Report of the Director: Public Health Agenda Item: 6

NORTH LINCOLNSHIRE COUNCIL

Health and Wellbeing Board

Young Voice Update Emotional Health and Wellbeing

1. **OBJECT AND KEY POINTS IN THIS REPORT**

1.1 To inform the Health and Wellbeing Board of the development of the children and young people's version of the North Lincolnshire Children and Young People's Emotional Health and Wellbeing Transformation Plan, attached.

1.2 For the Health and Wellbeing Board to note the recent success of the bid to support schools in promoting positive emotional health and wellbeing in schools.

2. **BACKGROUND INFORMATION**

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

2.1 In 2015, the North Lincolnshire Children and Young People's Emotional Health and Wellbeing Transformation Plan (Transformation Plan) was developed to outline key priorities and actions to transform the design and delivery of information, services and support for children and young people's emotional wellbeing and mental health. The Transformation Plan focuses on collaborative working between health services, the Local Authority, educational settings and partner agencies with children and young people as key stakeholders.

2.2 NHS England required local areas to submit jointly agreed plans outlining the local priorities and actions to respond to Future in Mind. The Transformation Plan was approved at the Health and Wellbeing Board in December 2015, and the refresh of the Transformation Plan was endorsed at the Health and Wellbeing Board in December 2016.

2.3 Young people have led and contributed to the development of a children and young people's version of the Transformation Plan (Appendix 1). The children and young people's version is an engaging document that explains the Transformation Plan (Appendix 2) and future priorities. Young People advised on the content as well as the design.

2.4 A draft version was presented at the Health and Wellbeing Board in December 2016 and the final version is now available. It has been distributed to schools and settings across North Lincolnshire and is available on relevant websites including the CCG, North Lincolnshire Council, LSCB, Local Offer and Life Central.

2.5 The children and young people's version of the Transformation Plan provides a definition of emotional health and wellbeing and outlines the local picture in relation to

children and young people's emotional health and wellbeing. It also simplifies the local priorities:

- We all have a responsibility to support children and young people's emotional health and wellbeing
- Adults who work with children and young people will be trained and will use and adapt their skills to make a difference
- We will make it easier for the most vulnerable to get specialist help e.g. CAMHS (Children and Adolescent Mental Health Service)
- Adults who work with children and young people will develop better ways of communicating
- There will be better services in the community to help children and young people with eating disorders
- We will develop specialist home support and treatment to help children and young people stay out of hospital (where possible).

2.6 The children and young people's version of the Transformation Plan also sets out actions and markers of success:

- Positive messages, promotion and resources created for young people by young people and young people being involved in making a difference to local services
- Children and young people will be more resilient as they better understand positive emotional health and wellbeing
- Better outcomes for young people
- Trained and skilled adults who are easy to talk to, will listen and take action to meet the needs of young people
- Easier ways for young people to get help at the right time, with the right person and in the right place, including specialist help where young people do not have to tell their story lots of times
- Named people for young people to talk to in schools about emotional health and wellbeing
- More young people having good experiences of services and support
- Fewer young people having a crisis and/or needing specialist mental health support

Promoting positive emotional health and wellbeing in schools

2.7 North Lincolnshire was successful in a bid to NHS England to secure an additional £27,500 to fund training in Youth Mental Health First Aid (YMHFA) for Emotional Wellbeing Champions in schools.

2.8 All schools, colleges and alternative education providers in North Lincolnshire have nominated Champions as part of the development of the Transformation Plan. The Champions will deliver emotional health and wellbeing promotion as part of a whole school approach and will facilitate prevention and early identification of need, supporting individual children and young people earlier to contribute to the prevention of mental ill health.

2.9 The funding will also facilitate the training of a local team to be YMHFA instructors. This local resource will make it possible to build on the initial 'Champion model' to introduce a whole setting approach to the effective support of emotional health needs of children and young people. The additional training and support to the Champions contributes to the Transformation Plan priority of ensuring that the workforce across

universal, targeted and specialist services have the right skills to support children and young people.

2.10 The Young Mayor enabled the voice of young people to be incorporated into the Champions briefing sessions to ensure a focus on the experiences of children and young people.

3. OPTIONS FOR CONSIDERATION

3.1 For the Health and Wellbeing Board to:

- acknowledge the young people's development of the children and young people's version of the Transformation Plan, attached.

- to note the recent success of the bid to support schools in promoting positive emotional health and wellbeing and responding to emotional health issues in schools.

4. ANALYSIS OF OPTIONS

4.1 The work by young people to develop the children and young people's version of the Transformation Plan contributes to the priority within the Transformation Plan about raising awareness and improving access to information. The development of resources by young people for young people helps to engage with young people and ensure that the materials are more age appropriate and engaging.

4.2 The additional funding for the YMHFA training contributes to the workforce development strand within the Transformation Plan and ensures that more professionals are able to offer support to young people in educational settings. The model also contributes to the priority of improving access and supporting universal services, implementing a consultation model to move away from a referral culture, to promoting joint working, advice guidance and support

4.3 The children and young people's version of the Transformation Plan and the bid demonstrates the commitment to what young people have told us about emotional health:

- Young people should be provided with clearer information, from approved sources, and in a variety of forms to enable them to understand issues of emotional wellbeing and mental health.
- Young people would like swift and confidential access to a trusted/supportive adult who knows what to do to help.
- The offer for emotional wellbeing and mental health services should be simple and available.
- Young people's mental health should be seen in the context of external pressures where relevant including family, friends, school and community.
- Young people should be supported to build resilience.

5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

5.1 The additional funding for workforce development has been secured via a bid to NHS England.

6. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

6.1 An Integrated Impact Assessment has been completed as part of the development of the Transformation Plan. Therefore a further IIA is not applicable to the contents of this report.

7. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

7.1 The views of children and young people are at the centre of the development and implementation of the Transformation Plan. Young People will continue to shape the associated workstreams of the Transformation Plan.

8. RECOMMENDATIONS

8.1 That the Health and Wellbeing Board:

- acknowledges the young people's development of the children and young people's version of the North Lincolnshire Children and Young People's Emotional Health and Wellbeing Transformation Plan and notes the children and young people's version, attached.

- notes the recent success of the bid to support schools in promoting positive emotional health and wellbeing and responding to emotional health issues in schools.

Civic Centre
Ashby Road
SCUNTHORPE
North Lincolnshire
DN16 1AB

Author: Victoria Gibbs, Head of Integrated Commissioning and Prevention

Date: June 2017

Background Papers used in the preparation of this report: Children and young people's version of the North Lincolnshire Children and Young People's Emotional Health and Wellbeing Transformation Plan

NORTH LINCOLNSHIRE HEALTH AND WELLBEING BOARD
Integrated Working For Better Outcomes

NORTH LINCOLNSHIRE COUNCIL
www.northlincs.gov.uk

Things are changing...

we have the 'FUTURE IN MIND'

RDaSH leading the way with care

NHS North Lincolnshire Clinical Commissioning Group

NLYC North Lincolnshire Youth Council

Services and support for children and young people's emotional health and wellbeing are changing.

To help with the change, **we*** have developed the North Lincolnshire Children and Young People's Emotional Health and Wellbeing Transformation Plan, known as our Local Plan. It is a five year plan which started in 2015 and ends in 2020.

What do we mean, when we say 'we'? - This refers to staff from different agencies in North Lincolnshire who are responsible for the Local Plan.

This document, for children, young people, parents and carers, has been developed by young people. It will help to make sense of why things need to change, what's happened already, what's going to happen and when.

What do we mean by emotional health and wellbeing?

It's about having positive feelings like happiness, hope and enjoyment. It includes feelings like safety, confidence, love and affection as well as feeling good about yourself.

It's also about having healthy relationships with others, feeling in control of your life, being motivated and working towards things that are important to you.

Friendships, relationships, exams and tests, physical health, separation and loss, bullying, body image, moving to a new school/college, making decisions about the future... as young people, you have lots to deal with which can affect how you feel and how you behave. We know that having positive emotional health and wellbeing can help young people to be happier, achieve more and do well in their lives.

The Local Plan applies to all children and young people as you all have an emotional health and wellbeing.

What's the local picture in relation to children and young people's emotional health and wellbeing?

There have been loads of opportunities for young people to have their say on what they think about their emotional health and wellbeing and the info, services and support available.

Young people have given loads of feedback about how things could change to make it easier for them to get the info, support and services they need, for example:

- Young people should be given clear, approved info in different ways to help them to understand issues of emotional health and wellbeing.
- Young people would like fast and confidential access to an adult they trust who listens and knows what to do to help.
- Assessments and services should be altered to meet individual needs and circumstances.
- Emotional health and wellbeing services available should be simple to understand and access.
- Young people's emotional health and wellbeing should be considered along with other things going on in their lives including family, friends, school and community.
- Specialist services should be "young person" friendly (age appropriate) and with fast access and choice.
- Young people should be supported to find ways of coping.

A national report, called 'Future in Mind', listened to young people, took notice of what works already and suggested how to help improve our children and young people's emotional health and wellbeing.

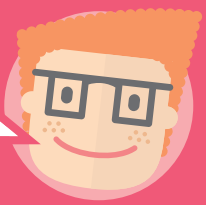
In North Lincolnshire, we know that by working together, we can make a difference and through our Local Plan, we've decided to focus on the following areas:

We all have a responsibility to support children and young people's emotional health and wellbeing.

Adults who work with children and young people will be trained and will use and adapt their skills to make a difference.

We will make it easier for the most vulnerable to get specialist help e.g. CAMHS (Children and Adolescent Mental Health Service).

Adults who work with children and young people will develop better ways of communicating and sharing info



There will be better services in the community to help children and young people with eating disorders.

We will develop specialist home support and treatment to help children and young people stay out of hospital (where possible).

So, what's happened so far and what next?!

We all have a responsibility to support children and young people's emotional health and wellbeing.

SO FAR

Working with young people, we have developed leaflets and postcards, like the Positive Steps to emotional health and wellbeing leaflet, to help give young people ideas and ways to improve their emotional health and wellbeing.

There is an app and website called 'Life Central' for children, young people, parents and professionals, which we've created with young people. There is also other info and resources that can be used with it.

There has been work to make sure that children, young people, parents, staff and the wider community know more about the emotional health and wellbeing of children and young people.

Key staff in schools have signed up to be Mental Health Champions. Their job will be to help other staff in schools respond better to emotional health and wellbeing worries that students may have.

We have developed a set of wellbeing and mental health lessons for schools and colleges.

WHAT NEXT

We are going to make it easier for children, young people, families and carers to use services and get support.

Working together with young people, 'Life Central' will continue to grow and have more information about emotional health and wellbeing.

More ideas will be developed to share info in a way that makes sense to you.

We are going to teach about 'emotional resilience' in our schools. This will help students 'bounce back' when things are really difficult. (Some of us know about this but call it Growth Mindset). This means that young people can help themselves and their friends to stay emotionally healthy.

Adults who work with children and young people will be trained and will use and adapt their skills to make a difference.

SO FAR

There has been lots of training and development to help staff to recognise the signs of mental ill health.

WHAT NEXT

Staff who work with children and young people will be better trained to help them when they need ideas about improving their emotional health and wellbeing. For those who need support, staff will know who to talk to and who can help.

CAMHS staff will also be trained to help with specific issues at an earlier point (like bi-polar and personality disorders).

What do we mean, when we say 'bi-polar and personality disorder'? – Bi-polar is a mental illness that makes people feel extreme moods of happiness or sadness and can make it difficult to carry out day to day tasks. Personality disorder is when a person has trouble understanding and connecting to different situations and people, which can sometimes lead to odd behaviours.

The ways that staff in different services share info will be improved, though info is only shared on a need to know basis.

We will make it easier for the most vulnerable to get specialist help e.g. CAMHS (Children and Adolescent Mental Health Service).

SO FAR

Children and young people in care are able to get specialist support through CAMHS.

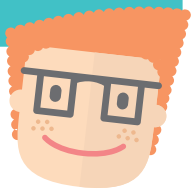
WHAT NEXT

More work will be done to make sure other vulnerable children and young people can also access specialist support through CAMHS (for example those with learning disabilities and autism).

What do we mean, when we say 'learning disabilities and autism'? – People with learning disabilities can find it difficult to understand new information, to learn new skills and cope on their own and may need support to help them in their lives. People with autism can find it difficult to communicate and form relationships with others and often repeat behaviours.

Staff and services will continue to respect that everyone is different, they will reach out to all groups, and particularly focus on the most vulnerable.

Adults who work with children and young people will develop better ways of communicating and sharing info.



SO FAR

There has been lots of info shared with children, young people, families and carers in lots of different ways.

WHAT NEXT

Services will be more creative and find more ways to share info with children, young people and families and work with them to help improve their experiences.

There will be better services in the community to help children and young people with eating disorders.

SO FAR

Through school nurses and education staff, schools and colleges provide advice and support to make sure children, young people, families and carers get the help they need as soon as possible. Doctors are also available to offer advice and support.

WHAT NEXT

Each primary and secondary school will be able to contact a CAMHS worker.

There will be special work in schools to make sure the most vulnerable (e.g. children in care) get the help and support they need.

We will develop specialist home support and treatment to help children and young people stay out of hospital (where possible).

SO FAR

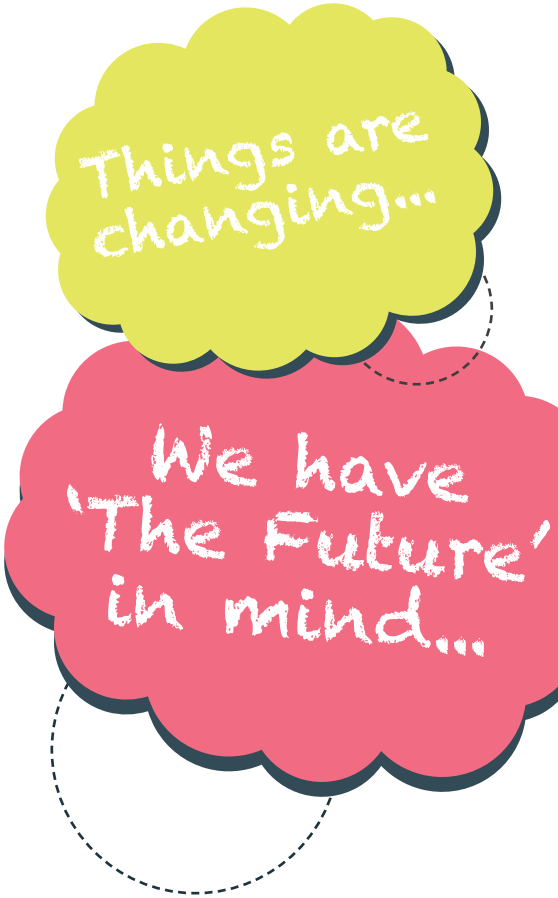
There is a lot of work going on to help children, young people, families and carers to get info and support to help them have positive emotional health and wellbeing.

