

North East Lincolnshire's Transformation Plan for Children & Young People's Mental Health & Emotional Wellbeing 2019/2020



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Foreword

This document should be read as an additional supplement to:

- [North East Lincolnshire Council \(NELC\) and North East Lincolnshire Clinical Commissioning Group \(NELCCG\) Transformation Plan 2015-2020](#)
- [North East Lincolnshire's Transformation Plan Children and Young People's Mental Health and Emotional Wellbeing October 2016 – March 2018](#)
- [North East Lincolnshire's Transformation Plan for Children & Young People's Mental Health & Emotional Wellbeing October 2017 - March 2021](#)
- [North East Lincolnshire's Transformation Plan for Children & Young People's Mental Health & Emotional Wellbeing October 2018 - March 2021](#)

This document will be published by 31st October 2019 and sent for information and comments to the following boards.

- Union Board
- CCG Council of Members
- Safer North East Lincolnshire Partnership
- Healthwatch
- North East Lincolnshire Parent Participation Forum
- Youth Action Group
- Local Transforming Care Partnerships
- Future in Mind Programme Board
- Northern Lincolnshire Mental Health Forum

Please note the re-fresh plan will be updated if any of these boards meet after the submission date, amendments will be uploaded to our electronic submission online.

The refreshed plan will be published on the following websites:

- North East Lincolnshire Council
- North East Lincolnshire Clinical Commissioning Group

We are working in collaboration with Children and Young People (CYP) to create a summary document for CYP to understand what the Future in Mind re-fresh 2019-2021 means to them.

Introduction to North East Lincolnshire

The purpose of this refresh document is to highlight the key achievements which have been undertaken and detail the future plans for the Local Transformation Plan (LTP) in North East Lincolnshire (NEL).

NEL is a unitary authority which is part of the Yorkshire and the Humber region. The total population is estimated at 159,826 persons and there are approximately 37,800 children and young people aged 0-19 years. A decrease in the number of children and young people is projected with the 0-19 year's population projected to be 35,800 by 2030. The health of people living in NEL is generally worse than the England average, and NEL is ranked (out of 326) as the 31st most deprived local authority in England. Below summarises a snapshot in September 2019 of the CYP health within NEL, which includes vulnerable groups.

355 CIN due to a primary need at assessment of family dysfunction/acute stress or absent parenting

1,479 CIN due to a primary need at assessment of abuse or neglect

133 CIN due to a primary need at assessment of parental disability or illness

402 pupils with a primary SEN of social, emotional, or mental health

84 self-harm hospital admissions for children and young people aged 10-24 years

110 children and young people cautioned or sentenced aged 10-17 years

8.9% of school pupils are from minority ethnic groups

230 16-17 year olds not in education, employment, or training

211 elective home educated children

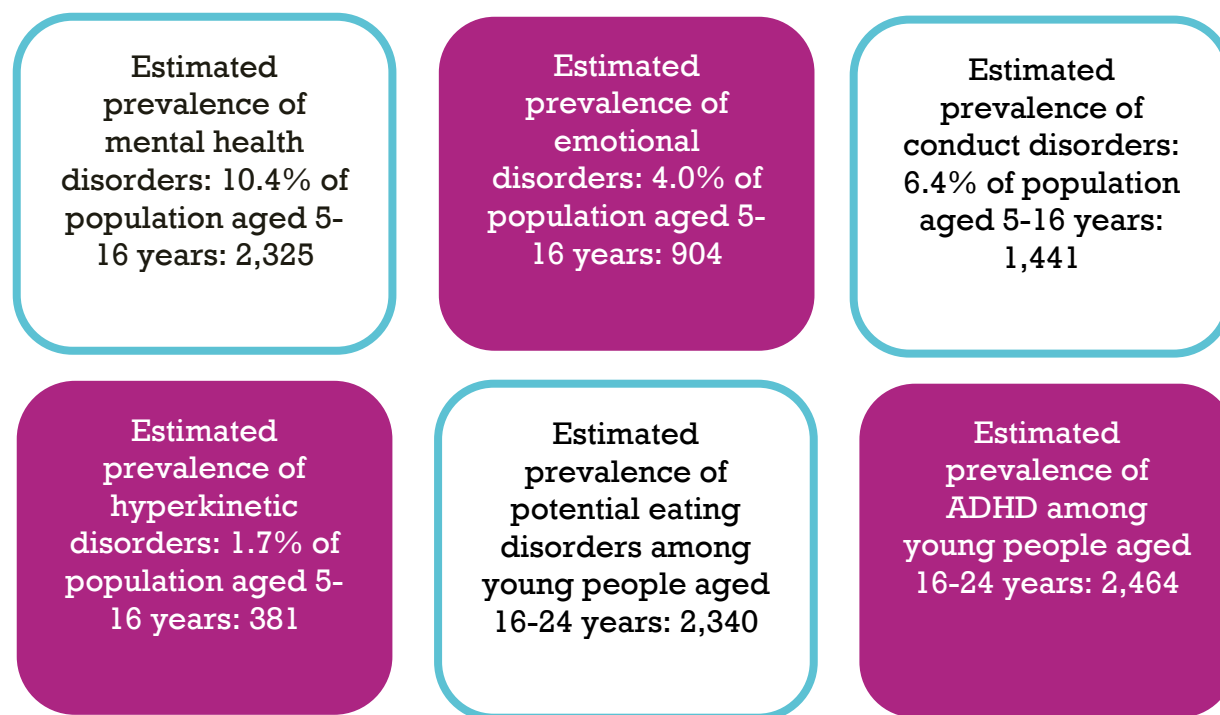
8,800 children in low income families (all dependent children under 20)

130 children and young people attending an alternative provision educational setting

500 children who are looked after

The Mental Health and Emotional Wellbeing Needs of Children & Young People

Below is a summary of the mental health and emotional wellbeing prevalence estimates for NEL:



North East Lincolnshire Council & North East Lincolnshire Clinical Commissioning Group Union Board

As detailed last year, NELC and NELCCG already have a set of well-developed partnership arrangements that underpin how, together, we achieve effective integration of health, social care and well-being to best meet the needs of the population of NEL.

The Partnership arrangements have been in place for 9 years and are underpinned by a formal Section 75 agreement. The current arrangements and structural solutions have been effective; underpinning the delivery of initial partnership ambitions, and enabling service transformation alongside delivery of significant economies.

With the challenges facing the public sector, and most specifically, the health and social care environment, it has become clear that NELC and NELCCG need to further extend the partnership arrangements in order to realise benefits. Both organisations have a mutual commitment to growing and enhancing the 'place' of NEL and to improving the life chances of the local population. Achieving these goals is reliant on developing a shared strategic focus on economy, community and well-being.

The progress so far has been detailed below:

- Union Business Plan
- Shared Accommodation
- Integrated Commissioning resulting in different delivery models for:
 - Children and families
 - Children and young people's mental health and emotional wellbeing service
 - Single assessment pathway
 - Adults
 - Extra care
 - Domiciliary care
 - Voluntary sector support
- Joint Safeguarding arrangements in place
- Joint Housing plans
- Single team for communications and engagement
- Single team for FOI/Complaints and GDPR
- Joint Wellbeing framework
- Joint Adult Social Care Strategy
- Joint JSNA

A Single Commissioning Approach

North East Lincolnshire Council and NELCCG have now developed a common approach that will support the Union in commissioning appropriate responses to deliver against the NEL Outcomes Framework within the overarching context of the Wellbeing Framework, this approach is detailed in diagram 1 below:

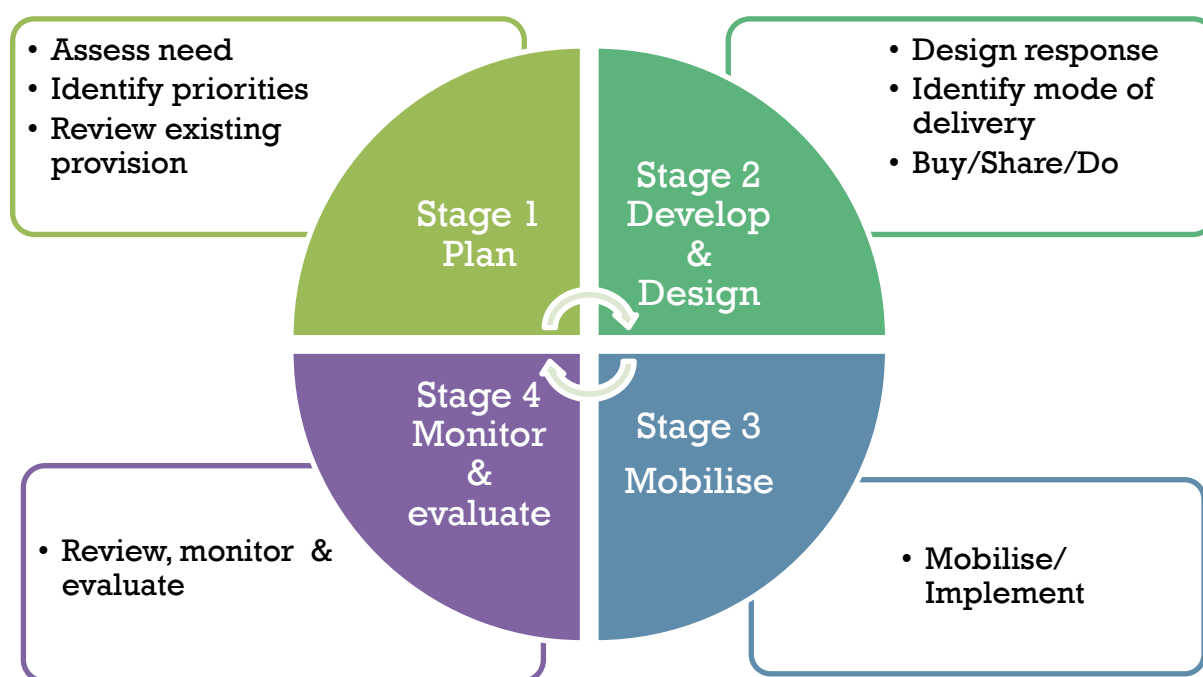


Diagram 1: NELC and NELCCG Single Commissioning Approach

Young Minds Matter Offer

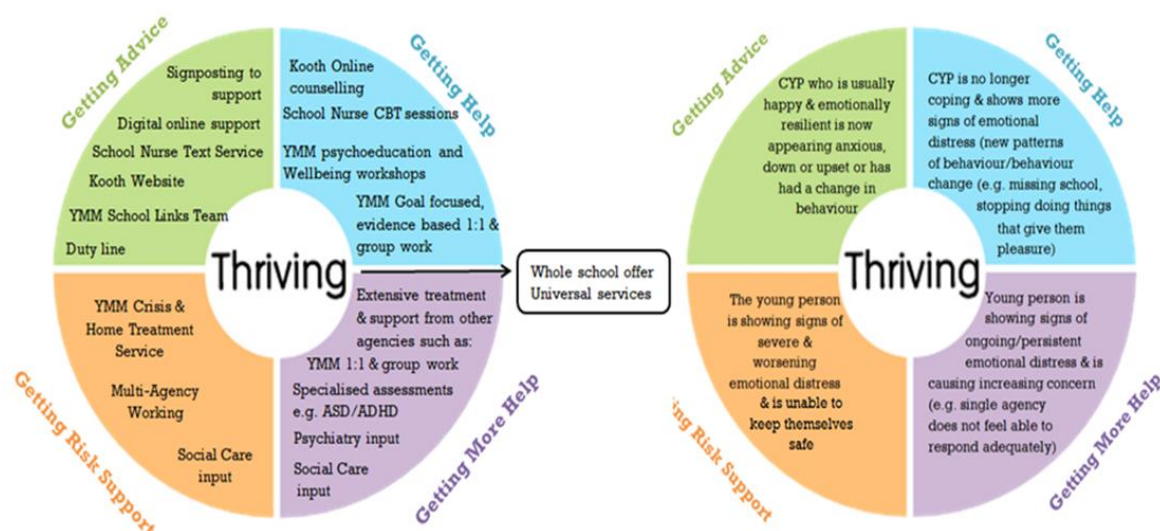
The children and adolescent mental health and emotional wellbeing service, Young Minds Matter (including specialist CAMHS) has now been operating under the new contract since April 2018.

The service is commissioned using the THRIVE model of care, which has the aims to provide a service which is:

- Goal focused
- Patient centred
- Whole system approach
- Designed to fit around the needs of children/young people
- Champion across the system

This past year has seen Young Minds Matter increasing the offer for children and young people by expanding from a specialist service to now, providing preventative and early help via the THRIVE model of care.

The offer, as detailed below offers a variety of services to ensure all issues affecting children and adolescent mental health and emotional wellbeing are made available as and when required.



Young Minds Matter continues to gain both national and regional recognition as best case practice with the service invited to present at Government and NHS England events. This has led to an invitation, from the prime minister to attend a reception at Downing Street, to celebrate world mental health day as it had been recognised that Young Minds Matter have been inspirational in transforming mental health services for children and young people.

Within NEL, Lincolnshire Partnership Foundation Trust (LPFT) have worked hard at integrating all aspects of health and wellbeing for children and young people, as well as parents, carers and the professionals that interact with them at various times in their lives.

The team efforts are reflected in the speed at which children and young people are able to access help, the innovation and personal determination of staff to meet the needs of those coming to the service and the service is a flag-ship area for other providers and commissioners to visit and learn from.

Thriving

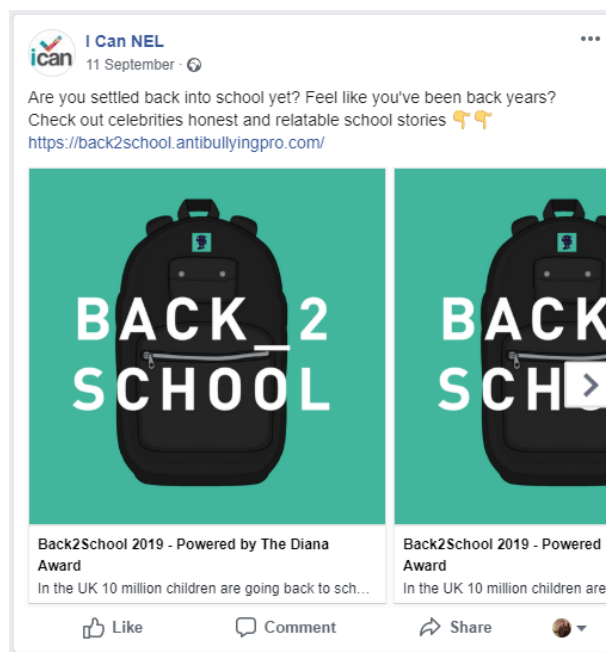
Social Media

We continue to enhance our presence on social media and embed our marketing campaign calendar, which promotes and links to all of the national campaigns for awareness months/weeks and days.

A communications and marketing plan has been developed with the aim of:

- Promoting anti-stigma campaigns and normalise mental health/emotional wellbeing
- Promote services and support for children, young people and families
- Engage with children, young people and their families to develop transform services

Key Performance Indicators	18/19 (Jan-Mar)	19/20 Q1	19/20 Q2	Total
Mental Health and Emotional Wellbeing Related Posts				
Number of posts to iCan page	143	121	111	375
Number of boosted posts on Facebook	4	0	0	4
iCan Page Summary				
Page Views	146	101	166	413
Post Engagements	641	264	342	1247
Number of people including CYP reached through the posts to iCan	79,765	11,079	7,712	98,556



Upcoming Actions:

Our upcoming plans around social media include the creation of an Instagram account, due to recognising that children and young people use Instagram more frequently than other platforms, such as Facebook. The Instagram account will be used to further help communicate positive messages and support available both locally and nationally, and will be ran with the help of children and young people.

School Nursing Text Service

Our School nursing text service is available for children and young people in North East Lincolnshire between the ages of 11-19 years. There are currently 5 school nurses trained to manage the ChatHealth line which is manned 9am – 5pm Monday to Friday. All school nurses give young people text cards after brief interventions and those who attend school nurse drop-in sessions within secondary schools.

This service has been embedded since September 2016 and provides CYP with an alternative method to requesting support locally. The below table highlights the year on year performance of the service:

School Nursing Text Service				
Year	Messages Received	Messages Sent	Conversations Opened	Conversations Closed
16/17 (Q3 & Q4 only)	321	401	42	37
17/18	541	734	78	72
18/19	419	599	78	74
19/20 (Q1 & Q2 only)	291	426	49	50
Total	1,572	2,160	247	233

The frequently discussed topics via the text service include:

- Bullying
- Low mood
- Self-harm
- Contraceptive advice

Below highlights some of the example of successes which the School Nurses have had with young people using the service:

- A pupil who had previously completed some work with the school nurse, texted the service to ask for a meeting as she was struggling again
- Request via text for a student who required relapse prevention. Seen following day in school and model of change explored and new strategies practiced. Resulted in immediate support and the young person able to manage the worry
- Pupil text for emergency contraception, she was seen in school that day
- Student was seen in school following a text requesting support. Feedback very thankful for support and found the text service quick and efficient

Whole School/College Approach

We have been working to improve the offer for all educational settings across NEL and help enhance the 'whole school/college approach', which remains one of our priority areas. This offer of support is across all settings, including pupil referral units and children who are elected home educated. The key milestones which we have achieved over the last year are detailed below:



Social, Emotional, Mental Health Champions

We have continued a programme of support for the Social, Emotional Mental Health champions. The SEMH Champions are invited to attend a termly meeting, which provides updates on the children and young people's mental health and emotional wellbeing agenda and the wider system. The meeting also allows for the champions to select a topic for a training session which they feel will help them to better support children in their educational setting with SEMH needs this training is also linked to the SEMH competency framework (see page 12 for further details). At the last session held all of the SEMH champions rated the session as either 'excellent' or 'good'.

This support for SEMH champions will be on-going and will be used as a platform for updates on developments regarding the NHS Long Term Plan and specifically the mental health support teams in school trailblazer.

Training and Development

We have developed a training offer in partnership with Young Minds Matter which is available for all staff working with children and young people. This training is available to book on through Eventbrite to ensure it can be widely advertised. The aims of this training are to:

- Enable professionals to have an increased understanding of the signs and symptoms of common mental health and emotional wellbeing issues
- Know how to support children and young people
- Understand what other services are available to appropriate sign-post and support children and young people

Please note: Performance data is available within the workforce development section.



The Learning Hour

Members of the Future In Mind Programme Board have found the guest speaker sections of our programme agenda invaluable in understanding what is on offer and at their request we have established a series of workshops titled 'The Learning Hour'. This is to allow all professionals, parents and carers the opportunity to gain knowledge around particular topics or services within the borough. To date these sessions have included the following topics, with further scheduled in for the rest of the year:

- Social media and gaming
- Health Education Guidance – Mental Health

Individuals who attended all rated the sessions as either 'excellent' or 'good' and stated that they had learnt something new and some of the quotes from the feedback form are below:

- "Informative and up to date"

- “Quick overview but informative”
- “Learnt new things”
- “Good discussions and good to listen to others views”

Whole School/College Approach Guidance Document

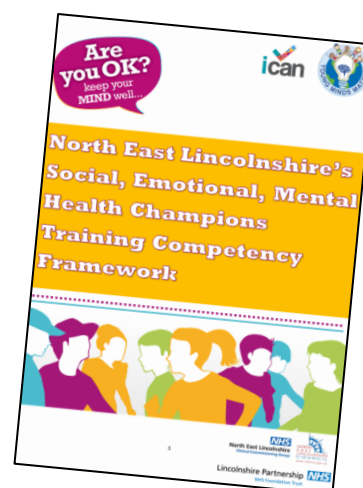
The whole school approach guidance document for educational settings is supporting settings to implement the principles of the whole school approach. The document aims to support professionals to improve their confidence, knowledge and skills when supporting children and young people with mental health and emotional wellbeing concerns.

