of-area. Even though locally we place very few children and young people out- of area, compared to regional and national comparators, we will continue to learn and reflect upon whether any further developments are required to further enhance health and social care services, whilst also implementing the Care Education Treatment Reviews (CeTR's) recommendations for out-of-area children, deemed to be at risk from Tier IV admissions.

8.2.4 Youth Offending

In 2017, as part of the Transformation Plan, Young Minds were commissioned to deliver a one day package for the youth offending team on mental health, with a view to stimulating the dialogue between key partners, as to how we might adapt this model moving forward. The training was successfully delivered and will remain a focus for year 3 of our delivery plan. In addition to this NHS England and CCG will be collaborating in order to enhance the Health and Justice element of LTPs. The Health and Justice; Children and Young People's Mental Health Transformation Workstream aims to promote a greater level of collaboration between the various commissioners of services for children and young people who are;

- In the Youth Justice System (or at risk of entering it);
- Presenting at Sexual Assault Referral Centres;
- Welfare children and young people who are being looked after.
- Being seen by Liaison and Diversion services

Many of these children and young people are already known to service providers and it is important that mental health services for this cohort are not seen as being in a separate silo from other services. Rather, they should be viewed as part of an integrated, continuous pathway in which children and young people are able to receive the care they need on an uninterrupted basis.

The Health and Justice Commissioners will work collaboratively with their commissioning counterparts in the CCGs and Local Authorities to co-commission services, where appropriate, to improve mental health outcomes for this group.

8.2.5 Children and Young People Who Have Been Bereaved

At the moment there is a gap in local service provision for counseling for children who have suffered bereavement, due to the financial sustainability of a local voluntary sector provider. Partners are working together to hold cases and pool skills in order to support children who have experienced a bereavement, to prevent children and younger people from being left without an important intervention at such a vulnerable time. As a result, there is commitment that in 2017/18 we utilise some of the transformation funding to commission bereavement support for children and young people in North Lincolnshire.

8.2.6 Diversity

All commissioned services will embrace diversity, avoid marginalisation and promote positive messages. They will regularly audit their own services and share the results with commissioners. Actions to address any issues will be managed through the Emotional Health and Wellbeing Board.

Our Positive Steps group intends to hold an event in 2018 to embrace diversity and promote diversity amongst the children and younger people of North Lincolnshire.

From a provider perspective, all professionals are versed in the availability of services for children and younger people who wish to explore their gender and utilise both information and support, occasionally in

the form of a referral to Portman and Tavistock who are pioneers in this area, hence we are assured that our providers are aware of and actively advocate diversity.

8.2.7 Proactive Outreach

All commissioned services will 'reach out' especially to vulnerable children and young people. We will build on this by increasing the expertise within CAMHS and the capacity that is gained will allow (in the longer term) CAMHS workers to co- locate within local multi-agency teams. In the shorter term more resources will be identified to enable a more pro-active liaison service from CAMHS. It will be a specific aim for CAMHS workers to identify children within social services who may be living in temporary accommodation, not attending schools and with a multiplicity of problems to reach out to these particular children and through other organisations including housing charities and social services themselves to enable consultation/treatment to become a reality.

We have identified additional recurrent funds to support the CAMHS to add capacity and expertise to this consultation and advice element of the service. We expect this to be in place by the end of the calendar year with this additional capacity supporting us to achieve our aims for this objective.

8.2.8 Improving Children and Young People experience

The Partnership will develop alternative methods of engaging children and young people in services to improve their experiences. The use of technology, social media and validated websites to support self-management will be resourced, developed and promoted and children and young people will be actively involved through the local networks, Youth Council, School Council's etc.

Over the next four years, North Lincolnshire CCG will ensure that future contracts for providers of service for children and young people will be working towards the implementation of the "You're Welcome Here" criteria. We will collate data from a variety of sources including but not limited to; CAMHS Experience of Service Questionnaires, Survey Monkeys, engagement events with children and younger people, the Primary Lifestyle Survey (PLS), Adolescent Lifestyle Survey (ALS), and our Positive Steps Group with the aim of acquiring a truly representative sample of the lived experience for children and younger people in North Lincolnshire. We will continue to reflect on and refine our methods for collecting data and ensure that these methods are accessible to all.

8.2.8 Trauma Focused Therapeutic Services for Children who have been harmed

A specialist Trauma Focused Therapeutic Service is commissioned, separate from the generic CAMHS provision, for children and young people who have experienced harm, including CSE. The service works in partnership with specialist CAMHS provision, are members of the Northern Lincolnshire LCSB and are part of the local follow up pathway for children and young people where there is suspected or actual sexual abuse and rape (SARC).