WHAT NEXT

Work is being done to deliver a 24 hour 7 day response to children and young people at risk of being admitted to hospital, with additional support when needed.

Staff in services will improve their communications to help children and young people move around services more easily and get the help they need as soon as possible.

We are looking at suitable accommodation for children and young people who are having a crisis and can't stay at home or with a family member.



How will we know the Local Plan is working?

- We'll keep asking children, young people and families about Future In Mind and our local priorities.
- We'll get feedback from children, young people and families about their experiences of services.
- We'll keep an eye on Life Central and respond to any feedback about the website and app so it's fit for purpose.
- We'll check out information about our local children, young people and families and take action when we need to.

By doing all this, it'll make a difference because there will be:

- Positive messages, promotion and resources created for young people by young people and evidence of them being involved in making a difference to local services
- Children and young people who are more able to cope as they know how to take steps towards positive emotional health and wellbeing
- Better outcomes for young people
- Trained and skilled adults who are easy to talk to and honest will listen and take action to meet the needs of young people
- Easier ways for young people to get help at the right time, with the right person and in the right place, including specialist help where young people do not have to tell their story lots of times
- Named people for young people to talk to in schools about emotional health and wellbeing
- More young people having good experiences of services and support
- Fewer young people having a crisis and/or needing specialist mental health support

We want you!

If you're a young person, who would like to 'have your say' about this Local Plan, you can get involved in the Positive Steps Working Group. If you want more info, please go to **www.northlincs.gov.uk/people-health-and-care/children-and-young-people/services-for-young-people/positive-steps/**

young.voice@northlincs.gov.uk

Contacts and key info

This is a summary of the North Lincolnshire Children and Young People's Emotional Health and Wellbeing Transformation Plan.

If you would like to take a look at the full document, please go to **www.northlincolnshireccg.nhs.uk/our-plans-and-reports/children-and-young-peoplers-emotional-health-and-wellbeing-transformation-plan**

There is lots of other info, support and services out there to help. These are all available on our website and app, as follows: **www.life-central.org**

NHS
North Lincolnshire
Clinical Commissioning Group

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

Refresh October 2016

Index

Foreword	Page 3
1. Introduction	Page 7
2. Strategic Context	Page 8
3. Estimated Need	Page 13
4. What Our Community Says about their and Children and Young Peoples Mental Health in North Lincolnshire	Page 18
5. What Do Local Services Look Like	Page 22
6. Priorities	Page 34
7. Primary Prevention	Page 35
8. Improving Access & Supporting Universal Services	Page 37
9. Improve Access and Develop Single Integrated Pathways / Single Point of Access	Page 40
10. Workforce Development	Page 42
11. Improve Access to The Most Vulnerable	Page 43
12. Eating Disorders	Page 46
13. Crisis and Intensive Community Treatment	Page 47
14. Strengthening the Governance and Building A Stronger Qualitative Picture of Needs and Performance	Page 49
Appendix	Page 52

Appendix A – Chi Mat Profile
Appendix B – Revised Governance Structure
Appendix C- Summary Action Plan

Foreword

North Lincolnshire Children and Young People's Emotional Health and Wellbeing Transformation Plan, describes the changes we as a partnership in North Lincolnshire are committed to bring about in order to improve outcomes for our children and young people. The national report 'Future in Mind' reflects the voices of children, young people and families which are echoed by the children and young people in North Lincolnshire and they deserve the best that we can all offer.

Locally we are committed to working together, embracing the opportunities, listening to local children and young people, to delivering the Children and Young People's Emotional Health and Wellbeing Transformation Plan, in order to bring about long-term sustainable changes. Integral within the delivery of this plan we intend to provide support for families, children and young people at the earliest opportunity.

One of the key messages we heard from children and young people was their concern about the language used to describe their experiences in relation to mental health. We propose to agree locally, in consultation with children and young people the terminology we use. We will continue to listen and amend this and future plans in response to what children and young people tell us.

The Children and Young People's Emotional Health and Wellbeing Transformation Plan sets out our vision and the key outcomes we expect to be delivered over the next 5 years. This is a challenging agenda and the only way we will achieve the scale of change required is if we keep the voices of children and young people and families at the center of everything we do.

North Lincolnshire's Vision

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

When children and young people do need additional help and support, we will collectively, ensure they gain the correct support easily, at the right time, at the right place and by the right people for them, who have the right skills

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

To adopt a whole system approach to transformation, children's emotional health and mental health will to be seen as everyone's business. This Transformation plan aims to set the strategic vision for what we are trying to achieve in North Lincolnshire and recognises how local leadership is imperative to drive forward the changes required. As such, this refreshed Transformation Plan aims to build a network of leaders including children and young people, teachers, health staff and managers.

To enable North Lincolnshire to make sustainable changes, it is recognised that the Emotional Health and Wellbeing of infants starts from conception. Our Transformation plan builds upon the known protective factors which contribute to positive mental health and recognises that there are times in people's lives when additional support is required. When this support is needed, there is commitment that by 2020 we will have further developed a workforce across the community, schools, health, the local authority and voluntary sector, which have the necessary skills to support individuals, and their families to provide the appropriate support.

Within North Lincolnshire, we are committed to plan our services around the needs of children and young people and be responsive to the continued changes within modern society. We are committed to ensuring our Transformation Plan is a live document with evolves to reflect local needs, on-going feedback, evaluations and national and global evidence base.

We know that there are certain population groups who are more at risk of developing mental ill health and we will ensure that we continue, and where necessary, further develop our partnership working practices to ensure that our services are both proactive, sensitive and bespoke to their needs.

Our vision and Transformation Plan is response and reflective of the community in which it is planned to service. North Lincolnshire covers a geographical area of approximately 50 miles radius and comprises of a central town, Scunthorpe and collection of semi-rural small market towns and villages. As a local network we are dedicated to ensure that no child or young person is disadvantaged in terms of opportunities or access to services due to the geography of their of community. As such, to achieve our vision, we are committed to working closely with our neighbouring health and social care areas to ensure that our vision and commitment is realised.

Box 1 ; By 2020, our Local Priority Schemes and wider work, detailed within this plan, will expect to have impact the following;

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

Values

The Values which underpin this plan are;

As a workforce, we believe that we should be:

- ✓ ambitious for every child and young person
- ✓ excellent in our practice
- ✓ committed to partnership working with people working together to improve services and outcomes
- ✓ respected and valued as professionals
- ✓ expect high support and high challenge in everything we do

Principles:

We will work together to ensure that:

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

We believe that children and young people have the right:

- ✓ to feel safe and be safe
- ✓ to a stable family life
- ✓ for their individual circumstances, background and culture to be recognised, respected and valued
- ✓ to be able to discover their strengths and reach their potential
- ✓ to contribute positively to their local community
- ✓ to services and support that meet their needs
- ✓ to be consulted on plans, interventions and services that directly affect them

1 Introduction

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

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

1.3 This plan sets out how all agencies will work together to improve the emotional wellbeing and mental health of children and young people in North Lincolnshire over the next 5 years. Following working with children and young people, analysis both qualitative and quantitative needs and applying evidence driven practice and policy we have identified key priority areas for North Lincolnshire, to encapsulate the vision of Futures In Mind.

1.4 Our first plan, published in December 2015, provides a detailed analysis of the local and strategic context which drove forward the identified objectives. Since the document was published, much work and learning has occurred locally, which has been used to create this refreshed document. Building upon this learning, this refreshed document has been produced to be more accessible to all partners and provide the necessary steer, direction and leadership to shape practice and services, with the aim that the transformations which have been made as a result of the plan, offer a longer-term sustainable approach.

1.5 The refreshed transformation plan, describes the way in which key services will work together to meet the needs of children and young people in North Lincolnshire. The plan recognises that leadership is imperative throughout both the health and social care system in North Lincolnshire and within children and young people's forum. The plan aims to encapsulate both these skills and ambition to bring about long term sustainable changes for North Lincolnshire.

1.6 Even though North Lincolnshire's Transformation Plan sets out the strategic direction until 2020, it is acknowledged that the plan is continually evolving with the advent of evidence base, changing population needs and service user feedback. As such, the plan will be viewed as a 'live' document, in which various work plans will run alongside, and a yearly refresh / update will be published.

1.7 This plan has been developed in partnership will North Lincolnshire health and local authority colleagues and in partnership with children and young people.

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

2 Strategic Context

2.2 National Strategic Context

2.2.1 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, with 18 key policy documents being published between the 2001-2014 (See Table 1).

Even though all published policy has had an impact on local provision and local strategy, this plan has been heavily influenced and guided by the recent Government's Children's and Young People's Mental Health Taskforce, recommending a comprehensive package of reforms intended to. 'ensure no child is left struggling alone', and the thereafter Future in Mind (Department of Health, 2015) document, in which the key suggestions are illustrated in Box 1).

Table 1. List of Policy Documents which have significantly influenced Children's Mental Health over the past 16 years (* please note that this list is not exhaustive)

1998-2010		2010 – 2015	
Year	Mental Health Policy	Year	Mental Health Policy
2001	Health Improvement Programme	2011	No Health Without Mental Health
2003	Every Child Matter	2012	Children and Young Peoples Mental Health Outcomes Forum
2004	National Service Framework for Children, Young People and Maternity Services	2012	No Health Without Mental Health : A Call for Action
2007	The Children's Plan: Building Brighter, Futures	2012	No Health Without Mental Health: Implementation Framework Report
2008	Children and young people in mind – CAMHS Review	2013	Talking Therapies: A four Year Plan
		2014	Children's and Families Act
2009	Healthy Lives, brighter futures	2014	Closing the Gap
2009	New Horizon: A Shared Vision for Mental Health	2015	Futures In Mind
		2016	Mental Health and Behaviours in Schools
2010	Keeping children and young people in mind	2016	The Five Year Forward View for Mental Health

Box 1 - Future In Minds (DH 2015) suggested;

- ✓ A move away from the previous CAMHS tiered system of delivery to a more flexible 'needs-based' model, similar to triage
- ✓ Each CAMHS should have a named contact to advice schools and general practitioners on what to do when a child needs help and for every school to nominate a member of staff with lead responsibility for mental health
- ✓ More voluntary sector 'one-stop-shops' offering support and advice to young people and apps to help young people manage their own mental health and know how to get help if needed
- ✓ A focus on well-being and positive psychology programmes.
- ✓ Greater focus on the importance of early intervention to prevent the development of mental health difficulties, enhancing perinatal and early year's health services, making parenting programmes more widely available and providing new apps and digital tools for self-care
- ✓ Focusing on vulnerable group

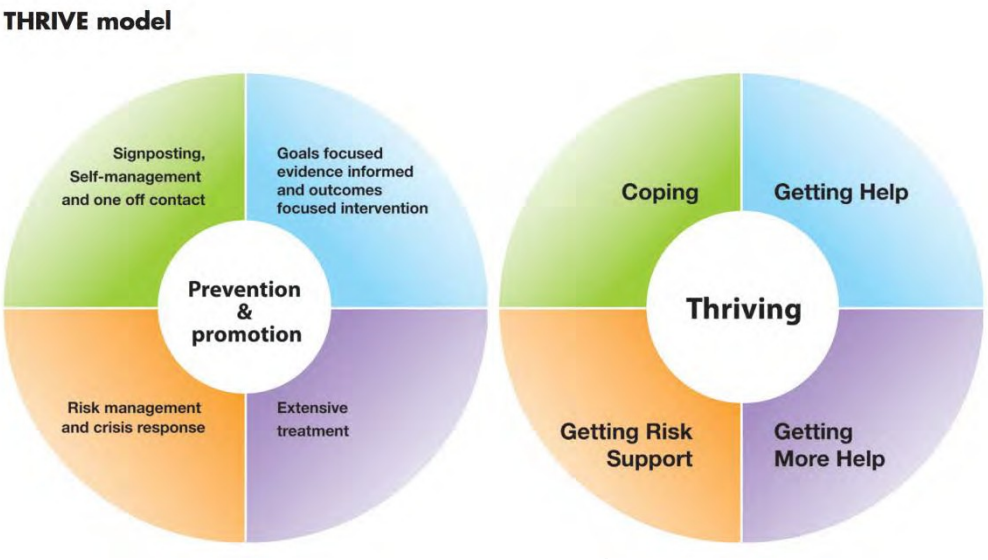
At a service level, Futures in Mind also identified how the following objectives needed to be achieved including the need to;

Improve capacity and capability across the whole system and ensure that services that are developed can sustain themselves into the longer term and to close any obvious gaps in service provision by 2020

- ✓ Roll out CYP APT so that by 2018 CAMHS are delivering a wide range of evidence based interventions, adopting routine outcome monitoring to guide future treatment and working collaboratively with children and young people, ensuring that children with learning disabilities and autism are prioritized and included in these treatment plans.
- ✓ Develop evidence based eating disorder services for children and young people with capacity released to improve self- harm and crisis services.
- ✓ Improve perinatal care over the longer term to improve children and young people's emotional health and wellbeing.
- ✓ Bring Education and Children's mental health services together around the needs of the child

2.2.2 Thrive Model

The Thrive Model of good practice, identified within Futures In Mind, is the 'THRIVE' model of service delivery for CAMHS, developed by Tavistock and Portman NHS Foundation Trust with the Anna Freud Centre and has significantly influenced our local thinking and planning, relating to this Transformation Plan. The model builds on the CYP IAPT programme's focus on outcomes and the engagement of children and young people in designing services. THRIVE aims to work with families, schools and children themselves to promote mental health and wellbeing and to prevent problems becoming entrenched (*refer to diagrammatic illustration of model below*), and attempts to create a clearer distinction than in the current tiered system between treatment and support, self-management and intervention



The Thrive model proposes to replace the tiered model with a conceptualisation that addresses the key issues with the effectiveness of current service provision. The model outlines groups of children and young people and the sort of support they may need and tries to draw a clearer distinction between treatment, on the one hand, and support on the other. Rather than an escalator model of increasing severity or complexity – as with the previous Tiered Model, The Thrive model suggest seeks to identify resource-homogenous groups who share a conceptual framework as to their current needs and choices. The THRIVE model conceptualises four clusters (or groupings) for young people with mental health issues and their families, as part of the wider group of young people who are supported to thrive by a variety of prevention and promotion initiatives in the community.

2.1 Local Strategic Context

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

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

1. Improve children's resilience
2. Increase the number of children having a healthy weight
3. Reduce the impact of smoking on children
4. Enable children to be safer on line

5. Close the attainment gap
6. Improve young people's readiness for work.

2.1.4 North Lincolnshire's Suicide Prevention Strategy (March 2016) was an outcome of engagement with young people, adults and stakeholders in North Lincolnshire. The local Suicide Prevention Strategy 2015-2018 reflects the latest national information, evidence and guidance on improving mental health and preventing suicide for the North Lincolnshire population, as well as responding to local needs.

