Lincolnshire Local Transformation Plan for Children and Young People's Emotional Wellbeing and Mental Health

2020-2021 Refresh
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Introduction

This plan is the 2021 refresh of the Lincolnshire Local Transformation Plan (LTP) for Children and Young People's Emotional Wellbeing and Mental Health.

Previous Policy Background

A landmark review carried out by the NHS Health Advisory Service in 1995, highlighted problems in the provision of care and support to children and young people experiencing poor mental health. Since then:

- 'Together We Stand' provided the first coherent UK governance policy on Child and Adolescent Mental Health Services (CAMHS) and proposed a tiered model spanning the spectrum of need from prevention and early intervention to specialised inpatient care.
- 'No Health without Mental Health' (2011) pledged to provide early support for mental health problems, driving “parity of esteem” between physical and mental health.
- 'Closing the Gap: priorities for essential change in mental health' (2014) included actions such as improving access to psychological therapies for children and young people.
- The Department of Health and NHS England established a 'Children and Young People’s Mental Health and Wellbeing Taskforce' which reported in March 2015 (Future in Mind) and set out ambitions for improving care over the next five years.
- The 2015-2017 Government announced new funding for mental health, including specific investment in perinatal services and eating disorder services for teenagers.

Latest National Policy

The 'Five Year Forward View for Mental Health' (FYFVMH) (February 2016), included specific objectives to improve treatment for children and young people by 2020-21:

- Significant expansion in access to high-quality mental health care for children and young people.
- 70,000 additional children and young people each year will receive evidence-based treatment.
- At least 1,700 more therapists and supervisors will need to be trained and employed to meet this need, as well as retaining existing staff.
- All localities should ensure a highly skilled workforce by working with the existing Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme.
- By 2018, all services should be working within the CYP IAPT programme, leading to at least 3,400 staff being trained by 2020-21 in addition to the 1,700 therapists and supervisors.
- The Policing and Crime Act (2017) included provision to end the practice of children and young people being kept in police cells as a "place of safety".

A Green Paper on children and young people's mental health was published for consultation in December 2017, which set out proposals to improve mental health support, in particular through schools and colleges:

- To incentivise and support all schools and colleges to identify and train a Designated Senior Lead for mental health.
- To fund new Mental Health Support Teams (MHSTs), supervised by NHS CYP mental health staff.
- To pilot a four week waiting time for access to specialist NHS CYP mental health services.

The Government’s response to the consultation, published in July 2018, committed to trial the three key proposals in the Green Paper by the end of 2019.

Under the NHS Long Term Plan, the NHS is making a new commitment that funding for children and young people’s mental health services will grow faster than overall NHS funding, total mental health spending and each Clinical Commissioning Group’s (CCG) spend on mental health:

- Continue to invest in expanding access to community-based mental health services
- Boost investment in children and young people’s eating disorder services
- All CYP experiencing a mental health crisis will be able to access crisis care 24/7
- Mental health support for CYP will be embedded in schools and colleges through MHSTs
- Develop new services for children who have complex needs that are not currently being met
- A new approach to mental health services 8-25 year old’s, supporting transition to adulthood.

This plan is refreshed in light of the new Key Lines of Enquiry (KLOE’s) and covers the response to COVID-19.

**Local Priorities**

Commissioners and providers of CYPMH services in Lincolnshire are planning recovery and restoration following the COVID-19 pandemic and are constantly reviewing access to and delivery of services. The LPFT plan “Living with COVID-19 Our roadmap to recovery 2021/22” is aligned to NHS and Government guidelines. The plan outlines how a review of the impact of changes made during COVID-19 will determine what will be retained, revised, or reverted to previous models. In line with NHS guidance delivery will continue with a ‘blended’ approach to digital working; digital first where this leads to the same or better outcomes, but not digital only as patient choice as well as presentation will be a factor. Services are also planning how to respond to an expected surge in mental health needs, looking at current service demand and capacity, in line with the NHS Long Term Plan.

Children’s emotional wellbeing and mental health is a local priority identified in the Lincolnshire Joint Health and Wellbeing Strategy and features across a number of other strategies; ensuring children’s emotional wellbeing and mental health is a key thread that runs across all aspects of supporting children and young people in Lincolnshire:

- Building emotional resilience and positive mental health
- Taking action on wider determinants and their impact on mental health and emotional wellbeing
- Better understanding of self-harm/suicidal intent in young people
- Greater parity between mental health and physical health
- Ensuring that children and young people have timely access to appropriate crisis support
- Supporting families of young people with mental health needs
- Ensuring appropriate support is in place for pupils with special educational needs or disabilities (SEND).

Lincolnshire County Council’s Children’s Services commissioning priorities include supporting children to reach their potential by ensuring that they are safe and healthy, ready for school (including emotionally ready), and ready for adult life.

The Public Health 5 Year Plan and Children’s Public Health Priorities seek to ensure that children and young people feel happy, stay safe from harm and make good choices about their lives, particularly children who are vulnerable, by improving children and young people’s ability to develop healthy relationships, including sexual relationships and building their self-esteem, mental wellbeing and resilience.

Lincolnshire’s CYP Integrated Transformation Board priorities are to:

- Support the reduction in out-of-area placements
- Transform community mental health support as part of the wider Integrated Neighbourhood Working programme
- Secure recurrent investment in the CYP pathway for mental health conditions.
One of the key priorities of Lincolnshire NHS remains around preventing avoidable admissions for children who are mild to moderately acutely unwell, including those with mental ill health.

This refreshed Local Transformation Plan collaboratively developed across the Local Authority, CCG, NHS Providers and wider CYP mental health system will be shared with key agencies for input annually and actions will be monitored as part of the monthly commissioning review meetings. The plan satisfies a number of Key Lines of Enquiry (KLOEs) set by NHS England (see Appendix A). Key measures will monitor the success of the Local Transformation Plan which will include:

- Engagement of multi agencies and input to annually revised plan
- Work achieved in response to priorities identified by gap analysis
- Increased financial efficiency and spend
- Improved outcomes for children and young people demonstrated through increased stakeholder engagement.

During 2018/19 a service review was undertaken for Lincolnshire CAMHS using local knowledge and national benchmarking as well as extensive collection and analysis of service user outcomes and feedback. The results of this review have been used to inform the service ambitions for the future; these include what children and young people would like from mental health services in the future.

Commissioning of services is aligned with the aims and objectives of the Lincolnshire Children and Young People's Strategy 2017-2020, which aims to provide a strategic framework to support ongoing decision making and guide commissioning activities to ensure sustainability and continuous service improvement.

**The Children and Young People’s Strategy 2017-2020**

In Lincolnshire, we are driven by our aspirations for young people. We want our county to be a family friendly, safe and aspirational place for children and young people to grow up in. Although we continue to face serious financial challenges in the public sector, we are committed to delivering the best possible services, listening to the voice of families, to ensure we protect the most vulnerable.

Our strategic commissioning approach aims to ensure that we provide children, young people and their families with:

- the right support;
- of the right quality,
- in the right place,
- at the right time and
- for the right price.

Our Children and Young People’s Strategy sets out our strategic priorities with a separate strategy for each of the four commissioning areas:

- Children are Ready for School
- Children Learn and Achieve
- Children are Ready for Adult Life
- Children remain Safe and Healthy.

This list is not set out in any order of priority, as each strategy has an equally vital and complementary role to play in ensuring the needs of children and young people in the county are met.

Each commissioning strategy proposes a series of recommendations to support sustainability and continuous improvement of services; thereby providing a strategic framework to support ongoing decision making and guide commissioning activities.

The strategy can be downloaded at: [https://lincolnshire.moderngov.co.uk/mgAi.aspx?ID=9329](https://lincolnshire.moderngov.co.uk/mgAi.aspx?ID=9329)
1: Transparency and Governance

Alignment with Lincolnshire's STP/ICS

The Lincolnshire STP/ICS and Children and Young People Mental Health LTP are aligned in their commitment to a strong start in life for children and young people and related high quality safe care for children and young people. Integrated community services for children and young people therefore include alignment with the LTP’s aims, recognising the broad scope of multi-agency provision covering for example Autistic Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), improved services for people with learning disabilities, crisis services for children and young people with challenging behaviour, focus on eating disorder services and mental health services in schools. Additionally, the aligned aims for proactive care in the community will be strengthened by development of the Neighbourhood Team/Primary Care Networks concept for children and young people, the extension of Personal Health Budgets for children and young people with complex mental health needs, plus a focus on unvarying care for young adults aged 18-25.

CYP Mental Health Investment and Transformation

The table below provides a summary of current funding for children and young people’s emotional wellbeing and mental health support in Lincolnshire, including NHS and non-NHS investment.

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The developments detailed below for 2021/22 are aligned to Lincolnshire’s goals around mental health as part of the local Long Term Plan, and meet national and local requirements for greater investment and growth in children and young people’s mental health support, particularly access to community and crisis services for children and young people, eating disorder services, and improving transition for young people aged 18-25.

CYP Community and Crisis

In Lincolnshire we want to continue to strengthen our core and crisis mental health services for CYP, ensuring more children that need support can access it without having to wait too long. We want seamless services that work across social care and education as well as with other health partners to meet the holistic needs of children through an integrated approach that keeps CYP well, away from crisis and meets their needs in the local communities.

This means investment across all levels of support through community/school based emotional wellbeing support via MHSTs, through core CAMHS support, specialist and crisis/intensive home treatment. We will:
• Increase funding for core CAMHS staffing to improve training and staffing levels to support CYP with disordered eating.
• Continue expansion of 24/7 urgent and emergency mental health response for children and young people to meet LTP coverage trajectories.
• Increase specialist support for CYP with LD across CAMHS core and crisis provision to prevent escalation and hospital admission and also support the over-medication of CYP for LD.
• Increase capacity and expertise in the core CAMHS, enhanced and Eating Disorder teams so they can offer alternatives to admission, support step up/down care and in-reach into inpatient settings.
• Engage with the Provider Collaborative to ensure integrated whole pathways and joint working improves CYP outcomes and experience of care.
• Mobilise additional CYP MH health teams working with CYP across social care and justice services to support those CYP with multiple complex needs.
• Use learning from the rapid innovation and expansion of digital enabled models of assessment and therapy due to COVID-19, develop mental health pathways to include digital delivery options and maintain a blended model of face-to-face and digital/remote consultations as clinically appropriate.
• Grow the workforce and meet capacity to deliver local population’s needs; considering training, recruitment, retention and transformational change, looking at opportunities to grow through innovative means such as increasing the number of Peer Support Workers.
• Further roll-out MHSTs across the county, prioritised to greatest areas of inequality and need, offering evidence-based interventions and building to at least 20%-25% coverage of school population across the county by April 2022 and 50% by 2024.
• Develop infrastructure and increase capacity in our Here4You Lincolnshire advice and referral line to improve access to services.
• Explore working with PCN’s to look at potentially develop CYP MH ARR roles to improve community/primary care links to CAMHS.
• Secure recurrent funding for our Peer Support Worker programme and look to expand with additional Peer Support/lived experience workers.

CYP Eating Disorders

Significant additional investment in the CYP Eating Disorder Service (EDS) is needed to meet the demand and level of referrals for eating disorders, as well as to support non-EDS colleagues (crisis and core workers) with other cases that involve disordered eating. This investment is in line with NHSE priorities around ED/ARFID and is required to ensure that the increased demand is met as well as the ED standard. Without any recurrent funding or uplift in the baseline we have diverted funding from the crisis and community SDF fund to support Eating Disorders and Disordered Eating in Core and Crisis Teams. We will:
• Increase capacity and expertise in the intensive outreach and home treatment and community EDS teams so they can offer support to the paediatric wards, facilitate early discharge and prevent tier 4 admissions.
• Increase the expertise of CYP EDS to deliver effective evidence-based interventions to support CYP presenting with ARFID.
• Deliver and maintain by as soon as possible the waiting and access standard to all CYP with a suspected eating disorder in need of treatment.
• Work with partner services (primary care, schools, paediatric/medical care, learning disability and autism services, social care, youth justice) to support CYP who present with a suspected eating disorder or co-occurring disordered eating, including those with complex needs.
• Undertake work with the provider collaborative and adult MH colleagues to explore an all-age Eating Disorder pathway to ensure long-term recovery and resilience, to address the needs of a number of young people with eating disorders that require continuing intervention post-18.
• Work with local and national colleagues to explore and potentially pilot different ways of supporting CYP and families with EDS or disordered eating, including funding bank staff for when YP are in the acute hospitals and CAMHS need to provide 24/7 staffing, recruiting parent/carer peer
support worker(s) with lived experience of supporting CYP with ED, look into further training for EDS and wider mental health/acute workforce, including training for crisis workers to support NG fed young people, potentially pilot link worker role across core CAMHS and EDS.

Transition for Young People Aged 18-25

In Lincolnshire, we already have flexible transition arrangements so that CYP coming up to 18 will either be supported out of mental health services or into Adult Mental Health Services (AMHS). As part of these arrangements they may stay in CAMHS past turning 18 or equally could transition or access AMHS earlier, e.g. if they are just coming into mental health services.

However we want to do more to support these transitions and make CYP’s care as tailored to the individual and seamless as possible, particularly those with other difficulties and/or complex needs such as LDA, children in care/care leavers etc. We will:

- Address the needs of a significant number of young people requiring support post-18 that are included in the transforming care cohort, forward planning for their transition to adult services will be strengthened and remove barriers in the system to receiving clinical interventions post 18 years.
- Analyse the flow of young people post 18 to determine whether additional capacity needs to be created to ensure that young people that are unlikely to access adult provision, but still need support, can do so with CAMHS ensuring that interventions (where possible) are completed in one episode and young people are safely discharged.
- Address the needs of a significant number of young people with eating disorders that require continuing intervention post-18. Work will be undertaken to explore an all-age Eating Disorder service and/or pathway to ensure long-term recovery and resilience.
- Work with adult MH colleagues to pilot specialist Transition Leads within core CAMHS who can:
  - Support young people, particularly the most vulnerable or complex, across core or specialist services through transitions
  - Provide support in the community and remotely to ensure that YP continue to feel supported as they transition either out of mental health services or into adult mental health services
  - Continue to be a point of contact and support YP post-discharge to reduce the likelihood of them needing further mental health support
  - Provide remote support to University of Lincoln students when they return to homes out of county during holidays
  - Support in creating early transition plans led by young people to identify any unmet needs and acts as an interface with adult mental health, other providers, including voluntary services to meet the young person’s needs as they transition to adulthood.

Wider Review of CYP Mental Health Services

Lincolnshire has a number of excellent services for CYP, commissioned across Lincolnshire County Council (LCC) and NHS Lincolnshire CCG (LCCG) to support CYP and families with emotional wellbeing, mental health and behavioural/neurodevelopmental concerns. However these services sometimes operate independently of one another, which can lead to difficulty for CYP/families and professionals in trying to access the right support and also providing elements of duplication in provision across Lincolnshire.

By September 2022 we want to develop an improved, more- integrated model of CYP mental health services in Lincolnshire, with easier access to support and more focus on self-referral; developing effective, joined-up pathways so that we can identify and put in place the right support for CYP and families, in a timely manner, and across a wide ranging offer based on a holistic assessment of needs.
To achieve this we will undertake a commissioning review of CYP emotional wellbeing, mental health and behaviour/neurodevelopmental services. This review will pull together learning from the recent CAMHS review, emotional wellbeing review and various feedback and engagement with a wide range of stakeholders, including CYP and parents/carer, to help us develop a new and exciting model of services that place CYP at the heart of services:

- Supporting them better in their communities
- Preventing them from needing more specialist support, including crisis support or admission
- Supporting them to stay in mainstream education, hopefully without needing additional support in school via EHCPs
- Maintaining a focus on prevention and early intervention to provide 'left shift' of needs
- Providing support without the need for a diagnosis, focusing on meeting needs
- Being able to offer support for all children regardless of their current environment.

Accountability for Performance

Commissioned services are subject to scrutiny through quarterly and annual contract performance reporting and are required to report against robust key performance indicators, to ensure value for money and continuous improvement and development of service delivery. The process is a joint evaluation between commissioner and provider which reviews objectives and actions over the year which lead to service improvement, and an evaluation of the impact of these actions. Challenges are worked through collaboratively and achievements celebrated.

In addition, services such as CAMHS and Healthy Minds Lincolnshire (HML) report into NHS England's Mental Health Services Data Set (MHSDS) for both access rates and outcomes metrics. Kooth.com online counselling support are now reporting into the access data and work is taking place between the provider for Kooth and NHS England nationally regarding reporting into the outcomes metric.