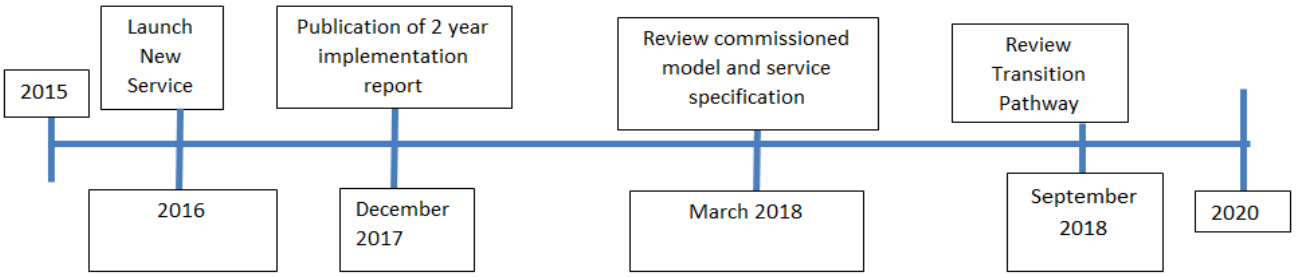
In 2017, this service was subject to a full procurement exercise and from 1st December 2017 our provider of this pathway will be Barnardo's. Currently work is underway to ensure a seamless transition for children, younger people and their families/carers.

8.3 Summary of Progress to date

The table below provides a summary of some of our key achievements to date, including any challenges and next steps.

Achievements	Implementing Youth Mental Health First Aid - over 100 people trained and 8 people trained as trainers. Emerging evidence of schools taking a whole school approach to YMHFA with 2 schools signing up for whole school staff training and a programme for further individual training in place ➢ The targeted work completed by our trauma service in relation to CSE and educating staff to feel more confident supporting CYP with this and raising awareness amongst CYP in relation to this topic ➢ The success of our work with our specialist schools in relation to LD Our LAC service being specifically referenced as a model of good practice in the recent Ofsted report
Challenges	➢ Recruitment and retention of staff
Next Steps	➢ The procurement of a service for CYP living with a learning disability ➢ The official launch of our new trauma service, delivered by Barnardo's Further development and completion of our multiagency workforce development plan

9 Priority Eating Disorders: To develop a community based eating disorder service, to intervene early, to reduce the number of children and young people that require referral to inpatient services and reduce the length of stay for those admitted to inpatient services.



9.1Why is this a priority?

This priority aims to implement access and waiting time standards for children and young people with an eating disorder (NHS England) regionally and in partnership with Rotherham and Doncaster (which gives a total population of approximately 727,000). The need and prevalence within North Lincolnshire, falls below the numbers needed to maintain staff competencies, and therefore, commissioners have joined forces with Doncaster and Rotherham CCGs to commission a Hub and Spoke eating disorders service in line with NICE guidelines.. The box below outlines our anticipated outcomes for this objective.

Box 8 Anticipated Outcomes Community Eating Disorders Service

- Improved children and young people and family experience
- Improved outcomes, as indicated by sustained recovery, reduction in relapse, reduction in escalation to crisis and reduction in the need for admission
- Reduced delay in referral for appropriate treatment for eating disorders
- Reduced variability in provision
- Reduction in the need for long periods of treatment
- Reduced need for inpatient care and occupied bed days