The strategy response to, and reflects, the national suicide prevention strategy, Preventing Suicide in England (DH, 2012) which sets out shared objectives for suicide prevention and six key areas of action including;

- Reduce the risk of suicide in high risk groups
- Tailor approaches to improve mental health in specific groups
- Reduce access to the means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring

2.3 What is Our Local Data Telling Us?

2.3.1 The analysis of public health data is essential to both understand the population needs, inequalities which may exist within the community and to effectively contribute towards both the development of local priorities, service planning and the effective use of resources. The North Lincolnshire Joint Strategic Assessment (JSA) http://nldo.northlincs.gov.uk/IAS_Live/sa/jsna provides a population profile for North Lincolnshire to help inform local service planning.

2.3.2 North Lincolnshire Joint Strategic Needs Analysis (JSNA)

The local JSNA is structured around the wider determinants of health and the life course. This is consistent with the approach recommended by the Marmot review (Fair Society Health Lives (2010)) and emphasises the critical importance of early years in shaping health in later life. The information below (Box 2) has been extracted from the JSNA and reflects the strengths that will protect mental health, and challenges that will impact on mental health for the 0-19 population.

Box 2: Starting well (0-4 years)

Strengths

- Health and wellbeing of North Lincolnshire infants is improving year on year and is currently at best ever level
- Increasing number and proportion of North Lincolnshire children are registered with, and seen by, Children's Centre's, including those from the most disadvantaged areas of North Lincolnshire
- Above average take-up of 2 year old early education places of between 95-98%
- More children are achieving expected level of development and more children are ready for school
- High take up of imaginative library with activities focusing on attachment, communication, language and literacy skills

Issues/Challenges

- Birth rates are rising fastest amongst poorest 20% for whom health literacy, maternal and infant health and early development outcomes are poorest
- Smoking in pregnancy rates are improving but remain challenging
- Breastfeeding rates are improving but performance is worse than the national average
- Continuing gap in early year's development between boys and girls and low income children and the rest, although the gap is narrowing for children on free school meals.

2.4 Incidence and Prevalence of Mental Illness in Children and Young People in North Lincolnshire

2.4.1 *Data related to Hospital admissions in relation to mental health for children and young people in North Lincolnshire compares favourably with England and regional comparators.*

- Hospital admissions due to alcohol specific conditions per 100,000 under 18 year olds have reduced to 25.4, which is significantly better than England average 42.7.
- Hospital admissions due to substance misuse (15-24 years) per 100,000 (2011/12-2014/15) 101.1, which are in line with the England average 88.8.
- Hospital admissions for mental health conditions age 0-17 years per 100,000 (2014/15) 73.8, which are in line with the England average of 87.4
- Hospital admission rates as a result of self-harm (10-24 years) per 100,000 population (2012/13 – 2014/15) which at 335.3 are significantly below the England average of 398.8.

(Source PHE Fingertips profile mental health and children and young people)

In North Lincolnshire fewer children and young people are admitted to hospital for alcohol and substance misuse, self-harm or for mental illness, compared with the national or regional average, although self-harm admissions are rising in line with national trends.

2.4.2 The local data on mental health prevalence can be found in Appendix A, whereby data from ChiMat can be found.

2.4.3 Perinatal Mental Health - Whilst pregnant women and new mothers have the same risk of most mental illness as other adults, for some serious mental illnesses, the risk of recurrence in pregnancy or post childbirth does increase, with the recurrence of severe depression or post-partum psychosis in pregnancy being 50%. The predicted incidence of perinatal mental illness in pregnant women/new mothers is identified in Table 2.

Table 2: Predicted Prevalence of Perinatal Mental Health *Source: NSPCC, 'All Babies Count' 2014*

	Rate per 100 maternities	**Est. no. per annum in N. Lincs (applied to 2014 maternities)**		**Rate per maternities**	**Est. no. per annum in N. Lincs (applied to 2014 maternities)**
Chronic serious mental Illness	0.2%	4	Post-traumatic disorder stress Disorder	3%	58
Severe Depression	3%	58	Mild to moderate depressive illness	10-15	190-285
Obsessive Compulsive Disorder	3%	58	Adjustment disorders or distress	15-30%	285-570
Postpartum psychosis	0.2%	4	NICE benchmark for perinatal provision	12%	210

Not all of these women will require specialist support, or onward referral. The NICE benchmark rate for perinatal mental health provision is 12% of deliveries, which in North Lincolnshire equates to 210 women a year. This includes 4% of deliveries to women with severe and/or complex needs and 8% of women who may require and take up psychological therapies.

2.6. Prevalence of Mental Health Disorders

It is estimated that 10% of children and young people aged 5-16 years have a clinically recognised mental disorder. In North Lincolnshire this equates to about 2,345 children and young people at any one time. The study also estimated the following numbers for specific disorders (See table 3 – please note that these numbers will not add up 2345, as some children will have more than one disorder). At the moment our clinical recording systems are not sophisticated enough to determine whether the actually presentation of children and young people with the identified mental health disorders, are in line with the estimated prevalence.

2.7 Self-harm and Suicide

Self-harm describes a wide range of things that people do to themselves in a deliberate and often hidden way which are damaging, regardless of motivation. The term may include substance misuse or eating disorders, but in this section we have excluded these from the numbers.

National hospital based statistics suggest that the number of young people presenting to Hospital Trusts with self-harm is increasing. In North Lincolnshire the number of 14-24 year olds admitted to hospital as a result of self-harm, (which includes alcohol and substance misuse related admissions) is below the national average and has remained fairly stable at between 80-100 admissions per year. However, the hospital data is likely to be just the tip of the iceberg with many more episodes that do not come to medical attention.

2.8 Vulnerable Groups

We know that vulnerable groups of children and young people are more at risk of emotional and mental health problems. These include;

2.8.1 Children with Learning Disabilities:

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

In addition to this, nationally, it is estimated that 70% children with ASD will also have a mental health problem at some point in their life and it is estimated that approximately 10 % of children who use CAMHS also have autism. Currently there are 113 children of school age (5-15) in North Lincolnshire who have an EHCP or statement of special educational needs, where the primary need is recorded as ASD, (DFE, 2015)

2Children with learning disabilities may have additional long term health problems, such as epilepsy, or sensory impairment, compared with their peers, which may reduce their capacity to find creative and adaptive solutions to life's challenges.

2.8.2 Children with Chronic Physical Conditions:

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

2.8.3 Children Whose Parents Have a Mental Illness:

Nationally it is estimated that more than a third of all adult mental health service clients are parents of under 18s, and that up to 68% women and 57% men with a severe, long - term mental illness are parents of dependent children - In North Lincolnshire, this would equate to at least 132 families.

National estimates suggest that between 2-3% of children are affected by parental problematic alcohol and substance misuse. This suggests between 400-600 children in North Lincolnshire. Currently 196 adults in substance misuse treatment services live with dependent children in North Lincolnshire.

2.8.4 Children Exposed to Domestic Abuse:

Nationally it is estimated that 12% of under 11s, 18% of 11-17s and 24% of 18-24 year olds have been exposed to domestic abuse in the home at some point during their childhood.

2.8.5 Looked After Children:

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

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

2.8.6 Other vulnerable groups;

Not in Education, Employment or Training (NEET):

Vulnerable children and young people who are NEET are at greater risk of mental health issues and suicide. In part, this is down to the fact that there are fewer responsible

adults/professionals that these children can turn to in order to assist them in their daily lives and resolve some of their emotional difficulties.

2.8.7 Children and young people on the edge of offending or who have offended:

Vulnerable Children and young people who are on the edge of offending or are known to YOS have a higher risk of mental health problems than their peers.

2.8.8 Minority ethnic children and young people:

Children and young people from a minority ethnic background and those whose language is not English may be more vulnerable than their peers for a number of complex reasons.

2.8.9 Gay, Lesbian and Bisexual Community:

Nationally, it is recognised that this community are vulnerable to emotional and mental health difficulties. Unfortunately, concerning mental health little is known about the prevalence within this population group locally.

3 Estimated needs for services

3.1 Estimates of the number of Children and Young People who may experience mental health problems appropriate to a response from CAMHS at Tiers 1, 2, 3 and 4 have been provided by Kurtz (1996). Table 3 below shows these estimates for the population aged 17 and under in North Lincolnshire.

Table 3 - Estimated number of children/young people who may experience mental health problems appropriate to a response from CAMHS

	Tier 1	Tier 2	Tier 3	Tier 4
North Lincolnshire	5,285	2,470	655	30

Source: Office for National Statistics mid-year population estimates for 2014. Kurtz, Z. (1996)

3.2 Table 4 provides an estimate for the number of children and young people with a mental health problem, by age group. North Lincolnshire Public Health has provided a more detailed analysis based on the available data.

3.3To further understand the local demand on Tier IV, in patient services, Table 6 (page 22), identified the number, service category and occupied bed days for children and young people in North Lincolnshire. This information has been provided by NHS England, who both commissions and case managers Tier IV activity. In addition to this, NHS England data identifies how on average these children and young people were admitted to inpatient provisions, approximately 60 miles from their home.

Table 4 - Estimated number of children with mental health disorders by age group and sex within NL CCG area.								
All 5-10 yrs.	**All 11-16 yrs.**	**All 5-16 yrs.**	**Boys aged 5-10 yrs.**	**Boys aged 11-16 yrs.**	**Boys aged 5-16 yrs.**	**Girls aged 5-10 yrs.**	**Girls aged 11-16 yrs.**	**Girls aged 5-16 yrs.**
950	1350	2300	635	765	1400	315	590	905

Source: Local Authority mid-year resident population estimates for 2014 from Office for National Statistics

TABLE 5 – Information from NHS England on Tier IV admissions and Spend for North Lincolnshire Children

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

4.0 What our Community Says about their and Children and Young People's Mental Health in North Lincolnshire

4.1 North Lincolnshire feels that it is essential to ensure that qualitative data informs commissioning and service provision development, and is seen as of parity as the quantitative data. North Lincolnshire has consulted both children and young people and the wider community, and professionals, working within the field, to influence the transformation plan.

4.4 As a method of trying to capture the views and lifestyle choices of children and young people in North Lincolnshire, both a Primary Lifestyle Survey (PLS) and Adolescence Lifestyle (ALS) survey have been developed; in which children and young people have the opportunity to complete within schools. This collection of information enables North Lincolnshire to capture enriched data on the perceptions, attitudes and behaviour of children in North Lincolnshire. The PLS was developed in 2013, with a secondary survey in 2016. The ALS is well established locally and has been used since 2004.

4.4.1 Primary Lifestyle Survey (PLS)

The primary school survey is designed to gather of a large representative sample of pupils in Years 5 and 6, attending North Lincolnshire's mainstream primary schools. The survey encompasses a range of health and wellbeing issues, including emotional wellbeing, healthy lifestyles, support with school work at home, healthy relationships, participation in physical activity, and aspirations for the future. The latest survey engaged 28 primary schools, with a total of 1847, 9-11 year olds participating. In respect to Emotional Health and Wellbeing;

- 91% children agreed that they usually felt happy about life.
- 90% felt they had a lot to be proud of
- 84% said they liked to try new things

Children were asked about things they worried about. Children said they worried a lot about (in rank order):

- How they looked
- Being bullied in school
- Being bullied outside school
- People making comments about them/their family on social media
- Letting their friends down
- Being popular

5% of children mentioned other issues that worried them, including losing friends, fear of their parents splitting up, as well as relatives' health issues.

- 92% said they could talk to their parents/carers if they had a worry or problem
- 91% said they felt able to talk to an adult in school

4.1.2 Adolescent Lifestyle Survey (ALS)

In the last ALS the vast majority of young people who responded in the ALS have a positive outlook on life and most are happy, felt confident and had a lot to be proud of. More specifically, the ALS highlighted that:

- there are some differences between some groups i.e. boys and girls and young people with disabilities
- stress becomes more of an issue for young people as they get older
- young people worry about achieving their potential, exams and tests, choosing the right options, appearance and preparing for the future
- young people also worry about transitioning from primary to secondary school and bullying
- in the main, young people reported they have some coping mechanisms as a way of reducing anxieties i.e. talking to family and friends, playing computer games and listening to music
- there are examples of older young people in particular accessing information and support i.e. via teachers, peer mentors and school counselors In terms of taking action, it was noted that the majority of young people have a positive outlook on life and have good support networks, including access to peer mentors in schools.

Table 6: shows the percentages of girls and boys who have worried about the following in the last month – Adolescent Lifestyle Survey 2014

	Girls		**Boys**	
	A lot	**A little**	**A lot**	**A little**
Being accepted by others in school	19%	32%	10%	24%
Letting friends down	25%	37%	12%	33%
How I look	**44%**	32%	18%	34%
Being popular	14%	23%	10%	26%
Choosing the right options	**37%**	37%	**25%**	36%
Achieving my potential at school	**43%**	33%	**32%**	34%
Having enough money	29%	29%	21%	28%
Getting/keeping girl/boyfriend	19%	24%	16%	26%
Family problems	24%	29%	12%	23%
How to prepare for the future	32%	36%	**24%**	36%
Problems at home	18%	25%	9%	20%
Being bullied in school	12%	20%	7%	15%
Being bullied outside of school	9%	15%	5%	12%
Tests/exams	**40%**	37%	**27%**	38%
Other	10%	12%	5%	11%

It was also noted that while bullying remains something that young people worry about, the proportion has fallen significantly and is at its lowest level for 10 years. However, areas for consideration within the ALS themes and action plan were that there was a need to focus on young people's worries about their future and whether they will achieve their potential. As part of this, young people reported to feel most stressed about whether they will do well at school and in their exams.

4.1.3 Square Table Event

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

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

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

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

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

Local developments, which have significantly influenced the local Emotional Health and Wellbeing agenda include;

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

The Emotional Health and Wellbeing working group have also developed a local, 'Positive Steps to Emotional Wellbeing leaflet' which sets out five positive steps towards emotional wellbeing. The leaflet has been widely distributed and has been championed by schools, colleges and partner organisations including school nurses, CAMHS and educational psychologists. With finances awarded by the Transformation Programme, in Year 1, on the 3rd September, and as an integral part of the primary prevention agenda, a Positive Steps event was hold in Scunthorpe, North Lincolnshire, which aimed to raise the profile of young people's emotional health and wellbeing and engaged in the excess of 400 local young people.