Lincolnshire is a trailblazer site for the national pilot for MHSTs in Schools. Governance for delivery of the pilot is through a local Project Board supported by a wider stakeholder Steering Group. Performance against implementation and future delivery is via the existing established infrastructures that include CCGs, Children's Services, Public Health and Education, with strong links throughout around engagement with children and young people. The project also provides further opportunity to bring representatives of existing governance structures such as the CYP Integrated Transformation Board, and Schools Forum together to have a system wide approach.

Aligned to the development of the Lincolnshire local Long Term Plan, joint governance arrangements are being simplified to link directly into STP governance structures (and future ICS structures), including merging of the Women and Children’s Board and Children and Young People’s Transformation Board, to form the CYP Integrated Children’s Board along with clear link into the all-age Mental Health, LD and Autism Programme Group and any sub-groups thereof.

Monitoring of CYP access and Eating Disorder (ED) waiting time standards is through the STP mental health dashboard and monthly assurance meetings with regional NHSE, this ensures that CYP reporting is aligned to adult’s and there is clear oversight of Lincolnshire’s progress at an STP level against the submitted national trajectory plan.

Lincolnshire Partnership NHS Foundation Trust (LPFT) works closely with both local commissioners and NHSE Specialist Commissioning to ensure that children and young people with the most complex mental health concerns have their needs met within their community, and that admission to specialist mental health hospitals is avoided wherever possible. Regular joint oversight of these children and young people, including Children’s Social Care, ensures that the right professionals are involved in arranging support to either keep children and young people in their community so that they can return home as soon as
possible. With the implementation of regional provider collaborative arrangements, LPFT is fully engaged in working with NHSE Specialist Commissioning to look at how even more support can be provided within communities across the county, making sure we make the best of local and regional resources and joining up effectively across organisations to meet children and young people’s education, health and care needs.

**Governance Structure**

![Governance Structure Diagram]

The Health and Wellbeing Board comprises of:

- The Executive Councillor for NHS Liaison, Community Engagement
- The Executive Councillor for Adult Care, Health and Children’s Services
- Six further County Councillors
- The Director of Public Health
- The Executive Director of Children Services
- The Executive Director of Adult Care and Community Wellbeing
- Chair, NHS Lincolnshire CCG
- Chief Executive, NHS Lincolnshire CCG
- Chair, Primary Care Network Alliance
- Chair, United Lincolnshire Hospitals NHS Trust
- Chief Executive, United Lincolnshire Hospitals NHS Trust
- Chair, Lincolnshire Partnership Foundation NHS Trust
- Chief Executive, Lincolnshire Partnership Foundation NHS Trust
- Chair, Lincolnshire Community Health Services NHS Trust
- Chief Executive, Lincolnshire Community Health Services NHS Trust
- One designated District Council representative
- The Police and Crime Commissioner for Lincolnshire
- A designated representative of Healthwatch Lincolnshire.
2: Understanding Local Need and Addressing Health Inequality

Supporting children and young people’s mental health and emotional wellbeing is a key priority in Lincolnshire. Based on estimated prevalence rates and population projections (as in Lincolnshire’s 2019 JSNA: Children and Young People’s Mental Health topic), the following number of children aged 5-19 in Lincolnshire would be expected to experience mental health issues in 2021 (numbers rounded to the nearest 100):

- Mental health disorders – around 16,400 (12.8%)
- Any emotional disorders – around 10,400 (8%); made up of:
  - Any anxiety disorder – around 9,200 (7.2%)
  - Any depressive disorder – around 2,700 (2.1%)
- Any behavioural disorder – around 5900 (4.7%)
  - Oppositional defiance disorder – around 3,700 (2.9%)
- Hyperkinetic disorders – around 2,000 (1.7%)
- Any less common disorder – around 2,700 (2.1%)
  - Pervasive Developmental Disorder (PDD)/Autism Spectrum Disorder (ASD) – around 1500 (1.2%)
  - Eating disorders – around 500 (0.4%).

These estimates should be interpreted with caution and consideration of local data and intelligence has also been given. This includes:

- Approximately 21.5% of the total population is aged 0-19 years (163,600), of which 76.2% is aged 5 to 19 years and 70.6% aged 5 to 18 years
- 90% of children and young people aged 5 to 18 attend Lincolnshire schools and academies, with 14.63% of Lincolnshire pupils BME
- 372 children and young people on Child Protection Plans as at end of March 2021 and 2,019 Child in Need (CIN)
- 681 Looked After Children as at end of March 2021, with 294 aged between 10 and under 16 years (79% of which were in foster care or placed for adoption)
- 48 children and young people moved in with their adoptive family as at the end of March 2020
- As at the end of March 2021, 111 children and young people had been living with connected carers, this included 43 children and young people who had been placed with Temporarily Approved Connected Persons households
- 229 Care Leavers as of March 2021, with 97% being in touch with the Lincolnshire Leaving Care Service (LLCS) – 94% were in suitable accommodation and 50% were in Education, Employment or Training (EET), 36.9% of Care Leavers open to LLCS during the 2020-21 financial year were living outside of Lincolnshire (out of county)
- 13,758 pupils with SEND support as at end of January 2021 with:
  - 15.9% for social, emotional and mental health needs
  - 29.4% for Moderate Learning Difficulty (MLD)
  - 17.7% Specific Learning Difficulty
  - 0.2% for Severe Learning Difficulty (SLD)
  - 7.1% for Autistic Spectrum Disorder (ASD)
  - 14.1% for Speech, Language and Communication Needs
- 6228 children and young people with an EHC plan as at end of March 2021, 91% of which were aged 5 to 19 years.

Child poverty is one of the key risk factors that can negatively impact on a child or young person’s life chances. Based on the Indices of Multiple Deprivation (IMD) 2019, 14.4% of Lincolnshire’s population live within the 20% most deprived areas of England. This is highest within East Lindsey (35.9%) Lincoln (29.2%). Just over 6.5% of Lincolnshire’s population (approximately 50,635 people) live in areas that are in the top 10% most deprived areas nationally.
Lincolnshire Local Transformation Plan (2020-21 Refresh)

The info-graphic attached as Appendix B has been developed to outline some of the other key risk factors for emotional wellbeing and mental health issues, as an example for school-aged children and young people and young adults this includes:

- 47.4% experienced a stressful life event (2017)
- 20.8% prevalence of obesity in 10/11 year olds (2018-19) which is just above the regional and national averages.
- 7% of 5-16 year olds with a parent with a serious mental health concern (2017)
- 11.6% of 17 to 19 year olds with a parent with a serious mental health concern (2017)
- 15% of girls report low life satisfaction (2018)
- 45.7% of gay/lesbian/bi-sexual young people self-harm (2018)
- 58.4 per 100,000 hospital admissions for mental health conditions (2018-19)
- 419.7 per 100,000 hospital admissions as a result of self-harm for 15 to 19 year olds (2018-19) and 292.9 per 100,000 for 10 to 24 year olds (2018-19).

In addition, Appendix C provides an overview of the local need for Lincolnshire. Both appendices include data from Public Health England (PHE) (fingertips.phe.org.uk/profile/health-profiles) published in the Children and Young People’s Mental Health and Wellbeing profiles. Further data for Lincolnshire is also available on the Lincolnshire Research Observatory (www.research-lincs.org.uk).

Meeting the Needs of Children and Young People in Lincolnshire

Lincolnshire’s children and young people’s 'Mental Health Access' figure for 2020-21 was 33.4% which is slightly below the national target of 35%.

There is a wide range of support available in Lincolnshire for children and young people experiencing emotional wellbeing and mental health concerns, which are either indirectly or specifically commissioned to provide advice or interventions where children and young people find themselves struggling with mild, moderate or severe emotional wellbeing, behavioural or mental health concerns. These include:

- **Emotional Wellbeing and Mental Health Pathway** ([www.lincolnshire.gov.uk/emotionalwellbeing](http://www.lincolnshire.gov.uk/emotionalwellbeing)) – designed to be the first point of access in relation to emotional wellbeing and mental health. This provides information and advice on a wide range of concerns and includes self-care information and advice for young people.

- **Children’s Health Service 0-19** – supports the delivery of the Healthy Child Programme across Lincolnshire for children, young people and their families aged up to 19 years (25 SEND). Health Visitors provide strong universal and targeted support from antenatal throughout early years based on clear evidence that good parenting during the first 1,001 days of a child’s life can have a significant positive impact on later life chances. Every new mother and child is allocated a named Health Visitor who works with the family up until the end of the child’s reception year at school. Health reviews offered include;
  - Antenatal review at 28+ weeks
  - New baby review, followed by a 6 to 8 week review
  - 9 to 12 month review of the child focusing on an assessment of the child’s physical health and development
  - 2 to 2½ year review which includes an assessment of the child’s development

Children and Young People’s Nurses support school aged children and young people with more complex health needs and their families in managing their health issues and long term conditions.

- **Lincolnshire’s Early Help Offer** – uses an Early Help Assessment to identify the need for help for children and families as soon as problems start to emerge, or when there is a strong likelihood that problems emerge in the future. The Early Help Offer is not just for very young children but for all Lincolnshire children and young people at any point throughout their childhood or adolescence. Enhanced Evidence Based (EEB) Practitioners who are trained in child and adolescent mental health CYP IAPT are integrated into the Early Help teams.
• **Perinatal Mental Health Service** – aims to treat women in the community and on occasion there can be a need for mothers to be cared for in hospital.

• **Ending Domestic Abuse Now (EDAN) in Lincolnshire** (formerly known as West Lincolnshire Domestic Abuse Service WLDAS) – offers a range of support for families where domestic abuse is a factor in mental health concerns.

• **Educational Psychologists** – offers advice and information that contributes to an assessment of a child or young person’s learning needs.

• **Kooth.com** – online counselling service for young people aged 11 to 18 years (25 SEND/Care Leaver) living in or attending education in Lincolnshire. An anonymous service where young people can self-register and access online counselling support, text messaging support, message boards, forums and advice on a wide range of emotional wellbeing and mental health concerns.

• **Lincolnshire Centre for Grief and Loss** – an advice and counselling service for school-aged children and young people who are experiencing grief and loss through death, divorce, separation, illness, crisis etc.

• **Behavioural Outreach Support Service (BOSS)** – supports Lincolnshire’s Early Help approach by offering support to schools to enable them to effectively support pupils that display behaviour that challenges and are at risk of exclusion.

• **Autism and Learning Difficulties Outreach Service** – provides outreach support, training and development to all Lincolnshire schools and academies to help schools improve their ability to better support for children and young people with autism, moderate to severe learning difficulties and social communication challenges.

• **Healthy Minds Lincolnshire Service (HML)** – an emotional wellbeing service that focuses on early intervention, promoting resilience and the prevention of emotional wellbeing concerns escalating to mental health issues. This includes brief evidence-based interventions for children and young people, advice and guidance for their parents/carers and advice, guidance and training for professionals working with children and young people, including schools.

• **Lincolnshire CAMHS** – a range of comprehensive, multidisciplinary community mental health services for children and young people with mental health needs, including support for their parents/carers. With the current provider for CAMHS also commissioned to provide:
  - Early intervention in psychosis, working closely with CAMHS to ensure smooth transition for young people who may present with early intervention psychosis into their service
  - Perinatal mental health support for women with serious or complex mental health problems during pregnancy
  - Steps2change talking therapies for young people and adults aged 16 and over
  - Community mental health support for adults aged 18 and over with Learning Disabilities.

• **Community Paediatricians** – provide assessment, diagnosis and support to children and young people with neurodevelopmental disorders, including ASD/ADHD.

• **Children’s Therapy Services** – offer physiotherapy, occupational therapy and speech and language therapy to children and young people across Lincolnshire for a range of conditions and developmental concerns, including social communication concerns and ASD assessment.

Other services also working to support children and young people include police and justice services as well as other health related services such as General Practitioners (GPs) and Paediatricians as well as voluntary sector services such as Children’s Links (lead for Voluntary Sector Forum), YMCA and Young Addaction.

Lincolnshire’s Family Services Directory (FSD) and Local Offer provides a comprehensive overview of all of the services available to support children and young people and their families and children and young people with special educational needs and/or disabilities ([lincolnshire.fsd.org.uk](http://lincolnshire.fsd.org.uk)).
Engagement

LCC's Participation Strategy ensures that all Children’s Services staff, and the wider children’s workforce, have a common understanding of, and approach, to participation. LCC's Children 's Services Vision incorporates ‘Putting Children First - Working together with families to enhance children’s present and future lives’ which involves children, young people and their families at the heart of planning and delivering services. They will be seen as experts and be involved in decision making, with their views being heard more clearly and acted upon where possible. They will have a real say in designing services. Engagement takes place with all commissioned services and feedback is gained from start to end. Local participation groups include: Voluntary Sector Forum, Lincolnshire Parent Carer Forum, Young Inspectors and Lincolnshire Young Voices. However, we acknowledge that we need to increase our engagement with parent/carers and the voluntary sector.

Healthy Minds Lincolnshire work with Health Visitors, Early Years Practitioners and Best Start to co-deliver activities and gain feedback to inform service developments.

Meeting the Needs of Vulnerable Children and Young People

Lincolnshire CAMHS and other emotional wellbeing and mental health support services in the county recognise and in some cases provide specific support to groups of children and young people who have the potential to be marginalised because of their particular needs or vulnerabilities:

- Services for Looked After Children, as well as support to Children's Social Care to enable children to remain within their placements
- Services for children with an adoption plan or adopted children to include:
  - Advice and support to Adoption Social Workers from adoption planning through to and including post-adoption stage and to prospective adopters regarding children and young people's needs and placement requirements
  - Advice and strategies post-adoption to parents and Social Workers who request support in managing children and young people's needs and behaviours
  - Direct work with adopted children and young people from adoption planning through to and including post-adoption stage.
- Targeted support and self-help advice is provided for children and young people who are or may be Lesbian, Gay, Bisexual, Transgender or Questioning (LGBTQ+), this includes webpages (https://www.lpft.nhs.uk/young-people/lincolnshire/young-people/helping-you-help-yourself) jointly produced by CAMHS and HML providing information around normalising feelings, reducing anxieties and signposting to additional support from national and local agencies. Staff wear 'pride' badges to help identify clinicians as allies of the LGBTQ+ community and a Peer Support Worker led LGBTQ+ group aiming to engage young people identifying as LGBTQ+ in projects around raising awareness. LPFT has been recognised as a Stonewall Top 100 Employer.
- Lincolnshire's Future4Me Service is an innovation project with aspirations to reduce criminalisation of children and young people. Working effectively with individuals who are more vulnerable to exploitation or who are experiencing extra family related risks. Future4Me provides a robust framework to divert young people away from statutory criminal justice and Social Care systems. A "hub and spoke" model enables specialist support from a multi-agency team, including mental health practitioners to be wrapped around staff working with adolescents.
- With Lincolnshire being a mostly rural county with a large amount of farming and agriculture, services offer a flexible approach to the support they provide, delivering interventions in the home, schools and communities wherever possible, particularly where geographical access is a barrier.
- Lincolnshire has some particular areas of Black or Minority Ethnic (BME) communities, mainly around Boston and Lincoln. CAMHS operates according to the Wide Access to Services (NHS1) standard, providing a countywide NHS service to all children and young people, irrespective of any socio-demographic background or protected characteristic and all workers are trained in cultural
competence. In addition, Lincolnshire County Council commissions a BME Inclusion service, which supports BME families in the Boston and Lincoln areas from the early years to engage in children’s services, including signposting and information about what support services are available.

- Children and young people that we include within the vulnerable cohort that have co-existing physical health conditions will be supported through appropriate multi-agency working arrangements through individual Care Plans.
- As part of the framework for Integrated Care, we support a wider cohort of CYP with vulnerabilities and Children in Care. As part of the Autism diagnostic pathway, there are two highly specialist clinical psychologists that are embedded and work across CAMHS. There are also plans to recruit more LD specialists in CAMHS and ASD specialists.
- Reasonable adjustments are made by CYPMH services to ensure that support is accessible to all; physical and practical elements of service delivery support equality of access and ensure that experience of and outcomes from care and treatment for disabled children and young people is of a good quality. Adjustments include things like easy read materials, suitable environments, and appointments at quieter times of the day for those with autism and adaptations made to accommodate those with a disability. CYP with Adjustments will meet the requirements of the Equality Act 2010.

Trends

The Public Health England Child Health Profiles (fingertips.phe.org.uk/profile/child-health-profiles) show the level of hospital admissions for mental health conditions and self-harm since 2010-11.

