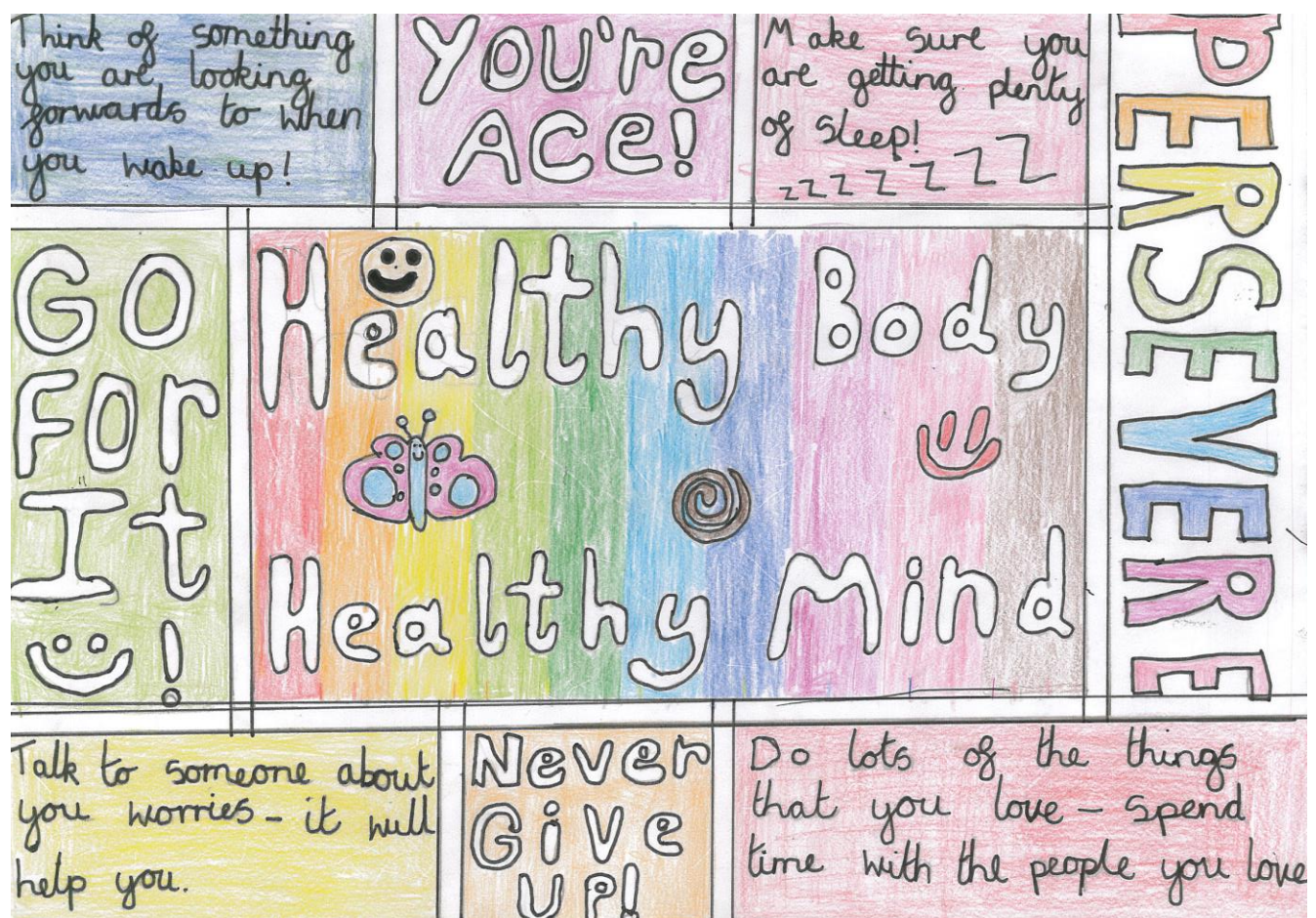


North Lincolnshire Children and Young People's Emotional Health and Wellbeing Transformation Plan 2015 –2020



Refresh October 2019

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The cover illustration has been provided by the winner of the Healthwatch promotion Health and Wellbeing competition

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 Faisel Baig Chair – North Lincolnshire CCG

Our Vision

We strive collectively for good mental health for all children and young people of 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, provided by 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. Our plan has demonstrated a year-on-year commitment that by 2020 '**we will**'* have made significant strides towards developing a workforce across the community, schools, health, the Council and voluntary sector with the necessary skills to support individuals and their families. With 2020 fast approaching, this plan sets the local vision over the next few years.

Within North Lincolnshire, we have strengthened 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 bases.

As a community we are aware that there are some children and young people who are more susceptible to 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 and cultural changes in North Lincolnshire, and we plan to continuously keep abreast and be 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). In North Lincolnshire 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.

Delivery of this Transformation Plan is the responsibility of all partner agencies in North Lincolnshire and is led by multi-agency 'Emotional Health and Wellbeing Group'. Throughout this document there are many statements suggesting that, 'we will'. In the context of this plan 'we will' refers to the multi-agency group who are responsible for the delivery of the plan

Our Ambition across North Lincolnshire

We want our area to be the **#bestplace to live, work, visit and invest** and we want the people of North Lincolnshire to be ***safe, well, prosperous and connected***.

Our Shared Strategic Principles:

- Enabling Self Help
- Care Closer to Home
- Right Care Right Place
- Best Use of Resources

Our Shared Values:

- Equality of opportunity so everyone can have a good quality of life
- Strive for excellence and high standards
- Use our resources wisely and with integrity
- People take self-responsibility and have choice and control over their own lives

We believe:

- children should be at the heart of what we do
- children should live within their family network, within their community
- people can be empowered and enabled to change
- families should be helped early, at the lowest level
- everyone has strengths to build upon
- relationships matter
- language changes behaviour
- that we should aim for excellence in all that we do
- that we should constantly learn, and never stop challenging ourselves to improve and adapt

Our Intent:

Across the partnership arrangements, we are committed to working together to respond to the needs of children and young people and to help improve their outcomes and experiences.

- We will co-produce with children, young people and families using their strengths and assets to develop services to meet their individual needs
- We will ensure children and young people are at the centre of all we do so they remain in families, in school, in communities
- We will build children, young people and families resilience
- We will drive an even stronger partnership and commission services that reflects local need

Underpinning our services and commissioning is:

- an enabling culture and strong sense of belonging
- a shared vision and ambition
- commitment and pride in achieving ever-better outcomes for children
- a clear understanding of our communities, population and the prevalence of need
- strategies and plans that ensure that we deliver on our priorities
- an organisational model that aligns functions against levels of need

We will:

- be ambitious for all children and young people
- listen to children and take account of their views and feelings
- act swiftly to make a difference
- work to keep families together by building on their strengths and managing risks
- ensure children have stability in their home and in their education settings
- challenge constructively in the interests of achieving the best outcomes for children
- embrace diversity and strive for equality

Our Expected Outcomes

Box 1 identified the outcomes, initially set in 2015. This fourth refresh shows continued commitment to the achievement of the outcomes identified:

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.

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. In 2015, the inaugural Local Transformation Plan (LTP) was developed to publish how North Lincolnshire intended to work together to promote, protect and improve the mental health and emotional wellbeing of children and young people.

This 'North Lincolnshire's LTP (2015 -2020)', publishes North Lincolnshire's fourth 'refresh'. This final 'refresh' celebrates some of the excellent achievements to date and sets the future priorities for the next few years.

Since the publication of the last refresh the NHS 10 Plan has been published, which has helped to steer the refreshed outcomes of some of the key objectives. Furthermore, there have been local developments for example; North Lincolnshire's Scrutiny Panel review of Children's Mental Health, publication of an All-Age Emotional Health and Wellbeing Strategy and All Age Mental Health Strategy and continued work on the scoping of 'Place Based Integration'. This final refresh aims to pull all these key ambitions into a single document to help steer the future ambitions and goals.

The Transformation Plan is presented in three sections:

- Section one describes the national and local context and describes the current services available locally
- Section two describes the six identified priorities within the Plan and describes the work achieved to-date and the future priority areas
- Section three describes the governance around the delivery of the Plan.

This Plan is a multi-agency plan to which the delivery of the Plan is overseen by a multi-agency Emotional Health and Wellbeing Partnership Group. Contributions to this Plan have been received from:

- North Lincolnshire's Integrated Children's Trust Members including:
 - North Lincolnshire Council (NLC), including Children and Community Resilience, Learning, Skills and Culture, and Public Health
 - North Lincolnshire Clinical Commissioning Group (NL CCG)
 - North Lincolnshire Healthwatch
- North Lincolnshire's Health and Wellbeing Board Members
- Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH), including:
 - Community Eating Disorders Service (CEDS)
 - Children and Adolescent Mental Health Services (CAMHS)
- Humber, Coast and Vale Perinatal Mental Health Programme Delivery Team
- NHS England Mental Health Programme Team for Yorkshire and Humber

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. Guiding this Local Transformation was the inaugural publications of 'Future in Mind'

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

Even though all published policy has had an impact on local provision and strategy, this plan has been heavily influenced by 'Future In Mind', with the set ambition to transform 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. 'Future In Mind' identified five key themes - all have which have influenced the objectives in the plan and have included:

- 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' that has influenced our local vision, and consequently the model of CAMHS provision, was the publication of the Thrive model of practice (further information can also be found at <http://www.annafreud.org/service-improvement/service-improvement-resources/thrive/>)

The model provided an evidence base of how services could be shaped to meet the needs of children and young people, and emphasised how children's needs require different configurations of service delivery and input. This replaced the old 'Tiered System of CAMHS delivery' and conceptualised the support children may need, drawing a clearer distinction between 'treatment' and 'support' (see below diagram)



Building on the commitment for Children's Mental Health, in December 2017 '**Transforming Children and Young People's Mental Health Provision: A Green Paper**' (December 2017) set a further ambition 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 to the proposed reforms was 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 by:

- Incentivising 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.
- Funding 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.
- Trialing a 4-week waiting times to access specialist NHS children and young people's mental health services.

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

In 2019, the **NHS Long Term Plan (2019)** was published, which proposed to give children a stronger start in life and described a commitment to expand support available from community-based mental health services for those with mental health conditions. Central to the plan was the commitment that funding for children and young people's (CYP) mental health services will grow faster than both overall NHS funding and total mental health spending.

The NHS Long Term Plan supports the commitments to mental health services for children and young people made in the **Five Year Forward View for Mental Health**, and includes a commitment to:

- Better access to community mental health services for those experiencing common mental health issues such as anxiety and depression
- Trailblazing both Mental Health Support Teams in schools - for up to 25 % of the country by 2023, and a four week waiting time standard for Specialist CAMHS
- Extending current service models to offer care to those up to 25 years old, and by taking an integrated approach across health, social care, education and voluntary sector services.
- Implementing new waiting time standards
- Exploring how the i-THRIVE operating model can be extended to cover services for those up to 25 years old.
- Ensuring easier access for specialist services for children and young people with an eating disorder
- Expanding an age-appropriate crisis services, giving children and young people access to services 24/7 with NHS 111 acting as a single point of access and learning from vanguard sites of whether children and young people who have received intensive follow-up support as part of integrated community mental health services made less use of crisis services.

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 Clinical Commissioning Group (NLCCG) and North Lincolnshire Council (NLC) (and other partners), with Children and Young People/Best Start being identified as a key priority across the partnership.

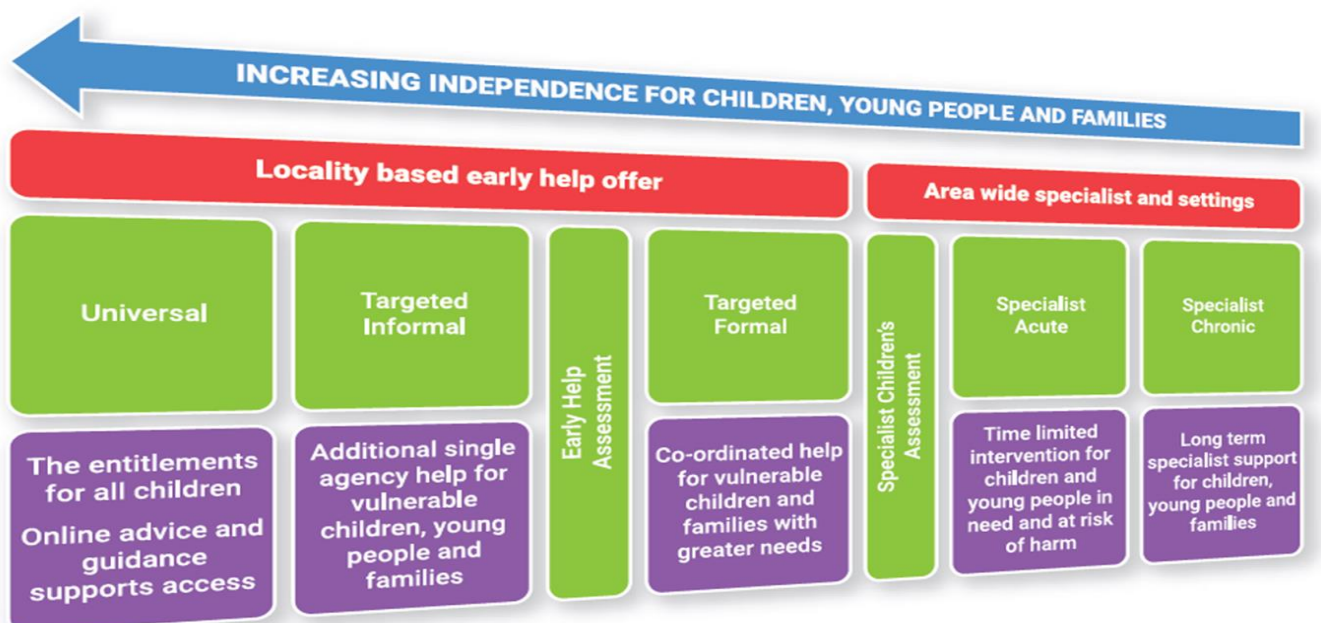
The North Lincolnshire Children's Strategy 2020 'Children and Young People's Challenge', has a particular focus on the partnership action required to improve outcomes and reduce inequalities for children and young people living in North Lincolnshire. The strategy is informed by what children and young people have told us through their lived experience and the outcomes we know about for children and young people's populations, 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 gaps
- 6) Improving young people's readiness for work

In 2019, NLC and NLCCG pledged their joint commitment to further integration and published a 'Place Based Plan' that aims to:

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

Supporting this, North Lincolnshire has agreed to promote a way of organising services based on levels of need, utilising the Organisational Model (see below).



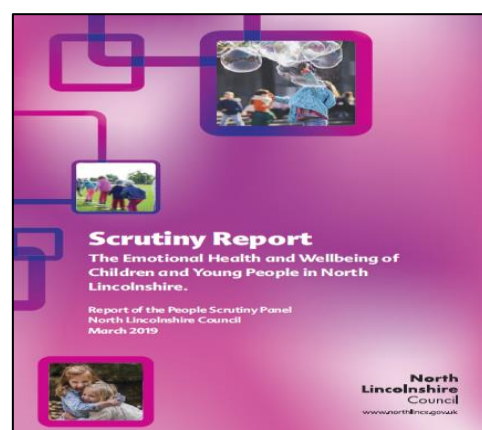
In September 2019, a North Lincolnshire Integrated Children's Trust was launched, providing a singular vehicle for developing our integrated approach and commissioning intent across health, social care and education, including participation, prevention and protection. The local Integrated Children's Trust arrangements are in their infancy, though there is a shared ambition to develop a single focus for children across North Lincolnshire and to 'shine a light' on the offer to children, young people and families.

During 2019, four more additional developments in North Lincolnshire have been instrumental in the focus of this year's refresh and include:

- The Emotional Health and Wellbeing of Children and Young People in North Lincolnshire Scrutiny Panel Report, March 2019
- North Lincolnshire Mental Health Strategy 2019-2024
- All Age Wellbeing Strategy
- Joint work with HCV Strategic Transformation Partnership (STP)

The Emotional Health and Wellbeing of Children and Young People in North Lincolnshire Scrutiny Panel Report, March 2019

The Scrutiny Panel undertook a review to examine 'The Emotional Health and Wellbeing of Children in North Lincolnshire'. The Panel identified the good work of many people working with Children and Young People in North Lincolnshire and how the CCG and Local Council were making good strides in their progress and were assured by the plans in place. Following the review, the Scrutiny Panel made nine recommendations – most of which have been weaved into the priorities within this plan*:



- 1) Improving Performance Monitoring of CAMHS to Referral to Treatment rather than Referral for Assessment
- 2) Improve the understanding of School Governors the Roles and Responsibilities of Mental Health Champions
- 3) For schools, colleges and education establishments to nominate a 'Childhood Resilience Governor'
- 4) A clearer criteria for Mental Health Champions be drafted and agreed
- 5) All partners make available a guide on safe on-line activity
- 6) All educational establishments make ongoing efforts to recruit suitably checked volunteers to work in schools and colleges be given a renewed focus.
- 7) The work of the Infant Mental Health Alliance is prioritised
- 8) Ongoing discussion on integration should be prioritised
- 9) As part of recommendation eight, a workforce strategy is developed to build workforce resilience.

*Many of the recommendations from this scrutiny report have been captured in this Transformation Plan. A specific action plan, covering all of the actions, will also be developed in response to the scrutiny report and progress will be reported into the Scrutiny Panel as required.

North Lincolnshire – Mental Health Strategy 2019-2024

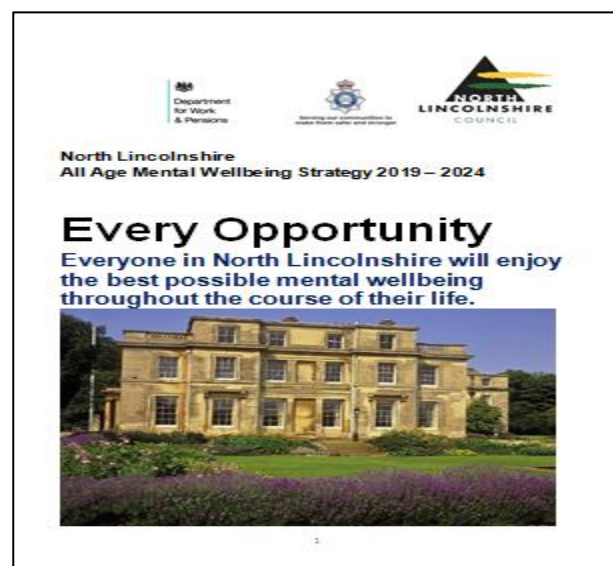
Building on the local commitment to deliver the 10 year plan, North Lincolnshire Mental Health Strategy provides the strategic direction and priorities for mental health over the next 5 years. Identifying Children and Young People as one of the key priority areas, the plan identifies six objectives, again all of which have been weaved into the objectives in the plan and includes:



- Working with schools and colleges to improve how they support children and young people's mental health, including developing the mental health champion role and looking to develop mental health support teams in schools
- Working towards all children and young people with a diagnosable mental health problems having access to NHS funded services – beyond the government target of 35% by 2020/21
- Reducing waiting times for assessment and treatment towards the ambition of a maximum four week wait
- Improving and expanding services for children and young people with Attention Deficit and Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorder (ASD), to significantly reduce waiting times for assessments and improve post-diagnostic support
- Exploring and agreeing options for improving transitions between children and young people's services and adult services, including opportunities to deliver 0 to 25 or all age services
- Improving mental health crisis support for children and young people, to avoid admission to a children and young people's mental health unit wherever possible

All Age Wellbeing Strategy 2019-2024

In 2019, an all age All Age Wellbeing strategy was developed by North Lincolnshire Council Public Health Team, in collaboration partner agencies. The plan aims to tackle the wider determinants of mental health and wellbeing while recognising vulnerabilities that make people more susceptible. The plan emphasises how mental wellbeing is everybody's business and aims to prevent and recognise early intervention, reduce stigma and discrimination, and embed the five ways of mental wellbeing as fundamental within the strategies delivery. The plan adopts an all-age approach while recognising specific priorities for children under 18.