4.1.5 Other forms of Consultation: North Lincolnshire is committed to continually listening to children and young people, parents/carers, practitioners and partner agencies feedback on Emotional Wellbeing and Mental Health Issues for Children and Young People. Feedback is gained and utilised from a variety of sources including complaints and compliments. Regular feedback is received from a variety of networks across health and social care, and an open dialogue between practitioners and the Clinical Commissioning Group, enables feedback to be received on a regular basis.

4.2 Outcomes of Consultation

4.2.1 Young People told us that the Transformation Plan was too long and no accessible to Children and Young People. As such, Children and Young People are working with key professionals to develop a 'User Friendly Version' of The Plan, which involves developing a leaflet which can distributed and promoted amongst the community.

5.0 What do local Services Look Like?

5.1 Strategic Perspective

North Lincolnshire CCG is responsible for the Commissioning of Specialist CAMHS services within North Lincolnshire. This is completed in partnership with the Local Authority, to meet the needs of the local population. In addition formal joint commissioning arrangements are in place between North Lincolnshire CCG and LA to jointly commission a Therapeutic Service for children and young people who have experienced significant trauma.

5.2 Local Services Provision – Mental Health Services

5.2.1 Specialist CAMHS

Specialist CAMHS is currently commissioned by North Lincolnshire CCG and provided by Rotherham and Doncaster Mental Health Hospitals Foundation Trusts (RDASH). A detailed service specification underpins the contract setting out the requirements for the service. As such, the service is commissioned to deliver a wide range of mental health provision, including;

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

5.2.2 Tables 7 & 8 identifies the CCG and LA financial commitment to CAMHS and the associated Whole Time Equivalent (WTE) and skill set available within the service (Table 10). In addition to these figures there is also investment from the CCG and Local Authority make

to meet the mental health and emotional health needs of North Lincolnshire children who are residing out-of-area and bespoke packages of care, for children and young people whose treatment needs fall outside of the routinely commissioned arrangements.

Table 7: Investment into Children's Mental Health Services in North Lincolnshire			
	North Lincolnshire CCG	Transformation Fund – North Lincs. CCG*(See Table 9 for further breakdown)	North Lincolnshire Local Authority
Specialist CAMHS Investment	£1 265 019k	£326 000k	£43 00k
Specialist Trauma Pathway Therapeutic including CSE	£122,000 k		£78 000k
Learning Difficulties and Mental Health Support	Approx. £40k		-

Table 8 - CAMHS Transformation Fund Allocation to Work streams		
Work Area	2015/16 Allocation	2016/17 Allocation Onwards
Primary Prevention – See Page	£33 000	-
Workforce Development – See Page	£75 000	£7000
Improving Access & Supporting Universal Services – See Page	£74 000	£60 800
Eating Disorders – See Page	£81 000	£93 200
Intensive Home Treatment Service – See Page	£38 000	£130 000
Improving Access – Vulnerable Groups - See Page	£40 000	£35 000
Programme Support – See Page	£25 000	-

Table 9 - Key Workforce Data – Specialist CAMHS Work Area – as of 31st October 2016		
Job Role (Alphabetical)	Whole Time Equivalent	Number of Practitioners
Admin / Clerical	4.23	6
Assistant Psychology	2	2
CAMHS Practitioner – Nurse	4	4
CAMHS Practitioner – Social Worker	7.4	8
CAMHS Practitioner – Agency	2	2
Clinical Psychologist	5.66	8
Health Care Support Worker	0.6	1
Psychiatrist	0.8	1
Cumulative Total	26.69	32

5.2.3 In 2009, the local CAMHS service went through a managed period of service improvement whereby waiting lists were greatly reduced and quality improved through the introduction of a Care Partnership Approach (CAPA). At this point, the service changed its Tiered System to become a single service and implement a single point of access. In 2009/10, waiting times for the service reduced to 12 weeks, from referrals to initial assessment, and no internal waiting time have ever been incurred. These waiting times have been maintained and exceed and in 2016, the Key Performance Indicator (KPI) for CAMHS waiting time reduced to 10 weeks or less. Chart 1 identified the waiting times for Specialist CAMHS, illustrating how 95% of all children and young people are seen within 10 weeks or less.

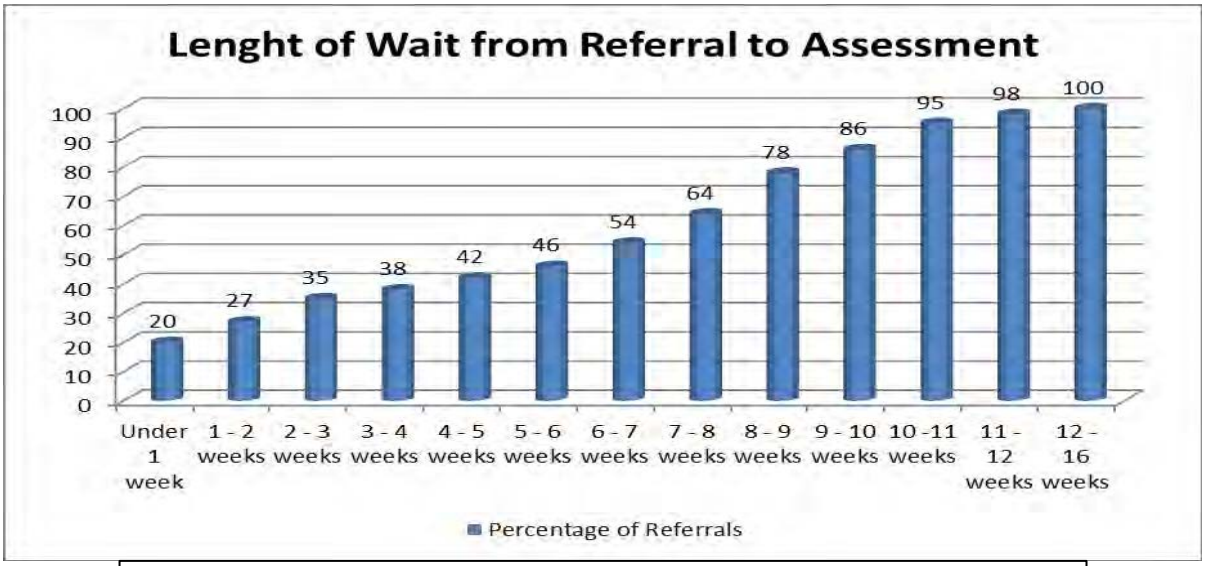
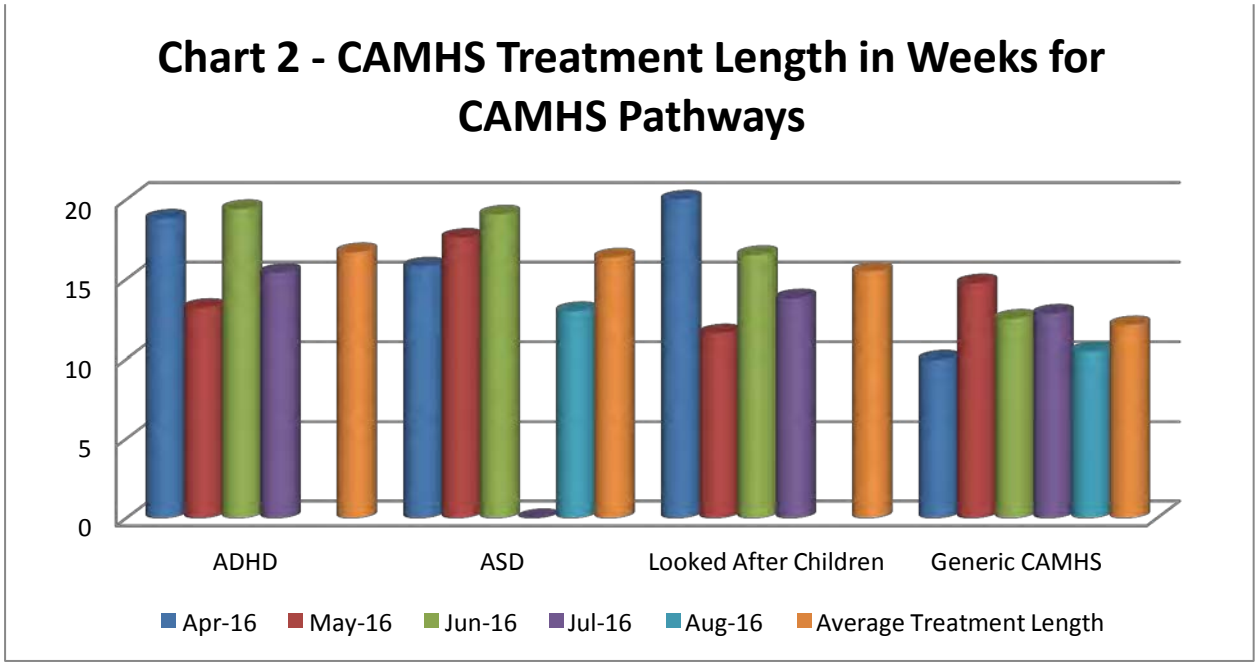


Chart 1 – Length of Wait from Referral to Assessment – Specialist CAMHS (*Source North Lincs. CAMHS Performance Data – Oct 2016)*

5.2.4 The latest Data from CAMHS, illustrated in Table 10, identifies that between April and August 2016, 466 referrals were received. The figures demonstrate how a very small number of families decline assessment, when referred, but does illustrate how a relatively large proportion – between 60 and 25%, are signposted to other services.

Table 10, North Lincolnshire's CAMHS (Main Provider) Activity and Performance 2016/17 data					
Standard and Activity	April	May	June	July	August
CAMHS Referrals Received	92	106	107	96	65
No. of Inappropriate Referrals Received	0	0	1	0	2
No. of Referrals Declined By Family	6	4	1	0	0
Referrals Signposted to Other Services					
Number	35	49	41	24	19
% of all referrals	38	46	60	25	29

5.2.5 Once in the service the below table illustrates how treatment / assessment on the ADHD , ASD pathway and Looked After Children pathway, lasts about 16 weeks with children and young people who have been referred for any other reason spending approximately 12 weeks within the service. Unfortunately, we do not have access to national comparison figures or referral rates, to provide a statistical comparison.



Source: CAMHS Performance Data Set October 2016

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

5.3.1The North Lincolnshire Children and Young People's Mental Health Service (CAMHS has been engaged with Improving Access to Psychological Therapies (Children and Young People IAPT) for numerous years in which the partnership for North Lincolnshire includes Doncaster CAMHS, thus by ensuring economies of scale. North Lincolnshire is part of the North East Collaborative and is a wave 2 site; joining one year after the initial pilot began. The North East collaborative is linked to Northumbria University; any training requirements are facilitated / provided through Northumbria University, with an agreement that some of the training would be provided in York rather than Newcastle to reduce the impact of travel (time for students and cost for the partnerships).

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

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

5.3.3 In 2016/17 the local CAMHS service are planning to further engage with the agenda and support further CAMHS practitioners to undertake;

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

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

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

5.4 Eating Disorders

As part of the first year of the implementation of the first year of CAMHS Transformation Plan, North Lincolnshire worked with Rotherham and Doncaster CCG to commission a Hub and Spoke Eating Disorders model. The service is nearly to full establishment. NICE standards have been able to be met for all children referred however, to date, referrals have been relatively low. An agreed part of the commission is that RDASH subcontract the education and group/low level interventions to South Yorkshire Eating Disorder Association (SYEDA). Work has initially focused on Doncaster and Rotherham and presence and activity

is starting to be built up in North Lincolnshire which should increase all professionals' awareness and increase referral rates.

5.5 Provision for Looked After Children (LAC)

5.5.1North Lincolnshire CAMHS has a strong service for Looked after Children and locally a bespoke developed service has been developed, based initially on a Tiered Foster Care' (TFC) Model. The CAMHS Looked after Children team work closely with the Local Authority Fostering Service, Children in Care Social Work teams and the Health Provision for LAC to provide a Tiered service based on need. Higher need LAC receive intensive and, if required, long term input on a "Team around the Child" basis. LAC with lower needs can be supported through CAMHS via a consultative process. A Mental Health diagnosis is not required for the CAMHS service as the model is based around psychosocial thinking, including the development of attachment relationships and resilience.

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

5.5.5 The CAMHS Psychologists work closely with Social Workers, Fostering Social Workers and Foster Carers to ensure the child is at the center of the service and much of the work aims to develop resilience and attachment relationships rather than a focus on one to one interventions or mental health diagnosis that are not at the heart of the young person's needs.

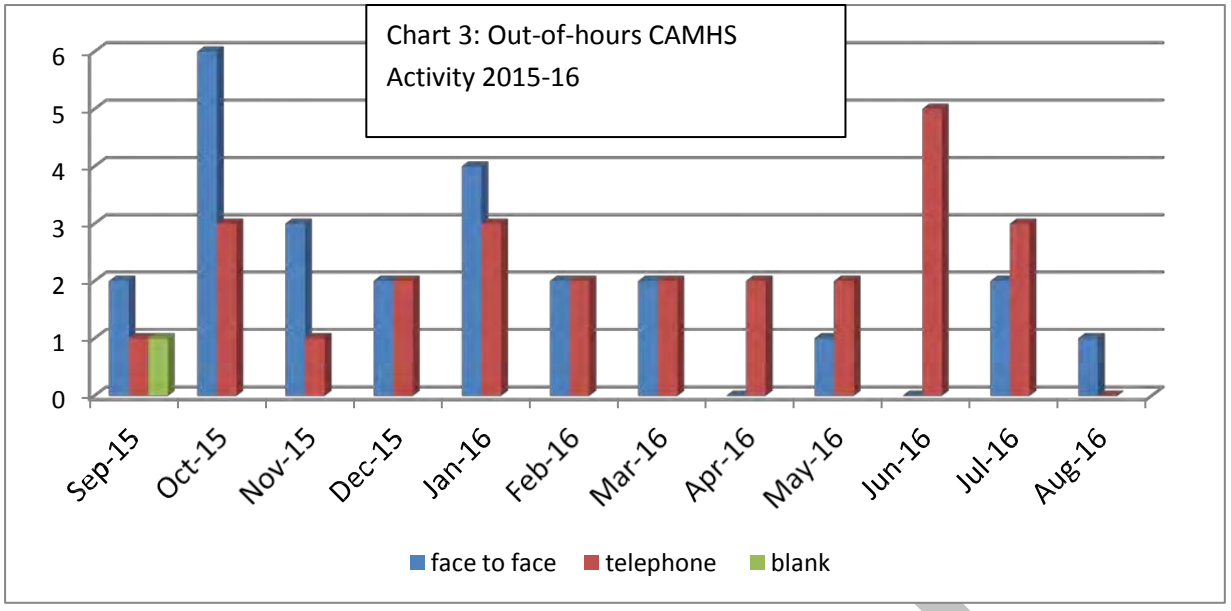
5.6 Youth Offending Services (YOS)

5.6.1 To meet the needs of Youth Offenders a part –time CAMHS worker is seconded within the local YOS. Money from the first year of the transformation plan was awarded to the YOS to train all YOS staff in mental health, within the Young Minds Framework. It is felt that the current mental health worker is under-utilised and performance figures submitted to the CCG often indicate that activity with Youth Offenders occurs within the generic service. As such, a priority area in the action plan is to ensure that the right services for YOS is delivered to the right children at the right time.

