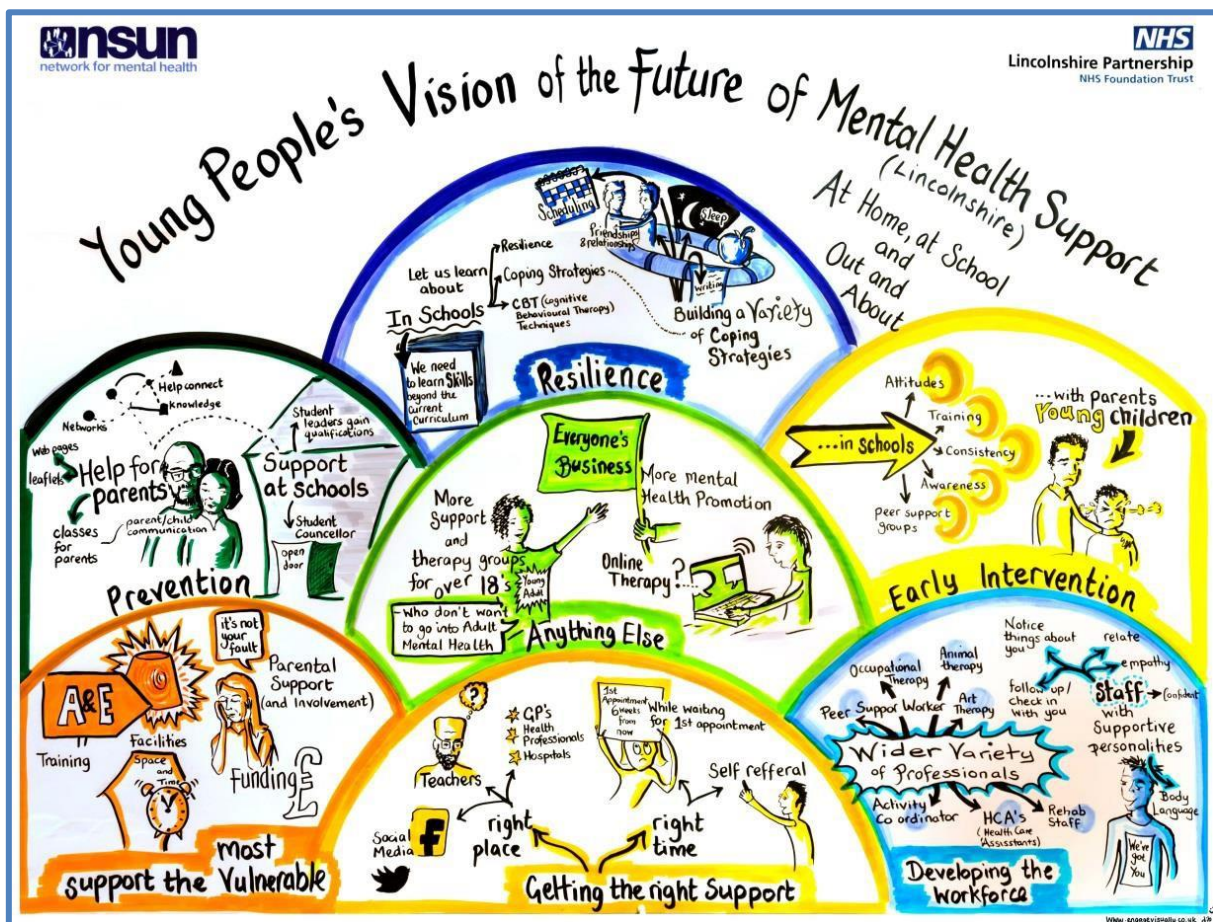


Lincolnshire Local Transformation Plan for Children and Young People's Emotional Wellbeing and Mental Health

2022-2023 Refresh



Version Control

Date	Version	Date due for renewal	Reason for renewal
September 2015	1.0	March 2016	
October 2015	1.3	March 2016	NHS Specialist Commissioning feedback
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Introduction

This plan is the 2022-23 refresh of the Lincolnshire Local Transformation Plan (LTP) for Children and Young People's (CYP) Emotional Wellbeing and Mental Health.

Previous Policy Background

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

- 'Together We Stand' provided the first coherent UK governance policy on Child and Adolescent Mental Health Services (CAMHS) and proposed a tiered model spanning the spectrum of need from prevention and early intervention to specialised inpatient care
- 'No Health without Mental Health' (2011) pledged to provide early support for mental health problems, driving "parity of esteem" between physical and mental health
- 'Closing the Gap: priorities for essential change in mental health' (2014) included actions such as 'Improving Access to Psychological Therapies (IAPT) for CYP
- The Department of Health and NHS England established a 'Children and Young People's Mental Health and Wellbeing Taskforce' which reported in March 2015 (Future in Mind) and set out ambitions for improving care over the next five years
- The 2015-2017 Government announced new funding for mental health, including specific investment in perinatal services and eating disorder services for teenagers.
- The 'Five Year Forward View for Mental Health' (FYFVMH) (February 2016), included specific objectives to improve treatment for CYP by 2020-21:
 - Increasing access to high-quality mental health care and evidence-based treatment for CYP
 - More trained therapists and supervisors to meet the need, as well as retaining existing staff
 - Delivering the CYP IAPT programme in all areas to ensure a highly skilled workforce
 - Ending the practice of CYP being kept in police cells as a "place of safety".
- A Green Paper on CYP mental health was published for consultation in December 2017, which set out proposals to improve mental health support, in particular through schools and colleges:
 - For all schools and colleges to identify and train a Designated Senior Lead for mental health
 - To fund new Mental Health Support Teams (MHSTs), supervised by CYP mental health staff
 - To pilot a four week waiting time for access to specialist CYP mental health services.
- The Government announced the introduction of statutory health education in July 2018. Statutory guidance setting out the requirements for this came into force in September 2020.

Latest National Policy (NHS Long Term Plan)

Under the NHS Long Term Plan, published in January 2019, the NHS made a new commitment that funding for CYP mental health services will grow faster than overall NHS funding, total mental health spending and each Integrated Care Board's (formerly Clinical Commissioning Group) spend on mental health:

It set out the following priorities and ambitions for CYP mental health:

- Continue to invest in expanding access to community-based mental health services
- Boost investment in CYP eating disorder services
- All CYP experiencing a mental health crisis will be able to access crisis care 24/7
- Mental health support for CYP will be embedded in schools and colleges through MHSTs
- Develop new services for CYP who have complex needs that are not currently being met
- A new approach to mental health services for 18-25 year olds, supporting transition to adulthood.

This plan is refreshed in light of the new Key Lines of Enquiry (KLOE's) against the current national priorities shared by NHSE England and NHS Improvement (NHSE/I) for 2022-23 (see Appendix A).

Local Priorities

Children's emotional wellbeing and mental health is a local priority identified in the Lincolnshire Joint Health and Wellbeing Strategy since 2018 and features across a number of other strategies; ensuring children's emotional wellbeing and mental health is a key thread that runs across all aspects of supporting CYP in Lincolnshire:

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

Commissioning of CYP mental health services in Lincolnshire is also aligned with the aims and objectives of the Lincolnshire County Council's Children's Services commissioning priorities, which include supporting children to reach their potential by ensuring that they are safe and healthy, ready for school (including emotionally ready), and ready for adult life. These priorities provide a strategic framework to support ongoing decision making and guide commissioning activities to ensure sustainability and continuous service improvement.

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

This refreshed Local Transformation Plan is developed collaboratively across the Local Authority, Lincolnshire Integrated Care Board (LICB), NHS Providers and wider CYP mental health system, and will be shared with key agencies for input annually and actions will be monitored regularly throughout the year.

Lincolnshire Mental Health, Learning Disability and Autism (MHLDA) Alliance

Lincolnshire's MHLDA Alliance has adopted an overarching all-age prevention and early intervention approach, the vision, strategic focus and key priorities for which are set out below. The Alliance has a broad membership that includes LPFT, LCC, LICB, the Voluntary and Community Sector, District Councils, and the Office of the Police and Crime Commissioner. The vision for the MHLDA Alliance is:

Together we will value people with mental ill health, learning disability and/or autistic people and will enable them to live independent, safe, well and fulfilled lives in their local communities.

The strategic focus for the MHLDA Alliance is on:

- Population health management
- Engagement and co-production
- Improved access to community support
- A reduction in repeat presentation of people with complex needs
- Helping people to recover from ill health
- Services that are sustainable and represent best value.

The key priorities for the MHLDA Alliance are:

- Developing an MHLDA inclusive society including the promotion of mental health
- Improving access to community-based services (to reduce need for more specialist services)
- Minimising in-patient and residential care placements, especially out of county
- Suicide prevention
- Delivering a sustained and MHLDA informed workforce.

1: Transparency and Co-Production

CYP Mental Health Investment

The table below provides a summary of recent years funding for CYP emotional wellbeing and mental health services in Lincolnshire, including both NHS and non-NHS investment, against the 2015/16 baseline.

Funding	2015 16	2018 19	2019 20	2020 21	2021 22	2022 23
CAMHS (recurrent)	£5,953,214	£7,009,164	£7,437,163	£7,605,388	£9,000,873	£10,093,838
CAMHS (non-recurrent)	-	£348,934	£532,333	£350,474	£1,489,000	£1,339,600
CAMHS	£5,953,214	£7,358,098	£7,969,496	£7,995,862	£10,489,873	£11,433,438
Healthy Minds (recurrent)	-	£2,000,000	£2,000,000	£2,000,000	£2,000,000	£2,000,000
Healthy Minds (non-recurrent)	-	-	£179,000	£91,000	-	-
Healthy Minds Lincolnshire	-	£2,000,000	£2,179,000	£2,091,000	£2,000,000	£2,000,000
MHSTs – Wave 2	-	-	£93,018	£347,386	£736,274	£751,000
MHSTs – Wave 4	-	-	-	£147,734	£510,677	£741,759
MHSTs – Wave 7	-	-	-	-	-	£129,555
MHSTs – Wave 8	-	-	-	-	-	£111,047
Mental Health Support Teams	-	-	£93,018	£495,120	£1,246,951	£1,733,361
Online Counselling Service	£100,000	£200,000	£200,000	£200,000	£200,000	£200,000
Lincolnshire Total	£6,053,214	£9,558,098	£10,348,498	£10,781,982	£13,936,824	£15,366,799

The developments detailed below for 2022/23 are aligned to Lincolnshire's goals for CYP mental health as a local response to the NHS Long Term Plan and meet national and local requirements for greater investment and growth in CYP mental health support, particularly increasing access and reducing waits for community, crisis and eating disorder services, and improving transition for young people aged 18-25.

CYP Community and Crisis

In Lincolnshire we want to continue to strengthen our core community and crisis mental health services for CYP, ensuring more children that need support can access it without having to wait too long. We want seamless services that work across social care and education as well as with other health partners to meet the holistic needs of children through an integrated approach that keeps CYP well, away from crisis and meets their needs in their local communities. This means investment across all levels of support through community/school based emotional wellbeing support via MHSTs and Healthy Minds Lincolnshire, through core CAMHS support, specialist, and crisis/intensive home treatment.

With almost £1million increased baseline funding in 2022/23, we have:

- Maintained investment in early intervention and prevention to ensure we continue to have a strong offer whilst MHSTs continue to be rolled-out across the county in line with NHSE/I timeframes, prioritised to the areas of greatest inequality and need, offering evidence-based interventions for low to moderate mental health concerns and building to an estimated 50% coverage by 2024/25.
- Increased staffing in CAMHS to provide sufficient capacity to meet the increased demand on specialist services and address the existing waiting list and reduce waiting times, the following are being recruited in 2022/23:
 - A Cognitive Behaviour Therapy (CBT) Manager Supervisor
 - A Highly Specialist Systemic and Family Therapist
 - 2.6 WTE Highly Specialist Clinical Psychologists
 - A CBT Therapist
- Increased CAMHS medical capacity in response to increase in activity across CAMHS
- Continued interim funding for the Lincolnshire Here4You Access Team alongside the development of infrastructure to improve access to services
- Committed to recruit 6 newly qualified Band 5 rotational posts across CYP services as part of Lincolnshire's mental health workforce recruitment and retention plan

- Continued expansion of 24/7 urgent and emergency mental health response for CYP, including currently recruiting to posts as part of a pilot CYP Mental Health Liaison team, to proactively support young people admitted to acute paediatric beds and support discharge planning home
- Continued to grow the workforce and increase capacity to meet the local population's needs; through training, recruitment, retention and transformational change, including increasing the number of Peer Support Workers and newly qualified practitioner posts.