Nationally, the rate of hospital admissions of children and young people for mental health conditions has been decreasing gradually from 109.4 per 100,000 in 2010-11 to 81.5 in 2016-17, with a slight increase to 84.7 per 100,000 in 2017-18. In Lincolnshire the rate has been significantly lower than the national figure since 2010-11 (68.2 per 100,000) and although rose steadily to a peak of 94.8 per 100,000 in 2014-15, this significantly decreased to 68.9 in 2016-17 and further decreased to 60.8 per 100,000 in 2017-18. The rate in Lincolnshire continues to decrease to 58.4 per 100,000 in 2018-19, compared to the national figure of 88.3 per 100,000.

Hospital admissions for self-harm (ages 10 to 24 years) in Lincolnshire from 2011-12 to 2013-14 were above the national average with 2013-14 being 469.5 per 100,000 compared to 415.8 per 100,000 nationally. However, although since 2015-16 hospital admissions for self-harm in children and young people aged 10 to 24 years nationally has continued to rise, these have decreased significantly in to 263.4 per 100,000 in 2018-19 compared to 444.0 per 100,000 nationally.

Preventative services such as HML and online counselling are resulting in lower referral rates to CAMHS locally, with an approximate 5% decrease in referrals to CAMHS compared to 2018-19. Anxiety and stress is the one of the top concerns supported by services locally, which is a similar picture nationally.

Key stages 2 to 3 (ages 7 to 14 years) account for the highest referrals to services such as HML, with a similar proportion of males and females accessing the service. Referrals for vulnerable groups of children and young people where there are parental mental health concerns have increased, which accounted for 47% of the overall vulnerable groups referrals to HML.

Anxiety/stress continues to be the highest reason for referrals to services such as CAMHS, Healthy Minds Lincolnshire and Kooth (Online Counselling Service).

Transforming Care in Lincolnshire

Transforming Care was a national programme sponsored by NHS England and the Association of Directors of Adult Social Services to drive improvements in care and support for people with a learning disability.
and/or autism who may have concerns about their emotional wellbeing and mental health or who may be behaving in ways that make it difficult or challenging for the family and/or professionals to manage. The aim of the programme was that by March 2019, all areas would have services and joint processes in place across education, health and care to avoid and prevent unnecessary admission to a specialist mental health hospital unless it is seen as in the best interest of the children and young people through a multi-agency Care, Education and Treatment Review (CETR) process.

Section 117 of the Mental Health Act 1983 (as amended 2007) (MHA) imposes a free standing duty on clinical commissioning groups (CCGs) and local authorities (LAs), in co-operation with voluntary agencies, to provide or arrange for the provision of aftercare to certain eligible patients (sectioned under section 3, 37, 45A, 47 or 48), who cannot be charged for aftercare services. This duty arises once the patient ceases to be detained and then leaves hospital whether or not the individual leaves hospital immediately after they have ceased to be detained. The ultimate aim is to maintain patients in the community, with as few restrictions as are necessary, wherever possible. The duty to provide this service applies until such time as the CCG and Local Authority are satisfied that the person is no longer in need of services. Aftercare should:

- Meet needs arising from or related to the patient’s mental disorder
- Reduce the risk of deterioration of the patient’s mental condition and readmission.

Lincolnshire CCG, CAMHS and Lincolnshire County Council Social Care work together closely to ensure that key professionals are involved in the assessment and planning of health, education and social care for children and young people:

- ‘At risk’ of mental health inpatient admission and those eligible for a CETR/Transforming Care
- Admitted as a mental health inpatient
- Eligible for Section 117 aftercare
- Ready for discharge from a mental health inpatient unit.

There is representation from children’s services on the Transforming Care Partnership Group meeting and Clinical Oversight Meeting. There is a monthly Complex Case Meeting specifically for children and young people with multi-agency representation; including CAMHS crisis, community and eating disorder representatives, social care, East Midlands Provider Collaborative and commissioning.

The focus of these meetings is to review any children and young people who are currently inpatient, those felt to be at high risk of admission (regardless of LD or Autism diagnosis), those on the Lincolnshire all-age Proactive Prevention of Admission Index (PPAI) register, those waiting for a bed or currently in an acute bed on a local ward. Social care involvement is discussed at these meetings and referrals made where agreed appropriate or if a child has LD or Autism or Section 117 applies.

Lincolnshire has a process whereby children eligible for a CETR or where Section 117 applies will be fast-tracked for social care allocation; if not already open to social care. Lincolnshire also has a Social Worker secondment from the council into the CAMHS Crisis and Enhanced Treatment Team, helping to provide an important link to facilitate relationships, understanding and communication across the teams.

Lincolnshire has a proven record of maintaining low admission rates of children and young people with LD or Autism. Since summer 2019 there have not been more than two CYP inpatient at any one time; one was diagnosed post discharge. This is largely due Lincolnshire integrated model of Community Crisis and Enhanced Treatment, and also reflects in Lincolnshire’s wider performance of admissions in general.

Lincolnshire’s Adult mental health services have established a new Transforming Care team within the provider trust, who will also work with CAMHS to look at improving identification and support for all-ages. To further support this work, Lincolnshire has proposed the following initiatives as part of the LDA 3-year roadmap:
• Secure ongoing funding for clinical psychology input as part of a NICE compliant, multi-disciplinary pathway, as well as reducing waiting times for assessment and diagnosis and better identification of support for CYP on the diagnostic pathway
• Increase specialist support, in line with CAMHS LD support, for those CYP (primarily 14+) who have ASD but not LD, to work across core and crisis teams to prevent needs escalating and focus on preventing admission and supporting transition to adult services.
• Develop key worker roles for CYP with LDA that are at risk of admission and/or subject to the CETR process, particularly looking at support for parents/carers in how they can work with services to understand how needs can be supported in the community to avoid discharge or post-discharge.

Addressing Gaps in Provision and Future Developments


Some current gaps or weakness in Lincolnshire's commissioning are already being addressed in planned investment/development, however others will be considered as part of a wider CYP Mental Health Review. The Wider Mental Health Review aims to bring all learning together to gain a full and comprehensive understanding of the current local MH system offer (including service performance/CYP views) and to identify areas for improvements to the CYP pathway journey so that the future commissioning can better meet the needs of our population. Early findings suggest work is required around simplifying access points and processes; removing duplication across the system; making efficiencies whilst maintaining service development; improving access; meeting needs earlier; providing a clearer and more integrated offer; reducing hand-offs; better joint working; and improving how CYP/families receive services. This review is working with partners to make recommendations for redesigning pathways to improve Lincolnshire’s offer which commenced in August 2021.

In additional United Lincolnshire Hospitals Trust are currently undertaking a review of Community Paediatric Services in Lincolnshire. It is hoped that between these reviews we can address some further gaps in Lincolnshire including:

• Recurrent funding for Clinical Psychology input into the Autism diagnostic pathway
• Diagnosis and support for tics/Tourette's and Dyspraxia/DCD
• More support for LD/Autism and other complex needs (CiC/adopted).

Bringing together review and engagement work around children and young people’s emotional wellbeing and mental health will bring more joined up thinking across the whole of the emotional wellbeing and mental health spectrum with the aim that "everyone works together to support all children, young people and families to be happy, healthy, safe and the best they can be". Priorities for transformation include:

• Enhancing universal support to parents/carers, to identify risk factors early and provide effective support to empower and improve their ability to meet their child’s needs that may have otherwise led to mental health needs later in life
• Recognising that schools play a key role in promoting emotional wellbeing and mental health
• Improving access to a range of support though an integrated education, health and care "partnership" that manages referrals, assessments and wrap around support
• Identifying and providing effective workforce development opportunities, to move towards more of a community prevention and early intervention approach, building and promoting resilience and identifying problems early and making sure when support is needed this is effective.
Lincolnshire CAMHS and Healthy Minds Lincolnshire are taking part in a national pilot that aims to cut waiting times for children by 2021 and test the feasibility of a 4 week wait time from referral to treatment. The pilot included integrating the former CAMHS and HML referral and advice lines and incorporating a CAMHS self-referral process for young people. Monitoring of the pilot was put on hold during the COVID-19 pandemic and will be picked up when NHSE advise.

Healthy Minds Lincolnshire are widening their offer of parent/carer workshops and including workshops to support challenging behaviour where there is an emotional wellbeing concern.

The Children's Integrated Commissioning team are overseeing a pilot that aims to address the gap in how to best meet the needs of children with Sensory Processing Difficulties. This pilot aims to address health inequalities and unmet needs, particularly for those with autism and/or learning difficulties through the development of a tiered model pilot which supports families and teachers to manage sensory needs of children within the home and at school and provide bespoke advice when this is required.

As part of Lincolnshire's commitment to reduce waiting times and improve assessment and diagnosis for children and young people with neurodevelopmental concerns, including ASD and ADHD, since November 2019 a pilot multi-disciplinary team (MDT) approach to assessment and diagnoses has been taking place, supported by fixed term Clinical Psychology input. This pilot runs to the end of 2021 however indications after six months highly support the new MDT approach and Clinical Psychology input, with Lincolnshire's waiting list for CYP Autism assessments having reduced from almost 1,100 in November 2020 to approximately 600 by the end of June 2021.

As part of Lincolnshire's transformation of adult community mental health services, plans have been outlined as to how services for young adults aged 18-25 will be transformed. Mental health workforce teams will be based around Neighbourhood Teams/ Primary Care Networks, this will ensure that young adults are identified and supported through a multi-disciplinary team (MDT) approach within the community. CAMHS and HML already work closely with adult mental health services to ensure seamless support where required in transition; where young people require access to psychological therapy they are given the choice from 16 years of whether to go to CAMHS or IAPT Steps to Change. CAMHS and the Adult Learning Disability service have also developed a joint post to support young people through transition; this person is also the mental health lead for SEND, EHCP and Transforming Care issues. In addition, new CYP funding will be used to embed Transition Leads within community CAMHS teams to further support young people who have been accessing support through transition to community adult mental health support. These developments will also ensure that where individuals have been in receipt of CAMHS intensive home treatment and crisis support, they will seamlessly be able to access the new intensive support clinicians in adult services to transition them into less intensive support through to mainstream services, higher education and work. This will prevent avoidable admissions at a time in life when individuals are losing the structure of school and parental home life.

Appendix G outlines the current Transition Protocol in place Lincolnshire.

**Addressing Health Inequalities in CYP Emotional Wellbeing and Mental Health Services**

**CYP Transformation Plans**

The Transformation Plan has been developed and is aligned to the overarching key principles and 2020 ambition set out in Future in Mind and the Long Term Plan as well as our local Strategies and Plans. It has been co-produced with children, young people and their families, commissioning partners, service providers and key stakeholders and it has considered the need to reduce inequalities in access and outcomes for children and young people with mental health problems.
Service Development

Equality impact assessments are conducted whenever service delivery models are developed to understand where there might be barriers to access and to overcome these. Engagement conducted with young people takes into account local vulnerabilities and ensures that these cohorts of young people have voice in service development and design.

Service models include Peer Support workers who have lived experience of mental health and mental health services are representative of the vulnerable and minority groups.

Each service has champions to support vulnerable groups such as LGBT+. The CAMHS and HML provider has an LGBT+ staff network and the services have access to resources to support young people. Some of the children’s services supporting schools, such as MHSTs, have an equality and diversity steering group to understand and support the diversity within each school and make sure the services offered are inclusive to all young people.

Future Developments

The CAMHS team are planning to look at a Continuous Quality Improvement (CQI) project commencing in October 2021 around faith holidays and liaising with local faith leaders around guidance for young people and families where diet intake may be affected by faith commemorations/annual observance holidays etc.

Measuring Progress

Advancements in equality of access will be measured by cross referencing service user vulnerability or minority groups with service user satisfaction surveys and outcome ratings at discharge to determine whether inequality is reducing.

Outcomes can be measured through ethnicity and protected characteristic data, improved access data for these young people and evaluations and feedback from young people and families.
3: CYP Local Transformation Plan - Ambitions

Appendix D provides details of the review of the progress on the ambitions that were set out for 2015-17 to support the implementation of the Lincolnshire Transformation Plan and the initial transformation of the CAMHS service specifically. These actions have now been successfully completed and are monitored through robust quarterly contract management.

During the twelve month period from October 2016 to October 2017, the need to address children and young people’s mental health and emotional wellbeing through whole-system change was acknowledged and the approach taken has brought about sustainable improvement in both service provision and outcomes for young people. However, there is still further work to be done and any actions remaining continue to be included in this plan and any future refreshes in line with the NHS Long Term Plan.

Following the successful completion of much of the CAMHS transformation work, the focus now is on the wider provision of children and young people’s emotional wellbeing and mental health support available in Lincolnshire. Detailed Lincolnshire CAMHS Pathways are available at Appendix E.

Lincolnshire’s Vision

The “Improving Children and Young People’s Emotional Wellbeing and Mental Health in Lincolnshire” document provides an overview of Lincolnshire’s vision for supporting children and young people’s emotional wellbeing and mental health that can be used to embed emotional wellbeing and mental health within other strategies. Lincolnshire’s overarching vision for CYP mental health is:

"Everyone working together to support all children, young people and families to be happy, healthy, safe and the best they can be."

These ambitions, which aim to be achieved by 2024, include:

• Enhancing the universal support offer to parents/carers, identifying early risk factors for effective support. This will empower and improve their ability to meet their child’s needs that may have otherwise led to emotional wellbeing and mental health issues later in life.
• Recognising that schools play a key role in promoting emotional wellbeing and mental health, and the impact this has on behaviour and learning which should be realised.
• Ensuring we have high quality assessments of need that help us deliver an integrated education, health and social care response through agreed pathways that focus on wrapping support around young people and families rather than “referring on”.
• Identifying and providing effective workforce development opportunities across each level of the mental health spectrum of need. This will support the move towards more of a community prevention and early intervention approach to help build and promote resilience and identify problems early; but also making sure that when support is needed, it is effective.

All CYP deserve the best start in life and building strong emotional resilience will help them to achieve and succeed. Social and emotional wellbeing also provides the basis for our future health and life chances.

The consequences of not tackling emotional wellbeing and mental health problems can be lifelong. There are a huge range of factors that affect an individual’s mental health and we need to collectively address them if we are to succeed in improving the emotional wellbeing of our children, young people and their families. Having good mental wellbeing does not mean that children won’t ever suffer from setbacks and difficult emotions, but that they have the resilience to cope, which in turn helps children become thriving, happier adults.
Children and young people learn based on their experiences with people, and with the environment. Therefore, building stronger and more resilient children and young people requires us to build a stronger and more resilient community. Children and young people primarily need support wherever they are, and with whom they choose; whether that is at home, the children’s centre, school, care home, hospital, or elsewhere. Everybody has the capacity to support children and young people’s emotional wellbeing within health promoting and caring communities using trauma-informed and solutions focused approaches.

In Lincolnshire, our pathway is based on the Thrive model, and the following ‘we want’ statements from engagement with children and young people helps to demonstrate our ambition and vision around our model of services in Lincolnshire:

- **Stay Healthy through prevention, and by building and promoting resilience** – We want to be loved, and to feel we fit in to our communities; we want our families and schools to be able to understand us and to look after us; we want more mental health promotion as it is everybody’s business; we want someone to talk to, and we want to be listened to; we want more support in schools, and to learn about resilience and coping strategies; we want to be able to ask the people we trust to help us; we want help in understanding our own emotions; we want information and opportunities to support ourselves and each other.

- **Identifying problems early** – Sometimes we don’t know what we need so we want people who are close to us, or work with us to have knowledge of how to support us.

- **Improve access to effective support** – We want to be told what support is out there, and where we can get the right support when we need it. This needs to be in the right place, which is sometimes at school, online, or in healthcare settings; but when we need it, we should be able to get it.

- **Care for those with the most complex needs or are the most vulnerable** – When we are desperate for help, we want people to recognise this, and to reassure and help us to be okay again.

At any one time, a child or young person may be anywhere on a spectrum between being feeling happy and healthy; to struggling to cope and becoming unwell.

Many children move along the spectrum at different times. We want all children and young people to be happy and healthy.

Some people experience few, if any, mental health problems. Some may have periods of mental ill health which may be temporary or fluctuating, and others may have longer-term or persistent difficulties. Some people have mental health conditions that can be recognised and diagnosed.
These conditions are usually not ‘passing’ feelings but are more long-lasting, more debilitating, and have an impact on the person’s day-to-day life. These conditions include depression, anxiety, post-traumatic stress disorder, and more.

