

**Are  
you OK?**  
keep your  
**MIND** well...

North East Lincolnshire's  
Refresh Transformation Plan  
Children & Young People Mental  
Health & Emotional Wellbeing  
October 2016- March 2018



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## 1. Introduction

This document should be read as an additional supplement to [North East Lincolnshire Council and North East Lincolnshire Clinical Commissioning Groups Transformation Plan 2015-2020](#).

The purpose of this document is to outline the key achievements of our local transformation plan and to detail future areas of focus until 31st March 2018. It is intended that this document will be a live to ensure responsiveness to local and national need.

This transformation plan will support and deliver alongside our local prevention and early help strategy and is integral to the commissioning plan for 0-19 services. As part of this approach in 17/18 NEL will go out to tender for an enhanced CAMHS service which will align mental health and emotional wellbeing services across a comprehensive 0-19 pathway to reduce fragmentation in care across the system and encourage a preventative and early help approach.

As both these work streams will involve further engagement with children, young people, professionals and providers a refreshed plan for 18/19 and 19/20 will be developed to reflect progress and future direction for North East Lincolnshire.

These key strategies aim to reduce the demand for specialist services by preventing children growing up and experiencing complex family issues such as mental illness. We will work towards creating a supportive environment for children and young people which promotes positive mental health and wellbeing by:

- *Empowering children, young people and their families to be resilient and to look after their own mental health and wellbeing*
- *Intervening early in children and young people's lives with appropriate support when issues emerge for children, young people and their families*
- *Ensure local pathways for mental health support are effective across the life course and transitions into service are smooth*
- *Ensure local services are evidenced based, appropriate, accessible and meet the needs of those children, young people and families who need additional support*
- *And finally, Identify the necessary training, skills, knowledge and awareness for staff at all levels so they can support children, young people and their families*

Despite local challenges in locally In terms of increased demand for specialist services and a reduction in budget across children services there has been some good progress made across the pathway which is detailed in the sections below.

## 2. What are the Mental Health Needs of Children and Young People in North East Lincolnshire

### Overview of North East Lincolnshire

In order to commission support services effectively, local organisations need an accurate picture of the needs in their area.

- The total population of North East Lincolnshire (NEL) is estimated at 159,827. The percentage of the local population who are of working age, (16 to 64), is slightly below national and regional comparator estimates at 62.1% (99,276). 18.9% (30,145) of the local population are of pensionable age.
- The most recent population estimates suggest that there are 37,956 children and young people (CYP) aged 0-19 in North East Lincolnshire.
- CYP under the age 20 years make up 23.8% of population in NE Lincs 6.4% of children are from a minority ethnic group.
- Population projections suggest that the under 19 population will actually reduce slightly over the next 25 years
- According to the 2015 Indices of Multiple Deprivation, levels of deprivation are actually increasing and with higher levels of deprivation in North East Lincolnshire there are likely to be higher levels of emotional and mental health needs.
- North East Lincolnshire's Child Health Profile demonstrates that the health and wellbeing of children and young people is generally worse than the picture nationally.

In North East Lincolnshire there are many vulnerable groups within the child population who will have additional mental health needs, it should be noted that children and young people can fall under more than one category listed below:

- 265 children are in care
- 550 have learning disabilities of which approximately 41% will have mental health problems
- 481 children have SEN
- 385 children have ADHD
- 207 children are on the autistic spectrum
- 230 children are NEET
- 441 young people who have offended
- 277 young carers

Source: Chimat, Public Health England, Office of National Statistics, Department for Work and pensions, Department for Education

### Social and emotional mental health in North East Lincolnshire

15.7% of pupils in North East Lincolnshire with an Education Health Care Plan or statement are identified as having Social, Emotional and Mental Health (SEMH) as a primary need compared to 12.3% nationally.

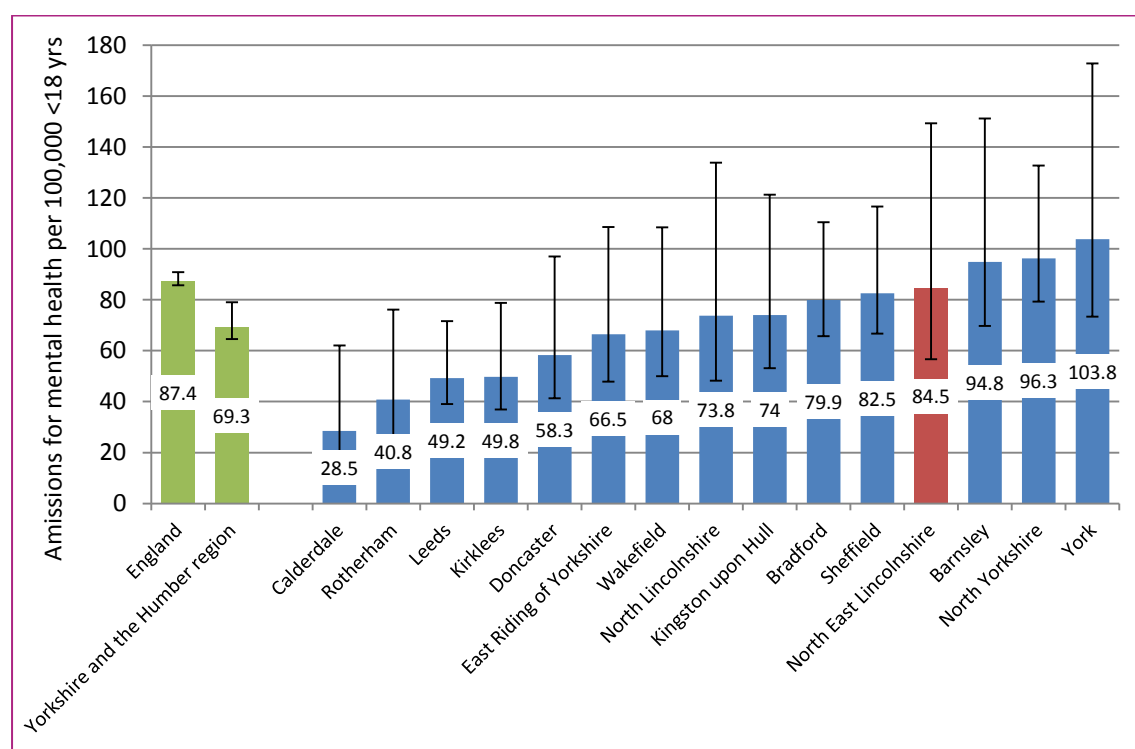
In North East Lincolnshire 8.7% of pupils with this primary need are at School Support and 13.7% nationally.

As a response to the additional needs of children and young people in North East Lincs with Social Emotional and Mental Health needs the LA have appointed a Specialist Teacher for SEMH from September 2016. Her role is to work with schools and settings providing strategies and advice whilst liaising with the wider available support in our local area to improve outcomes for children with SEMH needs and their families.

### Hospital admissions for mental health disorders

North East Lincolnshire has the second highest rate of hospital admissions for mental health disorders in children and young people (aged under 18) in the Yorkshire and Humber region. With a rate of 84.5 inpatient admissions for mental health disorders per 100,000 population in 2014/15, the rate is lower than the England average of 87.4 and the Yorkshire and Humber average of 69.3. Figures for all the local authorities in the Yorkshire and the Humber are shown in the graph below.

Child admissions for mental health, rate per 100,000 aged 0-17 years, England, Yorkshire and the Humber, and local authorities in the Yorkshire and the Humber, 2014/15:



Source: Public Health England

### Prevalence estimates for mental health disorders

The eight tables below show estimates of children with mental health disorders in North East Lincolnshire. 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. All data

were sourced from the National Child and Maternal (ChiMat) Health Intelligence Team which is part of PHE.

Prevalence estimates for mental health disorders in children aged 5 to 16 years have been estimated in a report by Office for National Statistics (ONS). 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. Nationally 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 North East Lincolnshire.

Estimated number of children with mental health disorders by age group and sex, 2014, North East Lincolnshire:

	5 to 10	11 to 16	5 to 16
<b>Children</b>	980	1,340	2,320
<b>Boys</b>	655	745	1,395
<b>Girls</b>	325	600	925

Source: ChiMat

Estimated number of children with conduct disorders by age group and sex, 2014, North East Lincolnshire:

	5 to 10	11 to 16
<b>Children</b>	635	805
<b>Boys</b>	455	495
<b>Girls</b>	185	310

Source: ChiMat

Estimated number of children with emotional disorders by age group and sex, 2014, North East Lincolnshire:

	5 to 10	11 to 16
<b>Children</b>	305	605
<b>Boys</b>	145	250
<b>Girls</b>	165	355

Source: ChiMat

Estimated number of children with hyperkinetic disorders by age group and sex, 2014, North East Lincolnshire:

	5 to 10	11 to 16
<b>Children</b>	220	165
<b>Boys</b>	195	145
<b>Girls</b>	30	25

Source: ChiMat

Estimated number of young people aged 16 to 19 with neurotic disorders, 2014, North East Lincolnshire:

	Males	Females
<b>Mixed anxiety and depressive disorder</b>	200	460
<b>Generalised anxiety disorder</b>	65	45
<b>Depressive episode</b>	35	100
<b>All phobias</b>	25	80
<b>Obsessive compulsive disorder</b>	35	35
<b>Panic disorder</b>	20	25
<b>Any neurotic disorder</b>	355	710

Source: ChiMat

Estimated number of children/ young people who may experience mental health problems appropriate to a response from CAMHS, 2014, North East Lincolnshire:

Tier	Number
<b>Tier 1</b>	5,150
<b>Tier 2</b>	2,405
<b>Tier 3</b>	635
<b>Tier 4</b>	30

Source: ChiMat

Estimated total number of children with a learning disability, 2014, North East Lincolnshire:

Age	Number
5 to 9 years	100
10 to 14 years	195
15 to 19 years	255

Source: ChiMat

Estimated total number of children with learning disabilities with mental health problems, 2014, North East Lincolnshire:

Age	Number
5 to 9 years	40
10 to 14 years	80
15 to 19 years	105

Source: ChiMat

### Self-harm in Children and Young People

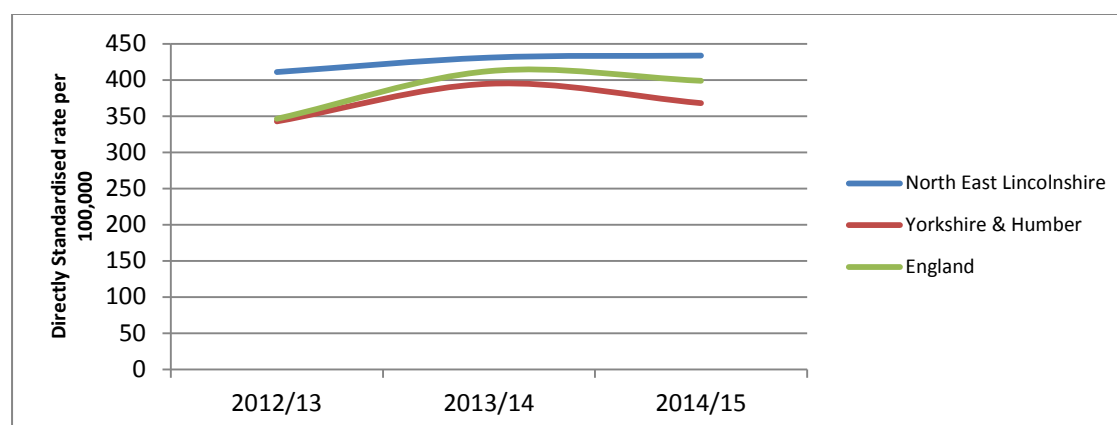
Self-harm is a sign of serious emotional distress. Nationally, there are an estimated 300,000 attendances at A&E for self-harm each year, and it is believed that this represents only a small proportion of self-harming in the community and the related health and well-being burden of self-harm.