This document is being shared with all educational settings across the borough and is intended to be live and reviewed and developed on an on-going basis on the effectiveness and appropriateness of the document. We will be gaining feedback from educational settings via a questionnaire to evaluate its effectiveness and whether there is any further information required to support the professionals. This document will be reviewed on an annual basis.

Social, Emotional, Mental Health Training Competency Framework

The social, emotional and mental health competency training framework has been created to guide the SEMH champions to be able to develop the right skills and knowledge to be fully confident in supporting children and young people.

The framework has been rolled out to all educational settings and by the end of the current academic year there will be a review of the effectiveness of this framework to improve the knowledge and skills of the SEMH champions.



School Links Team

Each month, every school is offered a consultation session with their allocated School Link worker from the Young Minds Matter Service as part of the ‘getting advice’ quadrant. These sessions can be used to facilitate the following:

- Provide information and support to the educational setting
- Increase educational professionals’ understanding of CYP’s emotional wellbeing and mental health difficulties
- Increase confidence and skills in managing emotional wellbeing and mental health concerns within the school setting.

	18/19 Q2 onwards	19/20 Up to Q2 only	Total
Number of consultations held with Young Minds Matter School Links and educational settings	147	69	216

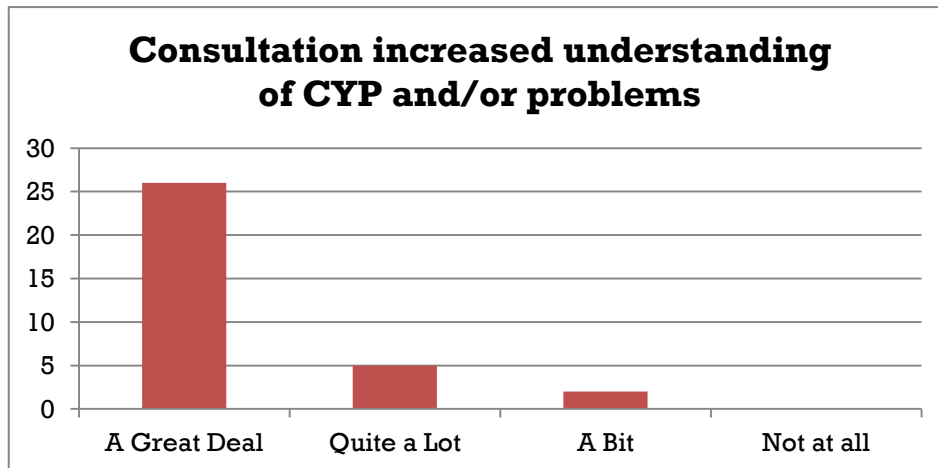
Feedback from Consultations

"We met with our School Links worker to discuss how the service can support our school. We felt listened to & our concerns valued & heard sympathetically. They were able to offer lots of advice & guidance to us as MH champions on how we can develop our skills to assist our students. We felt we had a very positive meeting & look forward to working with School Links Worker."

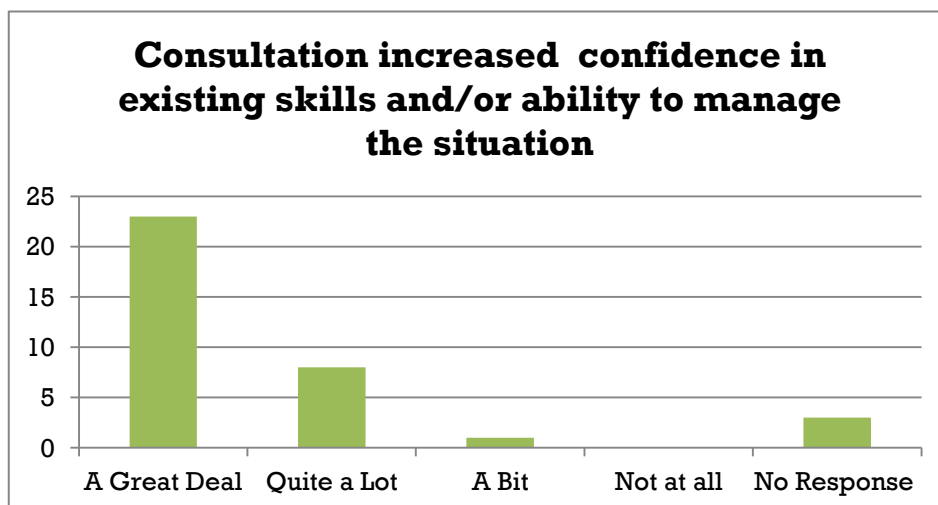
"School Links Worker has been very helpful in explaining options that we have available."

"Informative, clearly identifying ways for monthly consultation, group work, specialist training & champions"

"Helps to feel that the work towards good mental health in school is to be supported."

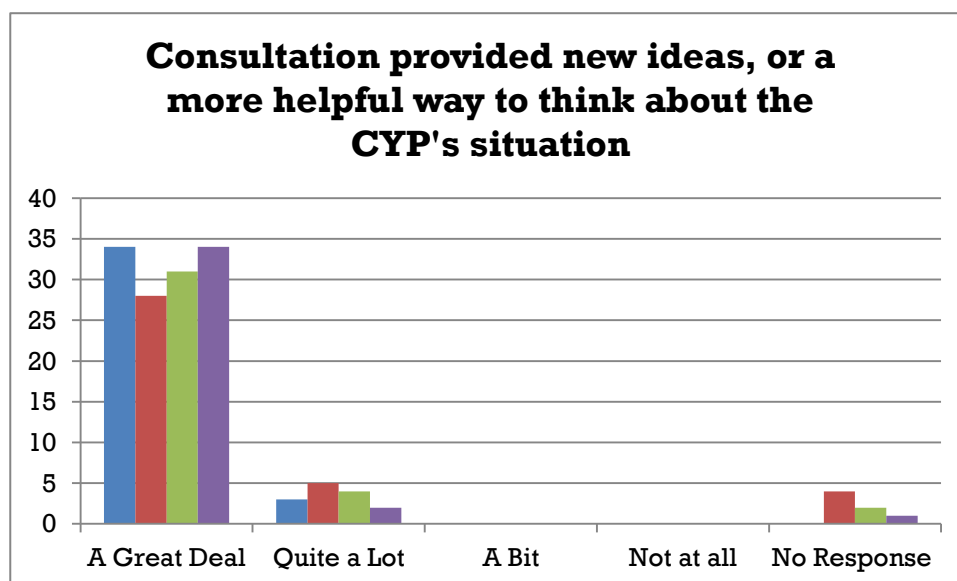


Graph 1: Feedback following consultation with school staff on their level of understanding of children and young people and their problems.



Graph 2:
Feedback

following consultation with school staff on how confident they feel to manage situations with CYP.



Graph 3: Feedback following consultation with school staff on new ideas and helpful solutions provided by the School Links Team

Mixtapes Lesson Plans

We have also developed lesson plans which educational settings can use alongside the Youth Mental Health Mixtapes produced by local young people. These lessons plans aim to open up the conversation around mental health and emotional wellbeing whilst each plan focuses on a different theme or topic.

Some young people supported on the development of the teaching resources and Youth Action gave their comments on the use of these from a young person's perspective. These were launched during our Social, Emotional Mental Health Conference and will be promoted through the whole school/college approach work.

Mental Health Support Teams - Children and Young People's Mental Health Trailblazer Site

In NEL we submitted a bid for the second wave of the Mental Health Support Teams (MHST) Green Paper Trailblazer in May 2019 in which we were successful in gaining two MHSTS working to support 16,000 children and young people.

The bid was co-produced by a multi-agency of professionals working across the CYP mental health and emotional wellbeing system. We used our Social, Emotional Mental Health Conference held in April 2019 to shape the bid and asked educational professionals to help create a selection criteria. This selection criteria was used to determine which educational settings should be asked to express an interest in the trailblazer.



The feedback is highlighted below:

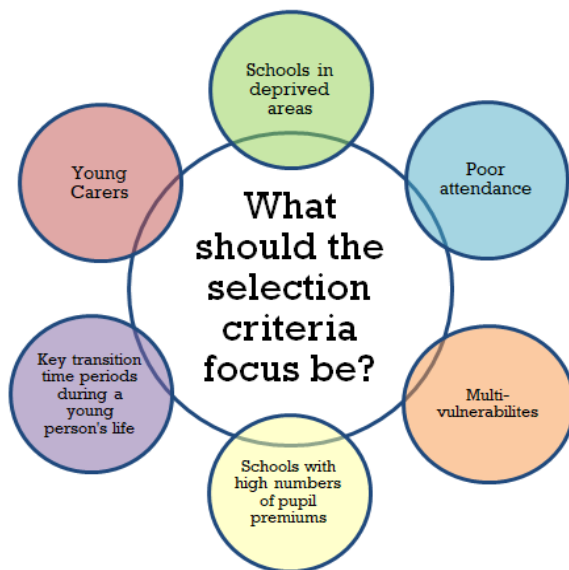


Diagram 2: Selection criteria for schools to be involved in MHST project

Therefore, our bid focuses upon children and young people with need and vulnerabilities and also targets catchment areas which have the highest levels of deprivation within NEL. The bid aims to address the health inequalities between the most deprived and the most affluent wards across the borough.

As part of the criteria we also considered 'risk factors' which have a significant impact on CYP mental health and emotional wellbeing (The Royal College of Nursing, 2014) these are defined in diagram 3 below.

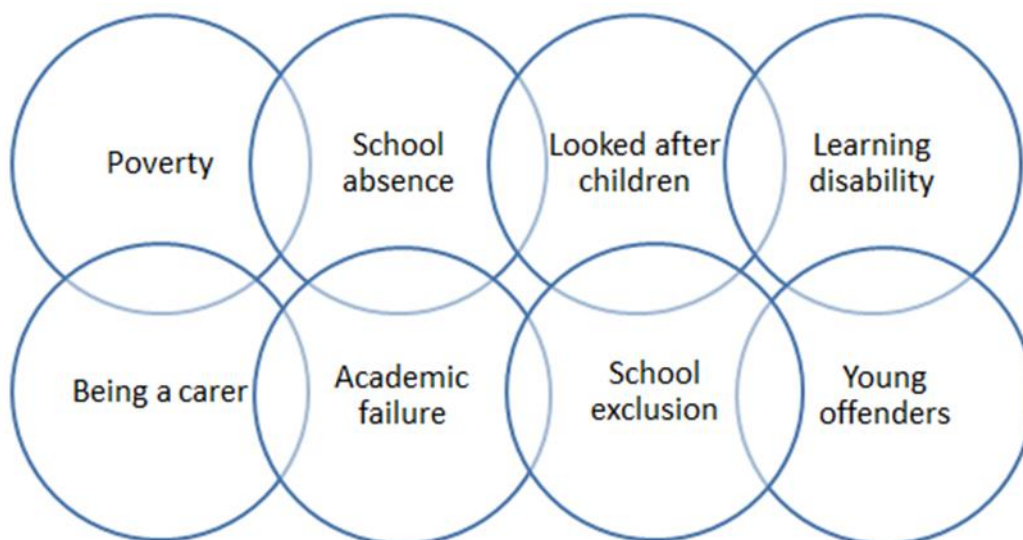


Diagram 3: Risk Factors that impact on CYP mental health and emotional wellbeing, The Royal College of Nursing

These risk factors and other local intelligence from the JSNA, children and young people's needs assessment and Public Health Profiles were considered when developing our selection criteria.

We are targeting vulnerable groups in the most deprived wards of East and West Marsh to ensure that CYP that fall within a vulnerable category and/or attend an educational setting within the most deprived wards. We will also focus on other wards with high levels of deprivation across NEL, aiming to address the health inequalities experiences by children and young people.

Key transition points within children and young people's lives which can cause worries and anxieties and the MHSTS will also focus on these key life changes:

- Primary school to secondary school
- Secondary school to further education
- Managed move to a Pupil Referral Unit and the reintegration into a mainstream setting

There is a focus on children and young people across the whole of NEL who are:

- Children who are looked after
- Elected Home Educated
- Young Carers
- Excluded pupils or are risk of exclusion

Procurement

In NEL we are approaching the implementation of the MHSTS differently, due to the long standing arrangement of children and young people's mental health being under a Section 75 agreement this responsibility sits within the Local Authority. Therefore, we are undertaking a procurement exercise to award the contract to deliver these functions. The tender is currently live and is anticipated to close at the end of November and an announcement will be made in due course.

Low Level Mental Health and Emotional Wellbeing Task and Finish Group

To ensure that the introduction of the MHSTS enhances rather than replaces the support available for children and young people across the borough, we are establishing a task and finish group with the aims of:

- Reviewing the local offer
- Establishing clear thresholds and criteria for referrals
- Ensure pathways are fully understood and clearly articulated
- Services are aware of the local offer and what is available
- Integration of the MHSTS into the wider system

This task and finish group will begin to look at pathways initially and establishing the offer from each different organisation/service to find gaps/duplication in the offer for children and young people's low level mental health and emotional wellbeing.

Psychological Wellbeing Practitioners (PWPs)

We have 3 PWPs who are due to finalise their training course in January 2020 and we will be looking to explore ways in which these roles can support educational

settings who are not taking part in the MHSTS. There will be an audit of need established and a gap analysis to allow us to target support effectively and build relationships in these settings.

Senior Mental Health Leads in Schools and Colleges

Throughout the engagement with schools and colleges we have been encouraging each of the settings to consider taking up the senior mental health lead training and are currently working with settings as part of the MHSTS. In 19/20 we will be focusing on engagement with other settings and their involvement in the training and the benefits.

Anna Freud Link Programme Training

In NEL we are committed to building the relationships between educational settings and children and young people's mental health services locally to enable effective partnership working and increase the knowledge of each service. As a trailblazer site we are keen to implement this training and are anticipating NEL workshops being delivered in June 2020.



Getting Advice (Coping)

The getting advice quadrant focuses on building and promoting resilience, prevention and promotion across the system, within CYP, family's schools and communities. This quadrant is appropriate for CYP who are adjusting to life circumstances with mild or temporary difficulties who are choosing to manage their own health. This includes sign-posting, one off contacts and accessing information, advice and guidance.

Kooth Online Counselling

Kooth online counselling has been in operation since December 2016 within NEL and is being promoted across the system. This offers CYP within the borough an anonymous service to access support, information, advice and guidance on a range of emotional wellbeing and mental health issues. The service has recently been recommissioned and the new contract will be in place by November 2019.

New Registrations

Gender of New Registrations	16/17 Q4 only	17/18	18/19	19/20 Q1 & Q2 only	Total
Agender	2	14	14	5	35
Female	219	579	890	401	2,089

Gender Fluid	7	11	25	14	57
Male	175	228	305	146	854
Total	403	832	1,234	566	3,035

In the latest data received by Kooth in September 2019 14 year olds were the highest number of new registrations. School was also the highest referrer for young people into the service.

Number of Logins

Number of Logins	16/17 Q4 only	17/18	18/19	19/20 Q1 & Q2 only	Total
Total number of log ins	1,083	5,536	10,556	6,408	23,583
Unique young people logging in	404	1,117	1,284	712	3,517

In the latest data received by Kooth in September 2019 65% of logins were out of office hours and 70% of logins were by returning young people.

Forum and Article Views

Forum & Article Views	16/17 Q4 only	17/18	18/19	19/20 Q1 & Q2 only	Total
Total views of articles	117	1,648	2,601	1,249	5,615
Unique young people accessing articles	37	335	466	331	1,169
Total views of forum threads	136	1,089	1,388	2,420	5,033
Unique young people accessing forum threads	24	204	293	378	899

Integration & Participation Worker

In NEL there is an integration and participation (IP) worker who is building relationships with local organisations, including schools, colleges and PRUs to promote the message of Kooth and to encourage sign-up from CYP in the area. The IP worker attended at the local further education setting to deliver an engagement session aimed at males and accessing support, which was well received by the young people and the tutor.

Getting Help

The 'Getting Help' quadrant describes services for CYP who have clinical presentations that would benefit from short-term focused evidence-based treatments in line with NICE guidance.

Kooth Online Counselling

Counselling Chat and Messaging Support

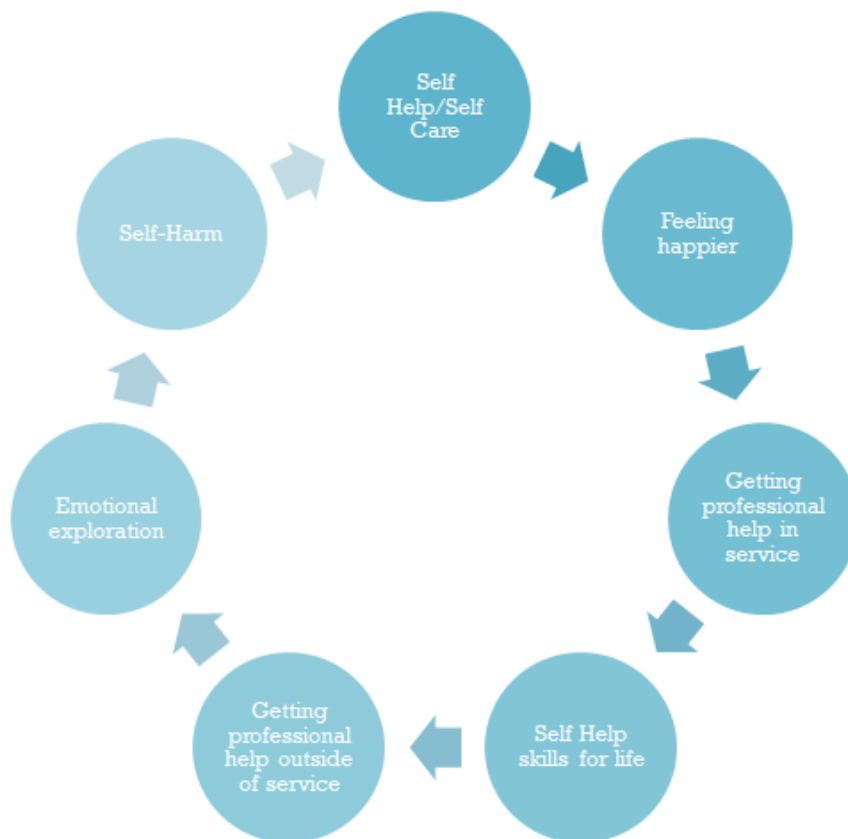
The online counselling element fits within the 'getting help' quadrants of the THRIVE model. This service supports the vision within NEL to ensure that there is an increased focus on early intervention and prevention making sure young people get the right support, at the right time before issues escalate.

The service provides:

- Online counselling element
- Chat function
- Messaging function
- Booked session with a counsellor

Counselling Chat & Messaging Support	16/17 Q4 only	17/18	18/19	19/20 Q1 & Q2 only	Total
Number of messages sent and received	611	2,963	5,263	2,512	11,322
Unique young people using messaging counselling	146	416	612	349	1,523
Number of counselling chat sessions	40	336	316	480	1,172
Unique young people using counselling chat	25	161	219	173	578

Goals



Common Issues

These are the most common issues with CYP have presented to Kooth online counselling with during 18/19 split via gender.