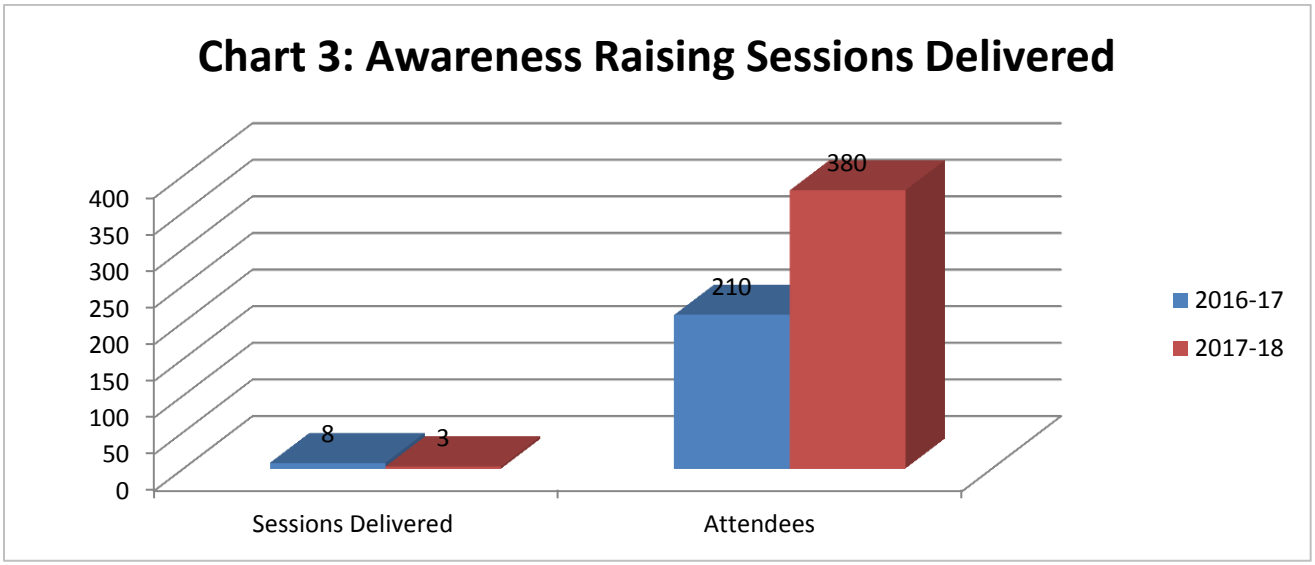
9.2 What we have done to date

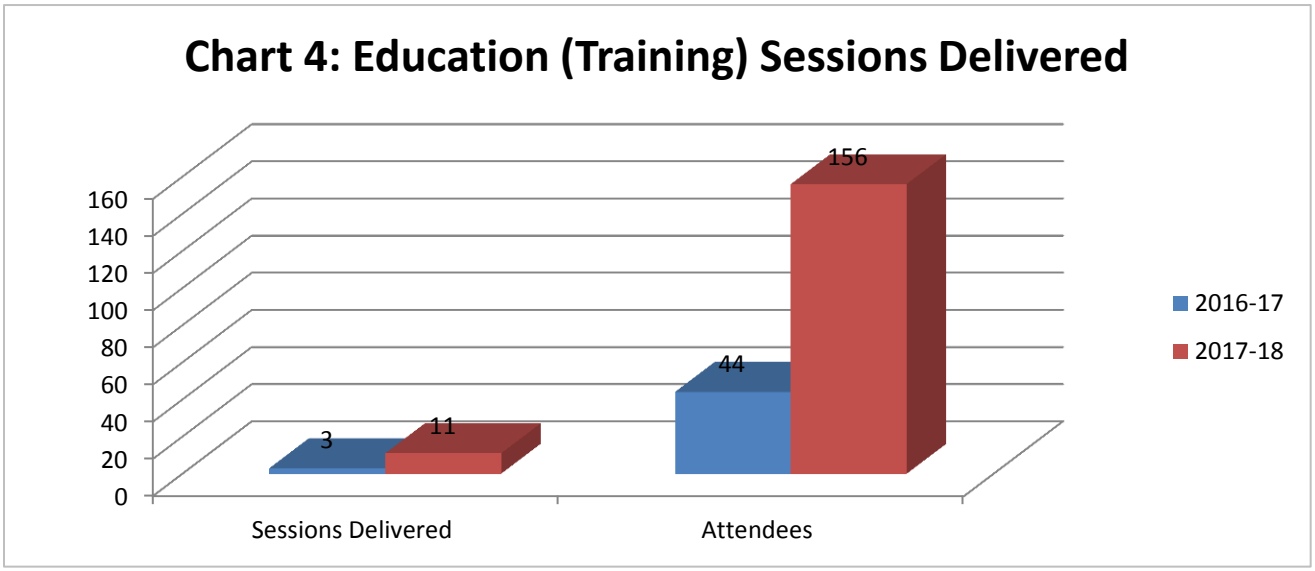
As part of the Transformation Plan, R RDASH launched a fully comprehensive Eating Disorder Service In partnership with Rotherham and Doncaster CCGs we have commissioned the existing provider (who currently delivers CAMHS across the three areas), to develop a hub and spoke model which will adhere to NICE treatment recommendations. As such, all children and young people referred for assessment or treatment for an eating disorder will receive NICE recommended treatment.

As part of the commission, the provider has subcontracted the necessary training for professionals to increase confidence and awareness of local care pathways. This will be provided by South Yorkshire Eating Disorder Associated. The training includes education and awareness sessions for professionals including GPs and education and awareness sessions for under 18s.

Complementing this priority area, we have joined forces with Rotherham and Doncaster CCGs to commission an independent evaluation of the model over the first two years. The interim report for the service was produced in December 2016.and a final evaluation report is due in Autumn 2017.

The interim report produced in December 2016 highlighted that the activity in relation to the education and awareness sessions had been much less than our contemporaries. In response to this we set out an action plan with clear expectations for increasing delivery. The data below details a comparison between the activity for 2016-17 and to date 2017-18.





