

North East Lincolnshire Council
and
North East Lincolnshire
Clinical Commissioning Group

Future in Mind: Transformation Plan
2015 - 2020

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Executive Summary

The following is a summary of the Year 1 priorities for the North East Lincolnshire Transformation Plan for Children and Young Peoples Mental Health and Wellbeing.

Included against each priority is an indication that the priority will either, be funded by the new Future in Mind allocation, funded from existing resource, or funded by national resource.

Please note: Where existing resource has been used as a classification, this may include reinvested resources that have been made available in current provisions or have been released by new investment in other priorities.

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

- Create a comprehensive communications and marketing strategy which promotes young people's emotional health and wellbeing in a non-stigmatised way. **Future in Mind Funded**
- Develop a range of resources in collaboration with children and young people which encourage young people to be resilient and to look after their own mental health and wellbeing through self-care. **Future in Mind Funded**
- Cascade young people's health champions programme to facilitate sign posting peer to peer to promote children and young people's mental health and wellbeing. **Future in Mind Funded**
- Review current peri/postnatal depression pathway to implement joint working arrangements to reduce the incidence of peri/postnatal depression. **Existing Resource**
- Prioritise early help and intervention through a structured programme of support for at risk families (0-2 years) through Pioneer Communities programme. **Future in Mind Funded**
- Redesign and implement a whole school approach to mental health in partnership with School Nursing, Educational Psychology and Educational settings. **Existing Resource and Future in Mind Funded**
- Design and develop a programme with CAMHS and school nursing which provides support to educational setting for Self-harm through an Early Intervention programme for young people. **Existing Resource**

Theme 2: Improving access to effective support

- Undertake a participative health needs assessment for mental health and emotional wellbeing. **Future in Mind Funded**
- Identify a suitable place for a single point of access for advice and support which complements existing provision in the community and public sector. **Future in Mind Funded**
- Review assessment tools for children and young people's mental health and ensure that they are integrated into other referral models. **Future in Mind Funded**
- Review local crisis model and ensure that it is in line with the Crisis Care Concordat and psychiatric liaison service. **Existing Resource**

Theme 3: Care for the most vulnerable

- Review local pathways to ensure there are processes in place for vulnerable groups to prevent further escalation of problems and considering the holistic needs of the child. **Existing Resource**
- Investigate causes of longer waiting times for vulnerable groups and implement appropriate changes to ensure that all vulnerable children are seen within national waiting times standards.. **Existing Resource**

Theme 4: Accountability and Transparency

- Use Transformation Plan as the basis for Children and Young People's mental health commissioning priorities until 2020. **Existing Resource**
- Embed the responsibility of overseeing the Transformation plan as part of the Children's Partnership Board whom report directly to the Health and Wellbeing Board. **Existing Resource**
- Ensure the Children and Young People Mental Health and Wellbeing Strategy Group is overseeing the monitoring of the strategy and coordinates local priorities, evidence of need and future direction. **Future in Mind Funded**

Theme 5: Developing the workforce

- Audit all existing training for mental health for the children's workforce and ensure provision is in line with recommendations. **Future in Mind Funded**
- Identify any gaps in mental health training for the children's workforce. **Future in Mind Funded**
- Roll out Youth Mental Health 1st Aid across the children's workforce. **Future in Mind Funded**
- Define a framework for children's workforce for mental health skills, capabilities and training in line with pre-existing frameworks (SCIF) and local children's safeguarding board. **Future in Mind Funded**

1. Introduction

This document outlines a local implementation plan for North East Lincolnshire, based on the recommendations outlined in 'Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing'. This strategy is being driven by a strategy board and various task and finish group made up of a range of stakeholders from across North East Lincolnshire.

Over the next five years this plan will provide focus for integrating a whole systems approach for emotional health and wellbeing including health promotion and prevention, interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services to drive further improvements.

This transformation plan will support and deliver alongside our local prevention and early intervention model which values the importance of intervening from the ante-natal period and in the early years, supporting families and those who care for children and building resilience through to adulthood. This may take place in the child's community, their nursery, their school or their peer group.

This model aims to reduce the demand for specialist services by preventing children growing up and experiencing complex family issues such as mental illness, as investing early with effective interventions will ultimately save money for the NHS, Local Authority, courts, schools and other services as well as improving wellbeing.

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 through self-care*
- *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*

1.1 Equality and Health inequalities

Genuine equality of opportunity requires a society in which people are not excluded from the activities of that society on the basis of race, disability, gender, sexual orientation, religion/belief, gender reassignment, marriage & civil partnership, pregnancy & maternity or age.

Promoting diversity is about respecting and valuing the differences of individuals. Capturing the strength that comes from harnessing diversity can then be used in the promotion of a commonly held aim or vision.

For North East Lincolnshire Council, that vision is: to become a commissioning, enabling and facilitating organisation, focused on creating the right conditions for individuals, communities and businesses to prosper.

We are:

- *Committed to ensuring equality of treatment for everyone in connection with service delivery, recruitment and employment.*
- *Committed to the broad principles of social justice, is opposed to any form of discrimination, victimisation and harassment and accepts all its legal responsibilities in these respects.*
- *Committed to treating equally everyone with whom its representatives come into contact including current and potential service users, its employees, Elected Members and visitors.*
- *Committed to ensuring that no-one is treated in any way less favorably on the grounds of race, colour, national or ethnic or social origin, race, disability, gender, sexual orientation, gender reassignment, marriage & civil partnership, pregnancy & maternity, age, religion/belief or political/other personal beliefs and;*
- *Will implement all necessary actions and training to ensure its commitments with regard to equality of treatment are fulfilled and will monitor and review progress on a six monthly basis*

All agencies will ensure any changes to services will include local engagement with children, young people, parents and carers and wider stakeholders ensuring that this includes involvement of protected characteristic groups and that equality monitoring is undertaken for all engagement activity.

Service contracts and service specifications will reflect the need for equality monitoring and ensure that providers demonstrate and report on how they are meeting their public sector equality duty.

Any decision making resulting from this plan will give consideration to any identified 'impact' on protected characteristic groups and where appropriate identify and implement mitigating actions.

This plan will support and build upon local and national policies and guidance as detailed within appendix a.

1.2 Governance arrangements

The lead accountable commissioning body which will co-ordinate commissioning and the implementation as evidence based care will be undertaken by North East Lincolnshire Council.

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.

The CCG will be engaged in the delivery of the plan through local 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 e.g. adult mental health services and maternity services.

The transformation plan will also align to the local approach for mental health services across the life course. There is an aspiration 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.

This transformation plan will be monitored and accountable to the Health and Wellbeing Board through the arrangements outlined within appendix b.

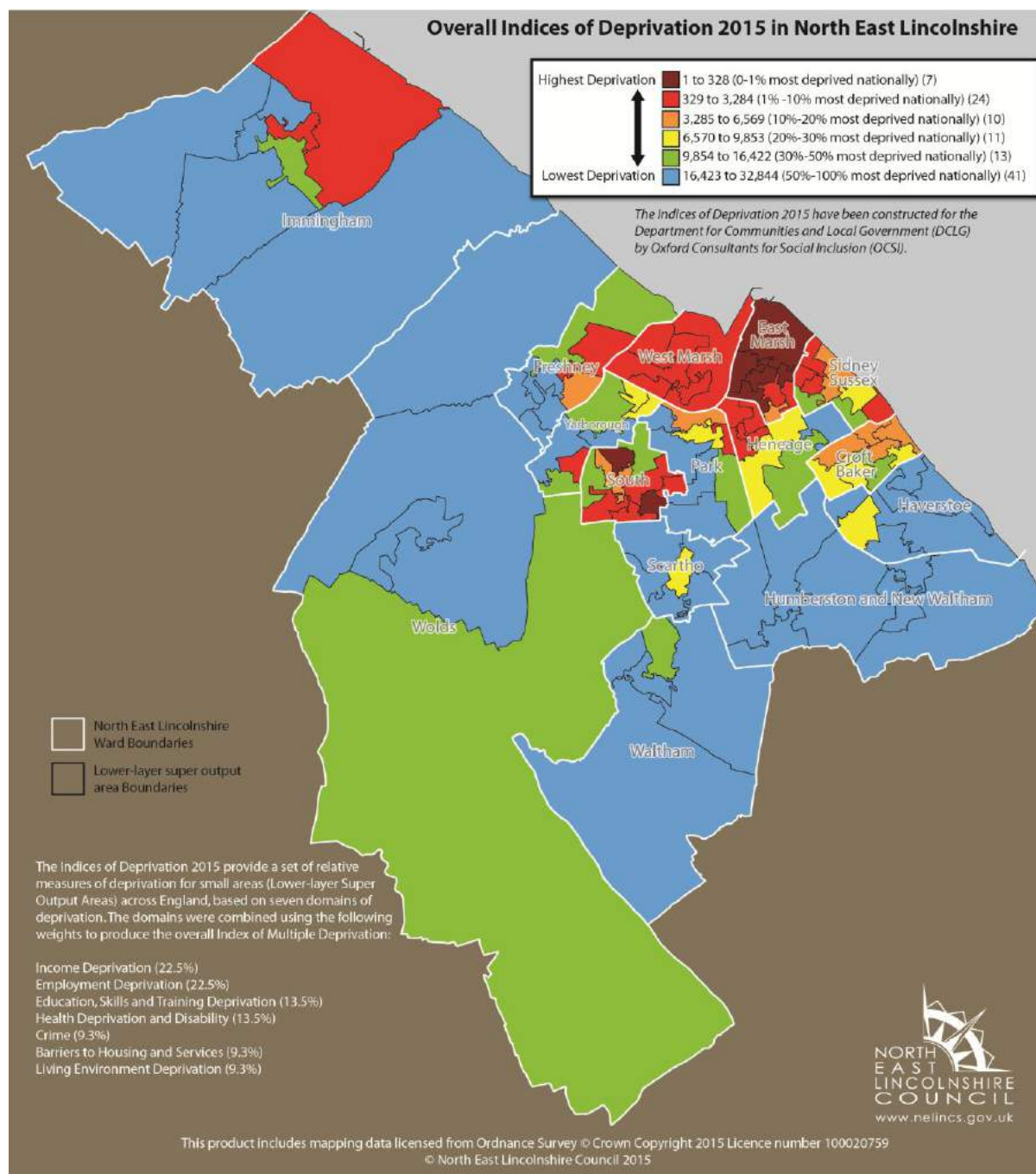
2. Baseline needs and current services

2.1 Context of area and population

North East Lincolnshire Council is a unitary Council situated on the east coast, south of the Humber Estuary. It covers an area of 74 square miles, with a population of around 156,000, 36,000 of which are young people under 18 years of age.

It is a compact community of urban centres and surrounding villages where the major centres of population, Grimsby and Cleethorpes have their town centres only three miles apart.

Diagram 1: Areas of Deprivation within North East Lincolnshire



Child Population in North East Lincolnshire

Age Group	Female	Male	Total
0-4	5,030	5,090	10,120
5-15	9,942	10,371	20,313
16-17	1,962	1,914	3,876
18-25	7,641	8,002	15,643

0-16	15,892	16,401	32,293
0-19	18,647	19,309	37,956
16-25	9,603	9,916	19,519

	North East Lincolnshire	England and Wales
Children (0-4 years)	10,120 (6.3%)	3,608,632 (6.3%)
Children (0-19 years old)	37,956 (23.8%)	13,614,868 (23.7%)

	NEL	England
Children Living in poverty (<16)*	28.5%	19.2%
Life expectancy at birth**:		
Male	77.9	79.4
Female	81.7	83.1

*2012 - PHOF 1.01 , **2011-2013 - PHOF 0.1ii

3. Background

In 2008, the responsibility for commissioning of CAMHS in North East Lincolnshire was transferred to the council under an innovative NHS Section 75 agreement (NHS Act 2006) between the Care Trust Plus (formerly Primary Care Trust) and the local authority, covering children and young people's services to enable greater integration. The CAMHS commissioning arrangement is monitored between the CCG and local authority through a Partnership Operational Group and through the Children's Partnership Board.

Since 2008, NELC have re-commissioned CAMHS from a new provider; driving up performance of timely access to service, developed new focused clinical pathways, and developed a responsive and successful CAMHS intensive outreach team. This outreach team responds to young people with complex needs, thereby reducing significantly the need for specialist CAMHS provision/beds by NE Lincolnshire children and young people.

4. What does emotional health and wellbeing in children and young people look like in North East Lincolnshire?

In order to commission support services effectively, local organisations need an accurate picture of the needs in their area. One of the main drivers in North East Lincolnshire is the local Joint Strategic Needs Assessment which is the overarching assessment for current and future health and social care needs. This section identifies a selection of national indicators and locally obtained sources of data.

4.1 Hospital admissions

North East Lincolnshire has the 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 133.6 inpatient admissions for mental health disorders per 100,000 population, the rate is significantly higher than the England average of 87.2 and the Yorkshire and Humber average of 62.1. More information can be found in appendix c.

4.2 Self-harm

The rate of self-harm hospital admission episodes among young people (10-24 years) has risen both nationally and regionally but North East Lincolnshire has recorded a greater increase in self-harm admissions; a 42% increase between 2010/11 and 2012/13.

Self-harm among young people, particularly those aged 10 to 24 years is higher than in any other age group in North East Lincolnshire; accounting for 36.3% of all admissions. Pooled self-harm finished hospital episodes amongst young people (10-24 years) at a national level is 352.3 per 100,000 compared to a regional level of 368.2 per 100,000. North East Lincolnshire's rate of 432.8 per 100,000 is significantly higher than both the national and regional rates.

Attendances to A and E for deliberate self-harm are, in most cases, greater in wards of higher deprivation than in wards of lower deprivation. East Marsh (the most deprived ward in North East Lincolnshire) had a crude rate of 2057 per 100,000 compared Haverstoe (the least deprived ward in North East Lincolnshire) with a crude rate of 165 per 100,000.

Further information on self-harm is detailed in appendix d

4.3 ChiMat Mental Health estimates

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. The number of children who are estimated to suffer from a mental health disorder in North East Lincolnshire is 2155 with a higher proportion of boys suffering than girls. Girls are more likely to suffer from emotional disorders than boys (475 compared to 360). More information on the estimated number of children with mental health conditions in North East Lincolnshire can be found in appendix e.

4.4 Adolescent Lifestyle Survey

A local adolescent lifestyle survey carried out in 2011 found that most young people said they usually felt happy about their life (85%); generally older pupils were less likely to say they felt happy. Since the 2007 ALS, slightly fewer felt happy about their life (87%). Girls (28%) were more likely to say they felt sad and tearful compared to boys (18%) of the same age. Most young people had one or more good friends and said that their parents looked out for them. Boys were more likely to say they often felt bad tempered or angry (46%) compared to girls (37%). Older pupils were more likely to feel anxious or depressed and worried more than those younger pupils. Girls worried more than boys; with 42% of girls saying they worried a lot of the time compared to 31% of boys. Most young people felt they had a lot to be proud of, however this decreased with age. A higher proportion of older pupils said they wished they had a different kind of life compared to younger pupils (20% of Y7s compared to 27% of Y11s).

Pupils were asked about being bullied. The number of pupils who have been bullied in 2011 appears to have increased from 2007. In 2011, 58% of pupils had been bullied at some point during school, whereas in 2007, 50% of pupils had experienced bullying. Although

bullying questions varied in the 2004 ALS and no direct comparisons can be made, 40% of pupils were bullied, suggesting that bullying has increased each year. Experiences of bullying increased across all year groups but the most significant increase in bullying was among year 7 students; a 53% increase in bullying from 2007.

Further information on the adolescent lifestyle survey is detailed in appendix e.

4.5 Eating Disorders

The guidance for 'Access and Waiting Time Standard for Children and Young People with an Eating Disorder' has now been received and considered by our area.

We are part of the collaborative with Lincolnshire CCGs to meet the footprint required. North East Lincolnshire and Lincolnshire have a joint population of 887,500 (North East Lincolnshire – 156,000 and Lincolnshire 731,500-). Lincolnshire CCGs anticipates 100 referrals per year for young people to a community eating disorders services and has therefore a high level of identified need, however in North East Lincolnshire need is low with on average 5 eating disorder cases per year, see *Table 1*. Therefore, in agreement with NHSe we will divert a proportion of the monies towards reducing incidences of self-harm (see section 4.2).

Please note that any increase in the number of cases presented to NEL CAMHS for eating disorders will be monitored on a monthly basis as part of the CAMHS contract board.

Table 1: Number of CAMHS patients on an eating disorder pathway

Month	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Total
No. on Eating Disorder Pathway	Not Recorded			1	2	1	0	0	0	0	1	1	6

Month	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Total
No. on Eating Disorder Pathway	0	0	0	0	0	0	1	0	0	2	0	1	4

Month	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-15	Feb-15	Mar-15	Total to September 2015
No. on Eating Disorder Pathway	1	0	1	1	1	0	-	-	-	-	-	-	4

4.5.1 A community based eating disorder service (CEDS-CYP)

Currently young people with an eating disorder are cared for by Tier 3 CAMHS, and from age 16, access support from adult eating disorder services.

As part of its new delivery, future CAMHS provision will include a CEDS-CYP, which will implement a NICE Guidance eating disorder pathway to include Anorexia Nervosa, Bulimia, Binge Eating and Atypical Eating Disorders

Whilst this new team will provide a discrete service, delivered by staff with the relevant skills, competencies and training; they will work closely with other CAMHS services to enable young people with an eating disorder to access the full range of supportive interventions available. This new team will enhance the previous offer currently being delivered.