Just over £0.5million Service Development Fund (SDF) investment allocated in 2021/22 will be used in 2022/23 to continue funding:

- Lincolnshire's Peer Support Workers, including expanding this with additional peer support/lived experience and parent/carer roles
- Increased core clinical CAMHS provision by recruiting a Systemic Therapist, an Art Therapist, and an additional registered practitioner.
- A Learning Disability (LD) Clinical Lead to support across all teams and to lead STAMP/STOMP, as well as 2 WTE LD Support Workers, increasing specialist support for CYP with LD across CAMHS core and crisis provision to prevent escalation and hospital admission and also support the over-medication of CYP for LD.

Using non-recurrent funding allocated to support, amongst other things, CYP discharge from hospital, we are piloting a CYP Mental Health Liaison Service to work alongside the existing adult service in Lincolnshire. In addition, we will also be recruiting to a Bed Manager post.

In Lincolnshire, admissions and discharges are currently monitored and tracked through a monthly complex case meeting, which is attended by representatives across the Lincolnshire system, supporting removal of any barriers to discharge. As part of a regional delayed discharge programme, using £150k non-recurrent funding, Lincolnshire will continue to build in early engagement and discharge planning:

- Building a digital dashboard to use data and information more effectively
- Using the dashboard within the complex case meetings to support discharge planning
- Increasing administrative capacity to support in the organisation and management of the complex case meetings and management of the reporting dashboard
- Beginning a Quality Improvement Project focusing on delayed discharge, to implement 'case reviews' for all young people identified as delayed discharges.

CYP Eating Disorders

The clinical governance and contracting requirements for the CYP Eating Disorder Service (CYP-EDS) is detailed within the National Access and Waiting Times Standard. Since the Covid-19 pandemic CYP-EDS has seen a significant increase in referrals in Lincolnshire, as well as the acuity in referrals, reflecting national trends.

A proportion of recurrent SDF investment was allocated to CYP-EDS in 2021/22 (£327k) and used to increase the workforce capacity of the team by recruiting a Physical Healthcare Nurse, a Dietitian, a Lead Psychologist, two registered Practitioners and a Systemic Therapist, will continue in 2022/23. This investment has improved the response rate of the service. However to fully achieve the National Access and Waiting Times Standard, the workforce model would need to align to the number of eating disorder referrals that are being received. The team was set up to respond to 50 referrals per year and is now supporting 100-150 per year. Further investment in EDS is required to further increase workforce capacity in order to meet NHS Long Term Plan targets. Only with this investment could we ensure the provider has the necessary capacity to meet the current demand on CYP-EDS and aim to meet the waiting time standard for routine and urgent referrals by 2023/24, without baseline investment these will not likely be achieved.

Physical health monitoring for CYP with a suspected or confirmed eating disorder is an essential requirement for delivery of a safe and effective service. In order to provide the CYP-EDS effectively, a seamless physical health care pathway for young people with an eating disorder will be implemented that spans from primary care through to acute physical health care. The physical health care pathway will be accessible for young people, allowing them choice of how their physical health is monitored. System wide working has already been successful in establishing and building good working relationships between the mental health provider and the acute hospital provider in Lincolnshire. The initial £50k investment in 2022/23 will be used to strengthen this working relationship by bringing in Paediatrician sessions into the CYP-EDS team. With any additional investment the service will be able to:

- Implement more dedicated acute Paediatrician time into the CYP-EDS team
- Increase the skilled workforce to be able to provide physical health care support
- Invest in primary care time to develop a shared agreement for physical health monitoring in the community.

In recent years, the Avoidant or Restrictive Food Intake Disorder (ARFID) agenda has increased both on a local and national level. Specialist teams out of area have provided specialist ARFID interventions to young people requiring support following diagnosis. Regional pilots, learning and training specifically on ARFID has been rolled out to providers. Our ambition is to increase the scope of the CYP-EDS service to deliver an evidence-based pathway for CYP presenting with ARFID. Lincolnshire has been developing a pathway specifically for ARFID, in the anticipation future funding will increase capacity to allow us to implement an operational ARFID pathway in Lincolnshire.

In conjunction with Lincolnshire's Adult Eating Disorder Service, a First Episode Rapid Early Intervention for Eating Disorders (FREED) pathway will be piloted in 2022/23. FREED is an innovative treatment approach to help young people aged 16-25 with an eating disorder as early as possible for a better chance of recovery. The FREED pathway will be an enhancement to the service and will work across CYP and adult services, removing transition barriers. This pilot will require further funding in 2023/24 if successful.

Transition for Young People Aged 18-25

In Lincolnshire, we already have flexible transition arrangements so that CYP coming up to 18 will either be supported out of mental health services or into the Adult Mental Health Service (AMHS), as part of these arrangements they may stay in CAMHS past turning 18 or equally could transition or access AMHS earlier, e.g. if they are just coming into mental health services at almost 18. However, we want to do more to support these transitions and make CYP's care as tailored to the individual and seamless as possible, particularly those with other difficulties and/or complex needs such as LDA, children in care/care leavers etc. We will:

- Address the needs of a significant number of young people requiring support post-18 that are included in the transforming care cohort, forward planning for their transition to adult services will be strengthened and remove barriers to any barriers in the system to young people receiving clinical interventions post 18 years.
- Analyse the flow of young people post 18 to determine whether additional capacity needs to be created to ensure that young people that are unlikely to access adult provision, but still need support, can do so with CAMHS ensuring that interventions, where possible, are completed in one episode and young people are safely discharged.
- Address the needs of a significant number of young people with eating disorders that require continuing intervention post-18; work will be undertaken to explore an all-age Eating Disorder service and/or pathway to ensure long-term recovery and resilience.
- Build links with the adult community transformation, as well as community and third sector organisation to strengthen the community offer for young people aged 16-25
- Refresh the LPFT Mental Health Transition Protocol to remove age related barriers and ensure transition between services are person centred.

Recurrent SDF investment in 2021/22 led to the development of transition lead mental health workers within CAMHS who are tasked with leading and supporting young people between 16-25, specially supporting the transition to community support post 18. The Transition Lead Mental Health Practitioners are reviewing the current transition protocols in place in Lincolnshire and will be building strong links with AMHS, they will link with Primary Care Networks (PCNs) and local communities to understand the support offer that is wider than the singular mental health provider. Lincolnshire will review its transition protocol to remove age-related barriers and promote patient centred planning for young people between 16-25.

The £240k recurrent funding from 2021/22 will be used to continue funding the three transition leads workers in Core CAMHS, and the transition lead worker in the CYP Eating Disorder Service in 2022/23 to:

- Support young people, particularly the most vulnerable or complex, across core or specialist services from an appropriate age beyond 18 and up to 25
- Provide support in the community and remotely to ensure that YP continue to feel supported as they transition either out of mental health services or into adult mental health services
- Continue to be a point of contact and support YP post-discharge
- Provide remote support to Lincolnshire's higher education students when they return to homes out of county during holidays.

For full countywide coverage a further Transition Lead Worker has been recruited using £55k of the additional SDF funding allocated in 2022/23. With further SDF investment of £80k in 2022/23 we will also work with the local universities to improve pathways for their students. This will support those young people coming into Lincolnshire needing access to support for their mental health, as well as those young people returning home, joining up service provision across different areas, improve consistency and continuity in support and improving patient outcomes and experience.

Engagement and Co-production

Lincolnshire has long-established service user engagement in terms of mental health service improvement and development. There is a well-established CYP Peer Support and Engagement Involvement team, which is being grown in line with overall growth in CYP mental health services. Recently Parent/Carer Peer Support Workers have been employed and positive feedback is already being received from parents and carers that they have supported. Amongst supporting individual service users and families to fully help them input into their support planning and fully engage in treatment, the team also engages with CYP and families to gain their feedback and input into service delivery evaluation and improvement, seeking their views and suggestions regarding various aspects of CYP mental health service delivery and how it can be improved. LPFT regularly captures, reviews and actions service improvements in response to service user feedback and reports on these as part of contract monitoring processes. The team also oversees a wider CYP Participation Group, which is also used to engage and seek feedback various aspects of CYP mental health support in Lincolnshire.

Co-production in Lincolnshire has been achieved so far through engaging CYP in specific project/steering groups or activities, for example the current review of transition protocols for 18–25-year-olds. There are a few groups that have been used to help inform and design future services and commissioning, including the LPFT CYP Participation Group, Lincolnshire Young Voices, Voices for Choices, and Lincolnshire Parent Carer Forum. These groups were all used in 2018 to develop our CYP Emotional Wellbeing and Mental Health Strategy and inform the Joint Strategic Needs Assessment Refresh. As part of our governance, Lincolnshire Parent Carer Forum are represented at the CYP Integrated Transformation Board and on specific groups, including the CYP Complex Needs Project Board and CYP Keyworking Steering Group.

As development and transformation become much more regular and ongoing activities, we are establishing a CYP Mental Health Insight Group to support engagement and co-production as part of our CYP Mental Health Transformation Programme, a representative of which will attend the Programme Oversight Group.

2: Whole System Working

Alignment with Lincolnshire's ICS

The Lincolnshire ICS System Plan 2022/23 and CYP Mental Health Local Transformation Plan are aligned in their commitment to a strong start in life for CYP and related high-quality, safe care for CYP.

Lincolnshire

4. How we are going to get there | Service Transformation

Mental Health, LD & ASD: Children and Young People's Mental Health Transformation

Future State

Mental health support will be embedded in schools and colleges through MHSTs

- Increasing investment in early, low/moderate intervention to maintain a strong early intervention/prevention offer whilst MHSTs are rolled-out, using an additional £1.m increased CCG baseline funding by 2024/25.
- This will ensure that, whilst CYP in parts of the county are supported well in their schools via MHSTs, other areas continue to receive equitable and robust early intervention support through Healthy Minds Lincolnshire, and that we continue to provide other aspects of prevention, training and children's public mental health promotion.

Continue to invest in expanding access to community-based mental health services

With the remaining proposed increase in recurrent baseline funding (£1.2m annually by 2023/24), we will grow and strengthen our core and specialist community CAMHS offer:

- Increasing staffing to provide sufficient capacity to meet the increased demand on core and specialist community services and address the existing waiting list, ensuring that as many CYP as possible do not wait for longer than 4 weeks from referral to treatment in line with the LTP ambition.
- Growing the Here 4 You Access Team to provide more effective advice and support.

Boost investment in children and young people's eating disorder services

- Increasing workforce (including medical and dietitian) capacity to respond to the significant increase in volume and acuity of referrals, while meeting the access & waiting time standards.
- Implementing an evidence-based specialist 'Avoidant or Restrictive Food Intake Disorder' (ARFID) pathway in Lincolnshire and sharing specialist knowledge and skills across the CAMHS EDS and wider teams.
- Day hospital and step-down provision to improve patient and family/carer experience and outcomes, reducing the number of eating disorder admissions and length of stay.

- Improve physical health monitoring for CYP with suspected/confirmed Eating Disorder by implementing dedicated Acute Paediatrician time into the CAMHS EDS and increasing the ability to provide physical health care support within CAMHS EDS, as well as investing in primary care time to develop a shared agreement for physical health monitoring in the community.

A new approach for 18-25 year olds, supporting transition to adulthood

- Supporting young people, particularly the most vulnerable or complex, across core or specialist services from an appropriate age beyond 18 and up to 25.
- Providing support in the community and remotely to ensure that young people continue to feel supported as they transition either out of mental health services or into adult mental health services.
- Providing remote support to University of Lincoln students when they return to homes out of county during holidays.