Significant local authority and NHS resources are required for mental health promotion, prevention, early intervention, and to deal with the assessment and management of self-harm. With the risk of death by suicide being considerably higher among people who have self-harmed, and with high rates of mental health problems among people who self-harm, it is essential that services address the experiences of care by people who self-harm (Department of Health, 2014).

The trend presented in the graph below of admissions for self-harm admissions among young people shows that the rate in North East Lincolnshire has consistently been greater than Yorkshire and Humber and England rates. Previous years pooled data shows that the admissions for self-harm have rose considerable since 2008/09 – 2011/12.



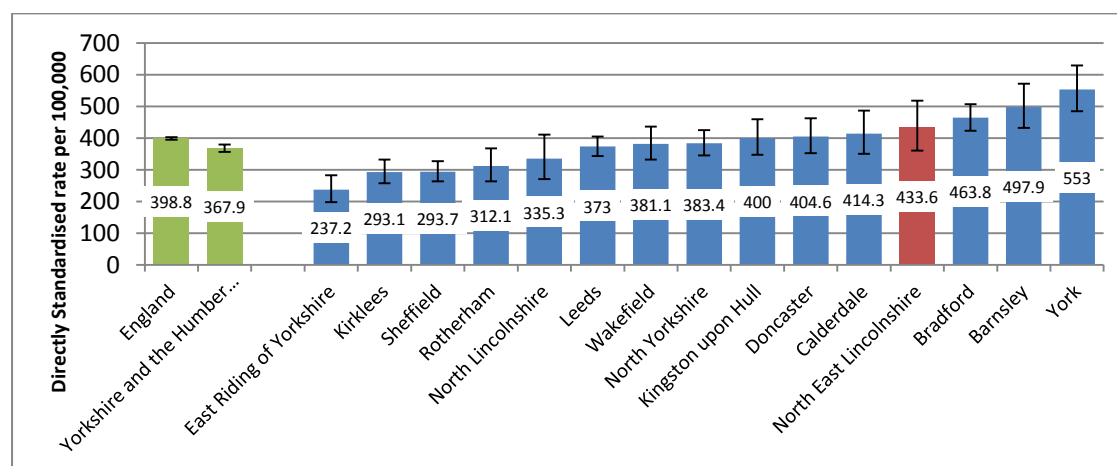
Directly standardised rate of finished admission episodes for self-harm per 100,000 population aged 10-24 years, for England Yorkshire and Humber and North East Lincolnshire, 2012/13, 2013/14 and 2014/15:



Source: Public Health England

Data presented in the graph below shows that North East Lincolnshire has the fourth highest rate for hospital admissions of young people for self-harm in the Yorkshire and Humber region, with a rate of 433.6 per 100,000 population which is significantly higher than the regional rate of 367.9 per 100,000.

Directly standardised rate of finished admission episodes for self-harm per 100,000 population aged 10-24 years, for Yorkshire and Humber region, 2014/15:



Source: Public Health England

Analysis of pooled data supplied by the Public Health England, Northern & Yorkshire Knowledge & Intelligence Team for the period 2011/12 to 2013/14, determined that there were 1087 emergency hospital admissions for intentional self-harm defined by external cause codes (ICD10 X60-X84). Of these admissions, 43.7 % (n=464) were of males, and 57.3% (n=623) were of females. The distribution of these admissions by age group is presented in the table below and shows that 37.6% of all emergency hospital admissions for intentional self-harm were of young people.

Emergency hospital admissions for intentional self-harm defined by external cause codes (ICD10 X60-X84) and by age group, North East Lincolnshire UA, 2010/11 to 2012/13:

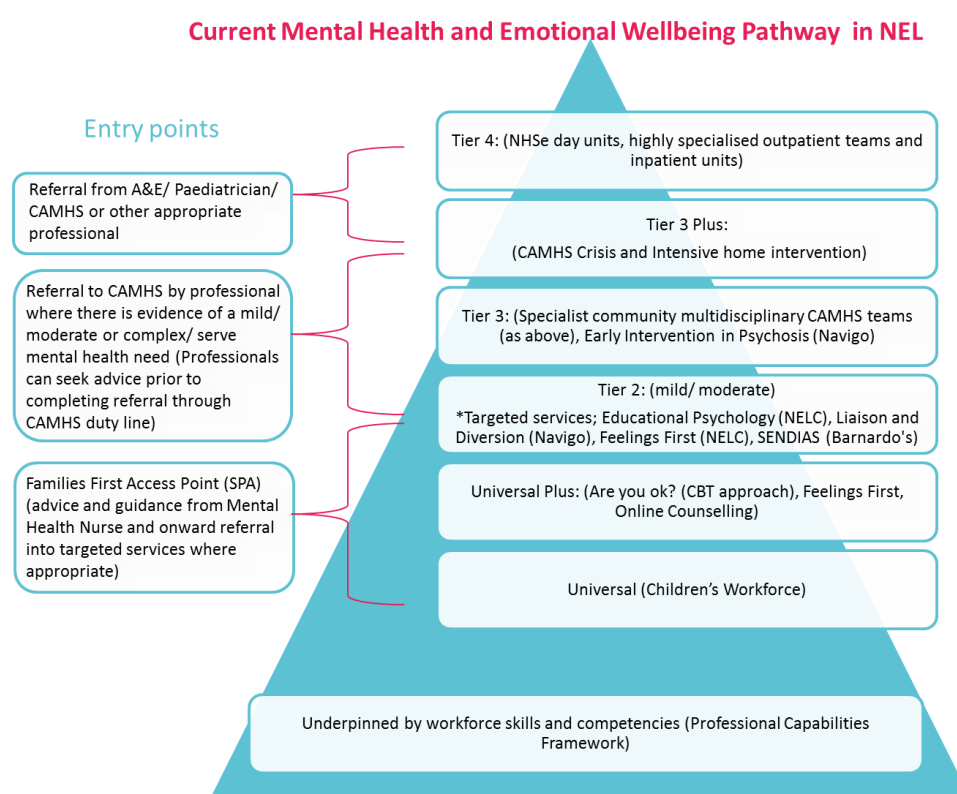
Age	Percentage of admissions
<=24 years	37.6%
25-34 years	24.0%
35-54 years	30.1%
>=55 years	8.3%

### 3. Current Service Offer

Over £2 million per year is spent in North East Lincolnshire to deliver children's mental health services. The current CAMHS model was procured in 2013 and operates on a four tier framework (known as comprehensive CAMHS). Our prevention and Early Help strategy has adopted the concept of the child concern model but that there is a clear interface between both approaches and this has been integrated into our local model.

However, we recognise there has been significant changes in government policies and strategies during the last 3 years in particular the ambitions outlined in [Future in Mind](#) and the [Five Year Forward view for mental health](#). As an area we therefore want to respond to these aspirations by reviewing the current offer to ensure all children and young people in North East Lincolnshire can access the support and treatment they need in a timely and integrated manner, so that they have the best chance in life.

The diagram below demonstrates the current CAMHS offer represented in Tiers. However, NEL CAMHS have moved away as such from a tiered model and offer a service which is focused on defined packages of care that are appropriate to age, development and presentation/diagnosis and that are culturally competent and are delivered within family contexts.



As such care is delivered through robust, integrated Targeted and Specialist provision (Tiers 2 to 3 plus), with an agreed step up and step down model with highly specialised Services (Tier 4), this is monitored through routine measurement of outcomes.

NEL CAMHS provide client support through there service for those young people with additional vulnerabilities these include those CYP with learning disabilities, looked after children, CYP in the criminal justice system, CYP who misuse substances and those in

alternative provision (Pupil Referral Units). NEL CAMHs provide a range of interventions and support appropriate to the targeted group both.

Assessment and diagnosis of autistic spectrum conditions for children and young people is undertaken by a multi-disciplinary panel which includes CAMHs involvement. Post diagnosis support is provided through accredited targeted parenting programmes, inclusion support workers linked to school localities and a small number of specialist units within mainstream schools

### **Universal (Level 0 'no concerns are raised')**

Services available to all children and young people, which are provided by Primary Care and universal service professionals . These services recognise the importance of emotional health and own role in promoting this.

### **Universal Plus (Level 1 'low level concerns are starting to be raised')**

Services available to children and young people where an early problem or issue may have been identified able to assess for signs of emotional ill health and know when to ask for advice from specialist services .

### **Targeted (Level 2 'low level concerns identified')**

Services for those experiencing mild- moderate mental health problems, which are provided by trained specialists in community and primary care settings and training to practitioners at universal/ Tier 1 level.

### **Tier 2+/ 3 ('higher level concerns are starting to be raised')**

Core team or specialists make up a multi-disciplinary team. They offer a specialised service for those with more severe, complex and persistent mental health needs E.g Eating Disorders, Self-Harm, Early Intervention in Psychosis

### **Tier 3 Plus or Specialist (Level 3 'higher level concerns are starting to be raised mental health emergency or urgent threat to life')**

Crisis and intensive home treatment service provides a 24/7 facility that includes emergency and urgent assessments for children and young people in crisis and brief intensive home-based treatment to manage crisis and relapse.

### **Tier 4 or Specialist (Level 4 'high level concerns identified')**

Services for those with the most serious mental health problems. This can include day units, highly specialised outpatient teams and inpatient units. NHS England commissions this Tier.

### ChiMat estimates for support at for each Tier (Tier 1-4)

The table below represents estimates of CYP in NEL who would require support at each of the tiers. Activity for 2014/15 and 2015/16 has been mapped where possible against the tiers to show numbers of Children and young people who are accessing support.

