

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



Refresh October 2018

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

## **Foreword**

This refreshed 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, parents and professionals tell us.

Recognising the challenges that we face locally, regionally and nationally, including the publication of the Green Paper, 'Transforming Children and Young People's Mental Health Provision' and the local transformation agenda, 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.

This refreshed Children and Young People's Emotional Health and Wellbeing Transformation Plan takes the opportunity not only to detail the successes to date against the priorities originally described in the inaugural plan but also of the phenomenal work of children and young people locally and the people working with them every day, and their relentless commitment to improving children and young people's mental health locally.

Growing up sees many new challenges for children and young people, and this plan remains our commitment to ensuring the right services are in place not only to keep children and young people healthy but to also intervene quickly when the needs arise.

*Dr Faisal Baig*

**Chair – 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, 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 place, with those who have the right skills.**

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. There is commitment that by 2020 we will have made significant strides towards developing a workforce across the community, schools, health, the local authority and voluntary sector with the necessary skills to support individuals and their families. Within North Lincolnshire, we have revised our commitment to delivering integration, at all levels of services around the needs of children and young people to enable us to be responsive to the continued changes within modern society. This Transformation Plan is a live document which is constantly evolving to reflect local needs, government policy, on-going feedback, evaluations and 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 where they live. To achieve our vision we are committed to being innovative and working closely with our neighbouring health and social care providers to ensure that children and young people do not receive compromised service provision due to their place of residence, ethnicity or social disadvantage.

## **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
- We will have a joined up system with no barriers and easier access
- More young people will have good mental health
- Fewer children and young people will develop severe mental health problems and when they do experience problems, will receive the appropriate care as close to home as possible, in the least restrictive environment
- Children young people and their families will get swift access to the supportive services they require
- 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
- 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:

### **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

## **Introduction**

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.

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.

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 third year of delivery.

Even though this plan focuses on the key initiatives and outcomes that have been achieved as part of the local Transformation Plan this document also takes the opportunity to showcase some of the phenomenal work of our local children, young people and professionals.

This third refresh adopts a very reflective approach and commits to the evaluation and reflection of work complete to-date. This plan has been refreshed within changing times in terms of implications of the White Paper on Children's Mental Health and the local commitment to 'place-based integration'. Even though new priority areas have been set, for example Neurodiversity, much of this plan focuses on reflection and further refinements of key initiatives implemented as a result of this Transformation Plan, whilst developing plans to be responsive to the changing landscape.

# **Part 1**

## **Local and Strategic Context**



## **1.1 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.

### **Future In Minds**

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

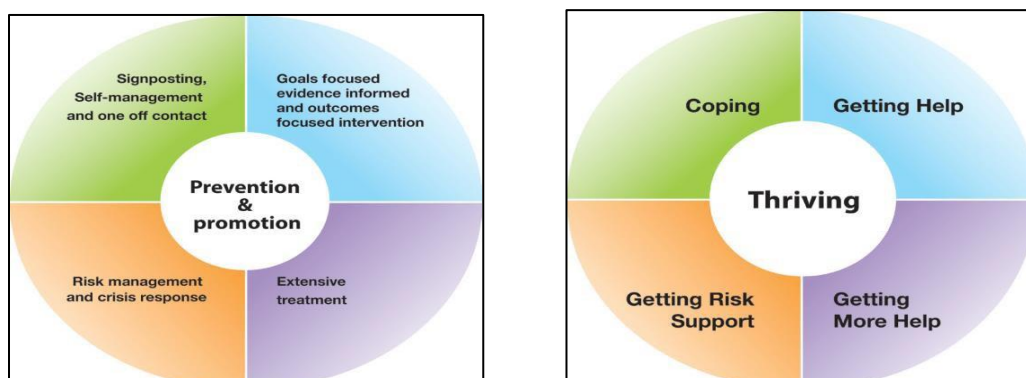
Instrumental within 'Future In Minds', was the notion of how transformation is required across all sectors of the Health, Education and Social Care system to bring about the required changes needed to meet the mental health needs of children and young people and identified five key themes, all have which have influenced the this Transformation plan and include:

- 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

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.



## **‘Transforming Children and Young People’s Mental Health Provision: A Green Paper’ (December 2017)**

Since the publication of the last refresh, the government has published ‘Transforming Children and Young People’s Mental Health Provision: a Green Paper’ (December 2017). This green paper builds on *Future in Mind* and sets out the ambition to go further to ensure that children and young people showing early signs of distress are able to access the right help, in the right setting, when they need it and putting schools and colleges at the heart of the efforts to intervene early and prevent problems escalating.

Central within the proposed reforms is the commitment to support local areas to adopt ambitious new collaborative approaches to provide children and young people with an unprecedented level of support to tackle early signs of mental health issues through prosing to:

- Incentivise every school and college to identify a Designated Senior Lead for Mental Health, with all children and young people’s mental health services forming links for schools and colleges to provide rapid advice, consultation and signposting.
- Fund new Mental Health Support Teams, supervised by NHS children and young people’s mental health staff, to provide specific extra capacity for early intervention and ongoing help. Managed jointly by schools, colleges and the NHS, these teams are proposed to link groups of primary and secondary schools and to colleges, providing interventions to support those with mild to moderate needs and supporting the promotion of good mental health and wellbeing.
- Trial 4-week waiting times to access specialist NHS children & young people’s mental health services.
- 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.

This local Emotional Health and Wellbeing Transformation Plan aims to address the key issues identified within Future In Minds, however this refreshed version has been mindful of the changing policy direction of the Green Paper and is committed to continually enhance and ‘refresh’ in line with policy direction and learning from the trailblazer sites.

## **1.2 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:

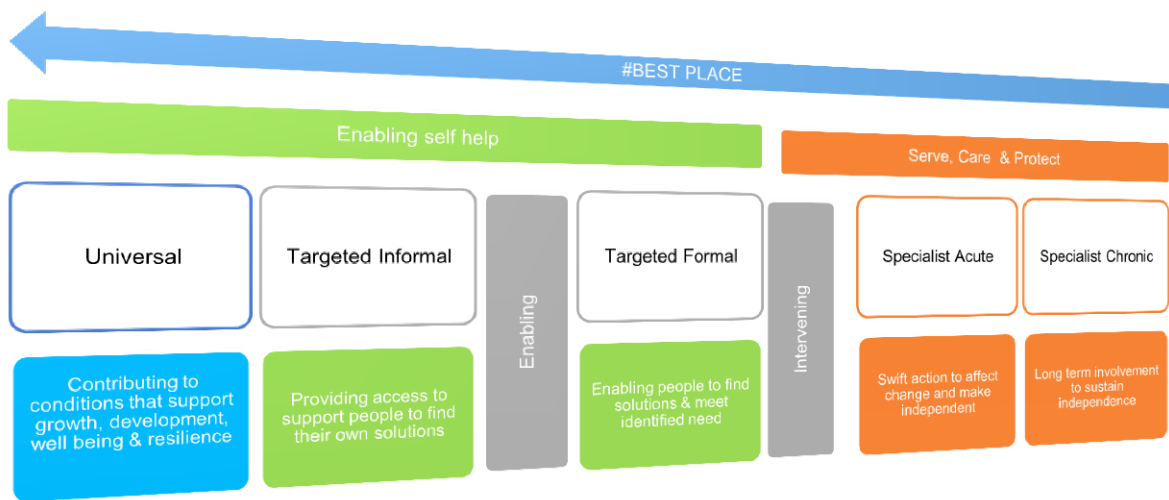
- North Lincolnshire’s Suicide Prevention Strategy (March 2016)
- Helping Children and Families 2016 – 2019 (Threshold Document)
- Five Year Mental Health Forward
- Youth Justice Plan 2015 - 2017
- Children in Care and Care Leavers Partnership Strategy

Furthermore, North Lincolnshire Council, North Lincolnshire CCG and their partners have come together to develop a single approach towards ‘Place based whole system integration’ between 2018 and 2021 with the aim to:

- Promote integration of North Lincolnshire’ health and social care economy through a shared understanding of the needs of the population
- Develop models of delivering integrated health and social care
- To facilitate integration of care
- Commission innovation

Supporting this North Lincolnshire have agreed to promote a way of organising services based on levels of need, utilising the single organisational model (see below).

**Single Organisational Model**



As part of this programme of integration, across North Lincolnshire there is a commitment to configure services around the three Care Networks, share assets, co-locate where appropriate and deliver the very best services, from the best facilities in ensuring that people’s needs are met as well as delivery on a number of key objectives including mental health and the development of an all-age Mental Health integrated strategy.

Even though these developments are in their infancy, this plan is mindful of this changing landscape and are expected to feature and influence more heavily within the 2019 refresh.

### 1.3 What is our Local Data Telling Us?

Intelligence, helping to shape this plan, is gathered from many different sources including public health data, local collected performance and activity data and local intelligence/feedback from parents, children and professionals. This section aims to pull together this known intelligence to help inform future planning.

#### Public Health Data

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 Integrated Strategic Assessment (ISA) provides a population profile for North Lincolnshire to help inform local service planning.

#### 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 <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>

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)
<ul style="list-style-type: none"><li>• Low rates of family and youth homelessness</li><li>• High rates of readiness for school</li><li>• High rates of GCSE attainment</li><li>• Low rates of youth offending</li><li>• Low rates of CIN &amp; looked after children</li><li>• Low rates of hospital admissions for self-harm</li><li>• 100% coverage of health assessments for looked after children</li><li>• Falling rates of teen conceptions</li></ul>	<ul style="list-style-type: none"><li>• Higher than average rates of child poverty (under 16)</li><li>• Higher % of lone parent households</li><li>• Significantly higher than National average levels of excess weight amongst 4-5 year olds and higher than average for 10-11 year olds</li><li>• Higher rates of youth unemployment</li><li>• Higher rates of emergency admissions for substance misuse 15-24 year olds</li></ul>

Source: PHE, 2016

North Lincolnshire's current position and trends on each of these measures relative to the England average are summarised on page 13. 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.

#### 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 Centre's. 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 boy's underachievement in writing and key early year's 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.

**Incidence and Prevalence of Mental Illness in Children and Young People**

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 2017-2018 and indicates that hospital admissions due to:

- Substance misuse (15-24 years) are in line with the England’s average (95.4 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 404.6 per 100,000 population, at 289.2
- Alcohol specific conditions for under-18s are significantly better than England average 34.2 per 100,000 at 40.6.

(Source PHE Fingertips profile mental health and children and young people accessed on 20<sup>th</sup> September 2018)

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.

**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# per year in North Lincolnshire
Adjustment disorders	15-30%	290-380
Mild to moderate anxiety and depressive illness	10-15%	200-290
Post-traumatic stress disorder	3%	60
Severe depressive illness	3%	60
Chronic severe mental illness	2%	38
Postpartum psychotic illness	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. It is expected that 230 women a year in North Lincolnshire will require some form of intervention. Based on national estimates approximately a third of this number (76 a year) will have complex mental health needs, and 8% (150 women a year) may require psychological services.

## 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 of 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*

<b>Mental illness (5-15 years)</b>	<b>Prevalence %</b>	<b>Estimated number of children affected</b>
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)

## 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*

<b>High risk groups</b>	<b>Expected prevalence of mental illness %</b>	<b>Expected no# in North Lincs</b>
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

## ➤ 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 (SDQ) 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 scores for Looked after Children in North Lincolnshire are included in the table below. For 2017/18 it was 15.7, which was higher, but not significantly different to, England's average of 14.1.

Table 5: National, Regional and Local Comparison of SDQ scores 2014-2017

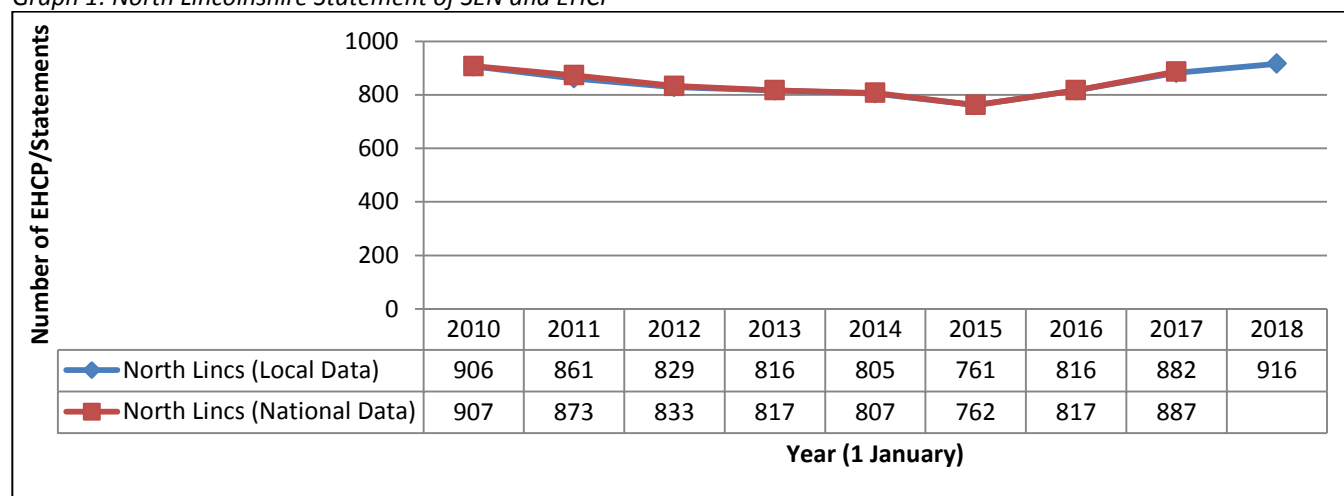
SDQ scores for Looked After Children	NL CCG	HUMBER	ENGLAND
2014/15	15.3	14.4	13.9
2015/16	15.9	14.2	14
2016/17	15.7	14.7	14.1
2016/17	Awaiting Data	Awaiting Data	Awaiting Data

## Children with Learning Disabilities/Special Education Needs and Disability (including ASD/ADHD)

Locally, North Lincolnshire Council publish a 'Special Education Needs and Disability (SEND) assessment (<http://www.northlincs.gov.uk/EasySiteWeb/GatewayLink.aspx?alId=44689>) , which pulls together all the local intelligence to on the children and young people with SEND needs, with the aim to help inform strategic planning and monitoring.

Two principal methods for calculating the number of children and young people with an education health care plan or a statement of special educational needs are used locally and include the DfE formula and North Lincolnshire Council's formula (see below graph).

Graph 1: North Lincolnshire Statement of SEN and EHCP



Source: Statistical First Release SFR22-2017 Main Tables EHCP and locally held data

As such locally it is estimated that in 2017 there was approximately 884 children locally with a Statement of SEN and an EHCP. Compared to 2010-2015 where there is a steady decline in the number of pupils with an EHCP/Statement of SEN, however from 2016 onwards show increases year on year.

Information from school census on Pupils with Special Educational Needs (SEN) and SEN provision in schools (see below) identifies information on the primary need of children in North Lincolnshire who are receiving additional support within schools (please note that this includes children who may not also have an Education Health Care

Plan). As such, the below data indicates that in North Lincolnshire the primary need of 549 children at SEN level is in regards to their Social, Emotional and Mental Health and 260 children are supported in terms of their primary need being ASD. When compared to national averages we can see that there is a locally in regards to Social, Emotional and Mental Health the following can be seen:

- For primary the number is not significant to the national average
- In secondary schools the percentage is under the national average (-4.1%)
- For special schools the numbers are significantly over the national average (+13.7%).

