

Lancashire Children & Young People's Resilience, Emotional Wellbeing and Mental Health

Transformation Plan 2015 – 2020

Our Vision

We will work together with children and young people in Lancashire to support their mental health and wellbeing and give them the best start in life.

Executive Summary

The Children and Young People's Resilience, Emotional Wellbeing and Mental Health plan for Lancashire has been developed by the Children and Young People's Emotional Wellbeing and Mental Health System Board, which consists of key partners and has been informed by consultation with children, young people and families. It is based on comprehensive identification of needs and evidence based practice to promote good emotional wellbeing and prevention of mental ill-health through early intervention, care and recovery.

This transformation plan takes a high level strategic approach whilst being cognisant of local needs, and seeks to improve relationships, knowledge and understanding of each-others' issues. It outlines the implications for Lancashire in light of the recent guidance from Department of Health in *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*¹.

The plan recognises that the foundations for lifelong wellbeing are laid down before birth and aims to prevent mental ill-health, intervene early when it occurs and improve the quality of mental health care and recovery for children, young people and families. The focus is on a whole child and whole family approach and on developing systems which ensure children, young people (CYP) and families are at the centre of prevention, care and recovery which will improve our CYP population's mental health and wellbeing.

Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work, and to achieving our potential. Good mental health is the foundation for wellbeing and the effective functioning of individuals and communities. It impacts on how individuals think, feel, communicate and understand. It enables us to manage our lives successfully and live to our full potential. Through promoting good mental health and early intervention we can help to prevent mental illness from developing and mitigate its effects.

The plan aims to build a healthier, more productive and fairer society for CYP and their families which builds resilience, promotes emotional wellbeing and mental health and ensures they have access to the care and support they need, reducing health inequalities.

¹ Future in Mind (2015)

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Introduction

“There is now a welcome recognition of the need to make dramatic improvements in mental health services. Nowhere is that more necessary than in support for children, young people and their families. Need is rising and investment and services haven’t kept up. The treatment gap and the funding gap are of course linked.”²

This document sets out a first iteration of a five-year Children and Young People’s Resilience, Emotional Wellbeing and Mental Health Transformation Plan for Lancashire which will be reviewed and updated to continually ensure it reflects the needs and aspirations of CYP and their families. For the purposes of this plan, Lancashire consists of eight clinical commissioning groups, a county council, two unitary authorities and 13 other partner organisations.

This transformation plan will support local implementation of the national ambition and principles set out in *Future in Mind – Promoting, protecting and improving our children and young people’s mental health and wellbeing*³. The implementation plan aims to improve the resilience, emotional wellbeing and mental health of young people, make it easier for them and their families to access help and support when they need it and improve the standard of mental health services across Lancashire.

In consultation with key stakeholders (see Appendix 9), a number of specific challenges have been identified. In particular, these are the increasing demand on services and the ability and capacity of services to meet this demand effectively and consistently across the county. There is an urgent need for a comprehensive workforce strategy to ensure that there is sufficient appropriately skilled staff to meet the future emotional wellbeing and mental health needs of CYP across Lancashire. This is in addition to concerns with regards to investment levels and the reduction of services.

What is apparent from stakeholder events is the high level of commitment and passion that exists in Lancashire to provide the best possible services for CYP and their families. This enthusiasm will be harnessed in the development and delivery of high quality and effective services.

This strategy has been written by incorporating the themes, principles and recommendations from Lancashire’s Review of Children and Young People’s Emotional Wellbeing and Mental Health (2015), the Lancashire Joint Commissioning Strategy (2014), Lancashire Mind (2014) and Future in Mind (2015).

² Simon Stevens, *Future in Mind*, March 2015

³ Future in Mind (2015)

Over recent years, national policy has focused on improving outcomes for children and young people by encouraging services to work together to protect them from harm, ensure that they are healthy and help them to achieve what they want in life.

No Health without Mental Health⁴, the cross-Government mental health strategy for people of all ages, takes a life-course approach to improving mental health outcomes for people of all ages with a strong focus on early and effective intervention in emerging emotional and mental health problems for CYP.

The national mental health strategy sets out a clear and compelling vision for the improvement of emotional wellbeing and mental health in England through the achievement of six objectives which emphasise the importance of wider influences on mental health, which include issues relating to housing, education, the criminal justice system, physical health and unemployment. These six objectives are:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

The Children and Families Act (2014)⁵ focused on the improvement of services which are available to vulnerable children and their families. The Act covered provision across a number of different areas of children's services, which together contribute to the achievement of improved mental health outcomes. Key elements include transformation of systems for CYP with special educational needs and disabilities, and greater input for children, young people and their families in the decisions made regarding their care to ensure their needs are fully met.

Future in Mind provides a broad set of recommendations that, when implemented, would facilitate greater access and improved standards for mental health services, promote positive mental health and wellbeing for CYP, greater system co-ordination and a significant improvement in meeting the mental health needs of vulnerable CYP.

As part of the national strategy, the Government has committed to take forward detailed plans to extend the Improving Access to Psychological Therapies (IAPT) programme to CYP. This service transformation for CYP's mental health care will

⁴ Department of Health No Health without Mental Health (2011)

⁵ HM Government: Children and Families Act 2014

embed evidence based practice, training staff in validated techniques, enhanced supervision and service leadership and monitoring of individual outcomes.

Future in Mind identifies five key themes which are fundamental to creating a system that properly supports the emotional wellbeing and mental health of CYP:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

Also of relevance to this transformation plan is implementation of the Lancashire Mental Health *Crisis Care Concordat*⁶. The Mental Health Crisis Care Concordat was launched by HM Government which is a commitment from key national organisations to work together to support the development of local systems to achieve systematic and continuous improvements for crisis care for people with mental health issues across England. The concordat highlights what needs to happen when people are in mental health crisis and how to make sure effective emergency response systems operate in each locality.

Future in Mind is clear in its vision that ‘more of the same is simply not an option’. An increased focus on prevention, building resilience, promoting good mental health and early intervention across the whole system will make real change to CYP’s mental health and wellbeing. There is a need to reduce risk factors associated with poor mental health at individual and community level; improve the mental health and wellbeing of CYP; and reach out to those groups at greatest risk of experiencing mental health problems.

Our aim is for CYP with emotional wellbeing and mental health issues in Lancashire to have access to timely, integrated and multi-disciplinary mental health services using NICE and other national guidance to develop evidence based, integrated pathways of care across partner organisations, ensuring effective assessment, treatment and support for them and their families.

The principles of the THRIVE model will be adopted in order to wrap services around children and young people, allowing access to whichever service is appropriate at any given time without CYP having to begin a new pathway each time they need help or support.

⁶ HM Government Mental Health Crisis Care Concordat (2014)

Universal services will deliver promotion, prevention, and early help and intervention. Specialist services will deliver support that is easy to access, readily available and evidenced based. Underpinning all of this, staff across all services will have a clear understanding of their roles and responsibilities and those of others, and they will be equipped with an appropriate range of skills and competencies.

Involving CYP, their carers and families is at the heart of service development. We will listen to their experiences and develop services in a way which they feel is effective and user friendly, and better meets their needs.

This plan adopts core principles, agreed in the recent review of services in Lancashire (see Appendix 2), to ensure effective delivery including joined-up working between community and voluntary, statutory and business sectors; commitment to engagement and consultation with local community, CYP and families; commitment to achieving and sharing evidence-based practice, population and targeted approach to delivering strategy.

It has been informed by a series of consultation events undertaken by partners with key stakeholders who identified a number of specific challenges. In particular, these are the increasing demand on services and the ability and capacity of services to meet this demand effectively and consistently across the county. This is in addition to concerns with regards to investment levels and the reduction of services.

Over the next five years, the intention is to deliver on the principles of the THRIVE model, identifying how all agencies are required to work together to ensure the holistic emotional wellbeing and mental health needs of CYP are met. The model will develop a Single Point of Access across targeted and specialist mental health services through a multi-agency triage approach.

Our plan will deliver against Future in Mind's five key themes and will build on work already underway.

1. Promoting Resilience, Prevention and Early Intervention

a. Promoting Mental Health and Building Resilience

Objective 1: To build resilient communities in all settings including home, school and the wider community which promote, improve and maintain the emotional health, mental health and wellbeing of CYP and their families and encourage them to help themselves.

Objective 2: Improve access to evidence based interventions which support attachment between parent and child, build resilience, improve behaviour and avoid early trauma.

Objective 3: Improve public awareness and understanding of CYP's mental health and wellbeing as well as perinatal mental health and work to reduce stigma and discrimination.

Objective 4: Improve the availability of information regarding self-help and the support that is available and how to access it.

b. Early Identification

Objective 5: Improve early identification and timely intervention for CYP at risk of or experiencing poor mental health.

Objective 6: Ensure ease of access to support based on the needs of CYP and their families through coordinated care in the most appropriate setting.

Objective 7: Improve early identification and timely intervention for pregnant women and new parents at risk of or experiencing poor mental health.

Objective 8: Locally adopt the THRIVE model as a conceptual framework for our collective response to improving the emotional wellbeing and mental health of CYP.

2. Improving Access to Effective Support

Objective 9: Use the technology available to develop and promote widely a pan-Lancashire online one-stop portal which will include self-help materials in addition to clear information on the support available across Lancashire.

Objective 10: Create a single point of access into all services providing interventions to improve emotional health and wellbeing. This will include consultation as well as direct delivery.

Objective 11: Ensure transition from children's to adult services is based on the needs of the young person rather than their age.

Objective 12: Ensure children, young people and families have timely access to an evidence based community eating disorder service.

Objective 13: Improve access to evidence based care and support designed in partnership with CYP and their families, treating them as individuals and taking into account both their physical and mental health needs.

Objective 14: Ensure that CYP have access to evidence based early intervention in psychosis services in line with the new access and waiting time standards for people experiencing a first episode of psychosis.

3. Care for the Most Vulnerable

Objective 15: Ensure crisis support is made available whenever it is needed and delivered in an appropriate place of safety as close to the child or young person's home as possible.

Objective 16: Prevent the development of mental illness through targeted early interventions for groups identified as being high risk.

Objective 17: Ensure equitable access to evidence based interventions for vulnerable children and young people following a holistic and comprehensive assessment of their needs.

4. Accountability and Transparency

Objective 18: Reduce the complexity of current commissioning arrangements through joint commissioning and service redesign, developing a system that is built around the needs of CYP and their families.

Objective 19: Have clear governance arrangements in place which hold each partner to account for their role in the system.

Objective 20: Increase transparency through the development of robust metrics on service outcomes.

Objective 21: Work together to ensure that the increased level of investment is used transparently and equitably while also representing value for money.

Objective 22: Ensure our service offer is designed in partnership with CYP and their families and is responsive to needs as opposed to service structures.

5. Developing the Workforce

Objective 24: Work with partners across all sectors to ensure that there is an appropriately resourced, skilled and trained workforce, confident in their ability to support the emotional health and wellbeing needs of our CYP and their families.

Ambition for the next five years

All partners are committed to work collaboratively to ensure the successful implementation of this plan which will result in:

- An improvement in the emotional wellbeing and mental health of all CYP in Lancashire
- Multi-agency approaches to working in partnership, promoting the mental health of all CYP, providing early intervention and also meeting the needs of children and young people with established or complex problems
- Access for all CYP and their families to mental health care and support based on the best available evidence and delivered by staff with the required range of skills, knowledge and competencies

Case for Change

National Profile

Mental illness has a range of impacts, with 20% of the total burden of disease in the UK attributable to mental illness (including suicide), compared with 17% for cardiovascular diseases and 16% for cancer. This burden is due to the fact that mental illness is not uncommon:

- At least one in four people will experience a mental health problem at some point in their life
- One in ten children aged between 5-16 years has a mental health problem, and many continue to have mental health problems into adulthood
- Half of those with lifetime mental health problems first experience symptoms by the age of 14 and three-quarters before their mid-20s
- One in ten new mothers experience postnatal depression
- Over a third (34%) of people with mental health problems rate their quality of life as poor, compared with 3% of those without mental illness
- Between 1 in 12 and 1 in 15 CYP deliberately self-harm
- More than half of all adults with mental health problems were diagnosed in childhood – less than half were treated appropriately at the time
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and 2000s
- The proportion of young people aged 15-16 with a conduct disorder more than doubled between 1974 and 1999
- 72% of children in care have behavioural or emotional problems.
- Almost 60% of looked after children in England have emotional and mental health issues and a high proportion experience poor physical health, educational and social outcomes after leaving care
- 95% of imprisoned young offenders have a mental health disorder

The number of people in England who experience a mental health condition is projected to increase by 14%, from 8.65 million in 2007 to 9.88 million by 2026. However, this does not take account the current economic climate which may increase prevalence.

Learning Disabilities, Behavioural Conditions and Mental Health

An estimated 25-40% of people with learning disabilities also have mental health problems⁷. Mental health problems such as depression tend to be under-diagnosed in people with learning disabilities. Many symptoms of mental illness are wrongly regarded as challenging behaviour and so do not receive appropriate treatment⁸

⁷ Department of Health (1993). Services for people with learning disabilities, challenging behaviour or mental health needs. Project group report. London: Department of Health.

⁸ Equality and Human Rights Commission.