The team will develop a clear 'stepped care' approach which will include escalation to inpatient facilities if required.

Clear transition protocols/ joint working will be developed with the adult eating disorder service.

4.5.2

Eating Disorders diversion to Self- Harm

As outlined in section 4.2 self-harm presentation in NEL is a key issue for children and young people in North East Lincolnshire aged 10 to 24 years. Pooled self-harm finished hospital episodes amongst young people (10-24 years) in NEL is 432.8 per 100,000 which is significantly higher than both the national and regional rates.

Therefore, during 15/16 we intend to implement a programme in schools and young people's settings using a proportion of the allocated Eating Disorders monies to support professionals and staff to support young people with their emotional wellbeing to reduce the incidences of self-harm and reduce stigma.

This programme will be developed and delivered through specialist CAMHS self-harm practitioners (new posts) and will incorporate awareness raising workshops, training for professionals and appropriate resources to embed resilience of children and young people and reduce stigma.

The Eating Disorder monies could also be allocated to crisis response but as outlined in section 6.5.2 NEL CAMHS Crisis Response Team (Tier 3+) is delivering well and upheld by other CAMHS services as an example of best practice.

4.6 CYPIAPT

North East Lincolnshire is part of an IAPT collaborative and is making a commitment in partnership with Lincolnshire, Leicestershire, Nottinghamshire, Nottingham City and Derbyshire to form a new collaborative in the East Midlands, to access more local arrangements. It is anticipated that this collaborative will commence the CYPIAPT programme in 16/17 and at the very latest in 17/18.

Furthermore, North East Lincolnshire and Lincolnshire also commission the same provider for CAMHS services and therefore this model also complements delivery across the local populations.

4.7 Conclusion

There is a clear indication that young people are more likely to suffer from mental health issues and incidents of self-harm are increasing locally, particularly amongst females and those who live in areas of higher deprivation. Older children also appear to be at greater risk of suffering mental ill-health.

Although there is a relatively comprehensive set of proxy indicators which allow an understanding of the mental health needs of children in North East Lincolnshire a participative mental health needs assessment would enable a complete picture of children's mental health needs to be developed and understood. An understanding of the primary contributors to mental health issues in young people is fundamental to local prevention.

5 Engagement and Consultation

This strategy is informed by need, local and national policy and the contributions from a wide range of stakeholders as detailed within appendix f including children, young people and families.

5.1 Children and Young People's Plan

Mental Health and Emotional Wellbeing has been identified as a priority by Young People in the 'Children and Young People's Plan', for the first time the CYYP (2014-2016) has been based entirely on the views and opinions of children and young people and within the plan young people have identified mental health and emotional wellbeing as a key area which affects young people in North East Lincolnshire.

Young people in North East Lincolnshire have highlighted the issue of self-harm and would like to see a reduction in the problem and more services, activities and support which promote positive well-being. This has been considered in our actions moving forward to ensure there are suitable preventative and early help programmes for young people.

5.2 Adolescent Lifestyle Survey

In North East Lincolnshire we also collect self-reported information from children and Young People through the adolescent lifestyle survey which is completed in schools, see section 4.4. The survey is currently being completed in schools and is due back for analysis at the end of December; we will use this information to shape and form some of the ideas in our transformation plan going forward.

There is also a system of "councils", one for each Academy as well as more special interest e.g. children in care, for young people to identify issues relating to health and wellbeing.

5.3 CAMHS

In addition, Specialist CAMHS continually collect and collate feedback from their service users and families, and provide service users with the opportunity to be involved in service planning and development and staff recruitment within Specialist CAMHS, and therefore have the opportunity to shape provision.

5.4 Transformation Plan

To develop the Transformation Plan a series of workshops have been held in North East Lincolnshire to review our approach locally against the recommendations and as a partnership we have completed a base line assessment which demonstrates our readiness

for implementing the plan. Our intention locally is to review the tracker on an annual basis to capture distanced travelled in fulfilling the recommendations.

5.5 Schools and GP's

Engagement with Schools and GPs has been slow but is building and we recognise this and will develop further opportunities over the forthcoming months to ensure our plan reflects our local needs. We have however engaged with 10 schools who intend to be part of our whole school approach to mental health pilot and have identified a name lead in each setting. The CCG will support engagement and required actions with GP's and general practice staff through existing forums and through GP education opportunities to ensure that they are fully engaged, as we see schools and general practice as critical to the successful delivery of the plan

In addition we also hope to refresh our Children Mental Health and Emotional Wellbeing strategy in 16/17 and the transformation plan will be an integral part to this document and approach.

5.6 Healthwatch

Healthwatch exists to provide a voice for local people, including children and young people, on health and social care issues. Where trends in issues emerge, Healthwatch will seek to investigate or review and to make recommendations to both commissioners and providers that seek to raise the quality and effectiveness of local provision. Healthwatch will therefore work alongside this strategy to ensure that the 'consumer voice' is heard and influences the development of this strategic plan.'

6 Current service delivery to support mental health and emotional wellbeing

Children and young people's emotional health needs are as important as their physical health needs and North East Lincolnshire Council is committed to ensuring that appropriate services are in place which promote, identify and manage the emotional and mental health needs of children and young people.

Children and young people's mental health and emotional wellbeing is delivered and supported by a variety of partner agencies, led by the local authority reflecting the long established partnership arrangement with the North East Lincolnshire Clinical Commissioning Group (NEL CCG).

North East Lincolnshire Council (NELC) feel that It is not the responsibility of one profession or organisation to improve the mental health and wellbeing of children and families in North East Lincolnshire, but it is about all partners working together either support parents in their parenting role to strengthen the mental health of children, or to directly to meet the needs of the child, young person and family.

6.7 School Support

This is a particularly important area of focus given that children spend a significant amount of time in schools, and the school can be a significant source of support for some children. Our Transformation Plan, as well as other local plans like the Prevention & Early Intervention Strategy, and our Schools Partnership Work all focuses on achieving a number of priorities including:

- *Working with nursery & school workforce to develop knowledge of mental and emotional health and how nurseries and schools can build resilience and protective factors in children.*
- *Working with nursery & school workforce to develop the skills and competence to recognise difficulties early and offer low level support, and recognising when further or clinical interventions are required.*
- *Developing whole school approaches and joint working pathways with other professionals like School Nurses and Specialist CAMHS.*
- *Schools currently access a variety of mental health promotion opportunities. Opportunities are accessed through both local authority offers and through private organisations making a clear core offer to schools difficult to map.*

The Developing Healthier Communities Team, through the Healthy Places Award Scheme, offers school mental health promotion interventions and training for both staff and children. At a basic level this is achieved through the sharing of resources and materials associated with positive mental health campaigns and the local 5 Ways to Wellbeing campaign – Are You Okay? Beyond this, schools are offered training opportunities in Youth Mental Health First Aid, Standard Mental Health First Aid, Understanding Loss & Bereavement. In addition, mental health literacy lessons are being piloted in schools in Key Stage 2 and 3, following analysis of results, these will be offered out to schools.

Research carried out in primary schools locally in 2013 related to mental health and emotional well-being indicated that:

- There were some concerns expressed about the level of support available for early interventions around the more complex issues, e.g. access to CAMHS, Social Services, Education Psychologists, because of changes in service structures, meaning that problems often need to get worse before access to the service. They feel that School Nurses are valued but are stretched and cannot offer as much support to PSHE and the prevention agenda as they would like.
- PSHE is not delivered consistently across North East Lincolnshire (NEL), with no set programme to follow, not always delivered in curriculum time and sometimes the coordination and delivery is by TAs (teaching assistants)

This is informing our overall approach in North East Lincolnshire where the vast majority of schools are academies to determine respective responsibilities of these independent organisations and the core offer from the local authority.

6.8 YOT

All young people involved with the criminal Justice system are individually assessed using the ASSET assessment tool which covers both Static and dynamic factors. One of the dynamic factors covered is emotional and mental health which is assessed initially by the Youth Offending Service Case Manager using a screening tool. Depending on the level of concern following the screening process the case manager may contact the CAMHS specialist linked to the service. CAMHS operate a weekly surgery service offering advice and support to YOS staff. This process enables YOS staff to explore their concerns with an expert and formulate a plan of action. This could lead to further work being undertaken by the YOS worker or possibly a fast track referral in to CAMHS to support a swift intervention. Cases are brought back for review as directed by the CAMHS specialist.

Over the last few months the Youth offending Service and Navigo have been working together utilising NHS England funding to develop a Liaison and Diversion service for young people in or at risk of entering the criminal justice system. This will be in place from late October 2015 and will complement the support provided by CAMHS. The service will look to support those young people with a range of emotional health needs and assist them in a variety of ways to prevent further offending. The service will focus on those young people presenting in the custody suite as well as referrals from YOS staff in relation to the delivery of community sentences. In order that the service commences with a strong focus of the needs of young people 2 staff have been seconded from the YOS into Navigo and will gain skills in the assessment of mental health needs. This is a pilot for 12 months with data from the process being reported to NHS England.

6.9 LAC

We recognise through our commissioning functions that there are a number of vulnerable groups of children who may need specific pathways of support or care, or whom we particularly need to focus on in terms of meeting needs. For example, children that are “looked after” (LAC), those with a disability, or those in the Youth Offending System, and we have developed specific local pathways for these children, and mechanisms to provide support and skills development to the workforce for these services. These are good examples of where Specialist CAMHS and universal health services like School Nursing work closely with social & residential care, schools and other stakeholders to ensure that children’s emotional and mental health needs can be identified and met.

6.10 CSE

Sexual exploitation of children and young people is child abuse and tackling child sexual exploitation is one of the most important current challenges for the North East Lincolnshire Local Safeguarding Children’s Board (NEL LSCB). It is the responsibility of all partner agencies to identify all children and young people at risk of exploitation, in order to prevent them from becoming victims, and it is the responsibility of all partner agencies to protect and safeguard all children and young people who are experiencing exploitation from further harm. In order to meet this challenge, a shared understanding of the problem and a shared responsibility to proactively address all areas of sexual exploitation is required. This will be achieved by efficient working partnerships between agencies with active coordination by the LSCB, in recognition that the most effective way to tackle this form of child abuse is via a committed coordinated multi-agency approach, in partnership with children, young people, families and communities.

Children and young people who are subjected to sexual exploitation can have serious long term issues affecting their physical and mental health and their overall well-being. Although young people aged 16, 17 and 18 are able to consent to sexual activity, they can still be subjected to exploitation and the exploitation can continue through to adulthood. The LSCB will therefore work closely with Adult Services within North East Lincolnshire to ensure children and young people continue to receive support through the transition phase from childhood to adulthood. CSE can also affect the lives of the child or young person's family and carers and can lead to relationship breakdown.

We recognise that action to tackle sexual exploitation should be proactive, focussing on prevention, early identification and intervention, as well as on disrupting activity and prosecuting perpetrators. It is important for cases to be risk managed so that interventions to safeguard children and young people are at the appropriate level according to the risk score. This process also supports and encourages the gathering of evidence to increase the chance of successful criminal prosecutions of their perpetrators, thereby safeguarding potential future victims.

Children and young people should be provided with preventative education at the earliest opportunity providing them with critical thinking skills and knowledge in relation to safe and healthy relationships. This will help them to avoid situations that put them at risk of sexual exploitation and know who to turn to if they need advice and support.

Comprehensive performance data provides evidence of positive impact in this area of activity with both victims and perpetrators. CSE activity in 2014/15 has featured the increased use of child abduction notices and a focus on building awareness and resilience through Sexual Relationship Education – with 600 participants in these activities.

Priorities for 2015/16 include the implementation of Phase 2 of 'Say Something If You See Something' campaign and additional training for elected members to increase their awareness of CSE issues.

During 2014/15, agencies throughout North East Lincolnshire have contributed to:

- Operation PRIAM patrols equating to 204 hours
- 635 young people contacted on the streets of North East Lincolnshire from June 2014 – March 2015
- 73 young people risk assessed through the MACE process to identify level of risk, required actions and support package
- 100% of all young people referred have been risk assessed through the MACE process of this 100:
 - 90% (65) female & 10% (8) males, giving a 9:1 split
 - 78% (57) young people referred to young and safe for support through interventions specific to CSE
 - 12% (16) young people not referred to young and safe as deemed at not at risk of CSE and not requiring any support from this service area, potentially referred to other areas of YPSS such as young carers and access partnership
- 74 crimes have been recorded and investigations commenced
- 23 Child Abduction Notices issued.
- 38 adult perpetrators identified by Humberside Police
- 12 successful prosecutions 90% success rate
- Over 30 years in sentences received
- 6 LSCB CSE level 2 training sessions delivered, with 103 attendees
- Over a 90% mark of excellent provided to the training within the evaluation.
- Attendees have commented on how much more confident they feel in now identifying the signs and symptoms of CSE and where to seek assistance.

- 12 briefing sessions delivered to 398 attendees, including front line health practitioners, including GP's and NELC elected members
- 1 young person in secure settings due to CSE and
- 5 Young People placed in Local Authority Care due to CSE

6.11 CAMHS

Specialist CAMHS commissioning is now successfully led by NELC and since 2008 NELC have re-commissioned Specialist CAMHS from a new provider; driving up performance of timely access to service, developed new focused clinical pathways, and developed a responsive and successful CAMHS intensive outreach team which responds to young people with complex needs, thereby reducing significantly the need for specialist CAMHS provision/beds by NE Lincolnshire children and young people.

Specialist CAMHS delivers provision for early intervention and specialist mental health services, as well as intensive outreach, and manages the referral responsibility for Specialist in-patient placements.

6.11.1 Review of service

The Specialist CAMHS service undertook a review of their current offer in 2013, this involved reviewing NICE guidelines relevant to mental health and developing Specialist CAMHS treatment pathways and specific support pathways. These pathways detail what treatment will be delivered from moderate to severe.

To be able to deliver this model staff were trained in different therapeutic skills which include:

- Cognitive Behaviour Therapy
- Dialectical Behaviour Therapy
- Brief Solution Focused Therapy
- Inter personal Therapy
- Eye Movement Desensitising Reprocessing
- Theraplay
- Play Therapy

These therapies are delivered in groups or at an individual level dependant on the young person's needs.

It is felt that early help is an area which needs more development this would be developed and delivered in partnership with the School Nurse Service at a primary level. Local plans are to develop the skills of school nursing using CBT and providing a CBT supervisor to support this intervention. We also plan to work towards the children's IAYPT programme in 16/17 which would complement this piece of work (see section 4.6).

6.11.2 Intensive Outreach CAMHS

Since August 2013 a (formally Tier 3 plus) 'Crisis and Intensive Home Treatment' has been in operation in North East Lincolnshire offering a 24 hour service, 7 days a week. This service provides a quick response and timely discharge from the acute hospital, which

ensures the young person, is not spending time in a hospital longer than necessary and has the right mental health support in the community, ensuring parity of esteem.

In the past two years there has been a significant reduction in in-patient Tier 4 admissions, as detailed in the *table 2* below. This indicates early signs of successful for the crisis and intensive home treatment pathway. There is also very strong links with the local Crisis Care Concordat working group to join up crisis care response in North East Lincolnshire across the lifecourse.

As such the service has been approached by other localities to apply this model as a framework for best practice, these localities include Humber NHS Foundation Trust, Cwm Taf UHB CAMHS (Wales), Tees and Esk and Wear Valleys NHS Foundation Trust.

Table 2: Summary of CAMHS patients by service in North East Lincolnshire

Number of admissions	PCT	CCG			Grand Total
Service	2012/13	2013/14	2014/15	2015/16	
CAMHS Acute				2	2
Adolescent		1	2		3
Eating disorders		1			1
Learning disability		3	1		4
Low Secure		1			1
PICU		7	2	1	10
Total patients	0	13	5	3	21

Occupied bed days	PCT	CCG			Grand Total
Service	2012/13	2013/14	2014/15	2015/16	
CAMHS Acute				33	33
Adolescent		47	152		199
Eating disorders		119			119
Learning disability		225	81		306
Low Secure		316			316
PICU		546	72	55	673
Grand Total	0	1253	305	88	1646

6.12 Crisis Care Concordat

The Mental Health Crisis Care Concordat in North East Lincolnshire is being implemented through a multi-agency group representing the following organisations:

- NEL CCG
- NELC
- Navigo (Adult Mental Health Provider)
- LPFT (CAMHS provider)
- Humberside Police
- EMAS (Ambulance)
- Foundations (Drug & Alcohol provider)
- Open Door (3rd sector provider)
- Rethink Mental Illness (Adult MH Crisis Line and Crisis Bed provide)
- Developing Healthier Communities (NELC)
- NL&GFT (A and E and Acute Hospital provider)

The Concordat meets regularly to monitor the implementation of the cross-agency plan with the aim of improving the Mental Health Crisis pathways. The plan, approved by Health and Wellbeing board, covers both Children's and Adults Crisis Pathways. Included in the Child Services Actions are:

- Enabling access to information and self-help both before and at the time of need
- Standardising response times across services
- Development of multi-agency focus meetings for children and young people with complex mental health issues and/or challenging behaviours – high intensity needs
- Mapping the crisis pathway including hours of access
- Enabling responsive access to Specialist CAMHS
- Development of Place of Safety for children & young people
- Development of robust escalation for children whose needs require a patient service.
- Access to advice from Crisis and Intensive Home Treatment' for police officers by telephone
- Development and promotion of Offender and Youth Offender project (a Specialist CAMHS out-reach)
- Improving support for those that are characteristically impulsive (e.g. ADHD & Autism)
- Follow-up of C&YP detained under Section 136
- Including identification of children from armed forces families within Specialist CAMHS assessments

Many of these have been achieved since the inception of the concordat, and the Concordat's Action Plan is currently being reviewed and developed. C&YP elements under consideration for inclusion in the reviewed action plan include:

- Development of single Point of Access process for children's services – this is being developed through Family Hubs by the Council
- Closer working with Early Intervention, Eating Disorders, and CAMHS services

- Exploring where flexible transitions may be useful and appropriate, enabling Children's services to maintain involvement through to age 25, and enabling Adult Services some involvement earlier than age 16 where appropriate.
- Improving resilience, including Mental Health and Emotional resilience, for Children and Young People, especially young men (as identified in recent suicide audit)

Locally we are currently developing a Place of Safety for children and young people to respond to the Section 136 requirements. We anticipate that there will be provision in place by the 1st April to support this locally. An interim arrangement is in place that includes using either the child's home, A & E or police cell until the PoS is complete.