In regards to ASD as a primary diagnosis in 2015-2017, data suggests that the primary need identified within primary, secondary and special schools was below the national average. However in 2018, there has been an increase in ASD as the primary need across all settings, but still remaining under the national average.

Table 6: SEND Dataset Primary Need

	Cohort	North Lincolnshire					Yorkshire & Humber			National		
		2015	2016	2017	2018	Trend	Average	Difference		Average	Difference	
								-10	0	+10	-10	0
% of children with SEN primary need (Primary Schools)												
Social, Emotional and Mental Health	290	14.8%	16.0%	16.1%	16.5%		14.8%		1.7	15.9%		0.6
Autistic Spectrum Disorder	92	2.9%	2.8%	3.5%	5.2%		6.3%		-1.1	7.3%		-2.1
% of children with SEN primary need (Secondary Schools)												
Social, Emotional and Mental Health	200	11.4%	11.5%	13.8%	14.8%		18.7%		-3.9	18.9%		-4.1
Autistic Spectrum Disorder	104	6.2%	7.8%	7.0%	7.7%		9.4%		-1.7	11.3%		-3.6
% of children with SEN by type of primary need (Special												
Social, Emotional and Mental Health	59	22.5%	23.0%	25.2%	20.6%		6.9%		13.7	6.8%		13.8
Autistic Spectrum Disorder	64	18.7%	18.4%	18.3%	22.3%		27.7%		-5.4	28.5%		-6.2

Furthermore, prevalence data estimates that to be 1% of child population national estimates suggest that 7 per 10,000 under 19’s are newly diagnosed each year. When applied to North Lincolnshire, this indicates that we would expect to see 27 new children diagnosed per year and approximately 390 with a diagnosis of ASD in North Lincolnshire. Of these children, national data suggests that approximately 45% will be low functioning (IQ of below 70) and 55% will be high functioning (IQ above 70). When compared to the data on ASD as a primary SEN need (n=260), data suggests that to date, locally, that the prevalence of ASD in North Lincolnshire is lower than would have been expected.

Locally, an integrated pathway (also known as the Child Development Centre) provides assessment for children under 5. For children aged 5 years and over the local CAMH service provide an ASD/ADHD diagnostic pathway.

Local CAMHS data estimates that since 2015 there has been an exponential increase in the number of referrals suggesting that in:

- 2015 – 157 referrals were received
- 2016 – 220 referrals were received
- 2017 – 278 referrals were received
- 2018 – Estimated that 380 – 410 referrals will be received.

The above numbers indicate the estimates of the number of referrals received. All referrals are subject to the Advice and Consultation model to ensure that only appropriate children are subject to the comprehensive neuro-development disorder assessment. In 2017, 64% (n=177.92) went through for a full psychological assessments. In addition, data suggests that of these children, a relatively high diagnostic rate was achieved (in excess of 80%), indicating that appropriate triage systems are in place to ensure that only those required go through the comprehensive assessment.

Evidence suggests that both children and young people with a Learning Disability and /or ASD are vulnerable to



an increased prevalence of mental health illnesses. Nationally, it is estimated that more than 1 in 3 (36%), children and adolescents with learning disabilities have a diagnosable psychiatric condition. Based on the above statistics at least 294 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.

➤ **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.

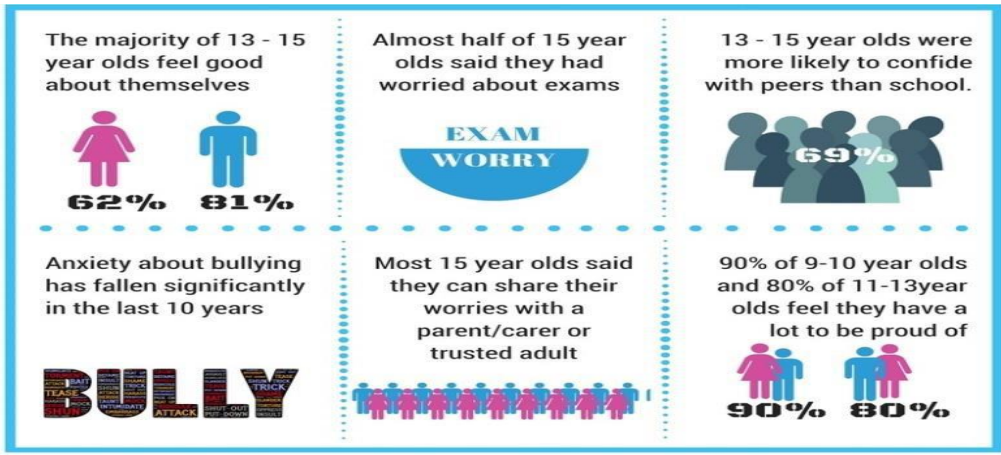
➤ **Children with Chronic Physical Conditions**

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.

**1.4 What are Local Children and Young People Telling Us?**

**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 to 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.

### **College Lifestyle Survey 2018**

All participating pupils were asked to complete the Warwick Edinburgh Emotional Wellbeing Scale (WEMWBS). Overall, females scored lower than males, accounting for almost two thirds of young people with a low wellbeing score, (i.e. with a score less than 34). Conversely, males accounted for almost two thirds of all those with above average scores, (i.e. with a score above 55).

When asked what they would recommend colleges do differently, the common themes raised by students were:

- Tackling waiting lists with counsellors
- Better alignment of subject timetables, especially for those students who were travelling some distance to college, which some felt was a source of significant stress amongst students
- Better signposting within colleges about where to go for confidential advice and support
- Timely access to trained staff was generally regarded as a key barrier to getting help, as well as lack of awareness about where to go.

### **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.

### **Make Your Mark Campaign**

Locally, the Make Your Mark Campaign has made a significant impact, 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. Results from the 2017 Make Your Mark campaign celebrated a phenomenal 70% response rate, in which Mental Health was identified as the second major concern for young people locally.

## 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 North Lincolnshire Emotional Health and Wellbeing agenda include:

### The Positive Steps Working Group

A subgroup of the local Youth Council, the Positive Steps Working Group takes a lead on Emotional Health and Wellbeing, responding to local needs. Key within their portfolio of publications and achievements including:

- 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.



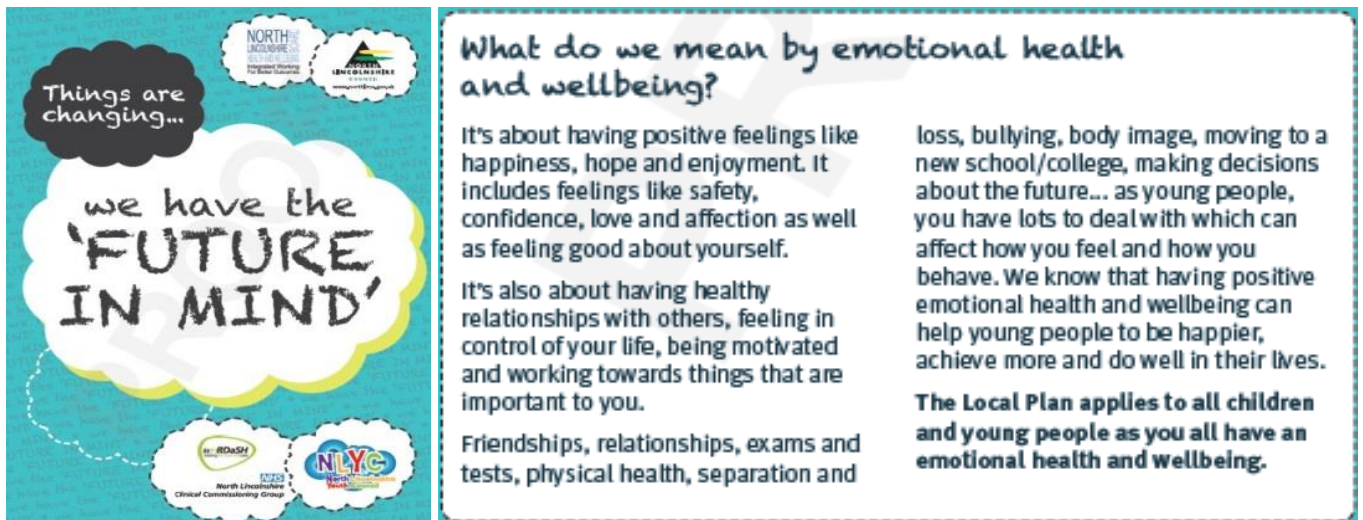
- With finances awarded by the Transformation Programme in Year 1, a Positive Steps event was held in Scunthorpe, North Lincolnshire, which aimed to raise the profile of young people's emotional health and wellbeing and engaged in the excess of 400 local young people.
- Links between the Positive Steps Youth Group and CAMHS are now well established. CAMHS has recently commissioned art work produced by the young people to promote their positive body image project, and display it on the walls of the CAMHS building in Scunthorpe.
- Members of the group also designed a poster for School and College Mental Health Champions to explain their role to both students and their families. The group are monitoring as the posters go up to explore the impact that this has for students' mental health and wellbeing.

### 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, the local Positive Steps Group 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](#)



### 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. In 2017/2018 work was initiated with North Lincolnshire Health Watch, to further expand consultation networks.

## 1.5 What do Local Services Look Like?

### 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, £2,103,084 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 providers to meet the needs of Children and Young People in North Lincolnshire.

Table 7: North Lincolnshire Allocation of Targeted and Children and Young People's Mental Health Spend 2018/19 – forecast

	North Lincs CCG	North Lincs Local Authority
<b>Specialist CAMHS Investment</b>	£1,422,297	
<b>CQUIN</b>	£35,574	
<b>Specialist Trauma Pathway Therapeutic including CSE</b>	£122,000	£78,000
<b>Eating Disorder Service</b>	£90,000	
<b>CAMHS Transformation Fund</b>	£432,286	
<b>Total Spend</b>		£78,000
<b>Total Spend – including North Lincs LA contribution</b>		<b>£2,102,084.00</b>

The above table illustrates the committed expenditure for 2018/19, 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 range of supportive services including Education Psychology, Counselling Services, Behaviour Support Services etc.). Also, this figure does not include the spend of Mental Health Support for North Lincolnshire Children and Young People who are residing, or being educated, outside of North Lincolnshire.

In 2017/18 £430,868 was spent from the Transformation Fund (see table 8 below). Table 9 (page 22) further explains the Transformation fund allocation for 2016/17, 2017/18 and 2018/19, demonstrating the full CCG commitment to expenditure of the identified allocation. The financial investment table for 2018/19 onwards (also on page 22) moves towards a long-term commitment of finances and thereby embeds long-term sustainability of the plan.

Table 8: North Lincolnshire Allocation of Targeted and Children and Young People's Mental Health Actual Spend 2017/18

Local Priority Scheme (LPS) description	Actual Spend 2017/18	Narrative
<b>Primary Prevention</b>	£1,500	YOT Training
<b>Workforce Development</b>	£67,439	Getting the lowdown, Infant Mental Health Programme, Life Central development, Carnegie Library Scheme, Youth Mental Health First Aid
<b>Improve Access for the Most Vulnerable</b>	£71,929	LD Psychology Service
<b>Improving Access &amp; Supporting Universal Services</b>	£70,000	Additional staffing into the advice and consultation model
<b>Eating Disorders</b>	£90,000	
<b>Crisis and Intensive Community Support</b>	£130,000	
<b>Total Spend</b>	<b>£430,868</b>	



Table 9: North Lincolnshire Allocation of Transformation Monies

	2016/17		2017/18		2018/19	
	National	Local Allocation	National	Local Allocation	National	Allocation
<b>Eating Disorder Service</b>	£90,000	£90,000	£90,000	£90,000	£90,000	£90,000
<b>CAMHS Transformation Fund</b>	£356,000	£310,000	£356,000	£356,000	£356,000	£356,000

2018/19 Investment onwards	
<b>Eating Disorder</b>	£90,000
<b>LD Mental Health and ASD Support and CAMHS Additional Staffing</b>	£3810,000
<b>Bereavement Support / Counselling</b>	£18,800
<b>Total Investment</b>	<b>£446,000</b>

## Local Service Provision

### ➤ 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.

Due to the implementation of Future In Mind and the Thrive model the local team have developed their team within care pathway groups, embedding a clinical leadership function within all the pathways. Table 10 below identifies the professionals and whole-time-equivalents aligned to each of the pathways.

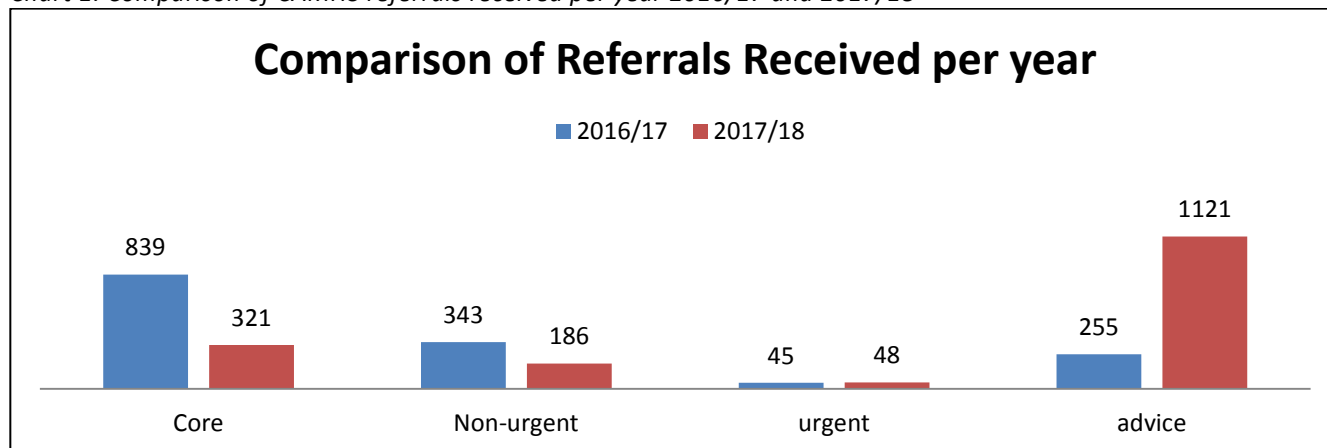
Table 10: Key Workforce Data, Specialist CAMHS accurate as of 21<sup>ST</sup> July 2018 – Awaiting Information to be validated

ROLE	WTE 2018/19	ROLE	WTE 2018/19
<b>Assistant Psychologist</b>	2.4	<b>Family Therapist</b>	1
<b>CAMHS Practitioner (Agency)</b>	0	<b>Paediatric Nurse</b>	0.3
<b>CAMHS Clinical Support Worker</b>	1	<b>Psychologist(Principle)</b>	6.2
<b>Consultation &amp; Guidance Lead</b>	1	<b>Psychological Therapist</b>	0.3
<b>CAMHS Practitioner</b>	7.4	<b>Youth Offending Service</b>	0.2
<b>Mental Health Cluster Lead</b>	0.7	<b>CAMHS Team Manager</b>	0.8
<b>Clinical Psychologist</b>	3.2	<b>Self- Harm and IHT Lead</b>	1
<b>Consultant Psychiatrist</b>	0.7	<b>Cognitive Behaviour Therapist</b>	0.8
<b>Consultant Clinical Psychologist</b>	0.6		
		<b>Total</b>	<b>27.6</b>