The prevalence of anxiety and depression in people with learning disabilities is the same as for the general population, yet for CYP with a learning disability, the prevalence rate of a diagnosable mental illness is 36%, compared with 8% of those who do not have a learning disability⁹

Children and Young People and Mental Health

CYP with emotional disorders are almost five times more likely to report self-harm or suicide attempts; four and half times more likely to rate themselves or be rated by their parents as having 'fair/bad health', and over four times more likely to have long periods of time off school.

Comorbidity of disorders is common – children and young people frequently have both emotional and behavioural conditions and mental illness and physical health problems¹⁰.

Stigma and Discrimination in Mental Health

Nearly nine out of ten people with mental health problems have been affected by stigma and discrimination and more than two thirds reported that they have stopped doing things they wanted to do because of stigma.

Public attitudes to mental health are gradually improving, with less fear and greater acceptance of people with mental ill health.

However, according to the annual national surveys of attitudes to mental illness in England:

- 36% of people think someone with a mental health problem is prone to violence (up from 29% in 2003)
- 48% believe that someone with a mental health problem cannot be held responsible for their own actions (up from 45% in 2009)
- 59% agree that people with mental illness are far less of a danger than most people suppose

Direct social contact with people with mental health problems is the most effective way to challenge stigma and change public attitudes¹¹

Lancashire Profile

Current information in relation to mental wellbeing is poor. Assessing need in relation to mental health and wellbeing is complex and there are a number of ways in which this challenging problem may be tackled. It is essential to consider sources of information which tell us who and where in our communities are receiving support for mental health issues alongside the range of wider determinants which impact on mental health wellbeing and cause individuals to be more vulnerable to poor mental health.

⁹ Foundation for People with Learning Disabilities (2003). Health needs of people with learning disabilities. London: Foundation for People with Learning Disabilities.

¹⁰ Green H, McGinnity A, Meltzer H et al (2005). Mental health of children and young people in Great Britain, 2004. London: Office for national Statistics.

¹¹ TNS UK for CSIP 2010, Attitudes to mental illness 2010: research report. London: Department of Health.

It is well recognised that social and health inequalities can both result in and be caused by mental ill health. Many of the acknowledged risk factors for mental illness are linked to deprivation. Measures of deprivation can help to identify geographical areas where the need for mental health services is likely to be greatest. The economic landscape of Lancashire is mixed: Blackburn with Darwen, Blackpool, Burnley, Hyndburn, Pendle and Preston all feature within the top fifty most deprived areas in the UK¹². In contrast there are areas of Fylde, South Ribble and West Lancashire which are highly placed on the national index of affluence and the Ribble Valley itself is considered one of the most affluent parts of the United Kingdom.

In Lancashire it is recognised that

- There are increasing numbers of young people between the age of 10 and 24 years being admitted to hospital for self-harming¹³
- It is anticipated that there will be more than 45,000 (19% to 23%) children and young people in Lancashire who may have an increasingly complex emotional health need requiring intervention by 2015
- Prevalence estimates for Lancashire vary by age and sex, with boys more likely (11.4%) to have experienced or be experiencing a mental health problem than girls (7.8%)
- There are increasing numbers of children and young people approaching a number of different contact points with emotional, behavioural and mental health related problems
- Variances in commissioning arrangements and clinical models have led to an inequity in capacity, funding, variation in service models and access to services across the Lancashire footprint¹⁴
- There is currently no provision or agency who has lead responsibility for children and young people requiring a place of safety for behavioural or perceived behavioural issues

The service models in each of the CCG localities are aimed at the age group 0-25 years and each age group will be targeted accordingly, largely in relation to the following considerations:

- Particular need in the area using needs assessment data
- Differing needs of different age ranges
- Different target locations for different age ranges
- Different access needs for different age ranges

¹² <http://www.lancashire.gov.uk/>

¹³ JSNA 2014

¹⁴ CSU 2014

Examples of these include:

Targeting relating to a particular need using needs assessment data:

- An enhanced 7 day out of hours CAMHS service that will respond to urgent cases and CYP in crisis will be available across the Lancashire footprint and accessible across all CCG localities for all ages
- Support for those in need but not in crisis can be accessed over 7 days through the use of digital technology (self-help, advice, counselling) and through third sector provision in particular settings (e.g. Blackpool's Adolescent Hub)

Targeting the differing needs of different age ranges:

- Young people and teenagers may not want to access their care in a universal / mainstream setting such as school or CAMHS building. The service model / system that will be established in each CCG area across the Lancashire footprint will allow a range of choice and options across the following range:
- Self-help & self-care with digital technology
- Accessing 'getting help' third sector type provision (walk and talk counselling)
- Accessing specialist CAMHS services in a flexible way that meets the needs of the young person

Targeting different locations:

- Depending on their age children and young people aged 0-25 years will be present in different settings
- Each CCG locality across the Lancashire footprint will target particular settings for particular programmes
- All CCG areas will implement a 'Resilience' based prevention / early help model at an individual, family and community level that will be implemented using Primary and Secondary Schools as the main settings for this
- Further opportunities will be maximised by linking this to other settings out of hours and at weekend (through third sector and other services available)

Targeting different access needs for different age ranges:

- A baby and / or young child will be identified and get help through existing universal provision such as Health Visiting and Maternity Services by ensuring that they are linked to the Transformational Planning process
- Maternity and Health Visiting will be closely linked through work being undertaken through the perinatal and Post-natal networks and pathways that are being formed across Lancashire and in each CCG locality

Data aggregated from the Child and Maternal Health (ChiMat) Child and Adolescent Mental Health Service (CAMHS) Snapshot and CAMHS needs assessment reports

produced by Public Health England¹⁵ has been used to provide a snapshot of the estimate of certain conditions across Lancashire and is detailed in Appendix 1.

Key data and information which has helped understand the demand, risk factors, provision and outcomes for services is detailed in the mental health needs of children and young people in Lancashire CCGs report published in August 2015¹⁶, Appendix 2.

Those children and young people at higher risk of poor mental health have been identified through needs assessment and are included as vulnerable and at risk within the transformation implementation plan.

Priority vulnerable and at risk groups include children and young people within Lancashire include those:

- Who are part of the looked after system
- From low income households and where parents have low educational attainment
- With disabilities including learning disabilities
- From Black and Minority Ethnic groups including Gypsy Roma Traveller community
- Who identify as lesbian, gay, bisexual or transgender
- Who experience homelessness
- Who are engaged within the Criminal Justice System
- Whose parent (s) may have a mental health problem who are young carers
- Who misuse substances
- Who are refugees and asylum seekers
- Who have been abused, physical and/or emotionally transition from services

There are three Youth Offending Teams (YOT) in Lancashire focusing on young people receiving a holistic health assessment using either a Comprehensive Health Assessment Tool (CHAT), a brief Health Information Sharing Tool (HIST) or equivalent to ensure that health and risk information is assessed and shared appropriately with secure environments, including mental health secure facilities and offending institutions, and any other relevant professionals in order to safeguard and continue care / service provision for the young person. The Lancashire YOT healthcare team are currently developing and improving robust information sharing pathways between LYOT and secure estate which includes referral pathways between mental health provision within the secure estate and community CAMHS.

When commissioning and implementing programmes to improve and support emotional and mental health outcomes and build resilience for all children and young people targeted provision will focus on those young people most at risk group.

¹⁵ <http://www.chimat.org.uk/camhs>

¹⁶ Mental health needs of children and young people in Lancashire CCGs (CHIMAT CAMHS profiles) Business Intelligence www.lancashire.gov.uk

The level of investment by all local partners commissioning children and young people's mental health services for the period April 2014 to March 2015 will aid local decision making is given in Appendix 3.

Information on investment is inconsistent with each CCG providing their unique way of allocating funds. Block contracts with providers mean that we are unable to identify what the money has been spent on therefore the real costs are unknown. In the case of transition between adult and children's services the discrepancies between the ages at which children's services come to an end varies depending on where they live.

The activity delivered from the children and young people's mental health service providers in Lancashire in 2014/15 and those specialist services purchased on behalf of the Lancashire CCGs by NHS England Specialised Commissioners is detailed in Appendix 4 of this plan.

The review of data and stakeholder events has told us that Lancashire has a highly skilled and diverse workforce that can offer a range of evidence based interventions, right across the pathway as detailed in Appendix 4. However, there are tangible concerns about the ability to sustain current workforce levels as there are high vacancy rates and numbers of impending retirements and indeed about how to grow the workforce in order to support effective transformation of services.

The National Service framework for Children and Young People and maternity Services¹⁷ recommends a minimum ratio of fifteen whole time equivalent (WTE) for every 100,000 population for non-teaching services or a ratio of twenty WTE for every 100,000 population for teaching services.

The report 'Building and sustaining specialist child and adolescent mental health services'¹⁸ recommends that specialist CAMHS require twenty FTE per 100,000 population to meet the needs of children and young people aged 15 years or less. In addition, the report recommends that five WTE Primary Mental Health Workers (PMHW) per 100,000 population.

The impact of these recommendations for Lancashire, based on Local Authority populations, is also detailed in Appendix 4.

All but one service in Lancashire is part of the CYP IAPT programme. The involvement supports the development of a skilled workforce. There are difficulties in the ability to provide backfill in order to release staff for training. This issue will need a regional response, as it presents a real opportunity to skill up the CAMHS workforce.

¹⁷ Department of Health 2004

¹⁸ Royal College of Psychiatrists 2006

Challenges identified at stakeholder events and audit includes:

- Specific concerns about the workforce, with areas reporting that they are carrying vacancy rates and that many staff are nearing retirement, there is a real need for a comprehensive workforce strategy and plan in order to ensure that there are enough skilled staff to meet the mental health needs of children and young people
- Concern that there continues to be insufficient capacity to support Universal services and not enough buy-in to early intervention and training the workforce
- Retirement high vacancy rates and the need for specialist training
- Further pressures are being anticipated by services in relation to their workforce. Along with the GP workforce aging and a struggling to recruit appropriate staff, therefore posing problems for early identification of mental health needs. A high number of mental health professionals in CAMHS services are due to retire in the next 5/10 years, which will lead to further difficulties in recruitment if the issue is not addressed immediately. Specialist CAMHS training for nurses who make up 34% of the specialist CAMHS workforce is no longer available, therefore specialist knowledge is only being developed through practice
- Having enough workforce capacity and a workforce that can deliver evidence based interventions at times and places suitable for young people was seen as key. There were also priorities around ensuring there is future planning for the workforce needs of mental health services. The current lack of capacity was felt to be preventing services being able to move forward and transform

The transformation agenda is based on growth and change. The success of implementation and associated investment will be hindered across Lancashire by the difficulties in recruitment and retaining appropriately trained staff. These concerns will cut across all sectors of the children's workforce and have been highlighted within the CYP IAPT programme and local CAMHS strategies. Services for children and young people with mental health needs will need to be properly resourced. There is currently a shortage of appropriately trained practitioners and it is envisaged that difficulties in future recruitment will be a significant issue in the future. An adequate and competent workforce is fundamental to the successful delivery of this Transformation Plan. For certain staff groups the predicted demand will outstrip the projected supply. Whilst it is recognised that numbers of staff are important and necessary it will not be sufficient.

Information gathered through stakeholder events and North West workforce audit identified a number of challenges as follows:

- Improve workforce design and planning so as to root it in service planning and delivery
- Identify and use creative means to recruit people in the workforce
- Facilitate new ways of working across professional boundaries
- Enhance exiting roles and create new roles tapping into new recruitment pool and so complementing existing staff groups
- Develop, workforce through evidence based education and training at both pre and post qualification levels
- Development leadership and change management skills
- Ensure appropriate skill mix within services

Plan for Action

1. Promoting Resilience, Prevention and Early Intervention

There is evidence that supporting families and carers, building resilience through to adulthood and supporting self-care reduces the burden of mental and physical ill health over the whole life course, reducing the cost of future interventions, improving economic growth and reducing health inequalities¹⁹.

A resilient community is one that expands upon developmental, attachment and ecological approaches and enables a holistic focus. It is built upon the complex interaction and operation of risk and protective factors at individual, family, school and community levels including primary care.

To address this it is our ambition to enable these risk and protective factors to be the four cornerstones that provide the fundamental basis of the resilience model that sits within the THRIVE framework across Lancashire. Appendix 5.

We recognise that resilience building, prevention and early intervention is inconsistent in Lancashire with some schools and other children and young people's settings investing and providing excellent services whilst others have very little support for children and young people's emotional wellbeing and mental health. Public interventions also produce a broad range of benefits associated with improved wellbeing.

Public health, voluntary sector and school leaders therefore have a major role to play in ensuring that there is a fit for purpose equitable provision in all of the above settings and we will work with these partners to deliver our ambitions.

*"...Pupils' wellbeing and mental health matters and that by intervening early and providing accessible support for our pupils we are giving them the best chance to overcome problems and issues which are currently affecting their young lives."*²⁰

In order to promote building resilience in Lancashire our ambitions and subsequent actions are:

Objective 1: To build resilient communities in all settings including home, school and wider community which promote, improve and maintain the emotional health, mental health and wellbeing of children, young people and their families, to encourage them to help themselves.