Tier	Expected prevalence	CYP Activity Data 2014/15	CYP Activity Data 2015/16	Comments
1	5,150	Not known	125	New Tier 1 programmes commencing in 16/17
2	2,405	1610	1671	Difficult to break down due to block contract with CAMHs
3	635			
4	30	≤5	≤5	

This table further supports the need target more CYP at a prevention and early help level and supports the approach we are developing locally. Although this identifies gaps in the number of children and young people getting the sufficient support they need this is not an unusual situation and mirrors national trends.

## 4. Where are we now?

### Universal Plus/ Targeted Mental Health Services

#### Feelings First

Feelings First, formerly Access Partnership has been supported by transformation funds to rebrand and extend the service to a broader age range to offer a service from universal plus support to those YP with mild mental health concerns. This extensions attempts to bridge the gap where there is an emotional need and the CYP does not meet the criteria for CAMHs.

Dedicated support can also be purchased by schools as part of a service level agreement which supports the adherence of the [DfE guidelines for counselling in schools](#).

The service is open to CYP age 4-25 living in and/or being educated in North East Lincolnshire. the service offers:

- Counselling
- Therapy
- Support
- Training
- Supervision
- Family mediation.



#### Online counselling service

We have recently completed the procurement for an Online Counselling Support Service for children and young people in NEL who are aged 11-25 years that have emotional or mental health concerns. Recognising that the limited capacity of the Feeling First programme to meet the need of all young people as a Tier 1/ 2 level as detailed on page 12 (*ChiMat Estimates for support at each Tier (Tier 1-4)*)

In line with feedback from CYP and professionals this digital approach will facilitate extended provision for mental health and emotional wellbeing through an online service which will be available to CYP 11-15 years, 7 days a week, 365 days a year until 10pm. It is anticipated the service will be up and running by the 1st December 2016.

A digital approach will also help to tackle the stigma associated with physically accessing a mental health service by offering support online. Service pathways will be developed to ensure that where a young person is in crisis or needs a specialist service that CYP will be directed to services which enhance this approach.

## Targeted/ Specialist Mental Health Services

### CAMHS activity

- 2015/16 1993 referrals were received (1021 individual patients)
- This an increase of referrals since 2014 ((2014/15 1962 referrals were received (1015 individual patients))
- The highest number of referrals were in ages 14-16 year olds
- similar proportions of males (50%) and females (50%) are in contact with the service

### Care Options

The table below shows the number of young people assigned to a care option, with the majority of referrals assigned to the NEL Intake team (1180). Intake team referrals refer to initial referrals where eligibility for CAMHS is determined. All other care options relate to a care pathway.

Total number of referrals to CAMHS for each care option, 2014/15 and 2015/16:

Care Option	2014/15	2015/16	% difference
INTAKE TEAM	1067	1180	10.6%
CORE	426	348	-18.3%
TIER 3 PLUS	205	249	21.5%
CORE (GROUP)	123	89	-27.6%
LAC TEAM	62	54	-12.9%
ADHD TEAM	44	37	-15.9%
LD TEAM	35	36	2.9%

Source: Lincolnshire Partnership Foundation Trust

### Referral Reason

The referral reasons with the highest number of referrals to the CAMHS Intake team were for behavioural problems, self-harm and anxiety. Attempted suicide has doubled in the number of referrals since 2014/15, and suicide risk has increased by 65%, it should be noted that this may have been a consequence of a serious incident in the area in 2015/16.

### Referral Outcome

There were 686 eligible intake referrals, with most (329) eligible referrals referred to the NEL core team routine. 41.9% of referrals were deemed ineligible for CAMHS, 54.7% of these ineligible referrals were due to behavioural problems.

## **Waiting times**

In 15/16 100% of appointments received an appointment with the 12 weeks of CAMHS receiving the referral.

## **Tier 3 Plus**

Following a service redesign in 2013, the Tier 3+ service, a crisis and intensive community home treatment provision, was established within the North East Lincolnshire Child and Adolescent Mental Health Service (NEL CAMHS). The Tier 3+ model provides a flexible 24/7 service for children and young people in crisis. The service aims to prevent inpatient admission by positively managing risk and crisis via brief intensive home-based treatment. Where necessary the service also supports young people to transition between Tier 4 CAMHS back into the community.

The CAMHS T3+ service operates a system for prioritisation by classifying referrals as either emergency or urgent.

In summary the primary benefits of the Tier 3+ service are:

- Improved health outcomes for children by treating them at home
- Reduced the dependence of patients and family on inpatient services
- Reduced Tier 4 admissions
- Reduced out of county expenditure for commissioners

It is clear from the reduction in Tier 4 placements (see page 20) over the last three years from CAMHS for Children and Young People in North East Lincolnshire that the Tier 3+ service is having a significant impact on reduced admissions.

Full research review of CAMHS NEL Tier3+ service has been undertaken during 15/16 & 16/17 and findings included:

- The most common presenting difficulties were self-harming behaviours and mood disorders.
- Young people with severe mental health needs can be treated successfully within the community
- Literature suggest that community crisis and intensive home treatment services (such as the Tier 3+ service) do not replace existing Tier 4 in-patient facilities but have the potential to provide effective alternatives when resources are increasingly scarce.

NEL CAMHS has also be invited to share their successful model as part of a NHSe national conference and have been nominated for numerous awards.

## **Learning Disabilities**

North East Lincolnshire is part of the [Humber Transforming Care Partnership](#) and as a wider Humber footprint commitment has been made to transforming care and services for people with a learning disability and/or autism, especially those who also have, or are at risk of developing, a mental health condition or behaviours described as challenging. This includes people of all ages and those with autism (including those who do not also have a learning



disability) as well as those people with a learning disability and/or autism whose behaviour can lead to contact with the criminal justice system.

This three year transformation plan is written in response to Building the right support and the national service model published in October 2015, which set out a national vision for a radical shift in the delivery of care and support for people with learning disabilities and/or autism.

Our vision is underpinned by the nine principles of 'Building the Right Support'. The Transforming Care Partnership is committed to improving safe care and treatment to make sure that Children, Young People and Adults with a learning disability and/or autism have the same opportunities as anyone else to live satisfying and valued lives and are treated with dignity and respect. Working on a wider footprint has increased scope for economies of scale and greater opportunities for learning from the experience of other areas and organisations.

### **Early Intervention in Psychosis**

NEL CAMHS work closely with the Early Intervention in Psychosis (EIP) Team which is situated with the adult mental health provider in NEL Navigo. The EIP team has staff within it that have the expertise and experience of providing support to children and young people. NEL Early Intervention Team is for people between the ages of 14 and 35 who experience a range of emotional and psychological difficulties which could include psychosis. The main purpose of the service is to help young people resolve some of the emotional and psychological difficulties they experience, and to help them get on with their life again as soon as possible.

- In 2014/15 30 young people under the age of 18 access EIP , 11 of these were accepted into the service
- In 2015/16 41 young people under the age of 18 accessed EIP, 25 of these young people accepted into the service.
- In 2015/16 there were 27 young people who were active in the service

The service has a targeted to see and assess individuals within 2 weeks of receipt of the referral and will provide up to 3 years care coordinated support, EIP work closely with CAMHS and Tier 4 provision to escalate or de-escalate cases to ensure coordination of care.

Where a service user is crisis the service will work in collaboration with the Mental Health Crisis/Home Treatment Team with support being offered from the team at a mutually agreed level.

The provider is working towards the principles outlined in the [EIP access and waiting time standards](#) and has clear transition pathways from children's services into adult services .

### **Liaison and Diversion**

Liaison and Diversion is a NHS England funded project to address health inequalities for vulnerable people who enter the criminal justice system.

The service identifies need and then signposts and offers support for people to engage with the services who can meet them. The service is all age and all vulnerability therefore we currently work with all people who are over the age of criminal responsibility.

The service has close links with North East Lincolnshire Council Youth Offending Team and have seconded staff into the Liaison and diversion service to meet the needs of younger people.

- 2014/15 – 12 referrals , 5 referrals accepted into service
- 2014/15 – 2 active cases
- 2015/16 – 33 referrals , 24 referrals accepted into service
- 2015/16 – 22 active cases

During Summer 2016 our local programme has been reviewed to integrate a North Lincolnshire and North East Lincolnshire Liaison and Diversion programme.

### **Community Eating Disorders : Children and Young People**

In North East Lincolnshire we have very low level of referrals for eating disorder to CAMHs services

- Mean incidence of 7 referrals to CAMHs (13/14,14/15 & 15/16). It must be noted that this figure also includes CYP with obesity related disorders.
- Mean incidence of 7 referrals to AMHs (provided by NAVIGO) for those young people 17.5- 18 years (14/15 & 15/16). This figure also includes CYP that have transitioned from CED CAMHs to AMHs.
- During the last two years 14/15 & 15/16 there has been no Tier 4 inpatient admissions for Eating Disorders

As part of the transformation plan we have established a task and finish group who meet on a timely basis to analyse local trends in eating disorders. We are currently undertaking an analysis based on prevalence and incidence to estimate when we would expected to see an increase in demand, so investment can be aligned accordingly.

The task group have also highlighted that there may be an under representation of eating disorders in North East Lincolnshire and are planning workshops to raise the awareness of eating disorders in key CYP settings, this will be implemented and complete by 31st March 2017. The aims of these workshops are as follows:

- Children, young people, their families and carers know how to ask for help in their local areas
- Professionals and parents have better knowledge of how to recognise eating disorders and how to access appropriate care when needed

Lifestyle services have also created a training programme to cover the topic area of promoting positive body image, to raise self-esteem and build resilience of CYP.

In partnership with Lincolnshire County Council we will continue to forge relationships to ensure that the CEDS-CYP has the appropriate capacity and skill-mix to meet the [Access and Waiting Time Standard](#). The current specification which Lincolnshire Partnership Foundation

trust is compliant with NICE-concordant treatment and care via a trained, appropriately supervised and supported team.

As NEL CAMHs is a small team and CEDS is delivered as part of the crisis and home treatment service (Tier 3+) we are working towards integrating the offer into the Lincolnshire Hub, to create a hub and spoke model. Lincolnshire CAMHs and NEL CAMHs meet regularly as transformation champions.

## Self-Harm

In agreement with NHSe in 15/16 for NEL we agreed to divert a proportion of the monies towards reducing incidences of self-harm prevention and crisis support as these areas impact significantly on CYP in NEL as outlined on page 7.

We have incorporated training for self-harm and suicide as part of the mental health training offer locally to upskill the children's workforce so that they can recognise signs and symptoms and signposting accordingly to information or services. Feedback from staff has been very positive.