## ➤ Specialist CAMHS Activity

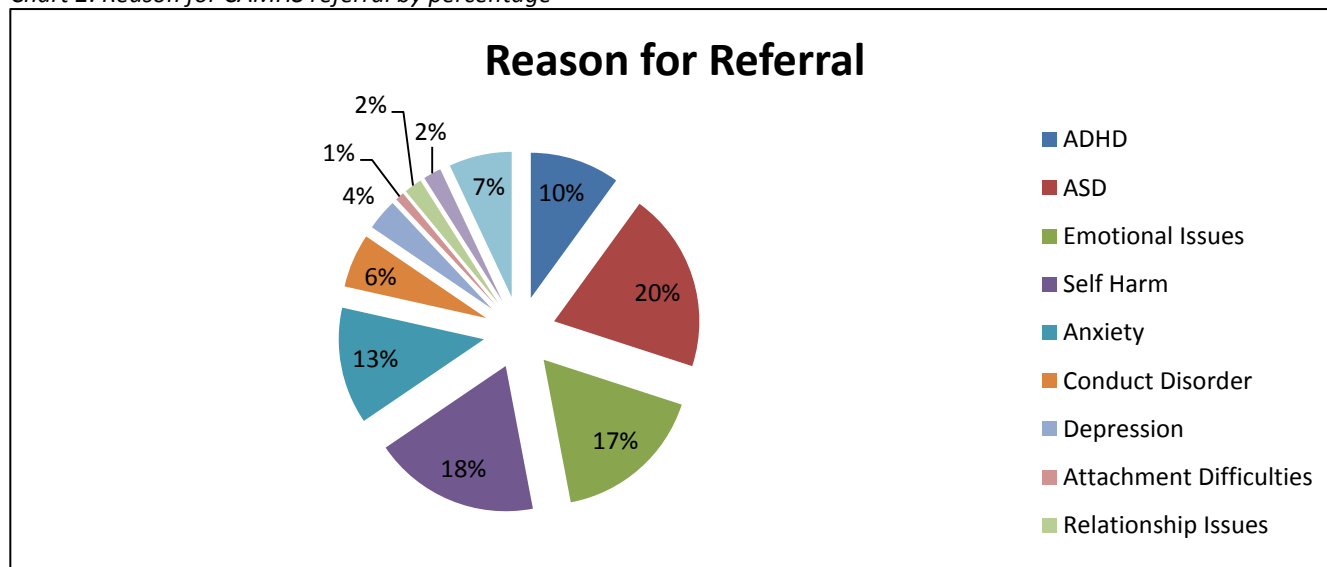
As part of routine contract monitoring arrangements, trends in referral data are monitored. Due to changes within reporting, and changes within the IT system used by specialist CAMHS, it has not been possible to compare referral data, with a high degree of validity. Within last year's refresh it was identified that between 2016/17 and 2017/18 there was an increase approximately 15% in referrals to Specialist CAMHS (see below chart 1).

Chart 1: Comparison of CAMHS referrals received per year 2016/17 and 2017/18



Based on data from April to September 2018, it is expected that approximately 1578 referrals will be received for CAMHS in 2018/19, which would suggest that this 15% increase in the referral rate seen last year has been maintained. The development of our local performance monitoring has enabled us to determine more in-depth reasons for referrals into CAMHS. The chart 2 below illustrates how Neurodiversity account for 30% of all referrals into CAMHS, with Self-Harm featuring secondly, followed by relationship issues and Anxiety.

Chart 2: Reason for CAMHS referral by percentage



Source: RDASH CAMHS Referral Data April-September 2018

Figures from April-September 2018 suggest that in 2018/19 CAMHS will receive an overall of:

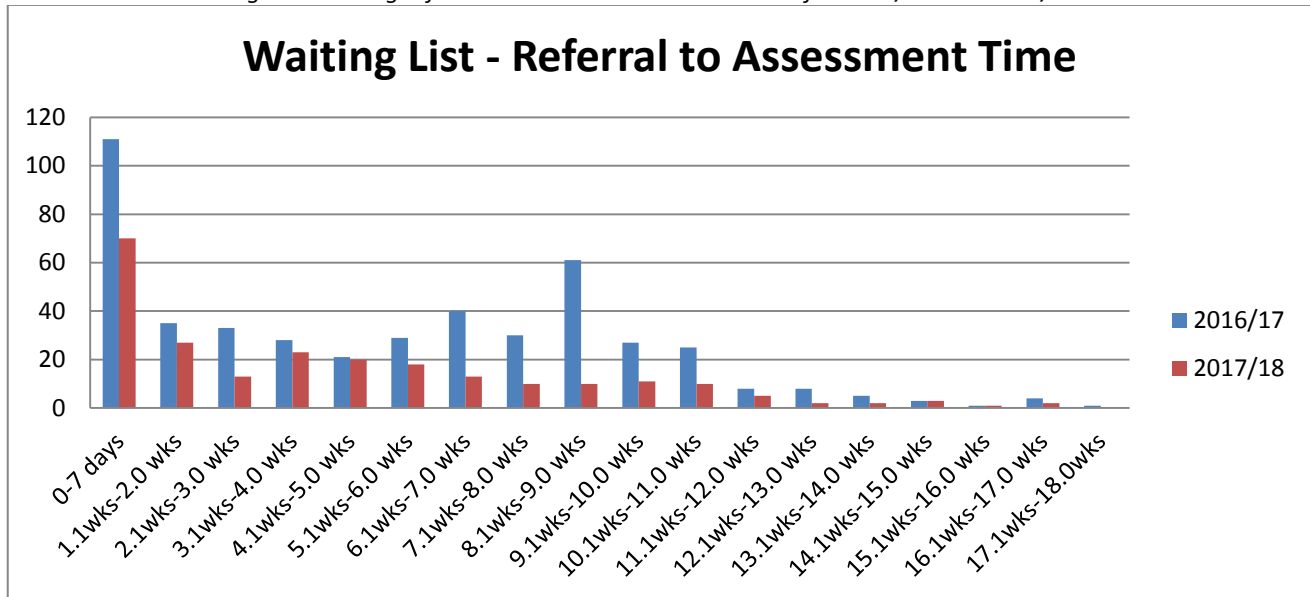
- 322 referrals for ASD assessment
- 141 referrals for ADHD assessment
- 292 self-harm referrals
- 264 referrals for Emotional Issues
- 202 referrals for Anxiety
- 357 referrals for other presenting issues.

This increased intelligence now enables us to review our services in light of prevailing need, also help to determine and influence our primary and secondary prevention strategy.

## Waiting Times

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 target has been achieved for numerous years - see chart 3 below, with over 90% of children and young people have been seen within 10 weeks, with 25%-30% of children and young people starting treatment within one week, April 2016 – April 2016.

Chart 3: CAMHS Waiting List showing referral to assessment time in weeks for 2016/17 and 2017/18



However, in recent months data is suggesting that waiting times have risen for both the Advice and Consultation and the Diagnostic Pathway only, with data from July and August 2018 suggesting that 43% were not assessed within the 10 week period for the Advice and Consultation Pathway. As such, a Waiting List initiative has been implemented by the providers with a goal of reducing the wait to 10 weeks or below before the end of March 2019. With regards to the Diagnosis Pathway, the exponential increase in referrals, has instigated a whole service review and the local CAMHS service is working in partnership with Local Authority and CCG colleagues to determine what a revised model will need to look like and how the waiting list can be appropriately and timely managed. However, it is important to note that waits are not incurred in either the Mental Health Cluster or the LAC cohort.

## 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 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.

### **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 model (see page 63 for more details). This service is now fully operational, having officially launched in January 2017, in which all NICE standards have been fully adhered to including access and waiting times standards.

### **Provision for Looked After Children (LAC)**

North Lincolnshire CAMHS has a well-established model of joint partnership working with the LA, based 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 model facilitates CAMHS Psychologists to work closely with Social Workers, Fostering Social Workers and Foster Carers to ensure the child is at the center 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. If a young person's needs escalate and an out-of-area placement is required, the team work in partnership with social care to identify and plan the best placement for the young person and when feasible, the service will continue to support the review of commissioning arrangements for the young person, and assist within future planning.

Nationally, there has been an increase nationally in the numbers of young people coming into Local Authority care, which are also reflected locally, with North Lincolnshire seeing an increase in almost 60 children and

young people entering care between 2016-2018, making the population of LAC approximately 257. Within this increase there have been an increased number of Unaccompanied Asylum Seeking young people, who represent around one third of the increase.

### **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. Over the past year the model within the YOS has been further refined to which a consistent proactive Consultation and Advice model has now been implemented, alongside access to the CAMH service when one-to-one therapeutic interventions are required..

### **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 on page 69. 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.

### **Specialist CAMHS and Transition CQUIN**

On page 21 it was identified that £35,574 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
- A survey of young people's transition experiences ahead of the point of transition
- 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. Good progress has been made by RDASG against the agreed milestones for CQUIN indicator 5 in 2017/18. However, the number of patients that met the CQUIN criterion in North Lincolnshire was relatively low.

A review of the RDASH CQUIN submission by the CCG reported that:

- Although a low number of cases were reviewed, surveys and action plan provided good assurance of RDASH approach to supporting patients.
- RDASH confirmed that the transition surveys were developed collaboratively as part of the Yorkshire and Humber Clinical Networks and were sent to all transitioned and discharged patients across the Trust.

There were no milestones for this indicator in Q1 2018/19 but the Q2 2018/19 position will be reviewed in early October.

### **Access to Children and Young People's Mental Health Standard**

Nationally, CCG's have a target to increase the number of children with a diagnosable mental health condition seen within CAMHS. In North Lincolnshire NHS England has calculated that there are 3,532 children and young people with a diagnosed mental health condition. As such, year-to date data, submitted by the local CAMHS provider, suggests that currently 420 children have received support from CAMHS, to which NHS England have predicted that North Lincolnshire CAMHS will have an access rate of 28.5%, compared to the national target of

32%. Locally, with approximately 1,600 referrals per year into specialist CAMHS, to whom the majority have access to the Advice and Consultation element of the service, it is predicted that with further work on reporting, this target should be able to be achieved.

### **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 and commenced delivery of the new service in December 2017.

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.

### **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.

A key objective for 2018 is the procurement of a revised LD CAMHS service. The inaugural stages of the recommissioning have commenced and a needs assessment of the children currently referred to the current therapy pathway has been completed. Within the needs assessment we reviewed 35 referrals for the service over the last 12 months to identify any key trends of referrals in which key headlines from the review indicated that; there was a high prevalence of ASD in referrals, children seemed to be referred around key transition points (11 -13 mean) with anxiety and challenging behaviour being the most common reason for referrals.

In line with NHS Guidance the CCG facilitates Care Education Treatment Reviews (CeTRs) for children and young people. Between 2016 and 2018, five 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.

### **Schools Commissioning of CAMHS**

In North Lincolnshire schools are also a key commissioner and provider in supporting 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 2 below) has recognised the importance of children's emotional health and wellbeing and commissioned a part-time CAMHS practitioner to work within the school.

#### **Box 2: 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.

#### **Child Sexual Assault Referral Centre's (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 Paediatric services at Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) - NLaG NHS Trust representing the 'spoke' arm of the service.

#### **Tier IV / Hospital Inpatient provision**

NHS England commissions Tier IV/Hospital Inpatient provision for the population of North Lincolnshire. The table below shows no new Tier IV admissions in 2017/18. North Lincolnshire has seen a significant decrease in the number of Tier IV admissions from 8 admissions in 2015/16 to 6 admissions in 2016/17; lower other CCGs within the Humber Coast and Vale STP

*Table 11: NHS England admission data 2017/18*

	2017/18
<b>Current Patients</b>	2
<b>In-year Admission Numbers</b>	0
<b>Delayed Discharges</b>	0
<b>Distance from Home (miles)</b>	29.95
<b>Average Length of Stay (days)</b>	90
<b>Occupied Bed Days</b>	182
<b>Readmission Numbers</b>	0

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.

### **Neurodevelopment Assessments (ASD and 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 ADHD. In 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 advice model for the pathway is being effective and only subjecting children, young people and their families to a full assessment, when necessary.

### **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. In North Lincolnshire during 2017/18 thirty-six 14-35 year olds used the service and to date in 2018/19, nineteen 14 – 35 year olds have accessed the service.

### **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 Integrated 0-19 (25 send) Health and 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. There is an Intensive Family Support offer which aims to support more vulnerable parents by increasing the number of contact antenatally and up to the age of 2 if required. 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.

### **Perinatal Mental Health**

More than one in 10 women develop a mental health problem during pregnancy or within the first year following birth; if left untreated, it can have a long lasting effect on women, families and a child's emotional, social and cognitive development.

NHS England has signalled its commitment to improving access to Perinatal Mental Health (PNMH) services across the country as outlined in both 'Better Births' and 'The Five Year Forward View' so that by 2020/21 there will be increased access to specialist perinatal mental health support in all areas of England, allowing at least an additional 30,000 women each year to receive evidence-based treatment, closer to home, when they need it. This includes access to the right range of specialist community and inpatient care.

To achieve this ambition, a Five Year phased transformation programme was launched, backed by significant

additional funding, to improve women's access and experience of care, early diagnosis and intervention. Allocation of the funding was split over WAVE 1 and WAVE 2 funding phases, with a commitment that the funding would be mainstreamed into CCG allocations from 2019/20 to further support the development of perinatal mental health services.

NHS England released an additional £23m for WAVE 2 in February 2018 for bid submission in March 2018, with the criteria that each STP could only submit and support one investment proposal for their area. North Lincolnshire, as part of Humber, Coast and Vale submitted a bid which was successful in July 2018.

The bid included the development multi-disciplinary teams, with a critical mass of patients in line with the Royal College of Psychiatry [CR197](#) guidance, and included the development of two services split across the STP geography as follows:

- Tees Esk and Wear Valley Foundation Trust (TEWV) will provide a specialist service into York and Scarborough Ryedale.
- Humber NHS Foundation Trust (HFT) to extend their existing service in Hull and the East Riding, whilst providing a new service in the North Lincolnshire and North East Lincolnshire areas, in collaboration with local mental health trusts NAVIGO and Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) for which sub-contracts outline the areas of service for which they are responsible.

In line with NHS England requirements, both services went live on 1<sup>st</sup> October 2018.

### **Healthy lifestyles**

There is strong evidence to demonstrate the impact of healthy lifestyle adoption and good future health and wellbeing, especially in early childhood. 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
- A 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 active lifestyles.

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

North Lincolnshire Council is leading a whole-system approach to healthy weight, which aims to align and coordinate actions across the system, to create healthy weight environments and promote physical activity and healthy eating.

### **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 coordinated 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.

#### **Local Authority 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):

- Integrated 0-19 (25 SEND) 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**

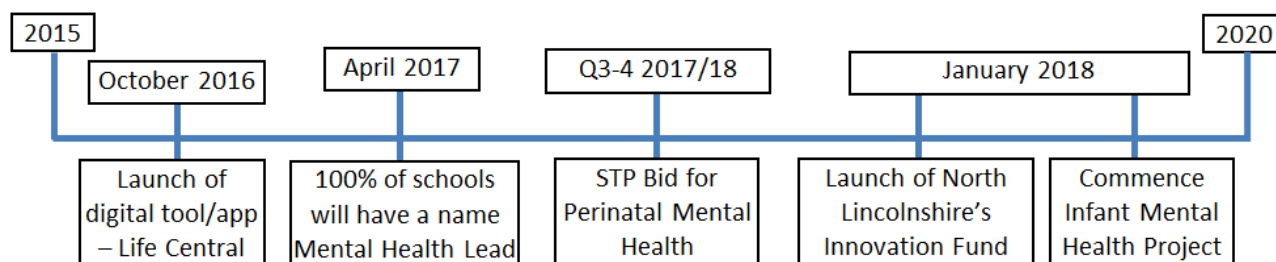
## 2. Priorities

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	
1	<b>Primary Prevention/Children and Young People Enjoy Good Health and Emotional Wellbeing</b> Promoting Resilience, Increasing Public Awareness, Demystifying Stereotype
2	<b>Improving Access &amp; Supporting Universal Services</b> Implement a consultation <sup>3</sup> model that moves away from referrals and towards joint working, advice, guidance and support <sup>4</sup> and creates a provision specifically to support universal services.
3	<b>Workforce Development</b> To ensure that we have the workforce across universal, targeted and specialist to support children and young people
4	<b>Development of an Intensive Home Treatment Provision</b> Implement a new home treatment service that acts as an alternative to inpatient services and has a key role in pre-crisis and enables step down from acute / inpatient services
5	<b>Eating Disorders</b> Create a new community eating disorders service to reflect local needs and meet national standards
6	<b>Caring for the Most Vulnerable</b> Develop bespoke inter-agency models which reaches out to the most vulnerable children and young people's groups

## 2.1 Primary Prevention: Children and Young People Good Health & Emotional Wellbeing



### 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 viewed as a supportive mechanism for delivery across the Children's Trust. Box 3 below identifies our anticipated outcome from this priority.