By March 2016 we will:

- Ensure that primary care providers are identified and invited to training and awareness raising sessions aimed at improving skills in being able to respond

¹⁹ Fiona Mitchell-Resilience: concept, factors and models for practice – Scottish Child Care and Protection Network

²⁰ Head teacher Place2Be

to children with EWMH needs in practice and also to increase their ability to alert the appropriate services, should they see a child in practice and have concerns about wellbeing or mental health

- Develop resilience training programmes in order to roll out training to all people working and/or engaging with children and young people across the following
 - Birth (including pregnancy) to 25 years old
 - Schools, colleges and universities
 - Universal & community settings including maternity, early years, primary care, youth work
 - Including all staff from football coaches to health visitors to teachers to school nurses
- Mechanisms for delivering the training to be developed
- Identification of all people working with children and young people who will receive resilience training
- We will engage children and young people in the development of a resilience campaign targeted at children and young people themselves
- Learning from the universal resilience based programme being piloted in Blackpool
- Explore and identify opportunities for engaging family members in the resilience movement promoting family assets
- Identify existing points where data is already collected about children's emotional health and wellbeing
- Collect samples of this data and use to develop a consistent approach going forward
- Explore the possibilities of establishing a provider forum including third sector, health and social care of those working around children and young people's emotional health and wellbeing

By March 2017 we will:

- Use the evidence base from HeadStart in Blackpool in order to target schools in Lancashire to deliver universal resilience programmes
- Develop training for the family
- Roll out of training to the highest priority groups
- Launch the resilience campaign for children and young people across Lancashire
- Use identified data to inform a baseline of all children and young people's emotional health and wellbeing in Lancashire

By March 2020 we will:

- Ensure that children, young people and their families are able to deal with their problems

- Ensure that schools and the wider community are able to support each other and for children and young people to become resilient

Objective 2: Improve access to evidenced based interventions which support attachment between parent and child, to build resilience, improve behaviour and avoid early trauma. (NICE NG26, attachment in CYP adopted from care or at risk of going into care)

By March 2016 we will:

- Identify which evidence based interventions which support attachment between parent and child are appropriate and meet the need relevant to each CCG area
- Learn from existing programmes of work improving life chances of children aged 0-3 years old across Lancashire including BetterStart Blackpool and Family Nurse Partnership

By March 2017 we will:

- Ensure commissioned services utilise evidence based interventions identified which support parenting
- Align the Lancashire and Blackburn parenting strategies and BetterStart Blackpool to develop and embed a comprehensive parenting approach Lancashire

By March 2020 we will:

- Implement the Lancashire parenting strategy
- Ensure service delivery is aligned to Lancashire parenting strategy

Objective 3: Improve public awareness and understanding of children and young people's wellbeing and mental health, including perinatal mental health, and work to reduce stigma and discrimination.

By March 2016 we will:

- Engage children and young people to develop Lancashire awareness raising campaign, with an emphasis on addressing stigma, aimed at the entire population of Lancashire
- Develop and implement a communication strategy including the development of a single brand for emotional health and wellbeing services across Lancashire in partnership with children and young people

By March 2017 we will:

- Implement the Lancashire awareness raising campaign, with an emphasis on addressing stigma, aimed at the entire population of Lancashire

Objective 4: Improve the availability of information regarding self-help and support that is available and how to access it.

By March 2016 we will:

- Scope mechanisms of self-help including peer support that is available for children and young people in relation to emotional health and wellbeing
- Scope mechanisms of self-help including peer support that is available for parents/carers in relation to their resilience and emotional health and wellbeing
- Promote the existing telephone helplines throughout Lancashire

By March 2017 we will:

- Utilise the learning of the Wellbeing Challenge (peer support programme) and develop a model to roll out across Lancashire
- Develop pathways which ensure that parents/carers are equipped, feel confident in their ability and are supported to nurture the good emotional health and wellbeing of their children
- Ensure all commissioners and providers of universal services, including primary care, deliver mental health promotion and prevention activities on a whole system basis

In order to promote early identification in Lancashire our ambitions and subsequent actions are:

Objective 5: Improve early identification and timely intervention for children and young people at risk of and or experiencing poor mental health (NICE CG28, depression in CYP,CG16 and 133, self-harm in over eights, CG123, common MH problems, identification and pathways to care, CG128, autism in under19s: recognition referral and diagnosis, CG170, autism in under 19s: support and management)

By March 2016 we will:

- Ensure that clear policies procedures and guidance are in place for the CYP workforce which improve early identification
- Develop guidance for schools to ensure that the provision of school counselling is consistent across Lancashire
- Develop a Lancashire system process for providing named CAMHS contacts for schools
- Building on the learning from TAHMS develop the role of primary mental health workers across Lancashire

- Explore methodology of routine enquiry into adverse childhood experiences
- Ensure a consistent continuous assessment process across Lancashire including appropriate use of lead professional

By March 2017 we will:

- Begin implementation of the methodology of routine enquiry into adverse childhood experiences
- Promote the Lancashire pathway to all children and young people's settings, primary/secondary care networks and ensure it is embedded in all services in contact with children and young people
- Monitor the effectiveness of the pathway

Objective 6: Ensure ease of access to support based on the needs of children, young people and their families, through coordinated care in the most appropriate place

By March 2016 we will:

- Develop a Lancashire system process for providing named CAMHS contacts for all CYP settings working with young people at risk of experiencing poor mental health
- Develop training across workforce to ensure early identification and low level brief interventions for all people working and/or engaging with children and young people across the following
 - Birth (including pregnancy) to 25 years old
 - Schools, colleges and universities
 - Universal & community settings including maternity, early years settings including children's centres, primary care, youth work
 - Including all staff from football coaches to health visitors to teachers and school nurses

By March 2017 we will:

- Roll out of training to staff supporting the highest priority groups
- Monitor the effectiveness of the pathway

Objective 7: Improve early identification and timely intervention for pregnant women and new parents at risk of and or experiencing poor mental health

By March 2016 we will:

- In partnership with the Strategic Clinical Network, benchmark the current perinatal mental health services provision across Lancashire
- Develop commissioning intentions for perinatal mental health services in line with the forthcoming commissioning guidance for perinatal mental health
- Ensure that clear policies procedures and guidance are in place for the workforce appropriate for pregnant women and new parents which improve early identification
- Develop training across workforce to ensure early identification and low level brief interventions for all people working and/or engaging with pregnant women and new parents.
- Develop a Lancashire pathway describing each service and routes of access as part of the single point of access

By March 2017 we will:

- Roll out training to staff supporting the highest priority groups
- Promote the Lancashire pathway settings engaging with pregnant women and new parents
- Monitor the effectiveness of the pathway

Committed Expenditure

Promoting Resilience, Prevention and Early Intervention	
Total	£771,911

2. Improving Access to Effective Support

As identified in 'Future in Mind' the traditional organisation of services against the four tiered model has resulted in children and young people having to fit the services, rather than the services fitting the changing needs of the child or young person.

This inability to access services in a timely manner often results in the escalation of children's needs requiring a response at a higher and more expensive level.

Equally the fragmentation of commissioning and service provision for health and social care has resulted in CYP and their carers struggling to access services and navigate their way through the system. In the Children and Young People's Emotional Wellbeing and Mental Health Lancashire Review (March 15) it identified a myriad of potential contacts and relationships with services, a child or young person would have to manage Appendix 6, this is disempowering to children and young people and their carers.

Locally children, young people, teachers, clinicians and other professionals have reported their difficulties in gaining access to the right services or to be signposted to the support they need. There are a number of reasons which have been cited for this, primarily lack of training, understanding or knowledge of the various functions of services and a lack of support for children and young people who do not meet the criteria for specialist CAMHS.

Although access to services is cited as a key issue we know that across Lancashire we have a variety of good services commissioned and provided by our partners.

In response to what children and young people are telling us nationally and locally our service offer will be clear and easy to access. It will build on the strengths of children, young people and families, enabling them to improve their own emotional health and wellbeing with additional support when required.

Instead of the multiple referral processes that are evident now, young people will be directed to the right intervention from one point and where a higher or lower level of support is subsequently required services will support young people to step up or down.

Children, young people and families will have one assessment, which is shared and built on where additional support is required. Boundaries between different organisations may exist but they will not be evident at the point of delivery.

In order to improve access to services our ambitions and subsequent actions are:

Objectives 8: We will locally adopt the THRIVE model as a conceptual framework for our collective response to improving the emotional health and wellbeing of children and young people.

By March 2016 we will:

- Benchmark current provision against the model, including understanding the drivers for the numbers of DNAs and inappropriate referrals and use this to inform our needs-based model for structuring services
- Develop a performance management and quality improvement dashboard against the model

By March 2017 we will:

- Promote our model widely
- Strengthen our model through further understanding of children and young people's needs and the building evidence base through IAPT

By March 2020 we will:

- Have an equitable evidence based response across the model and Lancashire
- Be able to clearly demonstrate how children and young people's outcomes have improved

Objective 9: Using the technology available we will develop and promote widely a pan-Lancashire online one stop portal which will include self-help materials in addition to clear information on the support available across Lancashire.

By March 2016 we will:

- Commission a digital solution provider to develop an appropriate digital platform in which children and young people and parents can access information regarding self-help and support
- Map current online resources locally and nationally to ensure existing best practice is utilised e.g. MindEd e-portal

By March 2017 we will:

- Provide an online single point of access for children and young people, parents and carers and professionals, designed by young people and incorporating online referral
- Ensure a robust communication strategy and a 'brand' for all services

By March 2020 we will:

- Develop a range of digital therapies accessed through the portal
- Children, young people, parents, carers and professionals across Lancashire will know the support available and how to access it

Objective 10: Locally create a single point of access into all services providing interventions to improve emotional health and wellbeing. This will include consultation as well as direct delivery.

By March 2016 we will:

- Develop local networks of emotional wellbeing and mental health champions and practitioners across all services to develop practice and increase professional trust
- Improve relationships between schools and emotional wellbeing and mental health services by naming leads in those organisations

By March 2017 we will:

- Expand our local single points of access for specialist services to include voluntary sector provision and counselling
- Develop a single assessment process
- Develop a robust consultation model for professionals to seek advice and support in order to be able to support children and young people

By March 2020 we will:

- Have explored 'one stop shop' models for children and young people, learning from national and local good practice, where there is access to help and support from a multi-disciplinary team in a setting which is welcoming to children and young people

Age appropriate Services

The age range for children's services varies across Lancashire with some ending at their 16th birthday and others 18th birthday. The thresholds for adult services mean that some young people are not eligible for ongoing support and the waiting lists for adult services can lead to pauses and gaps in support and through the transformation programme we will seek to bring consistency around this. Increasing the age range from 0-25 years will avoid these gaps and address the peak onset of mental ill health when there is a need for initial care.²¹ The Children and Families Act, through the Code of Practice states that joint commissioning arrangements must cover services 0-25.

Stakeholders, in development of the plan, have identified that defining ages as part of the access criteria to services creates additional barriers for young people to access support and is another example where current provision can be service led rather than needs led. A flexible approach which is reflective of individual need and maturity rather than chronological age should therefore be adopted.

²¹ Right Here (2014). *How to provide youth-friendly mental health and wellbeing services*. London, Mental Health Foundation and Paul Hamlyn Foundation

In order to improve access to services for young people our ambitions and subsequent actions are:

Objective 11: Transitions from children's services will be based on the needs of the young person rather than their age.

By March 2016 we will:

- Include adult liaison and crisis teams, in our performance monitoring framework so that activity and outcomes for young people is understood

By March 2017 we will:

- Have reviewed all (all age) emotional wellbeing and mental health commissioned services and included specific outcomes measures for children and young people
- Have built on the learning from our previous CQUIN to ensure the mental health workforce delivering all age or adult services has the skills and expertise to work with young people
- Have a 0-19 CAMHS service model in place

By March 2020 we will:

- Have developed a clearly defined offer of local provision for 0-25s available on the Lancashire single point of access portal

Increased access to needs led evidence based interventions

The ambition over the next five years is to build effective, evidence-based, outcome focussed Child and Adolescent Mental Health Services for the future, in collaboration with children, young people and families. This includes delivering improved access and waiting times, development of a fully trained and competent workforce, and self-referral across the system.

Services will work towards the use of technology to achieve accountability to all stakeholders, including children, young people and families, commissioners, and the services themselves.

Our key mechanism for delivery will be through continued roll out of the Children and Young People IAPT programme across Lancashire. As a partner of the North West CYP IAPT learning collaborative, which brings together Children and Young People's Mental Health (CYPMH) provider partnerships across: Local Authority, Voluntary Sector and NHS Child and Adolescent Mental Health Services (CAMHS), we will be assisted in our service transformation and delivery of evidence based practice through mutual learning, support both from across the North West and Nationally.

Our local CAMHS providers, although not all part of the CYP IAPT programme currently, have a well trained workforce in evidenced based therapies and are utilising person reported outcome measures within their delivery. We also have an

established CYP IAPT Partnership covering a large part of Lancashire which we can build on and review learning from when supporting and transforming services via new partnerships forming in the Pennine Lancashire and Blackpool areas.