7 Prevention and Early Help

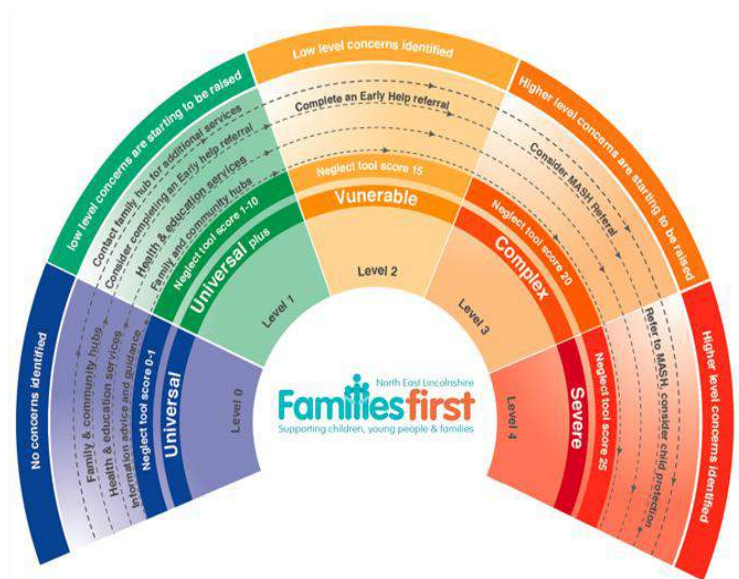
We recognise the contributions that all services in our locality can contribute to this agenda and that some services will not fit neatly into the tiered categories which Specialist CAMHS have moved away from some months ago, therefore we want to offer a more flexible and holistic approach to supporting children, young people and families which can cross cut tiers. We will work in partnership with the Prevention and Early Intervention Model to ensure mental health and wellbeing support is integrated into the 'families first' pathways and assessment framework, as shown in diagram 2, to ensure all health and social needs of the young and families can be met as a partnership.

North East Lincolnshire Council's Prevention and Early Intervention Strategy sets out the authorities ambition for the development of services aimed at improving outcomes for vulnerable children, young people and families, ensuring that the right support is given at the right times. It acknowledges that children and young people who have an identified mental health problem or whose parents or carers have mental health issues are more likely to experience difficulties in their lives and may need support to help overcome them.

Family Hubs across the local authority area provide access to information, advice, guidance and support to families with children aged 0 to 19 years. Their aim is to identify children and families with high risk factors and/or low protective factors, in order to provide support at the earliest opportunity. This is achieved through a universal pathway of age and stage contacts by varying agencies, enabling professionals to identify early indicators of concern. Referrals are then completed in order to access appropriate support through the Family Hub weekly allocation meeting and its multi-agency panel.

The Family Hubs already deliver a wealth of activities within their remit of Sure Start Children's Centres which promote positive mental health and resilience in children and their parents and offer services up the age of 14 years... Such activities include teaching parents about the importance of bonding and attachment, holding, talking and responding to their babies to providing strategies on coping with crying and unwanted behaviours. Building on this practice, Family Hubs have extended their remit to the 0 to 19 agenda and will work with partners to offer information, advice, guidance and sign posting to further promote and improve children and young people's mental health and wellbeing.

Diagram 2: 'Families First' Child Concern Model



8 Systemic Change

The Children's Social Care Innovation Programme is also another vehicle that will support the delivery of this plan as it seeks to inspire whole system change so that in five years we achieve:

- Better Life Chances, for children receiving help from the social care system
- Stronger Incentives and mechanisms for innovation, experimentation and replication of successful new approaches.
- Achieve better value for money across children's services.

The local programme adopts four different practices to create a new model for social care which will change how organisations work together to safeguard vulnerable children, how staff work, how we interact with service users and how we deliver the change we need. We have called this approach the Creating Strong Communities (CSC) model.

Diagram 3: 'Creating Strong Communities Model



Signs of Safety is a strengths based practice model which will be implemented across the whole social care spectrum, from Universal Services right through to Front Line statutory services. This practice will provide NELC with a common language and approach which has family involvement at the heart of practice. We are launching the Single Assessment and plan which flows from Universal Plus through to Statutory Services for children which will include mental health and emotional wellbeing. There is a significant workforce development plan which is in place to embed this practice across the whole children’s social care workforce and is linked to the Local Children’s Safeguarding Board (LCSB) training plan. Mental health capabilities will be detailed in this plan.

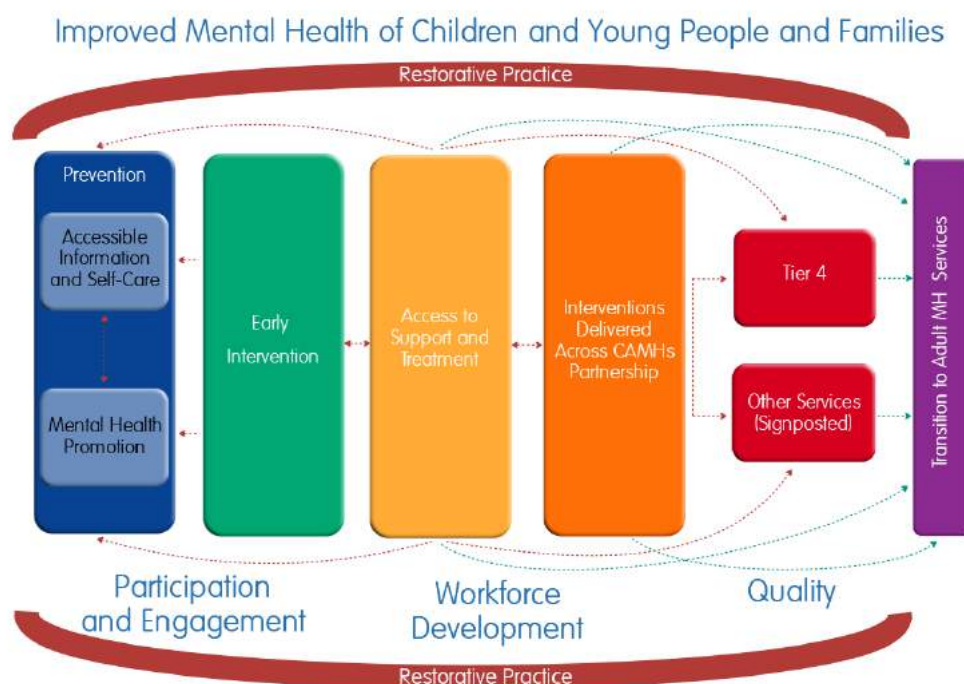
Restorative Practice is the golden thread that runs through every element of the programme and is fundamental to the building of relationship with families in practice. Restorative Practice aims to build resilience in individuals and create a respectful and collaborative relationship context in which both challenge and support is consistently characterised by working ‘with’ people, rather than doing things to them or for them.

The development of a Family Group Conference Service is a model of working which the whole (family & extended family members) can help make decisions about the best way to support the family and take care of their child; this model builds resilience in families and together with Signs of Safety creates safety for children within their own families.

Outcomes Based Accountability (OBA) is a conceptual approach to planning services and assessing their performance that focuses attention on the results – or outcomes – that the services are intended to achieve. In essence OBA will be a way of recording “how much we are doing”, “how well we are doing it” and “has it made a difference”. This approach will be adopted as a way of planning and monitoring this plan.

These work streams will be integrated into a pathway which reflects our local approach to embedding a culture which promotes mental health and emotional wellbeing across the locality.

Diagram 4: Proposed local ‘Mental Health and Emotional Wellbeing Pathway’



9 Collaborative Working

The Yorkshire and Humber (Y&H) Mental Health Specialised Commissioning Team works closely with identified lead commissioners in each of the 23 CCG areas across Y&H to ensure that specialised services feature in their local planning. This work is done collaboratively through the Children and Maternity Strategic Clinical Network which includes all relevant stakeholders. There are a number of forums across Y&H where collaboration take place, these include for example, the Y&H CAMHS Steering Group, Specialist Mental Health Interface Group and also through individual meetings between NHS England and local commissioners. This way of working ensures that the whole pathway is looked at when considering the development of services for children and adolescents.

9.1 Specialist Services**

The National CAMHS Tier 4 Review identified Y&H as one of the two areas nationally that was experiencing the most significant capacity issues. These issues are regularly discussed and reviewed locally and regionally. The national pre-procurement project reported in July, recommendations in relation to procurement of Tier 4 services are due to be announced imminently.

In April 2015 the number total of beds in Y&H is 90 which equates to 53 general adolescent and 37 other. This also accommodates capacity for population of East Midlands.

Furthermore the following provision is available:

Facilities	Capacity	
Leeds and York NHS Partnership FT (York)	16 general adolescent beds, deaf outpatient services	
Leeds Community NHS Healthcare Trust (Leeds)	8 general adolescent beds	
Riverdale Grange (Sheffield)	9 CAMHS Eating Disorder beds	
Alpha Hospitals (now part of Cygnet Hospitals) (Sheffield)	15 general adolescent beds, 12 paediatric intensive care unit beds	
Sheffield Children's Hospital NHS FT(Sheffield)	14 – 18 years of age	14 beds
	10 – 14 years of age	9 beds
	8 – 18 years of age	7 beds LD non-secure
	5 – 10 years of age	** beds day care

9.2 Provision required**

Across Y&H, we have considered in some detail what provision is required, below is a summary position, modelling work regards bed numbers is ongoing and includes consideration of the natural patient pathways for young people from the East Midlands.

Adequate capacity regarding general adolescent beds in appropriate geographical locations - current lack of provision in West, North and East of Yorkshire – over provision in the South
Access assessment arrangements that reflect location of general adolescent services.

- Eating Disorders: North and South of the hub area
- PICU: North and South of the hub area, co-located with general adolescent service
- Children: Y&H central geographical location
- Low secure -mixed gender: Y&H central geographical location
- Low Secure and none secure learning disability/ASD: Y&H central geographical location
- Other services will continue to be provided on a regional basis e.g. Medium secure or national basis, e.g., in patient deaf services

9.3 Other Issues Relating to In Patient Services

Since November 2014 access assessments arrangements have been formalised across Y&H to enable equity of access for all geographical areas and specialist provision required by ensuring that all access assessments are undertaken by tier 4 clinicians.

These arrangements are underpinned by the National Referral and Access Assessment Process for Children & Young People into Inpatient Services (Specialised Mental Health Services Operating Handbook Protocol). In addition Care and Treatment Reviews (CTRs) were developed as part of NHS E commitment to improving the care of people with learning disabilities (LD) and/or autism (ASD).

The aim is to reduce unnecessary admissions and lengthy stays in hospitals. Children and young people with a diagnosis of LD and/or ASD from Y&H have had access to CTRs whilst in hospital and often prior to referral to inpatient services.

9.4 In Summary**

NHS England and local commissioners work collaboratively in Y&H to ensure work is consistently undertaken to understand and address local issues that influence admissions to and length of stay within CAMHs inpatient services.

The variation of CAMHs service provision across Y&H is monitored through local and hub wide data to help identify trends/themes. Y&H MH Specialised Commissioning team have positive relationships with local commissioners and this is a significant determinant to ensure that local pathways work effectively to provide a whole system approach.

The work undertaken with local commissioners as part of the transformation plans has aimed to ensure that the right services are in the right place, accessed at the right time and based on local population need.

Through the transformation plans all opportunities for collaborative commissioning have been explored. Good examples of these opportunities are in CAMHs Eating Disorder and Intensive Community Provision.

10 Local Transformation Plan

10.1 Key Deliverables/ Metrics for Delivery

The following sections have been developed to set out the scope of the work which is intended in the first year of the programme. The first section highlights specific national programmes of work which NELC will engage with and the subsequent plans are aligned to the Future In Mind priorities (*chapters 4-9*).

The strategy group will oversee the implementation of the plans and monitor risks and report through the governance structure as outlined in appendix b. This document will remain live which will allow for any changes in local need and priorities.

National Priorities							
No	Activity	Action	Outcome	Budget 2015/16	Timescale	Lead Agency	Tracker
NP.1	CYPIAPT	<ul style="list-style-type: none"> Waiting for a new collaborative to emerge which is accessible to NEL through a partnership arrangement with East Midlands 	NEL is a CYPIAPT area	-	16/17 or 17/18	NELC, LPFT	Row 43 annex 3
NP.2	Eating Disorders	<ul style="list-style-type: none"> Review EDs requirements with LPFT to ensure conformity with standards where future need may require the development of a service Closely monitor EDs referrals with LPFT to identify an increase in need, where need is identified work with Lincolnshire CCGs to purchase support through their collaboration and community eating disorders service <p>Alternative use of EDs monies</p> <ul style="list-style-type: none"> Appoint CAMHS support workers to develop advice support and guidance on self-harm for CYP settings Develop a self-harm prevention curriculum for schools, underpinned by policy and the whole school approach to mental health (<i>theme 1</i>) Develop a training programme delivered by CAMHS and school nursing for the children's workforce 	Stigma and culture in relation to self-harm is changed	FiM £93,243	15/16	NELC, LPFT	Row 47 annex 3

		<ul style="list-style-type: none"> • Improve awareness and information for young people and to challenge the stigma attached to self-harm • Develop links to alcohol and substance misuse to ensure there is effective support and services for CYP 					
NP.3	Perinatal mental health (FiM: 1, 4)	<ul style="list-style-type: none"> • Review current peri/postnatal depression offer and implement joint working arrangements to reduce the incidence of peri/postnatal depression • Identify gaps and produce recommendations for strategy group • CCG Homestart programme piloted • Develop and define the role of the specialist perinatal mental health clinician • Training identified for a range of colleagues across the statutory and voluntary sectors to support positive mental health 	Increased number of women receiving early appropriate support and treatment for PNMH Improved maternal mental health and improved outcomes for children	NEL CCG £70k	15/16	NEL CCG	Row 48 annex 3
NP.4	<i>*CAMHS school Pilot</i>	<ul style="list-style-type: none"> • Engage with 10 named schools see appendix h • Identify a mental health champion in each school • Appoint a CAMHS lead to work in schools based in LPFT • Provide training to staff in schools and to relevant services who interact with schools (Youth Offending, Looked After Children, School Nursing) • Implement whole school approach to mental health as detailed in <i>Theme 1</i>. • Incorporate identification and assessment as part of training module linked to the families first model (Prevention and Early Intervention Strategy: NELC) 	Raise awareness and improved knowledge of mental health issues amongst school staff Improved CAMHS understanding of specific mental health and well-being issues within schools Joint working between	NELC £45k	15/16	NELC/ LPFT	Row 49 annex 3

			schools and CAMHS				
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**Although not successful in the national pilot for the CAMHS school pilot because the schools have expressed interest to be involved locally determined programme and as such a programme is being developed with schools to complement the whole school approach to mental health framework detailed in theme 1 below this action will also support the delivery of theme 5.*

Theme 1		Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people (Chapter 4 Future in Mind - 1,2, 3, 4, 5, 8, 9, 10, 18, 40, 43, 44)					
Objective <i>We aim to empower children, young people and families to develop resilience and emotional wellbeing to look after their own mental health and wellbeing through self-care.</i>							
No	Activity	Actions	Outcome	Budget	Time Scale	Lead Agency	Tracker
1.1	Create a communications and marketing strategy for CYP emotional health and wellbeing	<ul style="list-style-type: none"> Local strategy created Actions identified for 16/17 to raise awareness and de-stigmatise mental health in the community 	<ul style="list-style-type: none"> An Integrated CYP mental health offer which: utilises digital tools effectively, offering people the opportunity to engage with services online rather than face to face as a first point of contact and involves CYP to shape local services 	£33K	15/16	NELC Claire Thompson	Row 62 annex 3
1.2	Develop a range of resources in collaboration with CYP which encourage resilience and self-care.	<ul style="list-style-type: none"> CYP apprentice recruited to engage with CYP in the community Audit need with CYP, carer's/ parents and professionals Local/ national resources identified to be utilised locally 					
1.3	Cascade young people's youth health champions programme to facilitate sign posting peer to peer to promote children and young people's mental health and wellbeing	<ul style="list-style-type: none"> Consultation with participation user groups to identify what peer support is needed to further develop programme Train YP as Youth Health Champions in CYP settings 	<ul style="list-style-type: none"> Increased Resilience in local communities Reduced Bullying Raise awareness Reduced perception of stigma 	£30k	15/16	NELC Developing Healthier Communitie s	Row 65 annex 3