The charts above illustrate the amount of awareness and education sessions delivered for 2016-17 and 2017-18 demonstrating there is a marked increase in delivery for 2017-18, evidencing a 166% and 266% increase in session delivery for each group respectively.

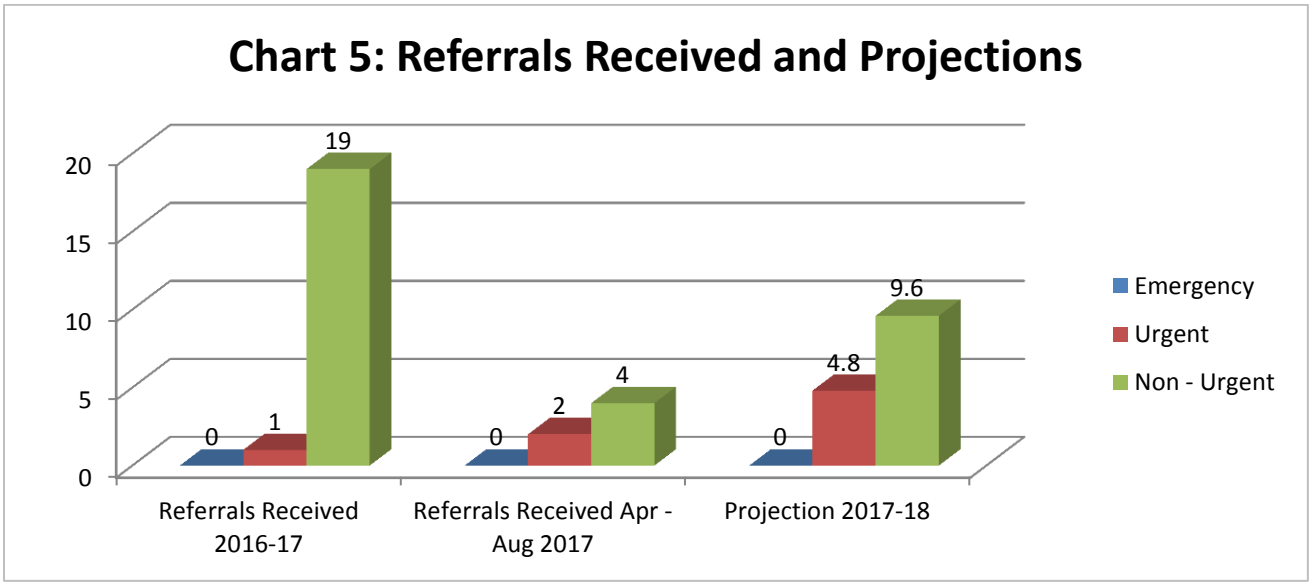
Furthermore, there has been an exponential increase not only in the number of attendees but also in the type of attendees in relation to the education sessions, with approximately 80% of our GP population having now attended an education session in 2017-2018.

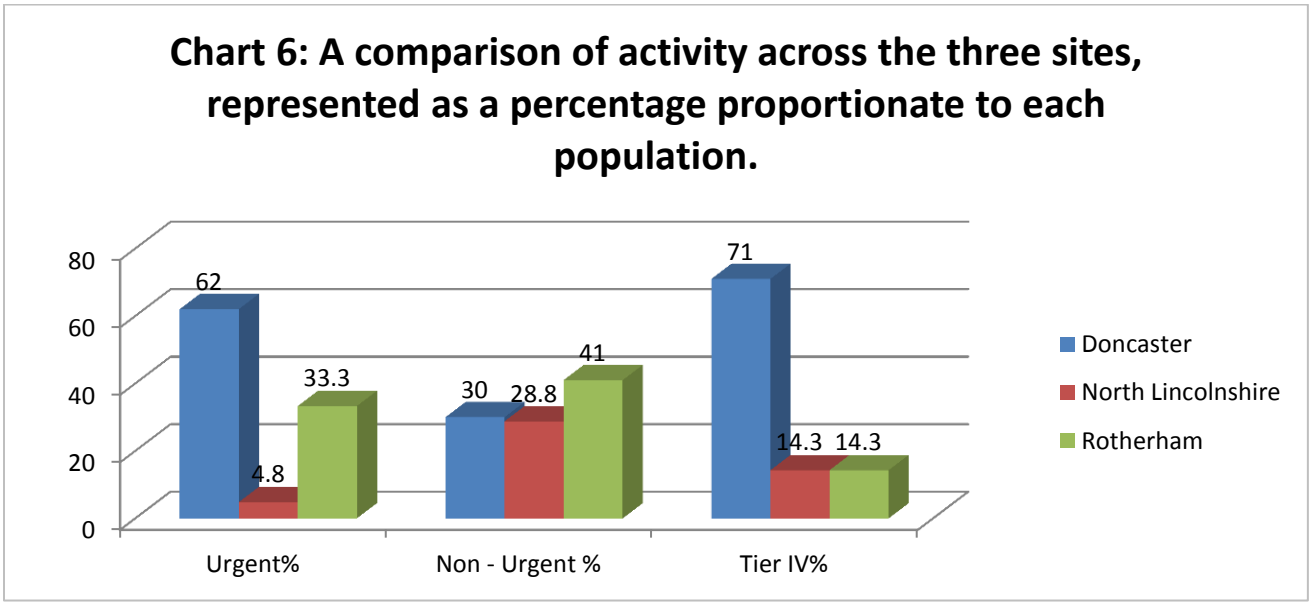
The SEYDA project was also commissioned to deliver education sessions to under 18's. As such, since 2016, 854 under 18's have been delivered over 25 sessions. The graphics above illustrate an increase in the attendance at both awareness and education sessions delivered to CYP under the age of 18. This is of particular importance as increasing knowledge and awareness amongst our CYP population responds directly