### Box 3: 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

### 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 Positive Steps Group 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.

### **What we have achieved to date**

Throughout the last three years all key milestones along the roadmap have been achieved. These include:

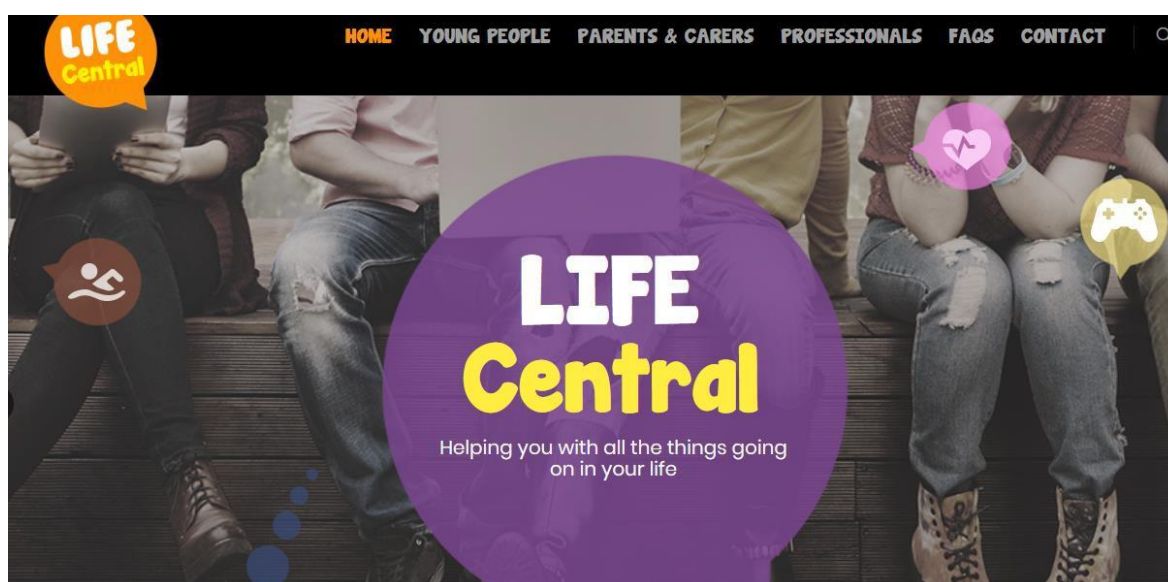
- Launching a digital tool/ app – Life Central
- Securing named Mental Health Leads in Schools
- Commenced Infant Mental Health Project
- Successful in joint commissioning of a Specialist Perinatal Mental Health Service
- Commissioned innovative work such as anxiety community support groups and education resource packs for schools

We acknowledge that this is work towards Primary Prevention is ongoing and over the next year all partners will continue to work together to further develop a more in-depth strategy around mental health prevention. We will use the increased local intelligence (see page 12-17) to steer future interventions.

### **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. Building on our achieved milestones, we plan to continue, improve and evaluate throughout the coming year.

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



Children and Young People told us that they wanted trusted guidance with regards to emotional health and well-being. To support this, North Lincolnshire CCG invested in commissioning the development, launch and maintenance of the website and app – Life Central [www.life-central.org](http://www.life-central.org)

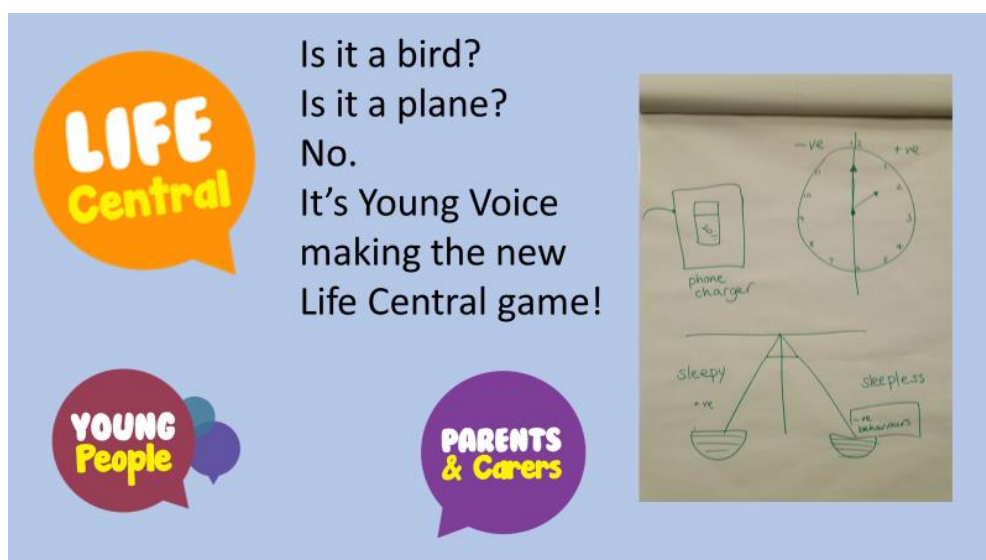
Local children and young people co- designed the website and app, and are involved in the continued development and promotion, as well as input on content and design. We remain committed to utilising technology to engage children and young people to build resilience and reduce stigma surrounding mental health.

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 2 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.

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.

Two years after launch, Life Central currently gets approximately 347 hits a month on the website and the app is frequently downloaded ([www.life-central.org](http://www.life-central.org))

Additional investment was made to help the continued update of the Life Central Website. The local Positive Steps Group have been helping to shape the development and have been instrumental in developing a sleep and transition page, include a new interactive sleep game called 'fully charged' – which is currently the most popular page with 347 hits



in the last quarter. This involved research on what makes a good night's sleep and developing Top Tips on how to have a best night's sleep if you're struggling. A range of interactive quiz questions were also drawn up and young people debated a range of images to show how the questions could visibly illustrate how sleep habits add to or detract from a good night's sleep.

Data analytics from September 2017 to present day tells us that Life Central has averaged 2,000 users and 2,500 sessions. Feedback from a variety of users shows that the content is relevant and reaches across generations



Pages that have accrued the most hits include: bullying, bereavement, health and wellbeing, and sexual health. Highest hit dates also correspond with 'Life Central on the Road' events, where it has been present at festivals

and events through North Lincolnshire to raise awareness of the website and app. The highest hits in an isolated period can be identified prior to school starting again after the summer.

We are continually looking for ways to promote Life Central, and maintain fresh content that is co-produced with young people and specialist workers, including the development of 'real stories', and working with peer mentors as ambassadors to create pilot age appropriate resources.

Our main focus for the next year is to continue to listen to Children and Young People and enable them to drive this forward, encouraging wider promotion and relevant content.

#### ➤ **School Based Mental Health Champions**

This milestone has been achieved with 100% of schools, colleges and alternative provisions in North Lincolnshire identifying at least one School Mental Health Champion. There is ongoing development of these champions detailed in page 49.

#### ➤ **Infant Mental Health**

"The foundations of all domains of human development are laid in the first several years of life. Basic to healthy development are the capacities to love, to feel, to develop a sense of self, and to adapt to one's environment. Infant mental health is the social and emotional well-being of the very young child in the context of family relationships, beginning at birth and extending through the preschool years".

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. In 2017/18 funding was 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 is working across the health, social care, private and volunteer economy, and includes the exploration of current provision for children who have had exposure to trauma in their early years (Box 4) describes the proposed outcomes of the project).

#### **Box 4: Proposed Aims of the Early Years Project**

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



An Infant Mental Health Lead was funded to work on the programme for the 12 month project period. This has now commenced, with the identified outcomes being:

- Infants are part of a locally agreed partnership approach to supporting their emotional health and wellbeing from the antenatal period onwards
- Infants are part of families who receive information to help them at the right time and in the right place, so that they receive the support they need at the earliest possible time.
- Infants are provided with a 'secure base' and a 'safe haven' by their parent/primary caregiver responding in a consistently attuned manner to their needs.
- Infants form a secure attachment relationship with their parent/primary caregiver
- Infants develop into children and adults who have emotional resilience to manage the challenges of life.

Milestones and activity to date since commencement include:

- Cross-agency coordination of Infant Mental Health Week (10<sup>th</sup>-16<sup>th</sup> June) across the Local Authority and NHS, which launched the locally developed key messages focusing on: Brain Development, Responsive Parenting, Safe Base and Impact of Stress.
- An initial webpage is in place on the North Lincolnshire Council website with a link to UNICEF baby friendly 'close and loving relationship video and the 1001 days manifesto
- 12 practitioners have been training in the Solihull Postnatal Training programme. A pilot postnatal group started in August 2018 and will run until October 2018. Potential families with a range of needs have been identified by health and social care service in which particular consideration has been given to parents who have had a child removed into care in the past.



Through the next year we will work towards developing a local sustainable plan, which by the end of the project in spring 2019, will be launched as part of our cross-organisation strategy for Infant Mental Health.

### ➤ Perinatal Mental Health (PNMH)

Following the previous iteration of the CAMHS Local Transformation Plan 17/18, North Lincolnshire has been successful in securing funding from NHS England to develop a local Specialist Perinatal Mental Health Service in, aligned with our STP footprint. This marks a great start to achieving a comprehensive Perinatal Mental Health pathway for our locality, and creating equal access to high quality services across the Yorkshire and Humber Region.

This work continues under the Humber Coast & Vale Local Maternity System (LMS). A Perinatal Mental Health Steering Group has been established with a work plan to create an STP PNMH Pathway, aligned with the Yorkshire and Humber Maternity Clinical Network's PNMH Pathway Framework.

While this new specialist service is being mobilised and a local pathway established, local IAPT services will continue to accept and prioritise Perinatal Mental Health referrals.

### ➤ Innovations with Schools and Community

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 identified Innovation funding to both address primary prevention, encourage early intervention approaches, and to act as a mechanism to develop the workforce via four key projects including: Getting the Low Down, Carnegie Scheme, Life Central and increasing Youth Mental Health First Aid Training to 'train the trainer'.

'Getting the Low Down' is a purposefully created national education resource used successfully in schools and local authorities across the country, providing lesson plans, short films and tools for addressing Mental Health issues such as:

- Primary Schools - Bullying, Being Active, Anger Management, Friendships and Relationships, Loss and Bereavement
- Secondary School - Self-Harm, Loss and Bereavement, Depression, Stress and Anxiety, Eating Disorders, Bullying, Substance Misuse.

North Lincolnshire CCG has commissioned the creation of a bespoke version where generic elements will be exchanged for new materials filmed locally in primary and secondary schools within North Lincolnshire. Local school children and CAMHS professionals will feature in these short films. This will mean that when school teachers and facilitators use the short films and locally developed lesson plans provided, young people will hear testimonies and opinions of those



with the same accents and in familiar surroundings, making it easier for them to engage and connect with difficult and sensitive issues highlighted through each lesson on the resource.

One Primary and one Secondary School volunteered and filming took place in early October 2018, with the final resource to be available in December 2018. We are now planning the launch and associated publicity and marketing of the tool.

### **Carnegie Scheme for Anxiety Community Support Groups for Parent and Child in North Lincolnshire Libraries:**

Anxiety has been identified as a key issue within the young person's population of North Lincolnshire, with local data indicating that 80% of CAMHS referral is due to anxiety-related issues. Therefore, local Transformation



monies were awarded to fund a trial of an innovative project aiming to offer support groups for parents and children and young people within library settings who are experiencing problems with anxiety and promote using library facilities as a source of support and information.

The project supports groups delivered monthly in collaboration with the library service and Words Count Team. Parents are asked what support or strategies would help them understand their child's anxiety. Alongside this children/young people attend and take part in activities delivered by children's librarians aimed to reduce anxiety, in collaboration with the North Lincolnshire Mental Health and Wellbeing Officer. Books and resources are used to support the children's activities such as an anxiety book to work through and some creative activities (making stress balls, making lavender playdough and others) have been already been piloted.

"I think this idea is fantastic. I really struggle at home with my 9 year old daughter and it would really help her, but it would also help me. I feel all on my own no support and to talk about it with other parents' daughter in a safe environment and would really help and give me ideas of what I could do to support my daughter." - *Parent of child*

Staff and volunteers involved have been accessing the anxiety training module from the Options College and a consultation was held over the summer to gauge opinions about themes identified sleep, eating, transition into another year group or school, and coping with change. Books were also sourced over the summer term to be ready in the library and training for staff. Two libraries have been chosen as bases to trial the Anxiety Parent and Child Groups from October 2018.

### Celebrating Engagement and Innovation across North Lincolnshire

In addition to planned work and investments made as part of the local Transformation Plan, we want to acknowledge just some of the amazing work currently being undertaken across North Lincolnshire in relation to Emotional Health and Well Being by various organisations and groups:

#### ➤ **Mentally Healthy Primary Schools**

Six primary schools are involved with the Heads Together trial of Mentally Healthy Schools, involving members of the Young Minds team running staff meetings for schools on a range of mental health areas that the school has identified. This initiative is being led by the school Mental Health Champion. The trial will end in November, with inaugural feedback being very positive and include:



"The mentally healthy materials have fitted really well into our developments in this area this term. Along with Thrive, our Bubble Day, mental health champions and mental health first aiders it has slotted in well. Our next training with Young Minds will be how we support parents to support children to be more resilient - it came up in the initial training session".

"The person from Young Minds worked with support staff (including lunch staff) on raising awareness of mental health and SLT on developing a culture for positive mental health and pupil voice. In the autumn, she's going to look at strategies for raising self-esteem. We have found this very useful and given us much to reflect on when we look at how to support pupils next year in this area."

➤ **Mental Health College Peer Mentors**

Both Further Education & Higher Education Colleges have done much work in developing their mental health offer for students. Recently the HE College has acquired funding from Sport England to run a project linking physical and mental health together. Activities have included simple assault courses, orienteering & developing geo-cache boxes. Students at the local FE College have been exploring how to support members of with their mental health.



### ➤ Mental Health lessons

PSHE leads have added mental health lessons to the North Lincolnshire PSHE Spiral Curriculum. These are based on the lessons advised by the PSHE Association. Work will be completed in the next quarter on how to monitor and assess this area of work and be added to the North Lincolnshire PSHE Handbook.

➤ **Staying Safe Conference & Anti-bullying Day**

Locally more than 200 primary and secondary pupils, from 35 schools, attended the annual Staying Safe Conference in June 2018. The key theme was how social media can affect your mental health and how to keep yourself mentally and physically safe.