Through further development and implementation of a Lancashire CYP IAPT programme our services will be enabled to transform by:

- Working in partnership with children and young people and families to shape their local services
- Improving the workforce through training existing CAMHS staff (statutory, voluntary or independent sector) in targeted and specialist (Tier 2, 3 and 4) services in an agreed, standardised curriculum of NICE approved and best evidence based therapies. The training will include modules covering supervision and transformational service leadership
- Supporting and facilitating services across the NHS, Local Authority, Voluntary and Independent Sectors to work together to develop efficient and effective integrated care pathways
- Delivering frequent or session by session outcome monitoring to help the therapist and service user work together in their session, help the supervisor support the therapist to improve the outcomes and to inform future service planning
- Mandating the collection of a nationally agreed outcomes framework on a high frequency or session by session basis across the services participating in the collaborative - have full data from at least two time points, one of which can be assessment
- Outcome data will be used in direct supervision of the therapist, to determine the progress of therapy, overall effectiveness of the service and to benchmark services, embedding outcome monitoring across the whole of CAMHS will transform how they operate and how they are commissioned
- Sharing resources and good practice both with other partnerships within collaboratives but at a national level to support service transformation across the country. By sharing best practice and experiences of what works and what does not, implementation and effectiveness of improvements is accelerated and enhanced
- Enhancing the capability of services to deliver liaison, consultation, outreach, training and support to staff in the universal and early targeted part of the care pathways
- To encourage those working in universal, targeted as well as specialist settings including CAMHS to utilise the MindEd e-portal²² and subsequently

²² <https://www.minded.org.uk/>

our Lancashire online portal which offers e-learning sessions to help adults identify and understand children and young people's mental health issues.

In order to ensure that our children and young people have access to a full range of evidenced based interventions our ambition and subsequent actions are:

Objective 12: Through implementation of the CYP IAPT Programme improve access to evidenced based care and support designed in partnership with children and, young people and their families, treating them as individuals, taking into account both their physical and mental health needs. (NICE guidance CG123, common mental health problems – identification and pathways to care)

By March 2016 we will:

- Increase geographical coverage of CYP IAPT to 75 %
- Extend the current breadth and depth within current partnerships across pathway to include 3rd sector and Schools
- Establish the baseline for availability and choice of evidence based interventions across Lancashire and develop a future training plan
- Secure appropriate training places, support and funding for backfill of posts
- Ensure the implementation of routine outcome monitoring and feedback to guide treatment and future service design
- Work collaboratively with children and young people, their parents and carers
- Ensure appropriate investment in mobile technologies and ensure appropriate information governance arrangements are included in the amendment of trust protocols to allow clinical information to be stored, encrypted and transported

By March 2017 we will:

- Have increased geographical coverage of CYP IAPT to 100%
- Further increased the provision of availability of evidenced based interventions
- Develop a Lancashire training plan to detail the local requirements for training to work towards sufficient coverage of all evidenced based interventions across Lancashire

By March 2020 we will:

- Have routine outcomes measures embedded across the whole partnership
- Have secured the full range of evidenced based provision equitably across Lancashire

Eating Disorders

At present Lancashire does not have a dedicated community eating disorder service for children and young people, so treatment for eating disorders is currently provided by CAMHS services for under 16 year olds and by specialist adult Community Eating Disorder Services for 16 year olds and above.

The total weighted population across Lancashire is 1.65 million (Transformation Plan allocation formula) and is fairly equally split across the three geographical areas of North (including Blackpool), Central and Pennine Lancashire. These population levels would, in accordance with the ED Commissioning Guidance, exceed the population requirements for a viable dedicated service if commissioned across Lancashire or broken down to the geographical areas mentioned above. It would not be achievable, however, at an individual CCG level.

The total value of the service over a five year period, whether commissioned across Lancashire or on an area basis, will exceed the EU threshold for procurement law and therefore will require a procurement exercise. It is recognised that a robust procurement from service design to service commencement will take a full year, and so running in parallel we will continue to develop our CAMHS and adult services and pathways to ensure children and young people with an eating disorder experience an improved service.

To inform this plan and to subsequently prepare for implementation of the national access and waiting time standard for children and young people with an eating disorder, an initial stakeholder workshop took place in September 2015. This brought together key stakeholders including all providers across Lancashire, commissioners, young people and parents and provided an opportunity to review existing Eating Disorder provision, identifying gaps, opportunities and good practice to inform future service development (see workshop summary in Appendix 2).

In order to ensure children and young people have access to a full range of evidenced based interventions our ambition and subsequent actions are:

Objective 13: Children, young people and families will have timely access to an evidence based dedicated community eating disorder service. (NHS England, access and waiting time standards for CYP with ED; NICE CG9, ED's in over eight's – management)

By March 2016 we will:

- Jointly fund a robust eating disorder needs assessment incorporating the views of children young people and families to further build on findings from the initial workshop
- Complete mapping of current practice and service provision against the recommendations identified in the stakeholder workshop and commissioning guidance

- Improve early detection of eating disorders by increasing awareness in the general population and universal frontline professionals through a targeted promotions campaign
- Develop and agree joint service development plans for 16/17 with our current services, to address recommendations
- Secure commissioning and procurement support to lead the service design and procurement

By March 2017 we will:

- We will have procured a co-designed, evidenced based, dedicated community eating disorder service for our children and young people
- Develop a training programme to ensure that relevant staff are appropriately trained in the specialist assessment of eating disorders in children and young people

By March 2020 we will:

- The dedicated community eating disorders service will be embedded and will provide evidence that it meets the access and waiting time standard which will lead to:
 - Improved waiting times and access
 - Improved outcomes for children and young people
 - Reduced admissions to Tier 4 beds
 - Fewer referrals to A&E and admission to paediatric wards or Tier 4 admissions.

Objective 14: Ensure that children and young people have early access to evidence based early intervention in psychosis services in line with the new access and waiting time standards for people experiencing a first episode of psychosis.

By March 2016 we will:

- Ensure that all providers meets the new access and waiting times standards for people experiencing a first episode of psychosis
- Those children and young people accessing the service are treated with a NICE approved care package within two weeks of referral and for a specials ARMS assessment to have commenced for referrals of those with an 'at risk mental state'. (NICE guidance 155, psychosis and schizophrenia in CYP, recognition and management)

By March 2017 we will:

- Develop a pan-Lancashire community wide consensus definition of self-harm and a pathway for use by the wider community, schools, all health professionals and other key professionals.

Committed Expenditure

Improving Access to Effective Support	
ED	£866,089
Non-ED	£472,029
Total	£1,338,118

3. Care for the Most Vulnerable

Lancashire partners are actively working on improving pathways and integrated approaches for children at risk of being admitted to paediatric wards and children who are admitted. This includes the development of escalation and de-escalation pathways as well as piloting an integrated approach to complex cases.

The “*Inspection of services for children in need of help and protection, children looked after and care leavers*” report (November, 2015) states that

“The local authority, supported by the Local Safeguarding Children Board (LSCB), has a strong focus on identifying and tackling child sexual exploitation”.

All staff in our LCFT CAMHS service currently receives (CSE) mandatory training. In addition, Lancashire County Council, on behalf of the Schools' Forum, has commissioned The Children's Society to provide specialist support to children, young people and their schools in relation to child sexual exploitation including:

- The establishment of locality based network meetings to act as a forum for peer support for school staff in relation to CSE. The meetings will offer consultancy and share good practice,
- The provision of consultancy support and resources to staff in schools identified as having a high level of need, in order to develop their knowledge, skills and confidence to deliver effective, protective interventions
- The development and delivery of a programme of direct work with groups or individual children and young people who have been identified as being at risk of or experiencing CSE.

As referenced in *Future in Mind*, the success measure of any local mental health system is how it responds in a crisis. To address this within Lancashire, in line with the national requirements, we have developed an all age crisis concordat plan. The needs of children and young people are specifically referenced within the plan and these have been developed through a series of engagement events with stakeholders and young people Appendix 7. The recommendations formulated by the young people are included in the crisis concordat plan and are as follows.

Blackburn with Darwen CCG as the lead commissioner for adult mental health contract is leading on this work in partnership with key stakeholders and signatories to the concordat. Blackburn with Darwen CCG is also working in close partnership with Lancashire Care NHS Foundation Trust to improve mental health crisis care by reviewing and redesigning the existing mental health crisis services across Lancashire. Alongside eight CCGs and three local authorities, 13 other key organisations have signed the local declaration including Lancashire Police, North West ambulance service, mental health trusts, acute trusts, health watch and voluntary sector organisations.

The purpose of developing integrated care pathways is to encourage best practice among local practitioners in the Lancashire area and support commissioners and

providers, in conjunction with service users, to have a service that is timely, accessible and appropriate to the need of the children and their families. There is therefore a need for information and awareness raising for parents, pre-school, primary and secondary school staff and primary care workers so that suspected symptoms of ADHD can be recognized and there is clarity and consensus about the referral procedure. The new ways of working will involve breaking down organisational barriers, limiting the hurdles families have to cross, and offering the opportunity for early voluntary sector support, even in the absence of a diagnosis or confirmed definition of the problem as ADHD. We aim to encourage best practice among local practitioners in the Lancashire area and support commissioners and providers in conjunction with service users to have a service that is timely, accessible and appropriate to the needs of vulnerable groups, e.g. ADHD and ASD.

A Multiagency Crisis Concordat Partnership Group consisting of representatives from all key partner agencies and signatories and led by Blackburn with Darwen Clinical Commissioning Group will act as the programme board for the crisis concordat work in Lancashire and will monitor the implementation of this action plan till April 2017.

Workshops continue to be held with children and young people and their representatives to ensure the relevant actions within the Mental Health Crisis Care Concordat action plan reflect the specific needs of this group when suffering from a mental health crisis.

As part of the Mental Health Crisis Care Concordat consideration of the needs of CYP with learning disabilities who are suffering with a mental health crisis has been included in the action plan to ensure the specific needs and support are available from the services/organisations who have signed the local declaration, to develop and deliver crisis intervention services it was thought that there needs to be an investment in the workforce, as well as general financial investment.

The Criminal Justice Liaison and Diversions Service (CJLD) in Lancashire, has extended the service to cover seven days and have employed CAMHS and LD practitioners so that the remit of the team can extend beyond seeing adults. This team now see young people from age ten and provide assessment and diversion work. A draft young person's pathway has been developed in conjunction with the CAMHS providers from across Lancashire and the Youth Offending Teams. The pathway may be further enhanced dependent on the outcomes of planning to consider unscheduled care services for under 16s, CAMHS OOH service, intensive support models and alternatives to hospital and clear Section 136 arrangements. Currently the adult model of Section 136 applies to young people aged 16/17. There is a gap for under 16s which is being considered as part of the crisis care concordat work and the development of the unscheduled care pathways. The number of Section 136s for young people under the age of 16 years in Lancashire is extremely low, often less than ten annually on average. Lancashire will give careful consideration to the requirements to ensure a responsive and effective solution. Our

CAMHS services will continue to identify current Section 136 utilisation and provision through liaison with police and liaison and diversion colleagues and adult services

In order to ensure appropriate support and intervention for children and young people in crisis in Lancashire our ambitions and subsequent actions are:

Objective 15: Ensure crisis support to be made available whenever it is needed and delivered in an appropriate place of safety as close to the child or young person's home as possible. (Lancashire Crisis Care Concordat)

By March 2016 we will:

- Strengthen partnerships with providers, to develop a coordinated crisis pathway across Lancashire and to develop approaches for alternatives to admission. We aim to ensure that appropriate acute Paediatric care, as well as alternatives to hospital where appropriate, are available for children and young people, as part of an holistic approach to meeting needs.(3)
- We will build on the findings and implement the recommendations of 'Delivering Effective Services for Children and Young People with ADHD' guidance produced by the Greater Manchester, Lancashire and South Cumbria Strategic Clinical Network which gives details of training programmes for primary care and children's services and is also an example of a multi-agency ADHD care pathway.
- Have a support helpline that has out of hours advice and support for everybody who may be involved with the child/young person, the young person themselves, parents/carers, schools, other key professionals
- Pilot in Pennine Lancashire an appropriate alternate safe place, staffed by a multi-agency team, for children in Lancashire to be assessed on an emergency basis or where the crisis can be de-escalated
- Work with providers to move to the NHS target of seven day working by extending the crisis resilience pilots for out of hours' response to children and young people in crisis from CAMHS while the crisis response service is redesigned to be all age

By March 2017 we will:

- Ensure specialist services deliver liaison, consultation and outreach support to reduce the risk of C&YP escalating into Tier 4 beds
- Develop shared care plans to support the breaking down of organisational barriers, and the development of multi-agency partnership and ownership of these pathways with other key agencies including general practice, school nurses, education, social care and the 3rd and voluntary sectors.
- Provide mental health training to nurses, paediatric staff, A&E doctors and consultants

- Work with the ambulance service's to develop better understanding of the presenting complaints of children and young people in mental health crisis and how this group present differently than adults in crisis
- Increase awareness and knowledge of the range of services and support/treatment that is available for children and young people and their families/carers when they are in crisis for example, access to advocacy services through promotion on the single point of access website
- Evaluate alternative safe-place pilot and consider roll out across Lancashire
- Ensure that, at the point of crisis, the workforce who interfaces with these young people will have the skills and training to enable them to empathise and support the young person in crisis with sensitivity to their age and mental health

By March 2020 we will:

- Skill up parents and significant others to cope with their own issues and
 - Support their child/young person
 - Teach them to identify signs of crisis
 - Build the resilience of the child/young person and their family/carers/significant others and teach them to identify signs of crisis
 - Support the family/significant others when child/young person does not want to engage

Many young people presenting in crisis form some of our most vulnerable and at risk groups. Some of the most challenging and complex cases have been where the young people are Children Looked After (CLA) and those with disabilities. The cases tend not to be mental health in isolation but surrounded by a complexity of social needs, usually presenting with acute behavioural needs and/or self-harm. Children are usually placed on paediatric wards at weekends or out of hours this can be without immediate mental health assessment, input or care planning. This poses a risk for the young person and others on the paediatric ward.