Where possible this plan aims to align with the identified key priorities for children and young people. The plan makes recommendations under four key sub-headings that include:

- To prevent, recognise and aid early intervention for mental ill health and wellbeing
- To make mental wellbeing everyone's business
- Reduce Stigma and Discrimination
- To Promote and embed The 5 Ways to Wellbeing

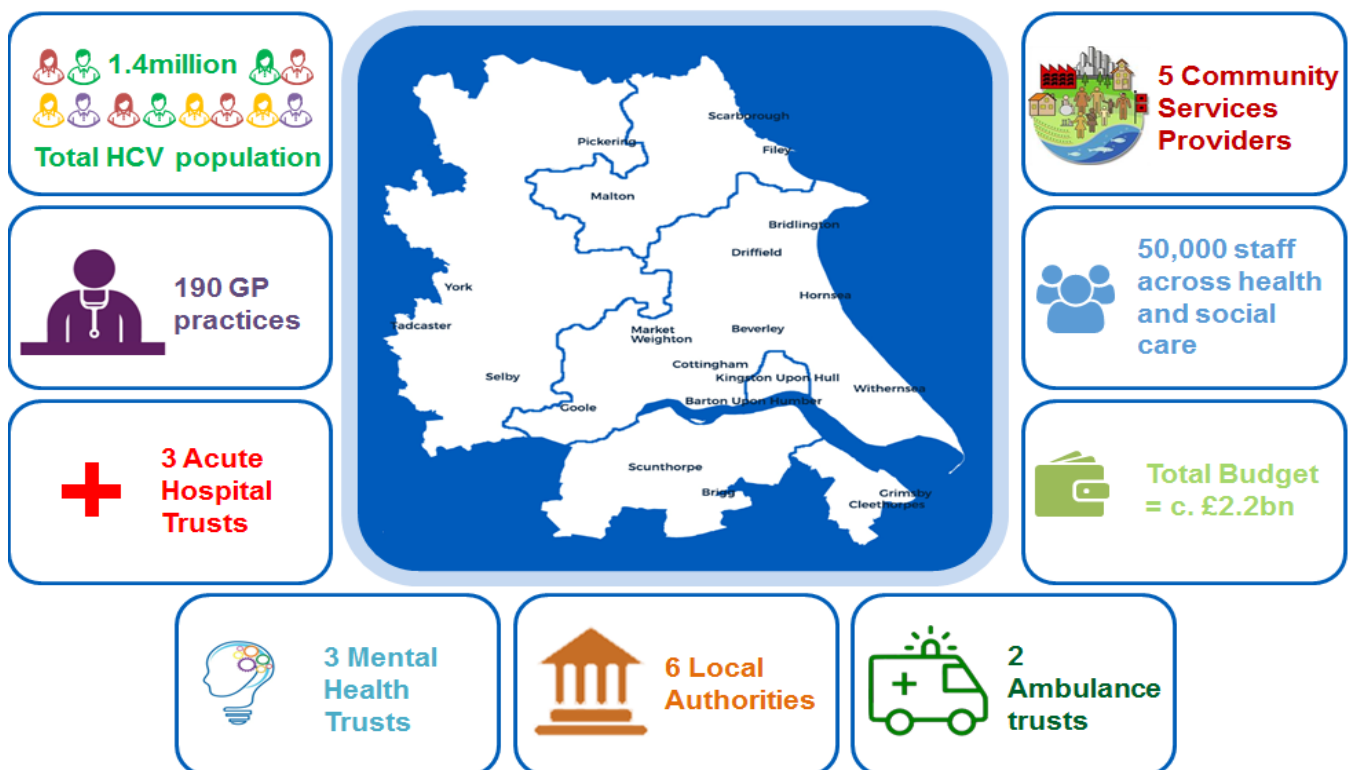
With specific reference to children, the All Age Wellbeing Strategy identifies the following priorities, all of which have been considered through this transformation plan:

- Ensure that the impact of Adverse Childhood Experiences (ACES) are recognised and understood
- Continue to improve mental health literacy and mental wellbeing of all school age children and their parents to build resilience and create a supportive and tolerant environment.
- Provide targeted support to children who are out/at risk of being out of school and have greater exposure to factors that negatively impact on mental health (poverty and discrimination).
- Ensure families at greater risk of poor mental wellbeing can access evidence-based support.
- Ensure local pathways to support the emotional health of looked-after children and young people are aligned to National Institute for Clinical Excellence (NICE) guidelines.
- Embed the adoption of The 5 Ways to Wellbeing in our Workplace Award Scheme.

Joint work with Humber Coast and Vale Strategic Transformation Partnership (STP)

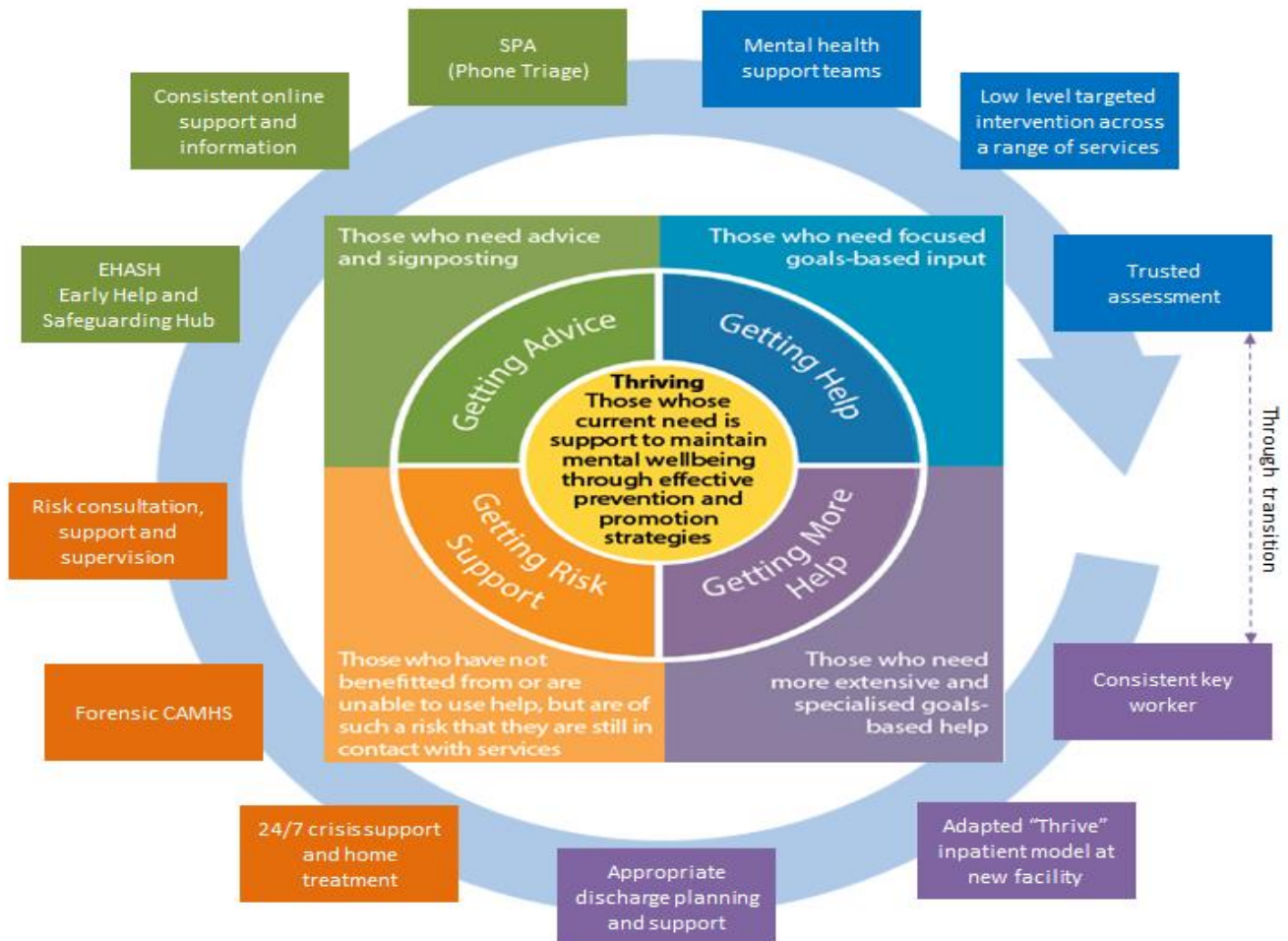
In 2019 North Lincolnshire has joined its partners across the STP (see below map) to come together to develop a joint programme to try and collectively address some of the key challenges for Children and Young People.

Humber Coast and Vale (HCV) - Our Area.....



The STP acknowledges that while universal and most targeted services should be delivered at place, for some elements of Mental Health provision we may be able to address need and test the new model more effectively and efficiently over a larger geographical footprint, for example more specialist services.

2019/20 is a key planning stage for the programme and there is commitment that the work programme will be focused around the previously described and illustrated Thrive Model (see below)



1.3 What is our Local Data Telling Us?

The data and intelligence that has been used to shape this plan has been gathered from many different sources including public health data, locally collected performance and activity data and local intelligence/feedback from parents, children and professionals. This section of the Plan aims to pull together this known intelligence to help inform this refreshed plan.

➤ **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 council level, are available at <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>.

Protective and Risk factors in North Lincolnshire can be seen in the table below.

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

Source: PHE, 2016

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

The health and wellbeing of North Lincolnshire infants is improving year on year, and is currently at the 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 more children are perceived to be ready for school. Even though indicators suggest that we are doing well locally, there are still known challenges in key early year's public health priorities, including smoking during pregnancy and breastfeeding rates, which even though they are improving, remain stubbornly below the national average.

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

- More young people making positive choices about their future health and wellbeing, with 92% of 15 year olds being smoke-free, compared with 80% 6 years ago.
- Teen conception rates now are less than half of what they were in 2010, and currently in line with the national average for the first time in two decades.
- Attainment rates continue to rise each year in North Lincolnshire, above the national levels.
- Higher and rising rates of engagement in education and training at 16+
- 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. Data also suggests that both adults and children are less physically active in North Lincolnshire than nationally, and there is a low use of outdoor space for exercising.

➤ Perinatal Mental Health

Perinatal mental health refers to a woman'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. Using these predictions, 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.

➤ **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 of 34.2 per 100,000, compared to the national average of 40.6 per 100, 000.

(Source PHE Fingertips profile mental health and children and young people accessed on 20 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 80-100 admissions per year. However, we acknowledge that the hospital does not capture the many more episodes of self-harming that do not come to medical attention.

➤ **Childhood Mental Illness**

While there is no single accurate local measure of childhood mental illness, national estimates (modelled from what we know about 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

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

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

➤ **Vulnerable Groups**

Research shows that children and young people may have vulnerabilities, or have had experiences that increase their likelihood of additional health and mental health difficulties. Table 4 describes the expected numbers of children and young people in North Lincolnshire in each of these groups, using estimations from national prevalence.

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

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

➤ **Looked After Children**

Research shows that looked after children (LAC) 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 LAC and care leavers are between four and five times more likely to attempt suicide in adulthood.

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

Measuring the emotional health of children between the ages of 4 and 16, the 'Strengths and

Difficulties Questionnaire (SDQ)' was introduced as a national measure for Looked After Children's mental wellbeing. SDQ scores are generated annually for all children in care, and is a helpful tool for local services to plan support around children and young people, and to measure the success of interventions. The average SDQ scores for LAC in North Lincolnshire have remained relatively stable since 2014/15 and are currently slightly higher, but not significantly different to, England's average of 14.7.

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
2017/18	15.1	15.2	14.7
2018/19	Awaiting Release of National Data		

➤ Children with Learning Disabilities/Special Education Needs and Disability (including Autism Spectrum Disorder/Attention Deficit Hyperactivity Disorder)

Locally, NLC publish a 'Special Education Needs and Disability (SEND) assessment (<http://www.northlincs.gov.uk/EasySiteWeb/GatewayLink.aspx?allId=44689>), which pulls together all the local intelligence on the children and young people with SEND needs.

Table 6: North Lincolnshire EHCP primary need breakdown January 2019

EHCP by Primary Need Jan 2019		
Primary Need	Number	%
Specific Learning Difficulty	26	2.8%
Moderate Learning Difficulty	173	18.9%
Severe Learning Difficulty	65	7.1%
Profound and Multiple Learning Difficulty	20	2.2%
Social, Emotional and Mental Health	178	19.5%
Speech Language and Communication Needs	162	17.7%
Hearing Impairment	15	1.6%
Visual Impairment	14	1.5%
Multi-Sensory Impairment	0	-
Physical Disability	49	5.4%
Autistic Spectrum Disorder	211	23.1%
	913	

Source: Internal from SEN2 data

Latest figures from January 2019 (see table 6) identified that in North Lincolnshire there are 913 children with an Education Health Care Plan, with the primary need of 'ASD' being the most prevalent at 23.1% (n=211) and 'Social, Emotional and Mental Health' being the second highest at 19.5%. Even though children may have a combination of needs, the identification of primary need highlights the greatest challenge area for the child or young person.

When compared to national figures, data suggests that North Lincolnshire has a slightly less than expected primary needs prevalence of ASD, with latest figures suggesting 7.4% prevalence compared to an 11% England average. Locally, it was hypothesized that this lower than expected number was due to the robust assessment process. However, with the significant increase in referrals seen locally for ASD, it is expected that the figure will increase in line with the national average.

Highlighting the vulnerabilities of children and young people with a Learning Disability and/or ASD

nationally, it is estimated that there is an increased prevalence of mental health illnesses within both of these groups with figures suggesting that:

- More than 1 in 3 (36%) children and adolescents with learning disabilities have a diagnosable psychiatric condition - when applied to North Lincolnshire statistics suggests that at least 290 children or young people could also have a mental health condition.
- 70% children with ASD will also have a mental health problem
- At least 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 - 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.

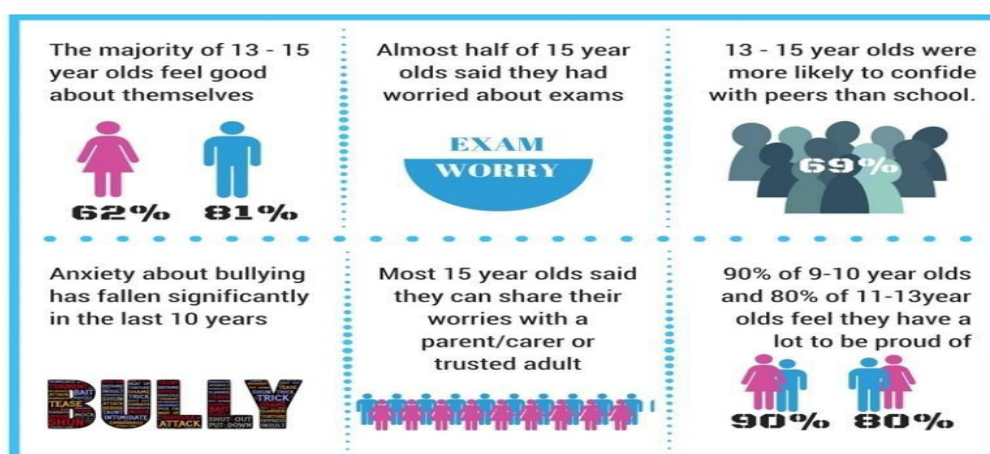
➤ **Children with Chronic Physical Conditions**

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; 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**

Lifestyle surveys have been undertaken for North Lincolnshire secondary school age young people since 2013, and have since been extended to include primary and college age children and young people. This has provided us with a broad understanding of their views, experiences and perceptions of their health and wellbeing. The latest published outcomes from the surveys 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.



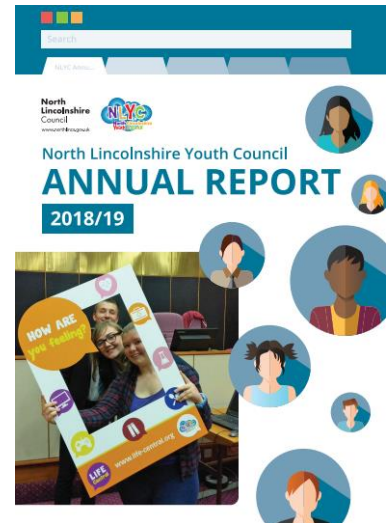
Our latest data, from the Adolescent Lifestyle Survey suggests that emotional wellbeing scores are in line with the national average. Overall, in North Lincolnshire girls expressed lower emotional wellbeing and were more likely to ask for more coverage of this issue in their school's PSHE.

Other vulnerable groups who scored lowest on emotional wellbeing in these surveys included pupils with long term conditions and/or disabilities, young carers and LAC. Teenagers with few or no social contacts were identified as a vulnerable group with lower than average wellbeing scores.

➤ Local Children and Young People Engagement

Locally we have excellent engagement from children and young people in the Emotional Health and Wellbeing Agenda, with a vibrant and proactive Youth Council (<https://www.northlincs.gov.uk/wp-content/uploads/2019/07/NLYC-Annual-Report-2018-19.pdf>) and Positive Steps Group.

Annually, the British Youth Council 'Make Your Mark' ballot provides the opportunity for young people to vote about issues that matter to them. In 2018/19 over 8,000 local young people voted. This made North Lincolnshire the area with the highest voting turnout in the Yorkshire and Humber region. Young people were able to vote for UK wide and devolved issues as well as having the opportunity to identify local issues of concern. Mental Health was identified as the key local issues for children and young people, along with other issues such as littering, drug use and dealing, youth activities, environmental issues such as pollution and climate change, knife crime, homelessness, gangs, crime and theft, and road safety. These outcomes shape the North Lincolnshire Youth Council work plan, including North Lincolnshire's two Great Debate events, and will contribute to planning and commissioning intentions across the partnership



➤ Young People's Emotional Health and Wellbeing – The Positive Steps Group

Mindful Mental Health is high on both the Youth Council and the Positive Steps Group agendas. Good links have been made between members of the Positive Steps Group and the Child and Adolescent Mental Health Service (CAMHS), and the group meets monthly to promote positive emotional wellbeing and develop resources that help towards reducing the stigma of mental health in young people.