to their request to be provided with information in order to empower them to make informed decisions about their care and support.

In summary, we are able to evidence the reflective learning that has taken place since the release of the interim report and the direct impact of the action plan developed.

Regarding referral activity, the chart below evidences our incoming referrals for 2016-17, the referrals thus far for 2017-18 and projections for the year based on our first five months of activity.





The figures included above also summarise the activity across Rotherham, Doncaster and North Lincolnshire and provides as useful comparison. With both the non-urgent and Tier IV cohorts, our activity can be seen as comparable to that of Rotherham and Doncaster, however our urgent figure is dramatically lower than the other areas, suggesting that we either don't have the demand for urgent referrals or that these referrals are not reported. Over the next 12 months we will spend time acquiring a greater understanding not only of the performance data but also the evaluation report with a view to shaping our delivery moving forward.

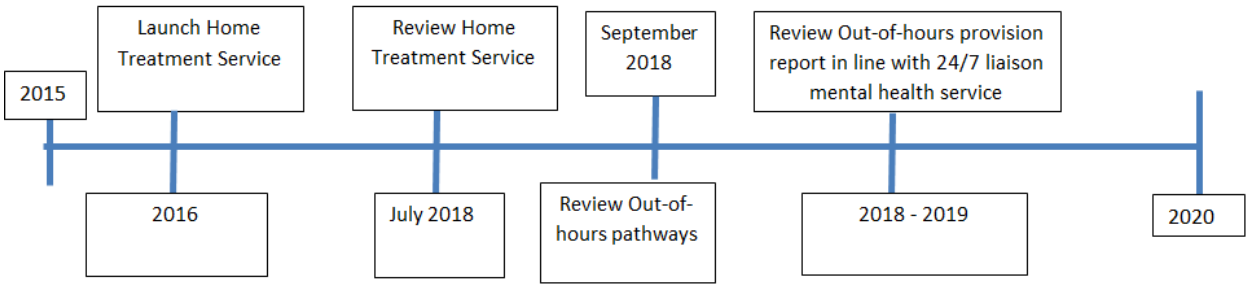
9.3 Next Steps

Feedback has also been received regarding transition and young adult's provision to an age-appropriate eating disorders service. As a result, we will work with our adult service colleagues to further develop transition arrangements and scope various options of future service delivery, including increasing the age threshold of the service to 25 years. Initial discussions with our adult colleagues; have suggested that due to the relatively low demand in adult services, that a preferred provider model via a spot purchase arrangement is likely to be formally established by the end of the fiscal year. This will comprise two community providers within a 30 miles radius of the North Lincolnshire area and will be available to adults from 18 years of age onwards. There will be the expectation built into this arrangement that adults and CYP services work together in order to provide seamless transition between the services. Within the course of the next 12 weeks, we will explore, with our commissioning colleagues the feasibility of expanding the service to include those up to 25 years of age.

The table below provides a summary of some of our key achievements to date, including any challenges and next steps.

Achievements	➢ An increase in the number of education and awareness sessions delivered ➢ An increase in attendance at the above sessions ➢ No readmissions to Tier IV once discharged
Challenges	Evidencing value for money considering the current activity
Next Steps	➢ Evaluation report to be produced for October 2017 ➢ To better understand the data provided by the service and the demand ➢ Explore the links and any future work required between children and adult eating disorder service.

10 Priority: Crisis and Intensive Community Treatment Service



10.1 Why is this a Priority?

We want to provide care as close to home as possible and reduce any unnecessary Tier IV admissions. The increase in investment in Children and Young People's mental health, particularly in early intervention will eventually contribute to the reduction in the number of children and young people who are admitted to inpatient provision and when it is necessary reduce the length of stay required. Box 10 below identifies our anticipated outcomes for this priority.