5.6.2 Liaison and diversion services for YOS have been embedded into the YOS for numerous years, and a Speech and Language Therapist and a family support worker is commissioned to work in partnership with the team.

5.7 Out –of-hours

In 2012, a joint commissioning arrangement was established with Doncaster and Rotherham CCG in which the service was based on a model of current practitioners adopting an on-call rota. Chart 3 demonstrates the out-of-hours activity for CAMHS in 2015-16. The Chart illustrates the number of telephone calls received to the Out-of-hours service and the number of telephone calls which then resulted, following the telephone assessment, in face-to-face contact. The Chart suggests that in North Lincolnshire the service activity is very small, with some months only 1 telephone call / enquire being received.



5.8 Trauma Based Pathway

5.8.1 To meet the therapeutic needs of children who have experienced trauma a Trauma Based Pathway is jointly commissioned by North Lincolnshire CCG and LA. This service operates a single point of access with CAMHS and does much work in partnership.

5.8.2 The Service consists of a multi-disciplinary team offering a wide range of therapeutic interventions, these include person centred counselling, cognitive behavioural therapy, therapeutic play, play therapy, eye movement, desensitization and reprocessing (EMDR), stress management, psycho-education, creative therapies and dyadic therapy. The service provides evidence based interventions as recommended by NICE guidelines. Therapy is delivered based on completion of a thorough assessment in collaboration with the family which identifies appropriate intervention. The average length of intervention upon completion of therapy was 15 sessions.

5.8.3 In 2015/16 a total 49 referrals were accepted onto the trauma pathway with 46 cases being allocated with an average waiting time of 6 weeks. Of these 93% received an intervention under 12 weeks, 11 cases received a planned closure and 35 cases are on-going. The therapeutic team consists of a Children's Service Manager, Consultant Clinical Psychologist, Lead Therapeutic Practitioner, 3 Therapists, 4 Sessional Therapists and Business Support Officers.

5.8.4 As part of the first year of the Transformation Project this service has been commissioned to expand its CSE training and workforce development activity, whose activity is guided by a detailed service specification.

5.9 Children with Learning Disabilities and Mental Health Needs

5.9.1 Children with Learning Disabilities and Mental Health Needs are met locally, by the CCG commissioning a local private sector company, who specialise in Learning Disability and

Psychology. Referrals go to the single point of access for CAMHS and the service is commissioned on a case-by-case basis. The service provides Psychology interventions within the community and works extremely closely with schools. This commissioning arrangement has been operational since 2014.

5.9.2Within the 2015/16 Transformation Monies, this service was awarded additional support to provide a workforce development and a proactive outreach model into the Special Schools and other support services, and implement an early identification and brief intervention service, with the aim to identify emotional health issues early within the cohort and work alongside the identified champions and school based staff to plan and implement a multi-disciplinary intervention programme (for expected outcomes please see Box 1). This service is currently underway, along with an evaluation of the project.

5.10 Schools Commissioning of CAMHS

In North Lincolnshire schools are also a key commissioner, and provider, to support the emotional health and wellbeing of their students. Locally, schools commission and provide a variety of services including, counseling, training / approaches, such as mental health first aid; mindfulness, thrive etc. Locally, one school (See Box 2 for further details) has recognised the importance of children's emotional health and wellbeing and commissioned a part-time CAMHS practitioner to work within the school.

Box 1 - Expected Outcomes of the Learning Difficulties Project

More children and young people with learning disabilities will have good mental health and increased emotional resilience

More children and young people will be provided with early help, identification and intervention within the community, by a range of skilled professionals

More children and young people with a combination of learning disabilities at both the mild-moderate level and the moderate-severe level will have their emotional wellbeing and mental health needs evaluated and treated in the most appropriate service.

More children and young people in this cohort with learning disabilities and with mental health problems will also have good physical health or their physical health will improve.

More children and young people in this cohort with learning disabilities will have a positive experience of care and support

Fewer children and young people will suffer avoidable harm

Children and young people with learning disabilities will feel involved in the planning, development and evaluation of the services

More staff will be trained within a school setting and within the integrated team in respect of the issues of managing children with a combination of learning disabilities and emotional health issues.

More staff will feel supported and be actively mentored within schools and the integrated team.

Staff will work as multidisciplinary teams and actively case manage difficult cases to obtain the best outcomes for

Box 2- Example of a Secondary School Directly Commissioning CAMHS Services

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

5.11 Child Sexual Assault Referral Centers (SARC)

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

5.12 Tier IV / Hospital Inpatient provision

5.12.1 NHS England commission Tier IV / Hospital Inpatient provision for the population of North Lincolnshire. The below table illustrates how many North Lincolnshire young people were admitted to Tier IV in 2014/15 and 2015/16 and the number of bed days occupied. In additional to this, we know that in 2015/16, the costs of Tier IV for our population was £719, 126 with the average distance from home of these inpatient facilities for those admitted was 45.34 miles.

5.12.2 NHS England has commenced a national Mental Health Service Review and now has an established national Mental Health Programme Board to lead on this process. The Mental Health Service Review will be locally directed and driven so that the services meet

the needs of local populations. Yorkshire and Humber commenced procurement of general adolescent and psychiatric intensive care inpatient services ahead of the national timescales. The way that the procurement is organised will mean that the Yorkshire and Humber area will be divided into three geographical Lots; the first Lot to be procured will be services for Hull, East Riding of Yorkshire, North and North East Lincolnshire. The remaining two Lots are Lot 2; West Yorkshire, North Yorkshire and York, and Lot 3; South Yorkshire. Timescales for these areas are yet to be announced.

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

5.12.4 NHS England is leading a new programme, announced in the Planning Guidance 16/17, that aims to put local clinicians and managers in charge of both managing tertiary budgets and providing high quality secondary care services. Tees, Esk and Wear Valley Foundation Trust was selected as one of the providers selected as the first-wave sites, working towards a go-live date in October 2016 to cover the North East and North Yorkshire. This will provide the incentive and responsibility to put in place new approaches which will strengthen care pathways to:

- improve access to community support
- prevent avoidable admissions
- reduce the length of in-patient stays and,
- eliminate clinically inappropriate out of area placements.

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

5.12.6 Attention Deficit Hyperactive Disorder (ADHD)

The ADHD pathway is a joint pathway between NLaG Pediatric services and RDaSH CAMHS. The ADHD service is under review and this will include a review of all pathways. NICE Guidance has been implemented and is being followed by the service.

5.13 Perinatal Mental Health

Perinatal mental illnesses and existing mental health problems, if untreated, can have a devastating impact on the mother and their families (estimate 210 women for NL). We are looking locally at how best to prevent perinatal mental illness and also how to improve early identification and treatment as we know the detrimental impact of poor maternal mental health on long term outcomes for children and young people. Northern Lincolnshire Maternity Strategy and the Starting Well work stream, both have a focus on perinatal mental illness as we know that when mothers suffer from these illnesses it increases the likelihood that children and young people will experience behavioural, social or learning difficulties and they may fail to fulfill their potential.

5.14 Harmful Sexual Behaviour Support

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

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

5.15 LA Commissioned and Provided Services

In addition to the above a plethora of services either commissioned or provided by North Lincolnshire LA, provide emotional health and wellbeing – please see box ** for further details;

Key Description in relation to support for Emotional Health and Wellbeing	
School Nurses	School Nurses and Health Visitors are commissioned by the LA and offer early help and support on a range of parenting, emotional and mental health issues. Locally the HV's have identified perinatal mental health champions who are key within the local perinatal mental health pathway
Health Visitors	
Education Psychologists	Educational Psychologists - who provide emotional health assessment, treatment and support. They work very closely with CAMHS, school nurses and school staff. Mindfulness from Educational Psychology is being offered to Secondary Schools and colleges. The Educational Psychology service also leads on the Targeted Mental Health for Schools (TAMHS). Over 40 primary schools now access TAMHS training (network meeting or specific training) and 10 Secondary Schools and all 3 colleges have signed up for the Samaritans positive thinking training. A range of Secondary Schools and both colleges have also accessed self-harm training. Schools are also sourcing their own training from independent recommended providers.

Families are Safe, Supported and Transformed (FaSST)	Through FaSST service, North Lincolnshire delivers a range of targeted support and intervention aimed at preventing family breakdown, breaking the cycle of disadvantage and supporting parents and carers to meet the needs of their children within their local communities. The role of FaSST is to: ☐ Offer early intervention and targeted support to children and families to build parenting capacity, promote positive attachment, emotional health and wellbeing ☐ Offer targeted and crisis support to children and young people on the edge of care. ☐ Support the reunification of children returning to the care of their families. ☐ Support children and young people at risk of CSE by providing prevention programmes to children, young people and parents/carers as well as targeted individual and group intervention ☐ Work to identify, support and signpost vulnerable young people to the Outreach Youth provision
Youth Information and Counseling Unit (YICU)	YICU provides a counseling and information service for young people aged 13-25 years. The service also facilitates mediation between adolescents and young adults and their parents/carers
Emotional Health and Wellbeing Teacher	The Emotional Health and Wellbeing teacher supports groups of pupils and schools, settings and colleges to promote positive emotional health and wellbeing. The support includes; ☐ Working with families and schools to promote anti-bullying; ☐ Consultation on curricular opportunities for exploring mental health and emotional wellbeing; ☐ Consultation on and evaluation of current practice and ideas for PSHE and SRE development; ☐ Mini, Buddy, Peer and Ambassador training for education establishments; ☐ Emotional Literacy Training; ☐ Playground games session for Lunchtime Supervisors on mental health and emotional wellbeing; and Development of resources to support professionals in their work and teachers/early-years practitioners in the classroom.
Complex	The Complex Behaviour Team provides support for children and young people with complex needs and learning disabilities. The team offers training, one to one and group work to support parents and carers to developing their confidence in managing their child's behaviour. Support is provided where there is a likelihood of; ☐ family breakdown ☐ a young person being unable to access community resources due to the presenting behaviour

6. Priorities

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

6.2 Since the inaugural publication of the Transformation Plan, much work has been underway with regards to the identified priority areas and local partnership working has been able to further steer and define our objectives and the associated activity. The following section aims to describe North Lincolnshire's priority areas and the associated progress and challenges.

6.3 Since the publication of the plan, work has been underway with local children and young people, trying to describe what the plan means for them. An outcome of this work was that local children and young people didn't like the way in which the first Transformation aligned priority numbers to each of the priorities, as they felt this created an unintended hierarchy. As such, and in this refreshed version, the priority numbers have been erased. In addition, the learning that has occurred within the first year has further strengthened the objectives linked to the priorities.

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

(Please refer to Appendix 3 for a summary of all the actions associated with the Priority Areas)

7. Priority: Primary Prevention

Expected Outcomes:

Raised public awareness of the importance of emotional health in children and young people

Children, young people, parents/carers and professionals will have easy access to reliable, local information

Build individual and community resilience

Long term reduction in the requirement for Specialist CAMHS interventions

Perinatal Mental Health will be effectively promoted and supported/

Children and Young People will develop the necessary skills to enable them to engage positively in society

7.1 Aim: Children and Young People's Emotional Health and Wellbeing will be the responsibility of everyone. Ill-health will be prevented by investing in universal services, supporting families and those who care for children, building resilience through to adulthood and developing and implementing strategies to support self-care

7.2 Why Is this Priority?

7.2.1Future in Mind emphasised how mental health is everyone's business and clearly the importance of early intervention and building resilience, and was echoed within the outcome of the Square Table Consultation Event and the Adolescent Lifestyle Survey. In North Lincolnshire, it is our vision that we want to reduce the likelihood of developing mental health problems but supporting positive mental health and intervening early throughout a child's life-course. In addition to this, we have listened to children and young, who have told us that they want access to trusted information and we have heard the voices of education, who have identified that

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

7.2.3 As described on page 32, on average 39.6% of referrals to CAMHS are signposted to other services, illustrating how some of North Lincolnshire's current pathways which support Early Help, may not as clear to referring services as they could be, professionals feel anxiety with regards emotional and mental health and escalate to specialist services or the referral criteria is not appropriate for CAMHS. As such the current situation is sometimes leading to unnecessary delays

in seeking the appropriate support for children, young people and their families.

7.3 How will we do this?

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

7.3.1 Perinatal Mental Health

Even though much good work is happening in North Lincolnshire, we acknowledge that we do not have access to a comprehensive perinatal mental health pathway whereby parents can have access to Specialist service provision.

We pledge to make sure that this is achieved by 2017, and are working with North East Lincolnshire, Hull and East Riding, to ensure access to a sustainable, specialist service for our local population. In August 2016 North Lincolnshire, joined in partnership with the identified CCG's to submit a proposal for financial support to NHS England. Currently we are awaiting confirmation as to whether the bid has been awarded.

7.3.2 Raise the Profile of Emotional Health of Children and Young People in North Lincolnshire

We aim to raise the profile of emotional wellbeing and reduce the stigma of mental ill-health. In year 1 of the Transformation Plan, much work has been underway to achieve this objective and the excellent Positive Steps Events, supported by the Transformation Plan, enabled a large community event to be facilitated.

In Year 1, we have done much work towards using technology to engage children and young people to build resilience and reduce stigma surrounding mental ill health and have commissioned a bespoke website and an app called, Life Central, which was launched on the 14 October 2010, to offer emotional health and wellbeing support for children and young people across North Lincolnshire. The website, www.life-central.org and app will provide children and young people with a range of information and support including eating well, bullying, exam stress, sexual health and internet safety (see Box - for the aims of the app). The website will provide targeted information and support for parents and carers, and professionals.

Even though the website and app has been launched, the providers of the commission, will continue to work with us to continually evolve the product over the next three years. As such, and as part of the transformation plan, the continually development of this product, will continue to be a priority.

As part of this prioirty we will continue to work with the Youth and Schools Councils to help shape and support any primary prevention activities.

Life Central aims to:

- Empower young people with the provision of information in a young person friendly format to help them help themselves
- Promote self-esteem, good mental wellbeing and resilience and identify positive action to support good mental health and well being
- Offer advice and support to prevent mental health problems from becoming deep-rooted and arising by taking early action with children and young people and empowering parents, carers and professionals
- Help with early identification so children and young people are supported as soon as problems happen to prevent more serious problems developing
- Increase the awareness of mental health issues to address myths and stigma
- Signpost children and young people, and their families to the right services expect as their children grow

7.4 Continued work with schools

7.4.1Why is this a priority?