Previously, the Positive Steps Working Group designed a poster for School and College Mental Health Champions to explain their role to both students and their families.



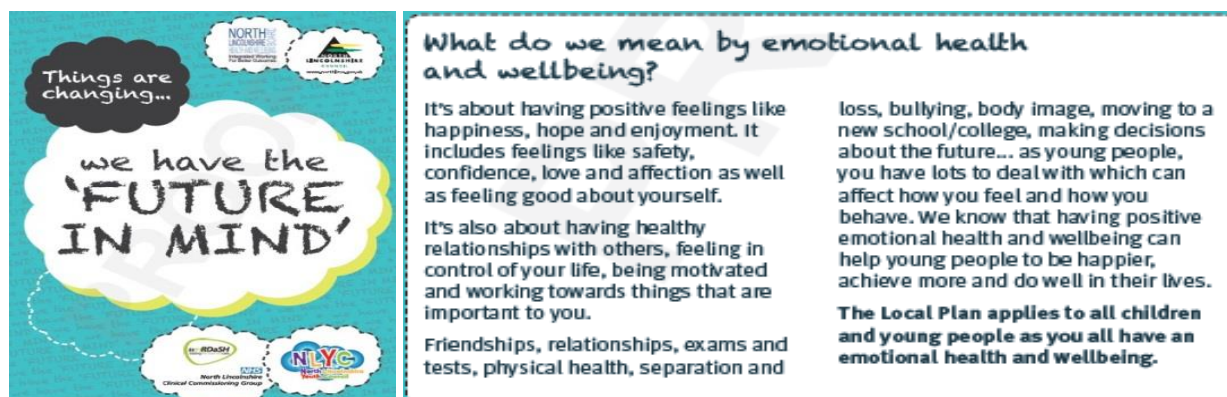
Last year the group:

- Produced 'Mental Health Champion Posters' so young people can identify who their Mental Health Champion are
- Worked with the Learning Disability Partnership to help produce an easy read version of their Positive Steps leaflet for vulnerable adults, and led on the development of printing the local Positive Steps Leaflet into five different languages (Lithuanian, Polish, Romanian, Bengali and Urdu)
- Promoted their positive body image project 'Be Unique', sharing their popular postcards in schools and events that young people attend.
- Committed two days of their February half term holiday to take the Mental Health First Aid Youth course, and developed a mental health first aid box that is now being trialed in 3 schools, and with adults at a North Lincolnshire Adult Education site.
- Shaped the ongoing development of the 'Life Central' website, and helped to develop a local film with three endings on how to talk to a friend about mental health.
- Developed an animation on the 'Teen Brain' to help explain the adolescent brain, which will be added to the Life Central website along with a page containing further information.
- Developed a 'Life Central fully charged game' based on improving sleep patterns. This continues to be the most visited page on Life Central with 400+ hits.
- Welcomed Rainbow Youth representatives into the meetings, addressing issues around those 11-18 year olds identifying as LGBTQ+.

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 and has been perceived extremely positively by children, young people and professionals. An easy read version of this year's refresh has also been developed and will be published alongside this plan on the North Lincolnshire CCG website and the North Lincolnshire's Council Local Offer website, as well as being promoted by the health professionals involved.

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 the feedback from children and young people, parents/carers, practitioners and partner agencies regarding Emotional Wellbeing and Mental Health issues for children and young people at an individual, service and strategic level. Feedback is gained and utilised from a variety of sources including: compliments, complaints and engagement events such as Health Matters, square table events, attendance at the local Parent In Partnership (PIP) forum, the Children in Care Council, feedback through the Positive Steps Group, and through working in partnership with the local Special Education Needs and Disability, Information, Advice and Support Service (SENDIAS) provision.

1.5 What do Local Specialist 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 North Lincolnshire Council.

Table 7 demonstrates the CCG and Lincolnshire Council financial commitment to Children's Mental Health Services (please note this figure does not include North Lincolnshire's Council contribution to a wide range of support services which provides emotional and mental health support to children and young people of North Lincolnshire) and illustrates how there has been a significant investment in 2019/20.

Table 7: North Lincolnshire Allocation of Targeted and Children and Young People's Mental Health Spend

	North Lincolnshire CCG Spend 2018/19	2019/20 Allocation
Specialist CAMHS Investment- RDASH	£1,457,871	£1,496,692
Specialist Trauma Pathway Therapeutic including CSE – Barnardo's	£200,000 (including £78,000 NLC contribution)	£200,000 (including £78,000 NLC contribution)
Eating Disorder Service - RDASH	£90,000	£92,340
Transformation Monies	£304,132	£573,535
Total Spend – including North Lincs Council contribution	£ 2,052,003	£2,362,567

Since the inaugural plan, North Lincolnshire CCG has allocated all NHS England identified resource to support delivery of the Plan, demonstrating the CCG's commitment to delivery of the Plan (see Table 8). In 2018/19, there was a slight underspend in the allocated amount. However, the CCG made this amount available in 2019/20 and increased the allocation from £356,000 to £573,525, in order to deliver the additional priorities within the Plan.

Table 8 – Transformation Plan Monies 2016/17 – 2019/20

2016/17		2017/18		2018/19		2019/20	
Allocation	Spend	Allocation	Spend	Allocation	Spend	Allocation	Spend
£356,000	£310,000	£356,000	£356,000	£356,000	£304,132	£573,525	£308,637

Throughout the duration of the Plan money has been allocated to each of the priority areas, with the vision that all the allocated money is mainstreamed into core service delivery, as illustrated in Table 9 on page 24.

As previously mentioned the NHS Plan committed to a year-on-year increase in funding for Children's Mental

Health Service. North Lincolnshire have implemented this financial commitment.

Table 9: 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	Actual Spend 18/19	Predicted Spend 2019/20
Primary Prevention	£1,500	n/a	n/a
Workforce Development	£67,439	n/a	n/a
Improve Access for the Most Vulnerable	£71,929	£32,637	£193,391
Improving Access & Supporting Universal Services	£70,000	£151,000	
Crisis and Intensive Community Support	£130,000	£125,000	£125,000
Neurodiversity for Over 5's	n/a	n/a	£200,000
CAMHS Under 5's ASD Waiting List	n/a	n/a	£36,334
Bereavement	n/a	n/a	£18,800
Total Spend	£340,868	£308,637	£573,525

➤ Local CAMHS Service Provision

Specialist CAMHS is currently commissioned by NL CCG and provided by RDASH. 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 LAC and Youth Offenders)
- Emergency Assessment, Crisis Intervention and Intensive Home Treatment Support.
- Specialist Eating Disorder Service – commissioned in partnership with Rotherham and Doncaster CCGs.

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. To deliver the pathways, currently, 32.49 whole-time-equivalents are aligned to the pathways, which include professionals directly employed by CAMHS and professionals working in partnership with CAMHS, funded by the CCG, to help implement the Neurodiversity waiting list initiative. (Please note that this does not include the specialist workforce aligned to the Learning Disability Service or the Specialist Trauma Pathways)

Table 10: Key Workforce Data, Specialist CAMHS accurate as of October 2019

Team	WTE
Looked After Children	4
Consultation	4
Diagnostics	4.5
Psychological Therapies	2.7
MH Disorders / Self-Harm	6.5
Management and Administration	4.19
Eating Disorders	1.6
Additional Investment 2019 – Neurodiversity	2.5
Short Term Posts 2019 (employed by NLC funded by North Lincolnshire CCG)	2.5
Total of North Lincolnshire CCG Funded Post	32.49

CAMHS Activity and Performance Data - Children Accessing Psychological Therapies

Nationally, NHS England has set an overarching target that by 2020/21 there will be a significant

expansion in access to high-quality mental health care for children and young people, with at least 35% of children and young with a diagnosable mental health condition receiving evidence based support, funded by the NHS.

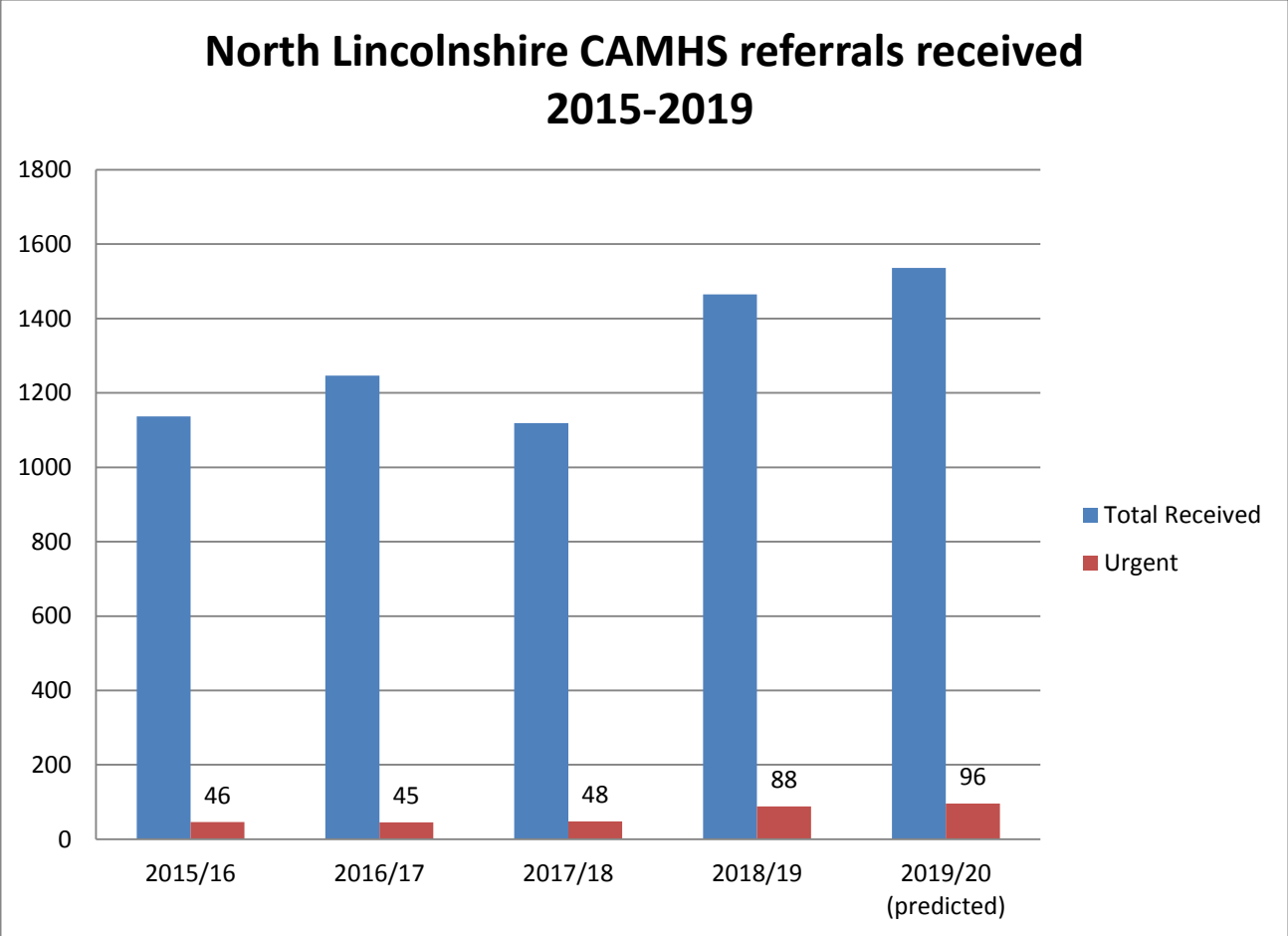
In North Lincolnshire, national statistics estimate that there are 3,532 children with a diagnosable mental health condition, in any year. To meet the 35% target, North Lincolnshire needs to ensure that 1,236 children and young people with a diagnosable mental health condition receive evidence based support. To achieve this target, all NHS funded Children and Young People’s Mental Health providers are required to submit their activity to a national dataset. In 2018/19, North Lincolnshire successfully exceeded their target with a total of 1,265 (35.8%) children and young people receiving evidence-based treatments from NHS funded provision.

Specialist CAMHS Activity and Performance Data

➤ **Referral Trends**

As part of routine contract monitoring arrangements, trends in referral data are monitored. Activity data suggests that (with the exception of ASD/ADHD referrals who have seen a larger increase), there has been a 22% increase in non-urgent referrals into CAMHS between 2015/16 and 2018/19 (see chart 1) and an increase in urgent referrals since 2018.

Chart 1: Comparison of CAMHS referrals received per year 2015-2018

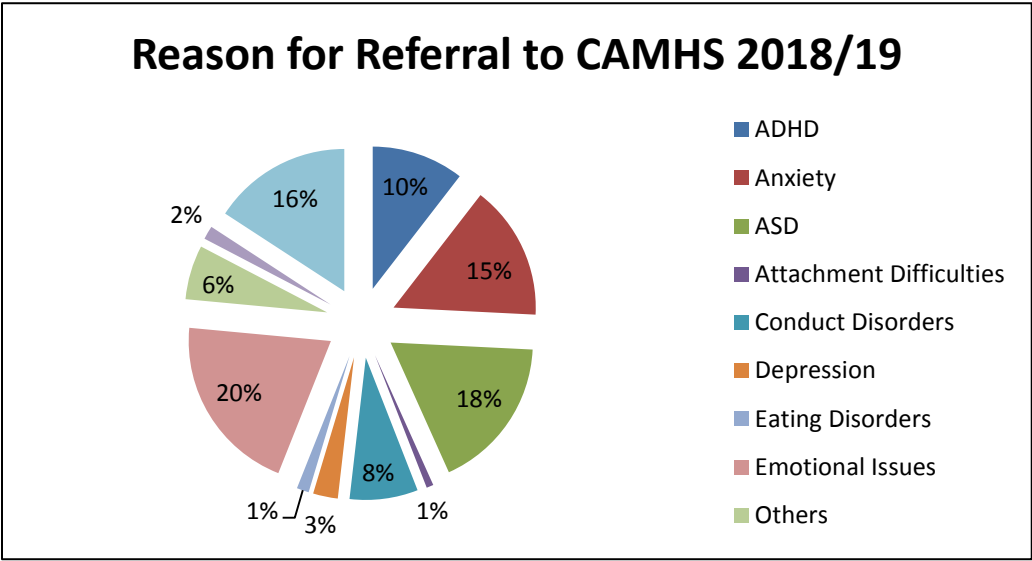


➤ **Reasons for Referrals**

The development of our local performance monitoring in 2018 has enabled us to determine more in-

depth reasons for referrals into CAMHS. In the 2018 LTP refresh we were able to use 6 months of data to predict the main reasons for referrals, see chart 2 below.

Chart 2: Percentage of CAMHS referrals received per reason 2018/19

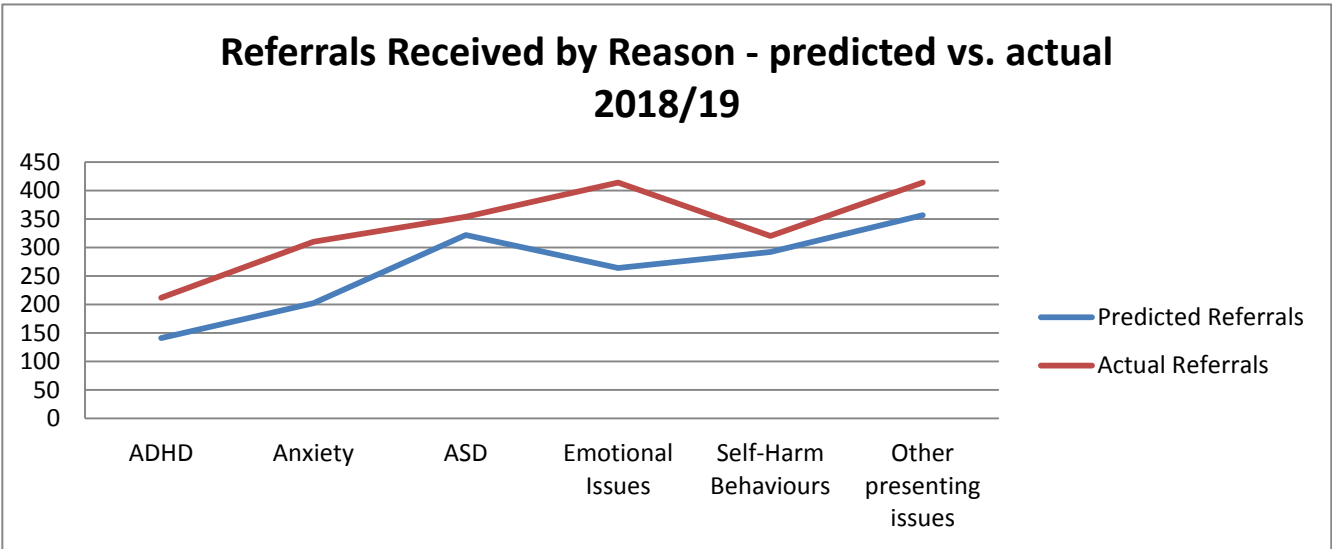


In the 2018 refresh, we predicted that ASD/ADHD referrals would account for 30% of all referrals into CAMHS, with Self-Harm featuring second, followed by relationship issues and anxiety. The actual data from 2018/19 was analyzed against predictions (see chart 3 below) and highlighted that:

- ASD and ADHD referrals remained the most common reasons for referrals
- The total number of referrals received was over 400 higher than predicted, with a gradual increase in the number of referrals each month
- There were 50% more referrals for anxiety than predicted – with 310 referrals compared to the predicted 202.
- The number of referrals received due to Emotional Issues was higher than the predicted activity, with 414 referrals being received compared to the estimated 264.

This increased intelligence now enables us to review our services and the priorities in this refresh in light of prevailing need and also helps to determine and influence our primary and secondary prevention strategy.

Chart 3: CAMHS referrals received in 2018/19, actual data compared to activity predictions



Performance data also enables us to see the main referring organisations into CAMHS. Even though

there was a vision for more referrals to be received through school-based services, including mental health champions, this ambition has not been realised and over 55% of all CAMHS referrals are still received from GPs.

➤ **Waiting Times - Generic CAMHS**

As previously discussed, the local CAMHS service has implemented the Thrive model of practice. In line with this model, the first line of intervention for all children and young people entering CAMHS is the development of a ‘formulation’. This will often involve CAMHS practitioners working with children, young people, their family, schools and significant other agencies, to form a hypothesis of the child or young person’s presentation - for more information please refer to Section 2.4 on page 56. Data from 2018/19 identified that of all children who have been referred to CAMHS, 72% had waited under 10 weeks to be seen, and 91% are seen within 18 weeks. Once this ‘formulation’ has been established, the next and most appropriate course of treatment is identified. Once a child has been identified as requiring a specific treatment from CAMHS the CCG monitors the time it takes for the individual to start an evidence-based treatment package. Latest statistics show that 58% start their identified ‘treatment’ in 7 days, 82 % in 4 weeks and 95% in 10 weeks.