We recognise that children and young people’s needs change (both increasing and decreasing) at different times in their life. We will make sure that the right support is available at the right time to meet these changing needs and appreciate that they may experience difficulties that will need different levels of support at the same time.

"Children and young people can be happy or unhappy with their lives, whether or not they have mental health difficulties."

Lincolnshire’s model of services is based around this spectrum, and across a life-course approach, allowing children and young people to access the right level of support from the right professional when it suits them, stepping in or out of services as their needs change.

To access information and advice, people in Lincolnshire can access the Emotional Wellbeing and Mental Health online pathway.

**Emotional Wellbeing and Mental Health Online Pathway**

The online pathway ([www.lincolnshire.gov.uk/ewb](http://www.lincolnshire.gov.uk/ewb)) launched in October 2017 and was developed, following engagement with young people, parents/carers and professionals, to enable young people to access information and advice in one place and make them aware of available local services that can help support them when experiencing emotional wellbeing, mental health or behavioural concerns. The information is also designed to help families of children and young people experiencing emotional wellbeing, mental health or behavioural concerns and the professionals working with them.

The pathway aims to provide children and young people, and their families, with better access to the right support at the right time.
Kooth.com Online Counselling Service

An Online Counselling Service ([www.kooth.com](http://www.kooth.com)) has been commissioned in Lincolnshire since March 2013 and is currently extended to 31 August 2022.

The service is for children and young people living in or attending education in Lincolnshire who are aged 11-18 (increasing to age 25 for Care Leavers and those with SEND) that have emotional wellbeing or mental health concerns.

It is a self-referral, anonymous and confidential service and is commissioned in recognition that young people may need help, support and guidance in relation to short-lived, low to moderate level mental health concerns. Such concerns may affect the psychological and emotional wellbeing of young people causing concern to themselves, their families and friends. When supporting young people Kooth provides them with information that they are encouraged to share with their family, where appropriate, and the young person is also encouraged to discuss their concerns with their parent/carer.

Lincolnshire saw an increasing demand for online counselling and, with commissioned hours increasing by 344% since March 2013 (120 hours per month, increased to 533 hours per month). The service was re-commissioned from April 2018 and additional investment made to increase capacity.

The top ten reasons for Lincolnshire young people accessing the Online Counselling Service are (in order of priority) anxiety/stress; family/relationship issues; depression; lack of confidence; self-harm; lack of self-worth; friendship issues; loneliness; anger and suicidal thoughts.

Healthy Minds Lincolnshire Service

The Healthy Minds Lincolnshire Service launched in October 2017 and is delivered by Lincolnshire Partnership NHS Foundation Trust through a partnership agreement on behalf of Lincolnshire County Council, supported by the Lincolnshire schools through the Lincolnshire Learning Partnership. The partnership agreement was initially until September 2020 and has been extended to 31 August 2022.

The service provides countywide emotional wellbeing support to Lincolnshire children and young people up to the age of 19 (25 SEND and/or Care Leaver), focusing on the needs of the child, including direct evidence-based interventions to children, young people and their families who are experiencing emotional wellbeing concerns and who do not meet the eligibility for other available services, thus impacting on their ability to thrive.

The service focuses on early intervention, promoting resilience and the prevention of emotional wellbeing concerns escalating to mental health issues, including working closely with Health Visiting teams and Early Years settings to support promotion and prevention of mental health for 0-5s, and ensuring these professionals know how to recognise early signs for concern and pathways to support these age groups.

Qualified practitioners deliver direct evidence-based interventions for Lincolnshire children and young people who are experiencing emotional wellbeing concerns and who do not meet the eligibility for other available services, thus impacting on their ability to thrive. This includes group interventions and 1:1 support, where this is determined as a need by the service.

Parents/carers are involved with the interventions with Healthy Minds Lincolnshire providing a session for parents/carers within their group support model, as well as providing bespoke workshops for parents/carers in order to up-skill them in being able to better support their child's emotional wellbeing concerns. In addition, advice/guidance is provided to parents/carers and families on the intervention taking place so that a consistent approach can also be modelled in the home environment.
Advice, guidance and signposting is also available to parents/carers and professionals supporting children with emotional wellbeing concerns, as well as training for the Lincolnshire pre-school and school workforce, and relevant Children's Services professionals.

Healthy Minds Lincolnshire also works closely with other children's services teams as well as other services – particularly CAMHS, the Children's Health Service 0-19, the online counselling service (Kooth), Lincolnshire's Behaviour Outreach Support Service (BOSS) and relevant adult services – helping to ensure there are clear pathways for Lincolnshire children and young people and they receive timely support from the best placed professional.

**CAMHS Community, Specialist and Crisis and Enhanced Treatment Teams**

Where children and young people become mentally unwell, CAMHS provide a range of suitable treatments to support children over time to understand their problems and how to manage them so that they can return to living a happy and healthy life. This support ranges from moderate concerns treated over a period of time through to crisis and intensive support delivered over a short time-period as required until they move out of crisis. Specialist teams are able to provide specific treatment for Eating Disorders or where the child has further complex needs, such as Learning Disabilities.

A key aspect of these services is ensuring that, where required, young people are able to continue receiving support after they turn 18. This plan sets out in more detail how these young people are currently supported and our plans for further improving these transitions to ensure comprehensive 0-25 support.
4: Workforce

Extensive work has already been undertaken through skills and competency audits in CAMHS, HML, Local Authority services and wider partner organisations, this needs to be brought together to inform a joint workforce and training plan, to determine further developments and financial commitment needed to meet our workforce aspirations for 2021-22 in line with the national targets.

Children and Young People’s Improving Access to Psychological Therapies programme (CYP IAPT) - Over the last three years due to the rise in children and YP’s mental health we have trained 19 EH staff to enable them to deliver low level mental health interventions. These include depressions and low mood, social anxiety, problems with sleep, phobias, panic and general anxiety. Interventions offered include behavioural activation, sleep hygiene, cognitive restructuring, problem solving, and graded exposure and worry management. All staff receive clinical supervision through CAMHS. From October through March we have three of these staff undertaking supervision training. This will enable this model to become sustainable and the need for CAMHS supervision of all staff reduced to just the newly trained supervisors.

CAMHS Workforce

The service reviews its training needs analysis and plan annually to identify training for each forthcoming financial year. There is a Core CAMHS training budget to help cover costs of training and supervisions:

- Six CAMHS staff completed Dialectical Behaviour Therapy (DBT) Essentials training
- Two Recruit2Train Systemic Trainees have been recruited to work with Grantham Core CAMHS
- CAMHS and Healthy Minds Lincolnshire worked together to provide the opportunity for a new Cognitive Behavioural Therapist and two Wellbeing Practitioners to undertake low intensity supervisory training to undertake supervision of Wellbeing Practitioners, EEBPs and EMHPs
- Bids made for Non-Medical Education and Training (NMET) and Learning Beyond Registration (LBR) funds to ensure as many staff as possible access relevant training for their roles each year
- Aim to support current Core CAMHS staff and crisis staff to access 2 CYP IAPT CBT places each year, 2 CYP IAPT Systemic places each year and 2 CYP IAPT supervisor training places each year.

All CAMHS and Healthy Minds Lincolnshire staff receive monthly clinical supervision relevant to their professional qualification and their job role to ensure they remain accredited. They also have access to specialist group supervisions; CBT, Systemic, Eye Movement Desensitization and Reprocessing (EMDR), Interpersonal Psychotherapy for Adolescents (IPT-A), Dyadic Developmental Psychotherapy (DDP)/Attachment and Theraplay.

The current funded establishment of CAMHS staff is shown in the table below (whole time equivalents).

<table>
<thead>
<tr>
<th>CAMHS Team</th>
<th>Band 2</th>
<th>Band 3</th>
<th>Band 4</th>
<th>Band 5</th>
<th>Band 6</th>
<th>Band 7</th>
<th>Band 8a</th>
<th>Band 8b</th>
<th>Band 8c</th>
<th>Band 8d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating Disorder Service</td>
<td>-</td>
<td>0.8</td>
<td>2.0</td>
<td>-</td>
<td>4.0</td>
<td>1.0</td>
<td>-</td>
<td>1.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Boston Core Team</td>
<td>1.0</td>
<td>2.0</td>
<td>2.08</td>
<td>3.0</td>
<td>5.0</td>
<td>0.8</td>
<td>1.8</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Lincoln Core Team</td>
<td>2.0</td>
<td>2.0</td>
<td>2.81</td>
<td>3.0</td>
<td>5.0</td>
<td>2.0</td>
<td>2.78</td>
<td>0.4</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Grantham Core Team</td>
<td>2.19</td>
<td>2.0</td>
<td>2.0</td>
<td>3.0</td>
<td>5.0</td>
<td>1.0</td>
<td>1.6</td>
<td>0.4</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Louth Core Team</td>
<td>0.8</td>
<td>0.61</td>
<td>1.67</td>
<td>1.0</td>
<td>2.0</td>
<td>1.0</td>
<td>1.0</td>
<td>-</td>
<td>0.3</td>
<td>-</td>
</tr>
<tr>
<td>Peer Support Workers</td>
<td>-</td>
<td>4.4</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Youth Offending Service</td>
<td>-</td>
<td>0.5</td>
<td>-</td>
<td>1.6</td>
<td>2.6</td>
<td>1.0</td>
<td>1.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Learning Disabilities Service</td>
<td>-</td>
<td>1.0</td>
<td>2.52</td>
<td>-</td>
<td>2.6</td>
<td>0.8</td>
<td>1.00</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Therapeutic Psychology</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0.8</td>
<td>-</td>
<td>1</td>
<td>0.70</td>
<td>-</td>
</tr>
<tr>
<td>CCETT – North</td>
<td>-</td>
<td>4.0</td>
<td>-</td>
<td>6.0</td>
<td>9.0</td>
<td>1.0</td>
<td>1.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>CCETT – South</td>
<td>-</td>
<td>1.8</td>
<td>-</td>
<td>6.0</td>
<td>10.0</td>
<td>1.9</td>
<td>1.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Management Medical (7.6 consultant psychiatrist)</td>
<td>-</td>
<td>0.4</td>
<td>-</td>
<td>1.0</td>
<td>-</td>
<td>-</td>
<td>1.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Current resources within the core teams are aligned to geographical need in regards to population density and characteristics. The teams also provide support across locality areas to meet fluctuations in demand.

In terms of future growth of CAMHS workforce, the following table outlines Lincolnshire's aspirations for workforce growth aligned to the priority development areas in the local Long Term Plan (see Section 1).

<table>
<thead>
<tr>
<th>CAMHS Team</th>
<th>Band 2</th>
<th>Band 3</th>
<th>Band 4</th>
<th>Band 5</th>
<th>Band 6</th>
<th>Band 7</th>
<th>Band 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating Disorder Service</td>
<td>-</td>
<td>-</td>
<td>+ 4.0</td>
<td>-</td>
<td>+ 4.6</td>
<td>+ 1.6</td>
<td>+ 1.2</td>
</tr>
<tr>
<td>Core Teams</td>
<td>-</td>
<td>-</td>
<td>+ 2.0</td>
<td>-</td>
<td>+ 1.0</td>
<td>+ 3.0</td>
<td>+ 1.2</td>
</tr>
<tr>
<td>Youth Offending Service</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>+ 1.2</td>
</tr>
<tr>
<td>Learning Disabilities Service</td>
<td>-</td>
<td>-</td>
<td>+ 1.0</td>
<td>-</td>
<td>-</td>
<td>+ 1.0</td>
<td>-</td>
</tr>
<tr>
<td>CCETT</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>+ 7.0</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

These areas of workforce growth include:
- Additional Family Therapy roles
- Additional CBT Therapists roles
- Non-medical prescriber to lead STAMP/STOMP and support prescribing around CAMHS LD and 2 assistants to support development of group work within special schools and school observations
- Additional staffing to create ARFID pathway within CAMHS EDS, a day service 3 days a week from 16-25 year olds and intensive home treatment.

**Kooth Workforce**

Lincolnshire commissions 4,800 hours of online counselling support per annum which equates to approximately 3 FTE of qualified counsellors and emotional wellbeing practitioners. Kooth counsellors are qualified counsellors with a minimum of three years' post qualification experience of face-to-face counselling and are accredited by, or working towards an accreditation with the British Association for Counselling and Psychotherapy (BACP). Kooth Counsellors receive training on how to apply their skills online when they come to Kooth. Kooth also has:
- Emotional Wellbeing Practitioners who have previous experience and qualifications in working with children and young people in previous roles e.g. social workers, teachers, youth workers etc.
- Inclusion and Participation workers promote Kooth and deliver assemblies/presentations to schools and other professionals
- Kooth Ambassadors are supported by the workers to deliver workshops, assemblies and wider promotion of the service, sharing their experiences of mental health support.

All Kooth employees access a Counselling Goals System (CoGS) using goal-based measures, which function as both outcome tools and valuable support throughout the interventions. They also have Thrive model training and employees are given access to training on suicide and risk, eating disorders and trauma.

Kooth encourage young people to speak to their parents/carers and also sign young people to other services for further support, but they do not work directly with whole families.

**Healthy Minds Lincolnshire Workforce**

Healthy Minds Lincolnshire workers deliver interventions, workshops and training with all practitioners completing Cognitive Behaviour Therapy (CBT) and Solution Focused Therapy essentials training, as well as undertaking positive behaviours (PBS) training. The skill mix of workers includes mental health nurses, social workers, teachers, counsellors, Wellbeing Practitioners (CYP IAPT trained) and assistant practitioners.
Lincolnshire Local Transformation Plan (2020-21 Refresh)

The service successfully supported six CYP IAPT Wellbeing Practitioners (WPs) in 2017-18 and a further six CYP IAPT WPs in 2018-19 through their training at Northampton University. All successfully completed their training and gained their Certificate in Psychological Wellbeing Practice of Children and Young People. All of the six CYP IAPT WPs who completed their training during 2018-19 have returned to their roles within Healthy Minds Lincolnshire. The aim for the service is to support current staff to access 4 Wellbeing Practitioner training places each year and 6 low intensity supervisor training places each year.

In addition to the 1:1 and group support and workshops provided to children and young people, the service also provides training to Lincolnshire pre-schools, schools and academies, trainee teachers and Children’s Services teams (which include Public Health nursing staff) on how to identify emotional wellbeing concerns, recognise when early intervention and support is required and strategies to support the children and young people they are working with. At end March 2021, 100% of professionals engaged in training said the training had had a positive impact on their confidence to support CYP’s EWB concerns and 100% rated the training as good or better. The service also contributes to relevant Child Care qualification programmes.

In March 2020, HML and CAMHS joined together their duty and professional advice lines into the Lincolnshire Here4You Advice and Referral Line which provides support, advice and guidance to professionals, as well as parents/carers and young people themselves. In addition to the intervention support and workshops provided to children and young people by HML, the service also includes within the group support model a session for parents/carers to up-skill them to better support their child’s emotional wellbeing concerns and has also developed bespoke workshops for parents/carers.

Mental Health Support Teams (MHSTs)

The following staff have been recruited to provide the workforce for four pilot MHSTs in Lincolnshire:

- Wave 2: 8 FTE Education Mental Health Practitioners (EMHPs), 4 FTE Cognitive Behaviour Therapists (Recruit to Train), 1 FTE Peer Support Worker, 1 FTE Senior Clinician/Supervisor (CBT Therapist with CAMHS background) and 1 FTE MHST Team Coordinator. The Wave 2 sites have successfully completed their training year which they commenced in January 2020 and are now fully operational.

- Wave 4: 8 FTE EMHPs, 4 CBTs (Recruit to Train), 1 FTE Peer Support Worker, 1 FTE Senior Clinician/Supervisor and 1 FTE MHST Team Coordinator. The EMHPs and CBTs commenced their training year in January 2021.

Support for the Wellbeing of CYPMH Practitioners to Cope with COVID-19 Pressures

Staff wellbeing The COVID-19 pandemic has necessitated significant changes in working practices across CYPMH services. The wellbeing of clinical and non-clinical staff in CYPMH teams was a priority during the pandemic and continues to be a focus as we move into a restorative phase.

Service leads and commissioners are aware that changes in working practices, compounded by the overall impact of COVID-19 and lockdown restrictions can lead to clinicians having lower levels of mental wellbeing during the pandemic than is seen otherwise. The move to working remotely and consequently the reduction in seeing colleagues face-to-face risks staff feeling less well supported and isolated.