Schools in North Lincolnshire have a proud history of engaging in the Emotional Health and Wellbeing agenda. However Head Teachers are telling us that there are a plethora of programmes available for them to buy into, and that leadership and guidance is required as to which ones are most effective. Locally, schools have bought in, Mental Health First Aid for Schools, Thrive and Mindfullness in School.

7.4.2 How will we do this?

Within the second year of the project, we will work with Schools to evaluate and provide meaningful guidance around there universal and targeted role within Emotional Health and Wellbeing and will develop best practice guidelines, in terms of schools based commissioning and provision.

This Transformation Plan and the associated governance will oversea the all the Primary Prevention work for Emotional Health and Wellbeing, in North Lincolnshire, and provide the necessary leadership. The Transformation Governance process will continue to analysis local and national data, listen to children, young people and their families, and to ensure the primary prevention strategy is continually response to local needs.

7.4.3 Work across the Early Years and Universal Provision Pathway

Much work is underway developing an early years framework for support parents around infant mental health and parenting. Over the course of the remaining of this plan, we will ensure that we have a long-term sustainable vision, with the appropriate workforce, with the appropriate skills, to offer evidence-driven early intervention packages.

8 Priority: Improving Access & Supporting Universal Services

Expected Outcomes; Reduction in school absence Improvement in Educational attainment Reduction in inappropriate referrals Supported school staff and GPs Improved children and young people's experiences More responsive escalation route Improved child, young people and family experience.

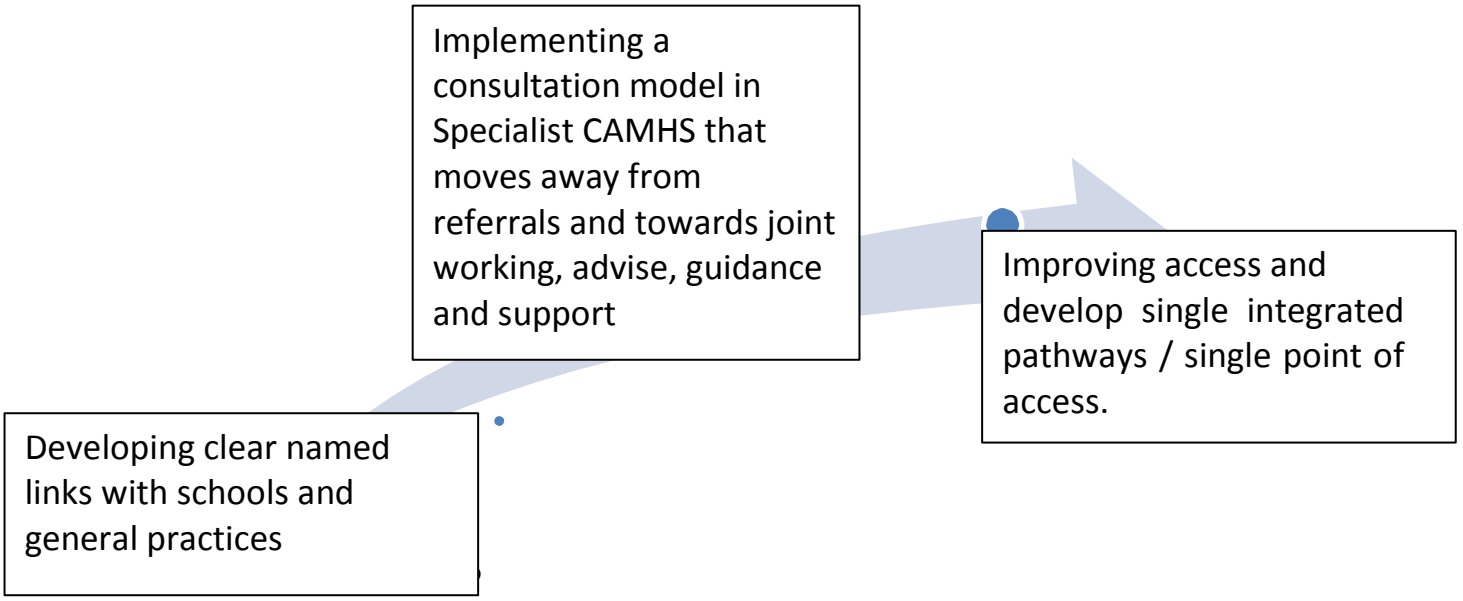
8.1 Aim

To change how care is delivered and build it around the needs of children, young people and their families. We will 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. To facilitate this, through the Transformation monies, there will be greater investment within Primary Care Mental Health Workers, who will sit in CAMHS.

8.2Why is this a priority?

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

8.2.2 In summary this priority area embraces the true transformation agenda associated with Future In Minds and embeds the recommendations from The Thrive Model, described in Section 2.2.2. To achieve the desired model moving forward three interrelating objectives need to be achieved. These include;



8.3 Developing clear named links with schools and general practices.

8.3.1 Schools and GPs told us that they sometimes found it difficult to access advice and consultation from CAMHS. In response to this identified need, each school, academy and GP practice in North Lincolnshire will have access to a named CAMHS professional, in which the CAMHS service will provide proactive advice and consultation to ensure that young people are supported at the earliest opportunity. Through implementing this model, it is expected that in time, no child or young person will be referred into CAMHS without a discussion with the named contact.

8.3.2 The aspiration is that by 2020, all written referrals into CAMHS will be removed and entry into the service comes only through consultation and co-working or self-referral. A further aim of the consultation model is that cases (as appropriate) will be led by the most appropriate person, be this career or professional, supported by the CAMHs worker. In practice this will mean the development of joint assessments, better awareness of roles and responsibilities across the range of services and effective communication.

8.4 Named CAMHS Professionals for Schools 2016 – 17

8.4.1 Each primary and secondary educational establishment will have access to a named CAMHS professional. To facilitate this, in Year 1 of the Transformation Plan, each establishment has been asked to formally nominate a 'Mental Health Champion'. The initial feedback has been extremely positive, with over 50 % of schools providing the necessary engagement within the first month. The programme is adopting a consultation model to its development, with investment being made into effectively engaging mental health champions from the outset and involves them within developing a core offer.

8.4.2 Educational based staff will be supported and enabled through training, proactive advice and consultation to identify mental health problems early to develop an environment that supports and builds resilience. The additional CAMHS staff, working with the educational establishments will reduce the need for referral to specialist services and facilitate earlier interventions, reduction in waiting times and release capacity within specialist CAMHS to concentrate on those with the greatest need.

8.5 Named CAMHS Professionals for GP's

8.5.1 In 2017, following on the introduction of the Liaison and Consultation model with Schools, there will be a phased implement of the model within primary care. Initially during 2016, separate communication will be issued to Primary Care to explain how the consultation Model with schools and other services is envisaged to work, whilst ensuring their views and experiences are used to shape the final model of service delivery. Once this stage is embedded there will be a separate phase of implementation for GPs. It is envisaged that during 2017, there will be a named CAMHS worker for each GP practice. Liaison and information sharing protocols will be developed by the CCG. Information, advice, guidance, training and telephone consultation will be developed by CAMHS (RDASH) to support GPs. In addition, focused work will be done with GPs provide further information about support services matched to children and young people's needs. In 2017, facilitated sessions are planned to take place with GP and partner agencies to work through pathways.

8.5.2 Section 10 describes the workforce development programme associated with the Transformation Programme. Workforce development will be a key feature within the revised CAMHS consultation model and will initially focus upon consultation, mentorship, and universal services working alongside specialist CAMHS clinicians. As this partnership work becomes embedded a picture will be built up over time which will identify any gaps in training. There is commitment that any identified training needs will be met.

8.5.3 Consultation with all other professionals, including Social Workers, School Nurses, Health Visitors etc., will be integral within the revised CAMHS model, complementary to the previously described CAMHS model.

9. Priority: Improve access and develop single integrated pathways / single point of access

Expected Outcomes;

Services will provide timely access for all children

More effective care planning and onward referral to other services, including transition to adults

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

9.1Why is this a priority

As previously described, a relatively high number of referrals to CAMHS are signposted to other services.

9.2 How will we do this?

9.2.1The actions to meet this need are multi-faceted. Work has commenced in 2016 to audit referrals. The revised consultation model should reduce the amount of referrals signposted as practitioners will be encouraged to phone before they refer and as such, children and young people whose needs will be best met by another service will be provided with the appropriate advice. Also, by increasing the referral routes, into CAMHS, it is predicted that primary care referrals will be decrease and education and partner referrals to CAMHS increase.

9.2.2 To ensure that swifter accesses to the most appropriate services are received we work across the North Lincolnshire partnership to further develop referral pathways and processes to ensure that children, young people and their families, receive our ambition of being able to access the most appropriate person, at the most appropriate time and in the most appropriate place. We will also scope the feasibility of implementing a single point of access.

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

9.2.4We will also continue to work with Children and Young People and the Youth Counsel to explore children and young people's perception of access to the service. We will further publicize the self-referral route into the service and complete the identified piece of work, from the Youth Council, which involves videoing a virtual tour of the CAMHS building.

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

9.2.6 Even though performance measures within the CAMHS contact identify that 100% of children and young people who require a transition to adult services have one by the time they are 17 ½ years, local young people are telling us that when they reach 18, they do not feel supported. This feedback was in relation to numerous support services including counseling, trauma-based counseling etc. As such will complete a piece of work, using the regionally developed Transition toolkit, to understand the current position and plan any necessary improvements.

10. Priority: Workforce Development

Expected Outcomes:

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

10.1 Why is this a priority?

Without the workforce with the right skills and competencies, North Lincolnshire will be unable to deliver its objectives within the plan.

10.2 How are we going to do this?

10.2.1 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 and when required, timely onward referral. Even though there are some areas in which formal, teacher led training has been priortised and supported within the Transformation Plan, including Eating Disorders (Section), Learning Disabilities (Section), YOS and Specialist CAMHS staff, the focus on workforce development has changed slightly from its original intention.

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

10.2.3When recruiting Specialist CAMHS staff, to meet the Transformation agenda, local specialist workforce issues came to the fore, and problems in recruiting specialist CAMHS staff were identified. As described earlier, North Lincolnshire geographical location / isolation, is a key factor influencing local recruitment.

10.2.4Long –term workforce development strategy will be developed for CAMHS provision skills. We will learn and embrace local projects who are too looking at ways to enhance local professional recruitment and work closely with key professional groups, including Education Psychology.

10.2.5We will continue to engage with the cIAPT agenda and provide secondment/ workforce development opportunities (for example the social work post within the Intensive Home Treatment Service). To compliment this, we will also continue to stimulate the market and continue to work with third and private sector providers to ensure the local availability of skills. We will also, work across the SDP footprint, and locally with North East Lincs. to determine what collective workforce development activities we can engage with to meet local need.

11. Improve access to specialist CAMHS services especially for the most vulnerable.

Expected Outcomes;

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.

11. 1 Why Is a Priority

In North Lincolnshire we have a successful model of CAMHS support for Looked after Children whereby a bespoke model of practice, based on partnership working, consultation, training and therapy has gained national recognition. We aim to build on this learning and develop further bespoke models of multi-agency practice for other vulnerable groups including, but not exclusive to, children and young people with Learning Disabilities, Autism, Autistic Spectrum Disorder.

11.2 How we will do this

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

11.3 Children with Learning Disabilities

As previously described in Year 1 of the Transformation Plan, money was allocated to develop a bespoke model of outreach was commissioned to run alongside the individual therapy we commission for children and young people. The outcome of the project is expected to be available at the end of summer 2017. At this time we take the learning from the two approaches, the information available within Education Health Care Plans and procure a longer term, sustainable mental health service for Children and Young People with Learning Disability.

11.4 Children with ADHD and / or ASD

Currently we are unsure whether the pathway for children with ADHD and / or ASD and support afterwards, is meeting the needs of this population group. AS such, a priority within this plan is to further understand whether local needs are being met and whether any improvements are required.

11.5 Looked After Children

Even though the model of practice locally, is kite-marked as a model of good practice, it is acknowledged that further evidence and policy and guidance has been being published which may have an impact on local provision. As such, we will continue to review this service in-line with national direction.

This plan also acknowledges that not all North Lincolnshire's Looked after Children reside within North Lincolnshire, with some of our most vulnerable children residing in residential schools out-of-area. Even though locally we place very few children and young people out- of area, compared to regional and national comparators, we will continue to learn and reflect upon whether any further developments are required to further enhance health and social care services.

11.6 Youth Offending – The current YOS and CAMHS arrangement is underutilized. As such, within 2016/17, a revised model of support between YOS and CAMHS will be further developed.

11.7 Children and Young People Who Have Been Bereaved

At the moment it is unknown whether local services for children who have suffered bereavement are currently meeting local need in which local provision is provided by the voluntary sector. Work reviewing single cases has identified that there is a requirement to further understand local provision.

11.8Diversity

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

11.8 Proactive Outreach 2016-17

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

11.9 Improving Children and Young People experience 2015-17

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

North Lincolnshire CCG will ensure that future contracts for providers of service for children and young people will be working towards the implementation of the "You're Welcome Here" criteria over the next four years.

.

11.10 Trauma Focused Theraeutic Sevices for Children and Young People who have been harmed 2015-17

Haven (Action for Children) a local specialist therapeutic service for children and young people who have experienced harm has expanded its remit to include CSE. CAMHS and Haven work in partnership and are members of the Northern Lincolnshire LCSB and part of the local follow up pathway for children and young people where there is suspected or actual sexual abuse and rape (SARC) and this works well. The Haven also currently provides some training for staff working with vulnerable children and young people. The Partnership is reviewing this pathway; and Haven will develop new resources and staff assessment/development themes in relation to Trauma and CSE.

11.12Location-time of services

Delivering services in the right place at the right time, delivered by the right professional is a priority in this plan. We aim to provide services in a number of venues, schools, colleges, community premises, and CAMHS offices. CAMHS (Rash) will deliver services, as required, from flexible community based locations, (including the young person's home when they require an intensive or crisis service), that are accessible and non-stigmatising. The Crisis/Intensive Support services will be offered flexibly as required over 7 days of the week. There will be specific hours for the intensive support team working for the weekend but between the on call service, Crisis, and Intensive Support team a fluid service will ensure the child or young person is cared for at all times. CAMHS professionals are already flexible in other service provision often re-arranging appointments with children and young people to maximize engagement. This flexibility will continue locally.

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

Expected Outcomes;

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.