➤ **Waiting Times - Neurodiversity**

In North Lincolnshire referral numbers for both ASD and Attention Deficit Hyperactivity Disorder, both referred to locally as Neurodiversity, has increased 270% between 2015 and 2019 (see below).

Neurodiversity (ASD/ADHD) Referrals Received in North Lincolnshire CAMHS 2015 -2019

- 2015/2016 – 157 referrals were received
- 2016/2017 – 220 referrals were received
- 2017/2018 – 278 referrals were received
- 2018/2019 – 430 referrals were received.

The local pathway for all referrals involves an initial triage assessment, followed by a full Neurodiversity assessment, if a full assessment is deemed necessary following triage. In 2018, the triage assessment stage was implemented to ensure that children and young people are only subjected to a full assessment if clinically deemed appropriate, and to also ensure that any unmet needs are identified and appropriate support is recommended to meet the child, young person’s or families presenting need, irrespective to a diagnosis being received.

To monitor waiting times in relation to ASD and ADHD assessments the CCG monitors:

- The time between CAMHS receiving the initial referral and providing the triage assessment
- The time between CAMHS receiving the initial referral and the full assessment commencing

The latest performance data (2019/20 Year to Date/YTD), demonstrates that 95% of all referrals had received an initial screening assessment under 10 weeks of receipt of the referral. Due to the increase in demand, referrals have exceeded local capacity and longer waits are being incurred for children identified as requiring a ‘full assessment’. Table 11 identifies that at the time of writing this Plan, 196 children over the age of 5 are waiting over the NICE recommended 13 week wait (please note that all these children have undergone an initial screening assessment).

Table 11: Waiting Times from initial referral to full assessment for ASD and ADHD in 2018/19

Waiting Times from initial referral	Under 13 weeks	13 – 18 weeks	18 – 26 weeks	26 – 52 weeks	52+ weeks
Number of Children and Young People who have undergone an initial assessment and waiting for a full assessment	72 (27%)	16 (6%)	71 (26%)	108 (40%)	1 (<1 %)

North Lincolnshire CCG has identified improving waiting times for children and young people accessing ASD and ADHD assessments, as a CCG priority. In 2019, North Lincolnshire CCG committed an extra £200,000 recurrent investment into CAMHS to create additional capacity and reduce waiting times. The CCG has also committed an extra one year additional investment of £132,000 to support a focused waiting list initiative (For further information, please see Section 2.4 on page 56).

A shared commitment has been shown across the Local Council, CAMHS and CCG to both reduce the waiting times, and to support children and young people while they are waiting for an assessment. In doing so, North Lincolnshire Local Council's 'Emotional Health and Wellbeing Service' – comprising of specialist teachers in Autism, Behaviour support and an Education Psychologist, have reviewed all the children currently on the waiting list and identified that:

- 68% of children/young people had, or were receiving involvement from the Local Council Emotional Health and Wellbeing Teams
- 19% of children/young people were not known to support teams and were being followed-up
- 10% of children/young people's schools had no concerns about the referred children
- 3% were educated outside of North Lincolnshire.

All partners are working together to ensure the appropriate services and support are in place for the child or young person. The importance for families in receiving an assessment/diagnosis, and the emotional impact of this, has been acknowledged within the waiting list initiative through the development of a coordinator/parent support role, which aims to ensure that families are receiving support whilst waiting for a full assessment.

Finally, the CCG has worked with its partner agencies to revise the North Lincolnshire Neurodiversity Pathway, with the aim of increasing the multi-agency involvement in the pathway to enhance the experiences of children, young people and their families, and to achieve the best outcomes for children (for further information, please see Section 2.4 on page 56)

➤ **ASD Assessment in Children Aged Under 5 Years**

For children under the age of 5 years, ASD assessments are coordinated by all professionals involved with the local Child Development Centre (CDC). Again, there has been an increase in referrals and a focused waiting list initiative has been implemented. Current waits are approximately 12 months, however additional investment has been provided by the CCG to reduce this to 13 weeks by the end of March 2020.

➤ **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 and have partnered with Doncaster CAMHS to join the North East Collaborative.

From being involved with the with the cIAPT programme, a range of evidence-based

programmes are locally available and include, but not limited to:

- Systemic Family Therapy for Eating Disorders
- Cognitive Behavioural Therapy for Anxiety Disorders
- Enhanced Evidence Based Practice (EEBP).

Locally there is continued commitment to continue to engage in the IAPT programme.

➤ **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 65 for more details). This service has now been fully operational for nearly 3 years, during which all NICE standards have been fully adhered to, including the national access and waiting time standards.

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

North Lincolnshire CAMHS has a well-established model of joint partnership working with the Local Authority, based on a Tiered Foster Care' (TFC) Model. The model is embedded by shared decision making whereby CAMHS and Local Authority 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 are supported through CAMHS via a consultative process.

The model facilitates CAMHS Psychologists to work closely with Social Workers, Fostering and Adoption Social Workers and Foster Carers, to ensure the child is at the centre of the service. 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.

The local model enables one-third of LAC to be supported with CAMHS input at any one time. As a result, this model has enabled approximately 65% of LAC to receive support from CAMHS. This is in keeping with the anticipated percentage of LAC with mental health concerns, compared to the population as a whole. The CAMHS LAC team sees all referrals in 10 weeks; a standard to which they have been able to meet and maintain over numerous years.

The local team gained recognition of their good practice in a local Ofsted inspection, and have previously been shortlisted as a finalist for a National Health Service Journal Award.

➤ **Youth Offending Service (YOS)**

To meet the needs of Youth Offenders, a part-time CAMHS worker is seconded to the local YOS. Over the past year, the model within the YOS has been further refined and a consistent, proactive Consultation and Advice model has now been implemented, alongside access to the CAMHS service when one-to-one therapeutic interventions are required.

The adopted model has been developed in-line with the 'Future in Mind' model, with the aim of promoting resilience, providing preventative strategies and early intervention. The approach utilises the young person's network to address their holistic needs by providing a plan/formulation that enables a multi-disciplinary approach to address the needs identified, and reduce the requirement of specialist services.

The proactive model provides consultation sessions with all North Lincolnshire Youth Offending Case

Managers and enables them to access a CAMHS consultation for their entire caseload. Recently consultation sessions have been developed to include staff from the Community Policing Team and the Child Exploitation Service.

When young people are identified as requiring therapeutic interventions, the current model enables a smooth transition between North Lincolnshire YOS and North Lincolnshire CAMHS, and enhances the communication between both services reducing communication fragmentation and splitting of agencies by professionals or families.

The revised CAMHS model has been evaluated utilising the CYP-IAPT session feedback questionnaire. The information collated from the questionnaire has been positive and indicates that case managers have found the consultation sessions beneficial and informative. In addition to direct work with YOS, CAMHS also offers consultation and liaison to Secure Units thus enabling a smooth transition between secure and community settings that addresses the holistic needs of young people. Direct work with young people is facilitated through this approach and ensures that the most relevant intervention is offered in a timely manner with appropriate support during the transition process.

As part of the Future in Mind Transformation Plan, it was decided jointly by the North Lincolnshire YOS and CAMHS that a training plan would be identified and implemented to enhance the workforce skill and knowledge base – for which six CAMHS workshops now scheduled.

It is estimated that this model enables 46 YOS young people to be supported each year.

Out-of-Hours (OOH)

Locally CAMHS are commissioned to provide a 24/7 service, with an on-call rota being facilitated between 5pm-9am.

Activity is measured through the number of out-of-hour telephone assessments, the number of out-of-hour face-to-face assessments, and the 4 hour target response rate. Table 12 below identifies that in 2018/19 there were 57 OOH assessments with a 100% 4 hour compliance rate.

Data from the first 5 months of 2019/20 suggests an increase in the requests for assessments, as assessments within the first 5 months have exceeded those undertaken 2018/19. However, to date the 100% 4 hour compliance rate has continued to be met. Initial consultation with the CAMHS service suggests that numerous frequent attenders at A&E may have influenced the increase in the number of out-of-hours assessments. In 2019/20 this information will be closely monitored to identify any trends in increasing demand.

Table 12: Out of Hours CAMHS Activity for 2018/19 and 2019/20 predications

North Lincolnshire Out-of-Hours Activity and Performance Data 2018/19 and 2019/20 predictions				
	Out-of-Hours Face to Face (F2F) Assessment	Out-of-Hours Telephone Assessments	Total Out-of-Hours Assessments	% Assessments within 4 hours
2018/19	37	44	81	100%
2019/20 (predicted)	55	82	137	

Specialist CAMHS - Transition and 18 to 25 year activity

In 2019/2020 the local CAMHS Commissioning for Quality and Innovation (CQUIN) was removed. However, reporting on transitions is still a key measure within the local performance monitoring arrangements. Locally, the number of children who transition between children and adult mental health services is low. In line with the 10 year plan, we have started to explore the services for 18-25 years. Data will start to be collected over the next year to inform our future service planning.

➤ 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 NLC. In 2017 the service went out to full procurement, and the charity Barnardo's was awarded the contract. Delivery of the new service commenced in December 2017. The Service consists of a multi-disciplinary team, including therapists, support staff and a Psychologist.

The service offers a wide range of therapeutic interventions including:

- Person Centered Counselling
- Cognitive Behavioural Therapy (CBT)
- Therapeutic Play
- Play Therapy
- Eye Movement, Desensitization and Reprocessing (EMDR)
- Stress Management
- Psycho-education
- Creative Therapies
- Dyadic Therapy

Therapy is delivered based on completion of a thorough assessment in collaboration with the family. The average length of intervention upon completion of therapy in 2018/19 was 16 sessions. In 2018/19 a total 109 referrals were accepted onto the trauma pathway (47 male, 62 female). The pathway continues to exceed their target for referrals receiving an intervention within the 10 weeks.

➤ Children with Learning Disabilities and Mental Health Needs

Children with 'Moderate to Severe Learning Disabilities' with Mental Health Needs are served locally through North Lincolnshire CCG commissioning a local independent sector company, which specialises in Learning Disability and Psychology. The service provides Psychology interventions within the community and works extremely closely with schools and other agencies. This commissioning arrangement has been operational since 2014 and supports approximately 35-40 children and young people per year. Access to the service is swift with minimal waiting times of between 1-4 weeks.

➤ Care Education Treatment Reviews (CeTR), Dynamic Support Register and Quality Assurance of Tier IV Activity and Referrals

In line with NHS Guidance, NLCCG facilitates CeTRs for children and young people. Between 2016 and 2019, six 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 to inform future planning of LD CAMHS services.

In 2019 the CCG, in partnership with the local council established a Dynamic Support Register, to ensure that all services are working jointly to meet the needs of children and young people who are

perceived to at greatest risk of their needs escalating and requiring a Tier IV admission. The Dynamic Support Register is reviewed monthly by a group of clinical experts who provide recommendations, including exploring whether any alternative or additional provisions are required to meet the child's needs.

➤ **Schools Commissioning of CAMHS/ Mental Health Support**

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 counselling 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 to provide 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 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.

The secondary school 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.

➤ **Childhood Sexual Abuse**

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 University Teaching Hospitals NHS Trust, who provide emergency medical care. Under this model, children and young people initially seen in the 'Hub' at Hull University Teaching Hospitals NHS Trust, 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. North Lincolnshire Tier IV admissions are low (illustrated in Table 13 below) with only 3 new Tier IV admissions in 2018/19 and none in the previous two years. For those admitted, North Lincolnshire has seen a significant decrease in the number of Tier IV length of stays, dropping 66% from 90 to 30 days, and occupied bed days decreasing from 182 to 157 - both of which are lowest out of the Humber Coast and Vale STP CCGs.

Table 13: NHS England admission data 2017/18 and 2018/19

	2017/18	2018/19
Current Patients	2	2
In-year Admission Numbers	0	3
No# over 18yr patients	0	0
Delayed Discharges	0	0
Distance from Home (miles)	29.95	38.91
Average Length of Stay (days)	90	30
Occupied Bed Days	182	157
Readmission Numbers	0	0

In Hull a new 11 bedded inpatient unit for 13-18 year olds is being developed, which will reduce distance to travel for many families and include:

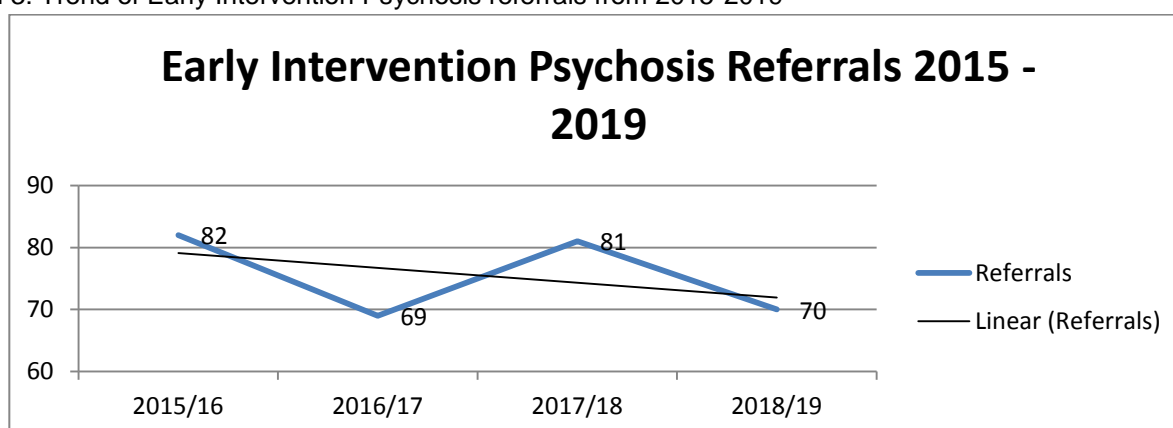
- Nine general CAMHS and two Psychiatric Intensive Care (PICU) en-suite bedrooms
- A lounge, dining area, kitchen, laundry, treatment and dispensing room, staff office and quiet room
- Multi-purpose, activity, gaming and sensory rooms
- An extra-care area, school, tribunal and meeting room, gym, multi-faith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

➤ 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 is provided by RDaSH; 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.

Data from 2015 -2019 identifies that between 69-82 young people access the service each year (see graph 3 below), demonstrating a relatively stable pattern of referral and need within North Lincolnshire.

Graph 3: Trend of Early Intervention Psychosis referrals from 2015-2019



➤ Perinatal Mental Health (PNMH)

In line with the NHS 10 year plan, NHS England has committed to improving access to Perinatal Mental Health. To achieve this ambition, a five year phased transformation programme was launched. In March 2018, North Lincolnshire, as part of HCV STP, submitted a successful proposal to enhance

provision across the STP.

For North Lincolnshire residents this means that they will be able to access a specialist perinatal mental health provision, where previously there was a gap between local mental health services and out of area specialist psychiatric in-patient mother and baby units (MBUs), the closest being in Leeds and Nottingham.

The Specialist Community Perinatal Mental Health Service is part of a hub-and-spoke model, branching from an enhanced service provided by Humber NHS Foundation Trust (hub) and delivered by a local area team in North Lincolnshire via RDASH. The local Specialist Community Perinatal Mental Health teams consist of experts including doctors, nurses, psychologists and psychiatrists.

The service offers psychiatric and psychological assessments and care for women with complex or severe mental health problems, such as anxiety and depression, and also provide pre-conception advice for women with existing or a history of severe mental illness.

Services have been operational since 1st October 2018; however there was a gradual launch of the pathway up to 1st May 2019. For further information regarding service activity, outcomes and long term priorities, please see section 2.1 on page 37.

➤ **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 is taken 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 are considered separately from the needs of their victims
- A multi-agency assessment is 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 Council Commissioned and Provided Services**

In addition to the above, additional universal targeted provision is commissioned and provided by North Lincolnshire Local Council, who are responsible for emotional health and wellbeing. These include key services such as:

- Emotional Health and Well-being Service (including Education Psychologists, Autism Spectrum Education Teacher (ASET) and Primary Behaviour Support Team)
- Integrated 0-19 (25 SEND) Health and Wellbeing Service – including health visiting and school nursing provision
- Families are Safe, Supported and Transformed (FaSST)
- Youth Information and Counseling Unit (YICU)
- Complex Behaviour Team
- Sexual Health Services
- Key public health teams and programmes including Get Going Weight Management Programme
- Voluntary Sector Provision, including Changing Minds Changing Lives

Part 2

The Priorities

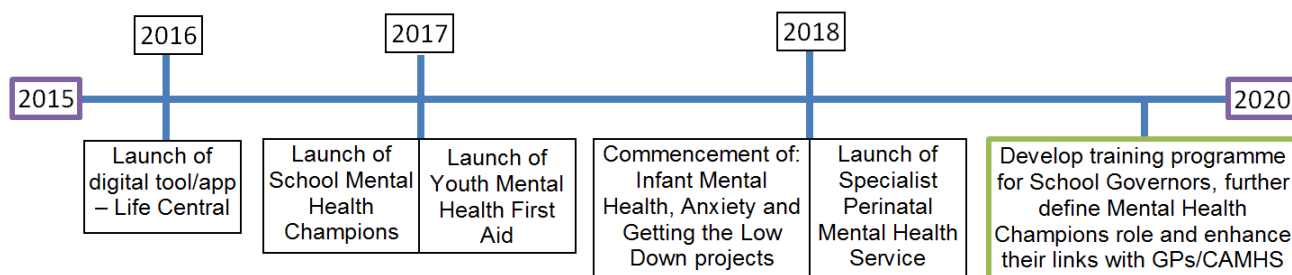
2. Priorities

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 review of 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, the associated achievements and the ongoing priority areas. For this 2019 refresh, it has been agreed by a range of stakeholders that these priority areas should remain.

North Lincolnshire Priorities	
1	Primary Prevention/Children and Young People Enjoy Good Health and Emotional Wellbeing Promoting Resilience, Increasing Public Awareness, Demystifying Stereotype
2	Improving Access and Supporting Universal Services Implement a consultation model that moves away from referrals and towards joint working, advice, guidance and support and creates a provision specifically to support universal services.
3	Workforce Development To ensure that we have the workforce across universal, targeted and specialist to support children and young people
4	Development of an Intensive Home Treatment Provision 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	Eating Disorders Create a new community eating disorders service to reflect local needs and meet national standards
6	Caring for the Most Vulnerable 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 and 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 Integrated Children’s Trust. Box 3 below identifies our anticipated outcome from this priority.

Box 3: Anticipated Outcomes: 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 utilisation of the local 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 Primary Prevention a Priority?

‘Future in Mind’ emphasised how mental health is everyone’s business, including the importance of early intervention and building resilience. 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. We have heard the voices of people working in 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 on and further support much of the excellent practice locally, and adopt a leadership framework to support and further guide this work.

What we have achieved to date?