Develop new services for CYP with complex needs that are not currently being met

- Implementing a CYP Keyworking Team to support CYP with LDA and their families who are at risk of admission or support speedy discharge if they require admission. This team will be embedded within the existing adult Transforming Care Liaison Team and work across the Lincolnshire system to support better use of the Dynamic Support Register (DSR), training and understanding of processes related to high-risk CYP with LDA (DSR/CETRs/LAEPs).
- Improving complex case monitoring, mental health admissions and discharges by building a digital dashboard to inform admission profile, track admissions, identify discharge delays and support discharge planning. Focusing on delayed discharges, implementing case reviews for all young people identified as delayed discharges, following a similar framework and process as CETRs, with the aim of removing barriers and preventing delayed discharges.

This is also reflected in the Lincolnshire MHLDA Alliance's overarching all-age prevention and early intervention approach, vision, strategic focus and key priorities.

Alignment with the LTP's aims therefore includes integrated community services for CYP, recognising the broad scope of multi-

agency provision covering for example Autistic Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), improved services for people with learning disabilities, crisis services for CYP with challenging behaviour, focus on eating disorder services and mental health services in schools.

Additionally, the aligned aims for proactive care in the community will be strengthened by development of the Primary Care Networks concept for CYP, the extension of Personal Health Budgets for CYP with complex mental health needs, plus a focus on unvarying care for young adults aged 18-25.

Lincolnshire

4. How we are going to get there | Service Transformation

Mental Health, LD & ASD: Children and Young People's Mental Health Transformation

<p>Benefits and Outcomes</p> <ul style="list-style-type: none"> • Children and young people stay healthy through prevention, by building resilience, creating mentally healthy communities and maximising community assets and support • Problems are identified early and all children and young people who need support can access timely and effective support at the right level, in school or their communities • Children and young people with eating disorders have both their mental health and physical health care needs met in their communities • CYP receive appropriate support for when they become 18 to either maintain, transition or work towards discharge from mental health services in a planned and managed way • There is appropriate and timely support for children and young people with the most complex needs or who are particularly vulnerable, for example those in mental health crisis, children in care, children and young people open to or at risk of entering the youth justice system, or those with learning disabilities or autism. <p>To achieve this we will look at ways to:</p> <ul style="list-style-type: none"> • Increase and improve access for CYP to emotional and mental health support, achieving NHS Long Term Plan targets, by increasing opportunities for support in their communities and continuing to invest and maximise availability of provision, including digital access to support (10,979 annual contacts by 2023/24). • Reduce waiting times with an aim to achieving the national 4-week wait target by investing in our workforce and developing skills in Lincolnshire to deliver a wide range of therapies and approaches to support. • Improve patient experience by developing patient-centred pathways of support that get CYP to the right support first time. • Ensure that as fewer CYP in Lincolnshire as possible require admission to hospital due to their mental health (2 GAU) and reducing length of stay for those that do. 	<p>What's being done to get there?</p> <ul style="list-style-type: none"> • Quarter 1 <ul style="list-style-type: none"> - MHST: Wave 7 model pathways developed - EDS: Development of ARFID pathway and key staff undertake national training - 18-25: Review Lincolnshire transition protocol to remove age-related barriers and promote patient-centred planning for young people between 16-25 - CYP Keyworking: Establish multi-agency Steering Group, commence service design • Quarter 2 <ul style="list-style-type: none"> - MHST: Wave 7 recruitment & commence training and Wave 8 pathways developed - EDS: Commence development of primary care model and ARFID training roll-out - 18-25: Work with local communities to understand the support offer beyond LPFT - CYP Keyworking: Engage in co-production, detailed design and recruitment to team • Quarter 3 <ul style="list-style-type: none"> - Transformation: Establish governance and undertake countywide engagement - MHST: Wave 7 confirm EOI settings and Wave 8 recruitment completed - EDS: Pilot ARFID pathway, continue to develop primary care model and Acute Pediatric support - 18-25: Utilise recurrent SDF funding to continue to fund 3.6 FTE transition lead workers in Core CAMHS and CAMHS ED - CYP Keyworking: Commencement and induction of new team and service goes live • Quarter 4 <ul style="list-style-type: none"> - Transformation: Continued focused engagement and analysis of review findings - MHST: Wave 8 commence training and confirm EOI placement settings - 18-25: Aim for countywide coverage with another Transition Clinical Lead Worker and introduce mental health links pathways within the local university - EDS: ARFID pilot continues, Paediatric and primary care support established - CYP Keyworking: Service implementation to become fully operational by April 2023
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Wider System Alignment and Working

Plans around CYP mental health also align to a number of other system plans and strategies, including:

- LCC's **Corporate Plan**, which underpins the "One Council" approach to ensure all services are working towards shared goals and will help different areas of the council work together more effectively. Further details can be found at <https://www.lincolnshire.gov.uk/corporate-plan>
- The vision for Children's Services in Lincolnshire, "**Putting Children First – working together for all children, young people and families to be happy, healthy, safe and the best they can be**".
- Lincolnshire's **Early Help Strategy** is a collaborative approach for every professional working with or engaging with children and families, regardless of organisation, status or position. The vision for the

Early Help system in Lincolnshire is “Putting Children First” and “Working Together with Families to Enhance Children’s Present and Future Lives”. Further details can be found at: <https://www.lincolnshire.gov.uk/downloads/file/6333/early-help-strategy>

- Lincolnshire’s **Early Childhood Strategy** provides a strong basis to further improve outcomes for children to the end of their foundation stage. The Strategy sets out Lincolnshire’s primary aim to increase the Good Level of Development of children across Lincolnshire. This includes parents and professionals working together to ensure transition arrangements meet the needs of the child to better prepare children for school and to make the most of their Reception Year. Further details can be found at: <https://www.lincolnshire.gov.uk/downloads/file/4816/childhood-strategy>
- The **High Needs Strategy for Lincolnshire** sets out Lincolnshire’s aims and strategic direction to ensure that CYP with special educational needs and/or disabilities (SEND) are supported to achieve the best possible outcomes in school and in life. Partners in education, social care and health are committed to working together to establish an integrated school system where CYP get the right health, care and education, in the right place, at the right time and are able to transition to adulthood and independence when they are ready to do so. Further details can be found at: <https://www.lincolnshire.gov.uk/downloads/file/6228/high-needs-strategy>
- **Building Communities of Specialist Provision Together in Lincolnshire** sets out the strategic vision for Lincolnshire in relation to enabling Lincolnshire pupils with SEND to access an integrated All Needs education system which provides excellent education, health and care interventions in their local community. Further details can be found at: <https://www.lincolnshire.gov.uk/support-education/building-communities-specialist-support>
- Lincolnshire’s **Social, Emotional and Mental Health (SEMH) Strategy** (currently in draft), which sets out the strategic direction over the next three years to ensure that CYP in Lincolnshire are supported in their education settings to enjoy good mental health and wellbeing. This strategy mirrors the commitment from partners in education, social care and health working together to establish an integrated education system where CYP get the right health, care and education, in the right place, at the right time and are able to transition to adulthood and independence when they are ready to do so.

Lincolnshire’s CYP mental health services work in a heavily integrated way across all system CYP partners; Healthy Minds Lincolnshire, MHSTs and CAMHS work closely with education settings including early year settings/nurseries, schools, alternative education providers, further and higher education institutions, the Lincolnshire Pupil Referral Unit, local authority children’s services, VCSE and other CYP acute and community health services. A number of examples of this are demonstrated throughout this plan.

Transforming Care in Lincolnshire

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

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

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

LICB, LPFT and LCC work together closely to ensure that key professionals are involved in the assessment and planning of health, education and social care for CYP with LD or Autistic CYP:

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

There is representation from children's services on the Transforming Care Partnership Group meeting and there are fortnightly strategic and clinical oversight meetings specifically to review CYP Transforming Care inpatients or those at risk of admission. There is also a monthly Complex Case meeting specifically for CYP, with multi-agency representation (including CAMHS crisis, community and eating disorder representatives, social care, East Midlands Provider Collaborative, commissioning and Lincolnshire Police) to review all Lincolnshire CYP inpatient and potential admissions. Social care involvement is discussed at these meetings and referrals made where agreed appropriate or if a CYP has LD or is Autistic or Section 117 applies.

Lincolnshire has a process whereby children eligible for a CETR or where Section 117 applies will be fast-tracked for social care allocation; if not already open to social care. Lincolnshire also has an arrangement with LPFT to support the CAMHS crisis team with a social worker secondment, helping to provide an important link to facilitate relationships, understanding and communication across the teams.

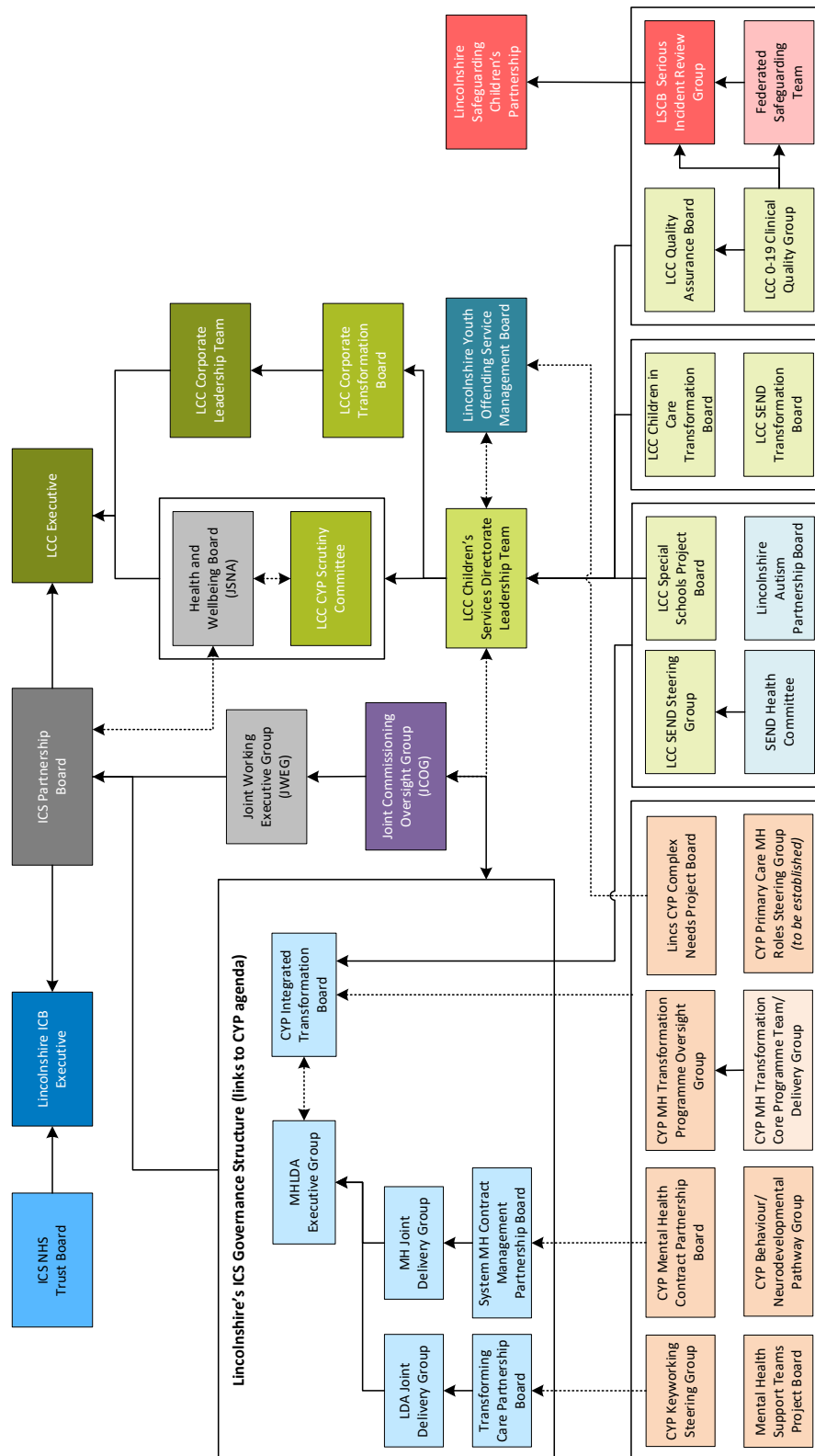
Lincolnshire has a proven record of maintaining low admission rates, including those of CYP with LD or Autistic CYP. There were 35 inpatient stays in secondary mental health services per 100,000 children in 2019/20, this was five less than the East Midlands region (40) and 18 less than the national England rate (53) ([Source: OHID CYP's Mental Health and Wellbeing](#)). Lincolnshire has a trajectory of two Transforming Care CYP inpatient at any one time, which until early 2022 had not been exceeded since 2018. Despite the post-pandemic challenges seen in 2022, this number only rose as high as five inpatients, still much lower than other areas, and as at end of August 2022 was back down to two.