"This training enhanced my skills and understanding why people self-harm"

"Gave me the time away from desk to learn in detail about myself and others in a safe supportive environment"

"I immediately recalled the training during a visit to a young person who was clearly in a crisis"

No. of attendances on Self-Harm and suicide prevention:

Course	No. of staff attending 15/16	No. of staff attending 16/17 (30/09/16)	Total
<b>Self-Harm-UK*</b>	68	48	116
<b>SafeTalk*</b>	24	24	48
<b>Self- Injury</b>	15	27	42
<b>CBT Essentials</b>	15	27	42
<b>Asist</b>	59	38	97
<b>Self- Harm &amp; Suicide Prevention (replaces *)</b>	N/A	6	6
<b>Grand Total</b>	181	170	351

## **Suicide Prevention**

As part of this work theme we have also linked in with the suicide prevention strategy activities include:

- Oasis Academy Immingham hosted a suicide prevention week which included presentations, workshops and training for the school, parent/ carers and also support services from across the borough.
- GPs across North East Lincolnshire have received an information pack on suicide prevention which included information for low level mental health and emotional wellbeing.
- A local critical incident response team has been formed and an accompanying guidance document created for schools.
- CAMHS referral forms have been amended to include additional screening questions for suicide risk factors to identify any at risk to CYP when referred.

## **CAMHS Tier 4**

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

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

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.

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 identified lead commissioners in Y&H to ensure that CAMHS Service Review and local plans link 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.

#### **CAMHS Tier 4 Activity: 2014/15**

<b>2014/2015</b>								
<b>NEL CCG</b>	<b>Adolescent</b>	<b>Child</b>	<b>ED</b>	<b>LD</b>	<b>Low Secure</b>	<b>Medium Secure</b>	<b>PICU</b>	<b>Grand Total</b>
Admissions	2	0	0	1	0	0	1	4
Service Category	2	0	0	1	0	0	2	5
Occupied bed days	126	0	0	81	0	0	66	273

#### **CAMHS Tier 4 Activity: 2015/16**

<b>2015/16</b>								
<b>NEL CCG</b>	<b>AC</b>	<b>CLD</b>	<b>ED</b>	<b>Low</b>	<b>Med</b>	<b>PICU</b>	<b>UKNC</b>	<b>Grand Total</b>
<b>Admissions</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>5</b>
<b>Service Category</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>6</b>
<b>Occupied beds</b>	<b>57</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>118</b>	<b>0</b>	<b>175</b>

## 5. Building the Workforce

It is recognised that recruiting into mental health roles in North East Lincolnshire can be problematic but by investing in the Universal and Early Help workforce we aim to ensure that Children and Young People receive the support they need at the earliest opportunity and the workforce has the skills and knowledge needed.

This work theme also promotes opportunities to work across Northern Lincolnshire and the Sustainability Transformation Plan footprint to build, train and retain the workforce.

### **CYP Increasing Access to Physical Therapies**

North East Lincolnshire is a partner for the [Children and Young People's Improving Access to Psychological Therapies](#) (CYP IAPT) programme in partnership with Lincolnshire, Leicestershire, Nottinghamshire, Nottingham City and Derbyshire as part of an East Midlands collaborative.

The ambition over the next five years is to build effective, evidence-based, outcome focussed Child and Adolescent Mental Health Services for the future, in collaboration with children, young people and families. This includes delivering improved access and waiting times, reduced numbers of children requiring inpatient care, development of a fully trained and competent workforce, and self-referral across the system. Services should utilise technology to achieve accountability to all stakeholders, including children, young people and families, commissioners, and the services themselves.

### **What's happening in the 1<sup>st</sup> year**

- Post-Graduate Certificate programmes in Clinical Supervision and Service Transformation and Leadership
- Offering Post-Graduate Diplomas in CBT and Systemic Family Practice
- Offering a Graduate or Post Graduate qualification in Enhanced Evidence Based Practice
- Supporting partnerships on-site through our site outreach programme
- Helping services to further develop supervision through an outreach programme
- We've already set up a Collaborative Board, who will provide governance and assurance. This will involve children, young people and parents
- Develop a plan for participation across the programme and within services
- Look at adding further therapeutic modalities to training, such as Parenting or IPT-A

## How many people are we training?

Partnership	Clinical Supervision	CBT	SFP	EEBP	Service Leadership
Leicester, Leicestershire and Rutland	2	6	6	8	2
Lincs and NE Lincs	3	8	8	8	2
Sandwell	4	18	3	20	3
Solihull	3	4	4	9	2
total trainees	12	36	21	45	9

For the duration of the FIM transformation plan services in North East Lincolnshire we will continue to work towards the roll out of CYP IAPT. CAMHs services shall support the release of staff so they can receive formal training. LPFT have put an appropriate governance structure in place to oversee the progress of the training and attend the FIM strategy board to report compliance to CYP IAPT national monitoring.

Furthermore, LPFT operates over North East Lincolnshire and Lincolnshire therefore this model also complements delivery across the local populations and links to other pathways e.g. eating disorders.

## Current workforce for CYP mental health and emotional wellbeing :

	Number of Practitioner/Clinical Staff in Post June 15	Number of Practitioner/Clinical Staff in Post June 16
Core Mental Health and emotional wellbeing services	38.5	40.5
Allied Mental Health and emotional wellbeing services	10.1	14.6

In 16/17 we have recruited to additional posts to support the backfill of CYP IAPT and Future in Mind programme delivery but this is not included in the above figure, but locally we expect to see an increase in the workforce to support the increasing needs of CYP mental health and emotional wellbeing.

### **Professional Capabilities Framework**

In North East Lincolnshire the Children's Workforce Professional Capabilities Framework (PCF) has been developed, to ensure that all practitioners and managers who come into contact with children, young people and their families have a clear understanding of their role and responsibility in prevention and early help. We want to ensure that the work undertaken with our community is professional - thorough, clearly thought out and informed by evidenced based practice. Practitioners will be offered the opportunity to reflect on their practice through supervision and professional development.

The NEL Children's Workforce Professional Capabilities Framework is based on the premise that we want to offer the right help at the right time and we will do this by recognising and understanding the continuum of need presented by children and young people and their families.

We also want to ensure that this involves this new approach to working with our community and that services and organisations come together to offer holistic responses to the needs of our community. We know that the people who work, lead and volunteer within the children's workforce come from a diverse range of backgrounds and organisations and until now no common standards had been established across the workforce for the skills, knowledge and behaviours of these workers.

The PCF is relevant to those who work, volunteer or lead work with children, young people and families e.g.

- Individuals
- Strategy Leads, Service Managers, Team Leaders
- Commissioners of services
- Learning Providers
- Higher Education Institutions

As part of the local transformation plan (theme 5) we have aligned our workforce aspirations to the PCF as mental health features as a capability within the strategy.

### **Universal and Universal Plus Mental Health Training Programme**

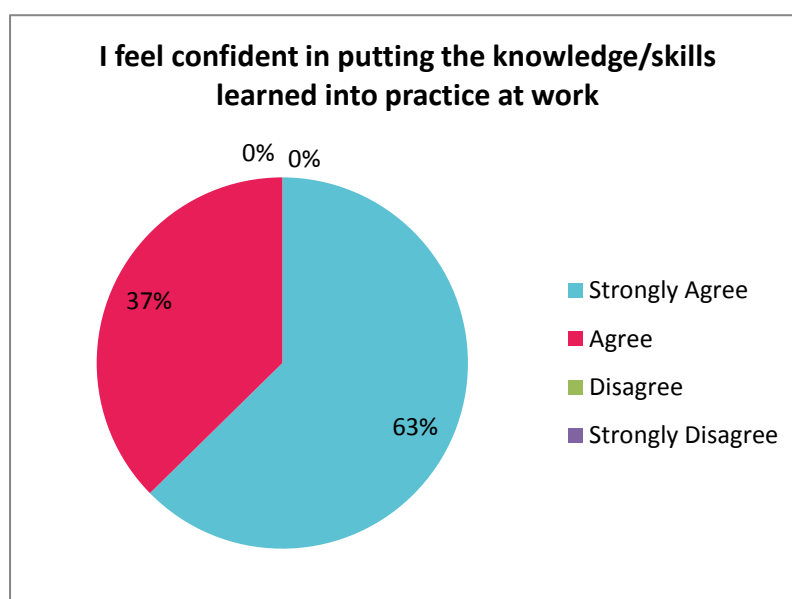
Lifestyle Service in NEL has been commissioned to deliver training and support to the children's workforce at a universal/ universal plus level to ensure they have the right mix of skills, competencies and experience to support children and young people with mental health and emotional difficulties and promoting positive mental. Below is a table summarising the reach up to the 31st September 2016 across the children's workforce.



Number of staff attending mental health training:

Course	No. of staff attending 15/16	No. of staff attending 16/17	Total
Youth Mental Health First Aid	37	49	86
Youth Mental Health First Aid Lite	N/A	62	62
Mental Health First Aid	42	21	63
Mental Health First Aid Lite	N/A	10	10
Emotional Resilience	155	58	213
Managers Stress Awareness	71	12	83
Youth Health Champions	6	9	15
<b>Grand Total</b>	<b>311</b>	<b>221</b>	<b>532</b>

It is also encouraging that 100% of staff have reported an increased confidence in knowledge and skills after attending training.



"I have used my YMHFA training everyday through working with families who have mental health issues"

"MHFA training was a wonderful two days, insightful, amazingly taught and with such patience and passion for the group. I have booked on for many other things you teach!"

"ASIST was a very worthwhile course, I learnt a lot and would highly recommend it"

"Emotional Resilience is one of the most useful courses I have attended"

"YMHFA has made me more considerate and understanding of the mental state of young people and how to work with them in a more honest way around mental health"

Universal and Universal Plus Training has also been delivered as part of the Peri-natal mental health task group from colleagues in Navigo and Children's Public Health.

Name of course	No. attending
Peri-Natal Mental Health – Love Your Baby (Volunteers)	4
Peri-natal Mental Health Awareness	28

### Targeted and specialist Mental Health Training

NEL CAMHS also work alongside commissioner and services to identify any local specialist training the workforce require, this is regularly reviewed as part of contracting meetings.

Other targeted and specialist training that is being delivered includes

- Attachment in Practice (17 staff have attended, further workshops planned)
- Peri-natal Mental Health Champions Training (planned from January 2017)
- Parental Mental Health & its impact on the child (planned from November 2016)

**As part of the Future in Mind workforce development approach there has been a grand total of 932 staff trained in North East Lincolnshire Council (up to 30th September 2016)**

## 6. Engagement, Participation and Multi-agency Working

What children, young people and their families think is an important part of the refresh of our transformation plan and re procurement of NEL CAMHs services. During 15/16 and 16/17 we have undertaken numerous engagement activities to inform future service development, we intend to maintain this momentum throughout the strategy to ensure services meet the needs of our local population.