Box 10 Anticipated Outcomes Crisis and Intensive Community Treatment Service

- Children and young people have improved experience of services
- Reduced admissions, length of stays and occupied bed days
- Care closer to home
- Reduction in escalation of problems
- Reduction in children and young people attending A & E
- Children will only be admitted to Tier IV when all other avenues of support have been explored.

10.2 What we have done to date

10.21Home Treatment Service

In the inaugural plan, we used a significant proportion of the Transformation Monies to commission an Intensive Home Treatment Services. This service is embedded within Specialist CAMHS, enabling CAMHS practitioners to mobilise resources quickly to support Children and Young People intensively if required.

The newly commissioned service enables children and young people in crisis or on the edge of crisis with mental health problems to access an Intensive Community Support and Treatment Service, as part of the integrated Crisis Reduction Support Pathway. The service provides assessment and support with a range of interventions including family and psychological therapies to those children and young people who meet the criteria and is flexible to meet the needs of children and young people, with capacity to also deliver weekend and early evening support.

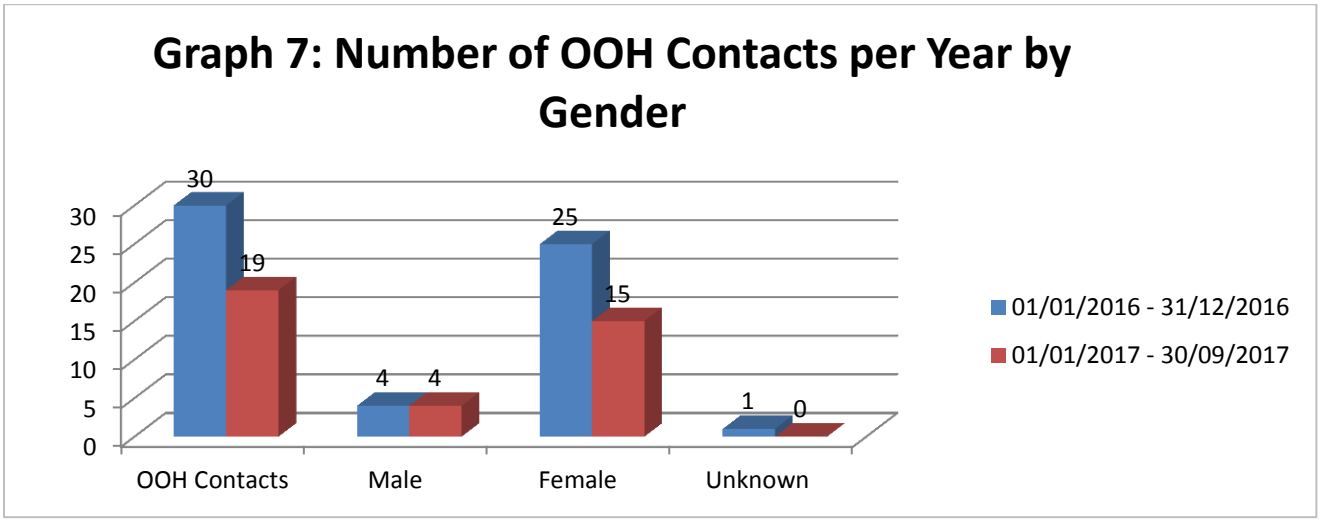
One of the key outcomes of the priority is the reduction in Tier IV occupied bed days. Our latest Tier IV data (see below) does suggest a low level of usage and significant reduction in number of bed days for Tier IV patients. This is likely to be a reflection of the impact of the resource committed to allow for a comprehensive and timely Intensive home Treatment service to be mobilized, reducing the escalation to a Tier IV bed and the effective use of cETRs

Supporting this work the CCG has developed a 'Tier IV Quality Assurance Group', reporting to the LSCB, whereby case study data with regards Tier IV admissions are subject to multi-agency scrutiny to ensure that all partners have provided the appropriate interventions pre, during and post discharge. This work, coupled with the case study data around CeTR's, performance monitoring and case study reporting, will be used to continually develop the home treatment service and influence further commissioning arrangements.

The inaugural plan identified the commitment to commission a liaison professional social worker who will be responsible for providing specialist skills and knowledge, liaison and case management of complex cases between CAMHs, social care, NHS England, adult care, paediatric wards, A&E and inpatient providers. This post will sit within the core CAMHS provision. The aforementioned post was advertised on multiple occasions and unfortunately this post could not be filled. The post was advertised as a secondment/development opportunity also, but still could not be recruited to. As a result, this money was re-allocated and the learning is to be taken forward within the Workforce Development priority.