1.4	<p>Prioritise early help and intervention through a structured programme of support for at risk families (0-2 years) through Pioneer Communities programme</p>	<ul style="list-style-type: none"> • Implement Wave Trust pioneer communities programme • ABCD asset mapping of communities • Review existing parenting programmes • Deliver risk assessment in pregnancy training • Implement VIG for parental atunement • Further roll out attachment work to enhance bond between parent and child, avoid early trauma and help build resilience and improve behaviour 	<ul style="list-style-type: none"> • Reduced numbers and % of early identifications of mental health and wellbeing needs in CYP 	£100k	15/16	NELC Prevention and EI Steve Kay	Row 64 annex 3
1.5	<p>Redesign and implement a whole school approach to mental health in partnership with School Nursing, Educational Psychology and Educational settings</p>	<ul style="list-style-type: none"> • Implement an evidenced based whole school approach (WSA) to mental health in 10 schools • Mapping of schools and services they purchase to support mental health • Define low level support and pathways for schools (Early Help) 	<ul style="list-style-type: none"> • Increased Resilience in local communities • Reduced Bullying • Raise awareness and knowledge of the education workforce 	£32k	15/16	NELC Marnie Aston	Row 52 annex 3

		<ul style="list-style-type: none">• Extended existing secondary counselling service to primary aged children• Identification of training and support needed by schools and professionals supporting schools• Review findings of local Adolescent Lifestyle Survey 2015• Named contact/ liaison officer for schools, GPs and family hubs for CAMHS					
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Theme 2		<i>Improving access to effective support (FiM: 6,7,11,12,16,17,19)</i>					
Objective							
<i>We want to intervene early in children and young people's lives with appropriate support when issues emerge for children, young people and their families; by making the best use of developing technology and existing resources, and ensuring that the support mechanisms are skilled, developed and can respond</i>							
<i>We will ensure pathways for mental health support are effective across the life course and transitions into services are smooth</i>							
Funding allocation: Theme 2							
FiM							
No.	Activity	Actions	Outcome	Budget	Time Scale	Lead Agency	Tracker
2.1	Undertake a participative health needs assessment for mental health and emotional wellbeing.	<ul style="list-style-type: none"> • Health needs assessment completed; • Including a review of the current CAMHS pathway with young people and ensure that a revised pathway includes Early Help (Pre-CAMHS support) - tracker include money to develop this • Consult with children and young people meaningfully and as an ongoing process – to review the impact of changes and the quality of services and support ongoing service improvement • Consult with parents and carers to ensure there needs are also reflected in local services 	<ul style="list-style-type: none"> • CYP, Parents and Professionals views will be embedded into services and as a result pathways can be improved 	£14k	15/16	NELC Stephen Pintus	Row 50 annex 3

		<ul style="list-style-type: none"> Recommendations presented to strategy group for consideration 					
2.2	Identify a suitable place for a single point of access for advice and support which complements existing provision in the community and public sector.	<ul style="list-style-type: none"> Audit existing provision and current assessments Explore mental health, emotional wellbeing and behaviour pathways and align Define a local menu of intervention Simplify access by aligning mental health and emotional wellbeing support into the families first model Ensure SPA is complemented by appropriate resources and information as identified in Theme 1 Explore involvement with the Third sector 	<ul style="list-style-type: none"> Access to the right service, first time CYP, Parents and Carers will know where they can go to access support Online content is available anywhere, anytime which will support working families 	TBC 16/17	15/16 16/17	NELC Lauren King	Row 51 annex 3
2.3	Empower universal and early help practitioners to support CYP when an issue is identified (rather than make a referral) where appropriate	<ul style="list-style-type: none"> Define appropriate training for universal and early help children's workforce Align assessment tools into families first model and allocation meetings 	<ul style="list-style-type: none"> Referrals are made at the right level, at the right time Access to the right support, first time Children & young people's emotional/mental health needs are managed at an Early help level 	N/A	15/16	NELC PEI Steve Kay	Row 63 annex 3

		<ul style="list-style-type: none"> Develop consistent policies, procedures and referral pathways across CYP settings 			16/17		
2.4	Review local crisis model and ensure that it is in line with the Crisis Care Concordat and psychiatric liaison service.	<ul style="list-style-type: none"> Align CAMHS crisis response team with local liaison mental health funding to further develop psychiatric liaison services Further develop place of safety offer in NEL and explore a Humber Partnership approach 	<ul style="list-style-type: none"> Integrated response to Crisis across the lifecourse No young person to be detained in a prison cell 	NHSe £74K	15/16 16/17	NEL CCG Leigh Holton	Row 53 annex 3

Theme 3		<i>Care for the most vulnerable (FiM: 15, 13, 14, 21, 22, 23, 24, 25)</i>					
Objective <i>Ensure local services are evidenced based, appropriate, accessible and ,meet the needs of those children, young people and families who need additional support; transitions into service are smooth and responsive to their needs and provided close to home</i>							
Funding allocation: Theme 3							
No.	Activity	Actions	Outcome	Budget	Time Scale	Lead Agency	Tracker
3.1	Review local pathways to ensure there are processes in place for vulnerable groups to prevent further escalation of problems and considering the holistic needs of the child.	<ul style="list-style-type: none"> Scoping exercise to be undertaken, through effective consultation to identify hard to reach groups and establish barriers to accessing services, and clear actions to overcome these Scoping exercise to include the following user groups: LAC, Learning disabilities, CYP in the criminal justice system, Victims of Child Sexual Exploitation / Sexual abuse, Young people who are Lesbian, Gay, Bisexual and Transgender, BMEs, Post adoption support, Young carers, CYP whose parents misuse substances including alcohol, or have mental health problems or learning 	<ul style="list-style-type: none"> Improved access to services for the most vulnerable and hard to reach groups Integrated offer Young people engaged in a single system Providers empowered and supported 	TBC 16/17	16/17	NELC Claire Ward	Row 55 annex 3

		<p>disabilities, have chronic physical health problems</p> <ul style="list-style-type: none"> • A clear offer is articulated and in place for vulnerable and excluded children, including how access can be improved 			16/17		
3.2	Investigate causes of longer waiting times for vulnerable groups and implement appropriate changes to ensure that all vulnerable children are seen within national waiting time's standards.'	<ul style="list-style-type: none"> • Effectively target and engage vulnerable groups in services to ensure the full spectrum of mental health needs is addressed • Implementation of service model 	<ul style="list-style-type: none"> • Reduced wait times for our vulnerable groups 	N/A	15/16	NELC/ CAMHS contract Board	Row 56 annex 3

Theme 4		Accountability and Transparency (FiM: 30)					
Objective							
Accountability and Transparency of commissioning, governance and performance arrangements through a clear terms of reference and escalation to strategic planning groups for monitoring of delivery of the transformation plan							
Funding allocation: Theme 4							
No.	Activity	Actions	Outcome	Budget	Time Scale	Lead Agency	Tracker
4.1	Use Transformation Plan as the basis for Children and Young People's mental health commissioning priorities until 2020.	<ul style="list-style-type: none"> Align intentions to widen 0-19 children's health commissioning framework Support CCG with life-course approach to mental health Review and update relevant needs assessments 	<ul style="list-style-type: none"> Coordinated approach to CYP mental health and emotional wellbeing 	TBC 16/17	15/16 16/17 16/17	NELC Children 'partnership board/ Mental Health Commissioning Forum	Row 57 annex 3
4.2	Embed the responsibility of overseeing the Transformation plan as part of the Children's Partnership Board whom report directly to the Health and Wellbeing Board. Existing Resource	<ul style="list-style-type: none"> Agreed governance arrangement aligned strategically with HWB Theme leads to be held account by HWB 	<ul style="list-style-type: none"> Strategic buy in to the promotion and prevention of children's mental health and emotional wellbeing 	TBC 16/17	15/16	NELC Children's Partnership Board	Row 58 annex 3
4.3	Ensure the Children and Young People Mental Health and Wellbeing Strategy Group is overseeing the monitoring of the strategy and coordinates local priorities, evidence of need and future direction. Future in Mind Funded	<ul style="list-style-type: none"> Implementation plans to be created for themed areas and delivered by task and finish groups Identify gaps in data/ services to inform future commissioning arrangements 	<ul style="list-style-type: none"> Implementation of local transformation plan by themed groups 	TBC 16/17	15/16	NELC Children and Young People Mental Health and Wellbeing Strategy Group	Row 59 annex 3

Theme 5		<i>Developing the workforce (FiM: 4, 9, 40, 41, 42, 45)</i>					
Objective							
<i>Identify the necessary training, skills, knowledge and awareness for staff at all levels so they can support children, young people and their families</i>							
Funding allocation: Theme 5							
No	Theme	Milestones	Outcome	Budget	Time Scale	Lead Agency	Tracker
	Audit all existing training for mental health for the children's workforce and ensure provision is in line with recommendations.	<ul style="list-style-type: none"> Audit and evaluate existing training available for the workforce 	<ul style="list-style-type: none"> Improved skill set of the workforce Professionals working with C/YP are able to respond to a broader range of needs – a workforce will be developed with the right mix of skills and competencies to complement existing experience 	£11,482	15/16 1	NELC/ Debbie Walden	Row 60 annex 3
	Identify any gaps in mental health training for the children's workforce.	<ul style="list-style-type: none"> Gap analysis completed Recommendations presented to strategy group 					
	Roll out Youth Mental Health 1st Aid across the children's workforce	<ul style="list-style-type: none"> First wave of training delivered to front line workers 		£12500	15/16 16/17	NELC Developing Healthier Communities	Row 61 annex 3
	Define a framework for children's workforce for mental health skills, capabilities and training in line with pre-existing frameworks (SCIF) and local children's safeguarding board.	<ul style="list-style-type: none"> Framework developed for children's workforce taking into account work undertaken as part of <i>theme 3</i> 		n/a	16/17	NELC Creating Stronger Communities Steve Kay	Row 60 annex 3

11 Implementation

The transformation plan has been developed collaboratively with representation from a variety of partners and has achieved strategic buy-in as outlined in the governance structure appendix b.

The implementation of the action plan will be reported regularly to the Health & Wellbeing Board to maintain progress and manage strategic links locally, and through the joint Health and Wellbeing Strategy. The Children and Young People's Mental Health and Emotional Wellbeing strategy group will support the delivery of the transformation plan, with governance and challenge through the Children and Young Peoples Partnership Board

The Children and Young People's Mental Health and Emotional Wellbeing strategy group will meet on a bi-monthly basis to oversee the transformation plan.

The key agencies represented on this strategy group include:

- North East Lincolnshire Council
- North East Lincolnshire Clinical Commissioning Group
- Lincolnshire Partnership Foundation Trust
- GPs
- Northern Lincolnshire and Google Hospital
- NAVIGO
- Foundations (Drug and alcohol service)
- Police
- Health Watch
- North East Lincolnshire Parents Forum

The function of the group on publishing the transformation plan will be to task a series of themed task and finish groups to develop implementation plans for outcome areas. These theme groups will be tasked with operational implementation in their theme area. A variety of task and finish groups have been developed or are in development to deliver the themes and actions included with this plan including:

- Peri-Postnatal mental health
- Mental Health and Wellbeing in Schools
- Suicide Prevention
- Crisis Care Concordat
- Behaviour Support Pathway
- SPA/ Families First Access Point
- Single assessment / families first model
- Workforce Development/ Creating stronger communities
- Transitions
- LAC/ Vulnerable Children

11.1 Resource

To support the themed groups the funding will enable dedicated project workers to support the implementation and coordination of the actions and clinical staff members to implement training, support and guidance to CYP settings including:

- Young People Support Service – Counsellor (Primary)
- CAMHS School Link Worker
- CAMHS Assistant School Link Worker
- CAMHS Self-Harm Prevention Practitioner
- CAMHS Self-Harm Prevention Assistant
- Apprentice for Marketing and Communications for CYP
- Project Officer - Mental Health and Wellbeing (Starting well)
- Project Officer – Mental Health and Wellbeing (Developing well)

11.2 Plan

The plan has been signed and approved by Stephen Pintus, Director of Public Health on behalf of the Chair of the Health and Wellbeing Board and the board have received the plan.

The plan will be published on 1st December 2015 on the following websites:

- North East Lincolnshire Council: <http://www.nelincs.gov.uk/>
- North East Lincolnshire Clinical Commissioning Group: <http://www.northeastlincolnshireccg.nhs.uk/>

11.3 Key Strategic Links

- The transformation plan supports and is supported by the action plan devised by the North East Lincolnshire Mental Health Crisis Care Concordat, having informed and being informed by actions in the Concordat's Action Plan in relation to the transformation of mental health services for children and young people. This includes the development and maintenance of Liaison Psychiatry functions for CAMHS service as supported through the Strategic Resilience Group plan, underpinned by the Parity of Esteem agenda.

- Further enabling the transformation plan new strategic Mental Health Commissioning forum has been commenced involving CCG, Local Authority, and Public Health. It is the aim of this group to develop and extend the Outcomes Framework to encompass Mental Health across the spectrum of Mental Health and across all age ranges.

Annex 1: High Level Summary

Annex 1: Local Transformation Plans for Children and Young People's Mental Health

Please use this template to provide a high level summary of your Local Transformation Plan and submit it together with your detailed Plan (see paragraph 5.1.4)

Developing your local offer to secure improvements in children and young people's mental health outcomes and release the additional funding: high level summary



Q1. Who is leading the development of this Plan?

(Please identify the lead accountable commissioning body for children and young people's mental health at local level. We envisage in most cases this will be the CCG working in close collaboration with Local Authorities and other partners. Please list wider partnerships in place, including with the voluntary sector and include the name and contact details of a single senior person best able to field queries about the application.)

The lead commissioner for the transformation is North East Lincolnshire Council

The lead contact for the plan is:

Stephen Pintus
Director of Public Health
NELC
Municipal Offices
1 Town Hall Square
Grimsby
DN32
Tel: 01472 324012
Mob: 07701 285301

The transformation plan was developed through a stakeholders forum – details of attendees can be found in appendix g and details of governance in appendix b.

A number of these groups have contributed to the strategy and new task groups established to support the strategy group, which will lead the key elements of delivering and further developing our aspirations in NEL. Details of the arrangements can be found in section 11 of the local transformation plan.

There are clear governance arrangements in place please see appendix b with a strategy board developed to oversee the strategy. These arrangements are highlighted in section 11 of the plan.

The plan has been presented and supported at the Health and Wellbeing Board.

Q2. What are you trying to do?

(Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people's mental health outcomes. What will the local offer look like for children and young people in your community and for your staff?). Please tell us in no more than 300 words

In North East Lincolnshire we will build on our multi-agency approach to coordinate provision across all tiers so that stakeholders are clear of their roles and responsibilities. This partnership approach will highlight the need to develop new care packages and pathways to ensure those most in need receive the care required.

All partners will be involved in the care pathway, and universal and early help practitioners will be empowered to support CYP with their mental health and wellbeing needs, through training, a clear pathway and clinical support and oversight. Partners will be aware of the support for CYP and their families and how they can meaningfully contribute to this. Care will be coordinated and Crisis response and specialist services will be supported and engaged in this model.

Care will take a whole family approach, with the integrated care offered including support to parents, carers and siblings to ensure the work with the child or young person is embedded, and that CYP are supported to live in an environment that nurtures positive mental health and wellbeing.

Children, young people and their families will not have to repeat their story. They will be able to access support in an environment that is right for them, including their school, in their community and through the services they already access. They will be able to seek help online. They won't have to go to their GP for a referral, if they choose not to.

The outcome will be CYP being supported before their issues can escalate, by services they choose to engage with, and have a positive and meaningful relationship with.

We also want to invest and empower professionals to be able to provide the appropriate support to children, young people and their families or understand how to use a single referral system if more specialised support is required.

Q3. Where have you got to?

(Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in *Future in Mind* e.g. progress made since publication in March 2015.) Please tell us in no more than 300 words

1. We have agreed focus on Self – Harm prevention in partnership with CAMHS and School Nursing due to low number of Eating Disorder presentation in NEL.