To mitigate the negative impact of the pandemic on staff teams, service providers ensured that additional contact with managers was available both formally and informally, such as with virtual tea-breaks. Information and training were provided on managing your own wellbeing under difficult circumstances and staff were encouraged to speak about how they are coping and feeling. Staff surveys were undertaken as...
well as feedback from team supervisors as to how teams and individual staff members are coping and if additional support needed to be provided.

**Lincolnshire's Behaviour Outreach Support Service (BOSS)**

The BOSS service delivers interventions to children and young people at risk of exclusion and engages school staff and parents/carers in the Behaviour Intervention Plan (BIP) process to build their confidence in supporting children and young people's behavioural concerns. Restorative Practice is part of the BOSS offer to support schools to reduce challenging behaviour and conflict in schools through the use of restorative approaches. This commenced as a pilot when BOSS was commissioned and is now embedded within the service offer. Lincolnshire BOSS has been awarded the Restorative Service Quality Mark (RSQM).

In addition, BOSS's offer includes a training programme to school staff to build their resilience and skill set to better support pupils that display behaviour that challenges. In the 2019-20 academic year 89% of professionals who provided feedback said the training had improved their knowledge and 78% of children and young people supported by the service were discharged back to their school setting with their setting continuing to successfully support them.

**Autism and Learning Disability Outreach Workforce**

The service provider has an exclusive licence to deliver the Department for Education funded Autism Education Trust (AET) training to all Lincolnshire schools. Outreach Teachers (9 FTE) offer a three tier training programme aimed at improving their knowledge and practice when working with pupils aged 5-16 years. Tier 1 "Making Sense of Autism" is a minimum requirement for any school wishing to refer a child to the service. Additional bespoke training sessions are also offered to schools which include ADHD, Pathological Demand Avoidance, Attachment Disorders and Transition support for parents and carers. Since the service commenced in September 2015 until the end of the academic year 2020, over 13,500 teachers and support staff have accessed the AET training. As at the end of the 2020 academic year, 91% of participants who provided feedback rated their knowledge of Autism Awareness and Good Autism Practice as 4 or above out of 5 following training.

**Lincolnshire’s Caring Schools Award**

The Caring2Learn project aims to improve the knowledge, skills and confidence of education settings in developing a holistic approach to the nurture and wellbeing of all pupils, and in particular the most vulnerable pupils. This includes supporting their mental health needs. Promoting good practice both within the education setting and at home through education and carer champions and offering a range of resources, workshops and workforce development opportunities.

In addition to the above:

- 67% of Lincolnshire secondary schools and academies have undertaken the National Mental Health First Aid training. With work taking place with the Lincolnshire Learning Partnership to encourage engagement in the training by the remaining 23% of secondary schools.
- An Emotional Health and Wellbeing Project led by schools focuses on developing a whole-school and targeted approach to support the emotional health and wellbeing of the school community.
- Work is taking place with schools to embed approaches such as trauma-informed practice and restorative and relational practice, and strategies such as Solution Focused Coaching. This includes awareness of Adverse Childhood Experiences (ACEs), supporting schools to develop their understanding of how to mitigate the impact of adversity.
5: Health and Justice

Specialist or Forensic CAMHS (High Risk Young People with Complex Needs)

Overarching support is provided by the extensive Core CAMHS Service and Healthy Minds providing support for mild to moderate emotional well-being issues, as well as severe, complex and/or enduring mental health problems or disorders, additionally acute crises are support by the CAMHS Crisis and Enhanced Treatment Team (CCETT). Specialist support is also provided by a Harmful Sexual Behaviour Specialist situated within CAMHS for individuals experiencing difficulties within this area.

Lincolnshire Children Services also commissions 2 dedicated Specialist Clinical Psychologists, who are employed by LPFT, but sits within Children's Services and is also supported through the CAMHS contract by two Associate Practitioners to support engagement of the complex Youth Offending and adolescent risk cohort with CAMHS. Targeted training, consultation and advice are provided by the Specialist Clinical Psychologists within a Consultation Model as well as links to Forensic Supervision if needed. Specialist assessment and intervention is also offered to this cohort that do not fit or readily engage with the overarching CAMHS provision.

The Youth Offending Service (YOS) has access to a wider range of specialist input including two dedicated Police Officers, an Assistant Psychologist and a Highly Specialist Speech and Language Therapist. This is delivered through the wider Future4Me Service aimed at addressing adolescent risk taking behaviour on a wider framework than just Criminal Justice, but moving towards a more holistic Trauma Informed approach to this population. The embedded Health Team work jointly with the YOS and social work staff in conducting a multi-disciplinary assessment of risk and vulnerability around these young people and support them to access a range of supportive activities and services. In addition, they are all trained in assessing and managing Harmful Sexual Behaviour (HSB) and Technology-Assisted HSB.

The East Midlands Forensic CAMHS Service (F-CAMHS) commissioned through Health and Justice reform also provides additional support, as and when needed. This is a specialist multi-disciplinary team which has been created to support children or young adults up to 18 years old who exhibit risky behaviours which could lead to contact with the Criminal Justice Service. The team also support those who are already in the Youth Justice system and have, or do, display signs of mental health difficulties. They can provide a second opinion or additional support around complex cases if needed, especially for those cases that move into or out of the county. Additionally, as a specialist resource they can support with recruitment, training and supervision of specialist staff sitting within the service.

Transition To and From the Secure Estate

The 'Secure Stairs' model commissioned by NHS England Secure provides an integrated care framework that addresses the needs of children and young people in Secure Children’s Homes, Secure Training Centres and Young Offender Institutions. This includes at HMYOI Wetherby and at the Sleaford Secure Children's Home where Lincolnshire children may be located either on remand or post sentence.

This framework allows for a joined up approach to assessment, sentence / intervention planning and care, including specialist input from mental health staff regardless of previous diagnosis, as well as from social care professionals, education professionals and the operational staff working on a day-to-day basis at the setting. This model also supports effective resettlement through timely information sharing, preparation for release and a smooth transition between custody/community services.
Presenting at Sexual Assault Referral Centres

Within Lincolnshire the Police and Crime Commissioner (PCC) commissions 2 FTE Child Independent Sexual Violence Advisor (ChISVAs) and 0.4 FTE cyber-crime specialist, which are provided by Victim Support. The age range for ChISVA support is up to 17 years. Parental support is offered to parents of victims under the age of five.

Since October 2017 Victim Support have been commissioned by PCC to provide ChISVA services who work directly with children and young people who have experienced rape, sexual assault, domestic violence or child sexual exploitation. This is offered through the Castle Project which offers a Specialist Young Witness Service, commissioned by the PCC. Home visits are undertaken to provide information on the court process, familiarise the young person and family with the court environment and support the child, young person and their families throughout the court process. Services are also available to young people who have not reported to the Police or where there is no on-going investigation or court process. The cyber-crime specialist worker focuses on prevention concerning awareness of sex texting and cyber safety awareness.

Lincolnshire Rape Crisis is a county-wide service offering post-abuse counselling for children and adults who have experienced any form of sexual violence within their lifetime. This can supplement the offer of the Castle Project, where specialist counselling services and required in addition to the practical and emotional support offered by ChISVA’s. The service is partly commissioned by the PCC.

Trusthouse is an independent third sector organisation, has a base in Grantham and has been operating for three and a half years. Offering an all age service of post abuse counselling for the whole of Lincolnshire they do not currently set a limit on the number of the person-centred counselling sessions provided.

Where a child or young person presents at the East Midlands CYP Sexual Assault Service, they may be referred to Service Six for initial counselling support. This service is commissioned across the East Midlands by NHS England and Nottingham University Hospitals Trust.

Specialist CAMHS are commissioned to provide therapeutic interventions for young people who have experienced historical sexual abuse and have symptoms indicating Post Traumatic Stress Disorder (PTSD). The service model provides pathways of care for other mental health disorders e.g. anxiety or depression.

In Crisis Care Related to Police Custody

LPFT Section 136 Protocol – Section 136 care is available to children and young people under the age of 18 years but should only be considered when other alternatives have been explored and deemed not in the young person’s best interests.

These alternatives include, if the young person is under 16 years, using parental responsibility, or if appropriate, removal to suitable accommodation under the Children Act section 46. CAMHS practitioners will offer a phone consultation whenever practical via the police to divert from a S136 detention.

Lincolnshire Police will liaise with the CAMHS Crisis and Enhanced Treatment service (Via SPA) or if no mental health problem indicated Children’s service/ Emergency Duty Team. Once a child/young person enters the place of safety suite detained under S136 (PHC or A&E) there is a 24 hour period to assess their mental health needs and either discharge them or admit for further assessment.
Interacting with Liaison and Diversion Services

A procurement process through NHS England secured the development of Liaison and Diversion Services within Lincolnshire, which became operational on the 1st April 2020. The service specification was developed with the input of key stakeholders within Lincolnshire Police, PCC and the Youth Offending Service and is being hosted by LPFT in collaboration with Lincolnshire Action Trust. This follows an all-age strategy of assessing and signposting those individuals who come in contact with the Criminal Justice Service to relevant local services for support and within this all young people are prioritised for assessment.

Data

Reoffending

<table>
<thead>
<tr>
<th>Date range</th>
<th>Number in cohort</th>
<th>Number of reoffenders within cohort</th>
<th>Number of reoffences</th>
<th>Average number of reoffences by a reoffender</th>
<th>Average number of reoffences by cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2019 to March 2019</td>
<td>33</td>
<td>12 (36.4%)</td>
<td>49</td>
<td>4.083</td>
<td>1.485</td>
</tr>
</tbody>
</table>

The table above shows all children and young people who received a pre-court or court disposal or were released from custody in that date range.

First Time Entrants

<table>
<thead>
<tr>
<th>Date range</th>
<th>Number</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2019 to March 2020</td>
<td>83</td>
<td>130</td>
</tr>
<tr>
<td>July 2019 to June 2020</td>
<td>69</td>
<td>107</td>
</tr>
<tr>
<td>October 2019 to September 2020</td>
<td>68</td>
<td>105</td>
</tr>
<tr>
<td>January 2020 to December 2020</td>
<td>56</td>
<td>87</td>
</tr>
</tbody>
</table>

The table above shows the number of first-time entrants are children who receive a youth caution or court conviction for the first time within the period and the rate per 100,000.

Custody

<table>
<thead>
<tr>
<th>Date range</th>
<th>2019-20</th>
<th>2020-21</th>
</tr>
</thead>
<tbody>
<tr>
<td>April to June</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>July to September</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>October to December</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>January to March</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

The table above shows the number of custodial sentences in the period given to children with a local residence aged under 18 years on the date of their first hearing related to the outcome.
Multi-agency child exploitation (MACE)

In the six month period 1st January 2021 to 31st June 2021 there were 131 cases discussed at MACE Pre-Screening* where the young person had been identified as a possible victim of child sexual exploitation and/or child criminal exploitation, 52/131 cases progressed to a Full MACE discussion.

**MACE Pre-Screening** – Weekly (virtual) meeting, core attendees are Children Services, LCC Inclusion and Attendance Team and Intelligence Support, Police Safeguarding Hub. LCC Children’s Health provides updates prior to meeting. All LSCP Child Exploitation Screening Tool's that are completed and then submitted to CE- Missing Business Support are added to the Pre-Screening agenda for discussion as are young people whom a National Referral Mechanism (NRM) has been submitting. A potential victim, location of person of concern who has been identified through Police intelligence and/or another weekly MACE discussion can also form the agenda. The aim of the meeting is to review information available regarding potential victims, locations or persons of concern (VL/L/POC) provide advice guidance to the referrer and decide if MACE discussion is needed.

**Full MACE** – Weekly (virtual) meeting, core attendees are the MACE Pre-Screening attendees plus We are With You and Health (representing LPHT/ULHT/LCHS), the relevant District Council and Neighbourhood Policing teams and involved agencies invited where relevant. The purpose of MACE is to ensure appropriate support is in place for the victim (through case management outside of MACE) and to target and disrupt locations and persons of concern. MACE meetings review the information available, and actions are agreed.

Framework for Integrated Care

In April 2021 LCC and LPFT, in partnership with Lincolnshire CCG, were successful in a bid to deliver the Framework for Integrated Care. The Framework is NHS England and Improvement Health and Justice’s (NHSE/I H&J) response to the commitment within the NHS Long Term Plan to invest in additional support for the most vulnerable CYP with complex needs in the community. Those children and young people present with what can be described as high risk, high harm behaviours and high vulnerability.

Principles of the Framework for Integrated Care

There is a cohort of vulnerable children and young people with complex needs, under 18, who experience some of the highest levels of health inequality. Their needs are defined as ‘complex’, as they often are:

- Multiple (i.e. not in one domain, such as mental health and physical health);
- Persistent (i.e. long term rather than transient);
- Severe (i.e. not responding to standard interventions); and
- Framed by family and social contexts (i.e. early family disruption, loss, inequality).

Services across multiple sectors collectively struggle to meet the needs of children and young people with complex needs. Similarly, many children and young people struggle to access respond and maintain progress with the support and interventions offered. This can be due to multiple reasons including:

- Existing provision may not be well-equipped or may lack specific expertise to respond to needs and presentation, including trauma-informed ways of working;
- Multiple professional involvement may lead to inconsistency in approach and a lack of continuity of care and/or not meeting needs in a ‘holistic’ way;
- The interventions provided are often single modality driven (such as Cognitive Behavioural Therapy or medication), and involve the children and young people individually, failing to address the wider systemic context;
- The child or young person and/or family/carer may be unwilling or unable to engage (e.g. due to a lack of trust in statutory services or because entry points are difficult to navigate).
The Framework represents a shift in ideology, moving away from approaches that seek to fix ‘what is wrong with you’ to approaches that seek to understand and address ‘what has happened to you’. The intention is to support and strengthen existing community services, enabling collaboration within and across those agencies, with the vision to facilitate integrated trauma-informed and responsive systems that enable children and young people with complex needs to thrive. The Framework aims to meet six main objectives:

- Improved CYP wellbeing
- Reduction in high-risk behaviours
- Reduced mental health concern
- Organisations are more trauma-informed
- Improved purpose/occupation
- Improved stability of home.

The Framework seeks to provide a ‘scaffold’ of common principles, objectives and drivers to enable innovative working practices and collaborations that improve outcomes for children and young people, staff and systems by promoting genuine integration and co-production across traditional agency boundaries.

Summary of Key Milestones Throughout the 10-year LTP Framework Period

<table>
<thead>
<tr>
<th>Year 1 (20/21)</th>
<th>Year 2 (21/22)</th>
<th>Year 3 to 9</th>
<th>Year 10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cohort:</strong> scope detailed target cohort (including needs, strategy for identifying and engaging)</td>
<td><strong>Cohort:</strong> deliver Framework offer to initial target cohort</td>
<td><strong>KPI’s and communities of practice development:</strong> Develop local approach to metrics. Participate in Complex Needs System Partners Network to develop and measure national KPI’s. Ongoing measurement of KPIs and reporting to regional and national team. Exchange of learning and emerging practices across all sites</td>
<td><strong>Completion Evaluation:</strong> Participate in formal evaluation of LTP Complex Needs</td>
</tr>
<tr>
<td><strong>Service provision:</strong> scope current service provision available for CYP cohort. Scoping should be wider than just health</td>
<td><strong>Collaboration:</strong> Build collaborative relationships</td>
<td><strong>Service provision:</strong> yearly review of service provision available for cohort and understanding of where gaps exist. <strong>KPI’s:</strong> ongoing measurement and review of national and local KPI’s</td>
<td><strong>Progression of the framework and service offers:</strong> participate in strategic conversations re forward planning for this cohort of CYP locally, regionally and nationally</td>
</tr>
<tr>
<td><strong>Selection of project area</strong></td>
<td><strong>Structural elements:</strong> Establishment of local governance arrangements</td>
<td><strong>Evaluation:</strong> participation in formal mid-way (year4) evaluation of services and implement any recommendations/adjustments to services as identified.</td>
<td><strong>Progression of the framework and service offers:</strong> participate in strategic conversations re forward planning for this cohort of CYP locally, regionally and nationally</td>
</tr>
<tr>
<td></td>
<td><strong>Implementation visit:</strong> Engage and arrange site visit with NHSE’s national team.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Phased delivery:</strong> Begin phased delivery of the Framework (e.g. recruitment)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Lincolnshire service model is a Psychology led consultation model that has successfully been piloted with the Future4me Health team. This is a hub and spoke model that will be able to offer support and expertise to all children’s services teams across Lincolnshire by the end of 2023/24. This is supported by digital capabilities to enable reduced travel when attending MDTs and enable the team to deliver training in a convenient way across the county. The model aims to develop a training delivery programme based on the Trauma Recovery Model, which will be delivered to a wide range of stakeholders throughout service.
The service is integrated within Children’s services teams, this ensures that Children’s services teams are able to access this support and any data associated with this team in a streamlined way. Staff working within the Lincolnshire Framework for Integrated Care will mainly be employed by LPFT, apart from staff seconded from Positive Futures, and will have close links with LPFT’s CYP Services. The trauma informed training and follow-on consultations will be available to all professionals working with CYP within Lincolnshire, whichever agency they work for.