10 schools (and nearly 100 children) attended the Diana Anti-bullying Ambassador Training at a local Secondary School in July 2018. The day focused on a photography competition to share messages about standing up to bullying “Take a stand. Lend a hand. Let’s stop bullying.”

➤ **Positive Steps Group**



## Young People's Emotional Health and Wellbeing – The Positive Steps group

Mental health is high on everyone's agenda at the moment not least the NLVC who have been championing 'Positive Steps' for some time. The links made between members of this group and the Child and Adolescent Mental Health Service (CAMHS) are well-established and recently artwork produced by the young people to promote their positive body image project was used to adorn the walls of the CAMHS building in Scunthorpe town centre.









Members of the group also designed a poster for the newly-appointed school and college Mental Health Champions to explain their role to both students and their families.

Rotherham, Doncaster and South Humber NHS Foundation Trust very kindly donated funds to purchase promotional materials for the group – including canvases, hoodies and display items and these are already being used at events to 'spread the word'.

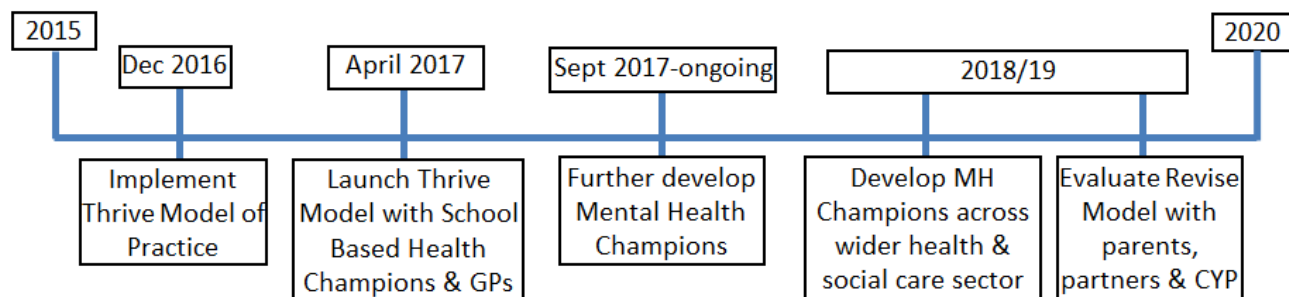
In January 2018 the NLVC Positive Steps campaign received 'Highly Commended' for 'Innovator of the Year' in the national Positive Practice in Mental Health Awards.

### 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.

<b>Achievements</b>	<ul style="list-style-type: none"><li>• All of our schools inclusive of primary, secondary and higher education have a named mental health champion</li><li>• Our positive steps group and Life Central website being highlighted as areas of good practice in the recent Ofsted inspection</li><li>• 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/ platform for publication</li><li>• Commenced an Infant Mental Health Project Successful within the Perinatal Bid and securing a local specialist pathway commissioned some innovative pieces of work around Anxiety Support in Libraries and the Getting the Lowdown Education Resource Pack.</li></ul>
<b>Challenges</b>	Pulling together locally all the excellent work underway
<b>Next Steps</b>	<ul style="list-style-type: none"><li>• Launch and implement North Lincolnshire's Infant Mental Health Strategy</li><li>• Mobilise and launch Perinatal Mental Health Specialist Service</li><li>• Continue developing the Life Central Website and App</li></ul>

## 2.2 Improving Access and Supporting Universal Services



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 5: 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

### Why is this Priority?

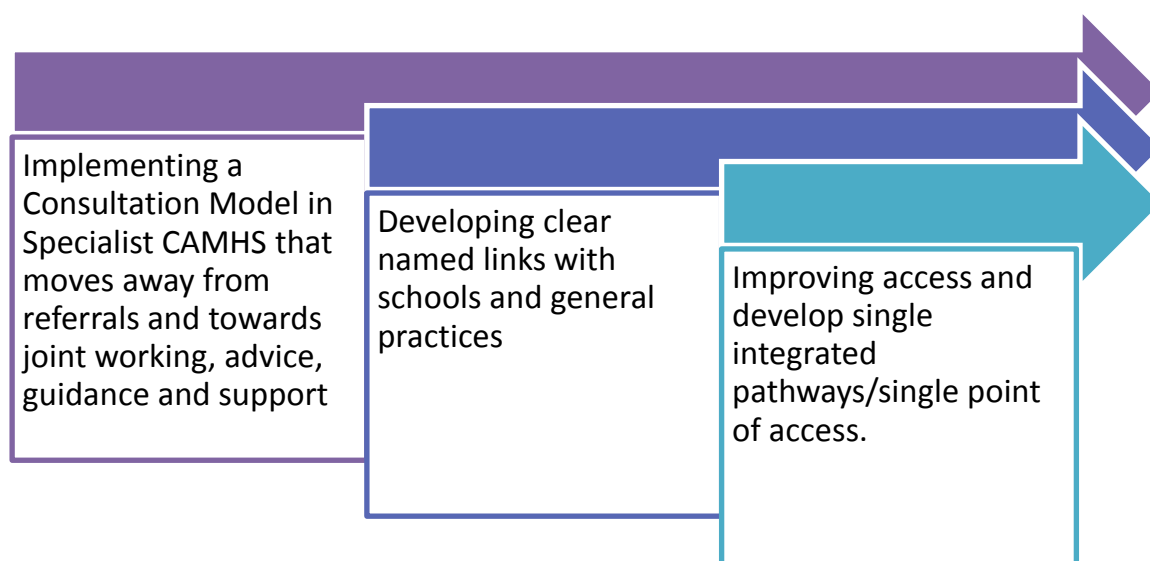
In the inaugural plan this priority was described as 'Liaison', in which its main objective was described as, "Developing clear named links with both schools and general practices, to improve liaison and consultation and early identification of children and young people's mental health needs". Even though this remains a key objective within this priority area, during last years 'refresh', the priority was changed with the aim reflect the true transformation associated with this objective to, "Improving Access and Supporting Universal Services".

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.

To achieve the desired model moving forward, three interrelating objectives need to be achieved:

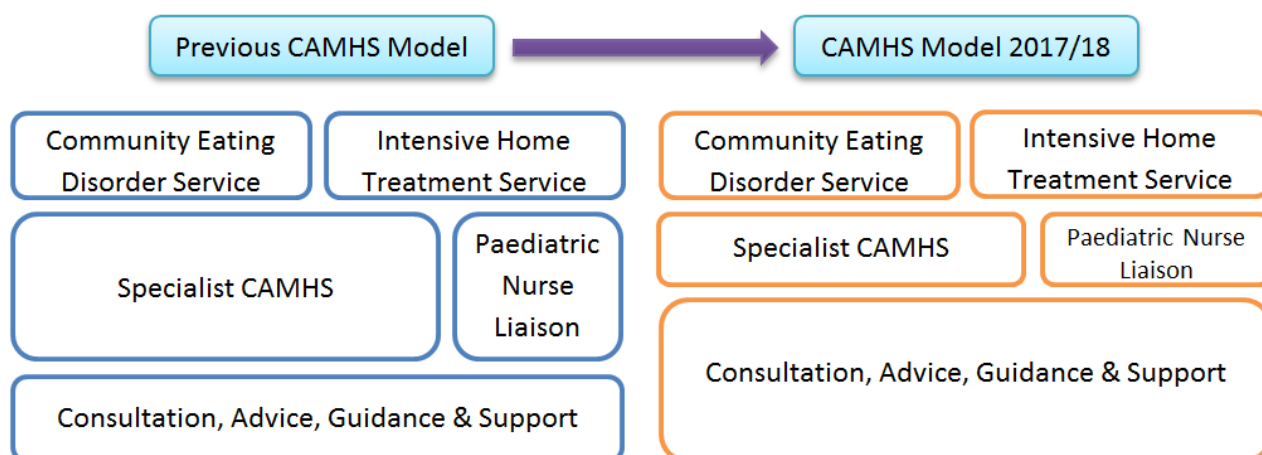
- Implementing a consultation model in Specialist CAMHS that moves away from referrals and towards joint working, advice, guidance and support
- Developing clear named links with schools and general practices
- Improving access and develop single integrated pathways / single point of access



### **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’, shifts the way the local CAMH service is delivered.

The evolving model places greater emphasis and resource within the delivery of ‘Consultation and Advice’ and the importance CAMH staff play within supporting partner agencies in the ‘formulation’ and planning of the support programmes. The model advocates minimizing written ‘referrals’ and interventions being viewed independently of the network around the child, recognising 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.



As previously described, prior to the implementation of this model approximately 40-50% of all CAMHS referrals were ‘signposted’ to other agencies. Since the birth of the model in December 2016 performance

data indicates that zero referrals have been signposted to other agencies.

Over the past 18 months 'Consultation and Advice' has been delivered across the different clusters within the North Lincolnshire CAMHS service. North Lincolnshire CAMHS is continuing to develop a dedicated cluster for requests for service that do not meet the service specialty of the other clusters and deals with a large and varied range of initial presentations from mild-moderate child mental health presentations (such as specific anxiety conditions or low-mood) to broader issues around children's emotional health and wellbeing. Some example referrals include:

Female (14) "Please help this 14 year old girl who is worrying about spelling and worrying she may fail...She said she spoke with her year head who told her that this is out of their area (i.e. not an area they can help with)."

Female (15) - "[young person] feels sad 3-4 times weekly, including weekends without trigger; lasts from morning to mid-afternoon.. Sometimes affects her appetite at lunch... Has experienced this for the past 4 weeks."

Male (11) - "He is going through anxiety or depression. If he has made a mistake in his work he sits with silent tears - he won't talk or look at you and he completely shuts down...He may be stressed going up to [secondary school]"

Formulation and joint partnership working is embedded within the model to address the root cause of children and young people's difficulties and is often the most effective method of facilitating the desired changes and outcomes. When compared to historic methods in CAMHS, this approach is found to be both an efficient and effective use of resources. Additionally, often by applying this approach, there are minimal disruptions caused for the child or young person in their daily living. The following box provides an example of how the model has worked in practice:

**Request:** received from a school nurse for a young girl on excessive hand washing, fear of germs and skin picking and requesting advice and guidance around how manage the situation. A telephone consultation was agreed to suit the parent considering busy working days alongside childcare commitments. This initial contact allowed planning how to conduct the call – ensuring a good line quality and that it occurred in an environment conducive to confidentiality and safety.

**Consultation:** The call lasted an hour; the child's mother outlined main concerns: grief, loss and adjustment issues, alongside getting anxious and occasionally angry and aggressive. Given the ecological nature of consultations, all aspects of the child's life were explored, from family relationships to considering more specific biological factors. Also, specific exploration of OCD symptoms was completed.

**Formulation:** a joint formulation was reached with the mother about the possible aetiology of the current concerns and possible support explored. There was little to indicate that a specific governed mental health therapy would be effective with her presentation. However, a formulation around grief and loss as a precipitating factor was made and suitable support services identified. Contingencies were also considered should this not be effective or difficulties increase. The mother was grateful for the consultation and said that this resonated with her. The consultation was written up and sent to the mother and the original professionals requesting guidance to ensure all parties were aware of the formulation and recommendations.



Written GP referrals are still the most prevalent method of request for service, with data suggesting that approximately 55% of all CAMHS referrals are received from GPs, followed by schools and mental health champions. Moving forward, the Consultation and Advice Team aim to enhance their communication methods with School Mental Health Champions to develop and encourage more timely and effective communication between schools, CAMHS and children/families, thus decreasing the reliance on primary care as a the primary source of requests for service.

The Consultation and Advice cluster is also looking to strengthen working practices with Social Care services such as Child Protection Teams and the FASST service.

As previously described the model has always been described as evolving. In 2017/18 capacity issues within the model were acknowledged. As such, as part of the Transformation Plan an additional £80k was allocated to CAMHS to embed a service lead and Clinical Psychology input. Both roles are relatively new, however, key reflections from the pathway lead are identified below:

"The move away from traditional CAMHS assessments (where the default is for the family and child to present initially to a CAMHS clinic for interview and diagnosis) to more graded consultation process is also seen to work very efficiently and effectively. Parents have welcomed and appreciated telephone consultations in the first instance and often these can be convenient and effective for families, whilst also produces good outcomes. It also means an effective use of resources as consultations are completed in a timely manner. However, given the flexibility of the model, if face-to-face contact is required to inform the formulation and consultation process, then this is easily accommodated.

Going forward, once mechanisms are in place to manage the changes in how requests for service are made and processed (and the consequential increased demand on capacity), the Consultation and Advice team plan to explore how to deliver consultations more flexibly, for instance by offering these to groups of schools in the local area. Thus, it will be seeking to increase the accessibility and visibility of CAMHS services within a community setting.

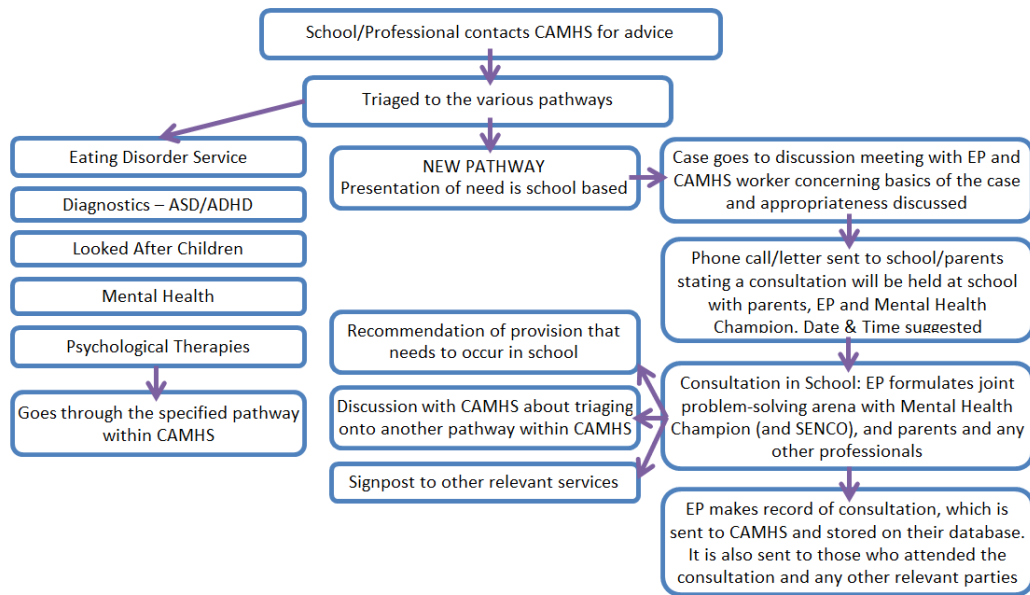
Challenges do remain, however. The issue around how GP 'referrals' are managed and how the move is made towards a more consultative process is still a challenging problem. With time and the increasing responsiveness of a CAMHS Consultation and Advice service, that aim is that more requests for support will initially present to Mental Health Champions, thus decreasing the number of requests for service coming through GPs. Additionally, further planning with GP practices may be required around what role practice nurses and non-medical staff could play in engaging families in consultations around children's emotional welfare"

#### **Reflections of the new Consultation and Advice Model from the CAMHS Cluster Lead**

#### **Education Psychology Supporting the Thrive Model**

Supporting the implementation of this model, and as part of a NHS England CAMHS waiting list initiative, an Education Psychologist was commissioned by the CCG between September 2017 and July 2018, to work in partnership with schools and CAMHS, to provide proactive outreach/workforce development to schools. The model facilitated 40 referrals into CAMHS to be redirected to the Educational Psychology professionals to work in partnership with schools to meet the child/young person's presenting needs (see graphic on page 48, illustrating the model applied).