### Schools

Early this year we engaged 15 schools in a workshop to capture concerns, what they felt was working well and what the future should look like an overview of this feedback is captured below:

Concerns	Working Well	The Future
<ul style="list-style-type: none"> <li>• Referrals not accepted</li> <li>• GPs bouncing back</li> <li>• Lack of training</li> <li>• Not enough local research/ consultation</li> <li>• Early identification</li> <li>• Self-harming</li> <li>• Impact of social media – problems coming into school</li> <li>• Teachers mental health</li> <li>• Referrals come back but with no explanation</li> </ul>	<ul style="list-style-type: none"> <li>• Educational psychologists</li> <li>• Shared passion and ambition</li> <li>• Coming up with initiatives as a school</li> <li>• Praise Pups – attachment and self-esteem course for parents and children.</li> <li>• Child welfare team meet and talk about individual pupils</li> <li>• Play therapy is amazing and would be great if staff could be trained up as too expensive</li> </ul>	<ul style="list-style-type: none"> <li>• Directory of services</li> <li>• Clear pathway</li> <li>• Staff empowered to know what to offer</li> <li>• Joined up services</li> <li>• Mental health included on PSHE curriculum</li> <li>• Named central contact for MH</li> <li>• Time frames and actions so you know something will be done</li> <li>• Consistency</li> <li>• No waiting lists</li> <li>• Students with mental illness remaining in mainstream education</li> <li>• Simple documentation</li> <li>• Quick triage system</li> </ul>

This was supplemented by an electronic survey which was sent out to all schools across North East Lincolnshire to capture schools' views on how to meet children and young people's emotional and mental health needs. 81 responses were received from across these educational settings.

- 32% respondents stated that staff in their school had accessed training in emotional and mental health needs.
- Schools stated that only a small percentage of the school workforce had accessed training.

- Training was mainly accessed from NELC, rather than sourcing their training from other providers.
- 53% of settings were aware of a range of external services to support CYP with emotional and mental health.
- Schools identified that they would like to access more support, although a significant number were not sure what this might look like.
- A number of schools identified that the support which is available from CAMHS is difficult to access, and they would like it to be available to a wider group of children and young people.
- Schools stated a willingness to work with partners to meet the emotional and mental health needs of CYP, and were keen to access advice/support on how best to do this.

### Whole school approach to mental health

In response to the focus group and online survey we developed the whole school approach to mental health toolkit alongside the social and emotional mental health strategy which aims to promote resilience, prevention and early intervention by developing the role of universal services in mental health promotion, prevention and early intervention in learning settings .

By July 2016 we jointly benchmarked 8 settings against each of the actions under the themes. In descending order the list below captures out of 100% how confident schools are in implementing the 10 themes.

Total Promoting Positive Mental Health	41.79%
Total Relationships	43.21%
Adult Skills, Knowledge and Attitude	44.29%
Teaching, Learning and Mental Health Curriculum	49.29%
Total Safe, Friendly Ethos, with Anti-Bullying Commitment	51.07%
Organisation, Systems, Leadership and Management	52.14%
Social, Equal, Cultural, Fair Opportunities and Partnerships	55.71%
Personal Development and Identity	56.43%
Inclusive Physical Environment	57.50%
Listening and Participation Systems	65.36%

Where schools were not fully compliant with the actions of the toolkit they were asked to create an individual school action plan to support them to work towards achieving the actions.

We have also asked the settings involved to rate the audit tool itself so that the toolkit can be amended and reviewed before cascading. Settings reported the following:

- 72% found it easy to use
- 83% found the toolkit useful
- 72% felt it provided a useful opportunity to reflect
- Only 50% felt their personal knowledge had increased around SEMH
- 68% found it helpful to develop an action plan
- 78% felt it provided focus and direction for their setting for SEMH

A final review of the pilot will be completed by the end of the financial year, before the toolkit is refined and roll out to further schools.

We have also worked to address some of the initial concerns raised by schools since the engagement exercise.

Theme	What have we done?	What else needs doing ?
Lack of training opportunities	Developed a Mental Health (MH) Training programme for the children's workforce (including self-harm and courses for teaching staffs own resilience) 33% of schools have accessed training	Maintain relationships with schools and identify a MH champion for the school Merge other schools training into a single offer
Communication	Developed a quarterly newsletter to update on Future in Mind for professionals	Regular networking sessions with teaching staff To contribute to existing school network events SENCOs/ Child Protection Coordinators/ Primary and Secondary Heads Meetings/ Healthy Places Network for example to keep the education sector up to date with the approach and Annual conference across northern Lincolnshire Develop resources for SEMH code of practice and conduct a baseline of awareness
Engagement (research and consultation)	Needs assessment has involved talking to teachers and young people as part of identifying further challenges and concerns see section below	Ongoing as part of WSA. Finalise m&e of programme in partnership with FFAP/ R&R/ school Liaison programmes*

Early Identification/ access to earlier intervention	Text service Are you ok? Signposting cards/ assemblies and CBT approach (including self-harm) FFAP role recruited Play Therapy for primary schools	FFAP role embedded Further Play Therapist to be appointed by the 1st January Review effectiveness of text service/ CBT approach Review nurture pilot delivered by Educational Psychology
CAMHS (Not accepting referrals/ and reasons not articulated)	Reviewed inappropriate referral reasons over 50% were due to behavioural problems. Developed local critical incidence response guidance and team	CAMHS liaison service in development, support by the mental health professional in the Families First access point (SPA) to act as a conduit and support settings with mental health promotion in partnership with WSA to mental health toolkit and the resilience and relationship programme. Developing Early Help programmes for children and young people who do not meet CAMHS thresholds.
GPs	Communication with GPs via newsletter/ emails	GP session planned early next year
Impact of Social Media	Resilience and Relationship pilot programme ICan social marketing campaign	Roll out of approach to more schools
Service Directory	Reviewed regional and national sources of information – LSCB website	Include all services on the Local Offer website CAMHS reviewing website with CYP* CAMHS developing a professionals guide*
Clear Pathway	Mapped out the pathway for schools – see diagram below	Promotion of the pathway with schools through WSA and liaison programme* Review of pathway for CAMHS re procurement

## Young People



Young People's Support service and marketing have been working together to develop measurable and targeted marketing and engagement approach for young people which helps to meet key priorities and outcomes. The focus of much of this work will be on prevention and early help. During 15/16 70 young people have been involved in developing branding to align materials, promotional and digital

activity together. Throughout 16/17 & 17/18 young people and the marketing team will be focusing on 4 key themes linked to Future in Mind; online safety, bullying, emotional health and wellbeing and substances.

### Resilience and Relationship Pilot

A pilot took place early July 2016 with the aim of giving young people in Years 5&6 information, advice and guidance on online safety, substance misuse and emotional health and wellbeing. This programme aims to provide the foundation for a follow-up programme delivered in secondary schools 'Safer Relationships 4 Young People'.

The school was offered a set of sessions delivered by practitioners from Young Peoples Support Services (YPSS) and School Nursing. The sessions included Child Exploitation On-line Protection (CEOP) assembly on online safety, a classroom session on substance misuse and a classroom 'Are U OK' session promoting positive strategies for dealing with worries. This was enhanced by offering staff training in these topic areas, and awareness sessions for parents. Over 150 children participated in the programme.

A selection of 12 young people both year 5 & 6 were chosen to take part in a focus group, pre and post, to help evaluate the effectiveness of these sessions. The sessions evaluated well with 10 of the 12 young people stating they felt they had more knowledge about the topics discussed and their confidence had increased. The focus group also identified that all of the young people have open access to electrical devices and that security safety was identified as low, potentially leaving young people vulnerable to types of on line grooming.

School staff also reported positively about the delivery of the sessions.

### Are you ok? (using the CBT approach)

Staff from the school nursing service and youth offending service have both undertaken Cognitive Behaviour Therapy basic skills training to be able to better support Children and Young People with low mood, depression, anxiety and self-harm. This support programme will ensure that CYP have the opportunity to discuss and receive structured, evidence based support when they meet the universal and universal plus threshold.

Staff have embraced their new knowledge and skills with regards to implementing the CBT tools and strategies and feel much more confident when dealing with pupils who self-harm and using a structured



approach. CAMHS have offer support to staff when they do not feel that the intervention is working or progressing and this has then given CAMHS a much more detailed and appropriate referral.

Comments from young people:



Both teams will continue to engage children and young people to shape the services they offer around mental health and emotional wellbeing and further staff from both services are also receiving CBT training.

### **North East Lincolnshire Adolescent Lifestyle Survey 2015**

An Adolescent Lifestyle Survey (ALS) was undertaken in North East Lincolnshire during 2015. The ALS was offered to all young people of secondary school age (years 7 to 11; ages 11 to 16 years), and was facilitated by the academies with eight of the ten secondary academies in North East Lincolnshire participating. The final report included an analysis of the responses of 52% of the registered secondary school population.

This data summary provides analysis of the questions relating to emotional health and wellbeing from the ALS at a local deprivation quintile level. Analyses are intended to show where, if any, differences occur between the emotional health and wellbeing status of adolescents living in different deprivation quintiles in North East Lincolnshire. Deprivation quintiles were calculated using the 2015 Indices of Multiple Deprivation (IMD) based on postcodes given by survey respondents and analyses were grouped for each question by quintile. Not all respondents to the survey gave their postcode, therefore it was only possible to undertake analysis on a proportion of the dataset; 59% of those who responded to the survey gave a recognisable postcode which equated to 30% of the registered secondary school population. However, the minimum response rate for each quintile were as follows:



Local 2015 IMD Quintile	Minimum number of responses
1 Most Deprived	368
2	496
3	452
4	491
5 Least Deprived	698

A separate report which presents the full survey methodology and more in depth findings is available for download at <http://www.nelincsdata.net/resource/view?resourceId=372>. The data presented below should be interpreted along with information provided in the 'Happiness and Home Life' section in the main Adolescent Lifestyle Report (available from the link above). This will give clarity and context to the information provided in this data summary.