12.1 Why is this priority?

This priority aims to implement access and waiting time standards for children and young people with an eating disorder (NHS England) regionally in partnership with Rotherham and Doncaster (which gives a total population of approximately 727,000). The need and prevalence within North Lincolnshire is identified in section 5 and although the totality falls below the numbers needed to maintain staff competencies, there is agreement that there is unmet need and thereby identified as a local priority.

12.2 How will we do it?

12.2.1. We have commissioned the existing provider (who currently delivers CAMHS across the three areas), to develop a hub and spoke model which will adhere to NICE concordance treatment recommendations. As such, all children and young people referred for assessment or treatment for an eating disorder should receive NICE concordant treatment within one week, for urgent cases, and within 4 weeks for every other case.

12.2.2. The new service was developed in 2016, and wherever possible maintain children and young people within their local community, networks of support and encourage continuity in their relationships.

12.2.3. As part of the commission, the provider has subcontracted the necessary training for professionals and increase awareness of local care pathways from South Yorkshire Eating Disorder Associated.

12.2.4. Complementing this priority area, we have joined forces with Rotherham and Doncaster CCG to commission an independent evaluation of the model over the first two years. We will continue to work across the partnership to map local usage and to measure and monitor the development of key performance indicators. By 2020 we will have a clear picture of local need and will further develop the model to meet our local need.

12.2.5. Feedback has also been received with regards to transition and young adult's provision to an age-appropriate eating disorders service. As such, we shall work with our adult colleagues to further develop transition arrangements and scope various options of future service delivery, including increasing the age threshold of the service to 25 years.

13. Priority: Crisis and Intensive Community Treatment Service

Expected Outcomes
Improved children and young people 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
Improved children and young people's experience

13.1 Why is it a Priority?

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

13.2 How will we do this?

13.2.1 We will use a significant proportion of the Transformation Monies to commission an Intensive Home Treatment Services. This will be supported by a Crisis Reduction Support

pathway which includes the crisis care concordat interventions when developed and result in a new CAMHs Intensive Community Support and Treatment Service.

13.2.2The development of a Crisis Reduction Support Pathway will include initially the local, new Intensive Community Treatment and Support service, and build on existing CAMHS and adult mental health provision to deliver a 24 hour 7day response to children and young people at risk of admission through the 'access team' (who currently see 16-18 year olds) - with additional 8 am – 8pm capacity for intensive support to prevent/reduce the numbers who may require admission to an inpatient setting. The Crisis Reduction Support pathway will provide a proactive outreach, multi-agency service. The financial investment will develop a service that includes CAMHS and Social Care staff and;

- Improve the liaison with the specialist commissioners and specialised services for young people with emotional, behavioral or mental health difficulties, review and improve the transition arrangements, the way children and young people move in and out of specialised care; This will be achieved through developing local criteria for joint planning for pre- admission assessment and pre discharge planning, based on best practice. This will be supported through a case management approach.

13.2.3 The CCG will commission a liaison professional social worker who will be responsible for providing specialist skills and knowledge, liaison and case management of complex cases between CAMHs, social care, NHS England, adult care, pediatric wards, and A&E and inpatient providers. This post will sit within the core CAMHs provision;

- In response to the announcement of non-recurrent pump prime investment in all age 24/7 liaison mental health services, we will work with adult services to map out the current provision across all ages, which will include the new interface and liaison professional, compare current provision to the model service specification and then commission a service to meet the requirements. The funding has been acknowledged in the tracker under the wider local priority;
- Regionally (as commissioners) we are looking at the provision of suitable accommodation for children and young people who are experiencing crisis and are unable to be at home or with a family member. However, for some children and young people this may not be possible and it is this cohort we are considering here;
- Children and young people in crisis or on the edge of crisis with mental health problems will access this specialist multi-disciplinary Children and Young People Intensive Community Support and Treatment Service which is part of the integrated Crisis Reduction Support Pathway. The service will provide assessment and support with a range of interventions including family and psychological therapies to those children and young people who meet the criteria. The service will operate Monday–Friday 8am–8pm and at least 6 hours over Saturday and Sunday. The CAMHS team will take a proactive outreach approach to working with children and young people;
- Children and young people referred to CAMHS in crisis needing an immediate response, for example, assessment of mental health needs within one hour of presenting in A&E; and children and young people needing intensive support following a crisis or deterioration in their mental health who may otherwise need admission to an in-patient setting; and children and young people who need additional support following discharge from an in-patient setting will be targeted with tailored packages of care from the multi-agency team including social care and

family support, to prevent admission if at all possible. It is envisaged that the team developed will work with a small number of children and young people and their families to not only prevent admission but reduce length of stay;

- Children and young people will wherever possible be maintained within their local community, networks of support and continuity in their relationships will be supported;
- Proactive case management will identify early those young people who may need admission to an inpatient unit and so avoid looking for a bed in a crisis;
- Wherever possible, children and young people who require an inpatient admission will be placed the shortest possible distance from home;
- Funded transport for families, as an integral part of the inpatient treatment package will be explored by the CCG and LA;
- Improvements in the integration and flexibility between CAMHS and adult services will be made to enable admission decisions to be person centered and not necessarily based entirely upon age at presentation.

13.2.4 Furthermore, we will continue to work with our neighbouring CCG colleagues to explore any ways in which further joint working opportunities will improve efficiencies and develop greater sustainable provision.

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

14.1 In addition to our priority areas, the Transformation Plan recognises that the following key areas / 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.

14.2 Collaboration with specialist commissioners and CCG / LA colleagues

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

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

As such, we will ensure children; young people and their families view are used to shape commissioning decisions change.

14.4 Monitoring and Performance

14.4.1 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 on 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.

14.4.2 The benchmark for 2014/15 will continue be used as part of the KPIs within contract and will be used to stretch the number of outcome related measures recorded/reported and the number of children and Young people having measures recorded against the goals to achieve consistent use for all clinicians and families within the service.

14.4.3 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.

14.4.4 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.

14.5.5 Moving forward we are committed to building in children and young people, and their carers/parents experience, into all performance management arrangements and service re-design and evaluation initiatives.

14.5 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.

14.5.1 Workforce

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.

14.5.2 We are working in collaboration with other CCG's to mitigate against the actual and potential risks particularly in relation to recruitment and retention. In North Lincolnshire we have already formed relationships with Rotherham and Doncaster, and there is a commitment from CCG's within the Yorkshire and Humber Strategic Clinical Network to work together. This may take the shape of regional commissioning and/ or time planning of recruitment.

14.6 Provision of Timely and accurate Information

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

14.7Mitigation of Risk

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

14e 3.8 Governance

The Governance connected to this plan fits within the over-arching governance arrangements of the Health and Wellbeing Board and as part of the local commissioning governance structure. The developed governance structure ensures single accountability of key emotional and health being work streams, across North Lincolnshire, and ensures that the local strategic leadership for all Children and Young Person Emotional Health and Wellbeing work in North Lincolnshire.

AppendixA – Chi Mat Prevalence of certain disorders- Extracted from – http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=34&geoTypeId=

Pre-school children

There are relatively little data about prevalence rates for mental health disorders in pre-school age children. The Report of the Children and Young People's Health Outcomes Forum (Department of Health, 2012, p.32) "recommends a new survey to support measurement of outcomes for children with mental health problems. In particular, we recommend a survey on a three-yearly basis to look at prevalence of mental health problems in children and young people. This could build on the work of the survey, 'Mental health of children and young people in Great Britain, 2004'." A literature review of four studies looking at 1,021 children aged 2 to 5 years inclusive, found that the average prevalence rate of any mental health disorder was 19.6% (Egger, H et al, 2006). Applying this average prevalence rate to the estimated population within the area, gives a figure of 1,550 children aged 2 to 5 years inclusive living in NHS North Lincolnshire who have a mental health disorder.

School-age children

Prevalence estimates for mental health disorders in children aged 5 to 16 years have been estimated in a report by Green et al (2004). Prevalence rates are based on the ICD-10 Classification of Mental and Behavioural Disorders with strict impairment criteria – the disorder causing distress to the child or having a considerable impact on the child's day to day life. Prevalence varies by age and sex, with boys more likely (11.4%) to have experienced or be experiencing a mental health problem than girls (7.8%). Children aged 11 to 16 years olds are also more likely (11.5%) than 5 to 10 year olds (7.7%) to experience mental health problems. Using these rates, the table below shows the estimated prevalence of mental health disorder by age group and sex in NHS North Lincolnshire. Note that the numbers in the age groups 5-10 years and 11-16 years do not add up to those in the 5-16 year age group as the rates are different within each age group.

Estimated number of children with mental health disorders by age group and sex

	Estimated number of children aged 5-10 yrs (2014)	Estimated number of children aged 11-16 yrs (2014)	Estimated number of children aged 5-16 yrs (2014)	Estimated number of boys aged 5-10 yrs (2014)	Estimated number of boys aged 11-16 yrs (2014)	Estimated number of boys aged 5-16 yrs (2014)	Estimated number of girls aged 5-10 yrs (2014)	Estimated number of girls aged 11-16 yrs (2014)	Estimated number of girls aged 5-16 yrs (2014)
NHS North Lincolnshire	950	1,350	2,300	635	765	1,400	315	590	905

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG

population estimates aggregated from GP registered populations (Oct 2014).
Green, H. et al (2004).

These prevalence rates of mental health disorders have been further broken down by prevalence of conduct, emotional, hyperkinetic and less common disorders (Green, H. et al, 2004). The following tables show the estimated number of children with conduct, emotional, hyperkinetic and less common disorders in NHS North Lincolnshire, by applying these prevalence rates (the numbers in this table do not add up to the numbers in the previous table because some children have more than one disorder).

Estimated number of children with conduct disorders by age group and sex

	Estimated number of children aged 5-10 yrs (2014)	Estimated number of children aged 11-16 yrs (2014)	Estimated number of boys aged 5-10 yrs (2014)	Estimated number of boys aged 11-16 yrs (2014)	Estimated number of girls aged 5-10 yrs (2014)	Estimated number of girls aged 11-16 yrs (2014)
NHS North Lincolnshire	615	805	440	505	175	300

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

Estimated number of children with emotional disorders by age group and sex

	Estimated number of children aged 5-10 yrs (2014)	Estimated number of children aged 11-16 yrs (2014)	Estimated number of boys aged 5-10 yrs (2014)	Estimated number of boys aged 11-16 yrs (2014)	Estimated number of girls aged 5-10 yrs (2014)	Estimated number of girls aged 11-16 yrs (2014)
NHS North Lincolnshire	295	600	140	250	160	350

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

Estimated number of children with hyperkinetic disorders by age group and sex

	Estimated number of children aged 5-10 yrs (2014)	Estimated number of children aged 11-16 yrs (2014)	Estimated number of boys aged 5-10 yrs (2014)	Estimated number of boys aged 11-16 yrs (2014)	Estimated number of girls aged 5-10 yrs (2014)	Estimated number of girls aged 11-16 yrs (2014)
NHS North Lincolnshire	215	170	190	150	30	25

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

Estimated number of children with less common disorders by age group and sex

	Estimated number of children aged 5-10 yrs (2014)	Estimated number of children aged 11-16 yrs (2014)	Estimated number of boys aged 5-10 yrs (2014)	Estimated number of boys aged 11-16 yrs (2014)	Estimated number of girls aged 5-10 yrs (2014)	Estimated number of girls aged 11-16 yrs (2014)
NHS North Lincolnshire	155	145	125	95	30	50

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

A study conducted by Singleton et al (2001) has estimated prevalence rates for neurotic disorders in young people aged 16 to 19 inclusive living in private households. The tables below show how many 16 to 19 year olds would be expected to have a neurotic disorder if these prevalence rates were applied to the population of NHS North Lincolnshire.

Estimated number of males aged 16 to 19 with neurotic disorders

	Mixed anxiety and depressive disorder (males 16-19 yrs) (2014)	Generalised anxiety disorder (males 16-19 yrs) (2014)	Depressive episode (males 16-19 yrs) (2014)	All phobias (males 16-19 yrs) (2014)	Obsessive compulsive disorder (males 16-19 yrs) (2014)	Panic disorder (males 16-19 yrs) (2014)	Any neurotic disorder (males 16-19 yrs) (2014)
NHS North Lincolnshire	205	65	40	25	40	20	345

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014).
Singleton et al (2001).

Estimated number of females aged 16 to 19 with neurotic disorders

	Mixed anxiety and depressive disorder (females 16-19 yrs) (2014)	Generalised anxiety disorder (females 16-19 yrs) (2014)	Depressive episode (females 16-19 yrs) (2014)	All phobias (females 16-19 yrs) (2014)	Obsessive compulsive disorder (females 16-19 yrs) (2014)	Panic disorder (females 16-19 yrs) (2014)	Any neurotic disorder (females 16-19 yrs) (2014)
NHS North Lincolnshire	475	45	105	85	35	25	735

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014).
Singleton et al (2001).

Autistic Spectrum Disorder (ASD)

A study of 56,946 children in South East London by Baird et al (2006) estimated the prevalence of autism in children aged 9 to 10 years at 38.9 per 10,000 and that of other ASDs at 77.2 per 10,000, making the total prevalence of all ASDs 116.1 per 10,000.

A survey by Baron-Cohen et al (2009) of autism-spectrum conditions using the Special Educational Needs (SEN) register alongside a survey of children in schools aged 5 to 9 years produced prevalence estimates of autism-spectrum conditions of 94 per 10,000 and 99 per 10,000 respectively. The ratio of known to unknown cases is about 3:2. Taken together, a prevalence of 157 per 10,000 has been estimated, including previously undiagnosed cases.

The European Commission (2005) highlights the problems associated with establishing prevalence rates for Autistic Spectrum Disorders. These include the absence of long-term studies of psychiatric case registers and inconsistencies of definition over time and between locations.

Nevertheless the Commission estimates that according to the existing information, the age-specific prevalence rates for 'classical autism' in the European Union (EU) could be estimated as varying from 3.3 to 16.0 per 10,000. These rates could however increase to a range estimated between 30 and 63 per 10,000 when all forms of autism spectrum disorders are included. Debate remains about the validity and usefulness of a broad definition of autism.

The EU definition of rare diseases focuses on those diseases lower than 5 per 10,000. The Commission notes that ASD could be considered as a rare disease using the most restrictive diagnosis criteria but it seems more appropriate to not refer to ASD as a rare disease.

The next table shows the numbers of children with autistic spectrum disorders if the prevalence rates found by Baird et al (2006) and by Baron-Cohen et al (2009) were applied to the population of NHS North Lincolnshire.

Estimated number of children with autistic spectrum disorders

	Autism in children aged 9-10 years (2014)	Other ASDs in children aged 9-10 years (2014)	Total of all ASDs in children aged 9-10 years (2014)	Autism-spectrum conditions disorders in children aged 5-9 years (2014)
NHS North Lincolnshire	20	35	50	160

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014).
Baird et al (2006), Baron-Cohen et al (2009).