Lincolnshire's Adult mental health services have established a Transforming Care Liaison Team within LPFT, who will also work with CAMHS to look at improving identification and support for all-ages. A CYP Liaison worker was recruited in 2022 to specifically support the CYP Transforming Care cohort and their families.

Funding has been secured from 2022/23 (c.£420k per annum) to design and implement a CYP Keyworking Team to support CYP with LD/Autistic CYP and their families who are at risk of admission or support speedy discharge if they require admission. The team of keyworking practitioners, peer support worker and an administrator will be embedded within the existing adult Transforming Care Liaison Team and work across the Lincolnshire system to support better use of the Dynamic Support Register (DSR), training and understanding of processes related to high-risk CYP with LDA (DSR/CETRs), as well as working closely with these CYP and families to:

- Advocate on their behalf to ensure they feel supported throughout their involvement with services at such a time of need/crisis
- Help them be heard
- Ensure partners work together effectively
- Ensure CYP are considered holistically so that at all times they feel informed, supported and happy with the agreed outcomes, plans and delivery throughout their recovery.

Governance Structure ¹



¹ The Health and Wellbeing Board comprises of the Executive Councillor for NHS Liaison and Community Engagement, the Executive Councillor for Adult Care, Health and Children's Services, six further County Councillors, the Director of Public Health, the Executive Director of Children Services, the Executive Director of Adult Care and Community Wellbeing, the Chair and the Chief Executive of NHS Lincolnshire ICB, the Chair of the Primary Care Network Alliance, the Chair and the Chief Executive of United Lincolnshire Hospitals NHS Trust, the Chair and the Chief Executive of Lincolnshire Partnership Foundation NHS Trust, the Chair and the Chief Executive of Lincolnshire Community Health Services NHS Trust, a designated District Council representative, the Lincolnshire Police and Crime Commissioner, a representative of Healthwatch Lincolnshire.

3: Understanding Local Need and Advancing Health Equalities

Good mental health and wellbeing are fundamental for supporting people to live happy and healthy lives. Mental health problems can affect anyone and have a significant impact on the lives of individuals, their families, communities and wider society. Half of life-long mental health problems in the UK start before the age of 14 and three quarters start before the age of 25. Today's children are considered to have worse mental health outcomes compared to previous generations ([Source: State of Child Health](#)). For many, the Covid-19 pandemic is likely to have exacerbated their mental health needs. Before the pandemic, the prevalence of mental disorders in children aged 5 to 16 was already increasing from 1 in 9 (2017) to 1 in 6 (2020). Anxieties caused by lockdowns, school closures, isolation from peers, bereavement, and the stresses on families have increased pressures. Nationally, frontline mental health services report a large increase in children needing help but not meeting referral criteria for specialist CAMHS. Children are then potentially storing up problems for the future. Demand modelling suggests that 1.5 million children may need new or additional mental health support as a result of the pandemic ([Source: NHS Confederation 'Reaching the tipping point'](#)).

Risk and protective factors for mental health and wellbeing are well documented and include: childhood abuse, trauma, or neglect; social isolation or loneliness; experiencing discrimination and stigma; social disadvantage, poverty or debt; bereavement; severe or long-term stress; having a long-term physical health condition; unemployment or losing your job; homelessness or poor housing; being a long-term carer for someone; drug and alcohol misuse; domestic violence, bullying or other abuse as an adult; and significant trauma as an adult, such as military combat, being involved in a serious incident in which you feared for your life, or being the victim of a violent crime ([Source: Health Matters](#)). Understanding these factors can help us to target prevention activity to support mental health and wellbeing.

Local Picture

The rate of new referrals to specialist mental health services in Lincolnshire was higher than national average in all age groups in 2018/19 (the most recent year for which data is available). We know that rates of referrals have been impacted by the Covid-19 pandemic, and in Lincolnshire we have seen significant increases in the number of referrals in the last 2 years. The rate of attended contacts (non-inpatient) with secondary mental health services is also higher than England for all ages except people aged 65 and over (where the rate is below England average).

Rates of probable mental disorders have increased since 2017 from around one-in-nine to one-in-six children. In Lincolnshire, as of 2022 there are estimated to be 45,676 children aged 5 and under, 44,810 aged 6- to 10-years-old, 52,705 aged 11- to 16-years-old, 24,311 young people aged 17- to 19-years-old, and 31,635 aged 20- to 23-years-old. National prevalence data indicates that, based on 2022 population estimates, approximately 16,968 children aged 6- to 16-years-old in Lincolnshire (17.4%) and approximately a further 9,455 17- to 23-year-olds (16.9%) are likely to have a probable mental disorder and another approximate 10,824 children aged 6- to 16-years-old in Lincolnshire (11.1%) are likely to have a *possible* mental disorder. ([Source: NHS Digital 'Mental Health of CYP in England, 2021'](#)).

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

- Approximately 21.3% of the total population is aged 0-19 years (163,825), of which 76.9% is aged 5 to 19 years and 71.5% aged 5 to 18 years
- 90.8% of children and young people aged 5 to 18 attend Lincolnshire schools and academies, with 15.57% of Lincolnshire pupils BME
- 377 children and young people on Child Protection Plans as at end of March 2022 and 2522 Child in Need (CIN)
- 735 Children In Care as at end of March 2022, with 230 aged between 10 and under 16 years (80.4% of which were in foster care or placed for adoption)

- 23 CYP moved in with their adoptive family as at the end of March 2022
- As at the end of March 2021, 130 children and young people had been living with connected carers, this included 45 children and young people who had been placed with Temporarily Approved Connected Persons households.
- 287 Care Leavers as of March 2022, with 97.9% being in touch with the Lincolnshire Leaving Care Service (LLCS) – 93% were in suitable accommodation and 52.6% were in Education, Employment or Training (EET), 41.8% of Care Leavers open to LLCS during the 2021-22 financial year were living outside of Lincolnshire (out of county)
- 15,015 pupils with SEND support as at end of January 2022 with;
 - 17.0% for social, emotional and mental health needs
 - 27.7% for Moderate Learning Difficulty (MLD)
 - 17.2% Specific Learning Difficulty
 - 0.2% for Severe Learning Difficulty (SLD)
 - 7.2% for Autistic Spectrum Disorder (ASD)
 - 15.0% for Speech, Language and Communication Needs
- 6691 CYP with an EHC plan as at end of April 2022, 92.4% of which were aged 5 to 19 years.

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

The latest published data indicates, there were 26,594 attended child contacts with community and outpatient mental health services per 100,000 in Lincolnshire in 2019/20, this was over 1,500 more than the East Midlands regional rate (24,905) but over 1,500 less than the national England rate (28,395). There were 6,205 per 100,000 new referrals for children to secondary mental health services in 2019/20, this was approximately 800 more than the East Midlands regional rate (5,433) but almost 800 less than the national England rate (6,977) ([Source: OHID CYP's Mental Health and Wellbeing](#)).

Data suggests that ([Source: NHS Digital 'Mental Health of CYP in England, 2021'](#)):

- More boys are likely to present with a probable mental health disorder than girls in younger age groups, approximately 4,906 6- to 10-year-old boys in Lincolnshire (21.9%) compared to 2,689 6- to 10-year-old girls (12%)
- More young women are likely to present with a probable mental health disorder than young men in older age groups, approximately 2,993 17- to 23-year-old young men in Lincolnshire (10.7%) and 6,574 17- to 23-year-old young women (23.5%)
- Approximately 6,852 children aged 11- to 16-years-old (13%) and 14,149 young people aged 17- to 19-years-old (58.2%) in Lincolnshire are likely to have possible eating problems
- Approximately 12,860 6- to 10-year-olds (28.7%), 20,239 11- to 16-year-olds (38.4%) and 31,945 17- to 23-year-olds (57.1%) in Lincolnshire will have problems getting to sleep, waking in the night or waking early on three or more nights of the previous seven
- Approximately 2,583 children aged 11- to 16-years-old (4.9%) and 7,161 young people aged 17- to 23-years-old (12.8%) in Lincolnshire are likely to 'often' or 'always' feel lonely
- Around 10,850 children in Lincolnshire with a special educational need or disability (SEND) (based on 2022 SEND data returns) are likely to have a probable mental disorder (56.7%).

Lincolnshire has lower rates of children needing inpatient care. There were 35 inpatient stays in secondary mental health services per 100,000 children in 2019/20, this was 5 less than the East Midlands region (40) and 18 less than the national England rate (53) ([Source: OHID CYP's Mental Health and Wellbeing](#)).

Despite a lot of positive support during the pandemic, local services continued to see referrals increase and staffing capacity become an issue. Waiting times from assessment to first treatment remain a concern, particularly for more specialist interventions such as specialist eating disorder services and sadly between January 2021/22, six children died through suspected/confirmed suicide, which is higher than normal. Further information on completed suicides in Lincolnshire is available through the [Lincolnshire Suicide Audit](#).

The Office for Health Improvement and Disparities (OHID) profiles (fingertips.phe.org.uk/profile/child-health-profiles) show the level of hospital admissions for mental health conditions and self-harm since 2010-11. The infographic attached as Appendix B has been developed to outline some of the other key risk factors for emotional wellbeing and mental health issues, as an example for school aged CYP and young adults.

Nationally, the rate of hospital admissions of CYP for mental health conditions significantly decreased from previous years in 2018-2019 to 58.4 per 100,000 from historic figures of 94.8 per 100,000 in 2014-15. The rate in Lincolnshire has increased in 2020-21, with rates of 74.7 per 100,000. This is lower than the national figure of 87.5 per 100,000.

Hospital admissions for self-harm (ages 10 to 24 years) in Lincolnshire has significantly increased from 263.4 per 100,000 in 2018-19 to 354.0 per 100,000 in 2020-21, this is lower than the national average of 421.9 per 100,000.

Pre Covid-19 preventative services such as HML and online counselling had a positive impact on reducing referral rates to CAMHS locally, in contrast to rising referral rates nationally, however, the pandemic saw a rise in referrals to all services.

Data shows that Key stages 2 to 3 (ages 7 to 14 years) account for the highest referrals to services such as HML and that the proportion of females and males accessing the service is 60/40 respectively. Referrals for vulnerable groups of CYP where there are parental mental health concerns have increased accounting for 49% of the overall vulnerable groups referrals to HML.

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

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

Addressing Health Inequalities in CYP Emotional Wellbeing and Mental Health Services

This following is based on the report [Inequities in Access to Children and Young Peoples Mental Health Services in the Midlands](#) (*The Strategy Unit, published July 2021*). Supplementary to the main regional report, the Lincolnshire area data pack contains outputs specific to the ICS area in two areas of the quantitative analysis: analysis of unmet needs; and acute pathway inequalities. This following section relates the main report findings more specifically the Lincolnshire population to identify where inequities in access *exist*, thus impacting inequalities in outcomes associated with CYP mental health services in Lincolnshire.