ALS 2015 Emotional Health and Wellbeing	Local 2015 IMD Quintile				
Please read the following statements and tell us whether they are true for you right now. <i>Proportion who answered 'Yes'</i>	1 Most Deprived	2	3	4	5 Least Deprived
I usually feel happy about life	80.1%	81.9%	82.0%	85.9%	89.7%
I often feel sad or tearful	28.9%	30.5%	32.6%	23.5%	22.7%
I have one or more good friends	95.5%	97.1%	95.9%	96.1%	97.5%
My parent(s) and family look out for me	97.4%	95.6%	97.9%	96.5%	97.8%
I am often bad tempered or get angry	47.6%	43.6%	43.3%	37.3%	27.0%
I often feel anxious or depressed	29.0%	29.9%	30.4%	24.3%	22.1%
I seem to worry a lot of the time	47.9%	46.3%	52.1%	43.8%	46.8%
I feel I have a lot to be proud of	64.5%	65.5%	66.9%	67.3%	68.3%
I like trying new things	76.4%	75.2%	73.3%	75.3%	77.6%
I wish I had a different kind of life	27.2%	26.6%	26.0%	19.3%	18.5%
If you had a problem, would you talk to someone about this? <i>Proportion who answered 'Yes'</i>	1 Most Deprived	2	3	4	5 Least Deprived
Problem with school	65.4%	70.1%	70.5%	73.0%	74.2%
Family problem	48.3%	55.1%	52.9%	54.4%	54.5%
Health problem	56.7%	65.7%	66.0%	63.4%	63.2%
Body changes and growing up	37.5%	42.0%	39.2%	37.0%	38.1%
Problem with friends	60.2%	62.8%	63.4%	63.7%	66.5%
Bullying problem	66.3%	68.0%	72.2%	73.2%	72.6%

In the last month, how much have you worried about the following? <i>Proportion of have worried 'a little' or 'a lot'</i>	1 Most Deprived	2	3	4	5 Least Deprived
School work/ exams	69.8%	80.4%	77.7%	79.4%	80.2%
The way you look	61.5%	65.6%	65.6%	67.0%	65.5%
Your weight	59.0%	58.1%	55.7%	54.1%	53.1%
Friendships	59.1%	57.0%	54.5%	53.1%	52.3%
Girlfriends/ boyfriends	36.8%	45.9%	34.3%	41.3%	36.7%
Being bullied	31.7%	29.1%	26.1%	24.0%	24.2%
Problems at home/ family	37.3%	41.8%	38.0%	38.6%	32.4%
Sexual health	12.5%	18.0%	12.4%	11.0%	9.8%
Your future/ getting a job	66.8%	72.1%	70.9%	71.5%	72.0%
<b>Short Warwick Edinburgh Mental Wellbeing Scale<sup>1</sup> (SWEMWBS)</b>	<b>1 Most Deprived</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 Least Deprived</b>
<b>SWEMWBS Score (Higher score is better)</b>	21.63	21.75	21.64	22.39	22.28

## Perinatal mental health

Currently there is very little provision for women with perinatal health needs across North and North East Lincolnshire. Current services are not specific to perinatal mental health, and are not part of a holistic or overarching pathway and are often dependent upon individual practitioners. This leads to many women across the area with un- addressed perinatal mental health needs which can lead to adverse outcomes for the whole family. The area is rural with high levels of socio-economic disadvantage which impacts on the ability of the population to access specialist care if it is not local.

In NEL the local maternity services liaison committee (MSLC) have been instrumental in collecting parental feedback on the current service model and have collected opinions and views.

In February/March 2016 the MSLC gathered information about the perceived support available to local parents, information available about perinatal mental health and suggestions for additional services. 156 responses were collected at independent groups, family hubs, a local baby event and online via links on social media.

Family, midwives, health visitors, friends and family hubs were the top five sources of support and 12% of respondents included none/not a lot of support in their answer. Because of the lack of specific support in North East Lincolnshire respondents said they

<sup>1</sup> The short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) is a seven item scale, and is a shortened version of the 14 item scale Warwick Edinburgh Mental Wellbeing Scale. The SWEMWBS has had more thorough testing for internal consistency, and questions offer a different perspective which relates more to functioning rather than to feeling to the 14 item scale WEMWBS. The maximum score that can be achieved on the seven item SWEMWBS is 35 points with a higher score associated with better mental wellbeing.

were reliant on family and friends 'Other than my GP and friends I'm not sure I would have known where to get support'. Nearly 30% stated that they did not have enough support and felt that there was a lack of awareness of support available and where to find this.

One respondent stated that 'lots of professionals were amazing at looking after the physical health needs of mother and baby but I don't remember anybody asking if I was ok'.

The MSLC also conducted a workshop to talk with women, families and professionals about still births and bereavement. Key themes have been summarised below:

- There is good initial support when you are faced with bad news but the after care needs further development
- Services need to consider the wider family unit in the care and after carer and the impact upon other siblings
- Telling your story more than once to different professionals and organisations is heart breaking
- Location for follow-up scans after stillbirth/scans to confirm miscarriage is not appropriate
- Waiting times are too long
- Facebook group doesn't come up on searches
- Signposting to care and out of area support is lacking

Both engagement exercises have informed the PNMH development fund bid which has been submitted on behalf of the Humber, York and Vale.

### **Children and Young People's Emotional Health and Wellbeing needs assessment**

In March 2016 Unique Improvements was commissioned to undertake a needs assessment of children and young people's emotional and mental health needs, to inform the development of a new emotional wellbeing and mental health pathway and to capture insight into the concerns and challenges of the young people and professionals who have to navigate the system.

In excess of 300 people gave their views on Children's and Young people's Emotional and Mental Wellbeing Services. They were a combination of commissioners, Managers, Providers, Clinical Staff, Children and Young People and their parents and carers.

The final draft and outline recommendations are still in development however below is a summary of the key themes:

- Prevention and early help is critical and there is a need to further develop the early help offer
- Pathways for emotional and mental wellbeing are not clear and understood
- Thresholds for CAMHs are perceived as too high for the needs of the majority of CYP
- Training has been identified as a mechanism to cope better with issues rather than 'handing off' young people.
- School support for mental health and emotional wellbeing is fragmented across NEL
- Behavioural concerns are impacting on exclusion rates, teachers and pupils alike

- Where services are introduced that involves technology consideration needs to be given to the promotion of secure information sharing
- Stigma needs to be tackled; bullying was often discussed as a trigger for stress and worry
- More support is required for parents across the pathway to support and understand their child's and/ or their own emotional wellbeing
- It is perceived that GPs have a lack of understanding of the pathways
- Further explore VCS sector engagement in CAMHS pathways

The final needs assessment is anticipated to be completed late November and will be used to inform the CAMHS re procurement exercise which will be undertaken in 17/18. A new CAMHS service which will respond to the intentions of the Five Year Forward View to Mental Health and Future in Mind and complement the intentions of the Sustainability Transformation Plans and Local Operational Plans will be in place by the 1st April 2018.

#### **Tier 4 engagement**

A consultation and engagement exercise has been undertaken by Young Minds with Young People across Humber to inform the procurement of Tier 4 facilities 'Perspectives and lived experiences of young people and their families, as part of the development of Tier 4 provision NHSE North'.

The insights from all of the engagement were thematically analysed and the key findings and recommendations are set out below.

#### **Location**

- Inpatient services should ideally be no more than 30 mins travel for families, however given the relative complexity of the cross-border nature of this area and the very real psychological barrier the Humber Bridge presents, parents understand this may not be possible
- Parents want to be part of any further discussions and decisions about the location of the new unit
- They should be close to existing amenities/services
- Have adequate, free parking
- Have good transport links

#### **Admissions**

- A booklet/leaflet, coproduced with young people, should provide comprehensive information for families and young people covering pre, during and post admission, including a FAQs section. This should include for example information on what to bring with you, what was available on the ward, what the admission and discharge process are, what to expect when in the unit etc.
- A You Tube or similar video should be co-created with young people giving a 'walk through' of the unit so the whole family can see and feel what it is like, before admission
- Independent advocates for both parents and young person should be provided

- Where there is an emergency admission, and no preparation is available, face to face, confidential information sharing and discussion on the unit with the parents and young person is needed to enable the family to feel cared for and listened to
- Staff on the unit need to link in with other external agencies and share information with them so support seamless admission/discharge

Additionally parents requested:

- A local peer to peer parent support group to be set up – physical or virtual via closed Facebook or similar
- A call to the parents 24 hours after admission to update the family on how the young person is settling in
- Support to fill in forms, especially when there is an emergency admission

### **Service design**

- The unit should be more like a ‘home from home’ than a clinical ward where possible
- The unit should have a family room, with kitchen/dining room to promote more ‘normal’ family interaction and activities
- Care must be taken on mixed wards where the nature of different young people’s needs may compromise or impact on other young people on the ward
- Visiting time should be clearly communicated
- Parents and families should be able to communicate with their child via Skype or similar if parents are unable to visit regularly
- One member of staff should act as the single point of contact for the family, (with a deputy identified) to contact the family regularly and provide a two-way information flow
- Information provided by this staff member to parents needs to include day to day issues like how their child slept or ate as well as clinical and other updates
- Information sharing protocols should be clear and clearly explained using appropriate language, and include what information is shared with who, and when information can and cannot be shared and why – especially important when the young person does not want to share any information with their parents and why this decision has been taken and when a young person is no longer able to make those decisions for themselves
- There should be ongoing consultation with young people and parents about their needs and how they can influence the service provision
- Every young person should be fully involved in developing their care plan
- Care plans must be child centered and personalised

Participants acknowledged that their experiences shaped their expectations and young people in particular wanted to express the need to be treated respectfully when entering inpatient care.

Reflected powerfully in all of the discussion was the need for child centred and personalised care plans that are clearly understood by all involved. Participants stressed that there should be a clear link between the relevant agencies, schools / CAMHS / Tier 4. This link should be seamless and joined up, with each being supportive of each other and networking

together to deliver better outcomes. It was clear from the discussions that parents and young people thought agencies should not be scared to share information with each other to ensure the best treatment for the young person. It was widely acknowledged throughout this process that improved access to early intervention provision was needed to avoid more acute / emergency admissions and that this development would be part of a pathway of development

All participants were clear that this engagement signified the start of an ongoing conversation. Parents / carers would welcome the development of a 'parent's forum' to ensure that their voice and the voice of their children is heard throughout the process. Young people themselves felt that their existing advocacy and youth engagement structures would allow them to continue contributing. Likewise, all participants wanted further discussion about the clinical focus of any new unit, with a particular concern being raised about the provision of specialist services for eating disorders and also services for autism.

### **Foster Care**

A focus group involving five foster carers was conducted in the form of an unstructured interview. Foster parents were asked to describe their experiences with accessing health services for their foster children including CAMHs (see section 6.8 of the report from the supportive documents section) . A questionnaire was also undertaken via survey monkey which yielded 42 further responses to validate the data.

A summary of the responses in relation to CAMHs included:

- Access times to appointments - 12 weeks is too long to wait
- Restriction to service when a LAC child case is taken to court
- No dedicated service for those children with severe behavioural problems

### **Autism Pathway Development**

In January 2016 it was identified that locally we needed to further enhance the autism offer as a pathway for those children with complex needs and / comorbidities was not officially commissioned. As part of this process we have begun to review the current autism pathway and firm up arrangements with providers until this care pathway can be embedded into the CAMHs re procurement and new service which will be in place from the 1st April 2018, linked to the wider 0-19 programme.