### Future In Mind: Multi-Agency Working Graphic



Evaluation of the model was by way of a professional reflection of the impact of that Education Psychology (EP) had by working in an advanced partnership model with CAMHS. As such, the main impact of the work was identified to be:

- The EPs' knowledge of school systems and needs presenting within this school system enabled the EPs to best advise on how schools as systems could support the child and young person which resulted in the majority not needing further involvement
- The EPs' knowledge of services and initiatives within education, and children's services meant that sign posting advice could be accurate and appropriate
- Areas for development around schools as systems and child development in social and emotional health could be triangulated within the Mental Health Champion training which the EP planned
- Using an Educational psychologist enabled psychological formulation to be employed.

As part of the evaluation the EP was asked to reflect upon their role and make any future recommendations:

"Due to a high number of requests for involvement were around children and young people experiencing anxiety, further discussions should be had between health and education about what is on offer for children and young people who experience these difficulties" (EP).

"I feel that around 60% of the cases were not appropriate for CAMHS, questioning how future requests for involvement can be filtered out at an early" (EP)

"It would be helpful for someone within CAMHS to gain insight into the understanding of schools as systems in order to support the recommendations that may be offered around supporting children and young people in their school environment. Consequently the individual carrying out work (if not an EP) needs to work closely with education teams" (EP)

"A high number of requests came from GPs and therefore consideration should be given to how to appropriately support, inform and liaise with GPs in order that future requests for involvement from GPs are appropriate to CAMHS. It would be helpful for CAMHS to look at the GP surgeries where a high number of requests are coming in and specifically target them" (EP)



## 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. As such, at this time we are monitoring referrals, activity, waiting times and case study data/feedback.

Within the 2017 'refresh' GP's are reported 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 qualitative 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, which will be jointly led by the CCG's engagement team.

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.

## 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 focused on data collection and the label of a mental illness rather than outcomes for the child/young person.

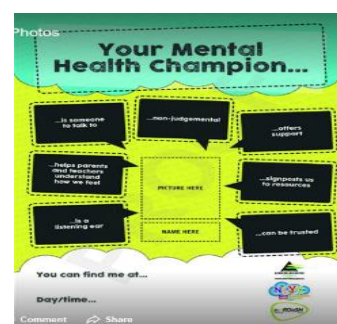
The pathway has now been redesigned with the CAMHS care coordinator attending a weekly meeting with Adult services and representatives from primary care, secondary care and the crisis team. The principles behind this process is that the patients presenting needs are discussed and a plan of appropriate 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.

Even though data is telling us that the experiences of those who transition from children to adult mental health services is relatively positive, at this time little is known about the transition of young people who do not reach the adult service threshold or whose mental health needs escalate between the ages of 18 – 25 years. As such over the next year we are looking at both trends in data of 18 – 25 service users and gaining further insight into the experiences and support services required for this age group.

### ➤ School Based Mental Health Champions

A key initiative within the delivery of this Transformation Plan was the development of School 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 alternative school provision. The engagement and support from schools has been exemplary, with 100% of schools, colleges and alternative provisions in



North Lincolnshire identifying at least one School Mental Health Champion. Support has also been warmly received from the Youth Council and the local Young Minds group who developed a leaflet to assist schools in advertising who their Mental Health Champions is within their school.

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. A continual programme of development and support has been facilitated for Mental Health Champions, including the development of an electronic Slack forum for staff to share resources and information, engaging 79 Schools have met together termly, shared practice and discussed how to support each other. Termly networks are also held for schools to support each other whereby Mental Health Champions share top tips. Recent examples include:

- How to engage with parents in a breakfast club to support emotional wellbeing of families, developing a wellbeing ethos in school
- Looking at a staff library to support emotional wellbeing,
- What do we need to have ready before using the Talk to CAMHS model (checklist)
- Celebrating Mental Health Days.

An online Mental Health Champion Forum has also been developed, where information is posted and shared on a weekly basis – which now has 68 members. A Twitter account has also been launched which shares the same information, currently with 58 followers.

Locally the role is perceived very positively – here is some key feedback from young people, mental health champions and Local Authority Leads.

*"There has been a noticeable increase in staff confidence to talk about mental health and emotional wellbeing issues. There has been an increase in displays over the last year following the support of North Lincolnshire Youth Council to share messages with children and families"*

**Lead Officer - LA**

*"I think a staff book club of lots of mental health books is a great idea. Books as simple as *Scrambled Heads* and *Blame my Brain* help me to explain what is happening to students in their words, not mine"*

**Primary Mental Health Champion**

*"We have been learning that it's OK to be not OK...and that's OK"*

**Year 2 Child**

*"Simple ideas such as looking at Random Acts of Kindness or Compliments slips help me to understand that even a small change can make a difference in a young person's life"*

**Secondary Mental Health Champion**

*"There has been an increase in joint working between school nursing and mental health champions, creating strong partnerships in Secondary Schools. Partnership working has involved closer collaboration in early helps and joint working with vulnerable children as well as informed corridor discussions driven by student voice".* **Lead Officer –LA**

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.

➤ **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.

In 2017 work was initiated between CAMHS and Primary Care to educate primary care about the Future In Mind model. As this plan that is constantly evolving, the feedback from GPs was that rather than having a named CAMHS professional affiliated with their practice, they would prefer to simply be able to call the CAMHS service direct and have a discussion. This is an idea that has been welcomed by CAMHS service and is perceived as being more sustainable than having one primary CAMHS contact for each practice.

➤ **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. Wider Mental Health Champion training is now being delivered to Health Champion as part of the North Lincolnshire Wellbeing at Work Workplace Health Scheme, and across our front line staff and communities to facilitate a range of local people to be able to have conversations that matter around mental health and signpost to supporting services.

Throughout the next year, we will scope the viability of developing additional mental health champions across a wide range of health and social care professionals.

**Access for Parents**

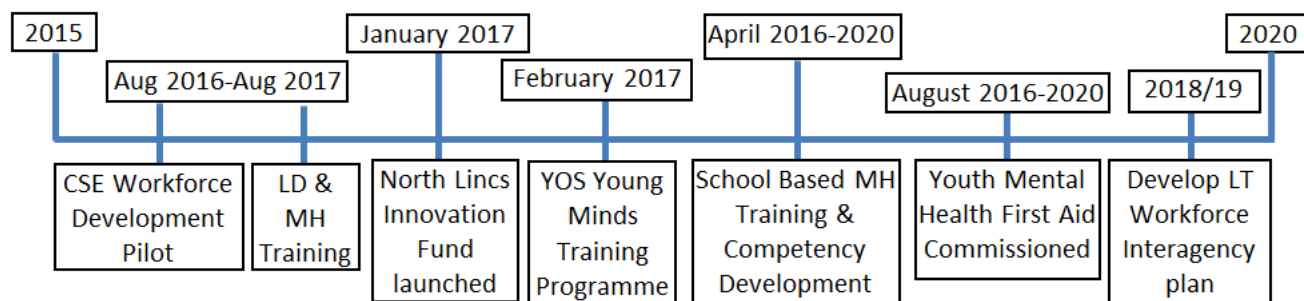
For children to thrive, parents need support. At times within the parenting cycle, more support, from professionals with varying skills and competencies may be required. All too often we still hear both nationally and locally that parents find it difficult to access advice and guidance themselves. Over the next year, we will proactively engage with local parents as part of the review of the Consultation and Advice Model, 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

### 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.

<b>Achievements</b>	<ul style="list-style-type: none"><li>• Implementation of the Thrive Model of Practice</li><li>• Named School Health Champion for ALL schools, colleagues and alternative provisions in North Lincolnshire</li><li>• There has been a significant reduction in inappropriate referrals to CAMHS</li><li>• Successful pilot of integrating Education Psychologists into the Consultation and Advice Model</li><li>• Additional capacity (professional lead and Psychology) now embedded within the Consultation and Advice Model</li></ul>
<b>Challenges</b>	<ul style="list-style-type: none"><li>• Demand vs capacity</li><li>• Development on School Champions in light of their time restraints to the role</li><li>• Development of the School Champion role in line with the Green Paper</li></ul>
<b>Next Steps</b>	<ul style="list-style-type: none"><li>• Evaluation of the Consultation and Advice Model and engagement of other disciplines in the model, learning from the secondment of Education Psychologist</li><li>• Continued work on the development of Mental Health Champions, in line with the regionally identified core competencies and through joint working /experimental learning.</li><li>• Further expansion of Youth Mental Health First Aid, including the adoption of a school based approach</li><li>• The development of an improved dataset, inclusive of the MHSDS in order to be able to demonstrate the impact of the consultation model</li><li>• Increase Mental Health Champions Across Different sectors and disciplines</li></ul>

## 2.3 Workforce Development



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 6 summarises our anticipated outcomes for this priority.

### Box 6: 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

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. However, when local training was mapped, the formal, teacher led education provided in North Lincolnshire through Educational Psychology, CAMHS, LSCB, Early Intervention Services etc., was deemed extremely comprehensive. Therefore the focus on workforce development has changed slightly from its original intention within the Transformation plan, concentrating on the delivery of Youth Mental Health First Aid, Eating Disorders Training, Learning Disabilities and Mental Health and Future in Mind YOS training.

#### ➤ Youth Mental Health First Aid Training

Central to our local workforce development plans is the ambition for all professionals working with children and young people to be trained in Youth Mental Health First Aid. Supporting the Mental Health Champion role (page 49-50), in 2017/18 North Lincolnshire was awarded an additional £25,000 to implement Youth Mental Health First Aid training, within additional monies from the Transformation budget being awarded in 2017/18 to facilitate the training of additional 'train the trainers'.

Feedback from delegates on the course has been extremely positive, who have reported that they felt the course had increased their knowledge of mental health with young people:

"The course really opened my eyes. In the past I thought that some people was just attention seeking. Now I apply the ALGEE model and work through the young person's worries" **Secondary course delegate**

"I find myself saying 'Mental Health words are not adjectives or verbs', People don't just suffer from it, they experience it and can get better, can move on." **Local Authority course delegate**

"I enjoyed the way we trained together. I got to know a few school mental health champions better and this has really strengthened partnership working going forwards." **School Nurse**

"We have a Mental Health Champion now in our school. I've noticed that we can now have open conversations about mental health. That didn't happen when I was in Year 8 but now I'm in Year 10 the conversation has really changed. I wouldn't worry as a Peer mentor going to ask a Year 7 if they are ok. If they're not I know how to get help for them."  
**Year 10 Peer Mentor**

Delegates have also shared that they feel overwhelmed with the mental health agenda and the affects that it has on themselves and young people. As such, moving forward, the mental health and support of the children's workforce needs to be key within all developments.

### Universal Children's Workforce Mental Health Training Offer for North Lincolnshire

Universal training and enhancing this training offer is considered vital for our workforce development and work continues on our multiagency workforce training programme, with agreed levels tailored for general awareness for all staff within an organisation, to masterclasses for staff who work directly with children and young people:

- Bronze, for example, consists of e-learning and introductory modules
- Silver includes more comprehensive training
- Gold covers targeted and more complex topics

Final work is being done to understand local training needs and gaps in the current training offer to ensure that the directory is as bespoke to our population as possible.

Mental Health is Everybody's Business

NORTH LINCOLNSHIRE CHILDREN'S WORKFORCE  
MENTAL HEALTH TRAINING OFFER



### ➤ **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.

As previously described, a local transformation agenda is underway around Children's Services and Place-Based Planning. As this work is initiated we will consider, as a multi-agency partnership, the workforce development needs moving forward.

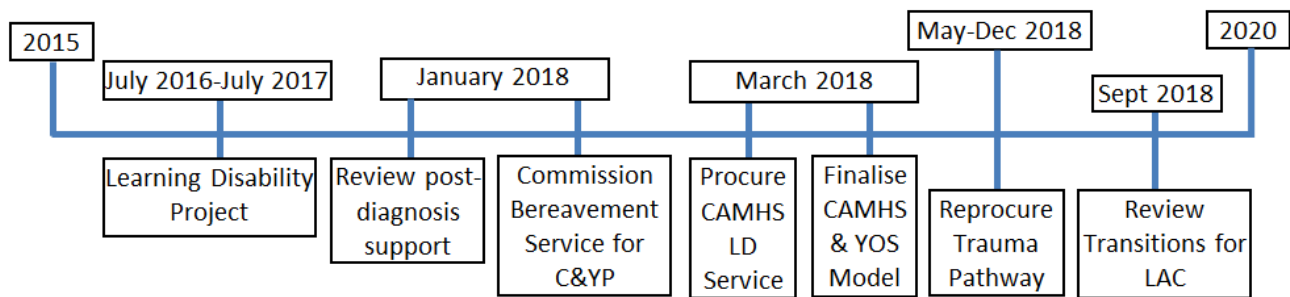
In a recent CQC inspection of our local children's Acute Services provider, NLAG, CQC found that limited mental health training had been provided to Acute Children's Services staffing. Therefore, we will be working with the Acute Trust over the next year to support development and delivery of such training to staff from NLAG Children's Services.

### **Summary of Progress to date:**

<b>Achievements</b>	<ul style="list-style-type: none"><li>• Implementing Youth Mental Health First Aid - over 320 people trained and 20 people trained as trainers.</li><li>• 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</li><li>• Delivered LD, CAMHS and YOS training</li><li>• Commissioned key projects which has enabled key elements of workforce to be embedded such as Infant Mental Health Strategy (Solihull 'train the trainers')</li><li>• Initiated much training for Mental Health Practitioners</li><li>• Developed the Tiered Workforce Training Programme</li></ul>
<b>Challenges</b>	<ul style="list-style-type: none"><li>• Engagement of all services within the vision of Youth Mental Health First Aid being a core competency for all staff working with children, in light of the 2 days training required for staff to be released from work to attend.</li><li>• Ongoing training needs of Mental Health Champions – having capacity to attend training.</li><li>• Forthcoming transformation of children's services and implications of the Green Paper, create a time of local uncertainty – however provides the opportunity for long term professional steer</li><li>• The changing landscape of clAPT and backfill requirements</li></ul>
<b>Next Steps</b>	<ul style="list-style-type: none"><li>• We will continue with our programme around Youth Mental Health First Aid</li><li>• Work with local Trust to support development of Mental Health competencies for all staff</li><li>• We will continue to monitor reasons for specialist CAMHS referrals and will partner agencies around primary prevention and workforce development to address these key issues.</li></ul>



## 2.4 Improve access to specialist CAMHS Services for the most vulnerable



### Why is this a Priority?

As described in Part 1, 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 box below details the anticipated outcomes 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.

### How will we do this?

Over the duration of the plan we will engage with identified vulnerable 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 following section will describe the populations we will engage with in order to realise this ambition.



## **Children with ADHD and/or ASD**

As described in Part 1, locally we have seen an exponential increase in the numbers of children referred for ASD and ADHD assessments. As such, both ASD and ADHD will feature as a key priority of action area within this refresh.

### **➤ ASD and Under 5's**

Over the last year we have completed a focused piece of work to 'refresh' the pathway for the diagnosis of children under-5 where there are concerns about their social communication/ASD. The revised pathway embraces multi-agency working and all referrals are now accessed/referred through an Early Years Triage meeting which ensures that the children have had appropriate assessments and interventions prior to undergoing an ASD assessment, through the Child Development Centre (CDC). To help facilitate the pathway and to support parents throughout the process an Early Years Child Development Coordinator has been commissioned by CCG. The revised pathway, which is being led by Speech and Language Therapy in partnership with the local CAMHS service, was launched at the beginning of October 2018 and a steering group is overseeing its development and reviewing its impact. Local pathways have published and further work is now required with the Parent in Partnership (PIP) to ensure that the material is user friendly.