The complexity of their presenting factors can cause confusion over thresholds for Tier 4 entry, particularly where young people are exhibiting escalating behaviour due to circumstance or Learning Disability rather than a diagnosable mental health condition. This seems to be a large gap in provision for children and young people. The gap is not simply about the way services are commissioned but the training and skills of health and social care professionals to care for young people with escalating behavioural needs.

This is another example of children and young people having to fit the services, rather than the services fitting the changing needs of the child or young person as describe earlier in this plan.

The THRIVE model defines this group as 'getting risk support' and identifies their needs as children and young people who routinely go into crisis but are not able to make use of help offered; or who self-harm or have emerging personality disorders. To address this, the model identifies the need for close inter-agency collaboration and clarity about who is leading which may most often be Social Care. It also identifies a lack of specific evidence based interventions for this group

In order to address these issues our aims and objectives are:

Objective 16: Prevent the development of mental illness through targeted interventions for groups identified as being high risk.

Objective 17: Ensure equitable access to evidence based interventions for those most vulnerable children and young people following a holistic and comprehensive assessment of their needs.

By March 2016 we will:

- Work in close partnership with Specialised Commissioning, our local Tier 4 service and paediatric teams to ensure clear pathways and smooth transitions for children and young people requiring an inpatient admission
- Work in close partnership with Specialised Commissioning, our local Tier 3 service, social services and paediatric teams to ensure clear pathways and smooth transitions for children and young people to step-down from Tier 4 service
- Ensure intensive outreach and support through utilisation of the Forensic Adolescent Community Treatment (FACT) service and development of a dedicated multi-disciplinary team offering short term crisis support and therapeutic interventions for those C&YP who are in crisis but will not benefit from a stay in hospital
- Improve the experience of vulnerable young people with mental health difficulties on paediatric wards by supporting paediatric staff through training initiatives regarding the management of self-harm and eating disorders and reduce the stigma associated with mental illness
- Learn from and replicate/extend current best practice for children in care (CLA) across Lancashire.
- Pilot the REACH project which empowers our professional workforce to proactively identify vulnerable children and young people, providing an opportunity for safeguarding and early intervention by training and supporting them to ask young people routinely as part of their assessments about adverse childhood experiences (ACEs).

- Develop and implement a range of multi-disciplinary and multi-agency care pathways for vulnerable groups, e.g. ADHD and ASD
- Use NICE and other national guidance to develop evidence based approaches to prescribing and Clinical leaders who are members of the CYPEWMH Board will interact with appropriate governing and advisory bodies for prescribing and they will support the workstreams to ensure that inclusion of appropriate prescribing protocols and practices are part of pathways for children and young people, including those with ADHD and other needs.
- Routinely monitor the uptake and use of services by vulnerable groups e.g. CLA, LD to ensure no young person or family in need fall through the net because of difficulty in engaging, inflexible referral criteria or lack of bespoke pathways
- Ensure each CCG locality will work together with providers of CAMHS services to ensure that CAMHS are linked closely to services where vulnerable CYP are represented. Services such as Youth Offending Teams, Children's Social Care, Children with Disabilities Teams will have direct links and access.
- Identify the additional capacity created from the new funding provided for eating disorders to support the development of a self-harm pathway in each health economy
- Ensure that EIA assessments are be applied, where relevant to test consequences of service development and commissioning intentions as part of our due consideration of access for vulnerable groups

By March 2017 we will

- Ensure shared care arrangements, for young people with eating disorders who are found to be at high psychiatric risk, are in place between GPs, DGHs and specialist ED services based on the junior MARSIPAN guidelines following pilots undertaken in 2015/16
- Ensure JSNAs in Lancashire incorporate due consideration of the needs of vulnerable children, including those from marginalised groups such as travellers and BME communities, into the needs assessment review. The Board will then use this intelligence to re-refresh priorities and target future commissioning intentions and to focus service improvement actions.
- Conduct empirical evaluation of the medium to long term impact of the (REACH) routine enquiry about adversity in childhood approach and adjust commissioning intentions accordingly
- In alignment with the LD fast track plan, we will work with providers to ensure children and young people with moderate to severe LD with complex and

challenging behaviour have access to skilled support staff and, where necessary, the support of specialist professionals to assist assessment and plan effective support

- Each CCG locality will work together to work with their local authority to ensure that primary and secondary schools are implementing a universal screening tool in certain age groups to enable vulnerable CYP to be identified and pro-actively worked with in a preventative way to build resilience and help reduce toxic stressors so that they can prevent mental ill health; get effective help when they need it and build resilience for the future
- Provide support to the staff so that they are better able to support these young people, including implications of safeguarding protocols and informed decision to disclose
- Ensure a coordinated pan-Lancashire referral pathway for any child or young person who is stepping down from a secure environment to the community will be developed through the multiagency working to review pathways and pilot improved approaches to complex cases

By March 2020 we will:

- Implement trauma focussed care on a Lancashire wide footprint so that staff are able to meet the needs of traumatised children and young people and their families
- Develop paediatric liaison in an acute trusts for a child or young person with mental health issues

Committed Expenditure

Care for the Most Vulnerable	
Total	£934,671

4. Accountability and Transparency

Across Lancashire, we recognise that current commissioning arrangements are complex. Each CCG commissions services independently from each other with up to eight requests for similar services from each provider. Local authorities contribute to the Tier 2/3 CAMHS services however there are currently no formal joint commissioning arrangements in place and therefore a more formalised joint commissioning arrangement through, for example, a Section 75 agreement will be established.

Information on spend is inconsistent with each CCG providing their unique way of allocating funds. Block contracts with providers mean that we are unable to identify what the money has been spent on therefore the real costs are unknown. In the case of transition between adult and children's services the discrepancies between the ages at which children's services come to an end varies depending on where they live.

In real terms (adult mental health spend has increased) the overall spend on children and young people's mental health disorders has fallen over the last six years, the expenditure for England is 6% of the total spend on mental health (DH 2015). In Lancashire this percentage spend varies depending on CCG from 2% to 11%.

There is currently very limited contract monitoring of the main provider for Lancashire CAMHS. It is included within the contract arrangements for all age mental health; however there has been no specific focus on this part of the service and the performance data provided has not been fit for purpose nor is there a mechanism to report the data through the appropriate governance systems.

We need strong leadership across our organisations that support the parity of esteem agenda and recognise that good mental health holds the key to quality of life and should therefore be considered in all service planning, resourcing and training of the front-line workforce. We need services to work together, putting the service user and carer at the centre, to improve the experience and outcome for CYP and carers when they may have multiple needs such as mental health and physical health or mental health and substance misuse, or when moving from children's services to adult services.

It is the ambition of the partnership to ensure that all commissioned services routinely measure and report patient reported outcome measures and service user satisfaction levels. All services will be required, through monitoring, to demonstrate how service users are actively involved in service development and provide examples of how feedback has been used to improve services. These mechanisms have already been built into the majority of services commissioned, but an overarching mechanism to collate this at the partnership level is also being developed. The partnership will consider in collaboration with children, young people and their families, who will be integral to its development, how service user feedback can be meaningfully incorporated into the online performance portal. The portal will have a

facility which feeds back to children, young people and their families on the changes made in response to feedback given, as well as offering a feature to enable them to provide both positive and negative feedback on current provision and to have their say on the future design of support at this system level.

The success of Lancashire's transformation plan will be measured by an improvement in outcomes at a population, service and individual patient level. The development of robust, SMART KPIs, utilising guidance and support from the SCN and IAPT Collaborative, to further develop KPIs and measure performance against them, to demonstrate achievement of these outcomes across Lancashire. It is recognised that the consistent application across all areas and services, is currently an evolving process.

Partners are committed to better data, transparency and accountability, through multi agency delivery partnerships, established at a local level will ensure local implementation and utilise a recently designed reporting template to report progress against KPIs and the publication of this plan and, going forward, an annual declaration of investment from partners and review of the needs of the local population.

In order to promote accountability and transparency in Lancashire our ambitions and subsequent actions are:

Objective 18: Reduce the complexity of current commissioning arrangements through joint commissioning and service redesign, developing a system that is built around the needs of children, young people and their families.

By March 2016 we will:

- Build on the success of existing joint commissioning arrangements, including Better Care Fund and Transforming Care across Lancashire to reduce complexity and build a system that is responsive to the needs of children, young people and their families.
- The Lancashire Collaborative Commissioning Board (CCB), with representation from eight CCGs, three Local Authorities and Specialist Commissioning will lead the system change through development and approval of the Transformation Plan. The CCB will ensure where possible and practicable, services are jointly and equitably commissioned on a Lancashire footprint. The CCB's vision of a fully integrated system in place and services that are co-commissioned in a co-ordinated way to ensure they are provided in an integrated way, around the needs of CYP and their families or carers and not the system, to improve quality and reduce inequalities. Providers will be expected to work in collaboration with other professionals to ensure care is co-ordinated across organisations, health, local authority and voluntary sector so that it is seamless and supports delivery of the plan

- Integrate commissioning approach and agree levels of pooled investment for ED and transformation projects under the Better Care Fund (virtual-pooled budget) umbrella whilst a more robust system is put into place.
- Support joint commissioning roles within locality footprints to deliver the plan

By March 2017 we will:

- Formalise the integrated commissioning approach, the level of investment from each partner as of the 2014/15 baseline and the budget pooling arrangements for additional funding through a detailed Section 75 agreement.

Objective 19: We will have clear governance arrangements which hold each partner to account for their role in the system

By March 2016 we will:

- Establish governance arrangements to allow delegated authority to the Children and Young People Emotional Wellbeing and Mental Health Transformation Board for delivery, service transformation and redesign. Members of the Transformation Board will ensure that consistent engagement with children, young people and their families to inform the plan. Board members will also ensure local area involvement from schools, education establishments and the voluntary sector, see Appendix 8.
- Ensure the Transformation Board, including all providers, will hold each partner to account for delivery of the plan as outlined in the governance section above. Appoint a system leader to lead the delivery of integrated children and young people's emotional wellbeing and mental health services programme as agreed with partners, including the implementation, management and monitoring of agreed programmes to develop systems for partnership and planning and investing in new care models which break down the barriers between organisations and advocating system leadership at a local level.
- Ensure system level connections with wider primary care providers through interaction between the Transformation Board and the Primary Care Transformation Programme and through strategic partnerships, e.g. between the Board and Medicines Management etc.
- Ensure the current level of investment, based on the 2014/15 level of investment by partners, is maintained and underpins the ambitions of this transformation plan to develop new capacity in the medium/long term

March 2017 we will:

- Ensure that investment and/or disinvestment decisions will be based on joint agreement between commissioners on the impact on both CAMHS and wider system and there will be transparency about such decisions

- Implement a benefits realisation plan for the programme to identify and monitor the impact of prevention and early intervention on both specialist children and young people's services, adult mental health services and social care

March 2020 we will:

- Have embedded and have fully operationalised, this integrated approach to performance reporting as part of contractual and performance management processes

Objective 20: Increase transparency through the development of robust metrics on service outcomes

By March 2016 we will:

- Ensure that IT capability is developed in order collect and collate national mental health shared data set in Lancashire
- Work collaboratively across commissioners and providers to develop a shared performance and outcomes framework for children and young people's emotional and mental wellbeing including the development of our electronic performance reporting mechanism, to consistently assess activity and performance across our system, which will provide for clearer of monitoring of any exceptions to standards and expectations
- Ensure the framework will reflect the national mental health shared data set and encompass local outcome measures developed in consultation with key stakeholders, CYP and their families
- The framework will be informed and build on the learning from our Joint Strategic Needs assessments across BwD, Blackpool and Lancashire
- Ensure the metrics outlined within the framework will be incorporated into service specifications and information requirements for each provider and monitored through contract management arrangements

By March 2017 we will:

- Work with the Digital Lancashire strategy programme to ensure IT capability is developed in order to allow records to be shared between providers in Lancashire
- Ensure an exception report will be provided to the Transformation Board, where performance is off track, with mitigating actions and risks to delivery are escalated where required
- Support the development and implementation of systems to ensure information about the pathways into and through care and quality data on service performance and commissioner spend is highly visible, readily accessible and shared across agencies

- Ensure the inclusion of KPIs to assess engagement and access for vulnerable groups will be incorporated into performance reporting mechanisms so that a whole system view of access can be assessed
- Review commissioning arrangements for CAMHS provision across the three Youth Offending Teams (YOTs) in Lancashire, with particular relevance to the introduction of Asset Plus, to ensure appropriate provision is in place
- Ensure that robust information sharing exists between YOTs and secure estates
- Publish an annual report card on children and young people's emotional wellbeing and mental health, setting out key achievements, areas for improvement and required action
- Require commissioned emotional wellbeing and mental health services to develop and publish quality improvement plans on an annual basis

By March 2020 we will:

- Explore models and feasibility of a single case management system across all providers delivering emotional wellbeing and mental health interventions in Lancashire
- Develop a single data collection portal to ensure that standardised information is available to inform planning and commissioning of services. This will be made available on the one stop portal for CYP and carers to support informed decision on their care and the choices they have

Objective 21: By working together we will ensure that our increased levels of investment will be used transparently, equitably and demonstrate value for money

By March 2016 we will:

- Undertake a review of how commissioning activity across the CCGs and the Local Authorities can be brought together within a strong strategic framework for a more effective health and social care economy of service providers and commissioners working together to establish organisational arrangements that promote the most effective and efficient use of services, minimise duplication and streamline access
- Agree the degree to which additional funding will be pooled to take forward collaborative workstreams for eating disorder services and the transformation programme for 2015/16.
- Plan and manage increased investment into services to achieve the ambition of parity of esteem for CYP emotional wellbeing and mental health services and ensure that investment and/or disinvestment decisions are based on

joint agreement between commissioners on the impact on both the CAMHS service and wider system

- Undertake a bench marking exercise in Lancashire to support the demonstration of good value for money, efficiency and effectiveness compared to similar services

By March 2017 we will:

- Commission emotional wellbeing and mental health services for the children and young people of Lancashire in accordance with the needs of the population as articulated in our Joint Strategic Needs Assessments
- Ensure continuous improvement in the quality of services to be achieved whilst achieving financial balance within a challenging economic climate
- Utilise evidence based approaches and working collaboratively with service CYP, carers, providers and commissioners on joint commissioning to maximise quality and efficiency and minimise risks to CYP and carers
- Publish an annual local plan for children and young people's emotional wellbeing and mental health, linked to a wider whole population mental health strategy which recognises the clear links between the mental health of family members and the impact in particular on children and young people where their carers have poor mental health

Objective 22: Our service offer will be designed with children, young people and families and will be responsive to needs as opposed to service structures

By March 2016 we will:

- Further developed in consultation with parents and young people which will be an integral part of the development and implementation of the strategy going forward
- Building on our learning and engagement with children and young people we will strengthen the support and role that is available to CYP and carers who become involved in planning and monitoring of mental health services including a process of induction and training as well as ongoing support
- Improve capacity of CYP, carers and families to take part in local and regional involvement, service improvement work, self-help support and service provision by effectively supporting involvement within our commissioning practice

By March 2017 we will:

- Work in partnership with C&YP and carers on their ideas for different approaches to widen their involvement

- Ensure that representation for carers in commissioning is supported to represent mental health issues adequately
- Ensure that C&YP and carer feedback and involvement in delivering and developing services will be mandatory
- Develop a culture of sharing learning of good practice across Lancashire through developing pilots and testing new service provision models ensuring that children and young people and their carers are involved in the measurement of outcomes and the evaluation of these programmes

By March 2020 we will:

- Ensure that people will be communicated with using formats and means appropriate to their individual requirements e.g. service user led website and carers on-line forums
- Ensure that carers can gain access to their own needs assessment within a primary care, generic or mental health setting and are supported so that their role is valued in the creation of care plans

Committed Expenditure

Accountability and Transparency	
Total	£299,040

5. Developing the Workforce

The national vision is for everyone who works with children, young people and their families to be:

- Ambitious for every child and young person to achieve goals that are meaningful and achievable for them
- Excellent in their practice and able to deliver the best evidenced care
- Committed to partnership and integrated working with children, young people, families and their fellow professionals
- Respected and valued as professionals

Professionals across health, education and social care services need to feel confident to promote good mental health and wellbeing and identify problems early, and this needs to be reflected in initial training and continuing professional development across a range of professions.

Anybody who works with children and young people in universal settings such as early years provision, schools, colleges, voluntary bodies and youth services, should have training in children and young people's development and behaviours, as appropriate to their professional role.

MindEd²³ is a useful resource for promoting this level of awareness in all staff who work with children and young people.

The current workforce employed by local provider partners delivering children and young people's mental health services for the period April 2014 to March 2015, Appendix 4, will be used to undertake a gap analysis around the capacity and skills required which will aid local decision making

As identified previously, Lancashire has a highly skilled and diverse workforce that can offer a range of evidence based interventions, right across the pathway. All but one service in Lancashire is part of the CYP IAPT programme. The involvement supports the development of a skilled workforce. There are difficulties in the ability to provide backfill in order to release staff for training. This issue will need a Lancashire-wide response, as it presents a real opportunity to up-skill the CAMHS workforce.

This transformation plan is based on growth and change. The success of implementation and associated investment will, potentially, be hindered across Lancashire by difficulties in recruitment and retaining appropriately trained staff. These concerns will cut across all sectors of the children's workforce and therefore we will need to:

- Identify and use creative means to recruit and people in the workforce
- Facilitate new ways of working across professional boundaries

²³ <https://www.minded.org.uk/>

- Enhance existing roles and create new roles tapping into new recruitment pool and so complementing existing staff groups

There is, therefore, a real need for a comprehensive workforce strategy in order to ensure that there are enough skilled staff to meet the mental health needs of children and young people.

In order to promote workforce development in Lancashire our ambitions and subsequent actions are:

Objective 23: Work with partners across all sectors to ensure that there is an appropriately resourced, skilled and trained workforce who feel confident in their ability to support the emotional health and wellbeing needs of our children and young people and their families

By March 2016 we will:

- Work with service providers who deliver specific emotional wellbeing and mental health interventions to undertake an audit of staff numbers, skills, competencies and training building on the returns as part of this planning process
- Utilise local workforce modelling undertake a gap analysis to identify workforce numbers requirements, succession planning, skills and training needs
- Ensure clear organisational commitment, resources and time for continuing professional development and training
- Consider the applicability of training, consultancy, networks and forums as a standard for all providers and partners across Lancashire to ensure that sufficient support for skills development exists to operate and implement appropriate referral pathways, across police and social care, in order to ensure there is a full picture of the extent of child sexual exploitation in Lancashire and appropriate services offered

By March 2017 we will:

- Establish and agree the key principles for those planning/commissioning services in addition to providers and partner agencies about the workforce and resources required to meet the needs of a population of children and young people to support the development a workforce strategy and plan for Lancashire
- Enhance existing roles and create new roles to tap into a new recruitment pool and complement existing staff groups
- Build on training programmes that are currently available in Lancashire to enable continuous professional development of all staff

- Develop education and training plan based on needs analysis which will be updated annually.
- Develop programmes of work with our health education partners, including Health Education NW Higher Education Institutions, CYP IAPT, Local Health Education and Training Boards, NHS England and colleagues across the region, to consider what is required for workforce to address the identified gaps
- Ensure the roles and responsibilities of each member of the multi-disciplinary team are made explicit
- Develop a dashboard to allow ongoing review of staffing numbers and competencies and highlights any staff development training/skills deficits

By March 2020 we will:

- Identify and use creative means to recruit and retain people in the workforce in order to increase the overall numbers in successive years
- Young people and/or their parents/carers are involved in and their views taken into account in the recruitment and appointment
- Facilitate ways of working within services and across professional boundaries making best use of specialist staff group to meet the needs of children, young people and their families

Committed Expenditure

Developing the Workforce	
Total	£132,401

6. Summary of Committed Expenditure in the Transformation Plan

Promoting Resilience, Prevention and Early Intervention	£771,911
Improving Access to Effective Support	£472,029
Eating Disorders	£866,089
Care for the Most Vulnerable	£934,671
Accountability and Transparency	£299,040
Developing the Workforce	£132,401
Total	£3,476,141

Appendix 1 Children and Young People Population Profile

	Blackburn with Darwen	Blackpool	Lancashire	Grand Total
Children aged 2 to 5 with a mental health disorder	1,740	1,305	11,025	14,070
Children/young people aged 5 to 16 with a conduct disorder	1,590	1,190	9,120	11,900
Children/young people aged 5 to 16 with a mental health disorder	2,560	1,920	15,030	19,510
Children/young people aged 5 to 16 with and emotional disorder	985	745	5,795	7,525
Number of children/young people who may experience mental health problems appropriate to a response from CAMHS Tier 1	5,740	4,325	36,715	46,780
Number of children/young people who may experience mental health problems appropriate to a response from CAMHS Tier 2	2,680	2,020	17,135	21,835
Number of children/young people who may experience mental health problems appropriate to a response from CAMHS Tier 3	710	535	4,530	5,775
Number of children/young people who may experience mental health problems appropriate to a response from CAMHS Tier 4	30	25	185	240
Grand Total	16,035	12,065	99,535	127,635

Appendix 2: Mental health needs of children and young people in Lancashire CCGs



Childrens Mental and Emotional Health need



Mental Health Crisis Care Concordat Focu



CAMHS_Review Report_April 2015 v3



Mental Health Services Workshop w



Blackpool JSNA C&YP MH and Wellbeing Prc



Mental health and wellbeing JSNA FINAL



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Lancashire_CYPTrust_JointCommissioningS



Menatal Health Services Insight from

Appendix 3: Level of Investment from Partners

Partner Organisation	Description	2014/15 Spend (£)	Additional Information
Blackpool CCG	CAMHS Specialist Services	£1,639,466	
	Child Psychology	£338,478	
	Early intervention service	£714,770	Not split between Children and Adults
	Healthy Child Programme	£158,664	
	Paediatric therapy service	£47,471	
	Youth Offending Team	£4,176	
Blackpool Unitary Authority	WISH Team	£198,900	
	The Hub	£247,700	
	Targeted youth support	£270,000	
	Headstart delivery	£750,000	Pilot
	Emotional wellbeing in schools	£112,000	
	Behavioural advisory teachers	£157,000	
Specialised Commissioning	Educational psychology team	£353,000	
	Eating Disorders	£35,685	
	PICU	£22,275	
	MSU	£13,871	
Lancashire Mind	Acute admissions	£413,349	
	Headstart	£35,000	Contribution to Pilot
	Blackpool Total	£5,511,805	
Blackburn with Darwen CCG	LCFT Child Psychology	£246,528	
	ELHT- ELCAS	£1,039,702	
Blackburn with Darwen Unitary Authority	Educational Psychology	£343,000	
	Targeted Youth Support	£137,000	
	ELCAS- ELHT inc YOT	£212,327	
	SCAYT	£82,000	
	Fast Track Adoption	£63,542	
Specialised Commissioning	Eating Disorders	£70,785	
	Children's	£105,930	
	PICU	£286,902	
	Acute admissions	£141,792	
Blackburn with Darwen Total	£2,729,508		

Partner Organisation	Description	2014/15 Spend(£)	Additional Information
East Lancashire CCG	Youth Offending Team	£139,411	
	ELHT - ELCAS	£2,445,960	
	ELHT - ELCAS	£115,579	CAMHS OT
	ADHD Northwest	£30,408	1:1 support for families
	Brook	£20,000	Counselling Service
	Place2be	£20,000	Counselling Services based in Schools
	Barnados	£60,000	Young Carers Support
	LCFT	£821,238	Clinical Psychology Services
Specialised Commissioning	Eating Disorders	£56,745	
	Children's	£54,035	
	PICU	£153,252	
	Acute admissions	505767	
	Mother and Baby	23188	
East Lancashire Total		£4,445,583	
Greater Preston & Chorley, South Ribble CCGs	Youth Offending Team	£70,269	
	CAMHS Community	£2,157,058	
	Child Psychology	£213,645	
	Autism Diagnostic Services	£46,604	Spot purchase
Specialised Commissioning	Eating Disorders	£506,025	
	PICU	£380,457	
	Acute admissions	£839,991	
	Low secure	£152,520	Greater Preston CCG
	Mother and Baby	£14,229	Greater Preston CCG
Greater Preston & Chorley, South Ribble Total		£4,380,798	
Fylde and Wyre CCG	Youth Offending Team	£30,784	
	CAMHS	£680,888	

Partner Organisation	Description	2014/15 Spend(£)	Additional Information
	Early Intervention in Psychosis	£447,184	
	Child Psychology	£233,845	
	Butterfly and Phoenix Projects with Ncompass	£29,340	
	ACE young people's participation and peer support	£12,213	
Specialised Commissioning	Children's	£94,160	
	PICU	£31,185	
	Acute admissions	£155,718	
	Mother and Baby	£3,162	
Fylde and Wyre Total		£1,718,479	
Lancashire North CCG	CAMHS	£331,198	
	Child Psychology	£266,130	
	PMH	£6,807	
	ACE (CYP engagement and peer support)	£6,000	
	YOT	£52,231	
	IAPT (16 – 18yr olds, 4% of total)	£39,572	
	IPA cases (may inch LD cases)	£68,602	
Specialised Commissioning	Eating Disorders	£53,820	
	PICU	£162,162	
	Acute admissions	£472,218	
	Mother and Baby	£24,769	
Lancashire North Total		£1,483,509	
West Lancashire CCG	Youth Offending Team	£21,036	
	Child Psychology	£139,732	
	CAMHS community	£722,816	
	Early Intervention in Psychosis	£381,633	Age 14 to 35
Specialised Commissioning	Eating Disorders	£62,010	
	Children's	£68,480	

Partner Organisation	Description	2014/15 Spend(£)	Additional Information
	PICU	£22,275	
	Low secure	£299,300	
	Acute admissions	£54,438	
West Lancashire Total		£1,771,720	
Lancashire County Council	SCAYT+	£388,200	
	CAMHS (LCFT and ELTH)	£1,114,000	
	Targeted Youth Support	£202,195	
	Early Support	£157,180	Funded by the Schools Forum
	Emotional Wellbeing in Schools	£30,000	
	Healthy Child Programme		
	East Lancashire EHWP Service	£440,000	
	Workforce training - ASSIST - SafeTalk	£30,000	Available to adult and CYP Workforce
	CYP Workforce training -Self Harm	£72,000	
Education Psychology Team	£1,650,000		
Lancashire County Council Total		£4,083,575	
Grand Total		£26,124,977	