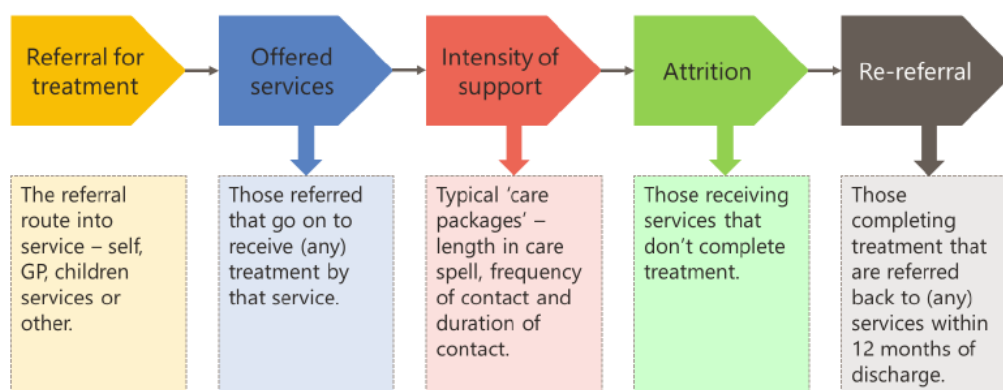
Official statistics suggest less than 40% of CYP across England who need specialist support actually receive it. The Midlands region, including Lincolnshire, currently has the lowest levels of 'access' has not yet reached that interim ambition of 35%.

Acute Pathway Inequalities by Population Groups

This section translates the main findings from the regional report and local area data pack into Lincolnshire specific findings (The Strategy Unit, 2021a; 2021b). It highlights some key health inequities in access across the following population characteristics:

- Age
- Gender
- Ethnicity
- Socio-economic status (based on IMD)
- Disability
- Children in Care (CiC)
- Offence history.

The research utilised the flow diagram below as a simplified/generic concept of the steps along a young person's journey through mental health services to provide insight into potential issues and challenges in service provision and accessibility for certain groups of patients. Analysis could be viewed across the entire pathway for a particular sub-group OR across all sub-groups for a particular pathway component.



Source: [ICS Supplementary Area Data Pack for Lincolnshire \(The Strategy Unit, 2021b\)](#).

Age

The data breakdown for Lincolnshire, by age, mirrors the regional picture, as below:

- CYP of secondary school age (11-17 years) are the most likely to self-refer themselves to MH services.
- The least likely group to receive MH support after referral are young adults (18-25). Those transitioning to adult MH Services have more pronounced inequities in access.
- Total time spent in treatment and contact frequency increases with age.
- Clinical contact time per appointment decreases with age.
- The likelihood of CYP completing their treatment decreases as they get older.
- Adolescents and young adults much more likely to need recurrent support demonstrated by high rates of re-referral after discharge.

Gender

- Girls are more likely than boys to self-refer to services or access via their GP; and boys picked up by other statutory services more often than girls. Girls are more likely to recognise a need for themselves and boys are more likely to be made aware of a need by a family member
- There is no real variation between male and females that have their referrals deemed unsuitable.
- Regionally, CYP with no specific gender have the longest appointments and are less likely to receive a service after referral however in Lincolnshire the data is binary and is not available to this detail.
- Girls have longer care spells and a higher contact frequency than boys.
- The likelihood of 'drop-out' (not completing treatment) is slightly higher for boys than girls.
- Girls are more likely to need recurrent support as measured by re-referral within 12 months of discharge in Lincolnshire, regionally this is highest for boys and those with no specific gender.

Ethnicity

The data breakdown by ethnicity shows some differences in Lincolnshire compared to the region as Lincolnshire is considered an area with lower ethnic diversity compared to other areas within the Midlands, such as Nottinghamshire and Leicestershire.

- The ethnic group most likely to self-refer to MH services within the Midlands is 'Asian'. In Lincolnshire the most likely ethnic group to self-refer is 'Other' (this group covers Arab populations and those not commonly identified in other ethnic groups), followed by 'Not Known'. This suggests recording and coding of ethnicity in the Mental Health Services Dataset (MHSDS) is poor, as stated by the report authors.
- Black ethnic groups are the least likely group to self-refer to MH services in Lincolnshire, shortly followed by Asian, then White.
- White ethnic groups are considered more likely to be referred by a GP, or other Children's Services (includes education, social care and youth offending teams).
- Black ethnic groups are significantly more likely to be rejected due to an 'Unsuitable' referral in Lincolnshire. Black CYP have a different experience of MH services with significantly longer spells of care, more frequent contact, less contact time and the highest re-referral rates <12 months.
- The likelihood of 'dropping-out' of treatment is lower for white CYP than most other ethnicities and significantly higher for those with unrecorded ethnic group.

Socio-economic status (IMD)

The data breakdown by socio-economic status for Lincolnshire mirrors the regional picture, as below:

- CYP who live in more affluent areas are more likely to self-refer and have their referral accepted. A possible reason proposed within the research was the ability of parents acting on behalf of their child to seek help and persist in accessing treatment.
- Those living in deprived areas are more likely to be referred by primary care, or by Children's Services (includes education, social care and youth offending teams).
- Poorer CYP are more likely to have their referral to MH services deemed unsuitable and rejected.
- Poorer CYP have less contact time with MH services once accessed for treatment.
- The likelihood of 'dropping-out' is lower in CYP who are considered more deprived.
- There is a clear gradient in recurrent support needs: CYP who are more socio-economically deprived are more likely to need re-referral.

Disability

The data breakdown by disability for CYP accessing MH services in Lincolnshire shows:

- Those with a pre-existing disability are less likely to self-refer for mental health support.
- In Lincolnshire, CYP with an existing disability are more likely to have a successful referral, than those without a disability.
- CYP with learning disabilities tend to have longer spells of care and more frequent contact with MH services.
- CYP with Hearing, Sight or Speech difficulties are marginally less likely to complete their treatment plan than those with other disabilities.
- CYP with Hearing or Sight difficulties are most likely to seek a re-referral within 12 months for MH support than those with other disabilities.

Children in Care (CIC)

- Children in care are much more likely to be referred by statutory agencies than other children.
- Children in care are more likely to receive a service than others.
- Children in care tend to have longer care spells and more contact time than their peers.
- Children in care are significantly more likely to drop out before completing treatment.
- Children in care are more likely to re-refer back to services within 12 months of discharge.

CYP engaged with the Criminal Justice System (CJS)

- CYP engaged with the Criminal Justice System are much less likely to self-refer for mental health support.
- CYP engaged with the Criminal Justice System are slightly less likely to receive a service than others.
- In Lincolnshire, CYP with CJS background tend to have significantly higher contact frequency (number of contacts per year), and spell length (days) with MH services, yet less contact time (duration) than those without CJS history.
- CYP engaged with the Criminal Justice System are significantly less likely to complete their treatment plan than others, with a high drop-out rate for this group. They are also more likely to re-refer back to services within 12 months of discharge than their peers.

Local Response

Mental Health of children is a key priority area in the [Joint Health and Wellbeing Strategy](#) for Lincolnshire, approved by the Health and Wellbeing Board in June 2018.

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

Inequalities in health (e.g. unfair differences in how long someone lives in good health) are influenced by several factors, which vary depending on the health outcome in question. Most inequality is related in some way to income deprivation and/or socio-economic status, and the wider determinants of health are also important (e.g. poor housing, education or sanitation). Other factors that can be important for health inequalities include demographic characteristics (e.g. age, gender and ethnicity) and specific vulnerabilities (e.g. being homeless or a part of the traveller community). Where you live is also important, although this is usually related to a combination of the local environment and factors that are health promoting (e.g. access to green open space) and health damaging (e.g. air pollution), as well as access to services in the local area.

Multi-agency collaboration to improve mental health and wellbeing is led by the MHLDA Alliance in Lincolnshire, which has a broad membership that includes LPFT, LCC, LICB, the Voluntary and Community Sector, District Councils, and the Office of the Police and Crime Commissioner.

Lincolnshire's CYP 'Mental Health Access' figure for 2021/22 was 33.9% which is slightly below the national target of 35%.

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

[LPFT](#) is the lead provider for children's mental health and emotional wellbeing services in Lincolnshire, which are rated outstanding by the CQC (2020):

- **Healthy Minds Lincolnshire (HML)** provides countywide emotional wellbeing support to children and their families who are experiencing emotional wellbeing concerns, focusing on early intervention, promoting resilience and the prevention of emotional wellbeing concerns escalating to mental health issues.
- **Mental Health Support Teams (MHSTs)** are being implemented in a phased approach with expected coverage of approximately 50% of the county by 2025. MHSTs deliver three core functions set by NHS England (NHSE) and the Department for Education:

- Delivering evidence-based interventions for school-aged children experiencing mild to moderate mental health issues
- Supporting the Senior Mental Health Lead in each of the education settings that are working in partnership with the individual MHSTs to introduce or develop their whole-setting approach to positive mental health and emotional wellbeing
- Giving timely advice to education setting staff and liaising with other specialist services to help children to get the right support at the right time and stay in education.
- **Child and Adolescent Mental Health Service (CAMHS)** provides community-based specialist support when children develop moderate to severe mental health concerns, or present in mental health crisis, delivering evidence-based treatment and interventions that are appropriate to the child's age, development and presentation/diagnosis and that are culturally competent and delivered within family contexts.
- The **Complex Needs Service (CNS)** works alongside key partners to support the mental health, wellbeing and wider outcomes for children with complex needs and trauma, including those within the youth justice system, children in care, adopted children or with other complex needs.
- **Keyworking** is currently being implemented in Lincolnshire to support children aged up to 25 who have a Learning Disability (LD) and/or are Autistic and are at high-risk of being admitted to specialist inpatient services, or already inpatient in a specialist LD or mental health bed.

In addition, the following services also support meeting the needs of CYP in Lincolnshire:

- **Emotional Wellbeing and Mental Health Pathway** (www.lincolnshire.gov.uk/emotionalwellbeing) – designed to be the first point of access in relation to emotional wellbeing and mental health. This provides information and advice on a wide range of concerns and includes self-care information and advice for young people.
- **Children's Health Service 0-19** – supports the delivery of the Healthy Child Programme across Lincolnshire for children, young people and their families aged up to 19 years (25 SEND). Health Visitors provide strong universal and targeted support from antenatal throughout early years based on clear evidence that good parenting during the first 1,001 days of a child's life can have a significant positive impact on later life chances. Every new mother and child is allocated a named Health Visitor who works with the family up until the end of the child's reception year at school. Health reviews offered include;
 - Antenatal review at 28+ weeks
 - New baby review, followed by a 6 to 8 week review
 - 9 to 12 month review of the child focusing on an assessment of the child's physical health and development
 - 2 to 2½ year review which includes an assessment of the child's developmentCYP's Nurses support school aged CYP with more complex health needs and their families in managing their health issues and long term conditions.
- **Lincolnshire's Early Help Offer** – uses an Early Help Assessment to identify the need for help for children and families as soon as problems start to emerge, or when there is a strong likelihood that problems emerge in the future. The Early Help Offer is not just for very young children but for all Lincolnshire CYP at any point throughout their childhood or adolescence. Enhanced Evidence Based (EEB) Practitioners who are trained in child and adolescent mental health CYP IAPT are integrated into the Early Help teams.
- **Perinatal Mental Health Service** – aims to treat women in the community and on occasion there can be a need for mothers to be cared for in hospital.
- **Ending Domestic Abuse Now (EDAN) in Lincolnshire** (formerly known as West Lincolnshire Domestic Abuse Service WLDAS) – offers a range of support for families where domestic abuse is a factor in mental health concerns.
- **Educational Psychologists** – offer advice and information that contributes to an assessment of a child or young person's learning needs.