10.3 Out-of-hours provision.

As previously described, an out-of-hours service commenced in 2012, initially as part of a joint commissioning arrangement between North Lincolnshire, Rotherham and Doncaster CCGs. Out-of-hours activity in North Lincolnshire is relatively low, with 49 out-of-hours contacts within the last year (ie. Less than one per week). However, data on Out of Hours contacts has highlighted some significant trends in relation to gender of those children and younger people experiencing a mental health crisis and the time of the out of hours contacts (see graph 7). Graph 7 identifies the significance in the prevalence of females presenting to out-of-hours, with females accounting for 87 % of the activity in 2016/17 and 74% of the activity in 2017, to date. This is line with the evidence from the JSNA which identifies that girls are much more likely to express poor emotional wellbeing than boys, however is significantly concerning, as boys are more likely to develop serious and enduring mental health illnesses.



Over the next year we will be exploring this trend as all of our Tier IV admission and CETRs for this year have also been females. This trend will continue to be monitored and any necessary actions taken to ensure inequalities in access and prevalence are addressed.

Interviewing our out of hours provision we will ensure alignment with the 5YFV, our STP and our local Crisis Care Concordat, to provide an appropriate and timely response to those experiencing a mental health crisis and that the response and any associated treatment is as close to home as possible. Supporting this is the development of a Crisis Reduction Support Pathway, which will include initially the local, new Intensive Community Treatment and Support service, and build on existing CAMHS and adult mental health provision, to deliver a 24 hour seven day response to children and young people at risk of admission through the 'access team' (who currently see 16-18 year olds) - with additional 8 am – 8pm capacity for intensive support

to prevent/reduce the numbers who may require admission to an inpatient setting. The Crisis Reduction Support pathway will provide a proactive outreach, multi-agency service

In response to the announcement of non-recurrent pump prime investment in all age 24/7 liaison mental health services, we will work with adult services to map out the current provision across all ages. The funding has been acknowledged in the tracker under the wider local priority with the aim of having the adults and older people's Core Model in place by the end of March 2018 in readiness for submitting a bid for the all-age, Core 24 Model in wave 2 of the funding allocations which is expected to be in autumn 2018.

Regionally (as commissioners) we are looking at the provision of suitable accommodation for children and young people who are experiencing crisis and are unable to be at home or with a family member. However, for some children and young people this may not be possible and it is this cohort we are considering here. This work continues in order to allow us to further understand the demand and needs of this cohort.

10.5 Summary of Progress To Date

The table below provides a summary of some of our key achievements to date, including any challenges and next steps.

Achievements	➢ Reduced spend and bed days for Tier IV in 2016/17 ➢ Care has been closer to home for our CYP due to this reduction in the use of Tier IV ➢ We have established a Tier IV quality group to ensure that that all measures are in place to support CYP whilst they are in an inpatient setting, that plans for discharge are being made and to reflect in the admission as a whole and whether this could have been prevented.
Challenges	➢ Core 24 will not be in place until 2019 at the earliest which means 24/7 provision for CYP is not imminent.
Next Steps	➢ To review the low usage of the Crisis and Intensive Community Treatment Service and make recommendations as a result of this review ➢ To further understand the out of hours contacts between the hours of 17:00-00:00 and identify and key themes

11.Strengthening the Governance and Building: A Stronger Qualitative Picture of Needs and Performance

In addition to our priority areas, the Transformation Plan acknowledges that the following key areas and ways of working are essential to ensure that effective delivery of our ambitious priorities. Through adopting these approaches we will ensure that the appropriate systems and processes are in place to drive improvements in the delivery of care and standards of performance.

11.1 Collaboration with specialist commissioners and CCG / LA colleagues

To reduce any duplication in commissioning and to ensure that services locally, regionally and nationally are commissioned to meet need we must continue to work collaboratively with specialist commissioners and CCG/ LA colleagues' in neighbouring areas. We realise that there are many provision and workforce challenges attached to delivering services to a relatively small population and as such, where we can we will embrace partnership working opportunities and improve quality and increase efficiencies.

11.2 Continual Engagement

By 2020 it is our vision that we will have greatly improved local data provision and availability to enable us to effectively plan and commission services to meet local needs, based on needs and trend analysis. This is starting to come to fruition , however, it is acknowledged that there is further work to be done.

This plan is for our children and young people; to improve their outcomes around mental health and wellbeing and to achieve this we must provide services which meet their needs. Only through effective sustained engagement can we provide the services they need in a way they want.

We therefore commit to ensuring the views of children, young people and their families are used to shape commissioning decisions and service change.