Female	Male
Anxiety/Stress	Trauma
Depression	Suicidal Thoughts
Self-Worth	Sexuality
Suicidal Thoughts	Friendships
Self-Harm	Depression
Family Relationships	Anxiety/stress
Friendships	Relationship/Partner

CBT Principles

School Nursing Team & Youth Offending Team

The school nursing team and youth offending team continue to provide lower-level mental health and emotional wellbeing support for CYP in a range of different location and this service has been well received.

School Nursing Team				
	17/18 Q3 & Q4 only	18/19	19/20 Up to Q2 only	Total
Number of pupils who received an initial assessment for CBT	36	141	91	268
Number of pupils deemed inappropriate	NK	20	15	35
Number of pupils who declined support	NK	10	3	13
Number of referrals to YMM	12	28	9	49

Common Presenting Issues:

- Relationship problems
- Self-Harm
- Feeling anxious
- Depressed Mood

Young person text as she was feeling depressed but didn't want to attend GP due to confidentiality worries. She accessed support in the Family Hub as opposed to school setting. Engaged well with CBT sessions and made improvements to her emotional wellbeing and has continued to utilise text service to make appointments and would use again the future.

Youth Offending Service				
	17/18	18/19	19/20 Up to Q2 only	Total
Number of CYP seen when CBT	31	23	9	63

principles have been applied				
Number of CYP sign-posted to external services for support	9	14	4	27
Number of CYP referred to CAMHS	5	6	8	19

One young person who was suffering with many issues and who has completed CBT with his case manager has not re-offended or come back to YOS since closing in September. CBT was completed with this young person around his emotional wellbeing and self-esteem!

CBT Supervision

CBT supervision for the School Nursing team and Youth Offending team is provided by LPFT and is thought of highly by these professionals. School Nurses and the Youth Offending team members highly value the CBT supervision provided by Young Minds Matter and feel that this helps them when they are supporting children and young people.

The CBT training has recently been extended to the voluntary sector and trained professionals which support CYP in the community such as Doorstep.

CBT Supervision	17/18	18/19	19/20 Up to Q1 only
Number of sessions held	48	47	14
Number of supervisees attended	184	134	40

In 18/19 the CBT supervisor rating is detailed below:

CBT Supervision Rating 18/19													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Leads Alliance in Supervision Scale (LASS)	98%	98%	N/A	99%	96%	97%	97%	98%	N/A	98%	98%	98%	98%

Young Minds Matter

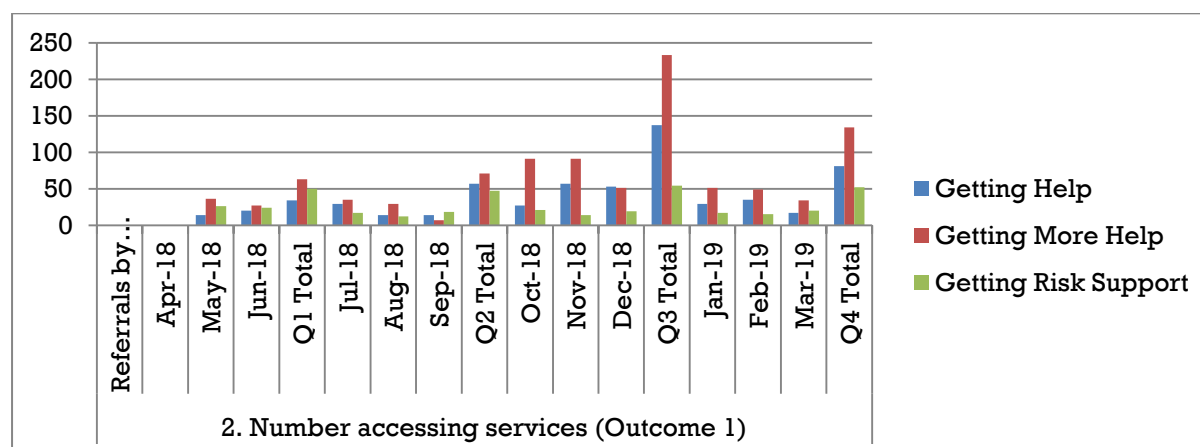
Since the recommissioning of Young Minds Matter, the service has started implementing low level support for children and young people, which has

increased the offer available for children and young people. This now includes group work for young people, which has proven successful.

In 18/19 Young Minds Matter had 309 referrals into the quadrant for 'getting help', which offers groups such as:

- Managing Strong Emotions
- Low Mood

The below table highlights the number of children and young people who have accessed the service into each of the quadrants for the full year of 18/19.



Graph 4: Number of children and young people accessing services by each of the THRIVE quadrants

Peer Supporters

Over the last year the peer support service has begun to take shape, during the last 12 months Young Minds Matter have engaged approximately 100 young people, as well as supporting development work with professionals on local, regional and national levels.

The below examples highlight activity completed by the peer supporters:

- Peer Support is part of 9 groups, varying from DBT, CBT Anxiety, CBT Low Mood and Managing Strong Emotions, engaging with around 80-90 young people engaging
- Supported eating disorder cases by helping facilitate supported eating at a young person's house and helping them engage with the service
- Worked alongside the crisis team to help support young people in group to facilitate their safety plans and maintain engagement with the service
Delivered training to staff across LPFT on Peer Support and Participation
- Speaking at various events in Lincoln, Manchester and London to help share the experience of being a previous service user and gaining a role

as a Peer Support Worker and helping other services develop their own model of Peer Support and Participation.

- Helped redesign the Young Minds Matter website and 13 new leaflets for the service
- Facilitated an engagement session with a young person, their mother and their social worker prior to an ASD assessment to share experiences of being in a new young person to the service

Getting More Help

Some CYP have mental health conditions (e.g. psychosis, eating disorders) and some CYP require extensive and long-term interventions into in-patient care or with extensive out-patient provision from healthcare professionals.

Young Minds Matter

Young Minds Matter provides an emotional wellbeing and mental health service with a focus on prevention, early intervention and building a resilient community for CYP. The service provides a full range of interventions, ranging from low-level brief advice and information, CYP IAPT recognised therapies, right through to complex mental health treatment to meet a wide range of emotional, relationship, behavioural and mental health difficulties. The service is accessible for help and support 24 hours a day, 7 days a week in order to prevent mental health crises and respond quickly to the presenting needs of CYP. Young Minds Matter operates core hours of 9.00am–5:00pm Monday to Friday, with evening clinics as required, as well as a 24/7 crisis service.

Information on Current & Past Referral Rates	14/15	15/16	16/17	17/18	18/19
Routine Referrals	1,603	1,755	1,493	1,489	1,124
Emergency Referrals	85	112	69	102	113
Urgent Referrals	108	121	101	86	242
Total Referrals	1,796	1,988	1,663	1,677	1,479

This table illustrates a reduction in routine referrals with peak-effect in 16/17 correlating to an increase of lower-level support such as Kooth and the School Nursing CBT approach implemented through FiM outside of the previous CAMHs contract.

Overview of the contract in 18/19	
Most common referral sources were: <ul style="list-style-type: none"> • GP • Educational • Paediatrician 	Most common referral reason was: <ul style="list-style-type: none"> • Anxiety • Low mood • Self-harm
Number of referrals: <ul style="list-style-type: none"> • Emergency – 113 • Urgent - 242 • Routine – 1,124 	Most common contacts by location: <ul style="list-style-type: none"> • Staff base • Patients home • School

Access & Waiting Times

This table shows the % of first appointments offered within 8 weeks. Within the specification we set a target for the Provider to meet a waiting times ambition of 8 weeks for all of the pathways, however this does exclude waiting times for ASD and ADHD. This will be monitored through the contracting meetings on a quarterly basis.

% of First Appointments offered within 8 Weeks											
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
100%	92%	94.2%	100%	95.6%	85.7%	100%	92%	97.1%	91.5%	78%	81.1%

This table is a breakdown of the quarterly submission that the NEL Young Minds Matter submit to the Commissioner. This shows the access and waiting times for CYP by each quarter and how long they have waited for treatment by days.

Actual Wait to Treatment in Days				
2018/19	Q1	Q2	Q3	Q4
No. of CYP waiting for treatment for 0-13 days	<5	42	23	36
No. of CYP waiting for treatment for 14-27 days	<5	27	39	33
No. of CYP waiting for treatment for 28-41 days	<5	12	16	15
No. of CYP waiting for treatment for 42-55 days	13	<5	7	11
No. of CYP waiting for	12	<5	5	13

treatment for 56-69 days				
No. of CYP waiting for treatment for 70-83 days	<5	<5	5	<5
No. of CYP waiting for treatment for 84+ days	22	<5	14	15

Eating Disorders

Within NEL we continue to maintain a very low level of referrals for eating disorders into the specialist service Young Minds Matter and to Navigo the adult mental health Provider who supports young adolescents 17.5 to 18 years old. In 18/19 LPFT reported 17 referrals for eating disorders.

We have a partnership agreement in place in which Lincolnshire Partnership Foundation Trust buy in specific support from Lincolnshire County Council CEDS - CYP commissioned model to support the eating disorder pathway. This is done on a case by case basis through a hub and spoke model to ensure that the pathway is NICE compliant. This ensures that LPFT has the appropriate support, capacity and skills-mix to meet the Access and Waiting Time Standard.

The THRIVE principles have been applied to the eating disorder model, ensuring that cases do not get lost in the system and the early intervention and prevention support works well. The team is able to manage risk within the community for eating disorders via the Crisis and Intensive Home Treatment service and have the skills and expertise to provide on-going care. The referral process has been summarised below.

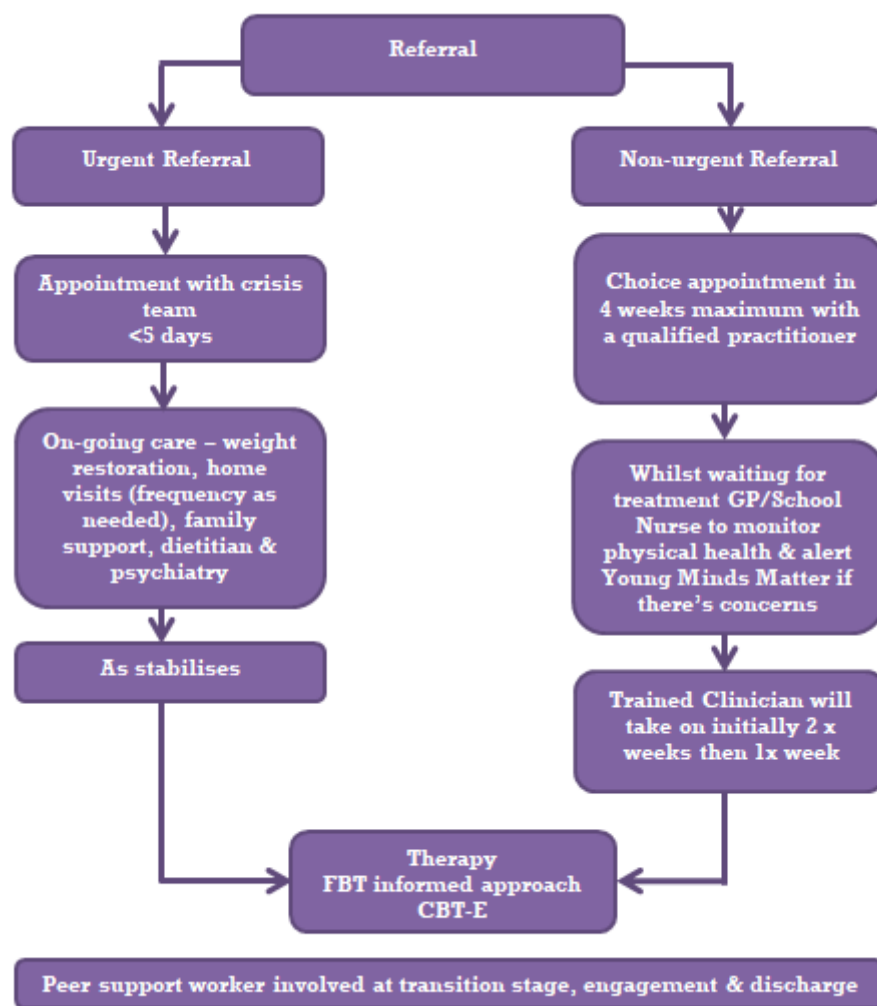


Diagram 4: Referral process for Eating Disorder cases

Below we have described the local offer for eating disorders aligned to the THRIVE model:

Thriving

- Prevention and early help offer with school nurses, Kooth online counselling, Are You OK? Cards etc.

Getting Advice (Coping)

- Eating disorder training is provided for professionals
- Mental Health Mix Tape which focuses on eating disorders
Duty line is available for all professionals to speak to Young Minds Matter for information, advice and guidance

Getting Help

- CBT approach from school nurses with the additional eating disorder training element supporting CYP who do not evidence rapid weight loss and do not pose a risk currently

Getting More Help

- Specialist support provided by Young Minds Matter and NAViGO

Getting Risk Support

- Tier 4 inpatient support

Access Target – Eating Disorders

% of CYP with eating disorders seen within 1 week (urgent) ⁺	Q4 2018/19	100.0%
% of CYP with eating disorders seen within 4 weeks (routine) ⁺	Q4 2018/19	80.0%

Data extracted from the MHFYFV Dashboard

Shared Care Arrangements

Mental health services for those patients with Eating Disorders are currently provided by LPFT for children and NAVIGO for adults. Work done this year with both services and GP partners has revealed some difficulties in referrals received into both services from primary care, and a more structured approach required in terms of ongoing management of the condition.

Work is taking place with all stakeholders including the two providers, primary care and the CCG and Local Authority to ensure a joined approach and development of a shared care agreement; including a more streamlined referral process and better defining the roles and responsibilities of all those involved in caring for those with Eating Disorders.

Initial meetings have already taken place, with further meetings planned for the rest of the year in order to develop common documentation and pathways to be shared jointly by children and adult services and primary care.

Trusted Relationships

The objective of the Trusted Relationships Fund is to reduce young people's involvement in exploitation and abuse, as victims and/or perpetrators, through:

- Increasing the consistency and quality of support for children and young people at risk of becoming involved in exploitation and abuse
- Improving trust between young people and adults who are there to support them
- Developing protective factors that build resilience in children and young people (including support networks; positive role models; sense of purpose; self-esteem; critical thinking skills).

To date, as detailed within the plan GRAFT has:

- Recruited to all of the posts, team manager, lead practitioner and 2 case workers, offering young people 1-1 support
- Recruitment to the position of Young Minds Matter therapist was completed in January 19 and the practitioner is now fully embedded
- The project is on track to transition some of the first cases over to volunteers following the completion of intensive intervention with the case workers.
- All posts detailed within the original application are fully operational
- All staff continue to be provided with learning and development plans to ensure all staff have the maximum knowledge to offer effective information advice and guidance, this has included specialist training. They also have access to regular reflective supervision both clinically and welfare based.
- The GRAFT project has also developed a new vulnerability training programme that has been accredited through the Safer Children's Board and covers CCE/CSE/MS and missing from home and care to ensure that all vulnerabilities are linked together.
- Operational guidance has been developed and continues to be reviewed.
- The project has provided awareness raising briefings to Humberside Police, Secondary Academies and partners within the Health Service.
- The MACE risk assessment process has been reviewed and refreshed to ensure that the process is aligned to signs of safety and compliments the young person's safety plan.
- All young people identified as at risk of county lines is referred to the youth offending NEET case worker to ensure that appropriate signposting to the appropriate education offer.
- One of the practitioners has developed a specific NEET role and works closely with the team specialised in this area. This enables GRAFT to be kept fully informed of training and employment opportunities available to our young people in the community.

The outcomes of the GRAFT project are below:

- 16 young people are receiving specialist trauma therapy due to the recognition of trauma resulting from their exploitation
- 18 young people have been identified as NEET and attempts are being made to support these CYP appropriately into further training and/or employment.
- Substantial increase in the amount of disclosures which is believed to be part of the trusted relationships that have been developed the longer to project has been operational
- 18 out of 48 cases worked have reported to feel safer due to the project, this equates to 37.5%.
- GRAFT has had 54 children and young people referred onto the Project. These CYP are identified at medium to high risk of CCE

Wellbeing Passport and Transitions



Previously stated within last year's refresh plan a Well-Being Passport had been designed to make sure that all young people know who the service is and so that the service can also know a little about them pre-assessment. This passport also allows young people to have knowledge of the best treatments available for them, their goals will belong to them and their care plan will be written and designed by them. The Passport will have the care summary and wellness plan included to keep them well and to enable sharing of information with other agencies such as education, health and social services if needed.

The number of wellbeing passports sent out from April 2018 until March 2019 was 476 and Young Minds Matter have recently completed an audit of the Wellbeing Passport to evaluate its effectiveness with young people. The results are currently being analysed to look at next steps and future developments.

The Access Pathway

The Access Pathway is a multi-agency pathway which merges medical and social models to support children and young people with complex needs across speech, language and communication, difficulties with social interaction, learning difficulties, social, emotional and mental health difficulties, sensory difficulties and neurodevelopmental difficulties. This pathway is not simply a pathway for an autism diagnosis as the pathway offers support for a number of different needs.

Since April 2017, the multi-agency Access Pathway Development Group, made up of a range of partners across social care, education, and health, the voluntary sector and parents groups, has jointly worked to develop and co-produce the Access Pathway and prepare for implementation.

The pathway was launched in April 2018 with multi-agency and parent launch events and the Access Pathway Panel has been meeting since May 2018. The panel meetings are held fortnightly. The panel simplifies the routes through to support and provides a holistic view on the needs of children and ensures all medical, clinical and social elements are addressed in a single plan of recommendations.

The joint area Special Educational Needs and Disabilities (SEND) inspection (carried out five months after the pathways implementation, September 2018) highlighted the need for a review of the Access Pathway as there was still confusion and little coherence about this approach.

Since October 2018 the commissioner, members of the access pathway panel, Healthwatch and a commissioned consultancy (Impower) have been involved in undertaking reviews of the process alongside the wider children's workforce,

children, young people, parents and carers. The Children and Lifelong Learning Scrutiny Panel have been made aware of this work.

Parents and professionals (both clinical and non-clinical) have been listened to, there has been a review of the challenges in the existing model, and best practice drawn from other areas who have been commended for their approach, together with a review of national guidance (e.g. National Institute for Health and Care Excellence (NICE)).

Through redesigning the new model with professionals and parents it has been recognised that many of the issues raised by parents are symptoms of the challenges within the wider Special Educational Needs (SEN) system in North East Lincolnshire (e.g. workforce with the right skills to support, improved local offer of support) and therefore the new approach needed to be a whole system approach rather than a single pathway in isolation. As such the implementation is not limited to the pathway itself but includes reconfiguring services/systems, workforce development and commissioning specialist support.