“Champions” will be identified within each CYP organisation/service following the training, to enable a consistent approach across services in understanding a CYP’s behavioural and/or emotional presentation. This cross agency and cross professional training will ensure all CYP Services are well connected and work together to provide input for a CYP that will deliver the right support at the right time by the right worker. This will improve the quality of care for YP across Lincolnshire.
6: CYP Eating Disorders

Lincolnshire CYP Eating Disorder Service

The specialist Child and Adolescent Mental Health Service (CAMHS) Eating Disorder Service (EDS) was set up in line with the Access and Waiting Time Standard for Children and Young People with an Eating Disorder (NHS England, 2015).

CAMHS CYP EDS Workforce

Workforce resource is in line with recommendations from the national Access and Waiting Time Standard. The current LPFT CAMHS EDS workforce is shown below:

<table>
<thead>
<tr>
<th>Role</th>
<th>Banding</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant Psychiatry</td>
<td></td>
<td>1.0</td>
</tr>
<tr>
<td>Psychology</td>
<td>8B</td>
<td>1.0</td>
</tr>
<tr>
<td>Team Coordinator</td>
<td>7</td>
<td>1.0</td>
</tr>
<tr>
<td>Nurse Specialist</td>
<td>6</td>
<td>4.0</td>
</tr>
<tr>
<td>Assistant Practitioner</td>
<td>4</td>
<td>2.0</td>
</tr>
<tr>
<td>Dietician</td>
<td>6</td>
<td>0.4</td>
</tr>
<tr>
<td>Admin</td>
<td>3</td>
<td>0.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>10.2</strong></td>
</tr>
</tbody>
</table>

The current workforce in LPFT CAMHS EDS aligns to the recommended workforce for 50 referrals per annum.

CAMHS EDS provides support to young people with anorexia nervosa, bulimia nervosa, binge eating disorder and atypical eating disorders.

Early Detection and Prevention

Healthy Minds Lincolnshire has developed a five session PHE pack to be delivered in schools around positive body image. Any wellbeing referrals to Healthy Minds Lincolnshire that need specialist CAMHS EDS assessment and treatment would be referred to CAMHS EDS.

CAMHS EDS Referrals

As of March 2021, the service received a total of 551 since the launch in 2016. The total number of referrals received each year is displayed in the table and graph below:

<table>
<thead>
<tr>
<th>Referrals Urgency</th>
<th>2016-17</th>
<th>2017-18</th>
<th>2018-19</th>
<th>2019-20</th>
<th>2020-21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Urgent</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>7</td>
<td>18</td>
</tr>
<tr>
<td>Routine</td>
<td>136</td>
<td>97</td>
<td>67</td>
<td>83</td>
<td>129</td>
</tr>
<tr>
<td>Yearly totals</td>
<td>140</td>
<td>100</td>
<td>73</td>
<td>90</td>
<td>148</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>140</strong></td>
<td><strong>100</strong></td>
<td><strong>73</strong></td>
<td><strong>90</strong></td>
<td><strong>148</strong></td>
</tr>
</tbody>
</table>
The number of referral for 2016-17 was considerably higher than the following years; this was the first year of operation and all open and new cases were transferred to the team, which explains the increased number in the first year and the decrease in 2017-18. The service saw a continued reduction in referrals in 2018-19 and 2019-20, however for 2020-21 the service has seen as marked increase in both volume and acuity of referrals.

Not all referrals into the service were accepted for assessment. The team have a robust screening system in place to triage new referrals, bringing together information from the family and also physical health presentation. The graph below shows the percentage of accepted referrals since 2016.
CAMHS EDS provide evidence based pathways in line with NICE guidance:

The following graph shows the number of young people on each pathway:

A majority of young people referred to the service are seen for anorexia nervosa or atypical.
Admissions to SEDU

From October 2019, Lincolnshire piloted a new model of intensive community/home treatment; the aim was to reduce the number of admissions to tier 4 inpatient units. The new model has demonstrated a sustained reduction in the numbers of young people admitted to MH inpatient units from Lincolnshire, and a reduction in length of stay for those admitted, including Specialist Eating Disorder Units (SEDU).

Although the new care model was targeted at General Adolescent Units (GAU), the impact on the new service shows the positive impact on SEDU admission. This was without any increase in funding or staffing to the current CAMHS Eating Disorder Service.

The service has created strong links with the Acute Paediatric Service (ULHT) and have been working together to support young people who become physically compromised as a result of their eating disorder and have worked collaboratively to support home discharge with the support of the new care team as an alternative to inpatient admission.

Discharges from CAMHS EDS

Since the service started in 2016 there have been 457 discharges. Excluding those referrals not accepted for assessment 72.6% of all discharges were on professional advice and 10% were referred onto another LPFT service (this data has only been recorded for the past three years).

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Referrals</th>
<th>Number of Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-17</td>
<td>140</td>
<td>77</td>
</tr>
<tr>
<td>17-18</td>
<td>100</td>
<td>90</td>
</tr>
<tr>
<td>18-19</td>
<td>73</td>
<td>109</td>
</tr>
<tr>
<td>19-20</td>
<td>90</td>
<td>95</td>
</tr>
<tr>
<td>20-21</td>
<td>148</td>
<td>108</td>
</tr>
</tbody>
</table>

Consultation to Other Internal CYP Teams

CAMHS EDS offer regular consultation slots to other CYP teams within LPFT. This model allows any possible referrals to be discussed with the team prior to referral being made. Consultations have been recorded locally since May 2020, however due to COVID-19 reporting was pared back and this data is not currently available.

The majority of consultations have been with the Core CAMHS Service, some have also been provided to HML and MHSTs. From consultation referrals were made to the CAMHS Eating Disorder Service or joint worked with colleagues in Core CAMHS. Those not referred into the team were due to presentation not being a suspected or confirmed eating disorder, but where a young person has difficulties with their eating.

Challenges for Lincolnshire CAMHS EDS

The current service is set up to respond to 50 referrals each year; this has been surpassed each year. In 2020-21 there has been a rise in referrals with 148 referrals accepted for treatment. Commissioners have recognised that additional funding needs to be made available to support the ED team to continue to deliver a high quality, responsive service and in line with the long term plan.

Lincolnshire struggles to meet the national performance indicators for access standards when treatment starts due to the low numbers each month, if just one young person is not seen within target time the percentage is reduced below 95%.
In recent years the service has been asked to assess young people for Avoidant Restrictive Food Intake Disorder (ARFID). There is no commissioned pathway for this in Lincolnshire, but onward referral to out of area assessment and treatment requires a local mental health assessment first. Any suspected ARFID cases are first seen by CAMHS EDS (with the involvement of the consultant psychiatrist) and then referred to specialist out of county provision is required. Due to the associated risk of the young person’s presentation as a service we keep open but as they are not receiving treatment from EDS so are held currently within our Core CAMHS provision and held under the most relevant treatment pathway.

**Opportunities for Lincolnshire CAMHS EDS**

The pilot of the New Care Model has led to a significant reduction in the number of young people admitted the SEDU, should this continue there will be further opportunity to reduce the referral to SEDU and offer intensive community treatment.

Continuation of the improved relationship with Acute Paediatrics; the CAMHS EDS team are actively supporting young people admitted to the ward with a suspected or known Eating Disorder and working with the CAMHS Crisis and Enhanced Treatment Team (CCETT) to plan discharge home with enhanced support in place.

The EDS plans to develop of a tiered training plan to support universal services and all child and young people workforce to identify ED early and support referral to the CAMHS EDS team.
Lincolnshire Local Transformation Plan (2020-21 Refresh)

7: Data – Access and Outcomes

Lincolnshire CAMHS

Note: During the COVID-19 pandemic consideration was given to factors impacting on service delivery and it was agreed with providers that performance reporting would be pared back to allow services to continue to prioritise supporting CYP and their families. Consequently, not all data for this period is currently available.

Lincolnshire CAMHS is one of the highest performing CAMHS in the country and has been rated Outstanding by CQC.

Lincolnshire CAMHS have robust processes in place to respond quickly with 92% of children and young people with a routine referral being seen for assessment within 6 weeks (March 2020). Waits during the COVID-19 pandemic did increase compared to the previous year with only 76% of routine referrals being seen in 6 weeks and the average routine wait for Core CAMHS increase to an average of 8.4 weeks. As services move into recovery this will be monitored and action plans put in place where needed, also comparison with national and regional data will provide context for the data.

Data for 2019-20 shows that 92% of children and young people received an emergency telephone response within 4 hours (above the national figure of 83%), during the COVID-19 pandemic this response rate increased to 95%. The average emergency wait for 2019-20 was 1.4 hours (better than the national comparison of 11 hours), data is currently not available for 2020-21.

During 2020-21 children and young people with eating disorders were responded to quickly with 100% of emergency and urgent referrals being seen within wait time targets.

Lincolnshire CAMHS Peer Support Workers are embedded in each of the Core CAMHS teams, they:
- Provide practical support to help CYP reconnect with their community and build their self-esteem
- Engage with CYP and share lived experience to promote hope and be recovery focused
- Promote coping strategies and creative ways of maintaining wellbeing
- Provide additional emotional and practical support to CYP during periods of transition or change.

CAMHS Referrals Received and Accepted

![Number of Core CAMHS referrals by geographical area.](image)

Data is not available for 2020-21.
Referrals across service areas

<table>
<thead>
<tr>
<th>Year</th>
<th>Core CAMHS</th>
<th>Crisis and home treatment</th>
<th>Eating disorders</th>
<th>Learning disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019-20</td>
<td>3,226 (71%)</td>
<td>1,112 (25%)</td>
<td>90 (2%)</td>
<td>79 (2%)</td>
</tr>
<tr>
<td>2020-21</td>
<td>3,022 (68%)</td>
<td>1,159 (26%)</td>
<td>148 (4%)</td>
<td>76 (2%)</td>
</tr>
</tbody>
</table>

Across the County Core CAMHS teams have seen a very slight decrease in referrals (-6%) from 2019-20 to 2020-21.

For the year 2019-20, the Crisis and Home Treatment Team (now Crisis and Enhanced Treatment Team) had 1,112 referrals equating to 25% of all referrals and for 2020-21 the figures are 1,159 and 26% respectively, demonstrating a 4% increase.

Eating Disorder Teams saw the greatest increase in referrals rising from 90 in 2019-20 to 148 in 2020-21; a 64% increase.

Learning Disability referrals remained relatively constant with 79 in 2019-20 and 76 in 2020-21.

Preventative services such as HML and online counselling (Kooth.com) are resulting in lower referral rates to CAMHS locally. As well as CAMHS now also taking calls from children and young people, parents and carers on the Here4You joint advice and referral line with Healthy Minds Lincolnshire, which is allowing them to be signposted to self-help materials rather than needing to be referred for an assessment which leads to the same conclusion.
Lincolnshire has set aspirational wait time targets for CAMHS that were met across the service for 2019-20:

- 83% of children and young people in Lincolnshire with a routine referral were seen for assessment within 6 weeks, (95% were offered an appointment for assessment within 6 weeks). 77% in less than 6 weeks and 61% in less than 4 weeks.
- Average referral to assessment wait in Lincolnshire is 2.4 weeks compared to 9 weeks nationally
- Average referral to treatment wait in Lincolnshire is 7.2 weeks compared to 13 weeks nationally
- 94% of children and young people received an emergency telephone response within 4 hours, nationally this is only 83%
- Average emergency wait is currently 1.4 hours, better than the national comparison of 11 hours
- 86% of children and young people received an emergency face-to-face response within 24 hours. However, in recognition of patient choice commissioners also accept data for wait to be offered appointment within 24 hours, which is 93%.
- 84% of children and young people received an urgent face-to-face response within 72 hours, as above wait for appointments offered within the 72 hours is 95%.

### Routine response times by geographical area 2019-20

<table>
<thead>
<tr>
<th>Geographical or service area</th>
<th>Percentage in 6 weeks</th>
<th>Average wait for assessment</th>
<th>Average wait for first treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Boston</td>
<td>68%</td>
<td>4.6 weeks</td>
<td>10 weeks</td>
</tr>
<tr>
<td>Core Grantham</td>
<td>94%</td>
<td>2.6 weeks</td>
<td>9.7 weeks</td>
</tr>
<tr>
<td>Core Lincoln</td>
<td>68%</td>
<td>3.1 weeks</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Core Louth</td>
<td>80%</td>
<td>1.9 weeks</td>
<td>11.6 weeks</td>
</tr>
<tr>
<td>Lincolnshire</td>
<td>77%</td>
<td>3.05 weeks</td>
<td>9.8 weeks</td>
</tr>
</tbody>
</table>

Children in crisis are in contact with a professional really quickly in Lincolnshire and this is reducing hospital and inpatient admissions. Average waiting time for treatment is often impacted by families who may not be able to make the first offered appointment.
Access

The Lincolnshire children and young people's mental health access figure for 2020-21 was 33.4%, this includes children and young people accessing CAMHS as well as Kooth online counselling and HML – both commissioned by Lincolnshire County Council. This access rate is slightly below the national target of 35%.

Data is currently flowing to the MHSDS from the CAMHS and HML provider, LPFT and the Kooth Online Counselling provider, Kooth PLC. As part of the development of the children and young people's mental health system, work will be undertaken with the NHS Children and Young People's Mental Health Improvement Team to identify if all relevant data is being captured and flowing accurately to the data set.

The most common reasons for children and young people not being accepted to CAMHS are that not enough information has been provided, that the child or young person is already open to more suitable for support from other services, such as HML, or the referral is purely for anger/behaviour issues with no evidence of mental health concerns, which CAMHS is not commissioned to support in Lincolnshire. The work currently taking place around wait times and access will seek to improve quality of referrals leading to a reduction in rejected referrals. Self-referral introduction and the adoption of a "no wrong door" approach should reduce the number of referrals that are not accepted.

The planned development of a referral and triage 'hub' approach for neurodevelopmental, behavioural, and mental health support will also help ensure that referrals are accepted onto the most appropriate pathway first time. The expansion of Lincolnshire’s eating disorders pathway to include Avoidant/Restrictive Food Intake Disorder (ARFID) will allow more patients to be seen within CAMHS Eating Disorder service. Commissioners are working with LPFT to develop a new CAMHS specification from September 2022, which will include training and education to stakeholders to improve the quality of referrals. The new specification will focus on a system wide approach, so that any referrals where there is not a clear mental health or emotional wellbeing need are clearly directed or supported to more appropriate services.

Re-referral rates are low showing that young people are appropriately discharged and managing their concerns without needing specialist help.
Online Counselling Service (Kooth.com) April 2020 to March 2021

- 3,578 young people logged into the online counselling service 33,948 times.
- 693 young people accessed 1,702 online counselling sessions.
- 2,016 young people exchanged 16,184 counselling text messages.
- 1,450 young people accessed 6,755 online forums.
- The top concerns supported by the service included anxiety/stress, self-harm, friendship, suicidal thoughts and family relationships.