- **Kooth.com** – online counselling service for young people aged 11 to 18 years (25 SEND/Care Leaver) living in or attending education in Lincolnshire. An anonymous service where young people can self-register and access online counselling support, text messaging support, message boards, forums and advice on a wide range of emotional wellbeing and mental health concerns.
- **Lincolnshire Centre for Grief and Loss** – an advice and counselling service for school-aged CYP who are experiencing grief and loss through death, divorce, separation, illness, crisis etc.
- **Behavioural Outreach Support Service (BOSS)** – supports Lincolnshire's Early Help approach by offering support to schools to enable them to effectively support pupils that display behaviour that challenges and are at risk of exclusion.
- **Autism and Learning Difficulties Outreach Service** – provides outreach support, training and development to all Lincolnshire schools and academies to help schools improve their ability to better support for CYP with autism, moderate to severe learning difficulties and social communication challenges.
- **Community Paediatricians** – provide assessment, diagnosis and support to CYP with neurodevelopmental disorders, including ASD/ADHD.
- **Children's Therapy Services** – offer physiotherapy, occupational therapy and speech and language therapy to CYP across Lincolnshire for a range of conditions and developmental concerns, including social communication concerns and ASD assessment.

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

Lincolnshire's Family Services Directory (FSD) and Local Offer provides a comprehensive overview of all of the services available to support CYP and their families and CYP with special educational needs and/or disabilities (lincolnshire.fsd.org.uk).

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

- Services for Children in Care, as well as support to Children's Social Care to enable children to remain within their placements
- Services for children with an adoption plan or adopted children to include:
 - Advice and support to Adoption Social Workers from adoption planning through to and including post-adoption stage and to prospective adopters regarding CYP's needs and placement requirements
 - Advice and strategies post-adoption to parents and Social Workers who request support in managing CYP's needs and behaviours
 - Direct work with adopted CYP from adoption planning through to and including post-adoption stage.
- Targeted support and self-help advice is provided for CYP who are or may be Lesbian, Gay, Bisexual, Transgender or Questioning (LGBTQ+), this includes webpages (<https://www.lpft.nhs.uk/young-people/lincolnshire/young-people/helping-you-help-yourself>) jointly produced by CAMHS and HML providing information around normalising feelings, reducing anxieties and signposting to additional support from national and local agencies). Staff wear 'pride' badges to help identify clinicians as allies of the LGBTQ+ community and a Peer Support Worker led LGBTQ+ group aiming to engage young people identifying as LGBTQ+ in projects around raising awareness. LPFT has been recognised as a Stonewall Top 100 Employer.
- Lincolnshire's Future4Me Service and Complex Needs Service aim to reduce criminalisation of CYP by working with individuals who are more vulnerable to exploitation or who are experiencing extra family related risks. These services provide a robust framework to divert young people away from statutory criminal justice and Social Care systems. A 'hub and spoke' model enables specialist support

from a multi-agency team, including mental health practitioners to be wrapped around staff working with adolescents.

- With Lincolnshire being a mostly rural county with a large amount of farming and agriculture, services offer a flexible approach to the support they provide, delivering interventions in the home, schools and communities wherever possible, particularly where geographical access is a barrier.
- Lincolnshire has some particular areas of Black or Minority Ethnic (BME) communities, mainly around Boston and Lincoln. CAMHS operates according to the Wide Access to Services (NHS1) standard, providing a countywide NHS service to all CYP, irrespective of any socio-demographic background or protected characteristic and all workers are trained in cultural competence. In addition, Lincolnshire County Council commissions a BME Inclusion service, which supports BME families in the Boston and Lincoln areas from the early years to engage in children's services, including signposting and information about what support services are available.
- CYP that we include within the vulnerable cohort that have co-existing physical health conditions will be supported through appropriate multi-agency working arrangements through individual Care Plans.
- As part of the framework for Integrated Care, we support a wider cohort of CYP with vulnerabilities and Children in Care. As part of the Autism diagnostic pathway, there are two highly specialist clinical psychologists that are embedded and work across CAMHS. There are also plans to recruit more LD specialists in CAMHS and ASD specialists.
- Reasonable adjustments are made by CYPMH services to ensure that support is accessible to all; physical and practical elements of service delivery support equality of access and ensure that experience of and outcomes from care and treatment for disabled CYP is of a good quality. Adjustments include things like easy read materials, suitable environments, and appointments at quieter times of the day for those with autism and adaptations made to accommodate those with a disability. CYP with Adjustments will meet the requirements of the Equality Act 2010.

Gaps and Unmet Needs

A CYP Mental Health Transformation Programme has started in Lincolnshire which will help to identify any further unknown gaps and unmet needs in addition to those below:

- Improving access through a single point of contact for advice, referrals, assessments, and front-line support for all emotional, behavioural and mental health concerns.
- Better joint working between different organisations and professionals to ensure that children get the right support from the right professional(s) without needing to be referred to multiple services
- Enhancing universal support to parents/carers, to identify risk factors early and provide effective support to empower and improve their ability to meet their child's needs
- Earlier support for children with signs of an eating disorder
- Increasing the range of non-intervention support available to children, families and professionals – prevention, advice, signposting, consultation, digital information etc.
- Supporting education settings to embed whole-setting, trauma-informed and solutions focused approaches so that children are supported consistently across the Lincolnshire workforce
- Building teams around local communities that understand and can respond to their population needs, education settings and primary care communities to best support professionals and children/families
- Investing more in our workforce and developing skills in Lincolnshire to deliver a wide range of therapies and approaches to support, increasing use of family therapies, play or art therapies etc. where needed.

Next Steps

- Complete a review of CYP's mental health needs and support in Lincolnshire, leading to a comprehensive Transformation Programme, focused on:

- Public mental health promotion, prevention, community and early intervention support – working with Lincolnshire’s VCSE sector to scope their interest and capacity in developing local community based provision for children, in co-production with children, parents/carers and Primary Care Networks (PCNs)
- Empowering parents/carers and professionals working with children to better identify and respond to their emotional wellbeing and mental health concerns
- Increasing and improving access to community based emotional wellbeing and high-quality, evidence-based and timely mental health assessment and support
- Avoiding unnecessary specialist and acute mental health related hospital admissions, particularly for children with LD and Autistic children.
- Continue to work with NHSE and local partners to support implementation of national initiatives and meet access and waiting time targets in line with the NHS Long Term Plan:
 - Continue to invest in expanding access to community-based mental health services to meet the needs of all children needing support
 - Boost investment in children’s eating disorder services
 - Continue to roll out and embed MHSTs to provide more support in education settings
 - Continue to implement and embed trauma informed practice and support children with the most complex needs in Lincolnshire as part of the Framework for Integrated Care (Community) programme
 - Develop and implement Keyworking in Lincolnshire to support children with LD and Autistic children who are at risk of admission to hospital or become inpatient due to their mental health
 - Pilot CYP Additional Reimbursement Roles (ARRs) in Lincolnshire to improve pathways between primary and secondary mental health care
 - Work with Adult Mental Health Services (AMHS) to improve support and the transition to adulthood/adult services for people aged 18-25.
- Continue to develop and action recommendations specifically related to children’s suicide prevention to feed into the Lincolnshire Strategic Suicide Prevention Steering Group, action plan and the next Lincolnshire Suicide Prevention Strategy (due in 2023).

Service Development

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

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

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

4: Wider Transformation

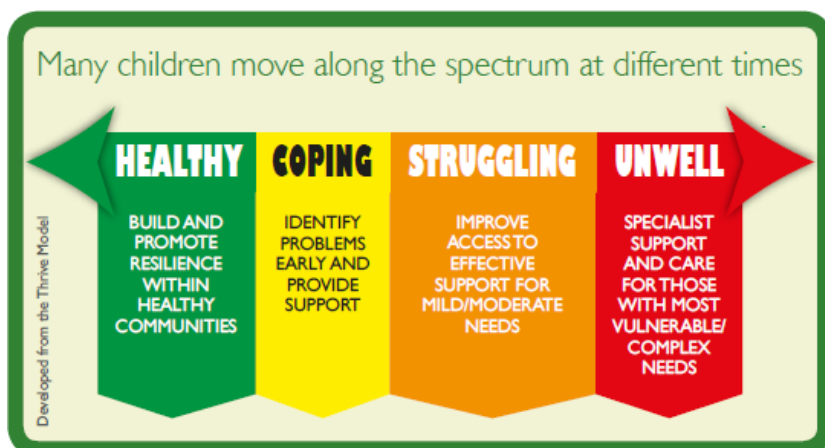
All CYP deserve the best start in life and building strong emotional resilience will help them to achieve and succeed. Social and emotional wellbeing also provides the basis for our future health and life chances.

The consequences of not tackling emotional wellbeing and mental health problems can be lifelong. There are a huge range of factors that affect an individual's mental health and we need to collectively address them if we are to succeed in improving the emotional wellbeing of our CYP and their families. Having good mental wellbeing does not mean that children won't ever suffer from setbacks and difficult emotions, but that they have the resilience to cope, which in turn helps children become thriving, happier adults.

CYP learn based on their experiences with people, and with the environment. Therefore, building stronger and more resilient CYP requires us to build a stronger and more resilient community. CYP primarily need support wherever they are, and with whom they choose, whether that is at home, a children's centre, school, care home, hospital, or elsewhere. Everybody has the capacity to support CYP emotional wellbeing within health promoting and caring communities using trauma-informed and solutions focused approaches.

In Lincolnshire, our pathway is based on the Thrive model, and the following priorities identified through engagement with CYP helps to demonstrate our ambition and vision around our model in Lincolnshire:

- Staying Healthy through prevention, and by building and promoting resilience
- Identifying problems early
- Improve access to effective support
- Care for those with the most complex needs or are the most vulnerable.



At any one time, a CYP may be anywhere on a spectrum between being feeling happy and healthy to struggling to cope and becoming unwell, many move along the spectrum at different times. We want all CYP to be happy and healthy. Some people experience few, if any, mental health problems. Some may have periods of mental ill health which may be temporary or fluctuating, and others may have longer-term or persistent difficulties.

Some people have mental health conditions that can be recognised and diagnosed. These conditions are usually not 'passing' feelings but are more long-lasting, more debilitating, and have an impact on the person's day-to-day life. These include depression, anxiety, post-traumatic stress disorder, and more.

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

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

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

Lincolnshire's CYP Mental Health Transformation Vision, Aims and Objectives

Prior to the Covid-19 pandemic a review of CYP mental health services in Lincolnshire had commenced and there were already some clear themes emerging:

- Improving access through an **integrated pathway that manages referrals**, assessments, and front-line support for all emotional, behavioural and MH concerns.
- Working together as part of an **integrated multi-disciplinary offer** to ensure that CYP get the right support from the right professional(s) without needing to be referred to multiple services.
- Enhancing **universal support to parents/carers**, to identify risk factors early and provide effective support to empower and improve their ability to meet their child's needs.
- CYP, families and professionals need access to a **range of non-intervention support** – prevention, advice, signposting, consultation, digital information etc.
- Recognising that **schools should continue to play a key role in promoting and supporting emotional wellbeing and mental health** and often just need advice and guidance from services.
- Building **teams around local communities** that understand and can respond to their population needs, education settings and primary care communities to best support professionals and CYP/families, from prevention through to specialist support.
- **Investing in our workforce and developing skills** in Lincolnshire to deliver a **wide range of therapies** and approaches to support. Recognising that CBT is not for all CYP, particularly those with LD or Autistic CYP, and increasing use of family therapies, play or art therapies etc. where needed.

Now post-pandemic, Lincolnshire is undertaking a wholesale review and transformation programme of CYP mental health services, jointly led by the LCC and LPFT, working closely with LICB and wider ICS colleagues.

This review will allow us to fully understand the impacts of the pandemic on CYP MH services, including health inequalities, enhanced digital offers, and plan for longer-term transformation of these services in Lincolnshire to better meet the needs of CYP, families and professionals and co-produce services that will deliver better outcomes for more of our CYP. The vision of the CYP Mental Health Transformation is:

Together with CYP in Lincolnshire, we will understand how we can best support their emotional wellbeing and mental health and transform and improve services enabling CYP to live independent, safe, well and fulfilled lives in their local communities.

We will focus on improving support for CYP and their families in relation to:

- Public mental health promotion, prevention, community and early intervention support
- Empowering parents/carers and professionals working with CYP to better identify and respond to their emotional wellbeing and mental health concerns
- Increasing and improving access to community based emotional wellbeing and high-quality, evidence-based and timely mental health assessment and support
- Avoiding unnecessary specialist and acute mental health related hospital admissions, particularly for CYP with LD and Autistic CYP.