You Said	We Did
Parents and professionals are unsure of support available in NEL and how to access it.	NELC has recruited a Local Area Coordinator who will keep all of the information about the local offer and available support in NEL up to date and relevant (including events).
Parents and professionals are asking for support to understand, navigate the system, and clear communication about timelines.	A new coordinator is in post and will keep parents up to date, closely manage expectation about timelines, and support with queries.
Parents want a simple process and user-friendly referral form.	The current process has been detailed in new access pathway referral form which was co-designed with parents.
Parents do not like the council's statutory complaints procedure.	A new procedure has been produced that re-affirms that PALS is an open route for parents/carers where the lead service is a NHS funded service, furthermore complaints can also be directed to the coordinator role.
Inconsistent attitudes from professionals, struggle to get the referral form completed by some professionals within some settings.	The coordinator can help to support to identify a professional to help the completion of a referral form. The new model includes an option for parents or young people to self-refer.
Transparency about how and why decisions are made.	The coordinator will make sure that parents are up to date and fully understand the recommendations that have been made. Recommendations will be clearly explained. The decision making process is also explained in the referral form.
CYP can no longer be	In the new model for SEN support, cases will be

<p>referred directly from GP to paediatricians or CAMHS. Instead they have to go through the Council's Children's Services.</p> <p>Parents would like that link via GPs restored. They would like to see Community Paediatricians play a strong part in assessing for autism and ADHD.</p>	<p>referred to a triage team who will make recommendations based on individual circumstances, if those recommendations do not help the child and parents/carers and further investigation is required the child or young person will be referred for specialist assessment combining clinical and therapeutic input, this team will be led by a paediatrician.</p> <p>This approach is in line with national guidelines and best practice.</p>
<p>A "panel" looks at the paperwork on the case before making a decision.</p>	<p>The panel does not make any decisions regarding specific disorders it coordinates support to help children and parents to see if different services help manage behaviours and to see if things change over time with different input. In the new model the triage team will coordinate similar but improved support.</p>
<p>These are complex conditions, and can only be diagnosed by NHS professionals.</p>	<p>Neurodevelopmental disorders are complex and highly variable. Children and young people's needs can vary hugely, as well as the way conditions present themselves across different settings and over time. National guidance and best practice demonstrates that in order to fully understand an individual child or young person's needs, and identify the best personalised support, multi-agency input is required (including emotional, social, and educational).</p>
<p>We have seen very few referrals for assessment or diagnosis - especially of autistic spectrum conditions.</p>	<p>There has been an increase in referrals for assessment.</p>
<p>We would also like to see the complaints process placed back with PALS.</p>	<p>Complaints procedure has been produced to cover all organisations involved in referrals, screening, assessments and diagnosis (e.g. NLAG, LPFT). The procedure is awaiting external sign-off from partners. This procedure re-affirms that PALS is an open route for parents/carers where the lead service is a NHS funded service, furthermore complaints can also be directed to the coordinator role.</p>

Next Steps:

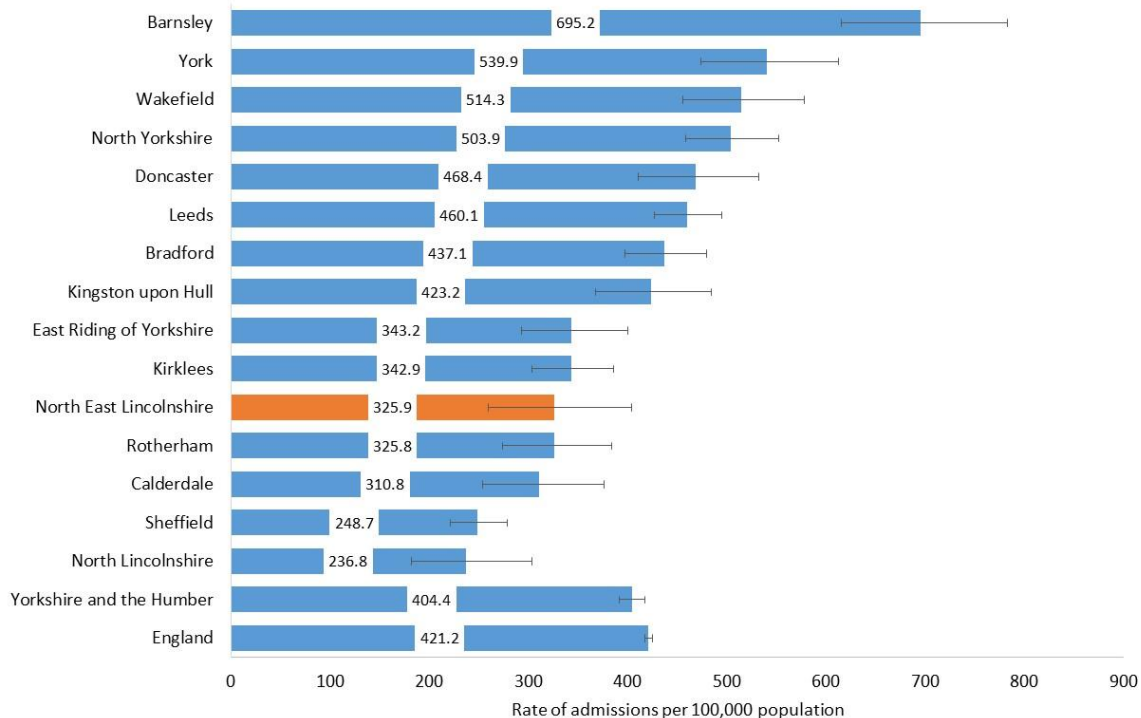
- Testing the model with parents, carers, families and professionals Review and make recommendations of improvements before an official launch.

Self-Harm

Self-harm continues to remain a priority within NEL and a recent review has taken place to look at the data and presentations for self-harm locally. The main measure of self-harm in young people is the rate of hospital admissions for 10 to 24 year olds. These figures relate to admissions and not persons, and figures based on hospital admissions may be influenced by local variation in referral and admission practices, in addition to variation in incidence.

The 2017/18 North East Lincolnshire rate of 325.9 admissions per 100,000 population aged 10 to 24 years, was lower than the England rate of 421.2, the fifth lowest local authority rate in the Yorkshire and the Humber.

Directly standardised rate of hospital admissions for self-harm per 100,000 population aged 10-24 years, England and Yorkshire and the Humber LAs, 2017/18

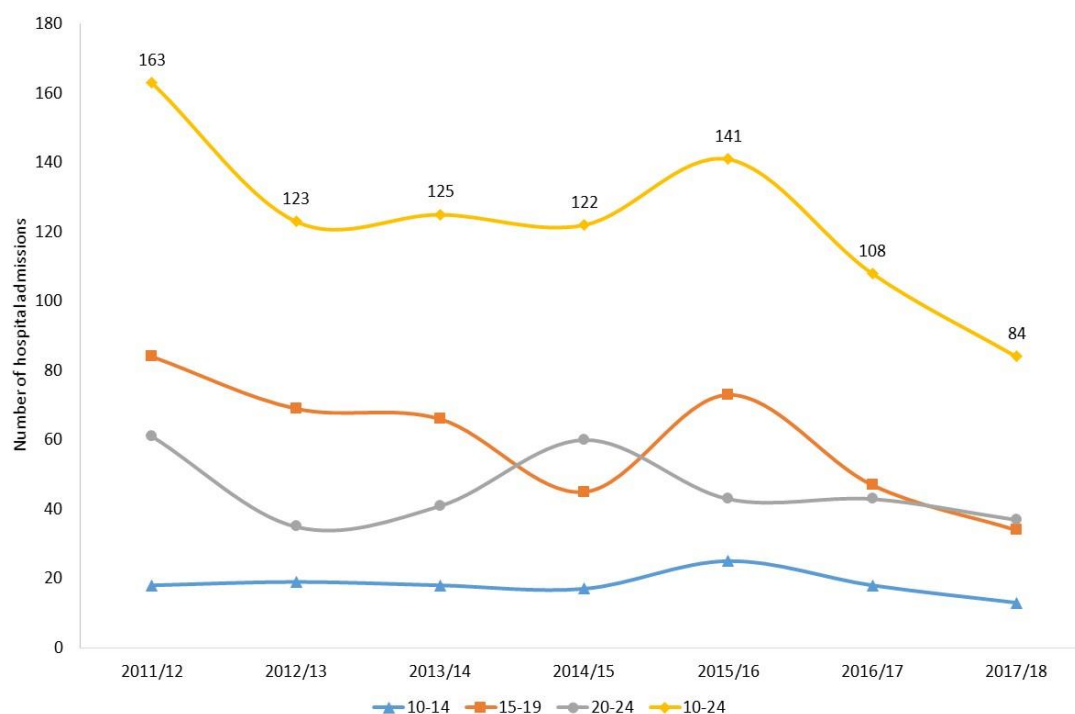


Source: Public health England

Local Hospital Admission Data Analysis

The total number of admissions for self-harm of 10-24 year olds in North East Lincolnshire has fallen from 163 in 2012/13 to 84 in 2017/18 which is a reduction of 48%. The number of admissions of 10-14 year olds has always been the lowest over the seven year period out of the three constituent age groups. For four of the six years, the 15-19 year old cohort has had the highest number of hospital admissions, with the exception of during 2014/15 and in the latest year of 2017/18. The 84 admissions during 2017/18 comprised of 16% (n=13) aged 10-14 years, 40% (n=34) aged 15-19 years, and 44% (n=37) aged 20-24 years.

Number of hospital admissions for self-harm of young people aged 10-24 years, North East Lincolnshire, 2011/12 to 2017/18



Source: Public health England

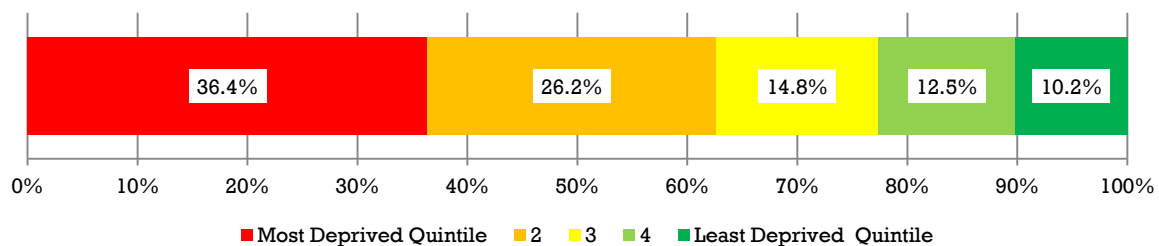
Data has been analysed for emergency hospital admissions for self-harm of 10-24 year olds covering the period 2015/16 to 2018/19. Over the four year period there were 440 emergency admissions of young people which equated to 305 individual young people. The highest number of admissions for an individual was one young person who had been admitted on 10 occasions during the four year period.

Of the 305 young people admitted to hospital:

- 73% were female and 27% were male.

- 20% were aged 10-14 years, 45% were aged 15-19 years, and 35% were aged 20-24 years (if an individual had multiple admissions then their age at the first attendance during the four year period has been used).
- Whilst there were young people admitted from all fifteen North East Lincolnshire Council wards, there is a clear socioeconomic gradient with an increasing number of young people being admitted for self-harm with increasing deprivation of residence (Figure 11).

Hospital admissions for self-harm of young people aged 10-24 years, by local IMD quintile of residence



Of the 440 hospital admissions:

- 93% were intentional self-poisoning
- 4% were intentional self-harm by sharp object
- Remaining 3% included self-harm by strangulation and suffocation, jumping from a high place, and by other specified and unspecified means

We have coproduced a booklet with professionals and also young people to support them when they have presented in A&E for self-harm. This will be given to young people on discharge which includes information, advice and sources of support.



Early Intervention in Psychosis

We offer two care pathways, the traditional First Episode of Psychosis (FEP) pathway and also the At Risk Mental State (ARMS) pathway.

The service is for people aged 14-35 for people who are experiencing psychosis and 18-30 for those who are at risk of psychosis. We aim to see the any new referrals within 2 weeks of the referral. We complete a specialist assessment called the Comprehensive Assessment of at Risk Mental State (CAARMS) to determine appropriateness and pathway.

For FEP pathway we offer a 3 year period of care, targeted at helping the individual recover from psychosis and lead a productive and happy life. For the ARMS pathway, individuals are offered 6 to 18 months focussing on Cognitive Behavioural Therapy. The aim of this is to help the person avoid developing a psychosis.

Using a normalising approach to care, we strive to challenge the stigma and myths about psychosis, working holistically with the person and their family and we support them in all aspects of their life. We Provide a Fully NICE Compliant Care Package including CBTp Family Interventions, Physical health assessment and interventions, lifestyle and wellbeing support, Carer Focussed Education and Support and Medication all in-house within the team and we work closely with the Individual Placement and Support Service for their expertise in Employment and Education Support.

We make our support and care person specific so a set care package is different for each individual. However, it will be forward thinking, challenging the stigma and misconceptions of mental health and illness. We work holistically and can support people on our caseload in all aspects of their life, moving forward and getting on with life.

With regards to transition from children's services to adult services, we work alongside the local Young Minds Matter team, getting to know the young person and identifying the most appropriate service for them. This is usually a 6 month service.

The future developments for the service are:

- Family Interventions is reliant on 1 staff member and training for FI for staff is currently being arranged to implement the support robustly to be compliant with NCAP targets
- Current Family Therapy with all NAViGO services is wholly inadequate and providing additional (to the workforce calculation) a WTE Family Therapist would be able to provide Systemic and Behavioural Family Therapy to EIP and other NAViGO Services.
- Increase age range of service to incorporate under 18 ARMS and over 35 FEP clients – requires additional funding in the service to increase care coordination, CBTp and Support Worker capacity.

Suicide Prevention Strategy

The updated local Suicide Prevention Action Plan is to be integrated in a lifecourse Mental Health and Wellbeing Strategic Framework. The local multi-agency group's prevention and promotion overall role will be supported by this framework.

The local Action Plan and Multi-Agency Group are currently being supported through the Humber Coast and Vale Sustainability Transformation Partnership (HCV STP) funding. A number of HCV STP work streams including Real Time Surveillance, Postvention (bereavement support to those closest to someone who

has taken their life), training, communication and self-harm in mental health services have been highlighted. North East Lincolnshire will benefit from these work streams on an equitable and appropriate place based approach.

Humber, Coast and Vale Care Partnership Perinatal Mental Health

Introduction and Background

NHS England have released transformational monies to STP's/ICS's in 2019/20 for specialist perinatal mental health. Humber, Coast and Vale's allocation is £231,000. NHS England expect that decisions around spend and activities will take place at a Partnership level.

NHS England set out the following criteria for the monies:

Criteria for allocation of funding:

- Funding is expected to be used for activities that directly support the following; delivery of the 2019/20 commitment for an additional 20,000 women nationally to access specialist PMH care; an access rate of at least 4.5% of the birth population; and the overall ambitions for perinatal mental health set out in the Five Year Forward View for Mental Health and NHS Long-Term Plan.
- Such activity may involve specifically addressing issues shared by regions on PMH as part of the assurance process, for example, ensuring good quality data systems and processes in place to monitor delivery of commitments. Other activities may benefit from being developed at STP level, for example, identifying inter-operability solutions, supporting digital innovation, etc.
- Funding may also be used for activities which directly support quality improvement, building services in line with evidence-based pathways and guidelines.

The Proposal

The proposal was discussed at the partnership wide perinatal mental health steering group held on the 18th September which is represented by providers, commissioners and the maternity voices partnership (representing women and families voices). The group held a detailed discussion considering the priorities under the Five Year Forward View (FYFV), Better Births (BB) and the Long Term Plan (LTP) to ensure that the additional monies would be best utilised, taking into consideration gaps/issues across the patch and feasibility of the priorities without the Long Term Plan funding looking ahead into next year and beyond.

The group felt that it was not viable to utilise the monies to increase the workforce to support meeting the additional women seen at this stage. This is due to the time required to ensure a thorough training and induction period for short term

posts and also because next year's financial commitment has not yet been agreed to ensure the additional workforce can be sustained.

The following priority areas were supported by the steering group:

Priority	Detail	Financial commitment
1. Extension of Programme Lead to March 2021/22.	Funding for a programme lead has been identified until July 2020, therefore funding to be utilised for period August 2020 to March 2021.	£40,000
2. 'Red Flag' Training to workforce	<p>York have developed and delivered training which has been well received. The group would like to cascade the training to be delivered to the workforce including, GP's, midwives and health visitors across the patch to spot the 'red flags' when coming into contact with a woman in the perinatal period. Supporting earlier identification and referrals to appropriate services.</p> <p>And to develop an online refresher training course for attendees to access after receiving the training.</p>	<p>To confirmed</p> <p>Estimated –</p> <p>£80,000</p>
3. Campaign – Preconception advice	<p>To run an awareness campaign across the patch to increase the number of women receiving pre-conception advice.</p> <p>To consider ways to support GP's in the annual review of medication for women who may benefit from preconception advice/counselling with a potential pop up in the clinical system.</p>	<p>To be confirmed</p> <p>Estimated -</p> <p>£50,000</p>
4. Psychological Therapies	<p>A priority in the long term plan is to increase the offer of psychological therapies within specialist teams.</p> <p>To work with Health Education</p>	<p>To be confirmed</p> <p>Estimated -</p> <p>£61,000</p>

	England to identify training for existing staff.	
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The above work supports the following national priorities:

- FYFV and LTP – increase in access to specialist services
- FYFV and LTP – preconception advice and counselling to be offered
- FYFV – women receiving evidence based treatment when they need it
- FYFV – ensure a highly skilled and confident workforce
- BB – early identification of perinatal mental health problems
- BB – Ensure women are referred in a timely way for support, including IAPT services, secondary care, and community/voluntary services
- BB – Maternity services and General Practice to be aware of the ‘red flag’ signs

Next Steps

- Task and finish groups will be set up to fully scope and cost the work outlined above. The Steering Group will ensure the priorities are delivered against.
- The Board is asked to support the proposal.

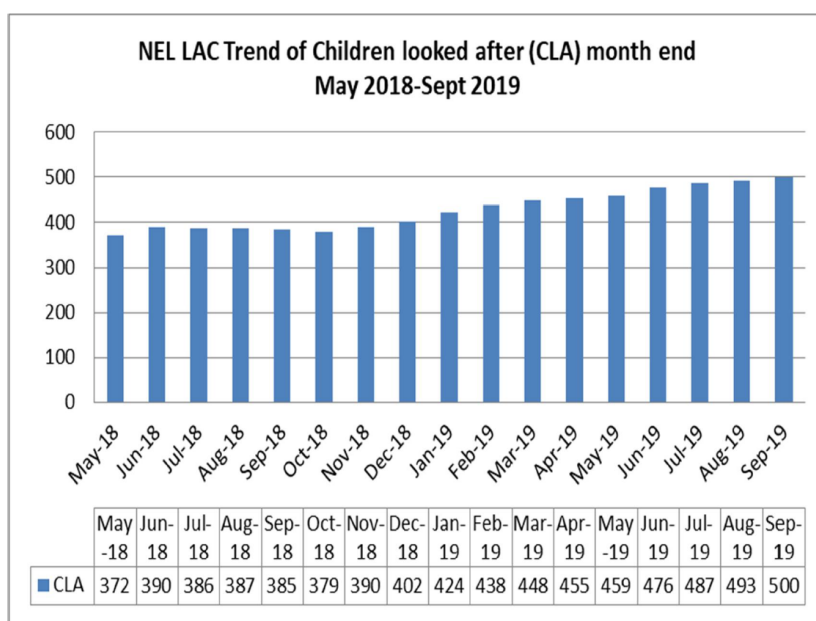
Health & Justice

The priorities for health and justice are highlighted below:

- CAMHs to ensure that children and young people can access the trauma pathway, if required, following sexual assault.
- CCG commissioners to review the mental health and SALT input into YOTs as the provision is fragmented and under resourced in some areas. The CCN has funded several of these posts in YOTs but more resource is required
- Consider having a care navigator role to support children and young people transitioning from secure estates into mental health services based within YOTS to provide an assertive outreach role.