As an interim service Lincolnshire Partnership Foundation Trust CAMHs service have recruited a clinical psychologist to support the diagnosis of autism. A revised Clinical Referral Pathway has been drafted for this service. It must be noted that children and young people do not need to have a diagnosis in order to access the support they need. The new Education, Health Care Plan does not require a diagnosis for support services to be put in place for children including additional Teachers Aid support in classrooms. This is based upon the child's individual needs and their personal outcomes, rather than an overarching diagnosis so children's treatment and support should not be affected. We are currently working with professionals across the pathway to identify the services available locally and recently held an engagement exercise in partnership with NEL parents participation forum.

In summary the event further highlighted:

- Pathways for autism not clear – the offer should fit on one page
- Directory of services is needed
- Workforce requires specialist training to support CYP with Autism
- Information sharing is inconsistent across professionals
- Reduce the jargon used
- A single team of Multi-disciplinary practitioners is needed for the local pathway
- More support for CYP in schools

This event will be followed up with a series of engagement events and a dedicated task and finish group will take forward gaps, issues and recommendations.

## 7. Local Transformation Plan

Theme 1 *Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people*

What we did?

- ICan brand developed in consultation with children and young people
- 'Are you ok?' reference cards printed for every child in NEL and supporting resources developed
- 15 Young People's Health Champions trained , 2 staff trained to deliver programme
- NICE guidance for Per-natal Mental Health has been reviewed and gaps in provision identified
- Report produced for Maternal mental Health in NEL which includes key actions to meet gaps in service and delivery in North East Lincolnshire
- Local task and Finish group identified and meeting on a regular basis to review recommendations and actions
- Mapped across workforce needs for PNMH and maternal mental health linked to the professional capabilities framework for the children's workforce
- Delivered training to 32 professionals working in children's public health services and volunteers in the community to raise awareness of PNMH
- PNMH Development Fund Bid submitted on a Humber STP footprint to coordinate service delivery to: Implement a new, integrated PNMH Service in NEL and NL, by expanding the existing Hull and ERY service to develop a hub and spoke model to make best use of existing skills and specialist expertise, delivering a consistent approach, thus reducing variation in outcomes and experience.
- Social and emotional mental health draft action plan developed for educational settings
- 8 schools have piloted the whole school approach to mental health audit tool
- 1 school has been involved in the pilot for resilience and relationships, 150 young people were engaged
- School nursing have access to smart phones to facilitate a text service and a baseline for no. of referrals for emotional health and wellbeing is being monitored
- School nursing have piloted an early help programme for CYP with self-harm, low level anxiety, depression through the application of CBT principles.
- FIM information on LSCB website and direction to national websites for parents/ carers/ young people



	<ul style="list-style-type: none"> <li>• Performance scorecards developed with key programmes</li> </ul>
What we are going to look at	<ul style="list-style-type: none"> <li>• Implement Young People's Marketing Plan focusing on 4 key themes; bullying, substance misuse, mental health and emotional wellbeing and sexual health</li> <li>• CAMHS website refresh to support reducing waiting times and waiting lists</li> <li>• Implement PNMH project upon confirmation of funding, where further work is required on the funding application Phase 2 approval will be sought.</li> <li>• Cascade PNMH training</li> <li>• Cascade out directory card resource for PNMH</li> <li>• Roll out the whole school approach to mental health</li> <li>• Embed suicide prevention strategy for CYP</li> <li>• Deliver eating disorders awareness workshops</li> <li>• Implementing the principles of CYP IAPT</li> <li>• Developing liaison support with CAMHS schools and primary care to reduce waiting times and lists</li> <li>• Review digital tools such as baby buddy app to capture effectiveness in promoting self-care and consideration given to embedding</li> </ul>
<i>Theme 2: Improving access to effective support</i>	
What we did?	<ul style="list-style-type: none"> <li>• Online counselling service specification written and out for tender</li> <li>• Needs assessment commissioned and in progress to inform Early Help services and CAMHS re Procurement</li> <li>• Current CAMHS pathway mapped</li> <li>• Engagement undertake with children, young people, parents and professionals</li> <li>• Families First Access Point (single point of access for advice and support) will host a mental health practitioner to help navigate mental health and emotional wellbeing services</li> <li>• Feelings First formerly access partnership (counselling services) have been provided with funding to extend the service to a younger age group through the use of play therapy</li> <li>• specification has been written and is out for procurement</li> </ul>
What we are going to look at	<ul style="list-style-type: none"> <li>• Professionals referral guide in development by NEL</li> <li>• CAMHS liaison service for primary care and education to reduce waiting times (linked to funding)</li> <li>• Ensure children's workforce understand the current CAMHS offer through awareness raising activities and linked to theme 5 training</li> <li>• Implement CAMHS Passport (based on NHSe model of best practice)</li> <li>• Launch and embed online counselling service within all</li> </ul>

	<p>educational settings</p> <ul style="list-style-type: none"> <li>• Identify what services schools commission for mental health and emotional wellbeing</li> <li>• Develop a bereavement support group facilitated by feelings first</li> <li>• Revisit CYP crisis model as part of local pathway</li> <li>• Identify 3rd sector organisations that could support our local pathway</li> <li>• Work with GPs to ensure they understand local offer for Mental Health and Emotional Wellbeing.</li> <li>• Continue to monitor Eating Disorders requirements with LPFT to monitor any increase in need.</li> <li>• Sign-off contract variations with LPFT when NEL offer is defined</li> </ul>
<i>Theme 3: Care for the most vulnerable</i>	
What we did?	<ul style="list-style-type: none"> <li>• Vulnerable groups included as part of engagement activity in needs assessment</li> <li>• Youth Offending Team have received training in CBT to support YP with emotional health and wellbeing concerns.</li> <li>• LAC audits and reviews have been instrumental in benchmarking local provision.</li> <li>• A local review of the autism pathway and provision has been commissioned</li> <li>• NEL CAMHS have been asked to benchmark themselves against the a transition toolkit to ensure smooth transition from CAMHS to AMS</li> <li>• Liaison and diversion model extended to Northern Lincolnshire</li> <li>• Tier 4 procurement process commenced with NHSe to provide a Humber inpatient unit. Including engagement with CYP</li> <li>• Place of Safety: CCG/ LA commissioners are in discussions to explore the feasibility of section 136 suite attached to Tier 4.</li> </ul>
What we are going to look at	<ul style="list-style-type: none"> <li>• Developing pathways for OOA placements for LAC children who have social and emotional mental health needs</li> <li>• Review the provision of CAMHS assessments where required, during the court process at point of becoming looked after with CAMHS commissioner</li> <li>• Procure section 136 across the Humber footprint in quarter 3 16/17</li> <li>• Tier 4 provision commissioned for Humber footprint</li> <li>• Implement the L&amp;D action plan across Northern Lincolnshire</li> <li>• Ensure new CAMHS specification references all vulnerable groups who require targeted and specialist support</li> <li>• Integrating Care and Treatment reviews for CYP into adult model</li> </ul>

<i>Theme 4: Accountability and Transparency</i>	
What we did?	<ul style="list-style-type: none"> <li>Transformation plan is being integrated in 0-19 transformation programme as a key demand driver.</li> <li>Joint planning across Northern Lincolnshire for STP footprint for mental health</li> <li>The Future in Mind strategy board is overseeing the monitoring of the strategy and coordinates local priorities, evidence of need and future direction. The board are working towards ensuring all themed areas are using the OBA approach</li> <li>Planning for the reprocurement of CAMHS has commenced , a new service will be developed to meet the needs identified as part of the FiM strategy and also from the findings of the needs assessment.</li> </ul>
What we are going to look at	<ul style="list-style-type: none"> <li>Informing Phase 1 and Phase 2 of families first transformation programme (0-19)</li> <li>Hold a series of workshops with key stakeholders to address key issues for NEL</li> <li>Engaging with the market to inform CAMHS specification</li> <li>Further engagement with children, young people, parents/ carers and professionals to inform the CAMHS re-procurement/ service developments</li> <li>Monitor KPIs, experience and outcomes across all programmes and services contributing to LTP using scorecard format</li> </ul>
<i>Theme 5: Developing the workforce</i>	
What we did?	<ul style="list-style-type: none"> <li>Children's Workforce Strategy developed</li> <li>Theme linked to 0-19 transformation programme for workforce and the professional capabilities framework (PCF).</li> <li>Appropriate training for universal and early help staff identified as part of the PCF</li> <li>Gaps identified in training for the workforce around Peri-natal mental health, attachment, motivational interviewing, MECC</li> <li>Attachment champions are being developed and further training identified</li> <li>Lifestyle Services are delivering a universal/ universal plus programme to the children's workforce (511 attendances on all courses).</li> <li>5 staff have attended training to deliver mental health first/ youth mental health first aid training in-house</li> <li>CAMHS are delivering local awareness course for suicide and self-harm to professionals</li> <li>Feelings First delivering basic counselling courses</li> <li>NEL signed up to a CYP Increasing Access to Psychological Therapies training programme</li> </ul>

	<ul style="list-style-type: none"> <li>• CAMHs are providing clinical supervision to YOT/ School Nursing teams to insure interventions are effective at a universal plus and targeted level</li> <li>• Quarterly newsletter for the workforce developed</li> </ul>
What we are going to look at	<ul style="list-style-type: none"> <li>• Identify any specialist training the children's workforce needs for mental health with LPFT and other targeted services (e.g autism) as part of the PCF workforce skills audit</li> <li>• Embed the PCF as part of children's workforce;</li> <li>• Review universal/ universal plus training offer and demonstrate impact on staff (follow-up)</li> <li>• Integrate wider children's workforce into the CYPIAPT programme starting with School Nursing and Liaison and Diversion workers</li> <li>• Continue to embed the use of improved supervision as part of CYPIAPT</li> </ul>

## 8. Future Allocation and Proposed Spend

### Who pays for services?

Tier	Commissioner	Services Commissioned	14/15 Value	15/16 Value
4	NHS England	NHS England commissions CAMHS inpatient beds for	£567,759	£186,465
3 Plus	NELC	Tier 3 Plus Service includes crisis home intervention service	Part of CAMHS block contract below	Part of CAMHS block contract below
2	NELC	CAMHS (Tier 2, 3 & 3 +)	£2.28 million	£2.28 million
1	Variety of different services which support mental health and emotional wellbeing and offer general advice and early signposting into targeted and specialist services. It should be noted that some schools are funding mental health services however values are not known.			

Supporting services are also commissioned by NEL CCG these include:

- Early Intervention in Psychosis (14+)
- Eating Disorders (17.5 +)
- Autism Pathway (0-18)

The local authority and CCG have an agreed (NHS Act) Section 75 partnership arrangement in place to support the delivery of this plan and to integrate a pathway across the life course.