The transformation programme will consider a wide-range of cross-cutting factors, including:

- Understanding needs across Lincolnshire, equalities and population health management
- Ensuring there is the right capacity and skills of community support and mental health trained professionals to meet the needs of Lincolnshire CYP
- Engage CYP and families and ensuring their views are used to help shape and co-produce services
- Ensuring professionals work together, supported by integrated pathways, to provide the right support to CYP at the right time and remove barriers to co-delivery of support
- Making the best use of the funding, workforce and other resources available to us so that services are sustainable and represent best value.

Emotional Wellbeing and Mental Health Online Pathway

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

The pathway aims to provide CYP and their families, with better access to the right support at the right time.

Emotional Wellbeing and Mental Health

We want to make sure that young people have access to information and advice in one place, and are aware of local services, that can help support them when experiencing emotional wellbeing, mental health or behavioural concerns. The information provided within this pathway is also designed to help families of children and young people experiencing emotional wellbeing, mental health or behaviour concerns and the professionals working with them.

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

I don't know what's wrong, but I need to talk

Alcohol and Drugs Anger, Fighting and Aggression Anxiety and...

kooth Free, safe and anonymous online support for young people

Want someone to understand or advice to help a friend?
We're here for you.

Kooth Online Counselling Service

An Online Counselling Service (www.kooth.com) has been commissioned in Lincolnshire since March 2013 and is currently in place until to 31 March 2024.

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

Kooth provides a suite of online applications allow CYP to choose how they want to access help: Magazines, Forums, Activity Centres, Messaging, Live Counselling. Each component can be accessed as a stand-alone or as part of a wider care package. Live counselling functionality allows CYP to receive professional support from qualified practitioners through either booked or drop in sessions as and when a session is required.

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

Lincolnshire CYP's engagement with Kooth continues to increase; in 2021/22 4,524 unique service users logged onto the platform 36,192 times and 2,208 CYP accessed message counselling 15,600 times.

The top ten reasons for Lincolnshire young people accessed the Online Counselling Service in 2021/22, in order of priority are:

1. Anxiety/stress
2. Suicidal thoughts
3. Self-harm
4. Family/relationship issues
5. Lack of self-worth
6. Sadness
7. Friendship issues
8. Depression
9. School/college issues
10. Eating difficulties.

Healthy Minds Lincolnshire Service

The Healthy Minds Lincolnshire Service is delivered by LPFT through a partnership agreement on behalf of LCC, supported by Lincolnshire schools. The partnership agreement was initially from until September 2020 and has been extended to 31 August 2022, following which it will form part of a combined agreement for delivery of all CYP prevention, early intervention and specialist mental health support with LPFT.

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

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

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

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

Advice, guidance and signposting is also available to parents/carers and professionals supporting children with emotional wellbeing concerns, as well as training for the Lincolnshire pre-school and school workforce, and relevant Children's Services professionals.

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

CAMHS Community, Specialist and Crisis and Enhanced Treatment Team

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

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

The Lincolnshire CAMHS pathways are set out at Appendix D.

CYP Mental Health and Primary Care

Whilst we are currently piloting improved access in CYP mental health support via a dedicated CYP Access Team, we also want to ensure that we find an effective way to provide greater support and access through to secondary services via primary care in Lincolnshire. General Practitioners (GPs) and mental health clinicians are reporting an increase in CYP and parents/carers presenting with emotional, mental health and behavioural concerns and we need to think differently about how we can support primary care to access support/advice from mental health services and, where possible, meet need without referring to secondary services. There are particularly concerns around those CYP presenting with acute mental health needs, suspected eating disorders or self-harm, and with demand on secondary care services and longer waiting times we need to ensure that they are kept safe while awaiting access to mental health treatment.

During 2022/23, we want to work with partners in Primary Care Networks (PCNs) in Lincolnshire to develop posts that are embedded directly within primary care settings/networks, with whom CYP and parents/carers who are currently presenting with emotional and mental health concerns through primary care will be able to have an 'open dialogue' with a trained professional before even having to consider referral through to secondary support.

In line with the wider roll-out via the Framework for Integrated Care (Community), these practitioners will use trauma-informed practice to really understand the background as well as the current presentation for the CYP and determine the best route for them to take. Having that in-depth conversation will then support speedier referral and access to secondary services, with a much more detailed understanding at the point of referral of the CYP's concerns and possible requirements. These roles will:

- Create additional workforce capacity that can respond to the mental health needs of CYP and families/carers accessing primary care.
- Link into other community support including care navigators, Social Prescribing Link Workers, and VCSE support where appropriate and available.
- Work autonomously within the context of local and national drivers, providing advanced clinical care and liaison into Primary Care Networks (PCNs) using high level assessment to refer appropriately and co-ordinate the patient's journey across the health, social care and voluntary sector system.
- Be the designated clinician for named GP practices in a geographical area and be responsible for providing brief clinical assessment, intervention and education with GPs and neighbourhood colleagues.

Through the pilot we aim to trial these roles in two diverse areas of the county, one a more affluent region with a highly engaged education sector and currently without a mental health support team (MHST) – and the other which covers an urban and rural area with a mix of deprived and affluent areas and also covered by the first MHSTs to be established in Lincolnshire.

We will assess effectiveness of the pilot through ongoing monitoring and evaluation, to judge whether the posts are improving the support offered in primary care, increasing the quality and acceptance of referrals through to secondary care and improving patient satisfaction and, in the longer term, outcomes for these CYP, and use an iterative learning process to ensure the pilot meets these requirements.

This pilot will be aligned to our wider CYP Mental Health Transformation Programme, which will allow us to engage with other PCNs throughout the pilot and as part of our stakeholder engagement, to understand what wider roll-out would look like and how this could be funded longer term from additional funding or through transformation/efficiencies.

An action plan has been developed and we are in the early stages of establishing the delivery and governance around the implementation for the pilot of these roles.

5: Workforce

CYP mental health workforce development is aligned and included in the Lincolnshire ICS Mental Health Workforce Plan 2022/23 to 2023/24.

Besides overall recruitment and retention, the key CYP workforce challenge in Lincolnshire is that workforce growth across services has led to internal movement and vacancies across the services; having to hold vacancies for longer than preferable. To mitigate this, we are piloting ideas to support recruitment and create a more diverse workforce; Mental Health Liaison Posts, CYP Primary Care Mental Health Practitioner roles, Children's Wellbeing Practitioners (CWPs), a Staff Grade Doctor and CYP rotational posts (entry level posts that work across Healthy Minds Lincolnshire, Community and Urgent/Emergency CAMHS). We are also utilising Lincolnshire excellent training offer to concentrate on upskilling all clinical staff.

Current CYP Mental Health Workforce Summary and Planned Developments

LPFT Service Area	Workforce June 2021 (WTE)	Workforce June 2022 (WTE)
HealthyMinds Lincolnshire	38.0	42.0 (+4.0)
Mental Health Support Teams	30.0	30.0 (0.0)
Community CAMHS	80.8	84.3 (+3.5)
Urgent and Emergency CAMHS	41.7	49.4 (+7.7)
Eating Disorder Service	8.8	13.6 (+4.8)
Joint CYP Access Team	N/A	10.0 (N/A)
Peer Support Workers	5.4	7.0 (+1.6)
CYP Complex Needs Service	7.8	14.5 (+6.7)

LPFT Service Area	Planned Developments 2022/23
HealthyMinds Lincolnshire	+4 WTE – Children's Wellbeing Practitioner (CWP) roles
Mental Health Support Teams	+22 WTE – EMHPs, B6 Supervisors, Team Leads, Clinical Leads and Admin
Community CAMHS	+12.8 WTE – CYP Practitioners, Specialist Clinical Psychology, Family Therapy, CBT Therapist, CBT Lead and Admin (12% increase in workforce)
Urgent and Emergency CAMHS	Pilot both a CYP Mental Health Liaison Service to work with Acute Hospital Trust and Bed Manager post to free up capacity of other clinical staff
Eating Disorder Service	+1 day consultant Paediatrician
Joint CYP Access Team	Capacity increased as pilot in 2021/22, will continue to April 2023
Peer Support Workers	+2.5 WTE Peer Support Workers (+1 CYP Complex Needs and +1.5 MHSTs)
CYP Complex Needs Service	+2 WTE Children in Care Link Workers, +1 WTE Harmful Behaviour Specialist, +1 WTE Positive Futures Lead, +1 WTE Positive Futures Support Worker

LPFT Service Area	Planned Developments 2023/24
Mental Health Support Teams	+7.5 WTE – One MHST in Wave 10
Community CAMHS	+6 WTE – Consultant Psychiatrist, Specialist Registrar, Training Lead(s), CYP Practitioners, Admin
Eating Disorder Service	Additional Registrar capacity
Peer Support Workers	+1.5 WTE Peer Support Workers (+1 CYP Complex Needs, +0.5 MHSTs)
CYP Complex Needs Service	+1 WTE Assistant Psychologist

In addition to the roles above:

- Lincolnshire County Council employees nine WTE Enhanced Evidence-Based Practitioners (EEBPs), who were trained as part of the CYP IAPT Programme and work in the Lincolnshire Early Help/Future4Me Service. Pre-pandemic there were 19 WTE EEBPs, so we are currently looking at how to fund training to increase the number of these roles.
- 4,800 hours of online counselling is commissioned by LCC from Kooth (Xenzone), equivalent to approximately 3 WTE counsellors.
- During 2021/22 Lincolnshire Centre for Grief and Loss were funded to deliver up to 6 sessions of counselling for up to 200 CYP each year who were suffering grief and loss through death, divorce, separation, illness, crisis etc. This is equivalent to approximately 1,200 hours per annum or 1 WTE grief and loss counsellor.

CAMHS Workforce

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

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

Staff within the core CAMHS teams are aligned to geographical need in regard to population density and characteristics. The teams also provide support across locality areas to meet fluctuations in demand.

Kooth Workforce

Kooth counsellors are qualified counsellors with a minimum of three years' post qualification experience of face-to-face counselling and are accredited by or working towards an accreditation with the British Association for Counselling and Psychotherapy (BACP). Kooth Counsellors receive training on how to apply their skills online when they come to Kooth. Kooth also has:

- Emotional Wellbeing Practitioners who have previous experience and qualifications in working with CYP in previous roles e.g. social workers, teachers, youth workers etc.
- Inclusion and Participation workers promote Kooth and deliver assemblies/presentations to schools and other professionals
- The workers support Kooth Ambassadors to deliver workshops, assemblies and wider promotion of the service, sharing their experiences of mental health support.

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

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

Healthy Minds Lincolnshire Workforce

Healthy Minds Lincolnshire workers deliver interventions, workshops and training; all practitioners complete Cognitive Behaviour Therapy (CBT) and Solution Focused Therapy essentials training, as well as undertaking positive behaviours (PBS) training. The skill mix of workers includes mental health nurses, social workers, teachers, counsellors, Wellbeing Practitioners (CYP IAPT trained) and assistant practitioners (with Health and Social Care NVQ Level 3 qualification/relevant experience).

The service has a training plan, which is updated annually, with the aim being to support current staff to access four CYP IAPT Wellbeing Practitioner training places each year and six low intensity supervisor training places each year.

In addition to 1:1, group support and workshops provided to CYP, the service also delivers training to Lincolnshire pre-schools, schools and academies, trainee teachers and Children's Services teams (which include Health Visitors and CYP nursing staff) on how to identify emotional wellbeing concerns, recognise when early intervention and support is required and strategies to support the CYP they are working with. At end March 2022, 100% of professionals engaged in training said the training had had a positive impact on their confidence to support CYP's EWB concerns and 100% rated the training as good or better. The service also contributes to relevant Child Care qualification programmes. The service also includes within the group support model a session for parents/carers to up-skill them to better support their child's emotional wellbeing concerns and has also developed bespoke workshops for parents/carers.