Children Looked After

The number of children looked after has continued to increase month on month (see graph 5 - trend since May 2018). NEL is ranked 14th out of 15 in Yorkshire and Humber region as of Q1 of 2019/2020 and the largest increase is in 1-3 year olds, 11 year olds and 14-17 year olds.



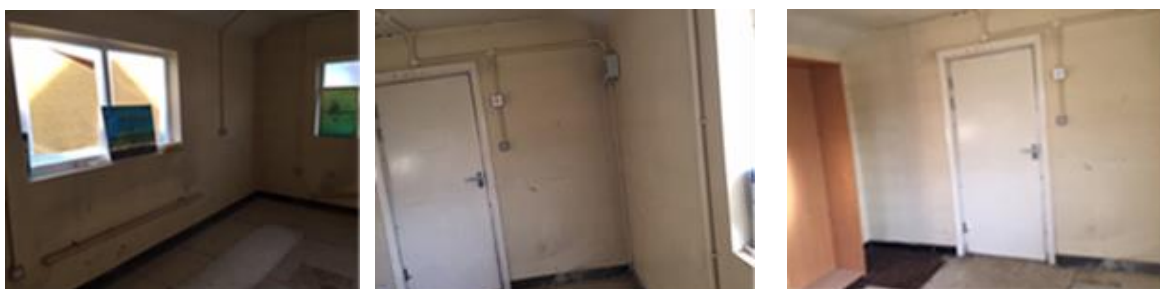
Graph 5: Number of NEL LAC Children Looked After – May 2018 – September 2019

Children and young people have historically visited the front door of our ‘office’ to come and see the Children Looked after Specialist Nurses when they want someone to talk to about their health worries. The environment was not the most appropriate place to see the children and the only space was our ‘garage’ but it was cold and unwelcoming. We never however, wanted to turn the children and young people away. It did however give us some inspiration of what the future may look like if we could turn this into an appropriate space in which to see our Children and Care Leavers that shows to them we care about them.

With this in mind, the Health Tree Foundation has helped us to realise our vision to undertake a refurbishment to the ‘garage’. The aim of the project was to develop a warm, welcoming and alternative environment in which to undertake the statutory health assessments that the children and young have from birth to their 18th birthday. It is also a space for children, young people and care leavers to use as a place to ‘drop in’ to talk to a nurse about their health concerns and worries and to seek clinical support and signposting. This space can also be used by the Paediatrician to meet with adoptive parents if they wish to be away from the main hospital environment for confidentiality and to use the space to invite the ‘children in care council’ and foster carers to gain their voice and experiences about the health services they receive so we can continually make improvements to the service we provide.

We wanted to create a place where children and young people who are looked after feel valued and can come and talk about their health worries and have their statutory health assessments. We invited four young people to tell us what they wanted their space to look like and they came up with a ‘beach’ themed project’

Before:



After



A review of review of emotional and mental health needs of children looked after by North East Lincolnshire placed out of the local area has been conducted. The aim is to seek assurance that the emotional health and wellbeing needs of NEL children looked after placed outside of area (OLA) are being met.

The following recommendations have been highlighted:

Key Recommendations	
1	Priority recommendation. A review of all cases highlighted where no evidence of CAMHS/ therapeutic work has been carried out should be undertaken with immediate effect.

2	Recommendations for improvement in planning for mental health provision when placing child out of area including strengthen the contribution of advice from YMM identifying emotional or mental health and well-being services that should be integrated into child's placement plan for transition out of area.
3	Ensure transfer of CAMHS/emotional and mental health services when moving back to NEL so CLA are not being disadvantaged by placement move.
4	Ensure written process in place for commissioning special packages of care to include Quality Assurance and monitoring of CAMHS and therapeutic intervention.
5	Ensure oversight of the needs of Independent Fostering Association (IFA) carer to support placement stability for carers while waiting for the CAMHS referral.
6	Present the findings to the CAMHS Commissioner, Corporate Parenting Board and Director of Children's Social Care to determine the next steps.

NSPCC Together for Childhood

In NEL we have a Together for Childhood Operational Group, focusing on the East and West Marsh. The vision of the programme is an ambitious, 10 year, place-based approach to radically improve the way we prevent child abuse and neglect in NEL. Together for Childhood will create system-wide partnerships with key stakeholders to include NSPCC Grimsby, North East Lincolnshire Council, Police, a range of Health partners, Voluntary sector, VCSE Alliance rep and the Community who will come together to prevent harm to children and young people and to keep children safe.

By using evidence-based approaches, this partnership will achieve outcomes across systems by:

- Improving our own knowledge about abuse and how to prevent it from occurring
- Supporting our children and the community about the things they can do to improve their physical and emotional health
- Developing innovative evidenced based services and improving existing systems that focus on help and support, to achieve the best outcomes for children
- Providing the right support to families experiencing multiple adversities at the earliest opportunity
- Ensuring parents and carers are supported to keep children safe through positive parenting and improved relationships

The Together for Childhood programme will deliver within a clearly defined location and the impact will be evaluated.

The Operational Group will provide leadership and co-ordination in the delivery of Together for Childhood, by:

- Informing and delivering on the project plan as agreed by the Programme Board
- Raising highlights and exceptions to the Programme Board through a scorecard report, as appropriate
- The work streams, through the operational group, making recommendations up to the Programme Board via the Scorecard
- Making recommendations for programmes of planned activity, based on the knowledge exchange within the operations group, in line with Together for Childhood core principles and agreed Theories of Change
- Facilitating system-wide engagement and ownership of Together for Childhood across a wide range of partners working in the East and West Marsh areas.
- Listening to and value the community voice and influence to shape ongoing developments in East and West Marsh.

Specialised Commissioning

Last year's update highlighted the announcement of developing New Care Models into a steady state of commissioning for specialised services. Progress has moved at pace over the past few months which includes CAMHS in phase one for Lead providers to take on board the responsibility for their health population. This is a shift away from providers competing against each other, and instead collaborating to create a way of commissioning services that are integrated with community services. Provider Collaboratives will receive delegated responsibility for commissioning services in these mental health areas and the budget. They will work collectively with STPs and ICSs to plan and commission services across the region, engaging with service-users and stakeholders to plan increasingly tailored services for populations, making efficient use of funding.

Within Yorkshire and the Humber region the chosen lead providers are:

- Humber Area: Humber Teaching NHS Foundation Trust.
- West Yorkshire: Leeds Community Health NHS Trust
- South Yorkshire: Sheffield Children's NHS Foundation Trust.

We expect each provider collaborative to go live between April 2020 and April 2021, where NHSE Specialised Commissioning will work with the Lead Provider to enable this transition.

Parallel to enabling Provider Collaboratives the CAMHS bed reconfiguration continues with the opening of the Hull CAMHS inpatient service by the end of this calendar year. Plans have been submitted for the West Yorkshire development

and this work continues to bring 22 beds to this area, based at the St Mary's site in Leeds.

Finally, we have seen this year the opening of a CAMHS low secure service, for which has not been provided previously in the Y&H region, this is providing more accessible care and treatment for young people requiring a low secure environment.

Getting Risk Support

Some CYP currently are unable to benefit from evidence-based treatments but remain a significant risk/concern. This may be CYP who routinely go into crisis but are not able to make use of the help offered, or the help has not been able to make a difference (e.g. children who self-harm, who have emerging personality disorders).

Young Minds Matter Crisis and Intensive Home Treatment Service

The crisis and home treatment provision within NEL is a 24 hours, 7 days a week, 365 days per year service for CYP. The service provision is for CYP experiencing significant mental health difficulties or presenting in mental health crisis. The team consists of a multi-disciplinary team of experienced social workers and mental health nurses with support from psychology and psychiatry. The service works closely with the local hospital, children's services and the police, to ensure that a crisis is responded to in a timely and efficient manner. Through working collaboratively with the police, the service has often averted the need for the police to use Section 136 of the Mental Health Act, which ensures a more caring and personal response to a child's distress.

Since the service re-design in 2013, the team have considerably reduced the number of inpatient admissions. During the past year in 18/19 LPFT have only had one admission to a Tier 4 service.

This low number is achieved by providing a quality community mental health service to support CYP to remain with their families, carers and friends. The Government's aspiration through Future in Mind are to have 'improved crisis care: right place, right time, close to home' by 2020. The service is already delivering this to CYP across the borough and feels privileged to be doing so. The service is able to promote, protect and improve our CYP's mental health and wellbeing, by working flexibly and creatively. These achievements have been recognised by the CQC by the recent inspection of the service and with numerous awards that the service has been nominated for.

The crisis and intensive home treatment team supported 203 young people who are deemed as at risk of needing Tier 4 support should they deteriorate. On average the team support between 26 – 46 young people at any one time. Other support is offered alongside the Crisis and Home treatment team which includes psychological interventions, psychiatric support and specialist therapeutic support (Including, CBT, IPT EMDR, CBT trauma focussed therapy and specialist eating disorder therapies).

NHS England recently visited Young Minds Matter on the 4th June 2019 and summarised the things that we heard which they felt were working well in the service:

- The model used is based on Thrive, however is more uniquely developed for the locality through local innovation and evolution.
- The service offers joint assessments with Paediatricians developed to a wider access multi-agency screening
- You told us that the team are empowered to problem solve and to improve the pathway for assessment and the timeliness of this.
- The pathways were clear, time limited and monitored positively through both managerial and clinical supervision. This ensured that the case load for individuals was positively managed to ensure dependency was not created.
- Job planning was described as clear, however can be flexed as required for staff wellbeing. This is reviewed through both managerial and clinical supervision and through digital solutions which allow for review of variation and outcome
- Outcomes system in place through a digital platform and there is a culture of using data to improve and celebrate success.

Tier 4

North East Lincolnshire Tier 4 Admissions and Bed Days								
2014/2015								
NELCCG	AC	Child	ED	LD	Low	Med	PICU	Total
Admissions	<5	0	0	<5	0	0	<5	<5
Service Category	<5	0	0	<5	0	0	<5	5
Occupied Bed Days	126	0	0	81	0	0	66	273
2015/2016								
NELCCG	AC	Child	ED	Low	Med	PICU	UKNC	Total
Admissions	<5	0	0	0	0	<5	0	<5
Service Category	<5	0	0	0	0	<5	0	5
Occupied Bed Days	57	0	0	0	0	118	0	273
2016/2017								
NELCCG	AC	Child	ED	Low	Med	PICU	UKNC	Total
Admissions	<5	0	0	0	0	<5	0	<5

Occupied Bed Days	204	0	0	0	0	118	0	204
2017/2018								
NELCCG	AC	LD	ED	Low	Med	PICU	UKNC	Total
Admissions	6	0	0	0	0	<5	0	7
Occupied Bed Days	70	70	0	0	0	0	0	140
2018/2019								
NELCCG	AC	LD	ED	Low	Med	PICU	UKNC	Total
Admissions	<5	0	0	0	<5	<5	0	<5
Occupied Bed Days	101	0	0	0	215	52	0	368

Tier 4 National Spend	14/15	15/16	16/17	17/18	18/19
NHS NEL CCG	£567,759	£186,465	£184,874	£482,213	£485,981

Workforce & Governance

Workforce Planning

Following on from our workforce development day with colleagues from CYPIAPT Midlands Collaborative in collaboration with colleagues from LPFT, local educational providers and NELs Council in September 2018 there has been work undertaken to improve workforce planning.

We have increased the training courses which are available for all professionals working with children and young people, including educational professionals. This additional training is delivered by the School Links Team and a further breakdown of individuals attending is detailed below.

We continue to strengthen our approach with the local further and higher education settings to look at future career progression with the students, including the following activity:

- Schedule an open day at Young Minds Matter for students who have an interest in working within mental health and emotional wellbeing to understand the remit of the work available
- Providing further information and guidance on the qualifications and career path for roles within mental health and emotional wellbeing sector

Young Minds Matter have also recognised the need to retain staff members, especially those who are filling more specialised roles as these can be difficult to recruit to due to the geography of NEL. The Young Minds Matter team are now

working on innovative and creative ways to ensure there is a higher level of retention.

Our local Wellbeing Service team are offering free networking opportunities for all Youth and Adult Mental Health First Aiders. The session allows professionals to:

- Share best practice
- Discuss how you are getting on in your role
- Discuss experiences with other Mental Health First Aiders
- Ask any questions
- Be able to discuss problems that you have encountered/may encounter and how best to solve them
- Sharing updated resources around suicide prevention

Upcoming Actions:

- Continue to provide Mental Health networking events to support YMFHA trained staff
- Undertake a recruitment drive for the MHSTs to look at local recruitment and grow our own local staff
- Planning a workforce development day to tie in with the Y&H regional tool to ensure that we create a robust Strategic Workforce Plan
- Utilise data to plan need, using data from the existing workforce to look at the extra capacity needed in the system

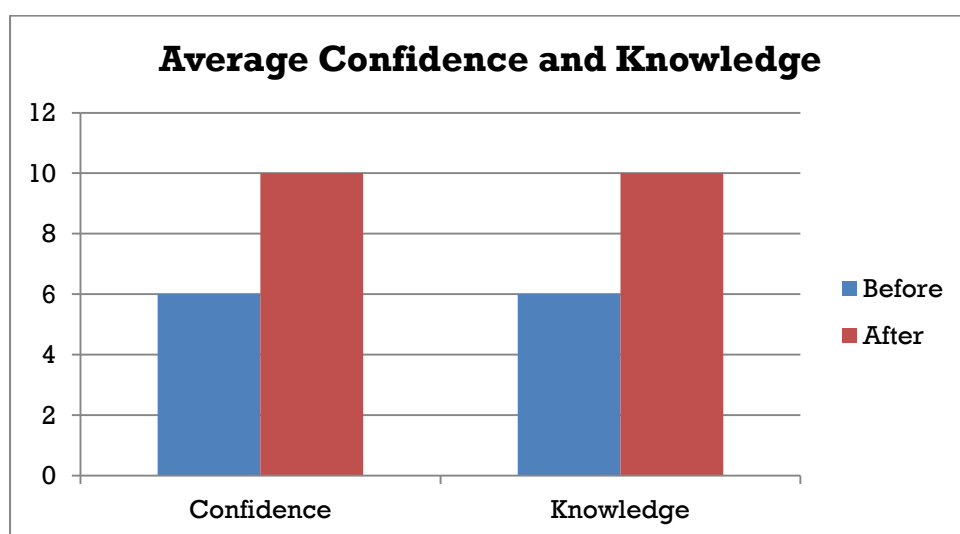
Wellbeing Service

We have commissioned the Wellbeing service within NELC to provide courses to professionals working with CYP. These courses are on a payment by results approach and we are liaising with service leads to identify professionals who require this training as part of their role to upskill their knowledge and confidence.

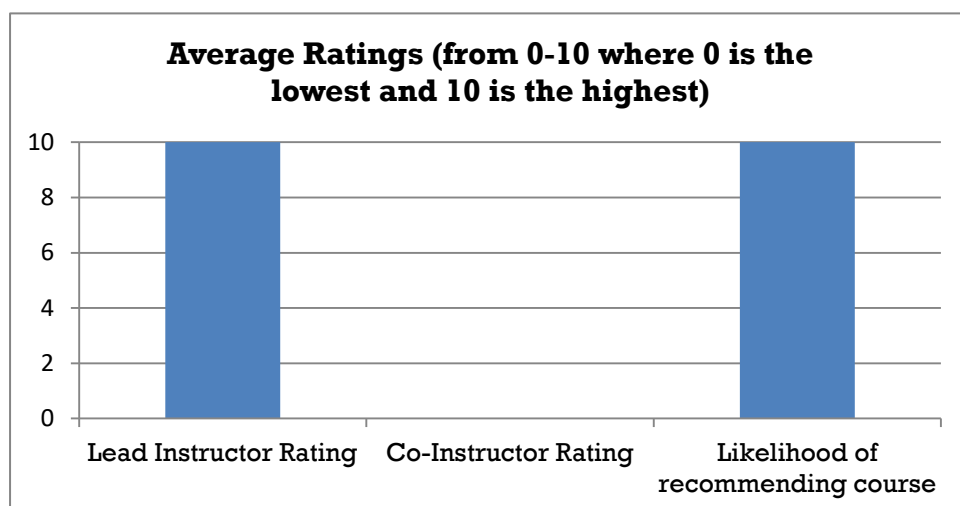
Training Courses	Total Trained 15/16	Total Trained 16/17	Total Trained 17/18	Total Trained 18/19	Total Trained 19/20 Q1 & Q2 only
Youth Mental Health First Aid	37	129	142	156	64
Youth Mental Health First Aid Lite	N/A	85	83	87	8
Mental Health First Aid	42	29	88	57	27
Mental Health First Aid Lite	N/A	35	19	36	0

Emotional Resilience	155	170	201	N/A	N/A
Stress Managers Workshop	71	76	56	N/A	N/A
Youth Health Champions	6	9	N/A	N/A	N/A
Grand Total	311	544	589	336	99
Grand total number of trained 1,879					

How Well Did We Do It?



Graph 6: Average increase in confidence and knowledge following Wellbeing Services training



Graph 7: Average rating (0-10) for trainer and likelihood of recommending the training to others following Wellbeing Services training

Participant Feedback

"I found this course to be excellent. It has enabled me to feel more confident in talking about and supporting staff/families/service users who are experiencing some difficulties. The course has increased my knowledge and understanding"

"Excellent course, best one I have attended. Very informative and well instructed/delivered. Brilliant to have reference books and workbooks to take away to use"

School Links Team

Over the last 12 months the introduction of the School Links Team has been very well received by educational settings across the borough. The team provides information, support, and advice to educational settings to ensure a seamless entry into the appropriate services.

The team have increased educational professionals' understanding of children and young people's emotional wellbeing and mental health difficulties and their confidence and skills in managing children and young people's emotional wellbeing and mental health concerns.