<ol style="list-style-type: none"> We have established a working group for perinatal and postnatal mental health. The group has commenced auditing and understanding the gaps and has representation from service users. We have established an education working group, to develop support for children and young people at the earliest opportunity. The group is testing a framework for the whole school approach to mental health. The model for integrated family hubs has started to be established and the families first model has been launched. We have created five locality hubs and have started to pilot multi-disciplinary team meetings and integrated case allocation. Exploring an approach with professionals for the 0-2 years to reduce the risk of mental ill health post-natal and in CYP Auditing attachment training and delivering the Happy Baby programme for professionals as part of the prevention and early intervention strategy. The strategy board will continue to monitor and implement the transformation plan, to ensure sufficient grip and pace through this process. The sub groups will also continue to lead the specific themes of work.
<p>Q4. Where do you think you could get to by April 2016? (Please describe the changes, realistically, that could be achieved by then.) Please tell us in no more than 300 words</p>
<ol style="list-style-type: none"> Undertake a participatory needs assessment for children's mental health A review of our investment in services, making sure there are sufficient resources in the right places, to meet need early enough to prevent things getting worse Review programmes that support children's mental health and wellbeing to ensure we are providing the right support at the right time and identify any gaps in provision aligned to future in mind and NICE guidance (other national/ local strategies e.g. suicide prevention strategy) Publicise investment in children's mental health and wellbeing making investment and resource transparent Review current training available to the children's workforce which supports mental health and wellbeing and develop a framework which ensures staff have the right skills to support our CYP and families

<ol style="list-style-type: none"> Develop a platform where young people and their families can access advice and guidance promoting self-help and improving resilience by involving young people to guide and design this Identify and implement a model to improve resilience Review work with schools to ensure that we are making the most of our opportunities and resources together, to ensure children and young people and their families have the best chances to succeed Build links with the voluntary sector to support emotional health and wellbeing
<p>Q5. What do you want from a structured programme of transformation support? Please tell us in no more than 300 words</p> <ul style="list-style-type: none"> On-going engagement with specialist commissioners in NHS England to review cases escalating or stepping down, and fit within the integrated local offer, with a local focus, and guidance around developing appropriate and mutually beneficial arrangements for care coordination, with the outcome of improved care for children and young people. Support and guidance, including benchmarking and sharing good practice from other areas, for the CYPIAPT programme – shared national learning. Coordination of regional networks to share good practice and support colleagues, and maximise cross-boundary working and regional offer (particularly in relation to Eating Disorders).

Plans and trackers should be submitted to your local DCOs with a copy to England.mentalhealthperformance@nhs.net within the agreed timescales

The quarterly updates should be submitted in Q3 and Q4. Deadline dates will be confirmed shortly and are likely to be shortly after quarter end. These dates will, where possible, be aligned with other submission deadlines (eg, for the system resilience trackers, or CCG assurance process).

DCOs will be asked to submit the trackers to england.camhs-data@nhs.net for analysis and to compile a master list

Annex 2: Self-assessment Checklist

Annex 2: Self-assessment checklist for the assurance process

Please complete the self-assurance checklist designed to make sure that Local Transformation Plans for Children and Young People's Mental Health and Wellbeing are aligned with the national ambition and key high level principles set out in *Future in Mind* and summarised in this guidance

PLEASE NOTE: Your supporting evidence should be provided in the form of specific paragraph number references to the evidence in your Local Transformation Plans – not as free text



Theme	Y/N	Evidence by reference to relevant paragraph(s) in Local Transformation Plans
Engagement and partnership		
Please confirm that your plans are based on developing clear coordinated whole system pathways and that they:		
1. Have been designed with, and are built around the needs of, CYP and their families	Y	Section 4.4, 5.1, 5.2 Appendix f
2. provide evidence of effective joint working both within and across all sectors including NHS, Public Health, LA, local Healthwatch, social care, Youth Justice, education and the voluntary sector	Y	Appendix b & g
3. include evidence that plans have been developed collaboratively with NHS E Specialist and Health and Justice Commissioning teams,	Y	Section 9.1
4. promote collaborative commissioning approaches within and between sectors	Y	Section 11
Are you part of an existing CYP IAPT collaborative?	N	
If not, are you intending to join an existing CYP IAPT collaborative in 2015/16?	N	Awaiting for an emerging area closer to NEL see NP1 f plan
Transparency		
Please confirm that your Local Transformation Plan includes:		
1. The mental health needs of children and young people within your local population	Y	Section 4.4, 5.1, 5.2 Appendix f
2. The level of investment by all local	Y	Section 10. Include as part of

partners commissioning children and young people's mental health services		delivery tables
3. The plans and declaration will be published on the websites for the CCG, Local Authority and any other local partners	Y	Section 11
Level of ambition		
Please confirm that your plans are:		
1. based on delivering evidence based practice	Y	Section 7 and section 10 aligned to FIM recommendations and NICE guidelines
2. focused on demonstrating improved outcomes	Y	See section 8 – systemic change 'outcome based accountability'
Equality and Health Inequalities		
Please confirm that your plans make explicit how you are promoting equality and addressing health inequalities	Y	See executive summary for inequalities statement.
Governance		
Please confirm that you have arrangements in place to hold multi-agency boards for delivery	Y	Section 11 Appendix b
Please confirm that you have set up local implementation / delivery groups to monitor progress against your plans, including risks	Y	Section 11 Appendix b
Measuring Outcomes (progress)		
Please confirm that you have published and included your baselines as required by this guidance and the trackers in the assurance process	Y	Attached as an annex 3 Section 10. Identifies where in the tracker KPIs are identified
Please confirm that your plans include measurable, ambitious KPIs and are linked to the trackers	Y	Attached as an annex 3 Section 10. Identifies where in the tracker KPIs are identified
Finance		
Please confirm that:		
1. Your plans have been costed	Y	Attached as an annex 3 Section 10. Identifies where in the tracker KPIs are identified
2. that they are aligned to the funding allocation that you will receive	Y	Attached as an annex 3 Section 10. Identifies where in the tracker KPIs are identified

3. take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem)	Y	Attached as an annex 3 Section 10. Identifies where in the tracker KPIs are identified
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Stephen Pintus , Director of Public Health



Please note: Louise Davies will sign off the LTP as part of the assurance process for North East Lincolnshire Council

Appendix A: Supporting Guidance

National Policy

- [The Health and Social Care Act \(2012\)](#)
- [Mental Health Act 1983](#)
- [Mental Health Act 2007](#)
- [Mental Capacity Act 2005](#)
- [Mental Health strategy: 'No Health without Mental Health' \(2011\)](#)
- [Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing \(2015\)](#)
- [A world with good mental health for all a new way forwards \(2015\)](#)
- [Closing the gap: priorities for essential change in mental health \(2014\)](#)
- [Public Health Outcomes framework \(2013\)](#)
- [Children and Families Act \(2014\)](#)
- [Equalities Act](#)

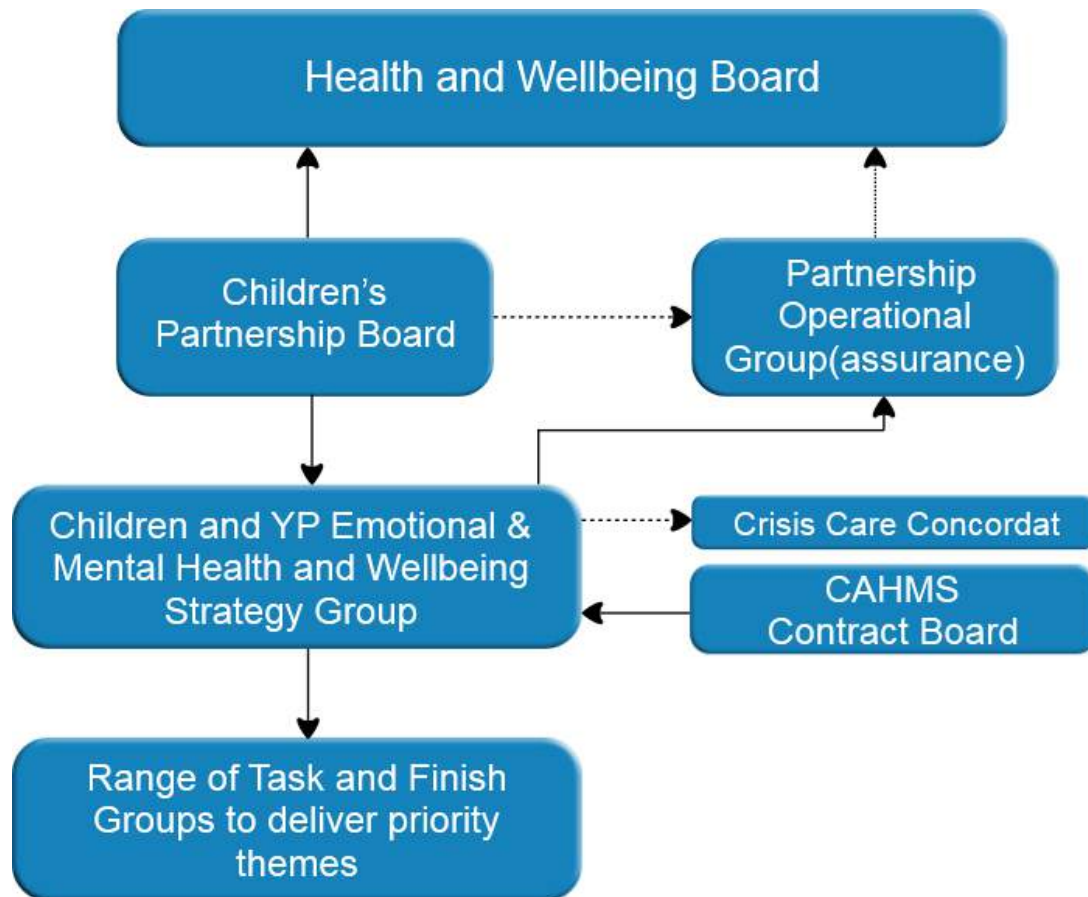
NICE Guidance

- [Antisocial behaviour and conduct disorders in children and young people](#)
- [Attention deficit hyperactivity disorder in children, young people and adults](#)
- [Autism: management of autism in children and young people](#)
- [Depression in children and young people](#)
- [Looked-after children and young people](#)
- [Psychosis and schizophrenia in children and young people](#)
- [Antenatal and postnatal mental health: clinical management and service guidance](#)
- [Social and emotional wellbeing: early years](#)
- [Social and emotional wellbeing in primary education](#)
- [Social and emotional wellbeing in secondary education](#)

Local Strategy

- [Health and Wellbeing Strategy and associated action plans\(2013\)](#)
- [Child Sexual Exploitation Strategy](#)
- [Prevention and Early Intervention strategy \(2014\)](#)
- [Children and Young People's Plan \(2014-16\)](#)

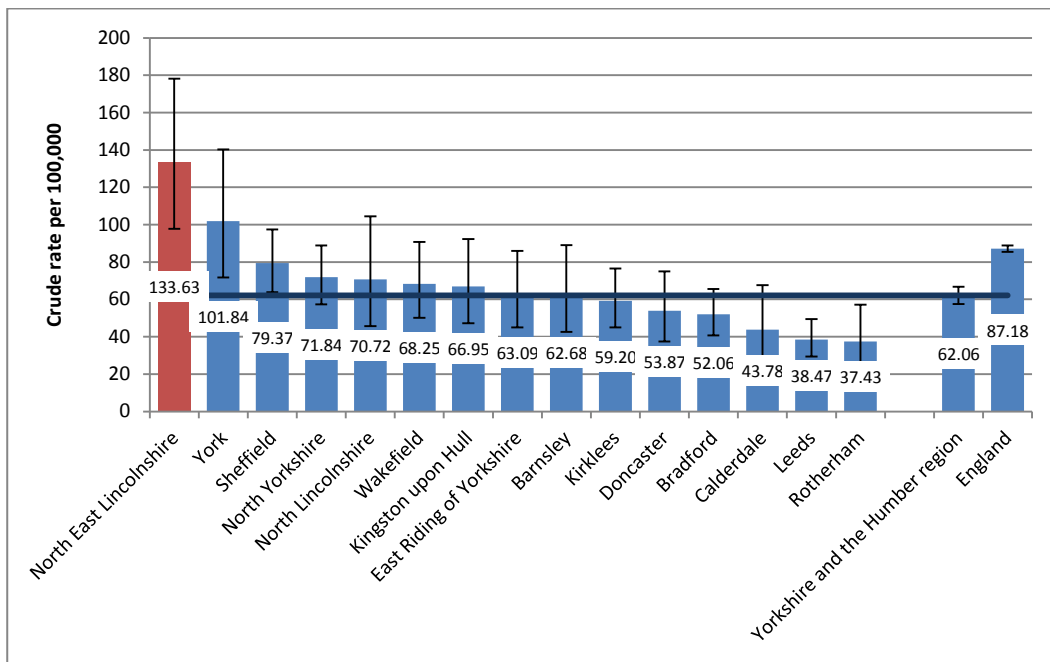
Appendix B: Governance Structure



Appendix C: Mental Health Hospital Admissions

North East Lincolnshire has the 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 133.6 inpatient admissions for mental health disorders per 100,000 population, the rate is significantly higher than the England average of 87.2 and the Yorkshire and Humber average of 62.1. Figures for all the local authorities in the Yorkshire and the Humber are shown in the graph below.

Child admissions for mental health, crude rate per 100,000 for children aged 0-17 years, England, Yorkshire and Humber and local authorities in the Yorkshire and Humber region, 2013/14



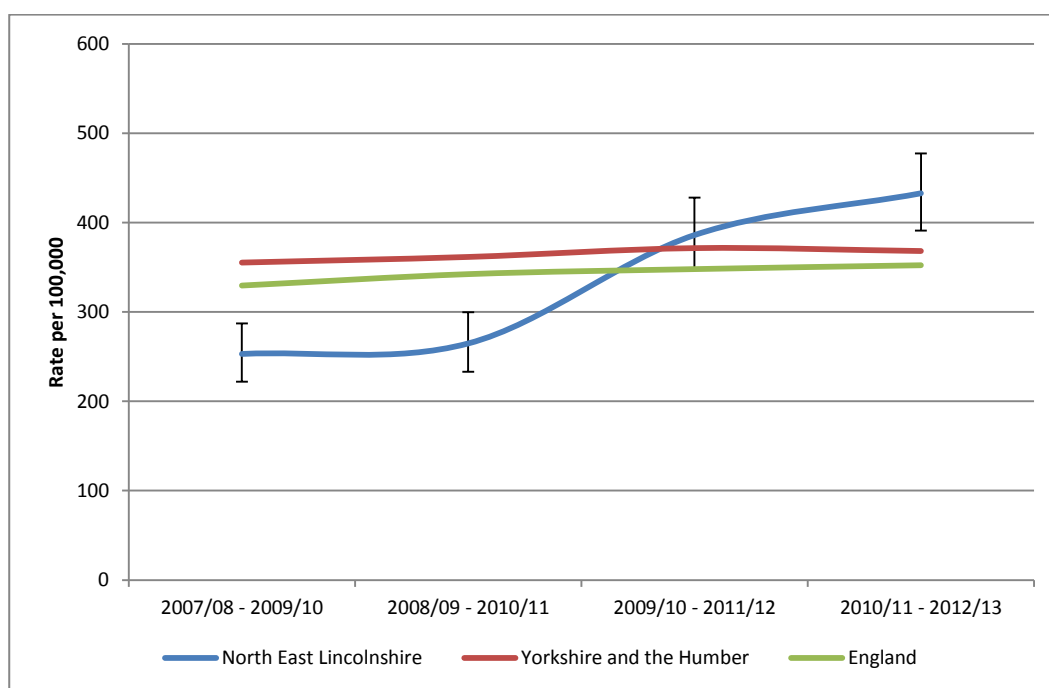
Source: Public Health England

Appendix D: Self-harm in North East Lincolnshire

Self-harm is a sign of serious emotional distress. There are an estimated 300,000 attendances at A and E for self-harm nationally 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 of self-harm hospital admissions episodes among young people (10-24 years) has risen both nationally and regionally between 2007/08-2009/10 to 2010/11-2012/13 with the Yorkshire and Humber region consistently having a higher rate than the collective England rate. North East Lincolnshire has shown a significant increase in self-harm hospital episodes; 252.99 per 100,000 in 2007/08-2009/10 to 432.76 per 100,000 in 2010/11-2012/13. This was an overall increase of 42% in North East Lincolnshire. Furthermore, North East Lincolnshire remained significantly lower than the regional and national rates before increasing considerably in 2009/10-2011/12 and is now significantly higher than the national and regional rates.