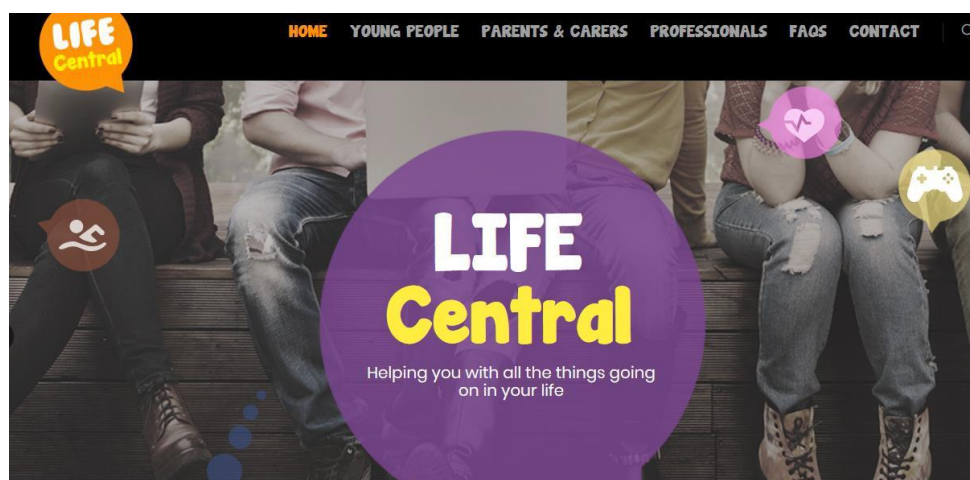
Throughout the last four years all key milestones along the roadmap have been achieved. The remaining of this chapter describes the key achievements to date and describes further aspirations for each of these areas. As such, this priority section will focus around the key identified priority areas:

Since the last 'refresh', North Lincolnshire has published an 'All-Age Mental Wellbeing Strategy' across North Lincolnshire. Even though many of the strategy objectives link to community resilience, it is our vision to 'weave' the key elements directly relating to children and young people, into this Transformation Plan. As such, this LTP pledges a joint commitment to the All Age Mental Health and Wellbeing Strategy's delivery, with specific reference to planning the delivery of the key objectives.

- ❖ Raising the Profile of Emotional Health of Children and Young People in North Lincolnshire and further develop the Life Central Website
- ❖ Developing a North Lincolnshire Strategy for Infant Mental Health
- ❖ Improving Perinatal Mental Health (PNMH) and ensuring appropriate access to services
- ❖ Learning from innovations with Schools and Community including the anxiety community project and education resource pack (Getting the Lowdown) for schools.
- ❖ Implementing the specific recommendations in the All Age Mental Health and Wellbeing Strategy

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

From the offset of this LTP in 2015, Children and Young People told us that they wanted trusted guidance with regards to emotional health and well-being. To support this, Transformation Plan money was invested in the development of North Lincolnshire's Life Central website and app. (www.life-central.org)



Local children and young people from the 'Positive Steps' group had co-designed the website and app. They continue to lead its ongoing development. To keep the website and app relevant, the group have instigated many additional innovations over the last year including developing:

- Anxiety pages, in partnership with children and families from the Anxiety Forum
- Pages on LGBTQ+, in partnership with the local Rainbow Youth Group
- "How to talk about mental health" pages

- Interactive quizzes and games – for example the 'Fully-charged' game
- Bitesize videos - for example understanding 'Teenage Brain' (<https://vimeo.com/347113497>)



Life Central - Teenage Brain

Feedback is regularly received from users and is very positive, illustrated in the below quotes:



Evaluating the impact of Life Central has been instrumental throughout its development and data analytics have been recently reviewed at all youth groups. Key feedback includes:

- Monthly usage has peaked at 324
- The main traffic coincides with young people returning to school following school holiday periods
- The majority of users were evenly spread across the day
- Secondary students have started to report at events that they are allowed time during school hours to access Life Central
- Statistics from quarter 2 of 2019 show that the most popular young people's pages accessed were self-harm, bereavement and internet safety. The most popular parent's page was, "who can help", and the most visited page from professionals was 'bereavement'.

Future Priorities / Next Steps - Life Central:

We remain committed to utilising technology to engage with children and young people. We pledge to continue to work in partnership with the local 'Positive Steps' Group to develop and increase the use of the website and app.

Over the next year we will also develop the professional and parent sections of the website, with an aim to have Life Central as the first point of contact for all information relating to Children's Mental Health and Wellbeing. In doing so, we will improve our engagement mechanisms with parents to ensure that the website acts a means for them to understand the issues of that their children are facing and provide them with the information to support their children, and to have the appropriate tools to enable them to do so.

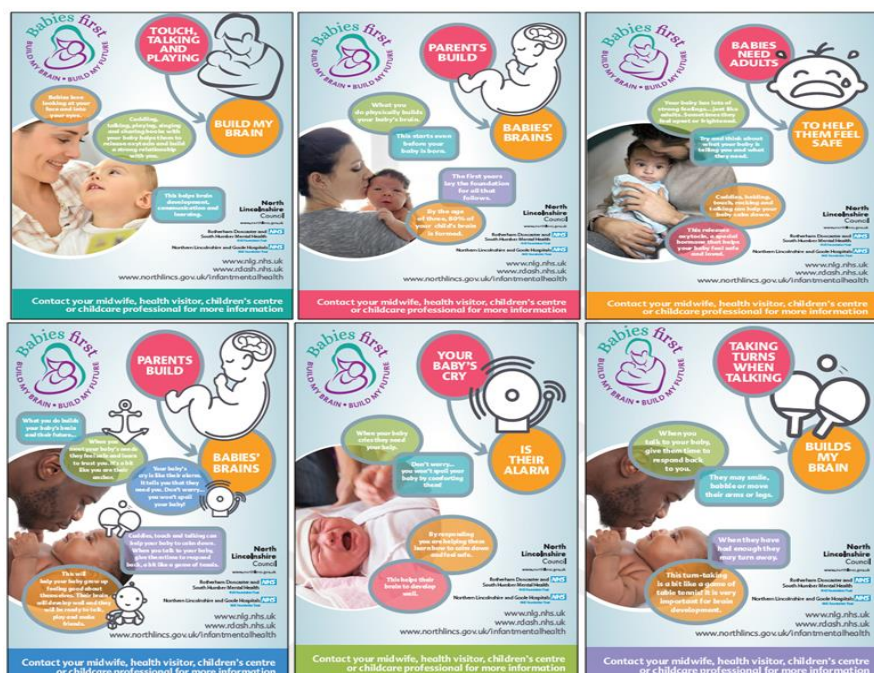
This Plan also commits to developing the professional use of the Website and App, including the use of Primary Care to become the single site of local resource and information regarding children's emotional wellbeing.

Priority – Developing a North Lincolnshire Strategy for Infant Mental Health

Early childhood attachment is a protective factor for social and emotional development. Acknowledging that the first two to three years of life are a crucial part of children development, this Transformation Plan acknowledged the importance of providing support to families as early as possible, and commissioned a 12 month Infant Mental Health project, with the aim to create a strategic, cross agency approach/strategy for Infant Mental Health in North Lincolnshire.

Over a period of 12 months, the commissioned project tried and tested different projects and developments with the aim to mainstream them through the development of a multi-agency Infant Mental Health Strategy and key achievement of this project included:

- Co-designing with local parents bespoke infant mental health promotional material to be used across all agencies – see below:



- Raising public, strategic and political awareness of Infant Mental Health
- Developing an infant mental health alliance and infant mental health champions within key services.
- Forging alliances and shaping the delivery, of the new North Lincolnshire Perinatal Mental Health Provision.
- Scoping and developing current infant mental health multi-agency provision at a 'Universal, Targeted and Specialist' level.
- Developing the workforce to equip them to provide evidence-based targeted interventions including training a network of 'train-the-trainers' to deliver the Solihull Training Programme
- Piloting a targeted postnatal programme of support for vulnerable parents, who had experienced Adverse Childhood Experiences (ACES) and who were receiving support from Social Care, using the **Solihull approach** (see below)

Evaluations from the Targeted Solihull Postnatal Support Group

At the end of the programme 3 out of the 4 identified families had developed and no longer required social work involvement.

Evaluations of the Solihull Training Programme were extremely positive and families described how the course had significantly affected their parenting, illustrated from the following quotes of the parents who attended:

"I respond differently to her now...I say daddy is here, you are safe -my mind-set has changed. I know she is a person and an individual. I try to work out what she wants"

"I have learnt that they need a breather...they will tell you when they have had enough"

"It was amazing. It helped me build confidence and make friends. It's been a big learning curve for me."

"To get a response out of him we have to respond to what he shows us."

The excellent work associated with this pilot was acknowledged by North Lincolnshire's Overview and Scrutiny Committee in a review of Emotional Health and Wellbeing, supporting this ongoing work by recommending that:

"...the work of the Infant Mental Health Alliance be prioritise and appropriately funded, recognising the importance of the development of the child from conception to age of 2 on the mental health and wellbeing of the child".

Next Steps/Future Priorities – Infant Mental Health:

As part of the commissioned project for Infant Mental Health, there was the requirement to launch a multi-agency Infant Mental Health Strategy, which embedded all the learning from the year's project. This strategy is in the final stages of development and will require all key partners to make a series of commitments to infant mental health promotion and delivery. This Plan commits to supporting the launch of the Infant Mental Health Strategy in early 2020, in which there will be the expectation that the Infant Mental Health Alliance will report to the Emotional Health and Wellbeing Steering Group, which will ensure its delivery (see page 80).

Priority - Perinatal Mental Health (PNMH)

Following the previous refresh of the CAMHS LTP (October 2018) North Lincolnshire was successful in securing funding from NHS England to develop and mobilise a local Specialist Perinatal Mental Health Service, aligned with our STP footprint.

This marked 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 oversight of the HCV Local Maternity System (LMS) Perinatal Mental Health workstream and key trajectories have been set for each local area with the overall aim of the specialist provision reaching 4.5% of perinatal women in North Lincolnshire by 2019/20, and increasing to 6.4% in 2020/21 and exponentially to 10 % by 2023 (see table 14).

Table 14: Humber, Coast and Vale Perinatal Service Trajectory for 2019/20

	Population*	Birth rate*	Expected cohort (4.5% birth rate)	Q1 Trajectory	Q2 Trajectory	Q3 Trajectory	Q4 Trajectory	Total
Hull	260,673	3,430	154	26	32	44	52	154
East Riding of Yorkshire	316,103	2,901	130	22	28	36	44	130
North Lincolnshire	171,294	1,667	75	10	20	22	23	75
North East Lincolnshire	159,826	1,791	80	14	20	23	23	80
York	357,038	2,910	132	33	33	33	33	132
Scarborough/Ryedale	120,364	1,473	68	17	17	17	17	68
Total	1,385,298	14,172	639	122	150	175	192	639

*mid 2017 data

The further expansion of Perinatal Mental Health Provision was identified in the NHS Long Year Plan (see table 15 below). Priority areas in the Better Births and Five Year Forward View documents, as well as the Long Term Plan priorities below, will form the work plan for the Humber Local Maternity System (LMS).Perinatal Workstream.

Table 15: Humber, Coast and Vale Perinatal Service Trajectory for 2019/20

Long Term Plan Priorities	
1	Increase access for moderate to severe PNMH and personality disorder for an additional 24,000 women per year by 2023/24 – in addition to the extra 30,000 by 2020/21.
2	Care to be provided by the specialist PNMH team from preconception to 24 months post-partum
3	Increase offer of psychological therapies including: parent-infant, couple, co-parenting, family interventions and including digital options
4	Offer fathers/partners of women accessing the PNMH service and maternity outreach clinics evidence based assessment for their mental health and signposting to support as required.
5	Community hubs to be established with multi-agency sign up, including antenatal care, birth facilities, postnatal care, mental health services, specialist services and health visiting
6	Maternity outreach clinics will integrate maternity, reproductive health and psychological therapies for women experiencing mental health difficulties directly arising from or related to the maternity experience

Next Steps/ Future Priorities – Perinatal Mental Health

To deliver the trajectory targets, it is essential that local pathways are promoted and developed. Integral within this Plan's future priorities there will be key alliances formed between the new provision and local services. We will continue to work with the STP to ensure that the priorities within the 10 year plan are achieved and develop key links between the Infant Mental Health Alliance and the Emotional Health and Wellbeing Steering Group, to support the programme.

Priority: Learning from innovations with Schools and Communities, including the anxiety community project and education resource pack (Getting the Lowdown)

To further support schools and partner agencies in the development of their prevention and early intervention role funding was committed from Local Transformation monies to address primary prevention and encourage early intervention approaches. To facilitate this, key projects including: Getting the Low Down, Anxiety Community Project in Libraries, and Increasing Youth Mental Health First Aid Training to 'train the trainer' (see Workforce Development priority)

➤ 'Getting the Low Down'

Purposefully created national education resource and used successfully in schools and local authorities across the country, 'Getting the Low Down' provides 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.

As part of this Plan, a bespoke version of Getting the Lowdown was commissioned to be used as a resource in primary and second schools. Generic elements of the programme were exchanged for new materials filmed locally in selected primary and secondary schools, featuring local school children, teachers and other professionals.

The resource will be available to all schools in North Lincolnshire in the autumn 2019 term and we will work with Life Central to incorporate the resource to make it easily accessible to all professionals and parents, and scope the potential of making it fully accessible on the Life Central Website.



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

Anxiety was identified as a key issue within the young person's population of North Lincolnshire, with local data indicating that 20% of CAMHS referrals were due to anxiety-related issues in 2018/19. A 'Library –based' project was funded by Local Transformation monies to trial an innovative project aiming to offer support groups for parents and children and young people experiencing problems with anxiety, whilst promoting the use of library facilities as a source of support and information.

"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 in a safe environment would really help and give me ideas of what I could do to support my daughter." - *Parent of child*

Staff and volunteers involved accessed an anxiety training module via a local college and facilitated six sessions to parents and children (aged 8-11 years) within three libraries across the area. Evaluations were positive from parents and children alike. Graduates from the group now have the opportunity to attend North Lincolnshire Anxiety Group and have developed a fabulous video to help young people manage their anxieties and planned to be made available on the Life Central website (for a summary of the project, please see below newsletter)

LOCAL TRANSFORMATION PLAN UPDATE

ANXIETY HELP FOR CHILDREN – NORTH LINCOLNSHIRE LIBRARIES

Autumn 2018 – Spring 2019

WHAT THE PARENTS SAID

"It has given us an opportunity to discuss our worries and try out things that might help"

"Just being able to express our worries and not keep them to ourselves has been useful"

I've gained lots talking to other parents. I've realised that I'm not on my own"

"Having different strategies to try has been really useful."

It's helped me understand what he is going through"

"Speaking to others in the same situation has been really useful. I'm not on my own!"

Learning from other parents that come how they deal with similar situations to what I am dealing with."

"It really helps speaking to other parents in the same situation."

This has really helped me personally. Thank you."

North Lincolnshire children involved in innovative anxiety workshops

Anxiety was identified as one of the top five reasons why children in North Lincolnshire are referred to Specialist CAMHS. To support children and families North Lincolnshire Local Transformation fund, funded an innovative project in their libraries. Parents and children—aged 8—11 years. During each session children created an activity/resource to take home with them including:

- Anxiety Gremlin Book
- Worry Dolls
- Lavender Playdough
- Stress Balls
- Happy Box
- Glitter Jars

The Kids say...

"It has helped me calm down and it has helped me understand more about what anxiety is"

"It's made me calmer"

"I feel less stressed"

"It has helped me sleep better"

"It's helped me to talk more"

"I read more now and don't worry so much"

KIDS CREATE GROUNDBREAKING YOUTUBE VIDEO FOR OTHERS SUFFERING FROM ANXIETY

Following the success of North Lincolnshire Anxiety Group members worked to develop a ground breaking you-tube video to help other kids suffering from Anxiety. Using the things they learn they pulled together 'top-tips' to help others. Check it out here: <https://www.youtube.com/watch?v=tUivN87tQC8>

Next Steps / Future Priorities – Learning from Innovations with Schools and Communities

Acknowledging the positive evaluations of the programme, this Plan commits to model how these anxiety workshops can be rolled out across North Lincolnshire and how the learning from the pilot, including the activities and resources used, can be made more widely available. This Plan also commits to develop further community projects to provide universal and targeted support, linked to the other common reasons for referrals to specialist CAMHS (for example self-harm, conduct disorder).

Over the next year, we will plan early intervention approaches and review the objectives of Children in the All Age Mental Health and Wellbeing Strategy

Getting the Lowdown

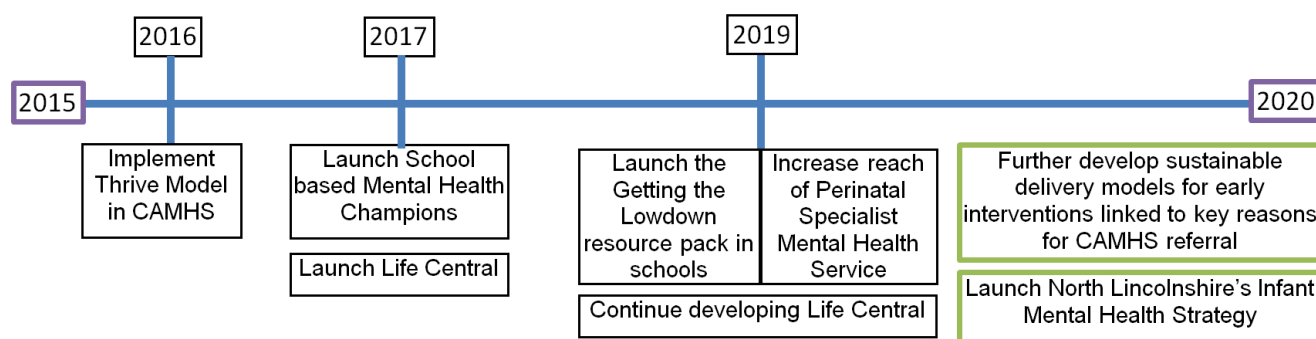
In autumn 2019 Getting the Lowdown will be launched in north Lincolnshire. We will work to ensure the effective marketing of the resource with schools and will work with Life Central to embed the training materials on the website for easy access for Children and Young People, professionals and parents.

Summary of Progress to date and Next Steps:

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

Achievements	<ul style="list-style-type: none">• 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• Delivered a successful Infant Mental Health Project and have gained local Scrutiny Panel acknowledgement and endorsement to continue.• Delivered an innovative Anxiety Programme in our Libraries• Filmed and developed North Lincolnshire's 'Getting the Lowdown' Resource Pack.• Launched a Perinatal Specialist Mental Health Service• Launched North Lincolnshire's Emotional Health and Wellbeing Strategy• Local Positive Steps Groups goes from strength to-strength
Next Steps	<ul style="list-style-type: none">• Launch North Lincolnshire's Infant Mental Health Strategy• Continue to develop the Life Central Website and App including the increased use of parents and professionals• Launch the 'Getting the Lowdown' education resource• Increase the promotion and North Lincolnshire usage of the Perinatal Specialist Mental Health Service• Further develop sustainable models of delivery for the early interventions linked to key reasons for referrals into Specialist CAMHS including Anxiety, Self-harm and Conduct Disorders.• Implement recommendations from the All Age Mental Health and Wellbeing Strategy• Continue to engage with Children and Young People and their families

2.2 Improving Access and Supporting Universal Services



Aim

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

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

- Services will provide timely access for all children
- Children will 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 the 2017 Transformation Plan 'refresh', this 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 that was voiced amongst many different professional groups, concerned the access to specialist CAMHS. This concern was illustrated within the performance report at the time where approximately 40-50% of all CAMHS referrals were 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.