Some of the key successes over the first 12 months of implementation are:

- (71 out of 71) 100% of educational settings have been introduced to the school links offer
- (63 out of 71) 88.7% of all educational settings have taken up the school links offer (as recorded in March 2019)
- (44 out of 71) 62% of educational settings have met with the school links team during their consultations from Jan to March 2019.
- (29 out of 71) 41% of educational settings have attended the school links training from Jan to March 2019

Professional Training

There has been a range of training courses which are being offered to include the following:

- An Introduction to Young Minds Matter & the School Links Team
- Impact of Trauma in the Classroom
- Mental Health Awareness for Children & Young People
- Children & Young People Experiencing:
 - Stress
 - Anxiety
 - Depression

- Self-Harm
- Suicide Ideation
- Eating Disorders

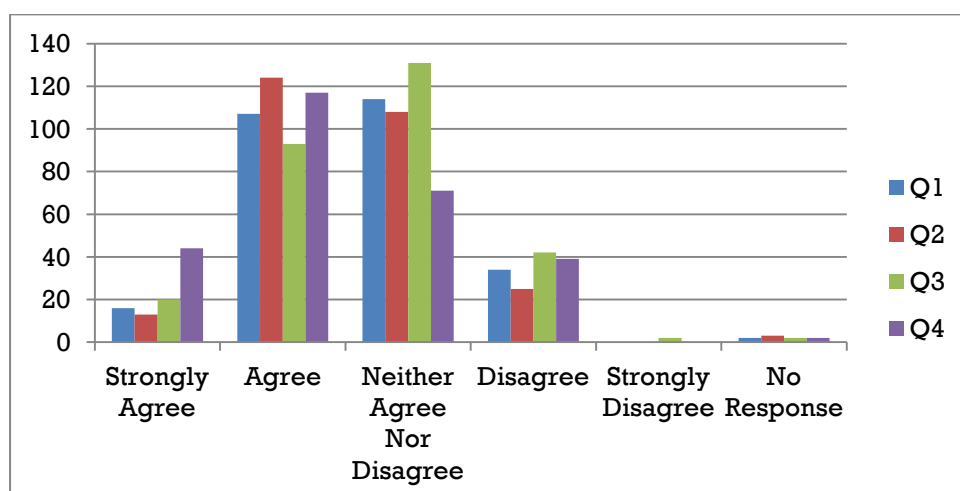
Key Performance Indicators	18/19 Q2 onward	19/20 Q1 & Q2 only	Total
No. of training sessions delivered by Young Minds Matter School Links	104	53	157
Total Number of people who attended the School Links Training	1,144	593	1,737
No. of educational professionals who have attended Young Minds Matter School Links training	860	507	1,367
No. of other professionals who have attended Young Minds Matter School Links training	284	86	370

Pre- Post scores from Training

The following graphs show pre and post responses from the attendees who completed the feedback forms containing the questions:

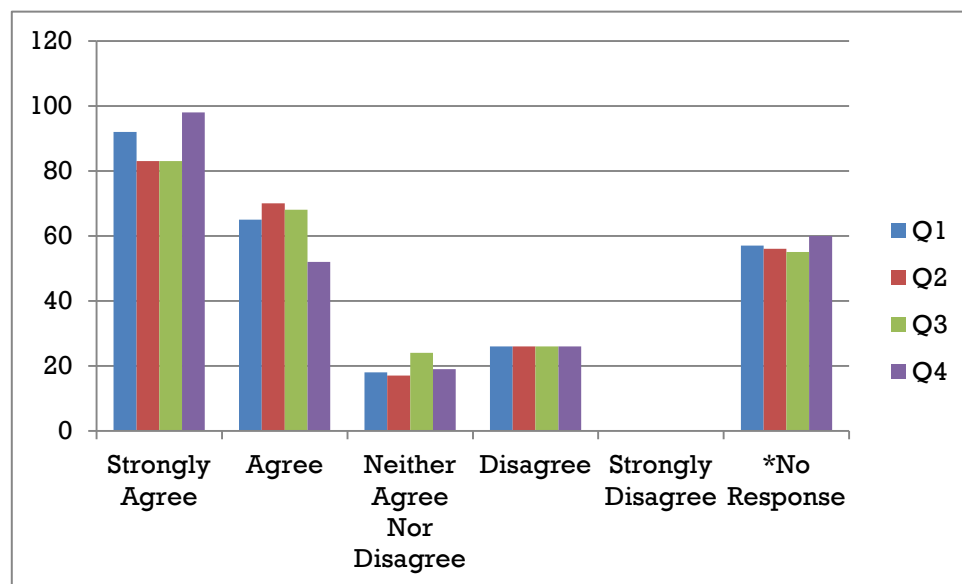
- I have a good understanding of 'topic'
- I believe I know how to identify when a child may be struggling with 'topic'
- I believe that my school has the strategies and techniques to help students presenting with X
- I believe I know who to contact for support with children experiencing 'topic'

Pre Training



Graph 8: Average responses on rating questions pre School Links Team training

Post Training



*No Response rate seems to be related to professionals not completed the form at the end of the session

Graph 9: Average responses on rating questions post School Links Team training

Feedback from Professionals Regarding Training:

“Good group participation opportunities. Clear and knowledgeable. Didn't pretend to know everything and suggested helpful hints. Pulled morning together well”

“Very Clear, Great examples used to help everyone understand more. Great advice given”

“School Links Worker was very friendly and so informative. Really intelligent and enlightening”

“Very interactive and useful for me to support my learners”

“Thank you for this!”

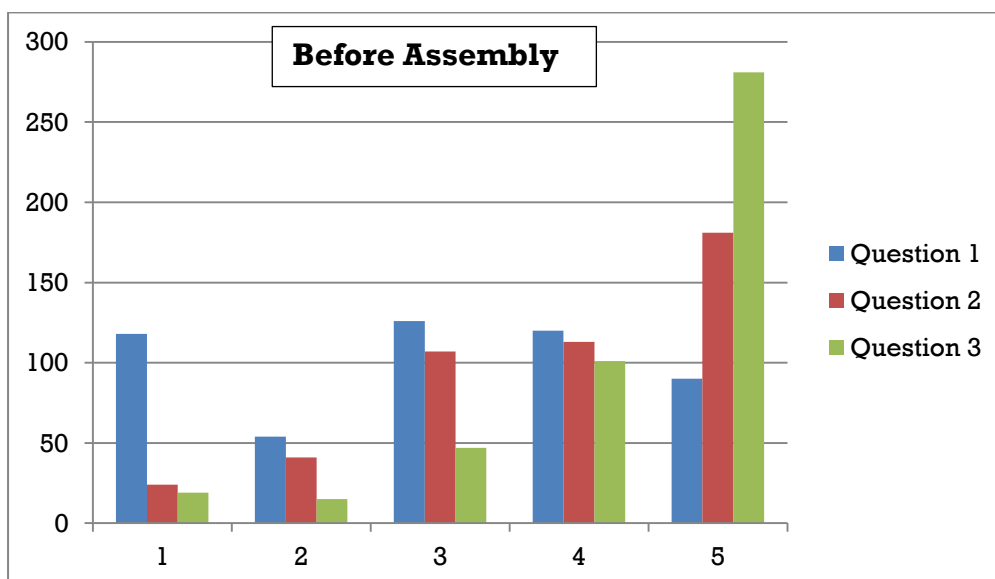
Interventions provided with Children and Young People

The school links team also provide workshops and assemblies to children and young people within the educational setting. The aims of the workshops is to understand common mental health and emotional wellbeing problems, how to help themselves and who to speak to.

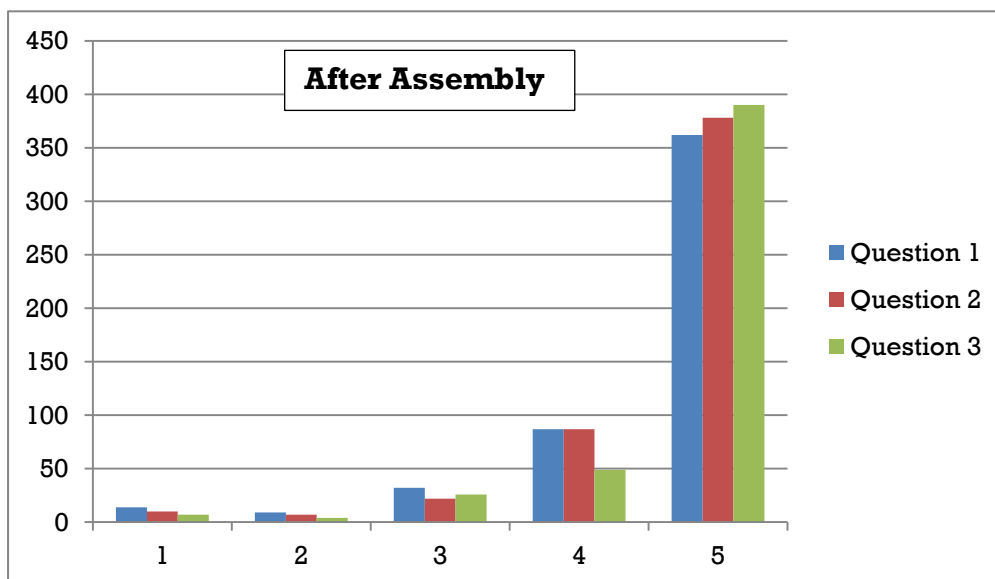
The table provides an example of the topics covered during the assemblies:

Primary	Secondary
What is Mental Health?	What is Mental Health?
Worries (Anxiety)	Anxiety
Low Mood	Low Mood / Depression
Thoughts and Feelings	Negative Thinking
Carrying Big Feelings (Self Harm and Suicidal Ideation)	Self-Harm
What is Mental Health and the brain	Suicidal Thoughts
Stress	Stress

Workshops & Assemblies	18/19 Q3 & Q4 only	19/20 Q1 & Q2 only	Total
Number of children and young people present at workshops and assemblies	305	1,651	1,956



Graph 10: Average responses on from CYP before School Links Team assembly (Key below)



Graph 11: Average responses on from CYP after School Links Team assembly
(Key below)

Key – School Links Team Assembly Feedback:



Feedback from Children and Young People

"I know how to deal with stress"

"Thank you for helping me feel better about my worries. I am not worried anymore"

"I know what to do with negative thoughts very well know more about unhelpful thinking. Know this is another form of mental health not just depression & anxiety"

"I now know how to not stress about my SATs and how to not stress as much as I did"

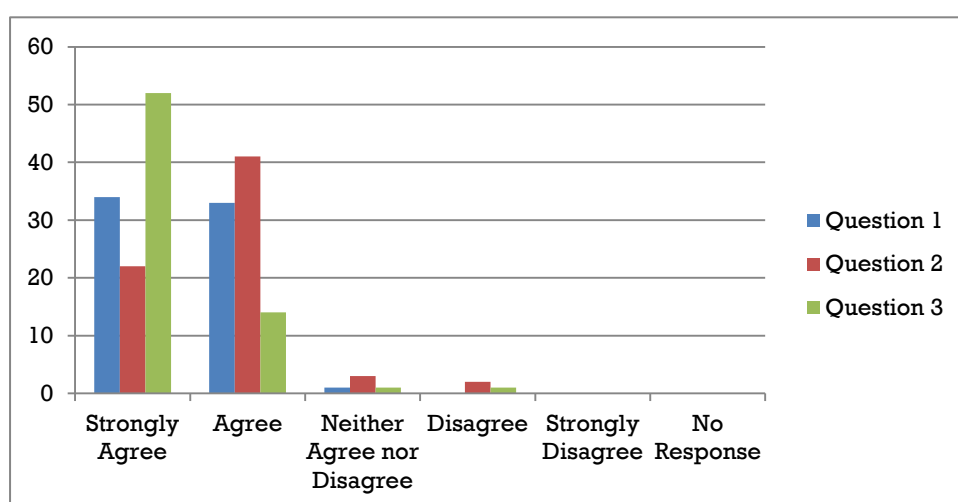
"If I am stressed and don't want to talk about it, I now know a few ways of what to do"

"It helped me a lot with all the things in my mind and now I know how to deal with it"

Parent/Carer Workshop Sessions

The School Links team are providing parent/carers workshops to educate parents/carers to understand children and young people's mental health and emotional wellbeing and increase confidence and skills in managing emotional wellbeing and mental health within the family home.

	18/19 Q4 only	19/20 Q1 & Q2 only	Total
Number of parent/carers present at workshops	62	68	130



Graph 12: Average responses on from parent/carers following School Links Team workshops (Questions below)

- Question 1: I have a good understanding of X
- Question 2: I know how to help my child
- Question 3: I know who I can speak to

Feedback from the training:

Very therapeutic parenting

It was brilliant. I learnt so much. I would even like to do it again as it was fascinating. There are things I want to change about how I manage behaviour in the playground because of this training. So thank you very much

Thoroughly enjoyed the training, was detailed and had lots of depth to it I feel that much of this content would be useful in our introductions week in 12 week parenting courses

Taught me how to help my child and also now I understand why I felt the same way when I was a child

Brilliant, engaging, fun training that can be used to support young people's mental health and wellbeing and use as part of group work

I am thankful for today all the other people's experiences has helped me understand I am not alone

A New Approach to Young Adult Mental Health Services for People Aged 18-25 Will Support the Transition to Adulthood

We are working in conjunction with adult commissioners towards the implementation of the young adult mental health services within NEL. We are keen to further understand the need for this service locally and are planning activities to support this project, which includes the following actions at present:

- Undertake a needs assessment to identify the need locally for a young adults mental health service
- Approach current Providers to understand the baseline of current activity for young adults
- Use existing needs assessment and data (e.g. self-harm data) to map where the gaps are locally
- Approach other areas to look at existing models and type of services on offer and look at best practice and lessons learnt

This work will also extend to exploring options for a comprehensive offer of support for 0-25 year olds as a priority for 19/20.

Perinatal Mental Health Cascade Training

The PNMH training is continually being cascaded to all professionals who are working with children and families. A range of different professionals have attended the course, including (but not exclusive to), families first practitioners, police, family hubs, house support, NSPCC, health visitors, Women's Aid and student midwives.

Training Course	17/18 Q3 & Q4 only	18/19	19/20 Q1 & Q2 only	Total
Number of courses held	9	8	2	19
Number of professionals trained in PNMH Cascade Training	129	93	21	243

Colleagues who attended the training were asked as part of the evaluation, what was the best part of the training, below is some of the comments received:

“Comprehensive overview, engaging delivery, thank you!”

“Videos supported the discussion well”

“The ability to contribute and ask questions as we went along”

“I now have more awareness to identify the parent for additional support. Feel more confident in talking to parent about this and specifically what they are feeling”

Newborn Behavioural Observations (NBO) & Neonatal Behavioural Assessment Scale (NBAS)

The NBO is a relationship-building tool between parent and baby and parent and practitioner, highlighting baby behaviour, looking at sleep and crying and helping parents to identify the kind of support the baby needs for successful growth and development. It also helps practitioners know what areas are needed for support of the parent-baby relationship. The NBAS is an assessment of new-born babies and identifies behavioural states, neurodevelopmental systems and self-regulatory abilities.

In NEL 33 professionals have attended NBO training and 11 professionals are accredited to undertake NBO and 6 professionals have attended NBAS training and 1 professional is accredited to undertake NBAS. Below are some of the case studies of the impact of the NBO and NBAS work:

I continue to use the new baby observations on all the babies I work with & have found that the observations provide a developmentally rich service for the new born babies, leading to reassurance for parents that their new baby is functioning well no matter what environment they are in. Parents have found their confidence has increased following a demonstration of their infants behaviour, leading to increased self-confidence and greater fathers involvement as dads realise they can have a larger part to play in the development of their babies brains and their care.

I attended a home to undertake a new birth contact; the home was noisy & crowded. Baby, both parents, maternal grandparents, aunts, younger cousins which was quite overwhelming for me & I did wonder how the visit would progress however mother picked up infant & started talking to her and so I encouraged this and decided I would go straight into the NBO, the baby responded very well and majority of the NBO completed & everyone in the room stopped what they were doing and watched what the baby was showing them almost like an ice breaker & after that the rest of the visit and subsequent contacts have been positive and mother has called at times for advice

Overall Training

Since Future in Mind was implemented we have had 3,859 professionals attending a range of training courses to upskill the workforce

Governance

Mental Health Needs Assessment

Following on from the Mental Health Needs Assessment, we have engaged with various people and organisations in NEL across the life-course in both the public and voluntary sectors.

A strategic framework has consequently been developed, which follows the Young Minds Matter THRIVE model. This considers IAG (information, advice and guidance), training, signposting opportunities with all the relevant touchpoints, relevant public health messages, the local suicide prevention action plan and the wellbeing of those with serious mental health problems. This is all underpinned by an ethos which is weaved throughout the entire document.

Over the next 6 months, the strategic framework will be presented to the portfolio holder for health, wellbeing and adult social care, Union Leadership and Union Board. The Prevention Concordat will be then tasked with the development of an implementation plan, which will guide the work programme.

Special Educational Needs and Disability (SEND)

Following on from the findings of the inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) a Written Statement of Action was jointly by NELC AND NELCCG submitted to address the areas of weakness in the local area's practice.

The inspection focused on the following three areas:

- The effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities.
- The effectiveness of the local area in assessing and meeting the needs of children and young people's special educational needs and/or disabilities.
- The effectiveness of the local area in improving outcomes for children and young people's special educational needs and/or disabilities

The inspection team identified areas of strength with examples of good practice in the local area and also highlighted three key areas for further improvement

The following activity is being undertaken overseen by the SEND executive board:

- Local SEND action plan
- Monthly updates against these actions are collected from a range of partners across education, social care and health
- Steering groups have been established to drive forward these pieces of work

Transforming Care

The Transforming Care Programme, based on the documents "Building the right support" and "Supporting people with a learning disability and/or autism who

display behaviour that challenges”, is a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a comorbid mental health condition. This includes bed closures and transfer of resource from NHS England Specialist Commissioning to local commissioners. The local Humber Transforming Care Partnership (TCP) originally comprised of the East Riding, Hull and North East Lincolnshire Councils and CCGs and was formed in April 2016. In April 2019 North Lincolnshire joined the Partnership.

The performance of the TCP is judged primarily on the achievement of two key targets, the number of people with a learning disability or autism in CCG-commissioned beds (such as those in LD assessment and treatment or rehabilitation units) and the number of individuals with a learning disability or autism in NHS England-commissioned beds (such as those in low, medium or high secure hospitals, or children and adolescents in CAMHS inpatient units). It should be noted that this is not restricting access to physical healthcare in acute hospitals.

Central to the achievement of this programme is improved planning for individuals. This is supported by the development of Dynamic Support Registers (DSRs), which are held to identify those individuals who are at risk of admission to hospital or placement breakdown. The detailed arrangements for DSRs for children and young people are different between the four local authority areas, but in each area there is a register which is held by one of the agencies and reviewed jointly with partner agencies on a regular basis. When an individual child or young person is identified as needing more support, this can be implemented more quickly because of the early discussions. If it is considered that an admission to tier 4 CAMHS is likely to be required, the CCG will arrange a community Care, Education and Treatment Review (CETR) which identifies what else could be done to support the young person in the community or recommends that inpatient treatment is in the young person’s best interests.

The TCP Board is monitoring timeliness and quality of CETR to ensure patient and family involvement in decision making and a person centred approach to care planning. There is guidance which requires CTERs to be completed every 3 months for inpatients: these will be arranged by case managers from NHS England Specialised Commissioning, and the CCG and local Authority will ensure appropriate participation.

In addition to seeking to ensure the care package is sufficient to support the child or young person safely in the community, the meetings where the DSRs are reviewed allow for better forward planning with adult services to improve the experience of transition.

New Models of Care

We know that the way services have been commissioned in the Humber Coast and Vale up until this point has meant that some children and young people can struggle to access the support they need from a single point of contact and a straight forward pathway. There is a need to consider a “needs led” approach and expand support provided within our communities to address different levels

of need. To help us achieve this, we will work to an agreed set of outcomes, explained further later in this document.