3 year pooled directly standardised rate of finished hospital admission episodes for self-harm (ICD10 codes X60 and X84) per 100,000 aged 10-24 years trend, North East Lincolnshire, Yorkshire and Humber region and England, 2007/08-2009/10 to 2010/11-2011

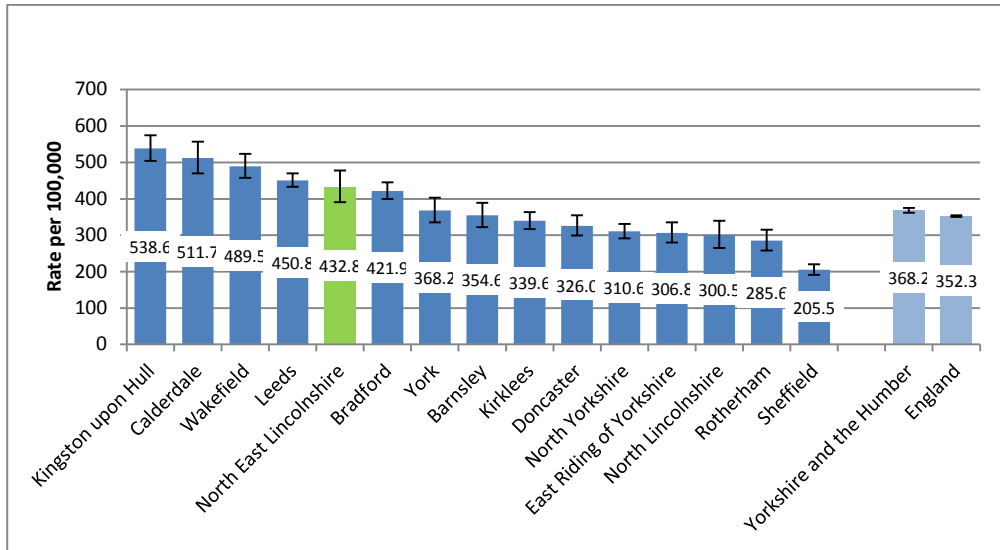


Source: Public Health England

Self-harm among young people, particularly those aged 10 to 24 years is higher than in any other age group. Pooled self-harm finished hospital episodes amongst young people (10-24 years) at a national level is 352.3 per 100,000 compared to a regional level of 368.2 per 100,000. This shows that North East Lincolnshire, with a rate of 432.8 per 100,000, is ranked with the fifth highest rate in the Yorkshire and Humber region and is significantly higher than both the

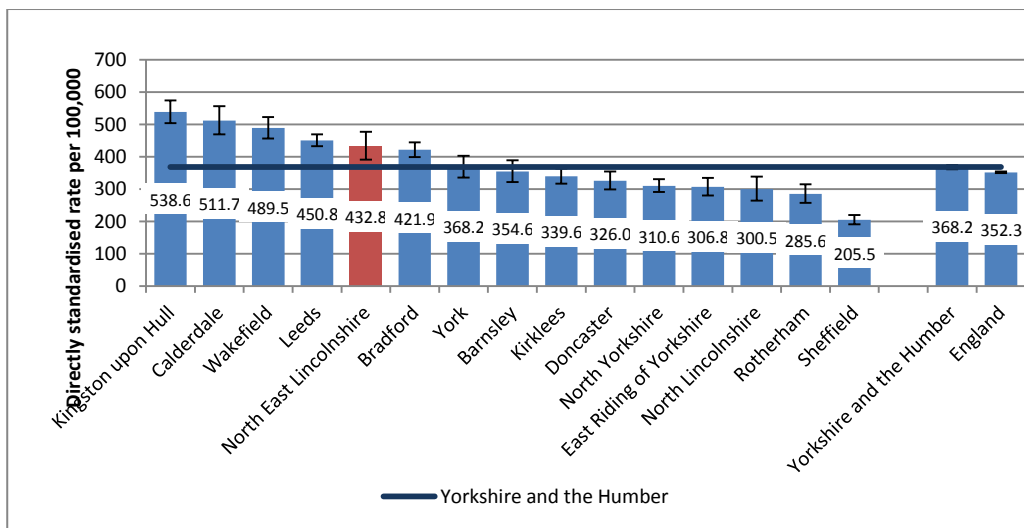
national and regional rates. Only Kingston upon Hull has a young person's self-harm hospital admissions episodes rate significantly greater (538.6 per 100,000) than North East Lincolnshire.

3 year pooled directly standardised rate of finished hospital admission episodes for self-harm (ICD10 codes X60 and X84) per 100,000 aged 10-24 years, Yorkshire and Humber region, 2010/11-2012/13



Source: Public Health England

3 year pooled directly standardised rate of finished admission episodes for self-harm per 100,000 population aged 10-24 years, for Yorkshire and Humber region, 2010/11-2012/13



Source: Public Health England

Analysis of pooled data supplied by the Public Health England, Northern & Yorkshire Knowledge & Intelligence Team for the period 2010/11 to 2012/13, determined that there were 1084 emergency hospital admissions for intentional self-harm defined by external cause codes (ICD10 X60-X84). Of these admissions, 43.5% (n=471) were of males, and 56.5% (n=613) were of females. The distribution of these admissions by age group is presented in the table

below and shows that 36% of all emergency hospital admissions for intentional self-harm were of young people.

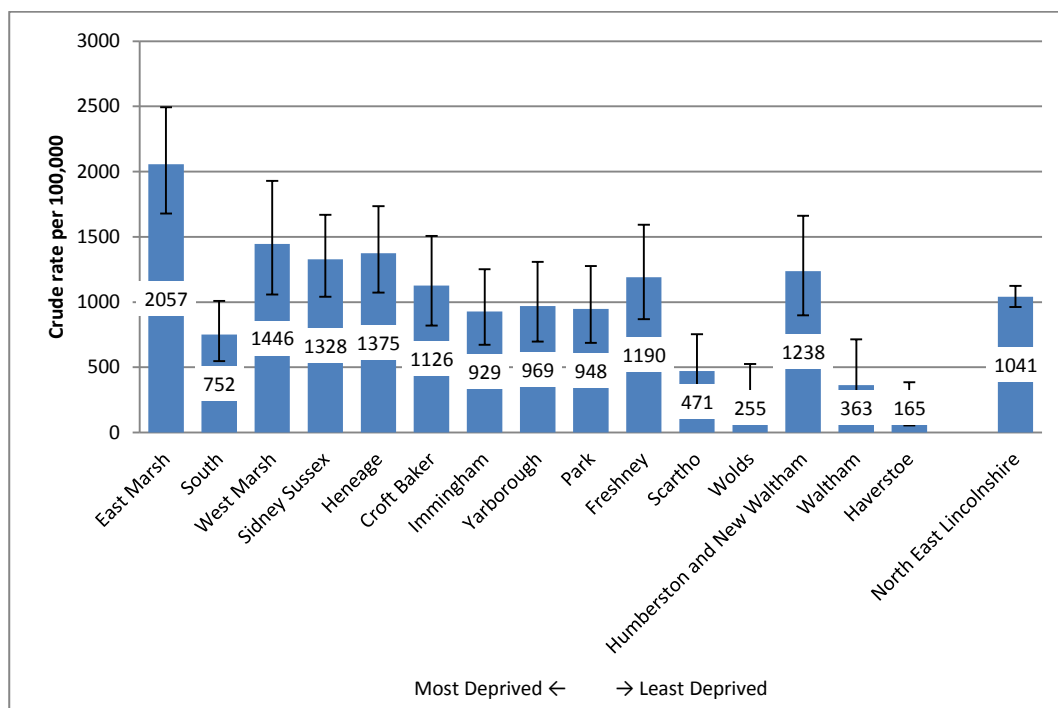
Emergency hospital admissions for intentional self-harm defined by external cause codes (ICD10 X60-X84) and by age group, North East Lincolnshire UA, 2010/11 to 2012/13

Age	Percentage of admissions
≤24 years	36.3%
25-34 years	22.8%
35-54 years	32.3%
≥55 years	8.6%

Source: Public Health England

The graph below also shows that A and E attendances for deliberate self-harm appears to be greater in areas in greater deprivation. Three of the top four least deprived wards in North East Lincolnshire were significantly lower for self-harm A and E attendances than majority of all other wards in local authority. East Marsh (the most deprived ward in North East Lincolnshire) had a crude rate of 2057 per 100,000 compared Haverstoe (the least deprived ward in North East Lincolnshire) with a crude rate of 165 per 100,000.

2 year pooled DPOW A and E attendances for ‘deliberate self-harm’ for persons aged 10-24 age standardised rate per 100,000 by gender, 2013/14-2014/15 ordered by 2010 IMD scores most to least deprived



Source: North East Lincolnshire CCG

Appendix E: ChiMat Mental Health Estimates

The 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 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 gender in North East Lincolnshire, 2012

	Age Band	Boys	Girls	All
Mental health disorders	5 to 10	575	280	855
	11 to 16	730	570	1300
	5 to 16	1305	850	2155
Conduct disorders	5 to 10	390	155	545
	11 to 16	745	280	1025
	5 to 16	1135	435	1570
Emotional disorders	5 to 10	125	140	265
	11 to 16	235	335	570
	5 to 16	360	475	835
Hyperkinetic disorders	5 to 10	155	25	180
	11 to 16	140	25	165
	5 to 16	295	50	345

Source: ChiMat

Estimated number of young people aged 16 to 19 with neurotic disorders, North East Lincolnshire, 2012

	Males	Females
Mixed anxiety and depressive disorder	210	480
Generalised anxiety disorder	70	45
Depressive episode	40	105
All phobias	25	85
Obsessive compulsive disorder	40	35
Panic disorder	25	25
Any neurotic disorder	355	745

Source: ChiMat

Estimated number of children/ young people who may experience mental health problems appropriate to a response from CAMHS, 2012

Tier	Number
Tier 1	5160
Tier 2	2410
Tier 3	640
Tier 4	30

Source: ChiMat

Estimated number of children with a learning disability or learning disability with mental health problem in North East Lincolnshire, 2010

Age Band	Learning disability	Learning disability with mental health problem
5 to 9	90	40
10 to 14	205	85
15 to 19	270	110
5 to 19	565	235

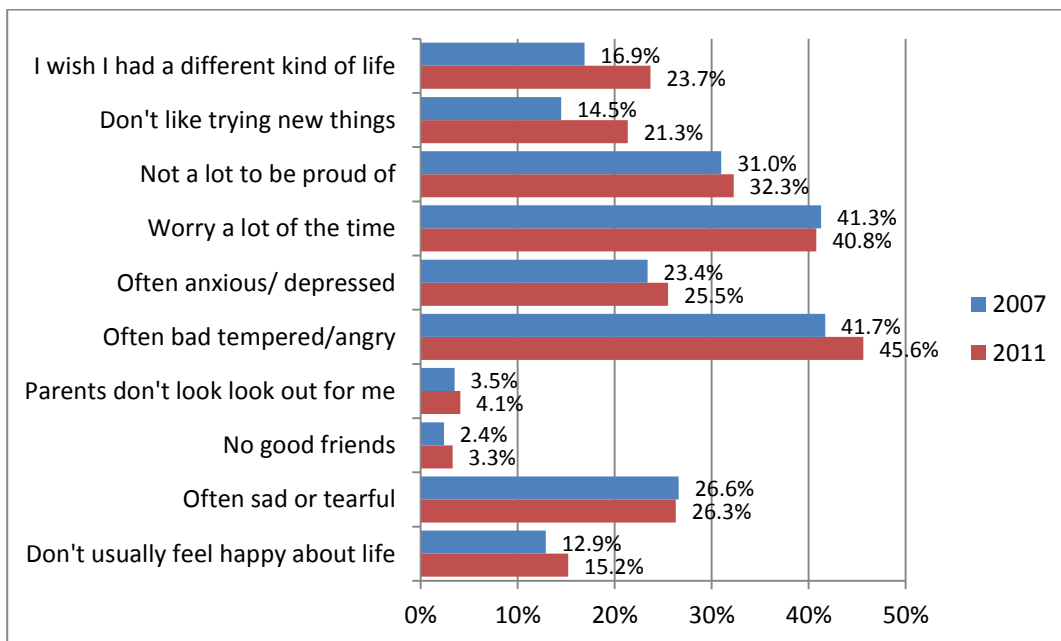
Source: ChiMat

Appendix F: Adolescent Lifestyle Survey

A comprehensive Adolescent Lifestyle Survey (ALS) has been carried out in North East Lincolnshire in 2004, 2007, and 2011. The 2011 survey was completed electronically using Survey Monkey, an online survey tool in school. The survey was completely anonymous and completed in a classroom environment in exam type conditions. Five out of the 10 mainstream secondary schools/ academies in North East Lincolnshire took part in the survey. Pupils aged 11-16 (school years 7 to 11) took part, and 2720 completed questionnaires were analysed. The ALS included questions regarding a number of factors that are associated with mental health.

Pupils were asked about their happiness. Most young people said they usually felt happy about their life (85%); generally older pupils were less likely to say they felt happy. Since the 2007 ALS, slightly fewer felt happy about their life (87%). Girls (28%) were more likely to say they felt sad and tearful compared to boys (18%) of the same age. Most young people had one or more good friends and said that their parents looked out for them. Boys were more likely to say they often felt bad tempered or angry (46%) compared to girls (37%). Older pupils were more likely to feel anxious or depressed and worried more than those younger pupils. Girls worried more than boys; with 42% of girls saying they worried a lot of the time compared to 31% of boys. Most young people felt they had a lot to be proud of, however this decreased with age. A higher proportion of older pupils said they wished they had a different kind of life compared to younger pupils (20% of Y7s compared to 27% of Y11s). The responses regarding feelings of happiness are presented in the graph below.

Feelings of happiness, 2007 and 2011, Years 7 to 11

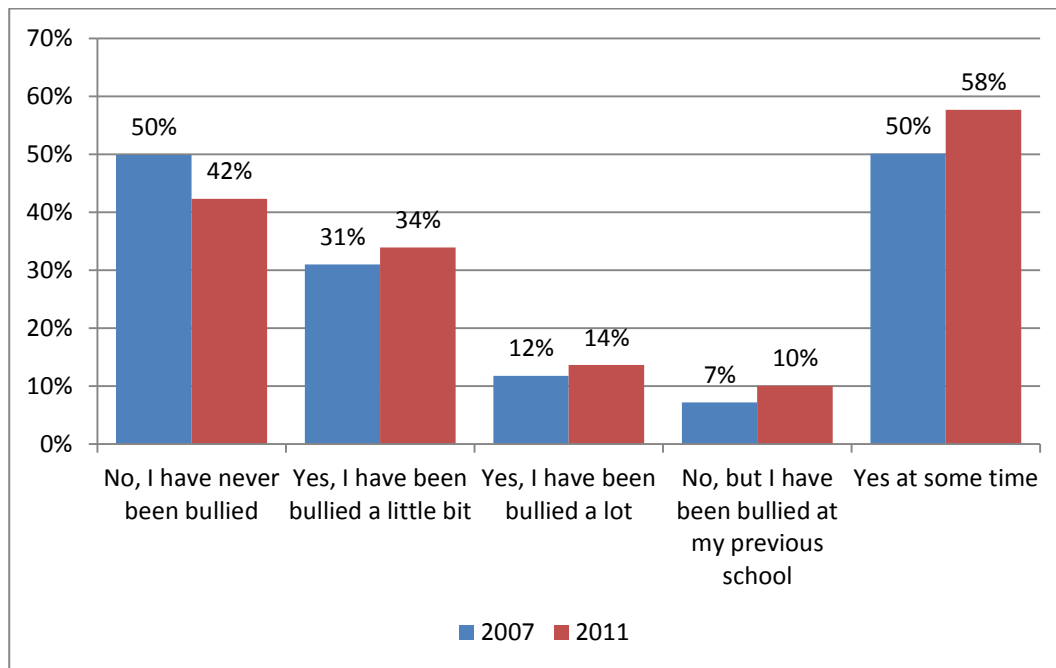


Source: NEL Adolescent Lifestyle Survey, 2011

Pupils were asked about how much they worry. Boys worried mostly about their future and getting a job with 27% saying they worried a great deal and 20% saying they worried a lot about this. For girls, their main worry was about the way they look; 30% worried a great deal and 27% worried a lot about the way they looked in the last month, whereas boys worried far less about the way they look. Females also worried a lot about their weight; 25% worried a great deal and 22%, again this was a greater proportion than for boys.

Pupils were asked about being bullied. The number of pupils who have been bullied in 2011 appears to have increased from 2007. In 2011, 58% of pupils had been bullied at some point during school, whereas in 2007, 50% of pupils had experienced bullying. Although bullying questions varied in the 2004 ALS and no direct comparisons can be made, 40% of pupils were bullied, suggesting that bullying has increased each year. Experiences of bullying increased across all year groups but the most significant increase in bullying was among year 7 students; a 53% increase in bullying from 2007. The responses regarding bullying are presented in the table and graph below

Have you ever been bullied? 2007 and 2011, Years 7 to 11



Source: NEL Adolescent Lifestyle Survey, 2011

The 2015 ALS is currently being carried out in all secondary schools and alternative providers in North East Lincolnshire. This survey has been updated to include more a focused and quantifiable approach to measuring emotional health and well-being. The survey uses the Warwick-Edinburgh Mental Well-being Scale to obtain a more detailed picture of young people’s emotional health. It also asks specific questions regarding self-harm which was not previously collected.

Appendix G: Stakeholder Engagement - FiM workshops

Name	Organisation	Job Role
Ali Cook	NAVIGO	
Alison Jollands	NELC	Family Hubs Cluster Co-ordinator
Amanda Simpson	NAVIGO	Senior Operational Manager (Eating Disorder Service)
Amy Quickfall	NAVIGO	Operational Manager
Anita Bird	LPFT	
Annie Darby	NAVIGO	Service Development Manager
Caroline Lee	NAVIGO	
Claire Thompson	NELC	Technical Professional Advisor
Deb Simpson	NELC	Interim Manager - Developing Healthier Communities
Debbie Dales	NELC	Technical Specialist - Commissioning and Delivery
Gemma Watson-Butterworth	NELC	Educational Psychologist
Geoff Barnes	NELC	Deputy Director of Public Health
Jan Haxby	CCG	Director of Quality & Nursing
Jane Fell	NLAG/ NELCCG	Designated Nurse Looked After Children
Janet Burrows	NELC	Interim Health Visiting Service Manager
Jill Cunningham	NELCCG	Service Manager
Karen Goy	NELC	Interim School Nurse Manager
Kathy Holmes	NELC	Infant Feeding Lead
Katie Steabler	NELC	Programme Co-ordinator - Mental Health
Leigh Holton	CCG	Commissioning Manager
Louise Gilliatt	NLAG	Named Safeguarding Nurse
Louise Mowthorpe	NLAG	Clinical Psychologist
Marnie Aston	NELC	Senior Educational Psychologist
Matt Clayton	NELC	Safeguarding and Youth Offending Service Manager
Michelle Cook	NELC	Learning Advisor

Name	Organisation	Job Role
Paul Caswell	NELC	Young and Safe YPSS Service Manager
Paul Glazebrook	Healthwatch	Partnership Co-ordinator
Penny Sheardown	NELC	Head of Looked After Children and Disability
Pip Harrison	NELC	Advanced Practitioner
Pippa Curtin	NELC	YPSS - Participation Co-ordinator
Sarah Impey	NELC	Creating Stronger Communities Programme Manager
Sarah Winifed	NELC	Operational Manager NEETs/DV/Young Carers
Steve Kay	NELC	Assistant Director Early Intervention
Sue Proudlove	NSPCC	Service Manger
Suzanne Bradbury	NELC	Principal Educational psychologist
Tracey Urquhart	LPFT	Clinical Psychologist



Publications Gateway Ref. 03603

Child and Adolescent Mental Health Service and Schools Link Pilot Scheme

NHS England and the Department for Education are inviting proposals from CCGs working with partners, to apply to become a pilot to improve joint working between school settings and child and adolescent mental health services (local NHS funded CAMHS). Grants of up to £50,000 are available per CCG taking part in the pilot. CCGs will be required to match fund this amount. Up to £3,500 is also available to each school taking part in the pilot. Additional funding of up to £100,000 per CCG will also be available for a small number of CCGs, to opt in to an extension of the pilots which will look at developing models of how to better integrate with children's services that are delivering support to vulnerable children.