11.3 Monitoring and Performance

Referrers, young people, parents/carers and commissioners all share a common need to receive timely and clear information from services. Work is needed to improve this feedback loop and this will be addressed through the NLCCG and the NLC joint revised Key Performance Indicators for contracts with NHS mental health services and the voluntary and statutory sector. The current outcome measures will also be revised and strengthened in order to make it easier to measure and compare outcomes and effectiveness across all services with whom we have a contract where possible. Outcome measures and KPIs will be consistently used across all levels of service as part of an outcome measure framework. We will also be working with all commissioned providers including the voluntary sector, to ensure that they are able to submit data in line with the Mental Health Services Data Set (MHSDS), by doing so we will gain consistent measures across the North Lincolnshire area.

By embedding the recording of routine outcome measure at each appropriate planned review (except where clinically inappropriate) we anticipate that the number of children and young epople having outcome measures recorded against the goals at each appropriate contact will increase throughout the year.

Goal based outcomes (GBOs) will be used to evaluate progress towards a goal in clinical work with children and young people, and their families and carers. They compare how far a young person feels they have moved towards reaching a goal they set at the beginning of an intervention, compared to where they are at the end of an intervention (or after some specified period of input). GBOs use a simple scale from 0-10 to capture the change. The outcome is simply the amount of movement along the scale from the start to the end of the intervention.

Moving forward we are committed to building in children and young people, and their carers/parents experience, into all performance management arrangements, service re-design and evaluation initiatives. An example of this can be evidenced in the recent procurement of our trauma service whereby we had representation throughout the process from a foster carer, whose opinions and invaluable lived experience were able to provide the panel with a greater insight and understanding with which to base decisions.

11.4Risks to Implementation

The Plan provides an opportunity to transform services and improve outcomes for children and young people in relation to their emotional health and wellbeing. However, there are some risks to the successful implementation of the plan.

The Plan involves recruitment of specialist staff to fill new posts that are crucial to increasing capacity, participation and workforce expertise. North Lincolnshire and its main mental health provider RDaSH will all be looking to recruit staff to similar posts as all the other national and local providers. This means that recruitment may be difficult. North Lincolnshire due to a number of factors including levels of deprivation and geography may face a range of challenges to recruit staff in a number of disciplines especially against other local areas.

We are working in collaboration with other CCG's to mitigate against the actual and potential risks particularly in relation to recruitment and retention. In North Lincolnshire we have already formed relationships with Rotherham and Doncaster, and there is a commitment from CCG's within the Yorkshire and Humber Strategic Clinical Network to work together. This may take the shape of regional commissioning and/ or time planning of recruitment. At the time of writing this refresh in September 2017, this risk still remains. Work is ongoing to find innovative solutions to this that enable providers locally and regionally to have the best chance of recruiting staff with the skill mix needed in order to support children, younger people and their families.

11.5 Provision of Timely and Accurate Information

The ability to manage and monitor services is difficult where niformation systems are not designed to produce/record data in the way we would need them to. One of the problems will be in the recording of activity data – which is very restrictive in its term. There is limited ability to be creative in this respect and it may take some time to be able to record new forms of data accurately. This means that monitoring progress from one "Model of Care" to another is going to be difficult initially;each provider will need to resolve their own internal data management systems whilst remaining secure. There is also a cost to the delay in timely provision of data. It may require additional staff to complete this work, which will need to be factored in if service monitoring and evaluation is more difficult than envisaged.

Our service provider RDaSH will be transferring over to the same data recording system as the majority of our GPs and Acute Trust. This transfer will take place in phases with our Children's Care Group being the first phase of this roll out. This will take place during quarter 3 and once fully transitioned; this implementation will support in the sharing of information and also allow any shared care arrangements to operate in a more seamless way. A further benefit of this transfer is that we have been able to work with our provider to ensure that the MHSDS will be reflected in our reporting data in addition to local reporting requirements.

11.6 Mitigation of Risk

A risk register will be developed (along with a monthly action plan on progress) and monitored by the Emotional Health and Wellbeing Group and actions will be undertaken to avoid or mitigate risk.

11.7 Governance

The Governance connected to this plan fits within the over-arching governance arrangements of the Health and Wellbeing Board and as part of the local commissioning governance structure. The plan is delivered through a multi-agency Emotional Health and Wellbeing Transformation group, with task and finish groups reporting directly to the group. The Transformation group reports directly to the CCG Board and provides regularly assurances of progress against the plan to the Integrated Commissioning Partnership, Child and Young People's Partnership, LSCB and MALACP. The developed governance structure ensures single accountability of the key emotional and health and wellbeing work streams, across North Lincolnshire, and ensures that the local strategic leadership for all Children and Young People's Emotional Health and Wellbeing work. The image below depicts our governance structure which has been recently refined and ratified. This revised structure will support the delivery of our priorities throughout the remaining lifespan of the plan.