In line with NICE recommendations the service aims to commence assessments within 12 weeks of referrals. Unfortunately, longer waits are being incurred by some families and a focused waiting list initiative has commenced, with additional finances secured from the CCG, with the aim of reducing the waiting list to the required standard by the end of March 2019.

### **➤ ASD/ ADHD in Over 5's**

The figures quoted in Part 1 demonstrate how locally we have seen an exponential increase the number of referrals for ASD and ADHD, accounting for 30% of all referrals into CAMHS, with data from 2017 identifying how 70% of referrals were received from GP's and Pediatricians and 30% from Mental Health Champions, Educational Psychologists and School Nurses.

For many years the service has been able to offer timely assessments and has consistently met their key performance indicator of access to an assessment within 10 weeks of referrals. However, in the last six/eight months, due to the number referrals received, breaches to this target have been seen with waits now exceeding 6 – 8 months. In line with Future in Minds, the pathway now offers Consultation and Advice as part of the pathway, to ensure children and young people do not undergo the full assessment process unnecessary. As such, upon receipt of a referral a CAMHS professional / psychologist:

- Offers a telephone consultation to all young people referred to the pathway in which the family, referrer and school are contacted for further information on presenting difficulties and information on other agencies and professionals that are involved with the family and young person.
- Following consultation a decision is made to either opt the young person into Neurodevelopmental assessment (either of both ASD/ADHD) or not to progress the referral. If a decision is made to not opt in the young person for an assessment the reasons why and a number of recommendations were made.

In 2017, 64% of all referrals were opted in for a full neurodevelopmental assessment following the consultation process. Following the assessment, figures from 2017 indicated that 87.5% of children received a diagnosis, indicating that method of Consultation and Advice is robust in identifying those children requiring a full assessment. Of these diagnosis's the most frequent diagnosis was ASD Level 2, followed by a joint diagnosis of ASD and ADHD, as such supporting the need for ADHD services to be more integrated with ASD post diagnostic support.

At this time we do not know the reasons as to why we have seen an increase in referrals; however, this increase seems to be in line with national and regional trends. Local intelligence is indicating that the work done with Mental Health Champions and the increase in public awareness around ASD and ADHD may be contributing factors. Data identified in Part 1 identified that for numerous years North Lincolnshire has had a below average incidence of ASD identified as a child or young person's primarily Special Education Needs. As such, it may be that this increased awareness has enabled professional to start to appropriately identify their needs.

To manage and monitor this increase in prevalence a multi-agency professional group has been established to review pathway and to monitor impact across key professional group, which will report to the Children and Young People Transformation Group. In addition, a capacity and demand exercise is being initiated by CAMHS, including proposals for a waiting list initiative.

### **Service User Engagement**

Within our last refresh we identified how locally we are confident that the local diagnostic pathway was in terms of quality, however we were 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 worked with 'Healthwatch North Lincolnshire' to instigate an independent 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. In summer 2018 Health Watch commenced this engagement exercise to which a final report is planned to be published in December 2018.

### **Children with Learning Disabilities**

As previously referenced in the first year 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. 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, page 59).

- Development of 20 Learning Disability Mental Health Champions
- Delivering an outreach model of consultation model, within both of the local special schools having a visiting Clinical Psychologist working alongside them, bi-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 continued to commission the Psychology support itself and used the programme as evidence of good practice in a local SEND inspection peer review. The other school, valued the training and 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. 2017/18 saw a substantial increase in the number of children and young people with LD identified as requiring therapeutic interventions with approximately 35 children and young people supported directly through this model. 2018 data, however is demonstrating that fewer children are being identified as requiring support. As described in the previous 'refresh' the ambition is to procure a sustainable LD CAMHS model. To help inform this, in 2018, a health needs assessment was conducted on all 35 children referred in 2017/18. This data, coupled with the intelligence gained through the local cETR process, has provided us with a sound needs assessment to commence the commissioning process. A multi-disciplinary working party will be established to lead this procurement in partnership with the local Parent In Partnership (PIP) forum.

## **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.

Transitions remain a key priority for the LAC team, identifying 4 groups to specifically target:

- Young people diagnosed/emerging mental health issues / cognitive issues such as ASD
- Young people who have emotional / mental health needs who don't meet the criteria for adult services but need additional services in relation to this - often have been supported through CAMHS as a child/young person
- Young people leaving care overall who may need additional support at different times in order to help them either access universal services and/or to reduce the potential that they will experience further difficulties leading to mental health issues
- Care Leavers (and CiC) who struggle to access services due to their emotional needs, including self-esteem, mistrust of adults, fear, lack of confidence etc.

The increase in the number of children looked after locally has a significant impact on all services supporting these young people and their carers.. Achieving placement stability remains a priority locally due to the importance of this for children's recovery from trauma and the impact of positive attachment relationships on future relationships and functioning.

Meeting the needs of unaccompanied asylum seeking children is one of the local priorities and CAMHS are representative at monthly multi-agency meetings chaired by Children's Services and working is ongoing in terms of identifying need and accessing appropriate services and support for these young people and their carers.

The early identification of young people requiring additional support with their mental health or emotional well-being is a priority locally and nationally. Locally, each child's SDQ scores is discussed prospectively at the multi-agency Emotional Health & Wellbeing meeting enabling needs to be identified and monitored. The Department of Education are currently funding a 2 year pilot into mental health assessments for all young people when they first become Looked After, due to end 2020/2021. Depending on the outcome of the pilots this is likely to be an area that CAMHS LAC will be asked to contribute to in the future. This, along with the increased number and complexity of LAC, will require the service model to be continually reviewed to ensure that it is appropriate and effective in meeting the needs of the LAC population.

CAMHS LAC have been heavily involved in Corporate Parenting over the past 12 months and are working actively with the Children In Care Council in setting up and running workshops around mental health and wellbeing, which have been well received by young people to date.

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.

## **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 a revised service model, based on the Advice and Consultation principles appears to be working well. Continued development and training is planned for the YOS team.

## **Children and Young People Who Have Been Bereaved**

Unresolved grief was identified as increasing children's risk of a range of mental health difficulties both in childhood and later in adulthood. Recognising this the National CHAMS Review identified bereaved children as one of the potentially vulnerable groups for whom commissioners should have particular regard (Department for Children Schools and Families and Department of Health, 2008) North Lincolnshire CCG identified that there is limited capacity locally to provide timely provision of counseling and support for children who have suffered bereavement. Acknowledging this, the CCG has agreed to commit Transformation funding to commission bereavement support for children and young people in North Lincolnshire, with the aim of increasing capacity to enable timely support for children and young people. This financial commitment has been identified for 2018/19 with the aim to identify the required providing in late 2018.

## **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.

## **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.

### **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).

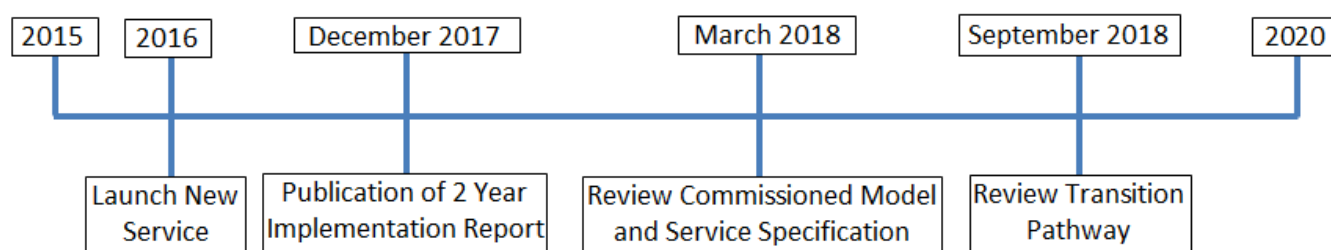
In 2017, this service was subject to a full procurement exercise and from 1st December 2017 our provider of this pathway will be Barnardo's. Currently work is underway to ensure a seamless transition for children, younger people and their families/carers.

### **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.

<b>Achievements</b>	<ul style="list-style-type: none"><li>• The success of our work with our specialist schools in relation to LD</li><li>• Our LAC service being specifically referenced as a model of good practice in the recent Ofsted report</li></ul>
<b>Challenges</b>	<ul style="list-style-type: none"><li>• Recruitment and retention of staff</li><li>• Rises in ASD and ADHD referrals.</li></ul>
<b>Next Steps</b>	<ul style="list-style-type: none"><li>• The procurement of a CAMHS LD service learningdisability</li><li>• Procurement of an enhanced bereavement provision for children</li><li>• The review of ASD and ADHD services in light of the increased number of referrals</li><li>• Further work reviewing the mental health transition provision for LAC.</li></ul>

## 2.5 Eating Disorders



### Aim

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.

### Why 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, 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 9: 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

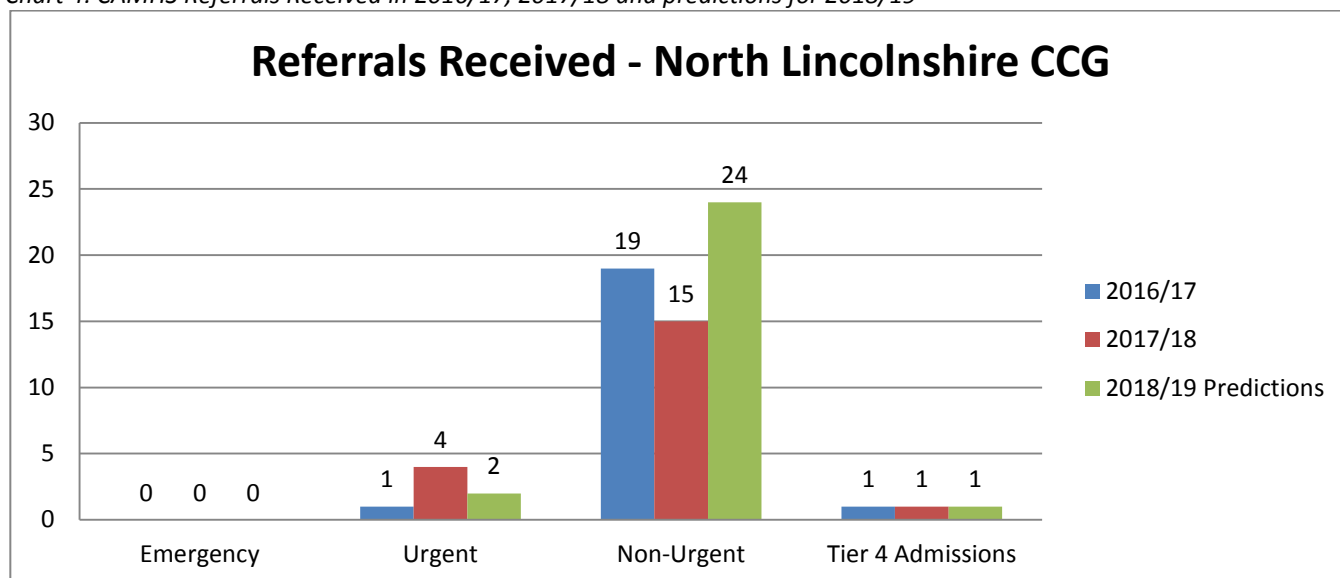
### What have we done to date?

As part of the Transformation Plan, RDASH launched a fully comprehensive Eating Disorder Service in partnership with Rotherham and Doncaster CCGs and 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.

### Activity

Locally, referral activity into the service has remained relatively consistent over the past two years. Chart 4 on page 64 illustrates referral patterns from 2016 to date, with 6 month activity data from 2018/19 predicting future referrals over the coming year. The data does show slight fluctuation in non-urgent activity; however Tier 4 admissions remain static.

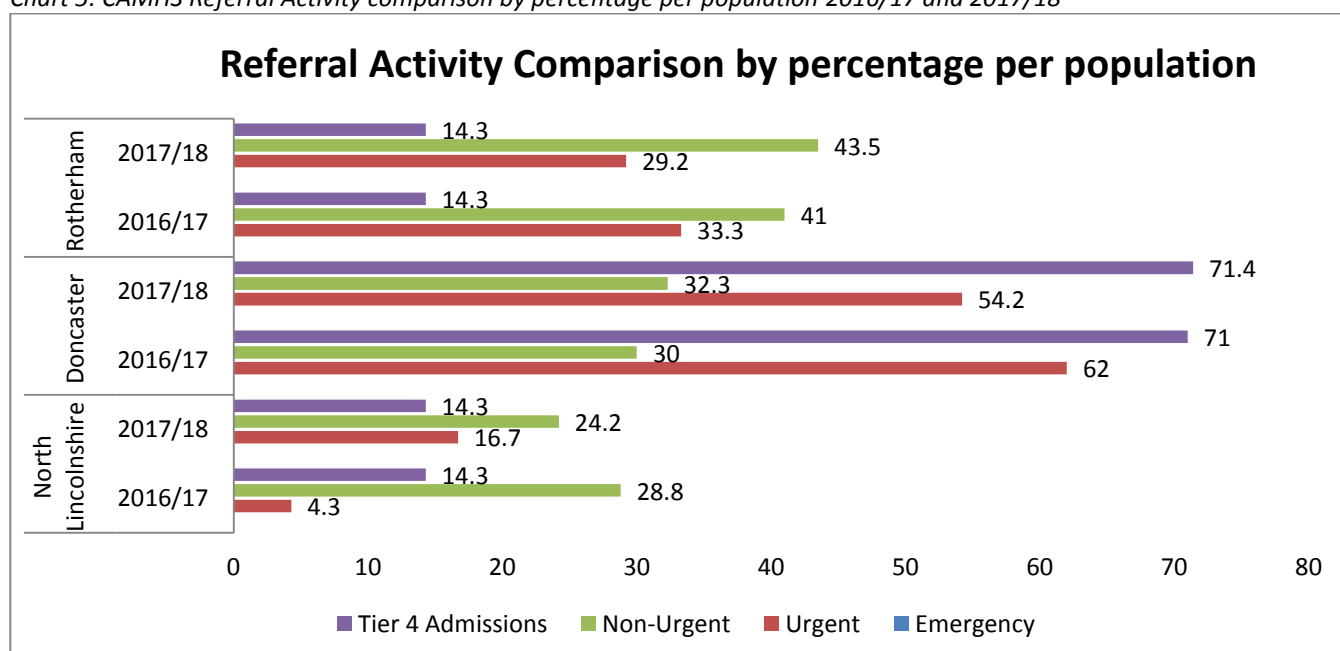
Chart 4: CAMHS Referrals Received in 2016/17, 2017/18 and predictions for 2018/19



When compared to population size (see chart 5 below), it is expected for North Lincolnshire to see 23% of the activity. The data in the chart shows that over the past two years, actual referral activity has not been statistically different regarding non-urgent referrals. However, it can be seen that the percentage of referrals for urgent and Tier 4 are significantly lower for our population, possibly indicating the effectiveness of local service - which we will continue to monitor this.

Chart 5 below also illustrates referral activity across Rotherham, Doncaster and North Lincolnshire and provides as useful comparison – showing relative consistency throughout the services history.

Chart 5: CAMHS Referral Activity comparison by percentage per population 2016/17 and 2017/18



## Performance

To support contract monitoring arrangements quarterly contract meetings between all commissioners take place, as well as it being reported through the standard CAMHS performance framework within the CCG.

Key performance around the service is in relation to key access standards, whereby there is an expectation that all Urgent referrals are seen within 5 working days and all Non-urgent referrals are seen within 4 weeks. Performance data from 2016/17 and 2017/18 shows 100% compliance, consistently meeting this standard.