Healthy Minds Lincolnshire Service April 2020 to March 2021

- 2,428 referrals accepted for interventions (1:1 and group support) with the top 3 reasons for referrals being anxiety/stress, behavioural concerns and low mood/depression, with approximately 20% of referrals accepted from CAMHS.
- 53% of referrals were for vulnerable groups of CYP. Vulnerable CYP supported included parents/carers experiencing mental health concerns (49%), CYP who had witnessed domestic abuse (14%) and CYP with SEND (17%). CYP may be in multiple vulnerable groups.
- Referrals accepted were across all key stages, with the highest number of referrals from key stages 2 and 3 (ages 7 to 14 years). 32% of referrals were for CYP in Key Stage 3 (ages 11 to 14 years), with 27% in Key Stage 2 (ages 7 to 11 years).
- Over 61% of referrals waited less than two weeks for an initial assessment.
- 11,553 direct evidence-based interventions delivered (1:1 and group) with an average of 4.7 sessions per C/YP accepted by the Service.
- 51% of referrals accepted who had completed treatment and had two or more outcome scores showed improved outcomes.
- 86% of CYP supported did not need any further treatment or were discharged back to universal services. Only 1.5% of CYP discharged were stepped-up to CAMHS.
- 6 workshops were delivered to 34 CYP, due to COVID-19 lockdown restrictions in this reporting year this was very much lower than the previous year when 187 workshops were delivered to 2,008 CYP: 100% of CYP who provided feedback said the workshops had had a positive impact on their EWB concerns.
- 42 workshops were delivered to 324 parents/carers, despite lockdown restrictions this is an increase on the previous year when 33 workshops were delivered to 174 parents/carers and this is attributable to these workshops being delivered virtually: 100% said the workshops had had a positive impact on their confidence to better support their child’s emotional wellbeing concerns.
- 199 professionals engaged in training compared to the same period in 2019-20 when 731 professionals engaged in training: 100% said the training had had a positive impact on their confidence to support CYP’s EWB concerns and 100% rated the training as good or better.
- Feedback from service users was consistently positive and demonstrated high levels of satisfaction from CYP, parents/carers and professionals.

Behaviour Outreach Support Service (BOSS) – academic year 2019-20

- 463 referrals accepted for support. Due to the COVID-19 lockdown referrals were reduced compared to the previous academic year (565 referrals 2018-19 academic year).
- Approximately 42% of children and young people with two or more recorded "Risk of Exclusion" scale ratings showing a reduced risk of exclusion.
- Highest percentage of referrals received were across key stages 2 and 3 (62%).
- An audit (conducted between November 2019 and March 2020) of the cause of the behavioural concern displayed by CYP referred to the Service showed:
60% were exposed to issues within their home environment: trauma and home life were the biggest cause.
57% had additional needs that were the underlying factor. ASD and ADHD/ADD were the highest additional need. Mental health concerns accounted for 20% of the identified additional need.
School led factors were the underlying cause of 22.3% (67 referrals). Poor relationships between the C/YP/family and school was the highest factor.
The above demonstrates that 39.7% (119) had more than one underlying causative factor for the behavioural concerns.

- Approximately 98% of secondary aged young people who provided feedback gave an average rating score of 8 out of 10 for the Behaviour Intervention Plan (BIP) process.
- Approximately 92% of primary aged children who provided feedback said they were happier at school after working with BOSS.
- 88.6% of parents/carers who provided feedback said they saw an improvement in their child's attitude towards school and 80% saw an improvement in their child's behaviour.
- 88 restorative sessions were delivered.
- 31 training sessions delivered, with an average of 93% who provided feedback said the training had improved their knowledge.

Example case studies of the support provided to children and young people can be found at Appendix F.

**MHDS Data Flow: CAMHS, Healthy Minds Lincolnshire Service and Kooth**

All three emotional wellbeing and mental health services in Lincolnshire: CAMHS, Healthy Minds Lincolnshire Service and Kooth are reporting into the Mental Health Services Data Set (MHDS). CAMHS and HML are submitting both access data and outcomes metric data. Lincolnshire has confirmed its commitment to the MHSTs also inputting into the MHDS as part of the MHSTs trailblazer commencing January 2020.

Services have continued to prioritise CYPMH access based on risk assessments which include all vulnerability and complicating factors that are impacting on CYP wellbeing. As services enter restoration phase following the pandemic this approach will continue to drive prioritisation. Service developments, such as the roll out of MHSTs are planned according to analysis of which geographical areas and school populations that have the greatest need and vulnerabilities, including barriers to access such as deprivation and ethnicity.
8: Urgent and Emergency (Crisis) Mental Health Care for CYP

CAMHS Crisis Service Access

The service is available seven days a week, between 8.45am until 7pm, 365 days per year. Outside of these hours, cover is provided for advice, crisis intervention and emergencies by on call staff.

CAMHS Crisis Team can be contacted during office hours this is via the Lincolnshire Here4You line on 0800 234 6342, or out of hours via the Mental Health Helpline on 0800 001 4331, with direct transfer to on call staff.

Out of hours triage service is available 7pm – 8.45am to respond to A&E, the police or ambulance services and to provide support and advice around mental health presentations to these services.

Young people, parents and carers can access the Crisis Team via GPs and social workers directly or can make a CAMHS self-referral 9.30am – 4.30pm Monday to Friday.

CAMHS Crisis and Enhanced Treatment Team (CCETT)

The functions of the CCETT are:

- Admission avoidance
- To facilitate early discharge from inpatient services
- Providing crisis response and crisis support
- Intensive home treatment
- Assertive Outreach (support to Core CAMHS and CAMHS EDS with urgent concerns)
- Support to CAMHS EDS home care
- To undertake a gatekeeping function for admission to inpatient services
- To work with patients in crisis with a diagnosis of a learning disability and or autism spectrum disorder (ASD).

To ensure good wraparound care, the CCETT is based in the CAMHS hubs at Lincoln and Boston. In terms of young people in a crisis the CCETT operates two levels of response:

Emergency

The ‘emergency’ response target is a 4 hour telephone response and *24 hour face-to-face response. This is for young people actively displaying:

- Suicidal ideation or suicidal attempts
- Severe symptoms of depression with suicidal ideation
- Life threatening harm to self
- Harm to others as a result of a mental health concern
- Acute psychotic symptoms
- Presentation of anorexia with severe physical symptoms.

*24 hour response rate: originally the target response rate for face-to-face response was set at 13 hours. However, feedback from families was that in some cases, this was too soon and families were requesting that they have a longer period of time to "recover" from a crisis. Therefore, the Service target was re-aligned to be Service User led rather than Service led. In most cases, children and young people are still seen within 13 hours.
Urgent

For ‘urgent’ responses, a face to face appointment is required within 72 hours. This is where children or young people present as a risk to themselves or others but are currently safe and contained, to include:

- Severe symptoms of depression
- Symptoms of anorexia with BMI below 18 or above but with low physical observations
- Serious incident of self-harm that is not life threatening
- Severe, unexplained deterioration in emotional state and behaviour at home and school, not thought to be due to substance or alcohol misuse or physical illness
- Symptoms suggestive of emerging psychosis
- Follow-up after assessment for self-harm at A&E.

Patient, Family and Other Service Feedback

- Regarding Emotional First Aid (EFA) group – "I really enjoyed Marley being there, he really helps to calm the atmosphere"
- Patient has repeatedly expressed her satisfaction with regards to the service she is receiving. In particular, she reports that the telephone support as provided on Boxing Day afternoon was invaluable in assisting her to maintain her immediate safety and well-being.
- From day one the staff have been very friendly and supportive towards my child. I felt that they listened to everything we had to say. There is nothing that I felt needs improving.
- Parent feedback – "XXXXX's outlook was caring and sympathetic, care was thorough and compassionate. I'm really grateful for the care received".
- Regarding EFA group – "Really helpful, the highlight for me was learning some new tips, but also having other parents' experiences and sharing tips or ideas – less isolating."
- "You guys at the Crisis team always do a great job!"
- The Mum of XXXXX gave very positive feedback about the team. She stated that – "I couldn’t have got through it without you". She went on to say that the team does not just care about her son; they care about the whole family. She said she did not know we existed before but has been impressed by the whole service.
- NHS England commissioners have noted how few young people in Lincolnshire become in-patient (Ash Villa and out of county) compared both nationally and within the East Midlands region. This was recognised by NHS England as being due to the work that our CAMHS crisis team does to support young people to remain at home.
- Continued positive feedback from United Lincolnshire Hospitals NHS Trust (ULHT), admissions of young people have now reduced by 75% since the team was set up.
- NHS choices feedback – "I trust the CAHMS crisis team; they listen to me and continue to help me. Each one of them is different and each has their own way. And I don't mind that. They make me laugh when I see them or speak to them. They mean a lot to me, and I don't think they realise that they do. They have helped me with so much and I don't ever want to forget them or see them leave, as that will be too hard to see that happen".
- ULHT Paediatric Matron feedback – "Grateful thanks to the whole team for the difference they have made to children and young people, the staff are now no longer left to deal with difficult patients alone and have the support of the team".
- Police liaison feedback – "Really good working together on such a difficult case – keep up the amazing work".
CCETT Service Development

- Implementation of updated Emotional First Aid (EFA) group package following feedback from young people attending the group and clinicians delivering it. There has been a continued increased attendance of these groups and has been expanded into other hubs with Lincolnshire CAMHS.
- Implementation of ‘Cutting Down’ CBT for self-harm group in Boston and Grantham. There are plans to also run this group in Lincoln.
- Consistent attendance of Animal Assisted Therapy dog at Emotional First Aid group.
- Staff training in ASD awareness, EMDR, DDP, CBT for trauma, CBT Essentials, Band and Ready Now Leadership training (resulting in both obtaining a Band 7 post within the service).
- Staff member accepted on to Advanced Clinical Practitioner course with Lincoln University.
- A further CYP IAPT trainee returned to North CCETT and the systemic family practice team are offering dedicated consultation time for CCCETT cases.
- Systemic and CBT clinics continue to be offered weekly.
- Training delivered to local Looked After Children (LAC) teams, ULHT, AMHP trainees, GP trainees. The success of the Future4Me Health Team and the Framework for Integrated Care pilot areas depends on cross-agency working to support CYP with complex needs, whilst this way of working is embedded, the pilot areas will further explore effective information sharing and collaborative interventions at a systemic level to improve outcomes.
- Clinical services operate according to the Wide Access to Services (NHS1) standard, providing a countywide NHS service to all children and young people, irrespective of any socio-demographic background or protected characteristic and all workers are trained in cultural competence. In addition, Lincolnshire County Council commissions a BME Inclusion service, which supports BME families in the Boston and Lincoln areas from the early years to engage in children’s services, including signposting and information about what support services are available. Commissioned services report the ethnicities of service users in their quarterly performance figures and to the MHSDS, analysis determines if there are cultural gaps in provision. Where barriers to access are identified action plans, including training plans, will be put in place.
9: Early Intervention in Psychosis (EIP)

The dedicated Early Intervention in Psychosis (EIP) team is a countywide team in Lincolnshire, provided by the CAMHS provider, LPFT. The service is delivered through a multi-disciplinary team which provides comprehensive assessments; intensive treatment and support for people aged 14-65 who are experiencing a First Episode Psychosis (FEP).

CAMHS EIP pathway is delivered in collaboration with the wider EIP provision to young people under the age of 16 years old, or any young person already under the care of the service.

All young people presenting with psychosis who are under 14 years old will be referred to CAMHS crisis. Any young people over 14 year old presenting with psychosis will be assessed within the ascribed national time frames by EIP; the young people will be able to access CAMHS treatment alongside EIP.

There is an average of 10 young people under the age of 18 on the EIP pathway at any one time.

Both services offer NICE recommended treatment pathways. These include CBT for psychosis, Behavioural Family Therapy and medical interventions.

The pathway for children and young people mirrors that of the dedicated Early Intervention in Psychosis Team; any young person is offered the same pathway and treatment options. Both services are monitored to meet the EIP access to wait standards; there is no specific monitoring children and young people.

The children and young people’s provision offers NICE recommended treatment pathways. These include CBT for psychosis, Behaviour Family Therapy and medical interventions. The pathway for EIP is such that if a young person is seen within the CAMHS pathway they would be transitioned to adult mental health if they still require a service after 2-3 years intervention.

Where a young person under 18 presents in crisis, the first contact would be with the CAMHS crisis team where a full assessment would then inform the service that would meet the young persons need.

Lincolnshire Partnership NHS Foundation Trust has a transition protocol which is followed where a transition between CAMHS and AMHS is required. The links between CAMHS and EIP provide for the two services to interface upon receipt of a referral for a child or young person under 16 years old and would joint assess if a young person in under 16 years old.

When necessary the CAMHS Crisis and Enhanced Treatment Team will support the young person and provide interventions in the home.
10: CYP Mental Health Services working with Educational Settings (including Mental Health Support Teams)

There are 282 infant, primary and junior schools, 3 nursery schools, 53 secondary schools, 1 all-through school and 19 special schools supporting school age pupils (aged up to 24 years for pupils with SEND). Lincolnshire has a significant number of Academy schools (approx. 46.4%), including Free Schools and Alternative Provision (AP) providers. Primary and secondary education in the county is of a high standard; 84% of all schools in the county achieved a 'Good' or 'Outstanding' Ofsted rating (Ofsted statistics, August 2020). In addition, there are a number of FE providers supporting school aged Lincolnshire pupils aged 16 to 18 years across the county including general further education colleges and specialist colleges.

Lincolnshire has an excellent partnership approach to working with schools, teaching schools and other education settings. The Lincolnshire Learning Partnership (LLP) is led by schools for schools (including teaching schools) and collaborates with a host of organisations in the county and nationally including Lincolnshire County Council, DfE Designated Hubs and The Staff College. The mission statement/priorities for the partnership has been developed and agreed by the schools. The Board of the Lincolnshire Learning Partnership is comprised of elected headteacher representatives of primary, secondary and special schools in Lincolnshire, a chair of governors representative, and representatives from Lincolnshire County Council, the Department for Education, and the Church of England Diocese of Education, Lincolnshire. The Board convenes six times a year to discuss issues, challenges and opportunities facing schools in Lincolnshire.

The mission statement is:

- All children and schools in Lincolnshire are our collective responsibility
- Every child and school is known, valued and supported to achieve
- No school is more important than an individual child's needs.

All schools in the partnership:

- Commit and contribute to support each other's improvement
- Share and act upon evidence to improve learning
- Build networks and work together to service children and their communities
- Welcome challenge from each other to ensure no school fails.

There are a wide range of services currently working with education settings in Lincolnshire to support children and young people's emotional wellbeing and mental health concerns. An overview of these services is provided within Section 2: Understanding Local Need and further detail of the support provided to education settings is also included within Section 4: Workforce.

Services in Lincolnshire that work with education settings include:

- Lincolnshire's Early Help Offer including the CYP IAPT trained EEB Practitioners that provide brief evidence-based interventions
- Children's Health Service 0-19 with Health Visitors working with children up to the end of their reception year and Children and Young People's Nurses providing targeted support to specific children and young people from Year 1 upwards
- Team Around the Child (TAC), Future4Me, Educational Psychology and Young Carers
- Kooth.com online counselling service
- Lincolnshire Centre for Grief and Loss
- Behaviour Outreach Support Service and the Autism and Learning Disability Outreach Service
- Healthy Minds Lincolnshire
- Lincolnshire CAMHS
- Community Paediatricians, police and youth justice services.
Lincolnshire’s Early Help Offer includes the 'front door' through which all professionals (including education settings) can access support at any level to help them better support their children and young people.

Services such as HML and BOSS are jointly funded and commissioned in partnership with schools. The Healthy Minds Lincolnshire Service, for example, was developed in partnership with schools, which included representation from schools on the working group leading the design as well as wider engagement with schools via head teacher briefings around the county.

In addition to the direct support provided to children and young people and their parents/carers, HML and BOSS provide training to the school workforce to build the knowledge and capacity of the workforce to better support children and young people within their own education setting.

Healthy Minds Lincolnshire works in partnership with local teaching schools and further education providers to contribute to the training programme for future teachers to improve their knowledge and confidence in support children and young people experiencing emotional wellbeing concerns.

The Healthy Minds Lincolnshire toolkit for education staff was developed in partnership with education settings and provides advice, guidance and strategies to better support children and young people’s emotional wellbeing concerns (www.lpft.nhs.uk/young-people/lincolnshire/professionals/how-can-i-help).

The Kooth online counselling service works in partnership with schools and colleges in the promotion of the service and to also reduce stigma by signposting to other services available to support children and young people.

The joint CAMHS and HML Here4You advice and referral line continues to be well utilised and feedback continues to be positive. During the 2020-21 financial year of 2,325 call to the line, 1,232 (53%) were from parents and young people however, schools and colleges accounted for 15% of calls to the Here4You line.

The Caring2Learn project is a DfE funded research project through the Partners in Practice programme, which aims to improve a wide range of outcomes for Lincolnshire’s looked after children, previously looked after children and other vulnerable young people. This project includes a Caring Schools award which highlights and celebrates good practice within schools and other education settings in their whole school approach to promoting wellbeing and nurturing vulnerable young people. Schools were involved in the design of the Caring2Learn programme and the Caring Schools award through an initial pilot group, following which there was a wider roll out to all schools. The LLP’s Empower Committee champions the Caring2Learn programme and the Caring Schools award. Healthy Minds Lincolnshire also works in partnership with Lincolnshire County Council to promote and champion the Caring Schools award.