Estimated need for services at each tier

Estimates of the number of children and young people who may experience mental health problems appropriate to a response from CAMHS at Tiers 1, 2, 3 and 4 have been provided by Kurtz (1996). A description of the services offered at each tier can be found in the notes section below. The following table shows these estimates for the population aged 17 and under in NHS North Lincolnshire.

Estimated number of children / young people who may experience mental health problems appropriate to a response from CAMHS

	Tier 1 (2014)	Tier 2 (2014)	Tier 3 (2014)	Tier 4 (2014)
NHS North Lincolnshire	5,140	2,400	635	30

Source: Office for National Statistics mid year population estimates for 2014. CCG population estimates aggregated from GP registered populations (Oct 2014).
Kurtz, Z. (1996).

Factors influencing and influenced by mental health

The reasons why a child or young person experiences mental health problems are likely to be complex. However, certain factors are known to influence the likelihood of someone experiencing problems. The information below describes some of these factors.

Children and young people with learning disabilities

People with learning disabilities are more likely to experience mental health problems (Emerson, E. et al, 2008). Estimation of the population prevalence of learning disability is problematic and should be treated with caution. Emerson et al (2011, p.i) estimates that in 2011 there were 286,000 children and young people (180,000 boys and 106,000 girls) aged 0 to 17 in England with learning disabilities. Further Emerson et al (2011, p.3) estimates that 2.46% of girls and 4.01% of boys, aged 7 to 15 years in 2011, were identified at School Action Plus or with a Statement of Special Educational Need (SEN) with a primary SEN associated with learning disabilities. (School Action Plus is used when there is evidence that a child is not making progress at school and there is a need for action to be taken to meet learning difficulties; the school will seek external advice from the LEA's support services, the local Health Authority or from Social Services). In addition, Emerson et al (2004) calculated prevalence in children and young people with learning disabilities for different age groups as follows: 5 to 9 years: 0.97%; 10 to 14 years: 2.26%; and 15 to 19 years: 2.67%. The following table applies these prevalence rates to NHS North Lincolnshire.

Estimated total number of children with a learning disability

	Children aged 5-9 yrs with a learning disability (2014)	Children aged 10-14 yrs with a learning disability (2014)	Children aged 15-19 yrs with a learning disability (2014)
NHS North Lincolnshire	100	210	260

Source: Office for National Statistics mid year population estimates for 2014. CCG population estimates aggregated from GP registered populations (Oct 2014).
Emerson E. at al (2004).

These rates for different age groups reflect the fact that as children get older, more are identified as having a mild learning disability. The Foundation for People with Learning Disabilities (2002) estimates an upper estimate of 40% prevalence for mental health problems associated with learning disability, with higher rates for those with severe learning disabilities. The following table shows how many children with learning disabilities who also experience mental health problems might be expected in NHS North Lincolnshire.

Estimated total number of children with learning disabilities with mental health problems

	Children aged 5-9 yrs with a learning disability with mental health problems (2014)	Children aged 10-14 yrs with a learning disability with mental health problems (2014)	Children aged 15-19 yrs with a learning disability with mental health problems (2014)
NHS North Lincolnshire	40	85	105

Source: Office for National Statistics mid year population estimates for 2014. CCG population estimates aggregated from GP registered populations (Oct 2014).
The Foundation for People with Learning Disabilities (2002).

Looked-after children

Looked-after children are more likely to experience mental health problems (Ford, T. et al, 2007). It has been found that among children aged 5 to 17 years who are looked after by local authorities in England, 45% had a mental health disorder, 37% had clinically significant conduct disorders, 12% had emotional disorders, such as anxiety or depression, and 7% were hyperkinetic (Meltzer, H. et al, 2003).

Variation was shown depending on the type of placement with two-thirds of children living in residential care found to have a mental health disorder compared with four in ten of those place with foster-carers or their birth parents.

Homelessness and sleeping rough

Vonstanis, P. (2002) states that homeless adolescents and street youth are likely to present with depression and attempted suicide, alcohol and drug misuse, and are vulnerable to sexually transmitted diseases, including acquired immune deficiency syndrome (AIDS). Two major studies of this group in London (Craig, T. et al, 1996) and Edinburgh (Wrate, R. et al, 1999) found significant histories of residential care, family breakdown, poor educational attainment and instability of accommodation. These were associated with sexually risky behaviours, substance misuse and comorbid psychiatric disorders, particularly depression.

In a study by Quilgars et al (2011), the estimated number of young people aged 16 to 24 sleeping rough in England in 2008/9 was 3200, giving a rate of 51.3 per 100,000. In a study of 16 to 25 year olds who were sleeping rough in London, Vasiliou (2006) found that 67% had mental health problems. Applying these rates to the population in NHS North Lincolnshire provides an estimate of 10 young people with mental health problems who are sleeping rough.

Suicide and self-harm

Suicide is a complex issue and one which requires further research to understand better the specific risk factors associated with it. Looking at suicides in the UK between 1997 and 2003, one study has made the following observations (Windfuhr, K., 2008):

Three times as many young men as young women aged between 15 and 19 committed suicide

Only 14% of young people who committed suicide were in contact with mental health services in the year prior to their death, compared with 26% in adults.

Looking at the difference between sexes, 20% of young women were in contact with mental health services compared to only 12% of young men

According to ONS, in 2014 there were 476 deaths of 15 to 24 year olds from intentional self-harm or undetermined intent in England and Wales. This is a rate of 6.6 deaths per 100,000 population aged 15 to 24 years.

Self-harm is a related issue:

Levels of self-harm are higher among young women than young men. The rates of self-harm in young women averaged 302 per 100,000 in 10 to 14 year olds and 1,423 per 100,000 in 15 to 18 year olds. Whereas for young

men the rates of self-harm averaged 67 per 100,000 in 10-14 year olds and 466 per 100,000 in 15 to 18 year olds (Hawton, K., 2012). Self-poisoning was the most common method, involving paracetamol in 58.2 % of episodes (Hawton, K., 2012)

Presentations, especially those involving alcohol, peaked at night. Repetition of self-harm was frequent (53.3 % had a history of prior self-harm and 17.7 % repeated within a year) (Hawton, K., 2012). Common characteristics of adolescents who self-harm are similar to the characteristics of those who commit suicide (Hawton, K., 2005)

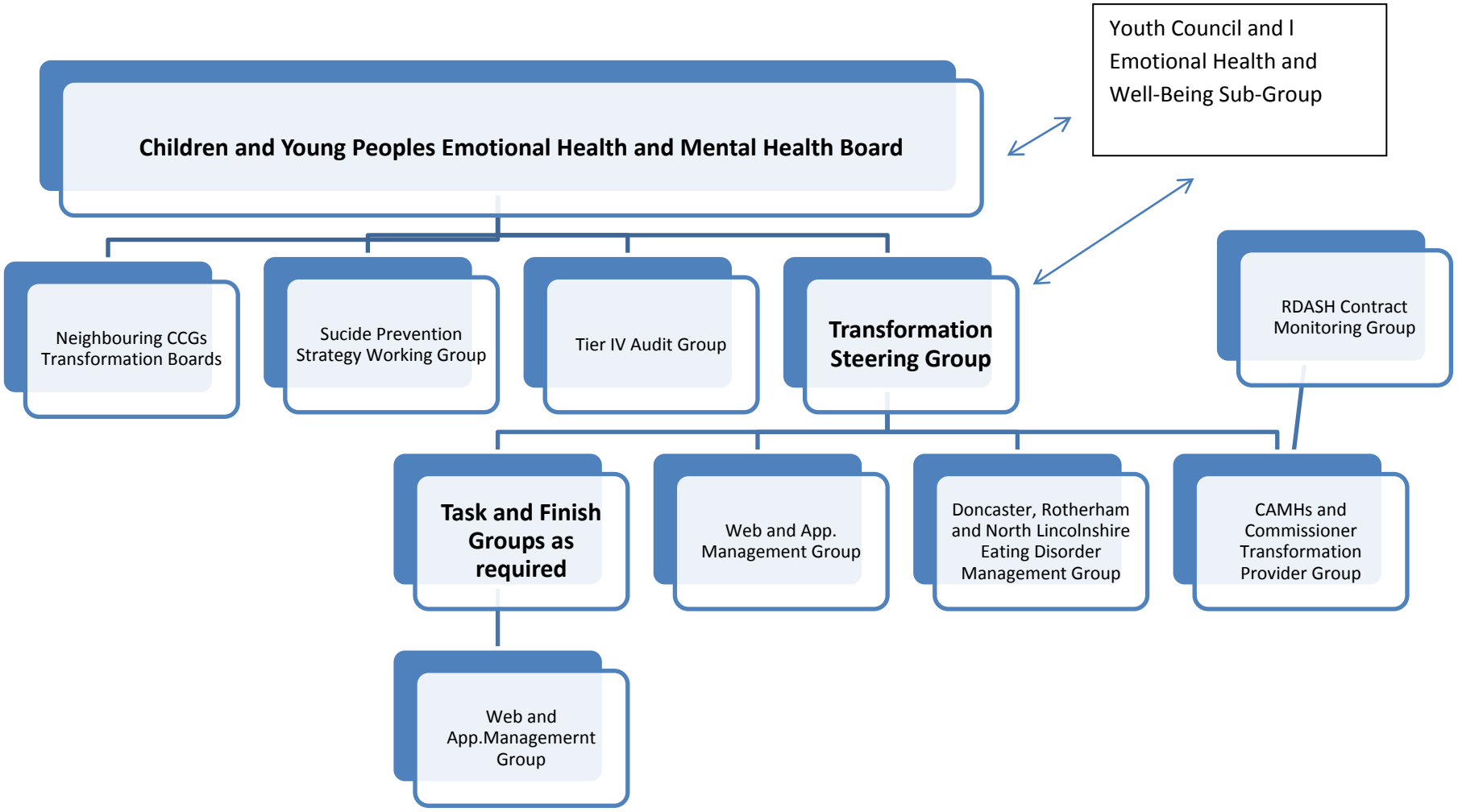
Young South Asian women in the United Kingdom seem to have a raised risk of self-harm. Intercultural stresses and consequent family conflicts may be relevant factors (Hawton, K., 2005)

As many as 30% of adolescents who self-harm report previous episodes, many of which have not come to medical attention. At least 10% repeat self-harm during the following year, with repeats being especially likely in the first two or three months (Hawton, K., 2005)

The risk of suicide after deliberate self-harm varies between 0.24% and 4.30%. Our knowledge of risk factors is limited and can be used only as an adjunct to careful clinical assessment when making decisions about after care. However, the following factors seem to indicate a risk: being an older teenage boy; violent method of self-harm; multiple previous episodes of self-harm; apathy, hopelessness, and insomnia; substance misuse; and previous admission to a psychiatric hospital (Hawton, K., 2005)

Information about hospital admission for self-harm and for mental health conditions is included in our Local Authority Child Health Profiles, available here www.chimat.org.uk/profiles

Appendix B – Revised Governance Structure



Appendix C- Summary of Identified Actions 2015 – 2020 (please note, more detailed action plans are in place for each priority areas)		
Priority	Objective	Actions to achieve
Primary Prevention	Improve Perinatal Mental Health	Submit bid for a hub and spoke model with neighbouring CCGs.
	Raise the profile of Emotional Health of Children and Young People in North Lincolnshire	Continue to work to further develop life-central website
		To continue to work with North Lincolnshire's Youth Council to help shape and support primary prevention
		Champion and hold to account responsible groups throughout North Lincolnshire's health and social care economy to ensure that primary prevention is embedded within all work areas.
		Continue to analyse local and national data, liaise to children and young people and their families to ensure the primary prevention strategy is continually responsive to local needs
	Continued work with Schools	Continue to identify and work with mental health champions for all schools
		Work with Schools to evaluate & provide meaningful guidance around there universal and targeted role within the commissioning and provision of Emotional Health and Wellbeing
	Work across the Early Years and Universal Provision Pathway	Develop a long-term sustainable vision, with the appropriate workforce, with the appropriate skills, to offer evidence-driven early intervention packages
Improving Access & Supporting Universal Services	Developing clear named links with schools	Have a named Mental Health Champion in each Primary and Secondary School.
		Agree clear roles and responsibilities of Mental Health Champions and CAMHS named links into school
		Establish a long-term workforce development plan.
		Use local data, partners experience and children young people and their parent's experience, to evaluate the provision and make

		any necessary developments.
	Develop Named CAMHS Professionals for GPs	Establish a named link between CAMHS and GPs
		Promote the revised CAMHS model with GPs
Improve access and develop single integrated pathway	Understand current position in respect to referrals and signposting	Audit of current CAMHS referrals and development of multi-agency action plan to further develop referral pathways and process.
	Single Point of Access	Scope the feasibility of implementing a single point of access across the health and social care economy and any co-location opportunities.
	Service User Engagement	Continue to work with Children and Young People and the Youth Council to explore children and young people's perception of access services.
	Out-of-Hours	Review out-of-hours provision, working with neighbouring CCG colleagues.
	Transition	Review transition arrangements
Workforce Development	Understand any unmet workforce needs of Universal Services	To build up a picture, over the time, of any workforce development needs of staff engaging with the consultation and advise model, and develop a supportive action plan.
	Specialist CAMHS	Develop a long-term workforce development strategy for Specialist CAMHS staff and explore the opportunities of working within a wider CCG footprint.
	cIAPT	Continue to enable with cIAPT
Improve Access to Specialist CAMHS services – especially for the most vulnerable.	Use data effectively to understand needs and drive forward service improvements	Continually engage with identified vulnerable populations, listen to their experiences and develop our data collection.
	Children with Learning Difficulties	Continue to commission a bespoke model of support for children with learning difficulties until September 2017. Learn from the evaluation of the service and procure a long-term CAMHS LD Model in 2017.

	Children with ADHD and / or Autism	Review the pathway for on-going support for these populations.
	Looked after Children	Continually review in light of developing national policy and evidence base.
	Youth Offending	Review current model of delivery.
	Improve Children and Young People experience	Implement Your Welcome Criteria
	Trauma Focused Therapeutic Services for Children and Young People	Re-procure current service for January 2017
	Young Persons Video	Work with Youth Council Members to develop a video of CAMHS service building.
	Services for Children who are bereaved	Review support services available.
Eating Disorders	Develop Hub and Spoke Eating Disorder Model	Continue to work with Rotherham and Doncaster CCG and effectively contract manage new Hub and Spoke Model of Deliver
		Further develop local transition arrangements.
Crisis and Intensive Community Treatment Service	Develop a Crisis and Intensive Community Treatment Service	Implement and continually evaluate Crisis and Intensive Community Treatment services, working with NHS England and neighbouring CCG, when required.