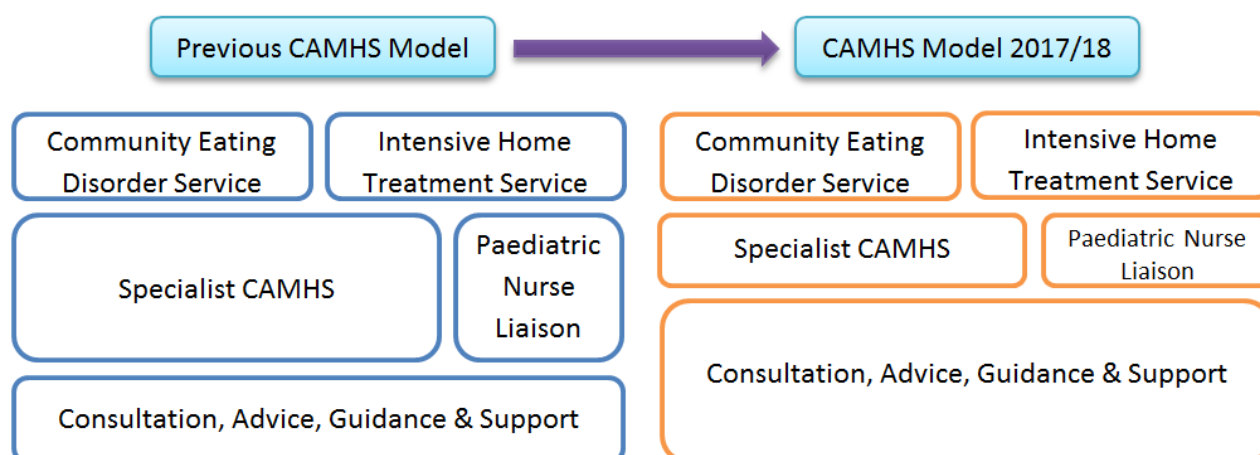
To achieve this aim, this priority embraces the true transformation agenda associated with 'Future in Mind' and embeds the recommendations from the Thrive Model and involves the delivery of three interrelating objectives including:

- 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

Priority: 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 CAMHS service is delivered.

The evolving model places greater emphasis and resource within the delivery of 'Consultation and Advice' and the importance CAMHS staff play within supporting partner agencies in the 'formulation' and planning of the support programmes. The model advocates minimising written 'referrals' and interventions being viewed independently of the network around the child, recognising that some difficulties cannot be 'treated' by CAMHS 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.



Over the past 18 months 'Consultation and Advice' has been delivered across the different clusters within the North Lincolnshire CAMHS service. North Lincolnshire CAMHS developed a dedicated cluster for requests to the service 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, which 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, 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: Referral received from a school nurse for a young girl on excessive hand washing, fear of germs and skin picking and requesting advice on how manage the situation. A telephone consultation was agreed to suit the parent's 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 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.

Data suggest that a large proportion of all CAMHS referrals are still received from GPs, and submission in writing is still the most prevalent method of request for service. It was expected that referrals from GPs would decrease with the development of Mental Health champion role, but this has not occurred with many children, young people and their families still choosing to access CAMHS through their GP.

In 2017/18 capacity issues within the model were acknowledged. As part of the Transformation Plan an additional £80,000 was allocated to CAMHS to embed a service lead and Clinical Psychology input into the pathway. Both roles have been embedded for over a year with key reflections below:

"The move away from traditional CAMHS assessments to more graded consultation process is 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 the Consultation and Advice team plan to explore how to deliver consultations more flexibly, for instance by offering these two 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 challenge. With time and the increasing responsiveness of a CAMHS Consultation and Advice service, the 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"

Over the last year, children's trust partners have been visioning what future children services may look like. Building on the theoretical underpinnings of the Thrive consultation and advice model in CAMHS, and as part of the developments towards 'place based' integration, there is commitment from system leaders to develop and implement a psychology led approach to targeted early help, in order to contribute to children, young people and families living ordinary lives and achieving extraordinary outcomes.

Initial scoping discussions have been held and there is a general consensus that the 'Step In Step Out' approach should be built on the premise that:

- Children stay in their home, their school their community
- 'Nothing about you without you'
- Child and family strengths are recognised and build upon and interventions are solution focussed and promote independence from services
- Any formulations, plans and reviews put the child and family at the centre
- A workforce is developed that enables itself and others to build resilience
- Children and families access services through their locality, their Hub and professionals can help them do so
- Formulation provides access to specialist therapies/statutory services

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. In doing so we will explore how Life Central can be used as a central resource for consultation with children, young people and their parents.

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

Over the next year this Plan further commits to developing and evaluating the consultation model in CAMHS to make the model more responsive and focus on educating the wider workforce and parents about the model. We aim to do this by:

- Instigating CAMHS outreach into primary care
- Working with mental health champions to encourage more school based referrals and strengthening the relationship between mental health champions and primary care
- Developing promotional and information materials about the model to inform and educate referrers and families about the model including utilising 'life central'
- Scoping the development of Care Navigators in primary care in relation to children's emotional health and wellbeing
- Engaging with service users and families to develop the model in line with their experiences and needs.

At the same time, we will be working in partnership with all Children Trust members to further develop the integrated vision of all children services in which there is acknowledgement that to embed this approach to its fullest potential, a large scale transformation is required to ensure that local resources, skills, strengths and assets, are deployed in the best way to meet local need leading to improved outcomes.

Priority - Transitions and 18 -25 cohort

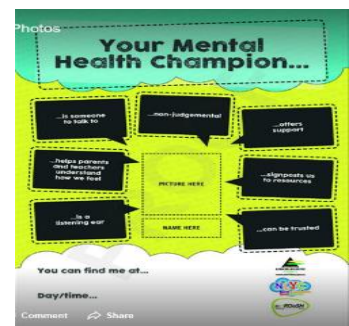
The number of children transitioning between CAMHS and Adult Mental Health Services in North Lincolnshire is small. With the exception of children accessing the Early Intervention Psychosis service, CAMHS performance data from 2018/19 identified that only two children transitioned.

In line with the 10 year plan, in North Lincolnshire we are starting to explore the numbers of adults 18 – 25 years using adult mental health services – including inpatient provision, and engage with the cohort to understand their experiences and needs.

Next Steps: Within the next year this Transition Plan commits to further analysing 18025s data to model the needs and requirements of these young adults and will include an in-depth analysis of key vulnerable groups, including LAC, Children and Learning Disabilities and Young People with Eating Disorders.

Priority - 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 Council 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 initially launched with a series of half days workshops, delivered in partnership between local young people, Education, and CAMHS, with an outstanding 97% attendance rate. Locally the role is perceived very positively – see below key feedback from young people, mental health champions and Local Council Leads.



A continual programme of development and support has been facilitated for Mental Health Champions, including the development of an electronic forum for staff to share resources and information and termly facilitated meeting. In 2019 the first Mental Health Champion Conference was held in which over 100 participants attended.

In 2019 North Lincolnshire's Scrutiny Panel reviewed Emotional Health and Wellbeing Provision with the aim to gain assurance that all of our children and young people were fully supported with their mental health, and that help was available if they needed more specialist care. The role of the Mental Health Champions and schools supported the role were reviewed.

The review made a series of recommendations with three of the nine recommendations relating directly to school mental health champions and school governors and included:

- 1) *The panel had some concerns that some governors remained unaware of who their respective Mental Health Champion was and the sort of assistance that they could provide”.*
- 2) *The panel feels that a Child Resilience Governor could play a similar role to each school's Safeguarding Governor, challenging Head teachers and others to ensure that building” emotional resilience is a key investment in ensuring healthy, happy children and young people”*
- 3) *“It was apparent to the panel that Mental Health Champions were concerned that certain issues were too serious or specialist for them to deal with, and that they were concerned that they would ‘do something wrong’ or refer inappropriately. There appeared to still be some general confusion about where the Champions’ roles “began and ended”. The panel felt that this should be clarified, recognising that there will always be local judgements to be made. There should always be an assumption that the first point of contact made by a young person should almost always be the last and only person that the young person speaks to, whilst recognising that the Mental Health Champion may need to seek advice from others, and in far fewer cases, the direct involvement of CAMHS colleagues.”*

As a result, recommendations were made, which included:

Recommendation 1:
“The panel recommends that North Lincolnshire Council and North Lincolnshire CCG engage with all schools, colleges and educational establishments to ensure that the roles and responsibilities of Mental Health Champions are understood by all Governors, who can then communicate this to others.
Recommendation 2
“To assist with Recommendation 2, the panel recommends that all schools, colleges, and educational establishments within North Lincolnshire nominate a ‘Childhood Resilience Governor’, with a specific role in championing mental health issues and ensuring that building resilience, independence and self-management skills within children and young people is a key, continuing priority in all aspects of school life. Help is available from North Lincolnshire Council to work with these governors around training, information, and support.
Recommendation 3
The panel recommends that clearer criteria for Mental Health Champions be drafted and agreed, and that these be communicated to all schools and colleges. The panel believe that this role should have genuine capacity to take on this responsibility, should have the support of senior leaders within the school or college, and should have access to specialist advice and guidance from the CAMH Service and others if required.

Next Steps – Mental Health Champions

The Plan places the development of Mental Health Champions as a key priority in which a subgroup of the Emotional Health and Wellbeing Steering Group will be planning the continued development of Mental Health Champions and implement the recommendations of the three identified recommendations of the Scrutiny Panel previously identified.

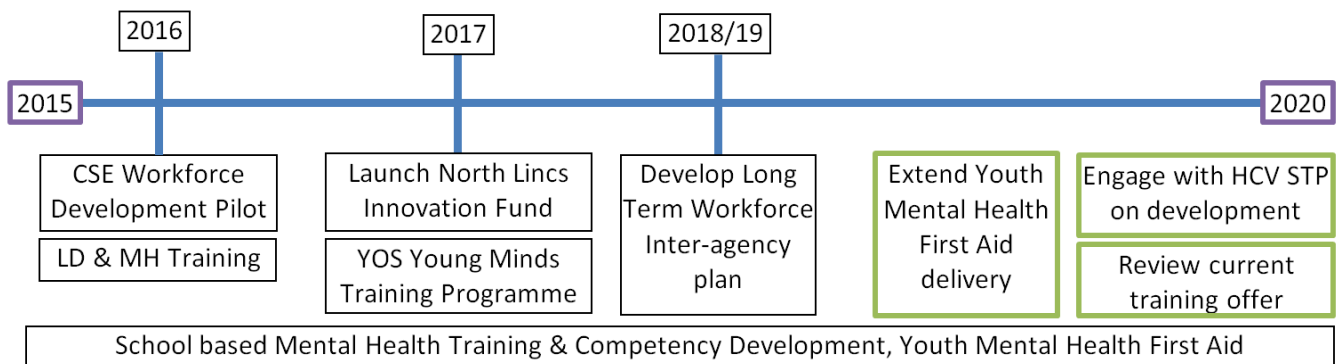
Throughout the next year we will engage in the learning from the national pilots of School Based Mental Health Teams with Schools and look to support any further opportunities for engagement with the project.

Summary of Progress to date:

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

Achievements	<ul style="list-style-type: none">• Implementation of the Thrive Model of Practice• Named School Health Champion for ALL schools, colleagues and alternative provisions in North Lincolnshire• There has been a significant reduction in inappropriate referrals to CAMHS• Successful pilot of integrating Education Psychologists into the Consultation and Advice Model• Additional capacity (professional lead and Psychology) now embedded within the Consultation and Advice Model• Developing the Families Together 'Step In Step Out' approach
Next Steps	<ul style="list-style-type: none">• Further development of Mental Health Champions in light of OSC recommendations• Increased awareness of School Governors of Mental Health Champions• Continuation of the planning of Integration• To work through the primary care networks to further explore the pathway of support to children and their families, in line with the integrated children services developments.• The development of an improved dataset, inclusive of the MHSDS in order to be able to demonstrate the impact of the consultation model• Develop links between mental health champions and GPs• Review 18-25 provision• Engage with children and families as to their experiences of accessing appropriate support services• Continue to support services to ensure the delivery of North Lincolnshire's access target

2.3 Workforce Development



Aim

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

Box 5: 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, the former LSCB (now Children's MARS Board), 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.

Priority: Youth Mental Health First Aid Training and Universal Children's Workforce Mental Health Training Offer for North Lincolnshire

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.

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'.

In October 2019 the Youth Mental Health First Aid programme has to-date facilitated 30 training sessions with a phenomenal 480 members of the children's workforce, including the Positive Steps Group members being trained in Youth Mental Health First Aid.

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 Council 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

This plan will continue to embed Youth Mental Health as the core competencies of all staff working with children. With the development of the school resilience governor, we will work to offer the training to a wider audience.

Supporting the workforce agenda, locally the work on the multiagency workforce training programme continues and a comprehensive tailored programme is available which consists of:

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



Even though this training has been made available, feedback following the youth mental health training and supported in the OCS review, is staff sometimes feel overwhelmed with the mental health agenda and the effect that it has on themselves and young people. Over the course of the next year we will further undertake a local training needs and gaps analysis and use our CAMHS activity data, to plan future workforce development opportunities.

Future Workforce Planning

Humber Coast and Value STP has identified workforce as a key priority moving forward and it is a key ambition in North Lincolnshire to develop the future workforce to meet the future population needs and models of services moving forward. This Transformation Plan pledges a commitment to keep workforce development at the heart of all our priorities and will be a theme which underpins all our developments.

Next Steps: Workforce Development

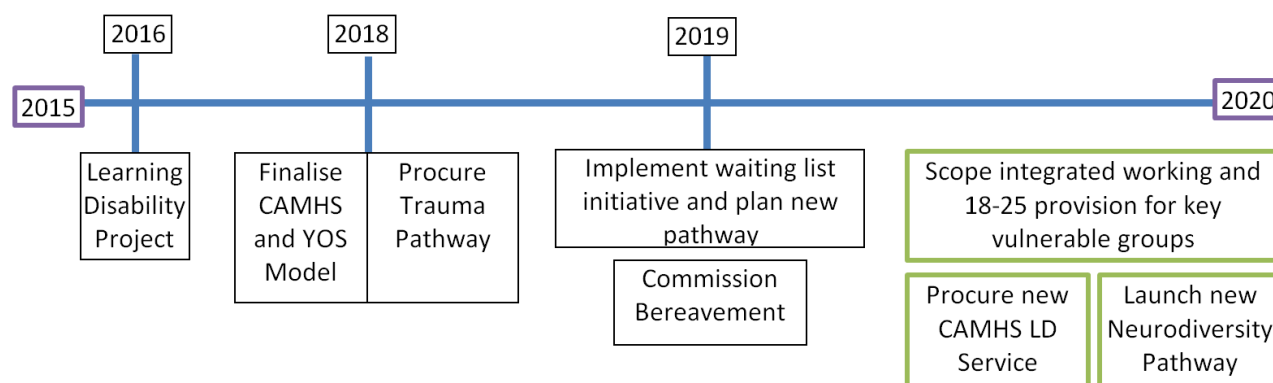
To ensure we have the right workforce, with the right skills over the next few years we will:

- Continue to deliver Youth Mental Health First Aid and extend its delivery to a wider audience including school governors.
- Review the current training offer, in light with staff and emerging population needs, and plan accordingly
- Keep workforce development at the heart of all developments, including the children's integration agenda
- Continue to engage with Humber Coast and Value STP
- Learn from the development opportunities available from the School Based Mental Health Pilot sites.
- Undertake a local training needs and gap analysis
- Use CAMHS data to plan future workforce development initiatives

Summary of Progress to date:

Achievements	<ul style="list-style-type: none">• Implementing Youth Mental Health First Aid – with 480 people trained and 20 people trained as trainers.• 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• Delivered LD, CAMHS and YOS training• Commissioned key projects which has enabled key elements of workforce to be embedded such as Infant Mental Health Strategy (Solihull 'train the trainers')• Ongoing training of Mental Health Champions• Developed the Tiered Workforce Training Programme
Next Steps	<ul style="list-style-type: none">• We will continue with our programme around Youth Mental Health First Aid and understand key future training requirements• Develop a training programme for School Governors• Work on defining the role of Mental Health Champions more clearly• 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.• Continue to engage with STP regarding workforce development opportunities

2.4 Improve access to specialist CAMHS Services for the most vulnerable



Aim

To reduce the mental health inequalities currently experienced by children and young people who have had experiences which make them more susceptible to poor mental health.

Why is Improving access to specialist CAMHS services 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 LAC 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 such as children and young people with Learning Disabilities and Neurodiversity. During the duration of this plan we have seen a change in local needs, with an increase in demand for Neurodiversity assessments. As such, a greater focus on Neurodiversity has been attached to this plan, than originally anticipated. The box below details the anticipated outcomes from this objective:

Box 6: 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?

Within the inaugural Transformation plan we identified vulnerable groups who research tells us are most vulnerable to developing mental ill-health and included priority the following priority groups:

- Children with ASD/ADHD (Neurodiversity)
- Looked After Children
- Children Involved with the YOS
- Children with Learning Disabilities
- Children who have been Bereaved

The following chapter shall focus on the work achieved to-date and identify the future priority areas within this work-stream.

Priority: Children with ADHD/ASD (Neurodiversity)

In the initial Transformation plan, children with ASD were identified as increased risk of developing mental ill health and were thus identified as a priority vulnerable group. Since 2015 the local picture around ASD and ADHD has altered significantly, with North Lincolnshire seeing a significant increase in the number of children and young people referred into CAMHS requesting an ASD or ADHD assessment (see page 26). This increase in referrals has meant that demand has outweighed capacity and waiting times for assessments have increased.

Furthermore, anecdotal evidence from CAMHS indicates that diagnostic patterns have also changed since 2015 with an increase in the proportion of children receiving a joint ASD and ADHD diagnosis.

This has led to the local area referring to both ASD and ADHD as 'Neurodiversity', as there is a local vision that planning for ASD and ADHD should not be done separately and under the overarching umbrella of 'Neurodiversity'.