Caring2Learn and Healthy Minds Lincolnshire have also worked together to deliver the DfE Wellbeing for Education Return programme of webinars for schools and education settings which focus on supporting the mental health and wellbeing of children, families and staff in response to the COVID-19 pandemic.

Lincolnshire’s strategy for children and young people with SEND "Building Communities of Specialist Provision Together in Lincolnshire" has been designed in partnership with the Lincolnshire SEND Alliance (LSA) which consists of education leaders from across Lincolnshire special schools, Lincolnshire’s Parent Carer Forum and Lincolnshire County Council. Together they have produced a strategy which will ensure SEND pupils are part of an education system which supports them to achieve their full potential as close to home as possible. Within the governance of the LSA a workstream has been established to develop a shared vision for Social Emotional Mental Health (SEMH) provision for pupils with complex needs. This workstream is committed to developing a strategy for SEMH provision which will ensure collaboration across education, health and social care to address the needs of pupils in a clear and coherent way.

The further plans to improve mental health support in schools and colleges commenced through the Lincolnshire Clinical Commissioning Group’s (CCG), in partnership with Lincolnshire County Council and
Lincolnshire Local Transformation Plan (2020-21 Refresh)

Lincolnshire Partnership NHS Foundation Trust (LPFT), first and second successful bids (Waves 2 and 4) for MHSTs (part of the further roll out of the work to improve access to mental health care for young people set out in the NHS Long Term Plan).

The successful MHSTs have been targeted for high risk of health inequalities, e.g. deprivation, youth crime, lower attainment, exclusions, percentage of BME pupils, percentage of pupils accessing SEN support etc.

An MHST Steering Group for each MHST Wave, reporting to an MHST Project Board, has been created to help move the MHSTs forward which includes representation from a wider range of stakeholders, including schools and colleges within the MHST areas.

The three core functions of the MHSTs in Lincolnshire are as set out in the MHSTs Manual:

- Delivering evidence-based interventions for mild to moderate mental health issues.
- Supporting the senior mental health lead in the education settings to introduce or develop their whole setting approach to positive mental health and emotional wellbeing.
- Giving timely advice to education setting staff and liaising with external specialist services to support CYP to get the right support and stay in education.

The Wave 2 MHSTs in Lincoln and Gainsborough (and surrounding area) have now successfully completed their training and are now fully operational and the Wave 4 MHSTs in Boston and Skegness (and surrounding areas) commenced their training in January 2021 and will be fully operational by January 2022.

The new workforce of the MHSTs includes the following within each team:

- Four FTE Education Mental Health Practitioners (EMHPs). The EMHPs in Lincoln and Gainsborough (and surrounding area) having successfully completed their training and the EMHPs in Boston and Skegness (and surrounding area) commenced their training in January 2021.
- Two FTE Senior Clinician (CBT Recruit to Train Practitioners). Three of the CBT Recruit to Train Practitioners in Wave 2 successfully completed their training between March and July 2021 (delayed due to COVID-19) and one CBT Recruit to Train Practitioner in Wave 2 is completing their training alongside the Wave 4 CBT Recruit to Train Practitioners (due to a vacancy towards the end of 2020).
- 0.5 FTE Team Coordinator.
- 0.5 FTE Clinical Lead.
- 0.5 FTE Peer Support Worker.

Lincolnshire has an embedded CYP IAPT trained supervision already in place with sufficient supervisors already in place to support the MHST EMHPs and Senior Clinicians. The supervision structure is as follows:

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CAMHS Head of Psychology

CBT Therapists/Supervisors

MHST trainees, Peer Support and qualified staff
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Once the MHST trainees have completed their training year, they progress to Band 5. To support career progression for the MHST trainees and other practitioners working in CYPMHS in Lincolnshire, LPFT are also currently looking to recruit more Band 7 posts within CAMHS.

The teams are in addition to, and not instead of, support already provided by schools and colleges, or mental health and emotional wellbeing services funded by the NHS and Lincolnshire County Council, which include Kooth online counselling service, HML and Lincolnshire CAMHS.

The MHSTs support Lincolnshire’s developing model of building resilience and reducing dependency on specialist services through the promotion of self-care; increasing the effectiveness of universal services; joining up targeted services to work collaboratively with those with increased vulnerabilities.

Offering interventions in collaboration with education settings will reduce the reliance on other local services and through targeted support will aim to reduce exclusions and mobility of pupils between schools, as well as improve the attainment of children and young people within the MHST areas.

An "open door" approach is being used and an initial assessment of need is being undertaken to ensure children and young people are supported with the most appropriate interventions. Through the "open door" approach these children and young people have easy access to confidential support within their own education settings at times when their learning will not be affected and without the need to travel. In addition, joint screening of referrals takes place in partnership with HML and CAMHS and there is an integrated pathway for access to CYP’s mental health services to ensure that CYP are accessing the right support at the right time.

During COVID-19, despite challenges of the MHSTs in Lincoln and Gainsborough (and surrounding area) being new teams and a new service, the MHSTs worked with education settings to ensure that the needs of CYP continued to be met through a flexible approach.
This included LPFT working collaboratively across MHSTs, HML and CAMHS to enhance the virtual mental health support available to CYP, parents/carers and education settings when supporting emotional wellbeing and/or mental health concerns. This included developing new digital methods for delivering Cognitive Behavioural Therapy through NHSE approved platforms such as Q Health and for group support via Web-Ex initially and now Microsoft Visits. In addition online resources, workshops and videos were specifically created to support CYP during COVID-19.

Microsoft Teams, Web-Ex and Microsoft Visits have been utilised by the MHSTs for consultations with education staff. Training and interventions with CYP were offered virtually at the school setting, at home or another appropriate venue, such as a GP surgery. CYP and families who struggled to access virtual appointments or did not feel comfortable talking over a virtual platforms were offered alternatives such as face to face appointments, telephone support, etc. This was managed collaboratively with education setting staff and families in order to ensure CYP continued to access the support they needed in order to meet their mental health/emotional wellbeing needs.

This blended offer of digital and face to face support has also been embedded into the MHSTs in Boston and Skegness (and surrounding area) when they commenced their training year in January 2021.

The MHSTs model will be used to inform and develop the future commissioning strategy, as part of the STP that will ensure services are in place to support this model.

In alignment with national targets and local priorities within the Lincolnshire Long Term Plan, aspirations for Lincolnshire in terms of the further roll-out of MHSTs are clear within these priorities. As part of the work required during the trailblazer bidding process, other priority areas were identified as part of the needs analysis and was used to inform future roll-out; including the Wave 4 MHSTs roll out in Boston and Skegness (and surrounding area) and other identified areas such as Spalding, Grantham, etc as part of an additional multi-year bid to NHSE for further MHSTs. Conservative expectations as part of the 5 year targets in the local Long Term Plan are to roll-out a further six teams across the county which includes four MHSTs as part of the further multi-year bid. Alongside this, the Steering Group and Project Board will consider how the existing Healthy Minds Lincolnshire offer will align to the MHST model to provide a countywide offer of mental health support, wrapped around school communities, to all children and young people.
11: CYPMH Digitally-enabled Care Pathways

Lincolnshire Partnership NHS Foundation Trust (LPFT) is working with strategic commissioners across the STP/ICS to explore, evaluate and implement new digital solutions as part of its care pathways that will work for services and service users in Lincolnshire. The Trust's position is 'digital first but not digital only' and are working towards meeting the nationally required level of digitisation by 2023/24.

Prior to 2019, LPFT was exploring the use of WebEx and other solutions as an alternative to delivering face-to-face therapy to children and young people. This work was greatly accelerated in 2020 due to the pandemic and used with great effect to continue providing support to many children and young people through digital/virtual means. However these will now remain as part of the service offer to improve engagement where accessing services digitally is easier or more appropriate:

- Within LPFT all appointments can be conducted by Microsoft Visits which is the on-line platform used to conduct patient appointments/consultations
- The children's section of the LPFT website contains many on-line self-help resources for parents/carers and professionals
- CAMHS can deliver guided self-help for mental health conditions digitally
- Most psychological therapies can be delivered virtually
- Training delivery to professionals and parents/carers and group interventions for young people can all be delivered digitally into schools or home
- LPFT operational policies have been updated to reflect the digital offer
- Live service/team reports are available for managers to monitor and plan through LPFT's share point
- Children and young people have been consulted through LPFT's peer network regarding digital developments
- LPFT has conducted surveys with children and young people, and parents/carers regarding the use of digital interventions, and has completed an evaluation on the effectiveness of digital interventions
- LPFT are now linked into the National Records Locator so that emergency services nationwide can search for a risk management plan if a child or young person presents in an emergency

There are currently no apps available for children or young people but the next digital enhancement planned for this group is to introduce on-line referrals.

During 2020, as part of the wider STP/ICS digital transformation workstream, LPFT has worked with Dynamic Health Systems, who have a platform called VitruCare, to pilot its use in Lincolnshire for adult mental health services. VitruCare is an app that can be used to prescribe relevant tiles for service users, which include information on self-help, the type of therapies available, a secure messaging function, and video chat. In the future, it will include appointment reminders, therapy workbooks and a Chatbot along with other functions. It will support the delivery of therapy and enhance the experience of service users in engaging in mental health support. Whilst VitruCare has only currently been piloted for adult mental health services, once the technology is more established and tested within Lincolnshire, we can consider how it could also be used to offer more digitally-enabled care pathways for children and young people.

Lincolnshire’s aim for children and young people’s mental health services is to have as much of the pathways as possible digitally-enabled, giving patients much greater choice in how they can access, engage in, and personalise their support.
12: CYP Suicide Prevention

Children and young people are a priority within Lincolnshire’s all-age multi-agency Suicide Prevention Strategy, which is managed by Public Health alongside the Health and Wellbeing Strategy on behalf of the STP/ICS and actively monitored and discussed through the multi-agency Suicide Prevention Steering Group.

Tackling inequalities and equitable provision of services that support and promote health and wellbeing is one of the aims of Lincolnshire Joint Health and Wellbeing Strategy. The strategy recognises that young people with emotional disorders are more likely to smoke, drink and misuse drugs, miss school and fail in their education. As adults, they are more likely to earn less money and experience unemployment that further contributes to their risk of achieving poorer health outcomes in life.

Examples of health inequalities include but not limited to:

- Socio-economic status and deprivation: e.g. unemployed, low income, people living in deprived areas (e.g. poor housing, poor education and/or unemployment).
- Protected characteristics: e.g. age, sex, race, sexual orientation, disability
- Vulnerable groups of society, or ‘inclusion health’ groups: e.g. vulnerable, traveller communities and the homeless.
- Geography: e.g. urban, rural.

Suicide prevention action plan (2020-2023) in relation to young people focuses on promoting positive mental health and emotional resilience and providing good quality mental health support including crisis care. There are a number of actions specifically focused on ensuring services in Lincolnshire are aligned in preventing suicide in children and young people.

Lincolnshire undertakes a range of activities to promote positive mental health and emotional resilience, including joint working with schools, colleges and universities to raise awareness of mental ill health:

- CAMHS, Healthy Minds Lincolnshire and MHSTs have created online resources, videos and workshops to support CYP, parents/carers and professionals with emotional wellbeing and mental health concerns
- Resources have been developed and made available to schools via the Kyra Teaching School’s Mobilise Project
- Working in partnership with Lincoln University regarding The Office for Students Project
- The Children’s Strategic Commissioning Team in collaboration with CYP and other stakeholders developed the “Here to Help” pocket-sized information leaflet that gives information about CYP mental health services including crisis, 6,000 leaflets were distributed to Lincolnshire secondary schools in September 2020 and further copies will be sent out to Lincolnshire primary and secondary schools in September 2021 for Year 6 and 7 pupils.

Lincolnshire mental health services offer training to early years providers, schools staff, colleges and future teachers/childcare providers on early warning signs, supporting and signposting of emotional/mental ill health and suicidal behaviours:

- The Wellbeing for Education Return training – a DfE funded project in response to COVID-19 – has been rolled out to all state-funded education settings with pupils aged 5 to 18 years, approximately 94% of eligible schools accessed the training and 95% who provided feedback said the training had helped them understand how to better support CYP’s emotional wellbeing; 98% rated the training as good or better
- Online workshops, resources and videos have been created by LPFT (CAMHS, Healthy Minds Lincolnshire and MHSTs) to support CYP’s emotional wellbeing and mental health concerns, Healthy Minds Lincolnshire are utilising workshops and online resources to provide training to education staff on how to use these within their own settings
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- A dedicated professionals resource hub is also available from Healthy Minds Lincolnshire
- Kyra Teaching School – through the Mobilise Project – are supporting the Recover Lincolnshire initiative, including Recovery Curriculum: Reconnection, Re-engagement and Re-set and Building Resilience.

Lincolnshire is rolling out Mental Health Support Teams (MHSTs) as part of the national programme:
- MHSTs in Lincoln and Gainsborough became fully operational from January 2021
- Education Mental Health Practitioners (EMHPs) successfully completed their training with Derby University
- Lincolnshire was successful in a second bid for MHSTs in Boston and Skegness (and surrounding area), these teams have commenced their training year with Derby University in February 2021 and upon completion of training it is anticipated that teams will be fully operational from January 2022.

Lincolnshire has an 'outstanding' rated mental health support offer, which we continue to provide and further improve through ongoing and effective contract management of the Healthy Minds Lincolnshire, Kooth online Counselling and CAMHS contracts. Further to this, Lincolnshire is currently undertaking a review of children and young people’s mental health services, including emotional wellbeing and behaviour outreach and school support services. Self-harm and suicide prevention pathways will be considered as part of this review.

In 2020, following the implementation of the new care model for CYP Tier 4 crisis this was merged with Lincolnshire’s existing crisis team to form the Community Crisis and Enhanced Treatment Team (CCETT). With further work around 24/7 telephone access in response to COVID-19, Lincolnshire has a highly effective and responsive crisis provision in place for when children and young people. This includes effective mental health risk identification across CAMHS and social care to prevent escalation to point of hospitalisation:
- An effective tracking spreadsheet is now in place that allows multi-agency discussion about CYP judged at risk of MH inpatient admission by CAMHS colleagues at the monthly joint Complex Case meetings
- Work is currently ongoing between the new Transforming Care Team (adult) and CAMHS Crisis and Enhanced Treatment Team (CCETT) to refine and align this with Lincolnshire’s Proactive Prevention of Admission Index (Dynamic Risk/Support Register).

Lincolnshire works closely with regional and local partners to deliver intensive support to children and young people instead of admission to out of county MH inpatient units:
- The Community Crisis and Enhanced Treatment Team is fully operational and successfully supporting CYP with intensive treatment in the community to prevent inpatient admission for General Adolescent Unit (GAU) beds, ensuring CYP inpatient admissions remain low in Lincolnshire
- The team have also been able to support eating disorder patients in the community who are recovering but still require nasogastric tube feeding
- Continued monitoring of the implementation of these new arrangements is required, contractual responsibility has changed from NHS England to the new East Midlands Provider Collaborative.

A new assessment form was introduced to be used with young people in Lincolnshire Secure Unit that self-harm or are suicidal to help staff better support them and ensure their safety. An evaluation was undertaken to assess the impact of the new form, ensure it is used appropriately and capture information and feedback to identify any improvements:
- All training was completed for staff on the theories behind self-harm and suicide, along with how to complete the new 'Suicide and Self-Harm Keep Safe (yellow) assessment form', an audit process of the assessment has been finalised
- Staff feedback on the training was positive, particularly the additional section for the teachers in school to complete
• Staff want to ensure the young person's voice is considered, a leaflet for young people has been produced to explain the new process and to assist their understanding of how they will be involved in decision making to keep them safe
• Engagement with school was positive, resulting in agreement that a young person should not be automatically excluded from lessons due to self-harm or suicidal thinking and that the risk assessment should help inform what activities young people are able to take part in or not
• Care staff have been thinking more flexibly about helping young people create 'safer room environments' so that instead of removing items from rooms they can keep items that help soothe them, the healthcare team have also been creating self-soothe boxes with young people.

The annual Lincolnshire Suicide Audit provides detailed analysis of deaths by suicide, including links to deprivation. The latest report (2018-2020) concluded that the gap between the most and least deprived areas in Lincolnshire increased, with suicide rate in the most deprived decile being 3.1 times higher than in the least deprived decile. The audit that uses as wide range of local and national evidence also highlights the elevated risk among the people of certain occupations and those with existing mental health issues.