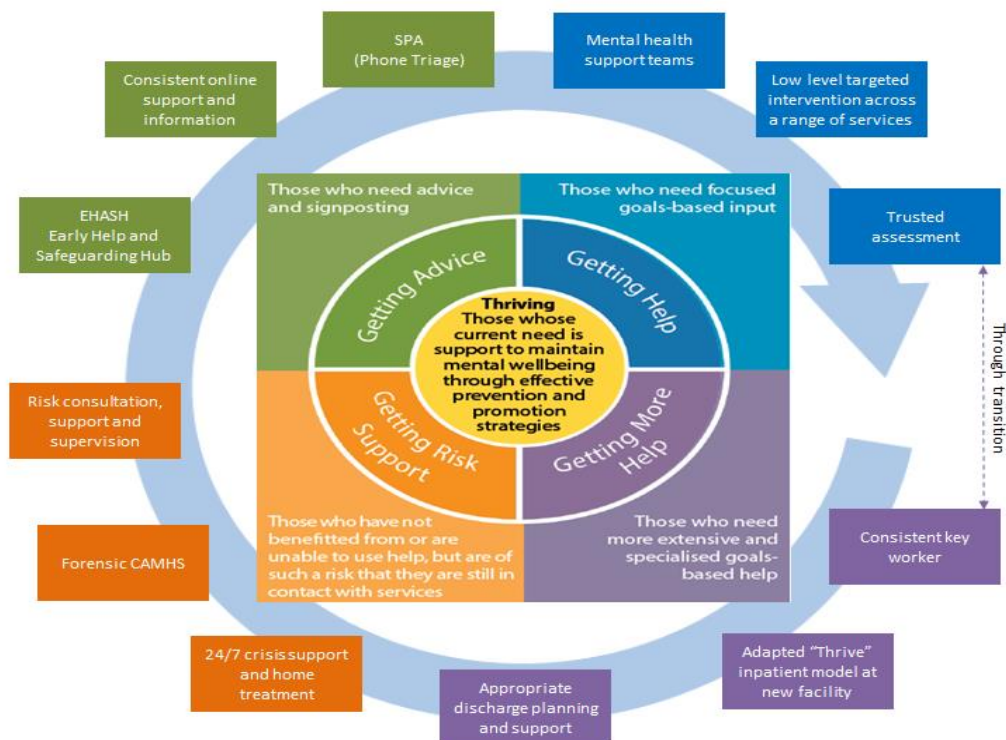
We know there is variation in services across the CYP MH pathway in HCV. Under new collaborative working arrangements, partners across the HCV patch are considering new models of care that will improve our ability to use total resource across the pathway. There is a need for commissioners and providers to work closely together to remove some of the obstacles to providing seamless care, which will improve transition between services and ultimately improve outcomes for our service users.

Developing our workforce in terms of training and skills, collaboration between partner organisations and new roles and responsibilities will be vital to success for any new model of care.

Our vision is in development but initial conversations between partners have been positive. With a vision that builds a system based on needs and preferences rather than service led by different organisations. This approach is also shared across the HCV Mental Health Partnership across a number of our mental health workstreams in HCV and we have seen strong engagement from staff, clinicians and services users.

The Thrive Framework will be a common thread to our discussions and developments around the CYP MH pathway.

In HCV we have mapped the key components we have identified at this stage and aligned them to the relevant areas of the Thrive framework, this will form the building blocks of our approach:

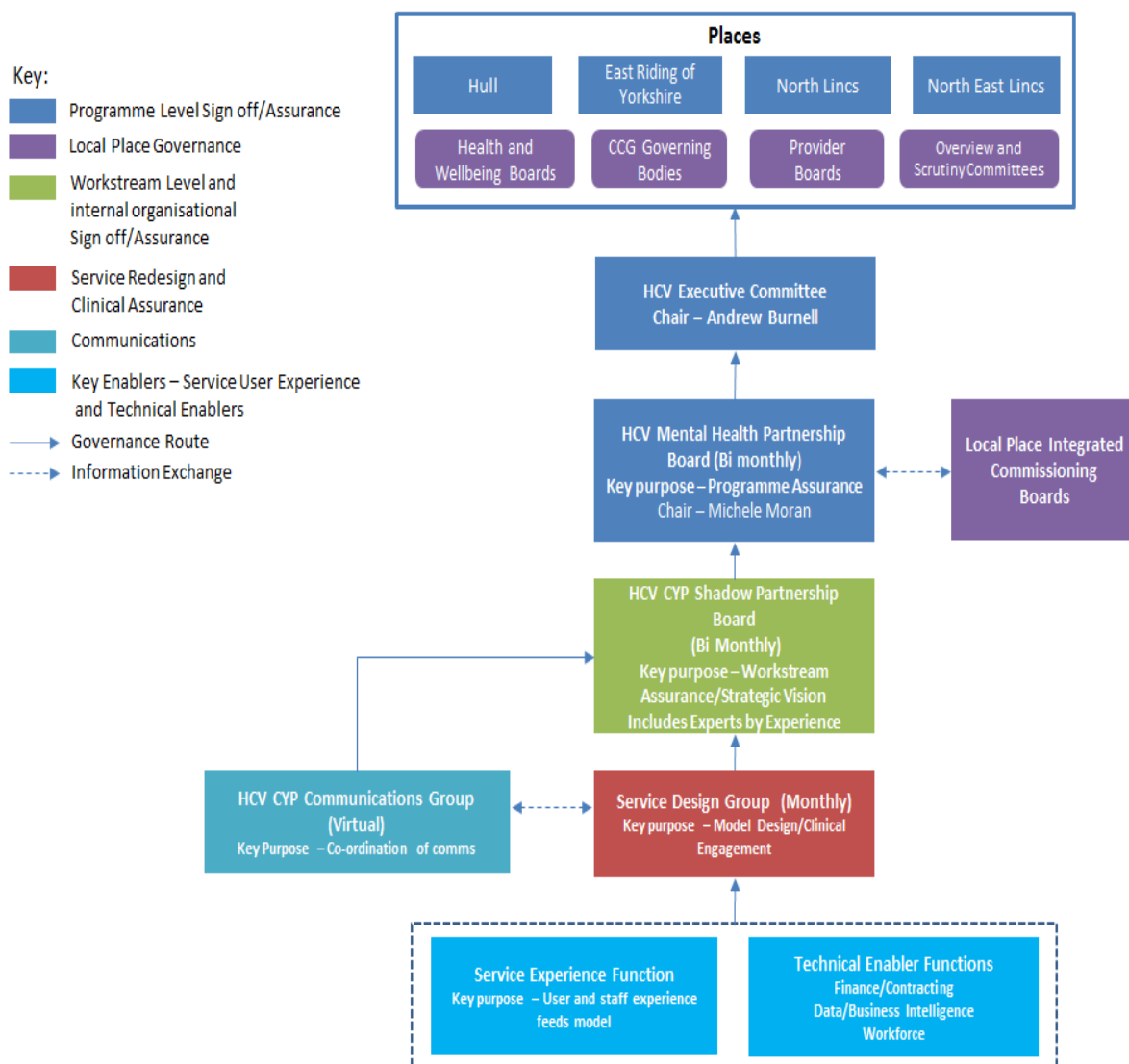


We are moving away from the tiered approach to CYP MH services and will work within a framework that is needs-led. This means that mental health needs are defined by children, young people and families alongside professionals through shared decision making. Needs are not based on severity, diagnosis or health care pathways.

In September 2019 the new CAMHS inpatient unit in Hull opened with capacity of thirteen commissioned beds. As part of the development of the new service Humber Teaching NHS Trust have been working with Cornwall Partnership NHS Foundation Trust and the Anna Freud Centre on an adaptation of the Thrive framework to include inpatient care, this will allow consistency of approach across the whole pathway.

Our approach will be for partners from health, social care, 3rd sector and service users to collectively explore each area of the thrive framework, agree the key components required and what changes need to be made to current services to achieve alignment with the Thrive principles.

This work will be supported by the proposed workstream governance arrangements set out below and be led by a dedicated, full time CYP MH lead for the HCV patch.



A CYP Mental Health representative from the 'union' will continue to support the implementation of the new models of care alongside local service providers.

Mental Health Services Data Set (MHSDS)

In NEL we currently (19/20) have three Providers who contribute to increasing access to NHS funded mental health services by inputting activity into the MHSDS. Kooth online counselling are now submitting data via the MHSDS which is being attributed to NEL and increasing our overall figure. The introduction of the MHSTs in 2020 will also contribute to the MHSDS submission.

All the allied services who contribute to Future in Mind submit a quarterly scorecard which outlines how much activity was undertaken, how well was this achieved and whether anyone is better off. These services are not directly commissioned using Future in Mind allocations but are key partners in our prevention and early intervention approach.

If we consider this activity alongside the access data submitted through the MHSDS we can estimate access rates to be similar to those set out below.

Number of CYP Accessing Support for Mental Health & Emotional Wellbeing			
15/16	16/17	17/18	18/19*
1,255	2,015	2,150	3,943

This data includes CYP accessing, Young Minds Matter (CAMHs)/Kooth online counselling/School Nursing CBT/ Youth Offending CBT

*Includes School Links Team support assemblies/workshops

This data estimates the number of CYP accessing support, however due to the fact there may be CYP which have accessed more than one service or may not have met the minimum requirement of 2 contacts, we believe there will be some duplications in the data.

Future in Mind Project Board

The Future in Mind project board meets on 6 monthly bases, with alternative quarters an electronic update being provided on the progress made on each of the scorecards which contribute to the vision and aims set out within the LTP plan and to prioritise actions for the following quarter.

Outcome Based Accountability

We have commissioned the new child and adolescent mental health service using an outcomes framework to enable the Provider the freedom to achieve the best outcomes for CYP.

NHS Long Term Plan

In NEL we have acknowledged and confirmed our commitments to the newly introduced NHS Long Term Plan. We will be integrating the great work being undertaken within the Future in Mind programme into the Long Term Plan and wider plans for children and young people, alongside the STP and ICS to develop and implement these strategies.

In response to the Long Term Plan for NEL:

Current Position:

- Announcement of successful site for NEL to deliver two Mental Health Support Teams to support children and young people within educational settings
- Currently developing a comprehensive whole school approach for educational settings
- Work alongside Providers to increase the flow of data to the MHSDS to achieve the 34% national access target
- Work alongside LPFT to maintain the position of achieving the 8 week waiting time for routine appointments into Young Minds Matter (including CAMHs)
- Developed a series of workshops to improve the knowledge and skills of staff and parents across the borough
- Reviewing the first year of the children and adolescent mental health and emotional wellbeing service to inform future service developments

- Access pathway is currently being reviewed to align with local need

Near Future:

- Mental Health Support Teams to be fully operational by December 2020 and providing a menu of support for children, young people and families
- Working towards the increased access target for children's mental health services and work with the Provider to plan towards this
- The 95% CYP Eating Disorder referral to treatment time standards achieved in 2020/21 will be maintained
- Create a single digital platform for all IAG, self-care and support to support CYP, parents/carers and professionals
- Develop training offer for educational professionals/professionals working with CYP
- Have a redesigned Access Pathway to meet the needs of children, young people and their families
- Audit staff workforce to ensure they have the right level of competencies

Aim by 2024:

- Funding sustained for the Mental Health Support Teams following confirmation from NHS England
- Comprehensive whole school approach embedded
- There will be a comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults
- NEL will support the national commitment of 345,000 additional CYP aged 0-25 will have access to support via NHS-funded mental health services and school- or college-based Mental Health Support Teams
- Children/young people mental health plans will align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice

Joint Targeted Area Inspection (JTAI) on the Theme of Children's Mental Health

Inspectors from Ofsted, the Care Quality Commission (CQC), Her Majesty's Inspectorate of Constabulary, Fire and Rescue Services (HMICFRS) and Her Majesty's Inspectorate of Probation (HMI Probation) could announce an inspection from September 2019 on a joint targeted area inspection of a local area. It focuses on a deep dive investigation into how local services respond to children and their families when children are living with mental ill health and children are subject to a child in need or child protection plan or are a looked after child aged 10 – 15 years.

A project team has been identified to ensure the readiness of this potential inspection who has reviewed the guidance and framework to understand the requirements. A decision has been made to undertake a peer review/mock

inspection before the end of the financial year to help the Council/CCG and Providers to understand the process and what is required of the inspection and enable readiness.

Engagement & Participation

Social, Emotional, Mental Health (SEMH) Conference

In April 2018 we held the first SEMH conference which brought together professionals from across the borough to stay at the forefront of youth mental health and emotional wellbeing provision in our area. The event was a success and was well attended by approximately 80 professionals and speakers included Kooth Online Counselling Service, Young Minds Matter, Laura Whixton from NHS England and the School Links Team.



Attendees enjoyed a lunchtime networking session as well as smaller group sessions to understand more about current topics, such as youth mental health training, the Access Pathway and mental health support in schools.

We also used part of the day to engage with professionals around the room to engage with the upcoming bid for the Mental Health Support Teams. We asked the following questions to help shape the bid:

- What should the selection criteria be for the trailblazer?
- How would you like the referral process to look?
- What is missing?



- 95% of attendees rated the conference as either 'Good' or 'Excellent'
- 90% of people said they would be interested in attending an annual SEMH conference

Therefore we are ready to start planning our next SEMH Conference for next year which we expect to be even bigger and better!

Mental Health Support Teams

We have engaged with children and young people initially through an online survey to ask 'what do you think are the main emotional wellbeing or mental health issues for children and young people?' and 'What mental health and emotional wellbeing support would you like to see in your school/college?' We also approached young people accessing local groups and forums to gain their feedback on the topic.

The survey highlighted the top 3 issues are:

- Anxiety
- Bullying
- Depression

The most common support young people would like to see are:

- Dedicated support
- Low level support
- A confidant

As part of the MHTS trailblazer we are working with educational settings to shape the offer and further understand how setting would like to utilise the support on offer from the teams.

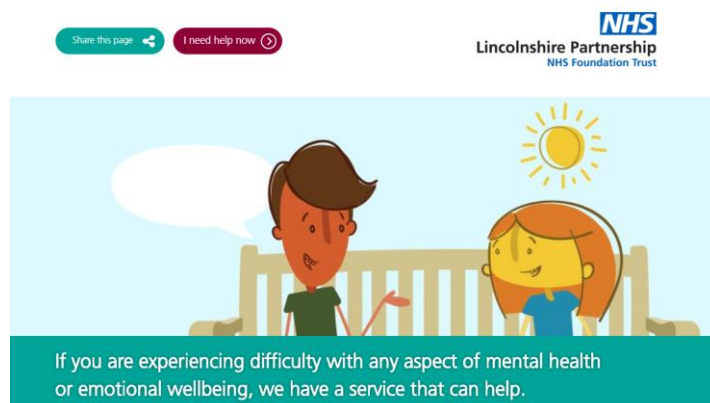
Further engagement is being planned through the educational settings to enhance the engagement and consultation and ensure that the MHST offer is tailored to the needs of young people locally. This will be a priority to ensure that the offer is truly coproduced.

Single Digital Platform

As part of the development of the single digital platform we further engaged with professionals and parents on the development of the platform.

- 30 professionals gave feedback on the development of the platform
- Top 3 issues professionals would like information on are:
 - Anxiety
 - Stress
 - Depression
- Like simple bite-sized chunks of information
- 33% wouldn't know where to find information, advice and guidance on children's mental health or emotional wellbeing
- 50% know what trusted website to sign-post children and families to
- 187 parents/carers completed a survey
- 41% have looked for information/services to support their child with mental health or emotional wellbeing
- Top 3 issues parents/carers would like information on are:
 - ADHD
 - Eating Disorders
 - Autism

Due to the Union board arrangements with NEL we have postponed the single digital platform to allow for the creation of a single platform between the two organisations to host children's and adult's health and social care information. Further consultation and engagement will continue in the interim as well as the testing of the Young Minds Matter [new website](#) with young people.



World Mental Health Day, 2019



During World Mental Health Day we spent some time at Grimsby Institute of Further and Higher Education.

At this event we engaged with young people, speaking to them about the local services and what support is available to access.

We were also joined by the integration participation worker from Kooth online counselling to raise the profile of the service.

The event was a success with a number of partner agencies providing information and advice to the students.

The adult mental health Provider also held a breakfast event to promote the theme of Suicide Prevention and also encouraged staff to undertake the Zero Suicide Alliance training, whilst also sharing with family and friends.

Harry our peer supporter from the Young Minds Matter service also supported the event and showcased some of the wonderful work which is being undertaken within the service.



Engagement and Participation

Members of Youth Action group have held several meetings with the Commissioners for the transformation plan and helped with work including youth proofing the transformation plan to create a children and young people's version.

The iCan banner pens designed with a banner giving details of where young people can access help and support themselves for the emotional wellbeing have been handed out to over 3,000 young people or adults working with young people.

Make Your Mark

During September 2018 young people aged 11-18 years were asked to vote in Make Your Mark on the most important issue for them from ten key issues. For the fifth year in a row mental health was voted as second to top in NEL with almost 1 in 5 of approximately 5,000 young people who voted choosing this as the most important to them.

Blue Monday

In partnership with Navigo and VANEL, funded by the Gardiner Hill foundation we contributed to an event to tackle loneliness for young people on the so called 'Blue Monday' in January and called it bright blue Monday with activities and services all helping to engage with young people to tackle loneliness. Before and after this event young reporters worked with Navigo creative writing group to produce a booklet with poems and articles around mental health and loneliness. 500 copies of the booklet and some posters were printed and are located around the area for people to read and gain some sense of commonality, understanding and inspiration to engage themselves in something that is right for them.

Youth Mental Health Peer Supporters

Following the initial success with the Youth Action group taking the idea to Havelock school there has limited up take on this offer currently. We have however enabled a further 30 young people from a community perspective to be trained as peer mental health support through Nexus, training with a range of young people working with Voice and Influence, Franklin College and YMCA as well as training for police cadets locally.



Nexus Youth Forum

Nexus youth forum have continued to support young carers at their summer residential working in partnership with the YMCA looking at masks and what makes us happy and what makes us sad.

Nexus have also supported at the Fresher's fair at Franklin, engaging with students to raise awareness of local support services and to see what topics they would like to cover over the year.

Below details some of the other work that Nexus has undertaken:

World Peace Day at Franklin - How to create a peaceful mind? What can we do to calm our minds and help us stay focused?



Young carer's residential October half term, positivity rocks and colouring



Nexus has now started supported the YMCA youth club in Immingham – attending once a month engaging in positive activities for mental health

Nexus at the YMCA foyer has held workshops on LGBTQ awareness and Health watch have attended to talk to young adults about local services



The Summary Report

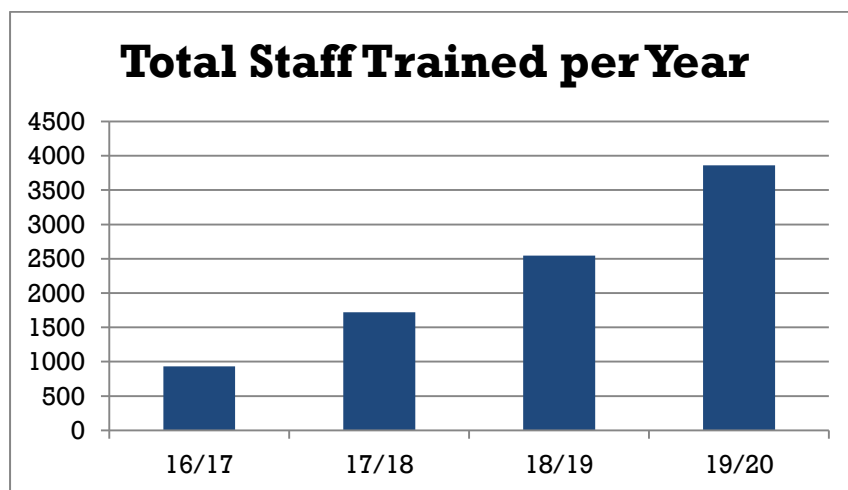
As we are nearing the end of the Future in Mind 5 year programme we are reflecting on the impact and difference in which we have made for children, young people and families within NEL. The below tables highlight the improvement made between 2015 and the current point data is available to use.