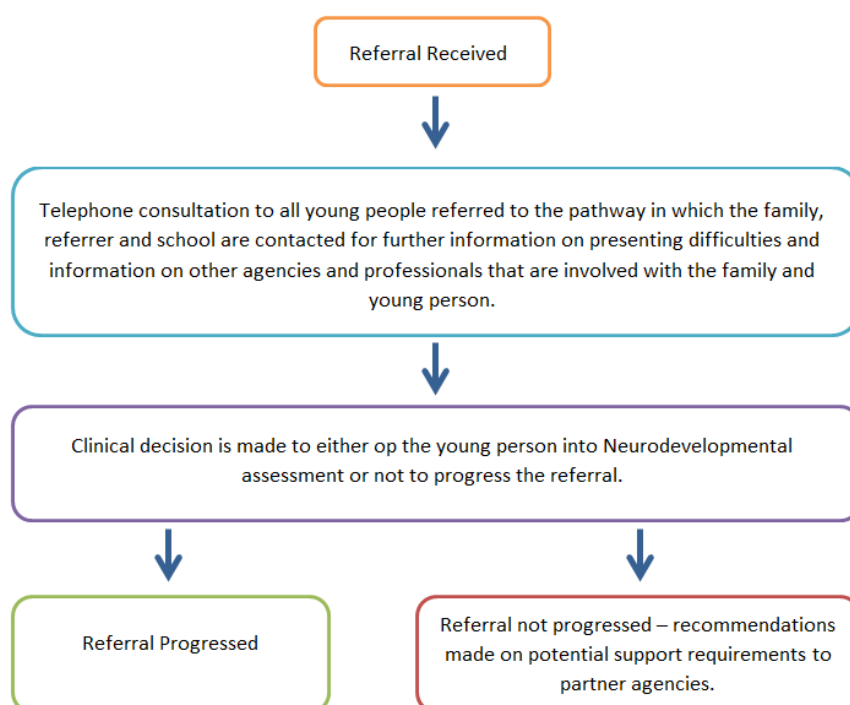
To manage the increase in demand in local services, and to bring about the necessary improvements in pathway developments, multi-agency developments have been a priority within the plan and include:

• Neurodiversity (ASD/ ADHD) in Over 5's

During the 2018 LTP Refresh, the increases in ASD/ADHD referrals were reported (as identified on page 27). For many years the local CAMHS service has been able to offer timely assessments and consistently met their local stretched target of access to a full assessment within 10 weeks.

In the 2018 LTP refresh developments in the screening element of the pathway (also referred to as the implementation of 'consultation and advice') were described. This development was identified as a progressive development and in line with the national 'Thrive' model of practice, as previously described in the pathway below.

Implementation of 'Future in Mind'/Consultation of into Neurodiversity



Due to the increased demand in assessments in the majority of cases only the 'initial screening

assessment' has been delivered in 10 weeks with the majority of families waiting above the NICE standard of 13 weeks for a 'full assessment'. The group acknowledged this, and worked to try and ensure that even though families may be waiting for a 'full-assessment', through the robust screening process and interagency working, children and families should be receiving the required support to meet their needs, whilst waiting for the full assessment. Supporting this approach the team regularly reviews children and young people on the waiting list in which a recent audit identified that:

- 68% of children/young people had, or were receiving involvement from the Local Council Emotional Health and Wellbeing Teams
- 19% of children/young people were not known to LA support teams and were being followed-up
- 10% of children/young people's schools had no concerns about the referred children
- 3% were educated outside of North Lincolnshire.

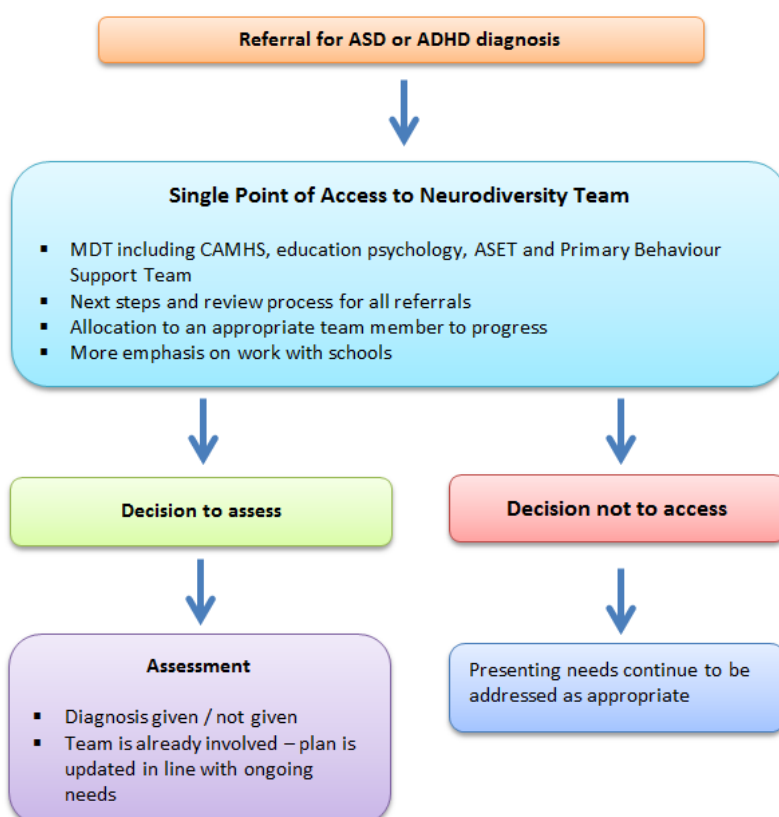
➤ **Modelling Capacity and Demand**

As identified in section one, referral rates have increased significantly since 2015, in which demand continues to increase. The CCG has worked with CAMHS to model future capacity and demand, and has committed an extra £200,000 reoccurring, to meet the increased demands. This increased investment has enabled two additional Clinical Psychologists and support staff to be recruited to, to support the diagnostic pathway. A detailed Service Specification has been developed and agreed and recruitment has commenced.

➤ **Revised Pathway Development**

At the same time, CAMHS, NLC and NLCCG have been working together to develop a revised pathway for assessment.

Pathway: North Lincolnshire's Revised Neurodiversity Pathway 2019)



Aiming to be launched in the autumn term the new exciting, innovative pathway will:

- Introduce of a multi-agency virtual 'Neurodiversity Team', offering a single point of access for all referrals relating to ASD and ADHD and include CAMHS, Education Psychology, ASET and Primary Behaviour Support Services
- Provide a 'graduated approach' to meeting children/young people's needs and completing assessments thereby avoiding duplication and ensuring that children/young people's needs are being met as early as possible and based on presenting needs and not diagnosis.

Supporting the pathway development, the group worked in partnership with Healthwatch to embed the learning from a recent engagement exercise with parents with children with ASD.

➤ **Implementing a Focused Waiting List Initiative**

A focused waiting list initiative has been implemented and the CCG has worked with CAMHS and local council staff to increase capacity. In addition to the reoccurring investment, an additional £132,000 has been allocated by the CCG to help tackle the waiting list. This money has enabled;

- A full-time Education Psychologist to be seconded into CAMHS to lead on the diagnosis of child/young people on the waiting list, with support from CAMHS Assistant Psychologists
- A part-time ASET worker and Primary Behaviour Support Worker, to assist in the diagnosis process
- A project worker / parent support worker to be advertised, to oversee the waiting list initiative and to provide support to families waiting for an assessment.

With the identified additional investment, the project team is aiming to reduce the waiting list, to the commissioned standard, within 12 months of full establishment.

• **ASD and Under 5's**

The 2018 LTP refresh described how there had been a focused piece of work to 'refresh' the pathway for the diagnosis of children aged under-5, where concerns have been raised about their social communication/ASD. Locally all assessments for ASD and children aged under 5 are managed through the local Child Development Centre (CDC) pathway, in which recent developments to the pathway have included:

- Enhanced multi-agency working through the adoption of a single point of access with the local Early Years Triage Meeting - thereby ensuring that children have had appropriate assessments and interventions prior to undergoing a full ASD assessment through the CDC
- The procurement of a dedicated co-ordination role – increasing the productivity of the CDC team, assessment pathway and improving the direct support available to families
- Speech and Language Therapy being the strategic lead for the CDC, embedded with a clear Service Specification
- The implementation of a focused waiting list initiative which has including enhancing support from Speech and Language Therapy and Psychology with and the procurement of additional assessments, with the aim to have the waiting times reduced to 12 weeks by the end of March 2020.

Next Steps: Neurodiversity

Over the next 12 months Neurodiversity will remain a key focus within this Plan and a subgroup of the Emotional Health and Wellbeing Steering Group will take forward the necessary developments and include:

- Continuing with the under 5's waiting list initiative
 - Implementing the over 5's waiting list initiative with the integrated team, including embedding a parent support role into the waiting list initiative including development of post-diagnostic support and use of volunteers
 - Enhancing parental support for those families on the waiting list.
 - Recruiting and embed the additional staffing into the over 5's pathway
 - Promoting and launching the new integrated Neurodiversity Pathway and embedding an evaluation process
 - Reviewing post-diagnosis and peer support, including engaging and developing the local carer's response.
 - Reviewing post diagnosis medical oversight, including focusing on reducing overmedication
 - Working to ensure all developments are in line with the locally developing All Age Autism Strategy.
- Reviewing workforce development needs in light of increased prevalence of Neurodiversity conditions

Priority: Children with Learning Disabilities

Within the first year of the Transformation Plan, money was allocated to develop a proactive, early intervention service, for children with learning difficulties 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. The project had three main objectives which included:

- Development and education of 20 Learning Disability Mental Health Champions
- Delivery of an outreach model of consultation, with both of the local special schools having a visiting Clinical Psychologist working alongside them, bi-weekly, 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. 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
- A significant shift in the attitude of school based staff was noted with, '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 was included in the 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.

Demonstrating the value of the programme, at the end of the project one of the special schools continued to commission the Psychology support themselves, while the other school commissioned the same service to provide additional training throughout the school year.

As previously described, to meet the therapeutic needs of children with Learning Disabilities an alternative Psychology provider is used. As described in the 2018 'refresh' the ambition is to procure a sustainable Learning Disability 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 pilot, local CETR and the management of the Dynamic Support Register, partnership working with schools and the local PIP group, a sound needs assessment has been developed to commence the commissioning process. Over the next 6 months we intend to model the future requirements and aim to have an additional provision identified by the end of March 2020.

Next Steps: Learning Disability CAMHS

This Plan commits that by the 31st March 2020, a revised Learning Disability service will be identified for the population of North Lincolnshire. We will use the intelligence gained to-date to model the future requirements of the provision in partnership with schools, parents and local children and adult services. In doing so, we will explore the opportunities of extending the age range of the provision to 25 years and scope innovative solutions to meet the needs of the identified population.

Priority: Looked After Children (LAC)

The model of the local CAMHS LAC (see page 29) provision is kite-marked as a model of good practice and locally within a recent Ofsted inspection the LAC CAMHS service received an explicit acknowledgement with regards to timeliness and accessibility.

Even though North Lincolnshire has a recognised good service for LAC there is a local ambition to further develop the services integration with other agencies, for example enhancing relationships with services which mainly work with LAC - including the specialist trauma pathway and voluntary sector organisations, to scope whether the current configurations of services are best meeting the outcomes of our children and young people. Furthermore, we will look at how Personal Health Budgets could potentially be utilised in this population group.

In reviewing the current service provision, this Plan also commits to developing a better understanding of the needs of the 18 – 25 year olds cohort, including the current engagement of this group in adult mental health services.

This plan also acknowledges that not all North Lincolnshire's LAC 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.

Next Steps: Looked After Children

Within the next 12 months, a task and finish group of the Emotional Health and Wellbeing Steering Group will be formed to review whether any further developments will improve the outcomes for LAC. We will work to ensure that Personal Health Budgets are available to LAC who may require different approaches and interventions to meet their identified objectives.

We will also use our local data, and engage with young people, to explore how and whether services for 18 – 25 year olds are meeting their needs.

Priority - Youth Offending Service

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 the local model moving forward. The training was successfully delivered and a revised service model, based on the Thrive and Consultation and Advice Model, has been implemented and working well. The YOS CAMHS provision has also worked with the YOS and has developed an annual training programme whereby quarterly mental health training is to be offered to YOS staff.

Next Steps – Youth Offending Service

Throughout the duration of this Plan, the Youth Offending model in CAMHS has developed in which changes to the model have been perceived positively by the YOS team. Recognising that children involved with the YOS remain a vulnerable group, we will continually evaluate the model and commit to continually develop the workers in the YOS. We will also review whether the current model would benefit from wider multi-disciplinary team involvement, for example the reestablishment Speech and Language input, and will make the necessary arrangements to enhance provision to meet the outcomes of children and young people.

Priority: 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.

To support this ambition in 2019, utilising the identified £18 800 Transformation Monies, the CCG

procured a 3 year provision to enhance bereavement support locally with the key outcomes to:

- Provide a single point of access for all referrals and the assessment for appropriate level of support
- Direct referrals to the most appropriate service, based on choice and capacity available
- Develop a funding strategy to ensure the sustainability of a local pathway, which meets national bereavement service standards (2014)
- Work with key agencies to increase capacity through the use of volunteers, to ensure swift access to the appropriate service
- Develop and implementation of volunteer and peer support training programme, including opportunities to expand training of established support e.g. teachers, school Mental Health Champions.
- Work with schools in providing opportunities for children to learn about death as part of life
- Raise Awareness and Promote Childhood Bereavement Pathway via Communications and Engagement strategy and use of social media and through utilising key methods of communication – for example Life Central.
- Establish key links with local Hospices, Young Carer's, etc. to support pre-bereavement and bereavement of children
- Monitor, review and report on the services

North Lincolnshire Council Emotional Health and Wellbeing Service were identified to provide the provision in which mobilisation of the provision commenced in autumn 2019, with the aim to have new pathway and an enhanced provision available for December 2019.

Next Steps: Childhood Bereavement:

North Lincolnshire CCG will work with the newly procured service to continue the planning and mobilisation of the new pathways and provision through developed contract management arrangements and, will oversee the developments, activity and performance of the commission.

Other Priority Areas and Actions for Vulnerable Groups

Recognising that this plan is unable to capture all the priorities across the Integrated Children's Trust partners, over the next year this Plan commits to supporting the following initiatives and ensuring appropriate oversight by the Emotional Health and Wellbeing Steering Group:

➤ LBGT+ plus group - Local Council

Children who are LBGT+ can receive dedicated support from the Local Council Rainbow group and the local CAMHS service have received training in gender identity. Within the next year we will explore whether local services for LBGT+ plus are meeting local needs through working with children, young people and their families. We will make use of the outcomes of the upcoming Adolescent Lifestyle Survey which will capture information about secondary age young people who identify as LGBTQ+ and their views and experiences.

➤ **Care and Education Treatment Reviews (CETR's) and Dynamic Support Register**

CETRs have been an excellent vehicle to ensure that, where possible, children's needs are met within the community. Local joint working has developed the CETR process and in 2019 this Plan commits to reviewing the CETR policy, in light of experimental learning. Supporting the CETR process, the local Dynamic Support Register has been developed. This plan commits to the continued learning from both of these processes to further enhance local commissioning.

➤ **Personal Health Budgets (PHBs)**

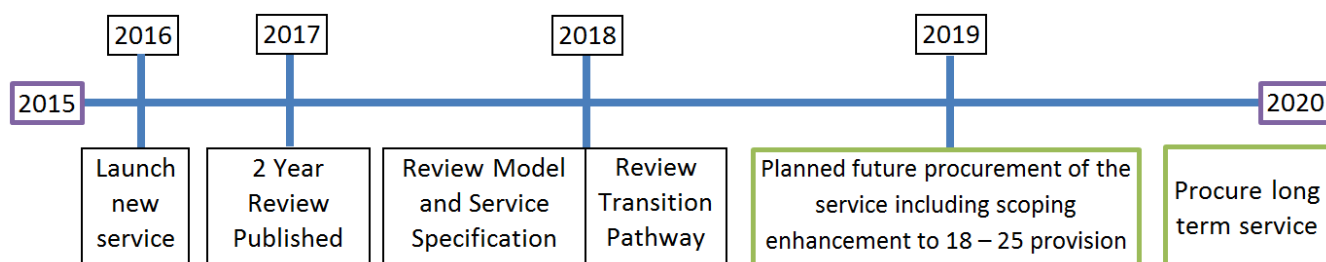
North Lincolnshire CCG is committed to increase the use of personal health budgets. This Plan shares that commitment and will work with a children, young people and local providers to model how personal health budgets can be offered to children and young people to improve their mental health in particular LAC, children who are supported through the dynamic support register and children who require intensive home treatment or who are risk of Tier IV admission

Summary of Progress to date:

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

Achievements	<ul style="list-style-type: none"> • Worked successful with our specialist schools in relation to LD • Remodeled Neurodiversity Pathway, commenced a waiting list initiative and committed additional financial investment into the pathway • Developed the Under 5's Social Communication/ ASD pathway and implemented a waiting list imitative • Our LAC service being specifically referenced as a model of good practice in the recent Ofsted report • Successfully implemented CETR's and a dynamic support register • Procured an enhanced bereavement provision for children
Next Steps	<ul style="list-style-type: none"> • The procurement of a CAMHS LD service learningdisability • The launch of a new Neurodiversity pathway • The continuation of a new Neurodiversity waiting list initiative. • The review of the support services for children with Neurodiversity including carers and sibling support and the use of medication to manage symptoms • The exploration of the further integration of LAC services • Understand whether local services are meeting the needs of the LGBT plus community • The implementation of PHB for Children's Mental Health • The review CETR policy in light of local learning. • The launch of the enhanced bereavement service and pathway

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 are Eating Disorders a priority?

This priority aims to implement access and waiting time standards for children and young people with an eating disorder (NHS England). 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 7: 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

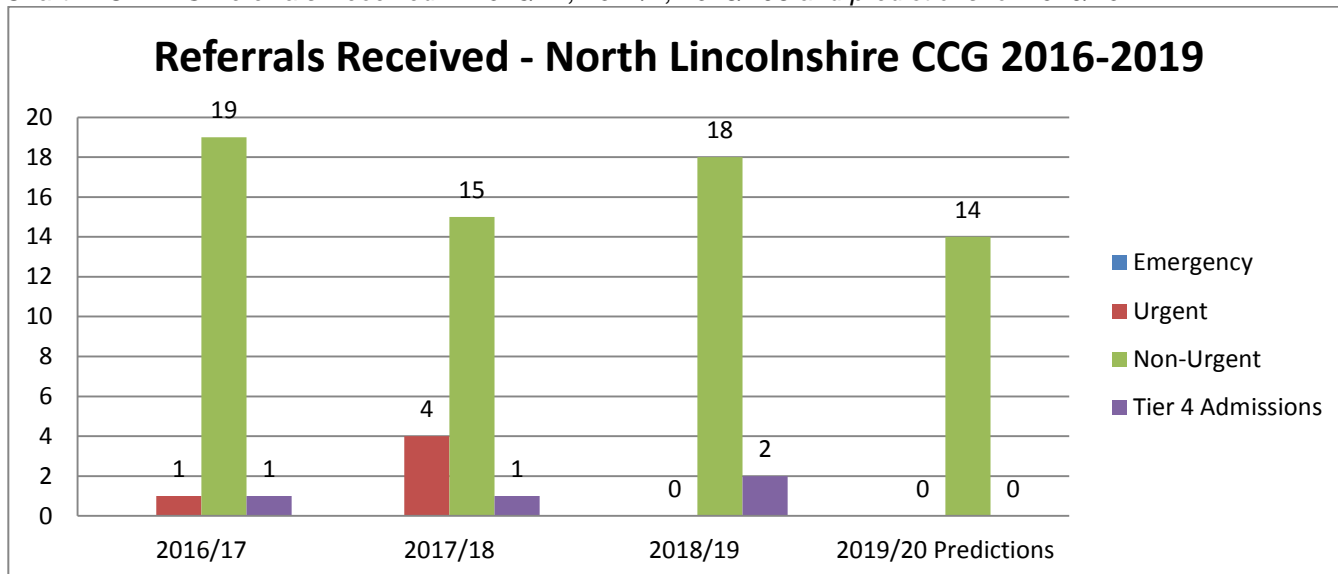
What have we done to date?