Qualitative reports of client feedback are received on a quarterly basis. Over the next year we are collating individual outcome measures and objectives to enable a more population perspective to be measured and monitored.

Performance of the service remains satisfactory, to which the service is able to meet NICE guidelines.

The service has functioned very well over the last two years in terms of its key clinical functions of meeting Access and Waiting Time Standards for Eating Disorders, keeping patients safe and minimising the need for psychiatric inpatient admission. This has largely been due to the flexibility and reactivity of hardworking staff – **Principle Psychiatrist from Eating Disorder Service**

### Education

Previously the education element of the service specification was sub-contracted to Syeda. This element of the service is now embedded within the core delivery model; whereby there is a commitment to education being driven by evidence based practice. Over the last year the service has delivered training on Eating Disorders to North Lincolnshire CAMHS with a bespoke workforce development programme organised, this year to include:

- Meet the team event
- YOT training
- Schools training, joint with BEAT
- Paediatrics training
- Adult Recovery Team training

### Transitions

Within the 2016/17 Transformation Plan refresh, we identified how as commissioners we would consider raising the age of the service threshold to 25 years. Following careful deliberation of the CCGs and providers, it has been concluded that capacity would be greatly affected and the risk to quality would be significant. As such, we will continue to work to ensure effective transitions are in place with the over 18 pathways.

### Next Steps

The service has identified numerous ambitions to achieve in the future, these include:

- Developing the multiple interfaces, pathways and relationships with other services, both child and adult, physical and mental health, across 4 localities (including Hull).
- Developing our training and awareness provision to deliver to these partner organisations.
- Improving the quality and adherence to protocols of the interventions we offer.
- Improving team supervision and governance of psychological therapies.
- Delivery of a Multi Family Therapy Group
- Develop and deliver a Parent Training Group

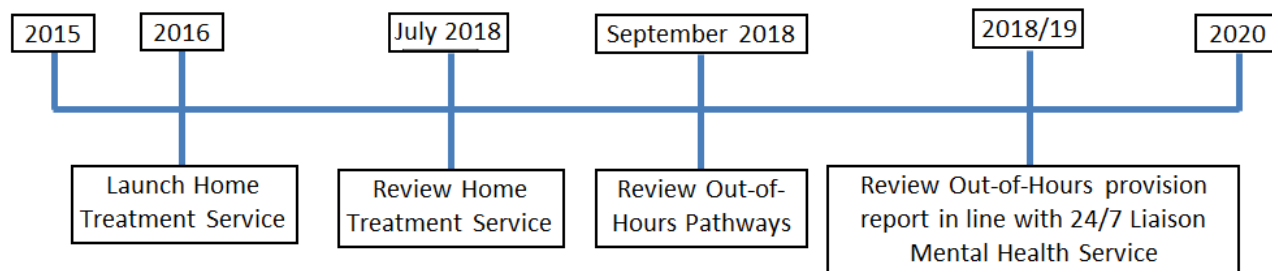
We will continually work with our providers to support the development of the model to achieve the best outcomes for children and young people.

### 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.

<b>Achievements</b>	<ul style="list-style-type: none"><li>• Consistently achieved access and waiting time standards</li><li>• Tier 4 admissions have remained low</li><li>• Qualitative case studies identify positive client feedback</li><li>• Education element embedded effectively within the core function of the service model</li><li>• Continual engagement with national and regional programme, including quality improvement</li></ul>
<b>Challenges</b>	<ul style="list-style-type: none"><li>• The complex demands of the individuals in line with capacity of the service</li></ul>
<b>Next Steps</b>	<ul style="list-style-type: none"><li>• Continue to joint contract manage and gain richer performance feedback in terms of outcome</li><li>• Publish a transition pathway</li></ul>

## 2.6 Crisis and Intensive Community Treatment Service



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.

### What we have done to date?

#### ➤ *Intensive Community Support and 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 additional investment supported a review of the whole pathway, which enabled 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 and is flexible to meet their needs, with capacity to also deliver weekend and early evening support. The revised model has enabled:

- All wards/urgent assessments are seen same day of referral and offered a 7 day follow up as minimum. Assessments include other agencies to ensure the outcome is fully formulated, and universal understanding of the child's difficulties. As a pathway, CAMHS work closely with other agencies to discuss risk management and clear plans of care, working holistically to manage future risk and treatment rather than discharging.
- Referrals for routine self-harm assessments are triaged within 24 hours, some via telephone consultation, and discussed weekly, allocated based on risk. The waiting time for CAMHS input is less than 6 weeks. If a patient risk increases during this time, assessment is brought forward based on need and risk. It is believed that this model of working reduces external anxieties and lowers risk, also preventing attendance at A&E.
- A Senior Support Worker engages directly with patients re-referred back into the service and undertakes

Recovery Action Plan work. Many of these patients only require this service for one or two sessions and then discharged. This reduces anxieties and lowers risk whilst empowering patients and their families to take control.

- An intensive response to higher risk patients where admission may be a possibility. By having a robust consultation system in place, a highly responsive urgent assessment system and flexible triage and waiting times system, those patients with higher concern are identified more readily and can be offered a more intensive community input without delay.

### Impact

The revised care model has enabled a sound working relationship to be established between CAMHS and Acute Ward. This was identified within the findings of a recent CQC inspection, which praised the model, stating:

"There were clear pathways and access to support for the staff from the local Child and Adolescent Mental Health Service" - **September 2018 CQC Report**

One of the key outcomes of the priority is the reduction in Tier IV occupied bed days (see page 28). The number of admissions for North Lincolnshire to inpatients facilities has never been particularly high. The transformed model of care for the Mental Health Disorder Cluster has meant that young people with medium to high risk of inpatient admission have a highly responsive service that significantly reduces the need for admission.

"The service that operates now is highly responsive and waiting times, even for routine self-harm patients, are relatively low compared to the national picture. Urgent and high risk patients experience no delay. By operating a cluster service, the staff teams are all aware of patients that may be higher risk, or showing emerging concerns indicating need for inpatient admission. This allows the whole cluster team to be aware and plan effective services that might ensure reduced admissions going forward. This also applies to young people who might return from inpatient facilities." **IHT Team Practitioner**

The speed of response is hugely important, but also the attention to understanding the young person in a wider ecological context, along with working multi-agency working on managing risk and need. Where necessary, CAMHS have also been able to provide intensive direct support to a number of young people to manage the immediate risk and to prevent escalation and risk of admission. There are currently 5 cases under the remit of Intensive Home Treatment, in addition to the wider number of young people managed due to risk concerns by the cluster as a whole.

### CASE STUDY 1:

**Presentation:** Teenager admitted to A+E following overdose with intent to die.

**Service:** Admitted to Coronary Care unit for 96 hours of monitoring due to risk of heart failure. Was assessed on the ward and discharged home with a clear risk management plan which included working closely with social care around home life, DELTA for drug misuse, college due to overdose attempt and additional support and CAMHS for 7 day follow up with potential treatment. Due to the nature of intent the patient was offered an appointment well within 7 days for risk management. Conversations took place with social care and college before discharge to ensure everyone agreed with the plan, once this had been agreed it was shared with the patient and father.

- ✓ Working and communicating within 24 hours with all agencies reduced risk and anxieties for all involved
- ✓ It highlighted to all that boundaries were in place and eventualities had been thought of.
- ✓ Allowed patient to focus on one thing at a time, reducing anxieties, preventing deterioration/overdose.
- ✓ When the patient attended follow up appointment it was clear the initial distress had passed and they felt much more comfortable knowing their life was being managed by appropriate people and services.

If the collaboration had not worked the level or risk would have increased potentially resulting in another overdose.

## CASE STUDY 2:

**Presentation:** Young teenager (looked after child) brought into A+E via the police on a S.136 due to risky behaviours and threats to end life. A formal mental health act assessment was undertaken out of hours; the young person was detained under section 2 of the Mental Health Act, and transferred to an Adult Mental Health Ward

**Service:** Service immediately responded next day and undertook face to face assessment whilst liaising with social care, Adult Mental Health Services and NHS England. Following assessment CAMHS challenged the detention and view of Children's Social CARE. An urgent MDT meeting resulted in social care seeking an interim Care Order, and CAMHS requesting an urgent psychiatric assessment whilst completing Form One (NHS England). The next day a child psychiatrist agreed with CAMHS and removed the section, transferring the individual back to a foster carer. Our service offered consultation all weekend and met with the individual three times the following week as well as attending MDT meetings.

- ✓ By ensuring all agencies were aware of the person's triggers and risks we reduced the amount of A+ E admissions, and managed the anxiety of all agencies.
- ✓ The young person in question engaged thoroughly within our service, and was quickly able to recognise her own triggers and risks resulting in more manageable behaviours.
- ✓ On reflection the young person could have easily been admitted to Tier 4 on a section and potentially remained there for a considerable time due to behaviours and threats. By working as an MDT and becoming more curious to views aired we were able to change the child's journey, resulting in positive outcomes for all.

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.

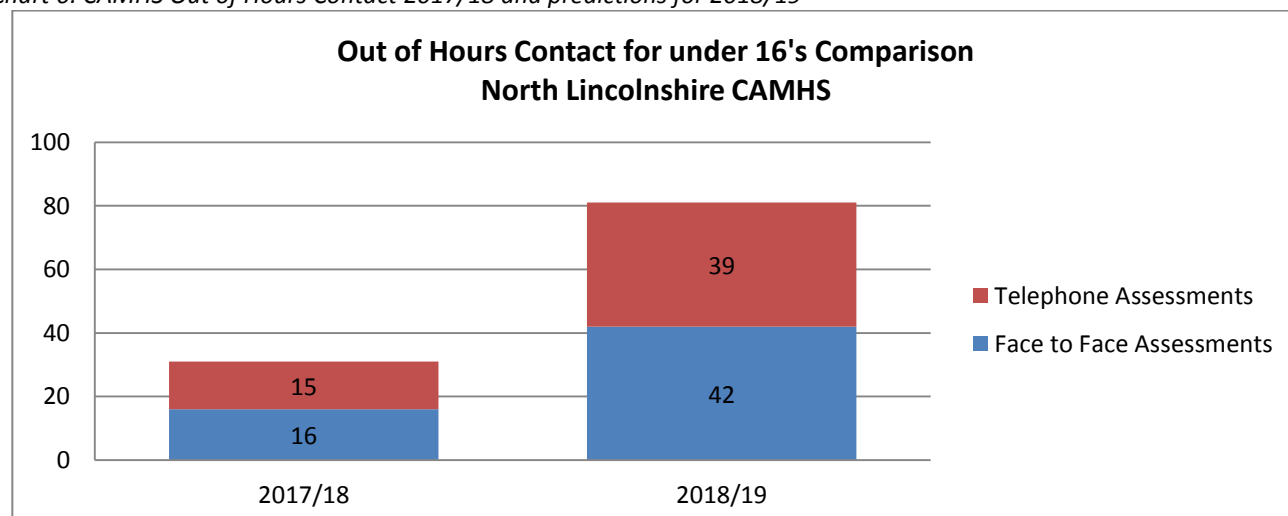
CQC identified that there were Clear pathways and access to support for the staff from the local Child and Adolescent Mental Health Service.

### ➤ Out Of Hours (OOH) Provision

An Out-of-Hours service commenced in 2012, initially as part of a joint commissioning arrangement between North Lincolnshire, Rotherham and Doncaster CCGs and is currently accessed through A&E.

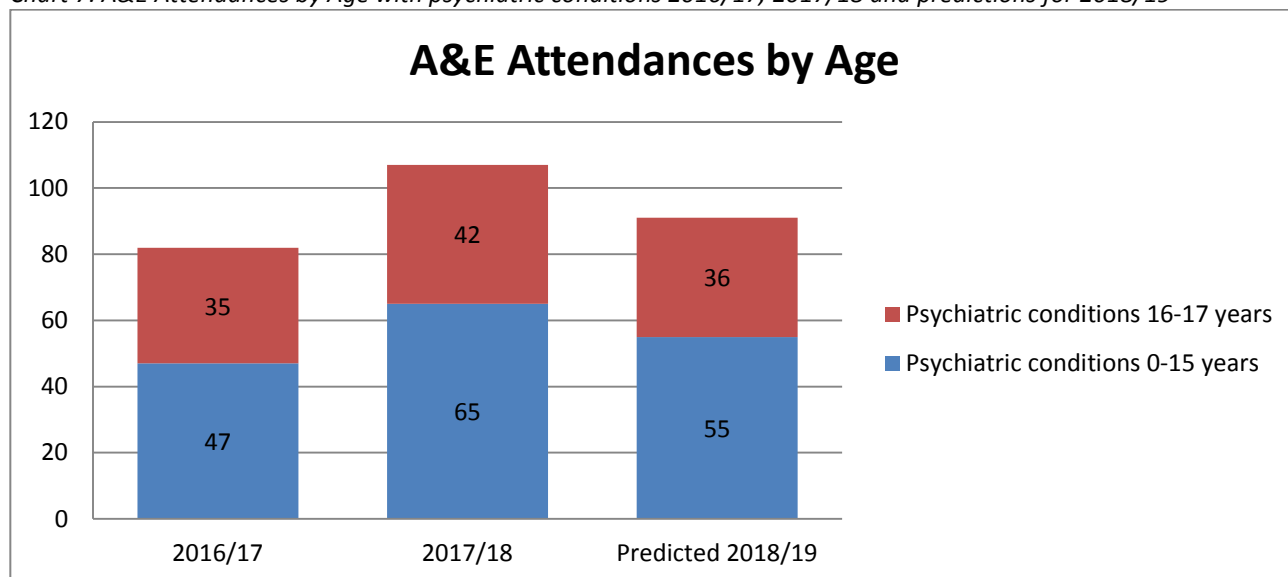
Chart 6 below illustrates that based on Q1 position in 2018/19, it is predicted that we will see a significant increase in Out of Hours activity for the under 16's. Out of Hours for over 16's is managed by Adult Services, for which activity for 16-18's is being established.

Chart 6: CAMHS Out of Hours Contact 2017/18 and predictions for 2018/19



The difference in attendance activity using A&E datasets can be seen in chart 7 below. Acknowledging coding limitations, this data demonstrates a relatively consistent picture of demand.

Chart 7: A&E Attendances by Age with psychiatric conditions 2016/17, 2017/18 and predictions for 2018/19



### Next Steps

Locally, a revised Urgent Treatment Centre is being developed to transform A&E, in line with the local Crisis Care Concordat and the wider vision for Psychiatric Liaison. We aim to work closely with the new developments to ensure Out of Hours provision continues to meet the needs of our Children and Young People.

Over the past year we have been working with Humber on a pathway to enable access to an Out of Hour health based place of safety. This will be finalized in 2018/19.

### 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.

<b>Achievements</b>	<ul style="list-style-type: none"> <li>Continued reduction in usage of Tier 4 beds</li> <li>Care has been closer to home for our CYP due to this reduction in the use of Tier IV</li> <li>Developed Intensive Community Treatment Service model</li> <li>Positive feedback from CQC regarding relationships CAMHS and Acute Children's Ward</li> </ul>
<b>Challenges</b>	Establishing a valid picture of Out of Hours demand
<b>Next Steps</b>	<ul style="list-style-type: none"> <li>To collaborate with development of Urgent Treatment Centre Care Model with Out of Hours provision.</li> <li>Formalise and launch Out of Hours Health Based Place of Safety provision</li> </ul>

### **3. 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.

#### **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.

#### **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.

#### **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 people 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.

**Risks 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.

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.

**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.