Workforce Training

We continue to commit to upskilling the workforce giving them the tools they need to support the children, young people and families they are supporting. We

are also keen to roll this offer out further to parents and carers so they feel better equipped to meet the needs of the child/young person.

As the table evidences we have increased the number of professionals trained and will continue to upskill the workforce.

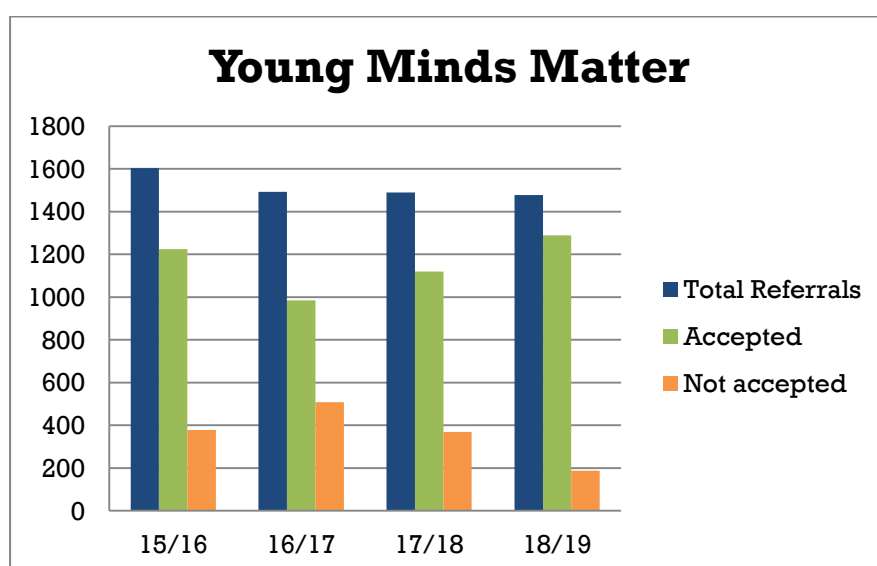


Graph 13: The total number of staff trained between 16/17 to 19/20

Parent/Carer Sessions

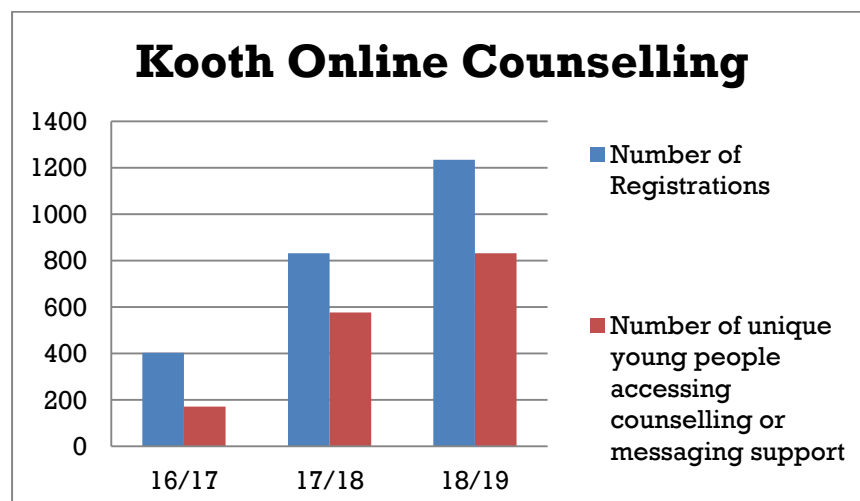
Parent/carers sessions commenced during Q4 18/19, for further information see Workforce & Governance section. In subsequent summary reports this data will be comparative year on year.

Access to Service



Graph 14: Access to Young Minds Matter from 15/16 to 18/19

There has been a reduction in referrals to the CAMH service as it was previously known, which aligns with the introduction of Future in Mind and the ambition to reduce the need for specialist support and by identifying support before a CYP reaches crisis. Since the introduction of the new contract there has been an increase in the number of appropriate referrals into service.



Graph 15: Access to Kooth Online Counselling

The numbers of unique young people who are accessing Kooth online counselling has increased dramatically over the lifespan of the contract as it becomes more embedded and widely used. Also the number of young people who are utilising online counselling and messaging support function of the website has also seen an increased since the service introduction in 2016.

The table below sets out an indicative trajectory for increased access from the Future in Mind report.

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS funded community MH service	28%	30%	32%	34%	35%
Number of additional CYP treated over 2014/15 baseline	21,000	35,000	49,000	63,000	70,000

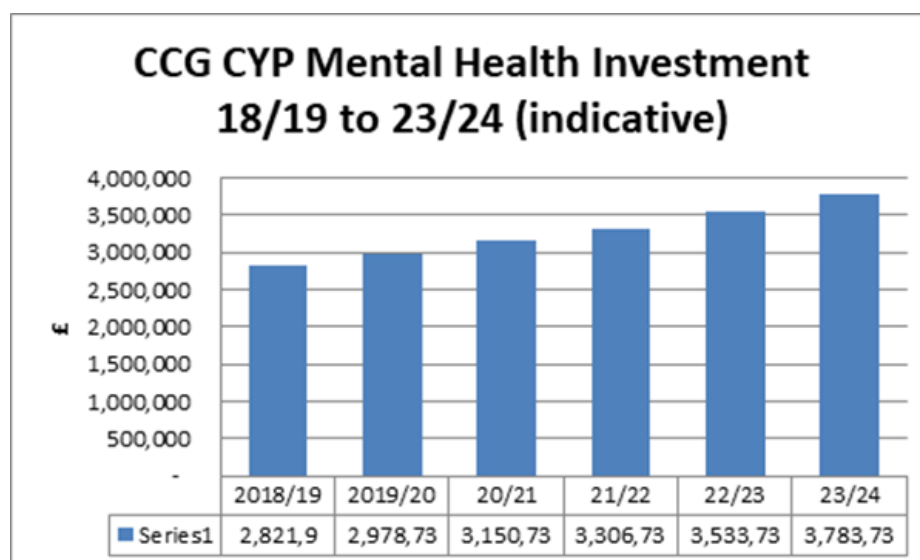
Within NEL we have set out the targets for each of the financial year and the trajectory for 19/20 and 20/21 based upon our local prevalence data.

Proportion of children & young people <18 receiving treatment by NHS funded community services - CCG (Denominator – 3,586)		
Year	%	Number of CYP Expected to be Seen
17/18	30%	1,075

18/19	32%	1,147
19/20	34%	1,219
20/21	35%	1,255

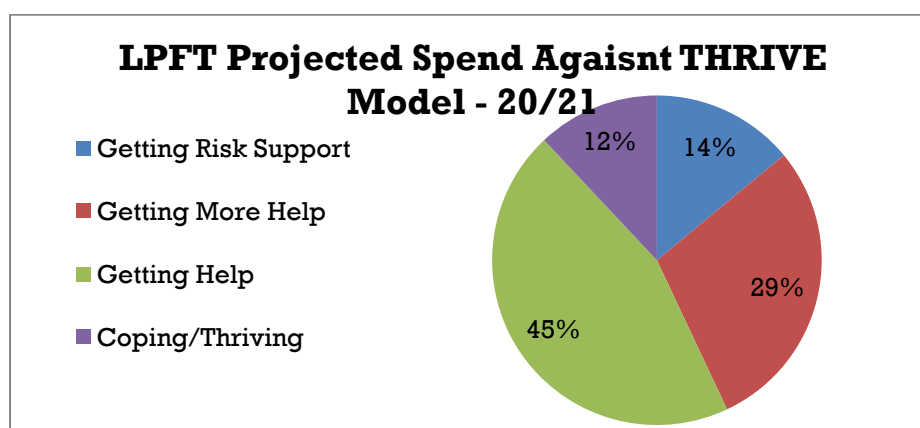
Investment

We continue to see NELCCG investment into mental health services in North East Lincolnshire over the transformation plan period and this is set to continue inline with the intensions of the Long Term Plan , this is highlighted in Graph 16 below.



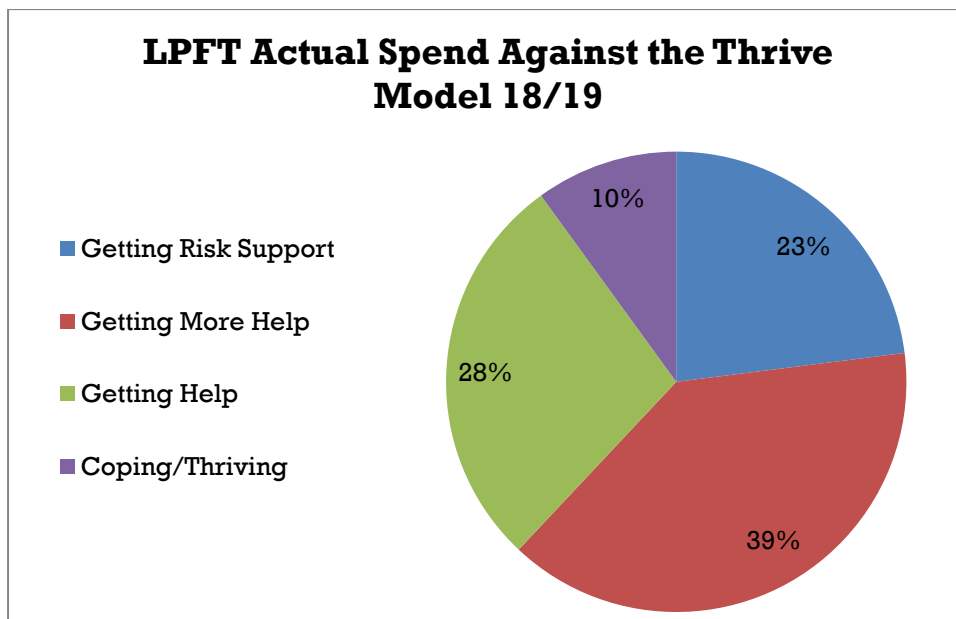
Graph 16: CCG CYP Mental Health Investment 18/19 -23/24 (indicative)

Across the borough there is real commitment to system wide change ensuring children and young people receive the support they need at the earliest opportunity, we are changing the way we have previously done things to meet the needs of individuals. This last year we have aligned financial investment to the Thrive approach and are encouraging a shift in investment in the new specification towards 'Getting advice/ coping' and 'Getting Help quadrants and expected by 20/21 for two thirds of all investment in this contract to be directed these quadrants.



Graph 17: LPFT Projected Spend Against THRIVE Model in 20/21

We will review this approach annually and at the end of the first year of the contract (18/19) 28% of spend was aligned to these these top two quadrants, which shows progress in moving towards an early support model. This will be used as a baseline for forthcoming years.



Graph 18: LPFT Actual Spend Against the THRIVE Model in 18/19

Transformation Action Plan

Key Milestones	Deadline			
	19/20 Q1&Q2	19/20 Q3&Q4	20/21 Q1&Q2	20/21 Q3&Q2
Getting Advice (Coping)				
Marketing & Promotion				
Market and promote services across the system (e.g. iCan, text service, online counselling)	✓	✓	✓	✓
Promote the emotional wellbeing and mental health short films created through social media platforms etc.	✓	✓	✓	✓
Create additional short-films identified by CYP, Parents/Carers and professionals to reduce stigma around mental health.		✓		
Digital Communication & Support				
Continue to embed the online counselling service Kooth across the system and to CYP, parents/carers and professionals	✓	✓	✓	✓
Continue School Nursing Text Service and review impact	✓	✓	✓	
Create a Single Digital Platform for all IAG, self-care and support on one website for CYP, parents/carers/professionals		✓	✓	✓
Whole School Approach				
Identify further mental health champion in all schools/academies/colleges to achieve	✓	✓	✓	✓

90% coverage				
Ensure all educational settings are involved in WSA have an SEMH policy	✓	✓	✓	✓
Review the SEMH training competency framework following implementation with the champions		✓		✓
Continue to engage SEMH champions through network	✓	✓	✓	✓
Ensure schools understand the local offer for mental health and emotional wellbeing following the re-procurement	✓	✓	✓	✓
Review training offer for educational settings and audit gaps and future developments	✓		✓	
Implementation of the Anna Freud Link Programme across all educational settings			✓	✓
Promote and gain commitment to Senior Mental Health Lead Training		✓	✓	
Audit educational settings outside of the MHST trailblazer to identify need and gaps			✓	
Mental Health Support Teams				
Finalise sign up of the educational settings to the Mental Health Support Teams		✓		
Undertake a press release of educational settings signed up to the trailblazer		✓		
Hold a launch event for the trailblazer educational settings		✓	✓	
Create an introductory guide for the MHST educational settings to ensure they are ready to receive a team		✓		
Complete the procurement for the MHST and award to a Provider		✓		

Embed the MHSTS across the wider system and set up of teams		✓	✓	✓
Trauma Informed Schools				
Support Trauma informed schools pilot with NELC, Educational Settings and NSPCC	✓	✓	✓	✓
GP Liaison Role				
Engage with GPs and healthcare professionals to ensure they understand the new delivery model		✓		
Undertake a targeted approach with GPs to ensure the offer is articulated clearly			✓	✓
Attachment & Parenting Support Pathway				
Evaluate and review parenting and attachment programmes	✓	✓	✓	
Getting Help				
Perinatal Mental Health				
Develop PNMH peer support programme and pilot through engagement with parents and the voluntary sector	✓			
Review and embed the PNMH peer support programme		✓		
Youth Mental Health First Aid Peer Support				
Review pilot and recruit further schools/educational settings to undertake training		✓		
Target other voluntary agencies supporting young people to identify YMHFA peer supporters			✓	

Transition Programme				
Review feedback from Wellbeing Transition Passport from CYP and families and measure the impact		✓		
Continue to ensure transitions between services are planned and supportive as part of the new delivery model	✓	✓	✓	✓
CBT Are You Ok?				
Continue to implement the school nursing/youth offending CBT support for CYP with self-harm, low level anxiety and depression	✓	✓	✓	
Review and evaluate the CBT support programme for CYP	✓	✓	✓	
Maintain CBT supervision arrangements to support the early help model	✓	✓	✓	
Getting More Help				
Eating Disorders				
Continue to monitor eating disorder cases to respond any increase in prevalence across CYP/Adult providers	✓	✓	✓	✓
Complete shared care arrangement for eating disorders across adult and children's providers	✓	✓		
Children with Additional Needs (Formerly The Access Pathway)				
Implement the recommendations identified in the Healthwatch report		✓	✓	✓
Align new pathway to wider SEN needs linked to the written statement of action		✓	✓	✓

Multi Agency Safeguarding Hub (MASH)				
Maintain relationship and arrangements between Young Minds Matter and MASH (formerly Families First Access Point)	✓	✓	✓	✓
Transforming Care				
Consolidation of CYP cohort, register and CETRs processes	✓	✓	✓	✓
Ensure continuity with Humber TCP	✓	✓	✓	✓
Vulnerable Children & Young People				
Share recommendations made by the quality and governance audit for those LAC placed OOA receiving specialist CAMHs provision			✓	
Trusted Relationships Bid				
Review effectiveness of specialist CAMHs practitioner role as part of wider programme	✓	✓	✓	
Suicide Prevention & Self-Harm				
Widen self-harm task and finish group and refresh action plan and priorities	✓	✓	✓	
Support and actively engage with the NEL suicide prevention strategy	✓	✓	✓	
Information packs to be given to children, young people, their parents on discharge from A&E			✓	
Specialist Peri-natal mental health service				
NELCCG to lead and oversee the delivery of the Specialist Peri-natal mental health service on behalf of the CCGs in the HCV STP	✓	✓	✓	

Support the implementation plan for PNMH across NEL as part of the wider HCV footprint				
18-25 Years' Service – Young Adults Mental Health Service				
Baseline audit of current activity for 18-25 young adults			✓	
Explore different models of implementation for the service, using best practice and lessons learnt from other areas			✓	
Hold workshops with children's and adult Commissioners and Providers to start to develop ways of implementation			✓	
Getting Risk Support				
Crisis Care Concordat				
Engage and implement recommendations from Crisis Care Concordat	✓	✓	✓	
Section 136/ Place of Safety				
Continue to explore the Humber model	✓	✓	✓	✓
YMM, NLAG and emergency services to review section 136 arrangements and develop annual training programme	✓	✓	✓	✓
Liaison and Psychiatry				
Baseline audit of current activity in A&E for CYP			✓	✓
Explore different models of implementation for an all age Core 24 Service, using best practice and lessons learnt from other areas			✓	✓
Hold workshops with children's and adult Commissioners and Providers to start to			✓	✓

develop ways of implementation				
Governance and Workforce				
Wellbeing Service Training Delivery				
Continue to deliver mental health training offer to the children's workforce	✓	✓	✓	✓
Workforce Planning				
Finalise workforce planning with task and finish	✓		✓	
Continue to audit 0-19 staff sign-up to emotional wellbeing and mental health training	✓	✓	✓	✓
Work in collaboration with the NSPCC to ensure mental health training is incorporated as part of the together for childhood programme	✓	✓		
Work with HE colleagues to explore projected workforce trends		✓		✓
Promote to children and young people mental health as a career option at skills shows etc.	✓		✓	
CYP IAPT				
Continue to embed the approach of CYP IAPT across the 0-19 workforce	✓	✓	✓	
Continue supervision as part of CYPIAPT	✓	✓	✓	
3 Psychological Wellbeing Practitioners training at Health Education England (HEE)	✓	✓		
Embed the Psychological Wellbeing Practitioners into the wider system and monitor impact			✓	✓

Training for Clinical Pathways Support					
Cascade out PNMH champions training to wider workforce and community members	✓	✓	✓	✓	✓
Coordination and delivery of training to complement the delivery of the Access Pathway	✓	✓	✓	✓	✓
FiM Programme Management					
Monitor KPI's, outcomes and activity across all programmes contributing to LTP using the scorecard format	✓	✓	✓	✓	✓
Oversee the Future in Mind Strategy through the 'FiM Programme Board' and monitor progress	✓	✓	✓	✓	✓
Explore options to capture additional activity levels from allied services to input into the MHSDS	✓	✓	✓	✓	✓
Governance					
Continue to embed THRIVE delivery model across the system	✓	✓	✓	✓	✓
Develop a refreshed 'Future in Mind & Me' easy read summary for the re-fresh			✓		
Continue to develop joint working arrangements for MH across STP footprint	✓	✓	✓	✓	✓

Financial Allocation

Future Allocation & Spend

Quadrant	Commissioner	Services Commissioned	14/15 Value	15/16 Value	16/17 Value	17/18 Value	18/19 value	19/20 Forecast	20/21 Forecast
Getting Risk Support/ Tier 4	NHS England	Inpatient beds	£567,752	£186,456	£184,874	£482,213	£485,981	TBC	TBC
Getting More Help	NELC	Mental Health Support Team	n/a	n/a	n/a	n/a	n/a	£137,000	£775,495
		Includes crisis & home intervention service	Part of Young Minds Matter block contract below						
Getting Help	NELC	Young Minds Matter	£2.28 million	£2.28 million	£2.28 million	£2.28 million	£2.75 million	£2.9 million	£3.1 million
Getting Advice/ Help	NELC	Online counselling	£0	£0	£30,000	£60,000	£60,000	£80,000	£75,000
Getting Advice	Variety of different services which support mental health and emotional wellbeing and offer general advice and early signposting into getting help/getting more help services. It should be noted that some educational settings are funding external mental health services however values are not known.								

The above table demonstrates the spend against the Thrive model in terms of commissioned services only.