As part of the Transformation Plan, RDASH launched a fully comprehensive Eating Disorder Service, which meets NICE guidelines.

Activity

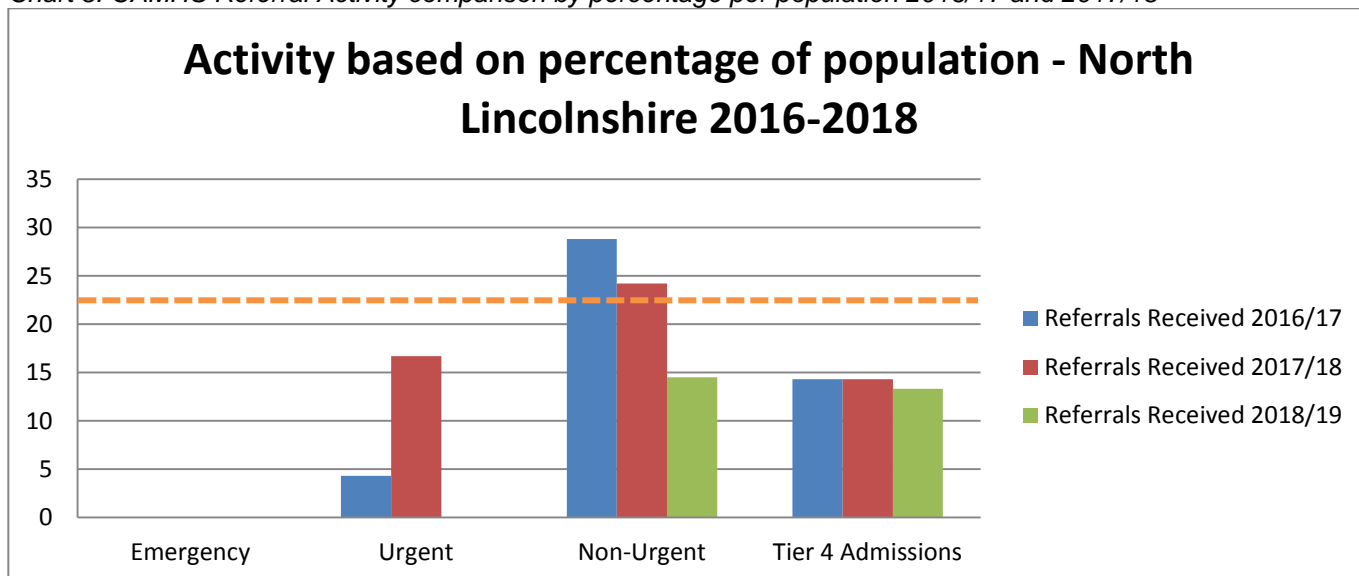
Locally, referral activity into the service has remained relatively consistent since 2016. Chart 4 on page 66 illustrates referral patterns from 2016 to date, with 6 month activity data from 2019/20 predicting future referrals over the coming year. The data does show slight fluctuation in urgent and non-urgent activity; however the trend remains that the majority of activity for North Lincolnshire is non-urgent, with no emergency referrals and a very low Tier 4 referral rate. There have also been zero re-admissions or unplanned admissions to hospital during 2018/19.

Chart 4: CAMHS Referrals Received in 2016/17, 2017/18, 2018/19 and predictions for 2019/20



When predicting activity based on North Lincolnshire's population, it is estimated that 23% of overall activity of the service should be North Lincolnshire residents (compared to Rotherham being 36% and Doncaster being 41%). Chart 4 illustrates that with the exceptions of non-urgent activity in 2016/17 and 2017/18, activity has been below the predicted activity level.

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



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 that the service previously meeting this standard at 100% compliance. During 2018/19, there were 2 breaches to the standard, and two children were not seen in the 4 week time period. To date, no breaches in 2019/20 have been reported. Performance of the service remains satisfactory, to which the service is able to meet NICE guidelines

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.

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**

The development of CEDS has led to easier access to physical health monitoring, which has proved invaluable in triage, assessment and ongoing care. – **Lead Family Therapist and Systemic Supervisor**

CEDS staff are encouraged to work in an agile manner, meeting the needs of service users. This approach of families attending clinic bases also allows for an assessment of engagement. Additional to this though, CEDS can and does work in various settings, including seeing young people at school, or attending home visits, and even visiting paediatric and adult medical wards where required to maintain contact with and support our patients. – **CAMHS Eating Disorder Nurse**

If a young person or family is in crisis the team pulls together, ensuring both the family but also the worker is supported, working flexibly to ensure appropriate outcomes. At times this has included out of hours and weekend support to colleagues in Paediatrics – **Systemic Family Practitioner**

Since the development of the Community Eating Disorders Service I have noticed significant difference in how referrals are responded to and care is delivered. [For example] All enquiries and referrals now receive a same day response, usually with a phone call to the family. Families often tell me that they find this really helpful. Parents reflect on how worried they had been and how, they had struggled for some time before seeking help. Receiving a same day call from a specialist clinician validates their concerns, fosters a sense of confidence in our abilities to help, and empowers parents. As a result many families are able to implement changes at home even before the initial assessment – **Lead Family Therapist and Systemic Supervisor (Hub) – North Lincolnshire**

Education

Previously the education element of the service specification was sub-contracted to the eating disorder charity, Syeda. This element of the service is now embedded within the core delivery model and awareness raising sessions have been facilitated. Over the last year the service has delivered training on Eating Disorders to North Lincolnshire CAMHS generic service, and a bespoke workforce development programme has been organized for 2019/20 to include;

- YOT training
- Schools training, joint with BEAT
- Paediatrics training
- Adult Recovery Team training

The service has been actively engaged in national and regional programmes of CEDS development and implementation, such as the National Whole Team Training and Yorkshire & Humber Eating Disorder Collaborative. Through these forums the service has maintained good links with other CEDS and

engaged in sharing good practice and learning. This has continually influenced the service development and delivery over the past 3 years.

Next Steps: Eating Disorder Service

This Plan commits to the ongoing provision of a Specialist Eating Disorder service for the residents of North Lincolnshire, in line with NICE standard. Due to the Eating Disorder service initially commissioned as pilot programme, in 2020, North Lincolnshire, Rotherham and Doncaster CCGs will work to procure a long-term sustainable provision. In doing so, we will also review provision for 18-25 year olds and consider the extension of the new contract to include this age range.

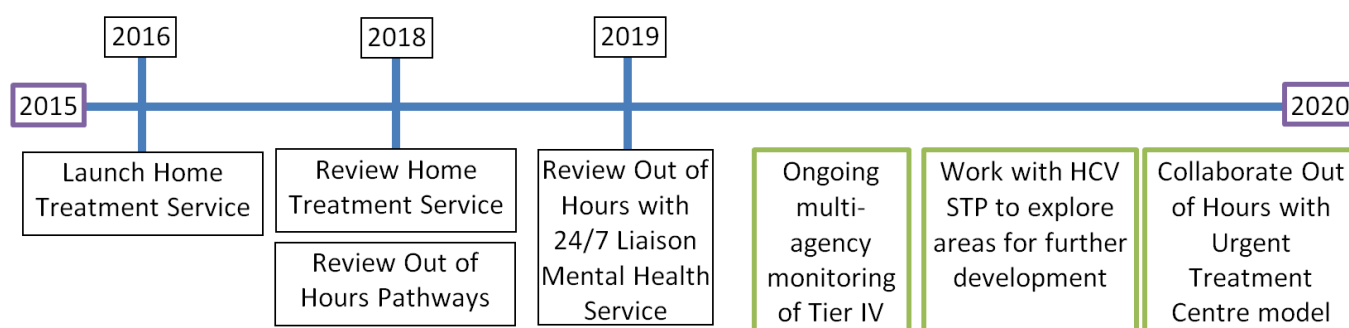
This Plan We will continually work with our providers to support the development of the model to achieve the best outcomes for children and young people.

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.

Achievements	<ul style="list-style-type: none">• Consistently achieved access and waiting time standards• Tier 4 admissions have remained low• Qualitative case studies identify positive client feedback• Education element embedded effectively within the core function of the service model• Continual engagement with national and regional programme, including quality
Next Steps	<ul style="list-style-type: none">• Review 18 – 25 provision and make recommendations with regards to extending provision• Procure a long-term Specialist Eating Disorder provision and include the• Provide ongoing support to the development of the eating disorder provision through the quarterly development meetings.

2.6 Crisis and Intensive Community Treatment Service



Aim

For children and young people's mental health needs to be provided as close to home as possible, to reduce and to reduce any unnecessary Tier IV admissions or long length of stays.

Box 8: 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 (£125 000) to commission an Intensive Home Treatment Service. 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 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 working other agencies to ensure the child's needs are fully formulated and there is a universal understanding of the child's difficulties. As a pathway, CAMHS work closely with other agencies to discuss risk management and work with partners to develop clear plans of care, working holistically to manage future risk and treatment.
- Referrals for routine self-harm assessments are triaged within 24 hours
- 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 time system, those patients with higher concern are identified more readily and can be offered a more intensive community input without delay.

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**

Even though North Lincolnshire has relatively few Tier IV admissions, one of the key outcomes of the priority was in relation to the reduction of Tier IV admission, to which even though a direct cause and effect cannot be deduced, Tier IV admissions have remained relatively low since the introduction of the service and case study analysis (see below) have identified some excellent practice and impact of the provision.

"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**

Supporting this work, the CCG has developed a 'Tier IV Quality Assurance Group', reporting to the Multiagency Resilience and Safeguarding (MARS) Board, 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 is used to continually develop the home treatment service and influence further commissioning arrangements.

Next Steps: Intensive Home Treatment Service

This Plan will continue to support the ongoing development of the Home Treatment Service within CAMHS and commits to continually reviewing and refining the provision in light of prevailing needs. This Plan also commits to the ongoing multi-agency involvement in the Tier IV monitoring group and learning any lessons from case studies and to explore how Personal Health Budgets may enable this vulnerable group's needs to be met.

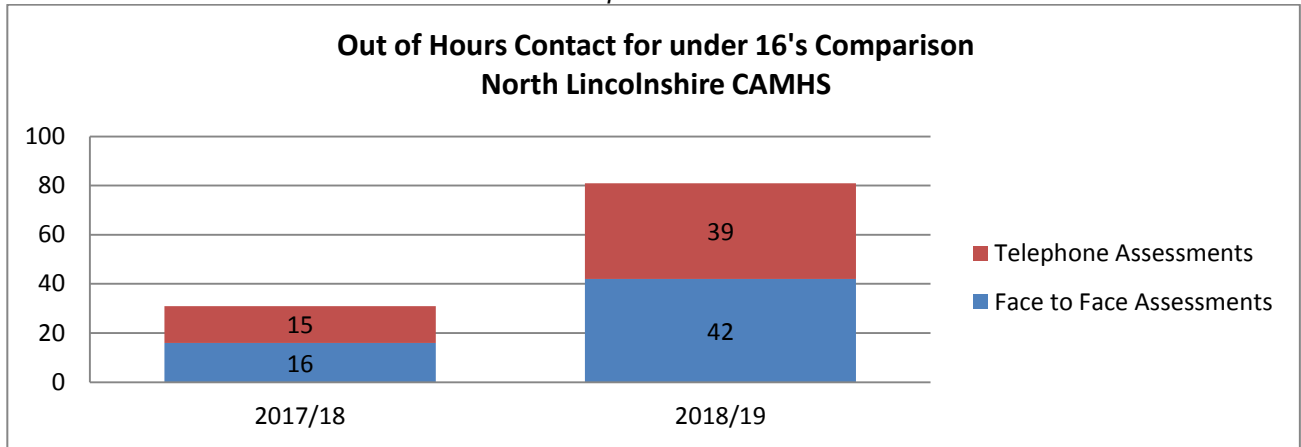
Acknowledging that Intensive Home Treatment and the reduction of Tier IV is a key priority for the Humber Coast and Vale STP, this Plan commits to working in partnership with the STP to explore areas for further development.

➤ 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 CCG, which is currently accessed through A&E.

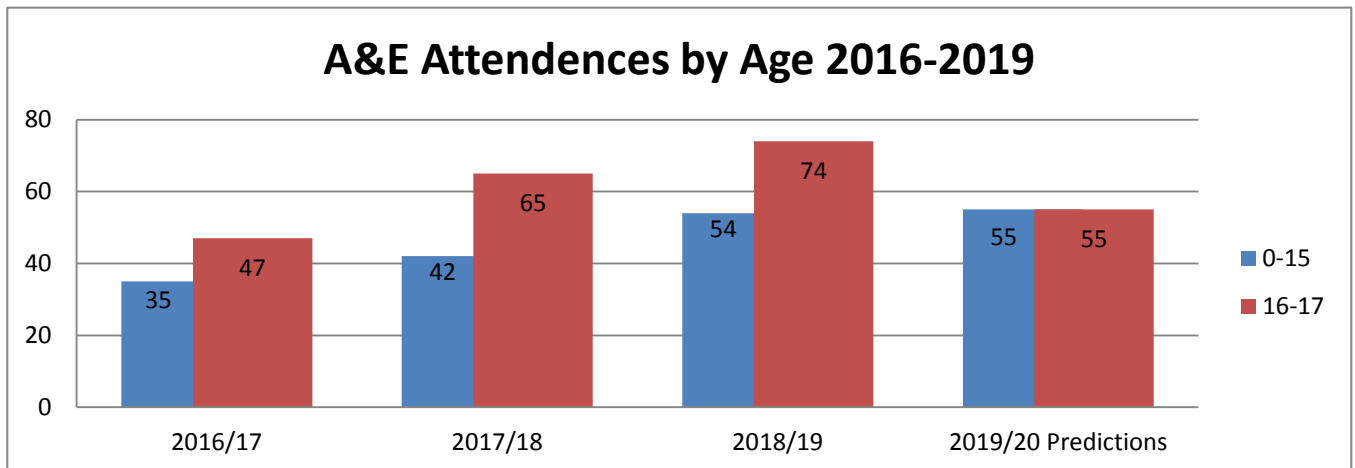
Chart 6 on page 72 illustrates that based on Q1 position in 2018/19, it is predicted that we will see a significant increase in Out of Hours activity for the under 16's. Out of Hours for over 16's is managed by Adult Services, for which activity for 16-18's is being established.

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



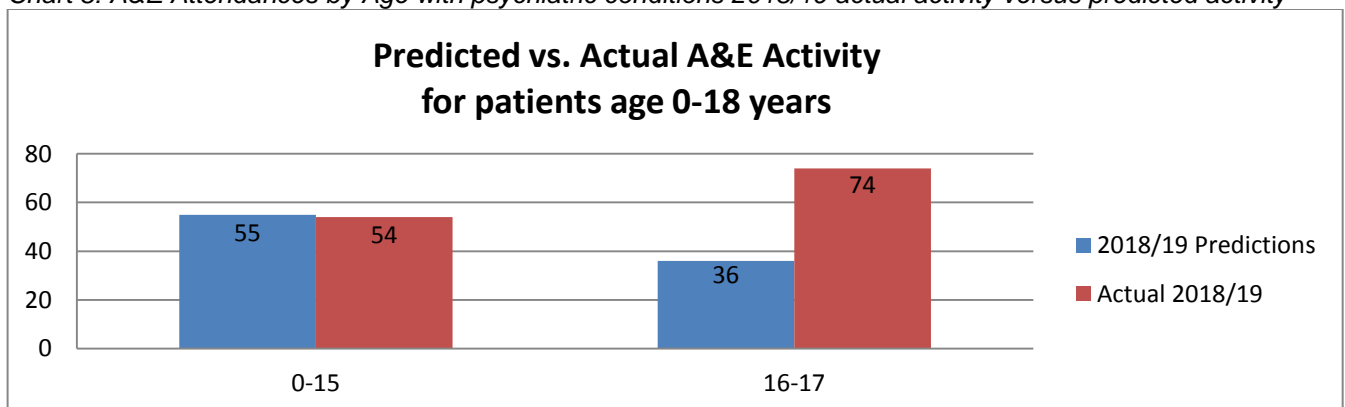
The difference in attendance activity using A&E datasets can be seen in chart 7 below. Acknowledging coding limitations, this data indicates a slow increase in demand.

Chart 7: A&E Attendances by Age with psychiatric conditions 2016/17- 2018/19 and predictions for 2019/20



Although current 2019/20 indicates a drop in activity, in the last refresh of the Transformation plan similar predictions were made for 2018/19 activity. –see chart 8 below for the comparison between predicted and actual A&E Activity.

Chart 8: A&E Attendances by Age with psychiatric conditions 2018/19 actual activity versus predicted activity



Next Step Out-of-Hours Services

Local intelligence tells us that sometimes A&E is accessed and recommended by professionals, when a child is not in a mental health crisis. Over the next year this Plan commits to working with services to ensure that urgent support pathway are further developed to ensure children and young people are directed to the most appropriate level of support. At the same time this Plan will look at why access rates have increased and plan accordingly, and in line with the vision for North Lincolnshire's revised Urgent Treatment Centre. Supporting choice, in North Lincolnshire a Crisis Café is planned for adults and children over the age of 16 years. This Plan commits to working with these developments to ensure that pathways align to ensure children and young people receive the most appropriate support.

Summary of Progress to date:

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

Achievements	<ul style="list-style-type: none">• Continued reduction in usage of Tier 4 beds• Care has been closer to home for our CYP due to this reduction in the use of Tier IV• Developed Intensive Community Treatment Service model• Positive feedback from CQC regarding relationships CAMHS and Acute
Next Steps	<ul style="list-style-type: none">• To collaborate with development of Urgent Treatment Centre Care Model with Out of Hours provision.

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 there is a strong commitment to continue to work collaboratively with specialist commissioners and CCG/LA colleagues' in neighbouring areas and within the STP. 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 new over-arching governance arrangements associated with the development of North Lincolnshire's Integrated Children's Trust. The plan is delivered through a multi-agency Emotional Health and Wellbeing Group, with task and finish groups reporting directly to the group. The Transformation group reports directly to the Integrated Children's Trust and CCG which provides regularly assurances of progress against the plan. The developed governance structure ensures single accountability of the key emotional and health and wellbeing work streams, across North Lincolnshire. 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.