Background

Improving children and young people's mental health and wellbeing is one of this Government's key priorities as part of the drive to put mental health on an equal footing with physical health. This pilot is part of the strategic vision for shaping sustainable system wide transformation, to close the treatment gap and ensure support is built around the needs of children and young people.

In September 2014, the Government established the Children and Young People's Mental Health Taskforce. This brought together experts on children and young people's mental health including children and young people themselves, with leaders from key national and local organisations across health, social care, youth justice and education sectors. The aim of the Taskforce was to identify what needs to be done to improve children and young people's mental health and wellbeing, with a particular focus on making it easier to access help and support, and to improve how children and young people's mental health services are organised, commissioned and provided.

The Taskforce report *Future in Mind*¹, published in March 2015, identified that the current system has unintentionally created barriers between services and can result in children and young people falling between gaps, and experiencing poor transition between services. It highlighted some key principles about how to make it easier for children and young people to access high quality mental health care when they need it.

The report outlined a number of actions to help improve access to effective support for children and young people. The actions included the establishment of a named point of contact within CAMHS and a named lead within each school. The named lead in schools would be responsible for mental health, developing closer relationships with CAMHS in support of timely and appropriate referrals to services. The report also recommended the development of a joint training programme for named school leads and CAMHS.

NHS England and the Department for Education propose to run pilots during 2015-16 to test the named lead approach and to trial a joint training programme for these lead roles.

Outline of the pilot

¹ *Future in Mind*: promoting, protecting and improving our children and young people's mental health and wellbeing (March 2015)

NHS England and the Department for Education propose to work with pilot CCGs to test the named lead approach and the training programme. NHS England and the Department for Education are additionally recruiting a training organisation to develop and deliver the joint training programme.

The aims of the training are to:

- raise awareness and improve knowledge of mental health issues amongst school staff;
- improve CAMHS understanding of specific mental health and well-being issues within schools; and
- support more effective joint working between schools and CAMHS.

We expect the length of the training to be around 2 days. The training might be delivered on consecutive days or split over time. There may also be a requirement to take part in online training.

We anticipate that the training will be delivered from September 2015 and completed by March 2016. The evaluation is expected to last for a longer period of time. Schools and CCGs may be asked to take part in follow up surveys and questionnaires up to one year after the pilots are completed.

At a national level, NHS England is working with the Department for Education to ensure that this initiative is closely aligned with other service developments in child and adolescent mental health services which are already underway.

This includes:

- work to take forward recommendations in the CAMHS Tier 4 Report²;
- further roll out of the Children and Young People Improving Access to Psychological Therapies (CYP IAPT) programme;
- an access and waiting time standard for individuals experiencing first episode psychosis, the majority of whom are aged between 16 and 25, as well as further work to develop a waiting time standard on eating disorders and other mental health conditions;
- developing model service specifications for CAMHS provision at targeted and specialist levels, for Tier 4 inpatient services to improve the experience of transition for young people leaving CAMHS; and
- implementation of the new Special Educational Needs and Disability (SEND) arrangements.

CCG and schools involvement

We are now looking for expressions of interest from CCGs across the country to work with the training organisation to test this programme and the development of named leads within schools.

NHS England and the Department for Education are looking for 15 CCGs to apply to be a part of the pilot programme. Each CCG will be required to select a CAMHS lead and identify 10 or more local schools to take part in the pilot. The CAMHS lead should ideally

² *Child and Adolescent Mental Health Services (CAMHS) Tier 4 Report (July, 2014)*

be someone who has good existing links with local schools. Each school will need to nominate a lead person who has an overview of mental health issues within schools and who will be able to fully participate in the training and the development of the joint working models. This might be a member of the leadership team but could also be someone who has a mental health or wellbeing role, for example, school counsellors, special educational needs coordinators (SENCOs), staff with a pastoral lead or educational psychologists where they are employed by the school. Up to two additional staff from schools may also be nominated to attend the training.

Funding is also available to extend the pilots to look at developing models of better integration with services delivering support to vulnerable children including those who are adopted and looked after children. We would expect to support up to 4 CCGs to additionally cover this element, working in a specific partnership with local children's services.

CCGs will need to:

- commission CAMHS to link with schools; and
- support the testing of the training programme with the training organisation, building in a local element to help support relationships and reflect local circumstances through the CAMHS lead.

CAMHS will need to:

- identify and support CAMHS named leads to work with each school;
- test the named lead approach;
- commit to relevant staff attending training; and
- participate in the process and impact evaluations of the pilot, for example by taking part in baseline and follow-up surveys, interviews and providing other data including after the end of the pilot.

The schools lead will need to:

- commit to working collaboratively with the training organisation including attending training; and
- participate in the process and impact evaluations of the pilot, for example, by taking part in baseline and follow-up surveys, interviews and providing other data including after the end of the pilot.

CCGs, CAMHS and schools will also need to collaboratively develop local protocols for joint working across schools and CAMHS.

Benefits for pilot areas

CCGs and schools participating in this project will benefit by:

- being part of a pilot initiative, which will test new ways of working with the aim of improving outcomes for children and young people;
- having the opportunity to help to develop and influence a joint training programme which will support improvements in outcomes for children and young people adapted to local circumstances and need;
- receiving mental health training, which will include core information about mental health and well-being, identification tools and potential interventions;
- receiving specific training to support effective joint working between CAMHS and schools;

- receiving support in developing and agreeing locally determined approaches; and
- support with local transformation - participation in the pilot should be included in Local Transformation Plans [\[link to guidance\]](#) as an indicator of robust local planning across agencies.

Applications will need to demonstrate a strong commitment to partnership working at a local level and a drive to lead and accelerate change to improve outcomes for children and young people.

If you would like to be considered as a pilot site for the CAMHS and Schools Link Scheme, complete the Expression of Interest form below, addressing the required criteria to harriethamilton@nhs.net by midnight 31st July 2015.

If you have any queries, please contact michelle.place1@nhs.net

Child and Adolescent Mental Health Service and Schools Link Scheme Selection Criteria, Process and National Support for Pilot Sites

Expression of Interest Application form

Within the application please demonstrate:

- sign up from at least 10 local schools. This should include a mix of primary and secondary schools and could reflect local arrangements, for example, secondary schools and their feeder schools. Each school will need to identify a named lead and demonstrate a commitment to release the named lead and ideally up to two further staff to attend the training;
- support from local CAMHS – with agreed named point of contact;
- an identified mental health lead within your CCG;
- commitment to being involved in the evaluation of the pilot; and
- how this work will fit with your local Children and Young People’s Mental Health Transformation Plan.

If you are also applying for the funding to look at models of engaging with services for vulnerable children, you should provide details in the application form which shows an understanding of the local situation for vulnerable children and proposals for how these pilots could be extended to improve the identification and treatment of mental health issues suffered by vulnerable children. If applying for this, CCGs should demonstrate engagement with a specific [local authority or VCS] service or services for vulnerable groups and the practice to be supported.

Selection process

The selection process will be fair and transparent and will be assessed against the selection criteria using a scoring system. The assessment process will also take account of the location of CCGs applying to take part with the aim of achieving a good regional spread.

Expressions of interest must be submitted by a lead CCG (which would act as a funding recipient).

Potential pilot areas should return their expression of interest applications to Harriet Hamilton harriethamilton@nhs.net by midnight Friday 31st July.

The selection panel of representatives from the Department of Health, Department for Education and NHS England will review all Eols. The successful pilots will be announced in August 2015.

Child and Adolescent Mental Health Service and Schools Link Scheme Selection Criteria, Process and National Support for Pilot Sites

Name of lead CCG

North East Lincolnshire Clinical Commissioning Group
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Contact details to discuss this application

Name	Dr Marnie Aston (Senior Educational Psychologist) or Michelle Barnard (Assistant Director)
Email	Dr Marnie Aston (marnieaston@sky.com) Michelle Barnard (michelle.barnard@nhs.net)
Telephone	Dr Marnie Aston (01472 323314) Michelle Barnard (0300 3000 793)
Address	Dr Marnie Aston, Senior Educational Psychologist North East Lincolnshire Council Specialist Advisory Service, Municipal Offices, Town Hall Square, Grimsby, North East Lincolnshire, DN31 1HU Michelle Barnard, Assistant Director North East Lincolnshire Clinical Commissioning Group The Athena Building, 5 Saxon Court, Gilbey Road, Grimsby, North East Lincolnshire, DN31 2UJ

CAMHS involved in the application - please detail service and include contact details of named point of contact email address and telephone

<p>The service manager for the North East Lincolnshire Specialist CAMHS will be the lead officer for CAMHS. The service manager is Tracey Urquhart and is contactable on 01472 626100 or email Tracey.Urquhart@lpft.nhs.uk</p>

<p>The specialist CAMHS service is delivered around a number of pathways providing specialist support, including a very successful intensive outreach support for children with acute and severe mental illness.</p>
--

<p>CAMHS are strong partners around a number of significant multi-agency agendas and are an active member of the North East Lincolnshire LSCB.</p>
--

Schools involved in the application - this should detail the names of head teachers and contact details of school including email address and telephone

<p>The schools have been selected from a variety of settings due to ensuring we have a number of different placements for evaluation and learning purposes. The schools are made of different age range populations to ensure that training reflects a number of age related mental health issues and can</p>

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evaluate best practice and challenges across each age sector and school placement setting.

North East Lincolnshire has some of the most deprived areas in the County the schools have been selected to reflect different local needs to gain a broad range of need. One of the schools (John Whitgift Academy) covers populations from the East Marsh Ward and Willows Estate which are two of the most deprived areas in North East Lincolnshire. This is also a feeder school for a number of local Primary Schools in these areas.

Cambridge Park Academy is a Special school nurturing some of the most vulnerable children due to Special Educational Needs.

The schools involved in the application are detailed below.

School and Head Teacher Name	Telephone	Email Address
Primary Schools		
Ormiston South Parade Academy Mrs J Nolan	01472 231659	principal@osparade.co.uk
Strand Primary Academy Mrs J Morell	01472 354605	J.Morrell@strandpa.org.uk
Woodlands Primary School Mrs C Job	01472 500900	head@woodlandsp.s.co.uk
St Mary's Catholic Primary Voluntary Academy Mrs Sarah Pollard	01472 357982	head@smp.nelcmail.co.uk
East Ravendale CofE Primary Academy Mr R Mottram	01472 825999	head@eastravendale.co.uk
Lacey Acres Primary School Mrs Sharon Clapson	01472 320601	head@lacebyacres.ne-lincs.sch.uk
Special Schools		
The Cambridge Park Academy Mr M Eames	01472 230113	mark.eames@cambridgepark.co.uk
Secondary Schools (aged 11-18 years)		
Oasis Academy Wintringham Dr C Rolph	01472 871811	julie.atkin@oasiswintringham.org
John Whitgift Academy Mr M Rushby	01472 887117	RushbyM@johnwhitgift.org.uk
Havelock Academy Mr Nigel Whittle	01472 602000	principal@havelockacademy.co.uk

CCGs wishing to extend the pilot to include models of engaging services for vulnerable children
–please describe how you plan to extend the pilot and to which services (no more than 700 words)

Please note: Throughout this expression of interest application, transformation plan links are numbered corresponding to the audit statement numbers.

Local Context

We feel in North East Lincolnshire that we should be part of this pilot project to develop a cohesive and robust framework for mental health. NEL is one of the most deprived communities in England where the Child Health Profile (March 2015) state that health and wellbeing of children in NEL is generally worse than the average in England and regional average. The level of child poverty is worse than the England average with 28.5% of children aged under 16 years living in poverty: England average 19.2% and Yorkshire/Humber average 20.87%.

Young people's mental health in NEL has increased over time. When comparing 2008/2009 to 2010/2011 the rate of young people aged between 10 to 24 years admitted to hospital as a result of

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self-harm is higher in the 2011/2012 to 2013/2014 period and is higher than the England average. Hospital admissions for a mental health conditions are significantly worse than England and regional averages, admissions due to substance misuse (15-24 years) and alcohol specific conditions are also significantly worse than England and regional average. In addition, in terms of wider determinants of health NEL has significantly worse percentile scores than England and regional averages in five of the nine indicators (over 50%).

These statistics demonstrate that NEL is a very vulnerable geographical area with specific vulnerable groups demonstrating an urgent need to develop resilience, early intervention and promotion of mental health in the region.

A great concern as evidenced in national statistical data and the rise in young people not in education, employment or training (NEET) within North East Lincolnshire (NEL). According to data in March 2015, the numbers of 16 – 18 year olds are significantly worse than regional and national average. In March 2013 there was no significant difference from England average, however, in 2012 figures were significantly worse than average for England and regional averages. Overall this demonstrates a negative trend and significant decline with potential low levels of happiness and self-esteem and feelings of suicide.

Currently in NEL there is a rise in children and young people being excluded (Behaviour and Attendance Collaborative), being placed in Alternative Provision and often become disengaged with learning and employment. Many of these young people are known to other services such as:

- Integrated Family Team
- Part of a Common Assessment Framework,
- Are classed as Child In Need and / or are known to the Youth Offending Team or Looked after Care Team.

There is a need for clear and robust systems, which will identify children and young people who have significant special educational needs. Processes will be implemented to offer appropriate support earlier in their learning journey to prevent high levels of non-engagement. There is a clear need for professionals to be aware of support and systems in order to care for the most vulnerable children.

Plan for NEL and Transformation Plan Numbered Links

Care for the most vulnerable

10. The links between children's mental health and learning disabilities services and services for children and young people with special educational needs and disabilities (SEND) will be developed within the NEL Social Emotional Mental Health Strategy (SEMH, 2015) model of delivery (Educational Psychology Service (EPS)). The aim is to implement the new SEND arrangements by training and supporting learning settings to develop understanding, knowledge of and necessary skills required to implement systems, processes and guidance within the Code of Practice (2014).

10.1. NEL aim to ensure there is strategic link between children's mental health services and services for children and young people with special educational needs and disabilities (SEND) with in a strategy group of relevant stakeholders that will meet regularly to develop outcomes and work collaboratively. The stakeholders include: Commissioners, CAMHS, EPS, Social Care and Youth Justice sectors, and schools, who will develop appropriate and bespoke care pathways for the most vulnerable children.

10.2 NEL aim to ensure there is involvement where necessary, of mental health professionals in co-ordinated assessment and planning (for children and young people with and without Education, Health and Care Plans) with systems and procedures in place across the county for accessing Targeted and Specialist Support Services and Resources (including interventions) that are in line

with SEN Code of Practice – Graduated Approach and CAMHS service requirements, Safeguarding and CAF processes by developing an Outcomes Focused Task and Finish Group. The lead professional approach to co-ordinate support and services for the most vulnerable young people with multiple and complex needs will be developed within this group.

Improving staff skills and knowledge through training

40. NEL aim to improve the skills of staff working with children and young people with mental health problems by providing access to training for the Youth Offending Service (YOS), residential staff who work with Looked After Children (LAC) and for School/LAC nurses by cascading the training within a planned and evaluated model of delivery.

Currently both YOS and LAC have dedicated CAMHS resource to address more complex ill-health, and School/LAC nurses work with YOS and LAC to assess and liaise with specialist services, however, all of the teams would benefit greatly from this training. This would provide them with new skills to assist early identification of mental health problems and new skills/knowledge that enables them to offer first level intervention to children who are YOS or LAC and fits with an IAPT being developed as part of local transformation plans.

We have the commitment through our developing IAPT from the specialist CAMHS provider to provide on-going support and supervision to staff from Schools/LAC nurses so they would be supported in the long term. We will cascade our successful model as part of the Pilot Scheme plan to ensure sustainability.

Please set out what you aim to achieve in your local area through the CAMHS and Schools Link Scheme please include how this work will link with your Transformation Plan (no more than 700 words)

NEL Aims and Transformation Plan Numbered Links

1.0 To strengthen our universal level approach to mental health and emotional well-being prior to children accessing our specialist CAMHS pathways for mental ill-health. The pilot scheme would help to achieve and contribute to the development of a robust county-wide framework of Promotion, Early Intervention and Prevention to reflect a range of short term, lower level emotional need responses, inclusive of developing skills, knowledge and confidence of workforce and providing information of relevant services. This will complement the current Promotion, Early Intervention and Prevention Plan that is in-keeping with and reflects a model of service specifications for CAMHS provision at targeted and specialist levels by refining collaboration and provision in early years settings and schools in order to support more effective joint working between CAMHS and early years, schools and learning settings.