Appendix 4: Service Providers Staffing and Activity Levels

Provider Organisation	Number of Staff (WTE)	Roles and Competencies
Blackpool Teaching Hospitals Foundation Trust	5.94	Medical
	2.8	Family Therapist
	6.8	CBT (CYIAPT)
	3	Parenting (CYIAPT)
	8.2	Practitioner nurse
	0.8	Practitioner OT
	6.61	Practitioner SW
	3.9	Practitioner YOT
	2.78	Play/Art Therapist
	4.5	Practitioner ADHD
	4.6	Team Leader
	2.85	Paediatric Liaison
	1	Transition worker
	1	IPT Therapist
	0.2	Dietician
	2.4	Consultant Psychologist
	4.3	Principle Psychologist
	3.6	Senior Psychologist
7.9	Clinical Psychologist	
East Lancashire Hospitals Trust	10.6	Admin
	4	Child Psychiatrist
	2.25	Clinical Psychology
	1	Clinical Service Lead
	18.2	Mental Health Nurses (including YOT)
	9.2	Mental Health Practitioners
	2.6	Mental Health Support Practitioners
	2	NCG Specialty Doctor
	2.4	Occupational Therapists
	0.8	Senior Nurse
	5.6	Specialist Therapists
	4	Team Co-ordinators/Senior Practitioners
Lancashire Care Foundation Trust	0.89	Admin Manager
	1	Assistant Practitioner - Parenting
	0.8	Assistant Practitioner – undertaking Counselling Level 2
	1	Assistant Practitioner – undertaking Level 2 Counselling
	1	Assistant Practitioner / supporting

Provider Organisation	Number of Staff (WTE)	Roles and Competencies
		role in ADHD clinics
	1	Clinical Psychologist
	1	Counsellor – Eating Disorder Clinics
	1.6	Headstart
	1.6	Medical Secretary
	1	Mental Health Nurse - CBT
	1	Mental Health Nurse – ADHD Specialist
	1	Mental Health Nurse - CBT
	3.3	Mental Health Practitioner
	1	Occupational Therapist
	1	Occupational Therapist – Learning Disability role
	0.8	Referrals
	1	Service Manager
	1	Social Worker
	1	Social Worker - CBT
	1	Social Worker – Family Therapist
	0.8	Team Leader/Clinical Support

Local Authority Partner	Number of Staff (WTE, non-teaching)	Number of Staff (WTE, specialist CAMHS/PMHW)
Blackpool Unitary Authority	21	30/10
Blackburn with Darwen Unitary Authority	25	28/7
Lancashire County Council	180	240/60

a) Activity by Provider Organisation 2014/15

Provider	Number of referrals	Number Accepted	% Accepted	Average Waiting Time
Blackpool Teaching Hospitals Foundation Trust	1257	1059	84%	Three weeks
East Lancashire Hospitals Trust	2264	1500	66%	Three weeks
Lancashire Care Foundation Trust	5668	4324	76%	Fourteen weeks

b) Specialised Commissioning Admissions and Occupied Bed Days 2014/15 (Number of Admissions/Occupied Bed Days)

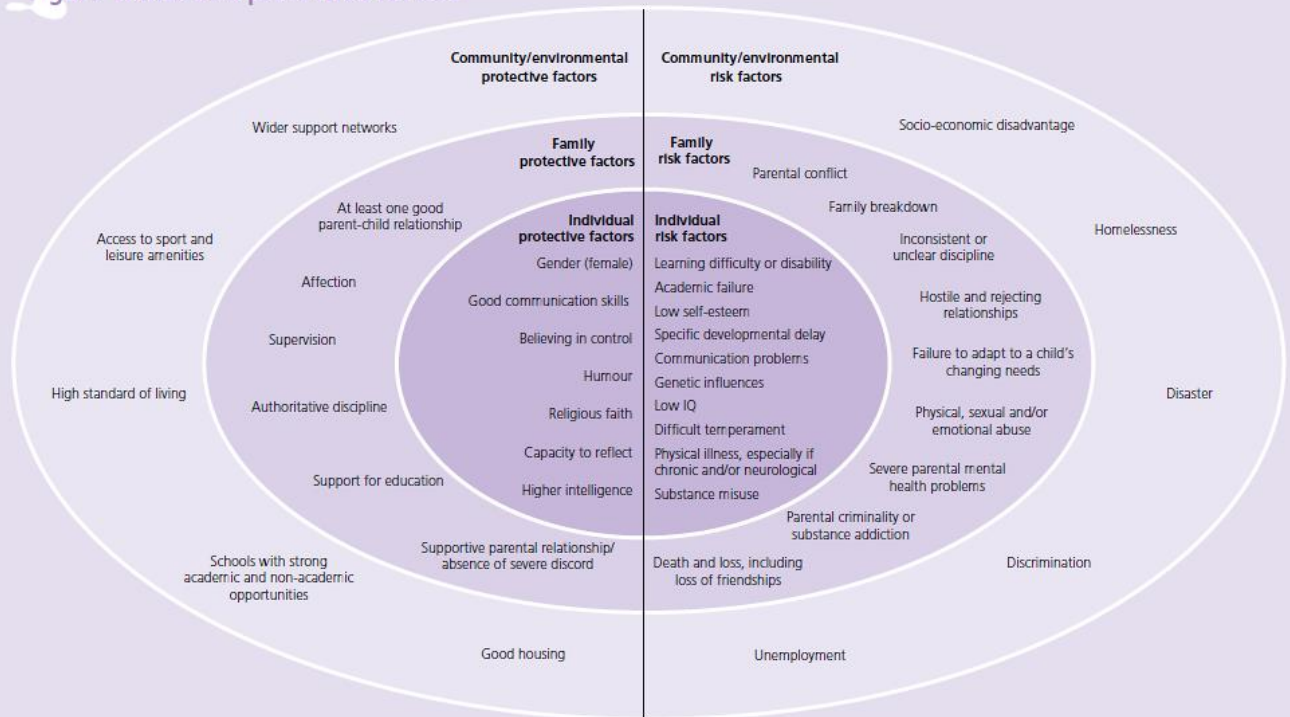
Specialism	NHS Blackburn with Darwen CCG	NHS Blackpool CCG	NHS Chorley & South Ribble CCG	NHS East Lancashire CCG	NHS Greater Preston CCG	NHS Lancashire North CCG	NHS West Lancashire CCG	NHS Fylde & Wyre CCG
Eating Disorders	1/121	1/61	2/408	1/97	2/457	1/92	1/106	
Children's	2/198			2/101		1/128	1/176	
PICU		1/25	1/18	2/172	3/409	3/182	1/25	1/35
MSU		1/13						
Low Secure								
Acute Admissions	6/224	10/653	11/533	17/799	11/794	13/746	2/86	6/246
Mother and Baby				1/44	1/27	1/47		1/6
LD Secure								

Appendix 5: Four Cornerstones Model and Risk Protective Factors

Individual Resilience	Outlook	Good cognitive abilities such as problem solving and executive functions, good emotional and behavioural regulation strategies, positive view of self, positive view on life, sense of meaning/purpose
	Social Capital	Ability to form and maintain positive peer relationships, positive and adaptable
	Wellbeing	Values and maintains mental wellbeing, e.g. five ways to wellbeing
Family resilience	Parenting	Positive and appropriate parenting style and practices. Responsive to changing needs. Good physical and mental health of parents. Parents involved in young person's education Positive expectations for education and attainment. Post-secondary education of parents. Support from none –parental adults
	Relationships	Harmonious inter-parental relationships. Positive sibling relationships. Supportive connections with extended family member's Positive attachments warmth and affectionate. Able to resolve relationship difficulties and conflict appropriately. Faith and religious affiliations
	Environment	Supportive and positive family climate. Stable and safe home environment. Social Economic advantages. Appropriate housing and standard of living meeting the needs of the family
School Resilience	Relationships	Fosters high quality relationships with parents and carers. Promotes a sense of belongingness and participation. Facilitates high-quality staff-pupil interactions to promote resilience and resilient responses. Encourages staff to fine-tune responses to individuals according to their emotional state and current life situation. Encourages positive interactions between YP. Encourages mutual, supportive collaborative relationships between staff. Provides specialised social/pastoral support mechanisms. Adopts a problem-solving orientation across school.
	Achievement	Good academic provision, Social & Emotional Learning (SEL), Robust PSHE offer. Reflects back evidence of multi-dimensional achievement. Provides a range of extra-curricular opportunities. Actively promotes regular attendance.
	Autonomy	Encourages the active involvement of YP in school life. Encourages the active involvement of CYP in their own learning. Encourages a 'growth mindset' via school ethos and classroom orientations. Teaches and encourages independence skills. Person Centered Planning is regularly employed in school in the SEND department and others
	Encouragement	Develops and promotes policies in the area of Emotional Health and Well-Being: communicates vision/mission/priorities/expectations. Promotes an Inclusive environment. Seeks to create a welcoming environment. Physical buildings are accessible to all.

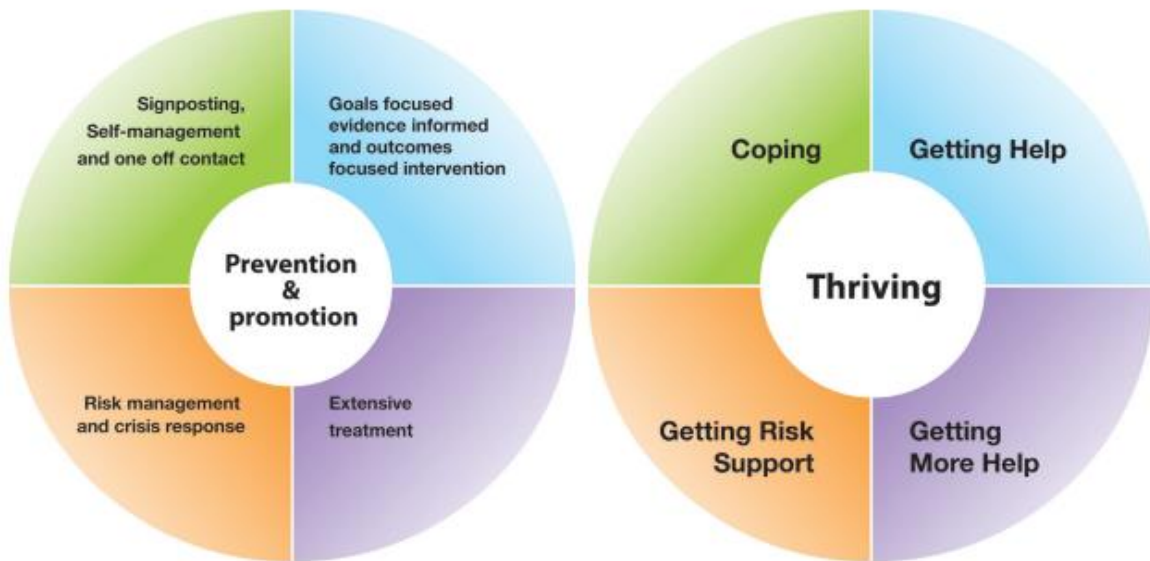
		Students take care of the fabric of the school. Operates a structured and positive behaviour management system. Contributes to creating a positive neighbourhood environment. Adopts positive communication practices.
	Safety	Seeks to create a sense of social and physical well-being. Actively resolves issues of bullying according to the anti-bullying policy. Seeks to work towards the creation of physical structures which support positive interaction. High quality conflict resolution.
Community	High Neighbourhood quality	Safe neighbourhood. Low level of community violence. Affordable housing Access to recreational centres. Clean air and water. Employment opportunities for parents and teenagers
	Cultural/societal	Protective child policies (Child labour, child health, and welfare). Value and resources directed at education. Prevention of and protection from oppression or political violence. Low acceptance of physical violence
	Relationships	Connections to caring adult mentors and prosocial peers
	Safety	Good public health care Access to emergency services police fire medical

Figure 1: Risk and protective factors



Sources: Audit Commission, 1999 and Mental Health Foundation, 1999¹⁹

THRIVE model



Appendix 6: Lancashire Commissioning Landscape



Lancashire CAMHS
Commissioning Landsc

Appendix 7 Consultation Events

Activity	Focus of activity	Protected Group	Geographical area	Date	Additional information
Presentation at Lancashire Mental Health Insight Network	Crisis Care Concordat		Lancashire	10/07/2015	Lancashire Mental Health Insight Network - a consortium of over 50 charity and not for profit agencies from across the county who are involved in providing mental health support.
Presentation at Lancashire Mental Health Insight Network	Patient choice		Lancashire	10/07/2015	As above
Workshop to obtain the perspective of people working with children and young people	Crisis Care Concordat		Lancashire	22/07/2015	Workshop took place at the CSU and attendees were representatives from a variety of services and organisations who could come into contact with at some stage of a mental health crisis
Workshop to obtain the views of the Preston Learning Disability Forum	Crisis Care Concordat	Disability	Central	03/09/2015	Contact: Rosemary Trustam - Volunteer co-ordinator rosemarytrustam@btinternet.com 01257 270430
Focus group to obtain the views of The Crew (a service development group made up of young people who have used the Tier 4 services and the parents of young people who have used the services.)	Crisis Care Concordat	Age	Lancashire	07/09/2015	The Crew, The Platform, Royal Preston Hospital Contact: Ian Voyle Ian.Voyle@lancashirecare.nhs.uk 01524 550360