NEL CCG will be engaged in the delivery of the plan through local governance arrangements like the Children's Partnership Board, but will support the implementation of the plan as required through its functions as commissioner of a range of stakeholder services as outlined above.

Funding has been profiled against the themes outlined below as this model recognises the need to intervene at Prevention and Early Help. Furthermore, locally we have recognised the significant amount of funding that is directed to targeted and specialist services, including defined care pathways for those groups who are identified as vulnerable.

Theme	Activity	% allocation	% allocation
Total FIM allocation for NEL £362,359		16/17	17/18
1	<ul style="list-style-type: none"> <li>Digital communication and services development</li> <li>ICan social marketing campaign (anti-stigma)</li> <li>Whole school approach; liaison, training and support</li> <li>Training 0-2 workforce (PNMH/ attachment)</li> </ul>	35% £127, 359	23.5% £82,859
2	<ul style="list-style-type: none"> <li>Needs Assessment</li> <li>Engagement with families/ CYP/ Professionals</li> <li>Families First Access Point (SPA</li> <li>Feelings First primary programme</li> <li>Transition programme development</li> </ul>	22% £80K  <i>(Additional funds to be received for reducing waiting times and waiting list £76k)</i>	38% £139,500
3	<ul style="list-style-type: none"> <li>YOT Training</li> <li>Autism Pathway</li> <li>Bereavement support group</li> </ul>	Plus additional investment from core CCG/ NELC budget	Plus additional investment from core CCG/ NELC budget
4	<ul style="list-style-type: none"> <li>Transformational Lead and support posts for engagement, consultation and development</li> </ul>	15% £55k	16.5% £60k
5	<ul style="list-style-type: none"> <li>Mental Health Training Programme</li> </ul>	28% £100k	22% £80,000
Eating Disorders	<ul style="list-style-type: none"> <li>Self-Harm Training</li> <li>Spot purchase LPFT</li> <li>Clinical supervision</li> <li>Online tools</li> </ul>	100% £91,000	100% £91,000

## 9. Outcome and Performance Monitoring

### Outcomes Framework

The Council has developed an Outcomes Framework which will focus delivery of resources to meet priorities and support a balanced budget for 2017/18 onwards.

The Council's stronger economy / stronger communities priorities are underpinned by a key strategic framework comprising the following:

- Health and wellbeing strategy
- Economic strategy
- Prevention and early intervention strategy
- Financial strategy
- Safeguarding

The outcomes framework is the means by which our strategic framework will be translated into action and delivered, developed and achieved in conjunction, where applicable and necessary, with our partners across sectors. This is intended to drive a culture of evidence based decision making that will enable elected members to take informed key decisions, cognisant of both the risks and the opportunities for citizens, communities and businesses. Our commissioning plan will ensure and foster clear links between the outcomes framework and the resources available to achieve them.

The Framework sets out the five high level outcomes that we and our partners aspire to achieve to ensure prosperity and wellbeing for the residents of North East Lincolnshire. The five outcomes are that all people in North East Lincolnshire will:

- Enjoy and benefit from a strong economy
- Feel safe and are safe
- Enjoy good health and well being
- Benefit from sustainable communities
- Fulfil their potential through skills and learning

The outcomes are supported by a series of high level indicators, informed by a range of performance measures, which we will use to manage our progress.

Improving, promoting and protecting children and young people's mental health is identified as a key deliverable as part of the framework. Therefore, to capture the Future in Mind progress as part of the framework services and programmes which directly contribute to the delivery of future in mind intentions or actions are asked to complete a quarterly performance scorecard which is submitted to the theme lead to present at the Future in Mind Strategy Board. This approach is also coherent with the 0-19 transformation programme which is being developed currently across Children's services and partners and significant training has been implemented by NELC as part of the creating stronger communities programme.

The approach is based on the three questions outlined below and service and programmes have performance measures aligned to each question; an example below

<p><b><u>How Much did We Do?</u></b></p> <p><b>E.g</b></p> <ul style="list-style-type: none"> <li>• No. of referrals</li> <li>• No. of referrals accepted into the service</li> <li>• No. of active cases</li> <li>• No. of referrals stepped down</li> <li>• No. of people trained</li> </ul>	<p><b><u>How well did we do it?</u></b></p> <p><b>E.g</b></p> <ul style="list-style-type: none"> <li>• No. of staff suitably trained</li> <li>• No. of professionals showing an increase in knowledge</li> <li>• No. of professionals/ users rating services as good/ excellent</li> <li>• Client demonstrating an improvement in wellbeing</li> </ul>
<p><b><u>Is anyone Better off?</u></b></p> <p><b>E.g.</b></p> <ul style="list-style-type: none"> <li>• Reduction in the number of admissions to Tier 4 inpatient beds</li> <li>• Reduction in the number of CYP who require crisis support</li> <li>• Reduction in the number of referrals to specialist CAMHS</li> <li>• Reduction in waiting times</li> <li>• Reduction in inappropriate referrals</li> </ul>	

## CAMHS reporting

NEL CAMHS submit local data to Mental Health Data Set as well as commissioning reports to NELC, including patient related outcome measures OO-CAMHS and CORC. These include Goals Based Questionnaires, CHI Experience of Service Questionnaires (used with both service users and families and carers) and the Outcomes Rating Scale which enables the young person to self-rate their progress and the Session Rating Scale which allows the person to assess therapeutic alliance and the appropriateness of treatment.

### *Waiting Time*

Waiting times have remained consistent during the last three years with 100% of appointments offered within 12 weeks receipt of referral.

We have recently submitted an outline to further reduce waiting times by 10% by the end of 16/17. This will be monitored by the FIM strategy board.

## National Data Sets

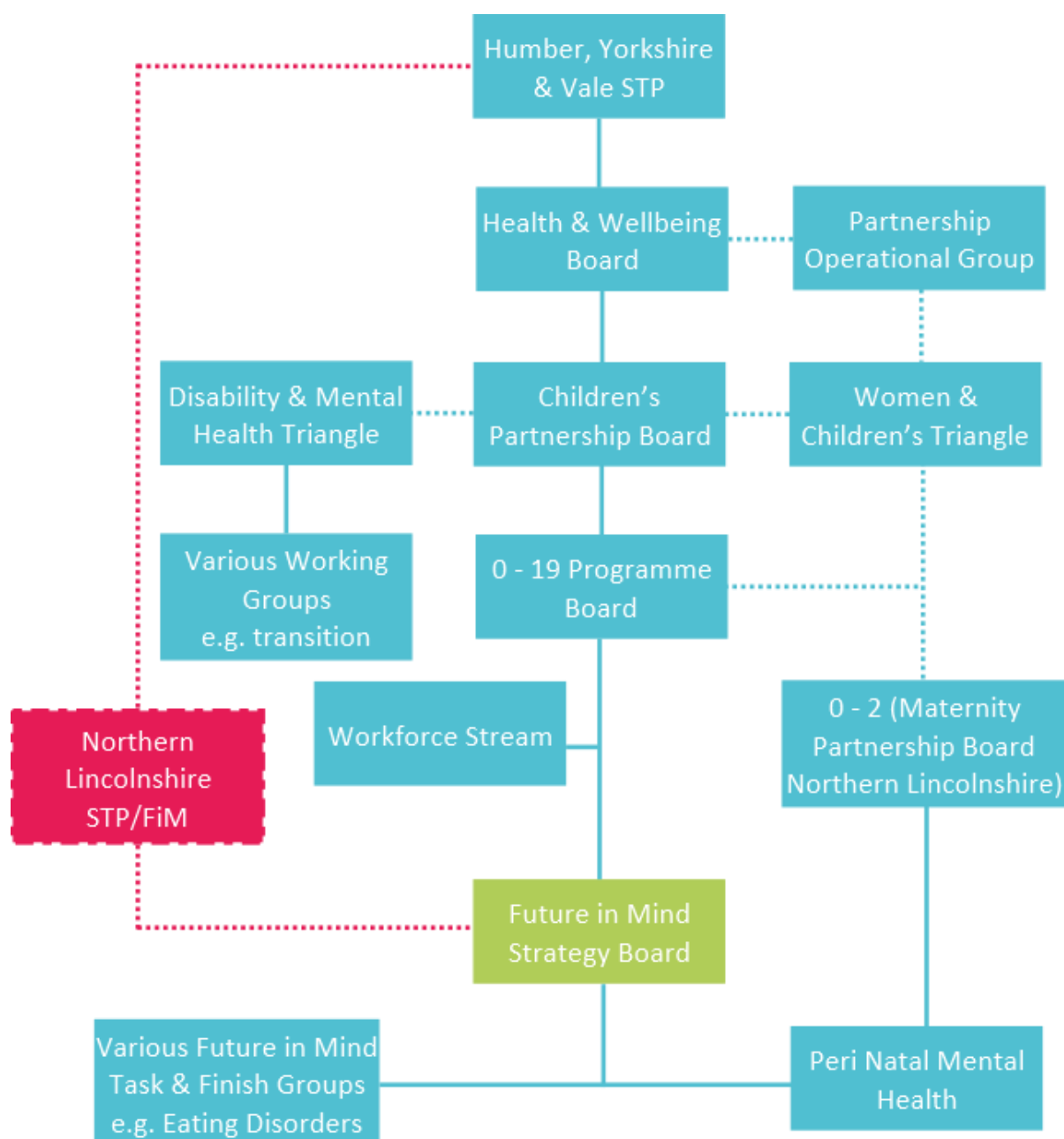
We also consider as part of performance monitoring the impact on other indicators and priorities including;

- [NHS Outcomes Framework](#)
- [Public Health Outcomes Framework](#)
- [Mental Health Services Data Set](#) (wider link to all- age)



## 10. Governance

The transformation plan is being driven by the Future in Mind Strategy Board with links to wider stakeholder forums as detailed in the diagram below. The FIM Board has a direct link to the Health and Wellbeing Board and also the 0-19 commissioning programme.



The transformation plan will also align to the local approach for mental health services across the life course to deliver the aspirations outlined in the five year forward view for mental health. There is an ambition between NELC and NELCCG to create a mental health strategy across the life course for North East Lincolnshire. This will ensure that we can move towards a transparent model of support with appropriate care pathways led by needs of the local area, and funding allocated by commissioners based on joint decisions

### **Local Sustainability and Transformation Plans (STP)**

We will continue to work with neighbouring CCGs and councils to meet our vision of care. While the Humber, Coast and Vale STP has not yet been signed off and is therefore not available to view, it is understood that the ambitions of the NEL Transformation Plan Refresh are consistent with its ambitions and plans and also NHS Five Year Forward View.