2.1 Aim to develop an evidenced based whole school approach to promoting mental health and wellbeing, including building on the DfE's current work on character and resilience, PSHE and counselling services in schools and aim to develop a whole school / learning setting Ecological Approach to Mental Health Promotion (Aston 2012, 2014) by promoting a model of delivery based on Mental Health Champions. The Champions will be based in learning settings who will lead the development of an Action Plan based on a whole school / setting Audit. Each of the 10 pilot schools and settings will be supported to develop this whole school approach, develop plans and be ready to support the implementation of DfE (2015) guidance.

Furthermore, to develop and provide more user friendly, information for young people regarding a) where to go to get support and information about mental health and b) more support for self harm. This will ensure that we are responding in an authentic way to the views of children and young people in North East Lincolnshire evidenced in the CYP Plan (2014 – 2016).

2.5 Aim to develop the training and whole school approach to the Ofsted Framework (September

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2015) to support schools in developing responses and systems to promote personal development, health and welfare.

8.1 There will be dedicated named contact point in targeted or specialist mental health services for every school and primary care provider over the next 12 months.

8.2 Alongside (8.1) there will be a specific individual responsible for mental health in schools (Mental Health Champion), to provide a link to expertise and support to discuss concerns about individual children and young people, identify issues and make effective referrals. The Champions will take part in training and have regular supervision and support from appropriately trained professionals within the pilot.

Please demonstrate below how you meet the selection criteria (no more than 700 words)

In NEL through a partnership agreement, the commissioning of specialist CAMHS is the responsibility of the local authority (North East Lincolnshire Council) who also lead on the strategy for mental health and well-being of children, including those vulnerable groups of children who are looked after or those involved in the Youth Offending Service.

The North East Lincolnshire Clinical Commissioning Group, North East Lincolnshire Council and other partners from the Partnership Board and the Health and Well-Being Board agree strategic priority areas, with children's mental health being one of the priorities.

Both the North East Lincolnshire Clinical Commissioning Group and North East Lincolnshire Council are submitting this bid jointly.

The Local Authority and CCG have a strong commitment in working together with CAMHS and Schools, in addition have identified other relevant important stakeholders to ensure change and sustainability. CCGs, CAMHS, EPS and schools are beginning to collaboratively develop a shared Local Strategy including developing local protocols for joint working across schools and CAMHS and other relevant agencies / services. CCGs and schools participating in this project have plans in place to work together and are looking at developing and testing new ways of working with the aim of improving outcomes for children and young people.

The Local Authority have identified funding that has been secured for the scheme to take place and are building Transformation Plans to reflect Local Need.

Commitment from 10 local schools

There are 10 named schools who have each identified a named lead who has an overview of mental health issues within school and who can fully participate in the training. The persons identified range from school SENCo to senior leadership team members with a pastoral leading role. Each school will commit to nominating two additional school staff to attend the training. Each school lead has committed to the details explained in the inclusion criteria. They are committed to building this Scheme into whole school awareness raising and school Champion Action Planning.

CAMHS commitment

We have strong partnership working in North East Lincolnshire between specialist CAMHS and other professionals and would like to build on this and develop this approach in schools with other stakeholders. CAMHS are also committed to participating in the process and impact evaluations of the pilot with the Educational Psychology Service.

CCGs commitment

Includes commissioning CAMHS and developing a model to link with schools and develop a robust and sustainable model of delivery.

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Local Transformation Planning

The support in developing and agreeing locally determined approaches; and support with local transformation participation will be extremely valuable support the implementation of rigour and channel direction.

In the Local Transformation Plan we also aim to:

30.1 Ensure there is a lead accountable commissioning body to co-ordinate commissioning and the implementation of evidenced-based care.

30.2 Ensure there is a single, separately identifiable budget for children’s mental health services.

Extending the Pilot and Working together

We are committed to extending the pilot to look at developing models of better integration with services delivering support to vulnerable children including those with Special Educational Needs, those who are adopted and looked after and we have submitted evidence to support this.



The Scheme would be built into the development of the workforce and link with other initiatives and strategies within the county such as ‘Developing Healthier Communities’, ‘Suicide Prevention Strategy’, ‘Integrated Family Team’ and ‘Behaviour and Attendance Collaborative’ to improve local partnerships, develop joined communication systems and shared understanding of community need offering more robust and joined up response systems. In addition will improve collective understanding of specific mental health and wellbeing issues within schools and settings. The mental health training from the Pilot Scheme that includes core information about mental health and well-being, identification tools and potential interventions will enable robust and shared approaches.

We have some skills and knowledge in the Local Authority regarding Mental Health Promotion in School Settings that we are dedicated to build upon to ensure that the Scheme and Local plans are fully implemented. There is passion and commitment that will drive forward the Scheme that we feel means we are well placed to be part of the Scheme.

Please confirm you will, if selected

Share the learning from your work nationally and locally

Electronic signatures of Directors of Commissioning /CEO of relevant organisation

Name	Signature
Joanne Hewson Deputy Chief Executive North East Lincolnshire Council Email: Gemma.Dunham-Barr@nelincs.gov.uk	
Helen Kenyon Deputy Chief Executive North East Lincolnshire Clinical Commissioning Group Email: Michelle.Barnard@nhs.net	

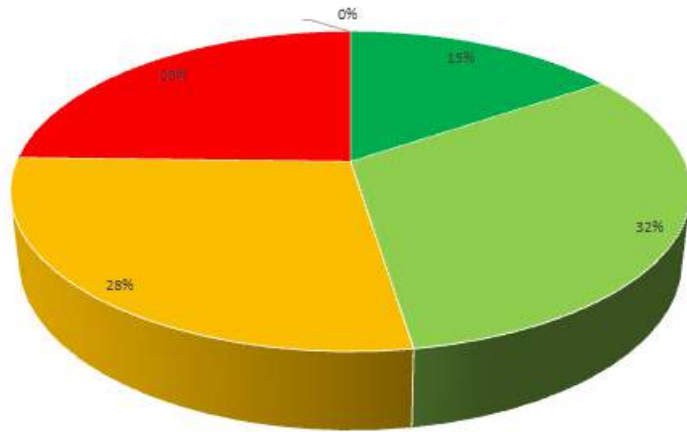
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Graphs: North East Lincolnshire Self Assessment

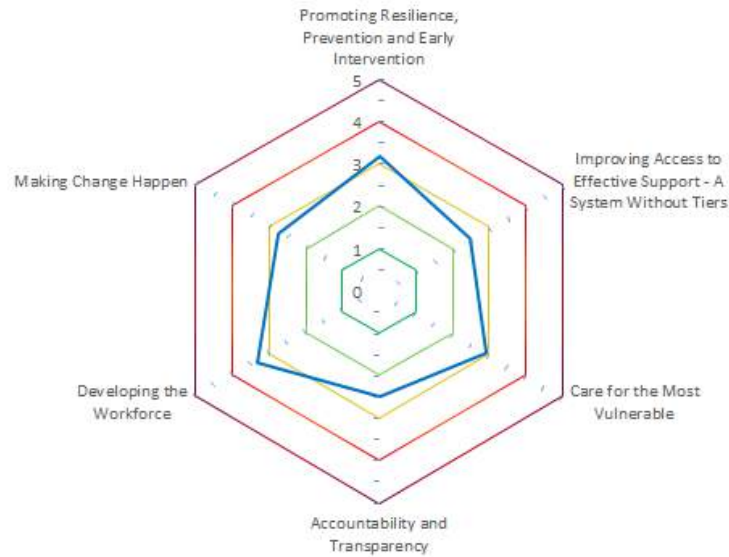
19/11/2015

Readiness Status (percentage of recommendations)

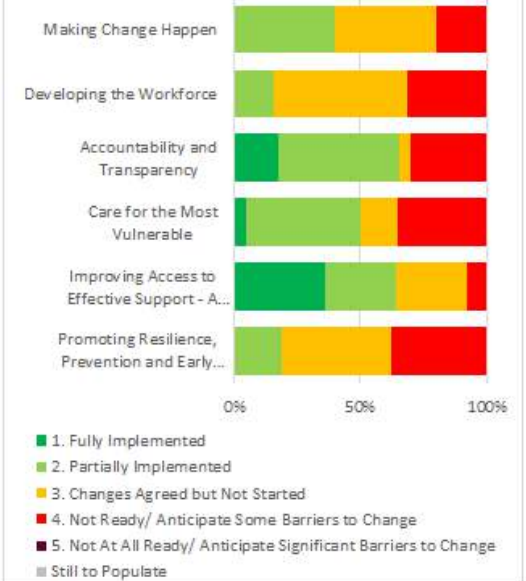
- 1. Fully Implemented
- 2. Partially Implemented
- 3. Changes Agreed but Not Started
- 4. No Time Barriers to Change



Future In Mind (Overall Readiness by Theme)



Readiness by Theme



Associate Development Solutions retain full ownership of all original content and functionality within this Self Assessment Tool and provide it to participating organisations and bodies with the express understanding that it will not be shared or distributed outside of that organisation without express permission.

Appendix j: FiM Activity, Workforce and Investment











	Number of referrals into service between April 14 and March 15	Number of CYP accepted into service during 14/15	Average waiting time to assessment/ first contact	Average waiting time between assessment and intervention -	Number of active cases as at March 31 st 2015	Total number of face to face appointments offered during 2014/15
School based/ education cluster based services						
i. Recommendation to review / audit school bought in provision	NK	NK	NK	NK	NK	NK
Locally authority based						
Looked after children CAMH service	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS
Early intervention emotional health service	Not Delivered	Not Delivered	Not Delivered	Not Delivered	Not Delivered	Not Delivered
MST services (Multi-systemic Therapy Services)	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS
<i>Educational Psychologists</i>	180	180	3	2	151	180
FAST Team	NK	NK	NK	NK	NK	NK
Access Partnership	NK	242	NK	NK	NK	NK
NHS based services						
NHS Provider CAMHS service* (LAC included in above - separated out below)	1603	1225	4.8wks average across all teams (ADHD, Core, LAC and LD excluding Crisis Team)	7wks average across all teams (ADHD, Core, LAC and LD excluding Crisis Team)	357	6647
CAMHS LAC*	56	56	7.6 weeks	7.9 weeks	57	593
Community (T2/3) team	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS
Tier 2 CAMH Team	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS
LD-MH	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS
Forensic	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS
Looked after children CAMH service	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS
Self-harm / crisis intervention	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS
Intensive home intervention service / T3.5	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS
Community Eating Disorders (17.5 years plus)	56	5 (under 18)	27.5 days	36.7 days	25	459
Early Interventions in Psychosis	76	14 (under 18)	17.9 days	14.9 days	75	2718
Third sector provided services (use as many rows as necessary for individual third sector agencies (Include name of agency						
Open Minds (16+)	2912	119 (under 18)	11.5 days	19.7 days	931	12918

	Total number (wTE) of practitioner/clinical staff on the establishment as at June 15	Total number (wTE) of practitioner/clinical staff in post as at June 15	Total number (wTE) of non practitioner/clinical staff supporting clinical staff on establishment as at June 15 (include admin staff and managers etc)	Use this column to provide more detail or to signpost to other documents that provide more detail
School based/ education cluster				
i. Recommendation to review / audit school bought in provision	NK	NK	NK	NK
Locally authority based services				
Looked after children CAMH service	N/A	N/A	N/A	N/A
Early intervention emotional health service	Not delivered	Not delivered	Not delivered	Not delivered
MST services	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS	Included in Core CAMHS
FAST	4.25	4.25		1
Educational Psychology	3	3		0
Access Partnership	2	2		0
DHC	0.8	0.8		0 Specialist Coordinator (Mental Health)
services				
NHS Provider CAMHS service	26.2 + 2 x Consultant Psychiatrists	26.2 + 2 x Consultant Psychiatrists	Admin = 5wte, Group worker = 1wte	See attached paper with exact details.
*Looked After Children CAMHS service	1.7	1.7		0 Figures Included in the above
Community Eating Disorders (17.5 years	1.7	1.7	1	CCG comissioned service
Early Intervention in Psychosis (14+)	5	5	0.8	CCG comissioned service
Third sector provided services (use as many rows as necessary for individual w/L orgs)				
NAVIGO	374.71	341.91	131.92	CCG comissioned service
Mind	N/A	N/A	N/A	N/A

Figures provided in £'000 from 14/15 actuals including recharged costs with items regarded as 14/15 spend only removed and shown if applicable on the bottom line as requested. These are actual costs in 14/15 as such they do not purport to say that these costs are likely to continue as same levels in the future.

Expenditure type	LA funding spend 'in house'	LA funding allocated to third sector or private agencies	CCG funding allocated to NHS agencies	CCG funding allocated to other providers	Funding provided by other agencies (e.g. by school clusters, by Grant giving Trusts, by Central Government etc.) Please indicate amount and source of funding -	
	£'000	£'000	£'000	£'000	£'000	£'000
					Amount	Source
Services directed at individual children/families						
Early intervention emotional health services (non school based) - working with individual children /families - (used to be referred to as Tier 2)	Not delivered	Not delivered	Not delivered	Not delivered	Not delivered	Not delivered
Educational Psychology	295	0	0	0	27	0
Behaviour Support	72	0	0	0	95	0
Services targeted at Looked after children	N/A	N/A	N/A	N/A	N/A	N/A
Services targeted at other vulnerable children (e.g. in SILCs, YDS etc)	N/A	N/A	N/A	N/A	N/A	N/A
Emotional health Services targeted towards LD children	N/A	N/A	N/A	N/A	N/A	N/A
Access Partnership	118				16	SLA schools
MST (Multi Systemic Therapy) services	N/A	N/A	N/A	N/A	N/A	N/A
NHS provided specialist CAMHS service - area based (used to be referred to as 'Tier 3' services) If there is a merged Tier 2/3 service - include it	2,283	0	0	0	0	0
NHS provided intensive home treatment/crisis response service	Included in the above	Included in the above	Included in the above	Included in the above	Included in the above	Included in the above
NHS England funded Tier 4 activity in area (Further Guidance to be produced on how to calculate this figure) Use final column for this	N/A	N/A	N/A	N/A	568	NHSe
Spot purchased 'mental health' out of area placements funded by the local area	6		0	0	0	0
FAST	226	0	0	0	0	0
Any other areas of services directed at individual children/families- not included include FAST or N/A or in Kind						
FAST	-	0	In Kind	In Kind	0	0
Homestart Pilot - Love your baby	-	0	0	70000	0	0
Services directed at whole populations/vulnerable groups						
Health promotion activities focused on emotional resilience/ emotional health provided by public health function (e.g. DPH activity)	29	0	0	0	0	0
Emotional resilience activities provided in school settings (e.g. Healthy Schools)	N/A	N/A	N/A	N/A	N/A	N/A
Any 'one-off' expenditure during 14/15 on emotional health activities/services/ materials	N/A	N/A	N/A	N/A	N/A	N/A

Appendix k: PHOF: Indicator set for CYP


Public Health Outcome Framework	Indicator	
Wider determinants of health	1.02i - School readiness	
Wider determinants of health	1.03 - Pupil absence	
Wider determinants of health	1.04 - First time entrants to the youth justice system	
Wider determinants of health	1.05 - 16-18 year olds not in education, employment or training	
Wider determinants of health	1.13i - Re-offending levels	
Wider determinants of health	1.15i Statutory homelessness	
Health improvement	2.07i - Hospital admissions caused by unintentional and deliberate injuries in children and young people (0-14 years old)	
Health improvement	2.07ii - Hospital admissions caused by unintentional and deliberate injuries in children and young people (15-24 years)	
Health improvement	2.08 - Emotional wellbeing of looked after children	
Health improvement	2.3v - Average Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) score	No data
Healthcare and premature mortality	4.10 Suicide rate	


Key:

Compared to England Benchmark

Significantly worse	No Significant Difference	Significantly Better	No statistical analysis available
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Worse


Better


The same

Glossary

ASD: Autism Spectrum Disorder

CAMHS: Child and Adolescent Mental Health Services

CCG: Clinical Commissioning Group

CSE: Child Sexual Exploitation

CSC: Creating Strong Communities

CTR: Care and Treatment Review

CYP: Children and Young People

EH: Emotional Health

EP: Educational Psychologist

FAST: Family Action Support Team

FF: Families First

FiM: Future in Mind

HV: Health Visitor

HWB: Health and Wellbeing

IAG: Information Advice and Guidance

IAPT: Improving Access to Psychological Therapies

JSNA: Joint Strategic Needs Assessment

LCSB: Local Children's Safeguarding Board

LD: Learning Disabilities:

MASH: Multi-Agency Safeguarding Hub

MH: Mental Health

MHW: Mental Health and Wellbeing

NEL: North East Lincolnshire:

NELC: North East Lincolnshire Council

NHSe: NHS England

OBA: Outcomes Based Accountability

OFSTED: Office for Standards in Education

PC: Primary Care

PEI: Prevention and Early Intervention

PHSE: Personal, Social, Health and Economic

SDQ: Strengths and Difficulties Questionnaire

SEMH: Social and Emotional Mental Health

SEN: Special Educational Needs

SPA: Single Point of Access

SPS: Suicide Prevention Strategy

WSA: Whole School Approach

Y&H: Yorkshire and Humber

YP: Young People