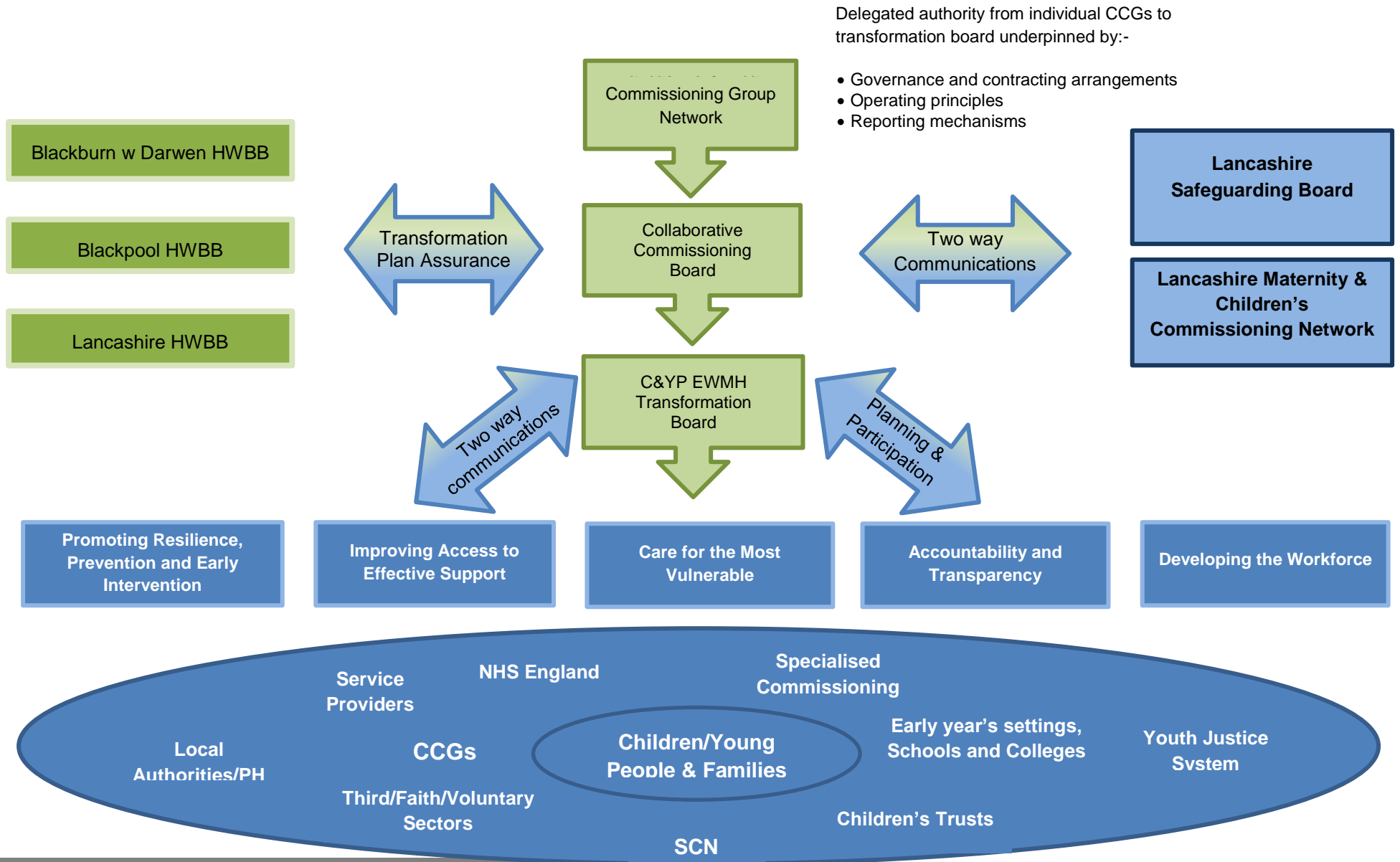
Activity	Focus of activity	Protected Group	Geographical area	Date	Additional information
Focus group to obtain the views of The Crew (a service development group made up of young people who have used the Tier 4 services and the parents of young people who have used the services).	Local Transformation Plan	Age	Lancashire	07/09/2015	As above
Engagement activity to obtain the views of transgender people	Crisis Care Concordat	Transgender	Blackpool	22/09/2015	Renaissance group Contact: Lynda Collins renaissance2@blueyonder.co.uk 01253 314747
Obtaining patient story around experiences of supporting someone with learning disabilities and mental health condition	Crisis Care Concordat	Disability	Central	25/09/2015	Via Jo Adshead at Linkability j.adshead@linkability.org.uk 01257 241899
Workshop to obtain the views of the Lancashire Parent and Carer Forum	Crisis Care Concordat		Lancashire	29/09/2015	Forum focuses on the particular concerns and issues affecting parent carers, who provide unpaid care for children up to 25 years with a disability or additional need. Contact: Sue Titterington - Chair suseet@aol.com 07712 621237
Workshop to obtain the views of the Lancashire Parent and Carer Forum	Local Transformation Plan		Lancashire	29/09/2015	As above
Meeting to plan streams and themes of discussion for engagement with BME	Crisis Care Concordat	Ethnicity	Blackburn	01/10/2015	Three focus groups are going to take place during October and November - one for Asian women, one for Asian middle aged men and one for Asian youth.

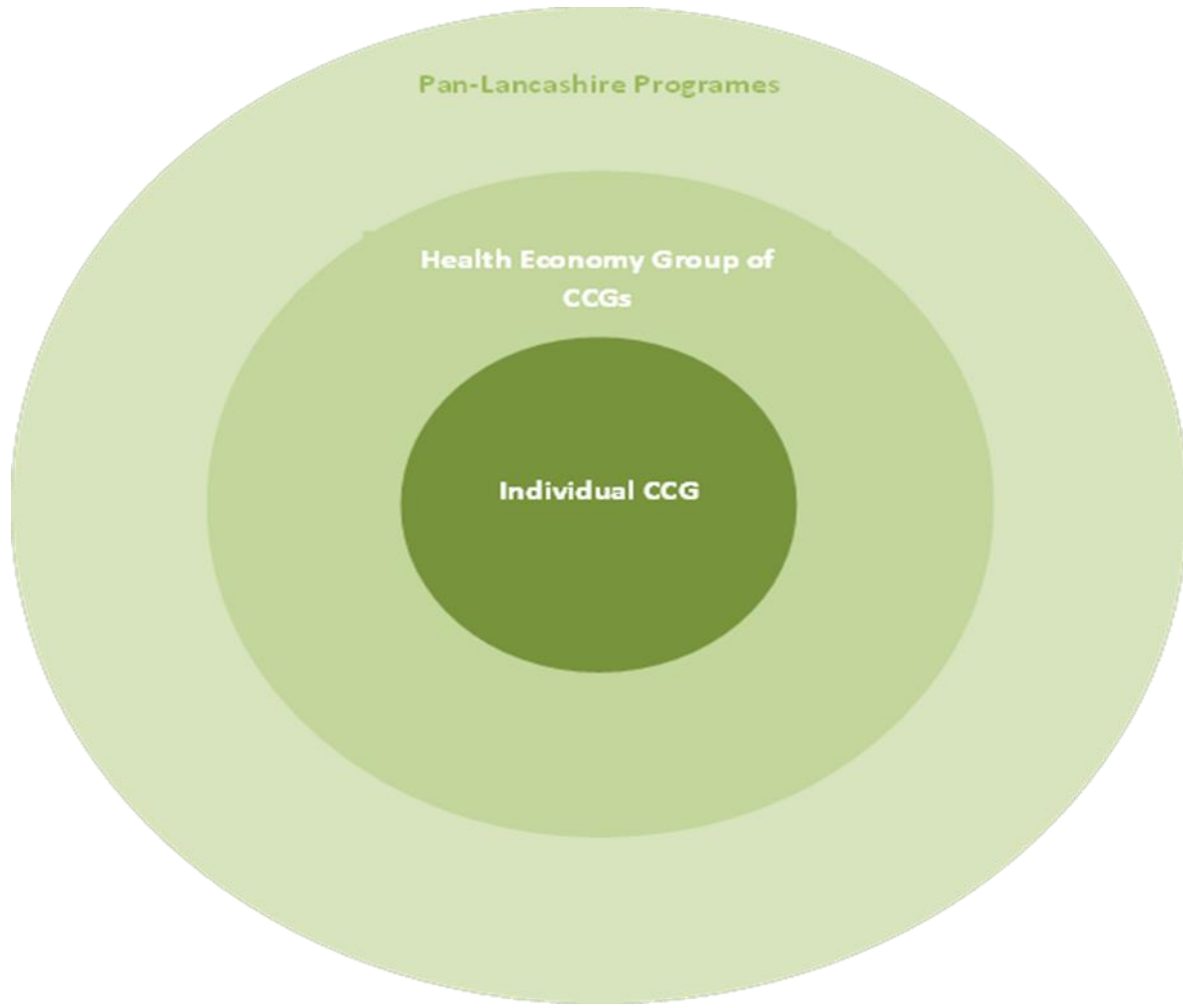
Activity	Focus of activity	Protected Group	Geographical area	Date	Additional information
community					<p>The focus groups' aims are to find out what participants understand by the term "mental health", where would they look for more information e.g. internet, friends/family, GP etc, and what do they know about the services available.</p> <p>The findings will be available in January 2016. Contact: Jal Iqbal - Community Development Blackburn with Darwen Community Restart Team T: 01254 226367 M: 07791045560 E: jal.iqbal@bwdssd.nhs.uk</p>
Meeting to plan streams and themes of discussion for engagement with BME community	Crisis Care Concordat	Age	Blackburn	01/10/2015	As above
Meeting to plan streams and themes of discussion for engagement with BME community	Crisis Care Concordat	Gender	Blackburn	01/10/2015	As above
Meeting to plan streams and themes of discussion for engagement with BME community	Local Transformation Plan	Ethnicity	Blackburn	01/10/2015	As above
Meeting to plan streams and themes of discussion for engagement with BME community	Local Transformation Plan	Age	Blackburn	01/10/2015	As above

Activity	Focus of activity	Protected Group	Geographical area	Date	Additional information
Meeting to plan streams and themes of discussion for engagement with BME community	Local Transformation Plan	Gender	Blackburn	01/10/2015	As above
Workshop with Lancashire LGBT to obtain views of representatives from different LGBT support groups	Crisis Care Concordat	LGBT	Lancashire	16/10/2015	Contact: Dr Lewis Turner - Project Manager Lancashire LGBT Tel: 01772 717461 Mobile: 07788294993 Email: Lewist@lancslgbt.org.uk
Workshop with Lancashire LGBT to obtain views of representatives from different LGBT support groups	Local Transformation Plan	LGBT	Lancashire	16/10/2015	As above
Meeting with PULSE - Healthwatch's young people's group	Crisis Care Concordat	Age	Lancashire	19/11/2015	Contact: Sheralee Birchall-Turner, Volunteers & Project Officer Manager Healthwatch Lancashire Tel: 01524 239108 Mob: 07809 309275 sheralee.turner-birchall@healthwatchlancashire.co.uk
Meeting with PULSE - Healthwatch's young people's group	Local Transformation Plan	Age	Lancashire	19/11/2015	As above
Discussing options for engagement with Lancashire BME Network	Crisis Care Concordat	Ethnicity		TBA	Information regarding current pieces of work and request for involvement has been shared with stakeholders and CYP via their newsletter on 18/09/15 Contact: Nathan Isom Lancashire BME Network, Accrington

Activity	Focus of activity	Protected Group	Geographical area	Date	Additional information
					Tel: 01254 392974 nathan.isom@lancashirebmenetwork.org.uk
Discussing options for engagement with Lancashire BME Network	Local Transformation Plan	Ethnicity		TBA	As above
Discussing options for engagement with Asian ladies' group	Crisis Care Concordat	Ethnicity	East	TBA	Contact: Nazya Khalid - Development Officer, LCC nazya.khalid@lancashire.gov.uk 07876 844338
Workshop to share information and priorities across a wide group of local partners working with CYP	CYP Emotional Health and Wellbeing		West Lancashire	18/03/2015	
Workshop to map local services and identify gaps in provision	CYP Emotional Health and Wellbeing		West Lancashire	29/04/2015	
Workshop to develop local mapping and understand referral routes	CYP Emotional Health and Wellbeing		West Lancashire	20/05/2015	
Workshop to update partners on wider Transformation and Joint Commissioning Strategy agendas	Transformation Plans		West Lancashire	01/07/2015	

Appendix 8: Governance Framework





Appendix 9: Partners Contributing to the Development of Lancashire Transformation Plan

- Blackburn with Darwen CCG
- Blackpool CCG
- Chorley, South Ribble CCG
- East Lancashire CCG
- Fylde and Wyre CCG
- Greater Preston CCG
- Lancashire North CCG
- West Lancashire CCG
- Blackpool Unitary Authority
- Blackburn with Darwen Unitary Authority
- Lancashire County Council
- NHS England Specialised Commissioning
- Lancashire Care Foundation Trust
- Blackpool Teaching Hospitals
- East Lancashire Hospitals Trust
- Greater Manchester, Lancashire and South Cumbria Strategic Clinical Network
- Third Sector Consortium
- Schools Forum
- Junction/Platform
- Public Health - Blackpool
- Public Health – Blackburn with Darwen
- Public Health - Lancashire
- Third Sector - Mind
- Midlands and Lancashire Commissioning Support Unit