In March 2020, HML and CAMHS joined together their duty and professional advice lines into the Lincolnshire Here4You Advice and Referral Line which provides support, advice and guidance to professionals, as well as parents/carers and young people themselves. This has been expanded as part of a pilot into the Lincolnshire Here4You Access Team, increasing the capacity and providing much more telephone advice and referral into all LPFT's CYP mental health services, as well as a single point for referrals to be screened and triaged with no referral being rejected without advice or signposting. This streamlines and improves access and there is already evidence that this is enabling CYP to be able to engage with the right service, first time.

Mental Health Support Teams (MHSTs)

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

- Wave 2: 8 FTE Education Mental Health Practitioners (EMHPs), 4 FTE Cognitive Behaviour Therapists (Recruit to Train), 1 FTE Peer Support Worker, 1 FTE Senior Clinician/Supervisor (CBT Therapist with CAMHS background) and 1 FTE MHST Team Coordinator. The Wave 2 sites have successfully completed their training year which they commenced in January 2020 and are now fully operational.
- Wave 4: 8 FTE EMHPs, 4 CBTs (Recruit to Train), 1 FTE Peer Support Worker, 1 FTE Senior Clinician/Supervisor and 1 FTE MHST Team Coordinator. The EMHPs and CBTs commenced their training year in January 2021.
- Wave 7 & 8: when fully recruited to the teams will have:
 - 1 x Band 7 WTE Team Co-ordinator
 - 1.5 Band 7 WTE CBT Supervisors (0.5 per team)
 - 6 x Band 6 WTE Clinical Lead Practitioners (2 per team)
 - 12 x Band 4/5 WTE Education Mental Health Practitioners (4 per team)
 - 1 x Band 3 WTE Admin
 - 1 x Band 4 WTE Lead admin

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

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

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

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

Lincolnshire's Behaviour Outreach Support Service (BOSS)

The BOSS service delivers interventions to CYP at risk of exclusion and engages school staff and parents/carers in the Behaviour Intervention Plan (BIP) process to build their confidence in supporting CYP's behavioural concerns. Restorative Practice is part of the BOSS offer to support schools to reduce challenging behaviour and conflict in schools through the use of restorative approaches. Lincolnshire BOSS has been awarded the Restorative Service Quality Mark (RSQM).

In addition, BOSS's offer includes a training programme to school staff to build their resilience and skill set to better support pupils that display behaviour that challenges. In the 2021/22 academic year 98% of professionals who provided feedback said the training was a positive training experience and had improved their knowledge and 68% of CYP supported by the service were discharged back to their school setting with their setting continuing to successfully support them.

The Behaviour Outreach Support Service commenced in September 2016 and the contract expired, with no further option to extend on 31st August 2022. In the spring of 2022, an open competitive tender for the Behaviour Outreach Support Service was undertaken the outcome of which was that the incumbent provider, Family Action, will deliver the contract under a developed specification from 1st September 2022. The contract is in place for an initial period of 3 years with an option to extend a further 2 years.

Autism and Learning Disability Outreach Workforce

The service provider has an exclusive licence to deliver the Department for Education funded Autism Education Trust (AET) training to all Lincolnshire schools. Outreach Teachers (9 FTE) offer a three tier training programme aimed at improving their knowledge and practice when working with pupils aged 5-16 years. Tier 1 "Making Sense of Autism" is a minimum requirement for any school wishing to refer a child to the service. Additional bespoke training sessions are also offered to schools which include ADHD, Pathological Demand Avoidance, Attachment Disorders and Transition support for parents and carers. Since the service commenced in September 2015 until the end of the academic year 2021, over 15,000 teachers and support staff have accessed the AET training. As at the end of the 2021/22 academic year, 93% of participants who provided feedback rated the training as being high quality and that the training increased their confidence and understanding.

The Autism and Learning Disability Outreach service commenced in September 2015 by way of a collaboration agreement and expired on 31st August 2022, with no further option to extend. In spring 2022 commissioning of a new updated and developed service through an expression of interest (EOI). The outcome was the award of a Co-operation Agreement to Gosberton House Academy (the previous incumbent provider) as the lead school on behalf of a collaboration of special schools for the provision of the Autism and Learning Difficulties Service. The Co-operation Agreement will commence on 1st September 2022 for a period of three years initially to 31st August 2025, with an option to extend for a maximum period of up to two years to 31st August 2027.

Lincolnshire's Caring2Learn approach and the Caring Schools Award

Caring2Learn is an approach developed within Lincolnshire which aims to improve the knowledge, skills and confidence of education settings in developing a whole school ethos and holistic approach to the nurture and wellbeing of all pupils, with a particular focus on their most vulnerable pupils. Schools and education settings can access a learning and development programme for their staff which supports a better understanding of the learning and mental health needs of children in care, previously looked after children and children with a social worker. Caring2Learn promotes good practice both within the education setting and in the home through the development of good practice frameworks which include the Caring Schools Award and the Learning Homes Award for Foster and Kinship Carers and Children's Residential Homes. Education and Carer Champions offer a network of support through their expertise and lived experience. This is a universal offer with no cost to stakeholders.

In addition to the above:

- Staff from over 160 Lincolnshire schools, academies and early years settings have participated in training through the Caring2Learn Learning and Development programme and continued whole school training is taking place to embed approaches such as trauma-informed practice and restorative and relational practice, and strategies such as Solution Focused Coaching. This includes awareness of Adverse Childhood Experiences (ACEs), supporting schools to develop their understanding of how to mitigate the impact of adversity.
- 67 schools, academies or early years settings have achieved the Caring Schools Award at Gold, Silver or Bronze level.
- A Parental Engagement project is being piloted in schools which focuses on schools and parents working together to develop their knowledge, skills and confidence to support the emotional health and wellbeing of their children and implement positive approaches to managing behaviours and promoting emotional regulation in school and in the home.

6: Improving Access to Services and Outcomes

Lincolnshire CAMHS

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

Pre Covid-19 Lincolnshire CAMHS' robust processes allowed the service to respond quickly with 92% of children and young people with a routine referral being seen for assessment within 6 weeks (March 2020). During the pandemic the volume of referrals into CAMHS increased nationally by 10% and in Lincolnshire the increase seen was 10%, the lower rate of increase being attributed to a strong early intervention model with delivery by Healthy Minds Lincolnshire. Nevertheless, there was an increase of 14% from 2019/20 to 2021/22 in referrals accepted to CAMHS indicating a rise in the number of young people presenting with a higher acuity of need.

Due to the continuing impact of the Covid-19 pandemic waits during 2021/22 children and young people had to wait longer with only 69% of routine referrals being seen in 6 weeks and the average routine wait for Core CAMHS increasing to an average of 8.4 weeks (compared to 9 weeks nationally). As services move into recovery wait times continue to be monitored and action plans put in place where needed, also comparison is made with national and regional data to provide a wider context.

2021/22 data shows that 86.8% of children and young people received an emergency telephone response within 4 hours (above the national figure of 83%) and over 95% of young people were seen within the agreed response time when referred from A&E.

During 2021/22 children and young people with eating disorders were responded to quickly with 80% of emergency and urgent referrals being seen within wait time targets.

Lincolnshire CAMHS Peer Support Workers are young people and parents embedded in Core CAMHS teams, they:

- Provide practical support to help CYP reconnect with their community and build their self-esteem
- Engage with CYP and parents and share lived experience to promote hope and be recovery focused
- Promote coping strategies and creative ways of maintaining wellbeing
- Provide additional emotional and practical support to CYP and parents during periods of transition or change.

CAMHS Referrals Received and Accepted

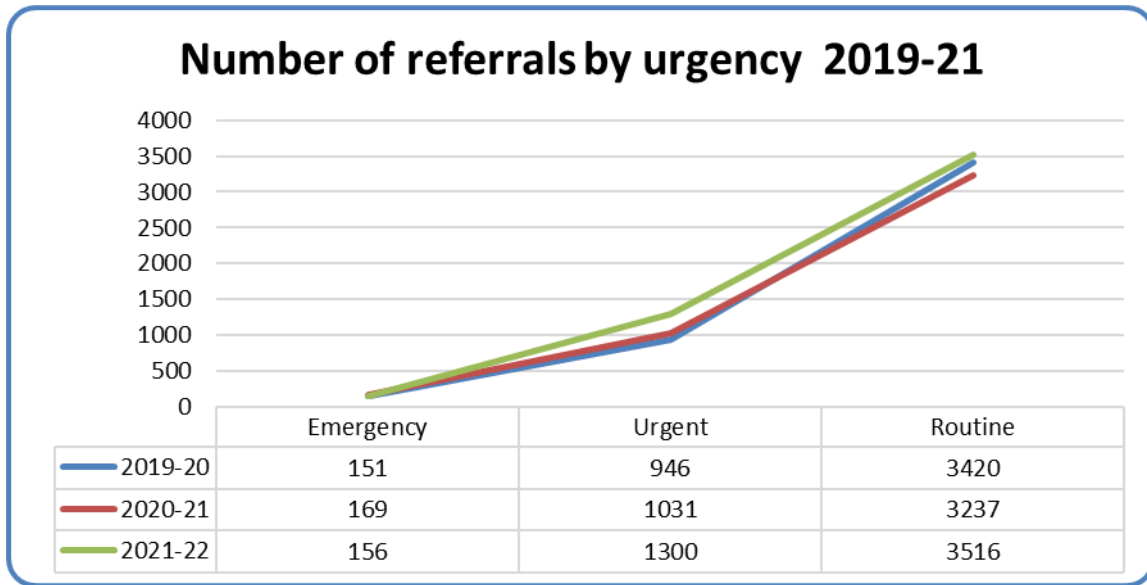
	2019 20	2020 21	2021 22
Total number of CAMHS referrals	4,515	4,437	4,972
Increase/Decrease in referrals	N/A	-2%	12%
Number of CAMHS Referrals accepted	71%	63%	74%

Across the County Core CAMHS teams saw a slight decrease in referrals (-2%) from 2019-20 to 2020-21, however, during 2021-22 referrals increased with a rise of 12% by the end of March 2022. The percentage of referrals accepted reduced in 2020-21 but in 2021-22 returned to a similar level to previous years.

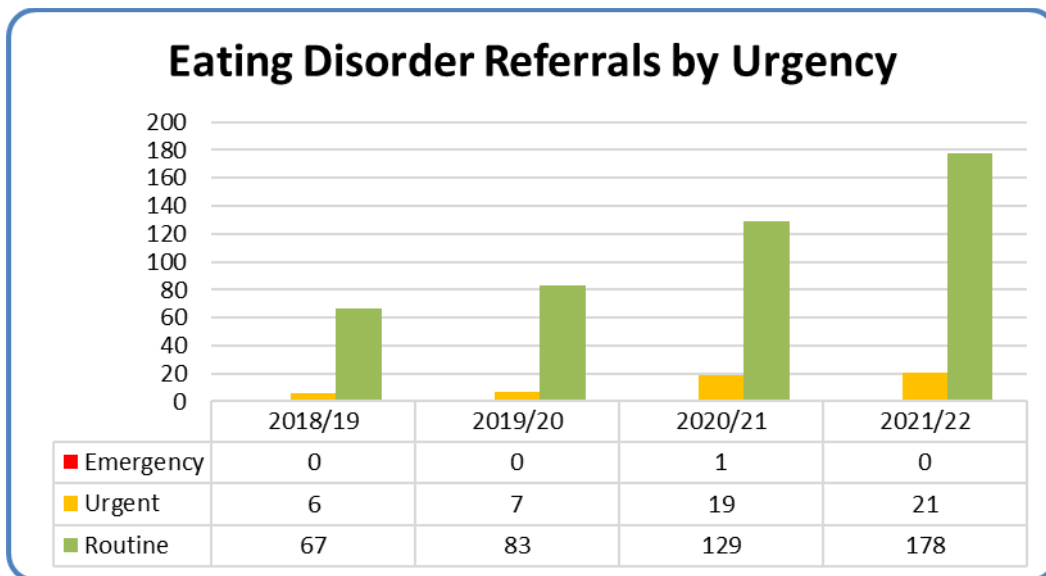
At the time of writing this plan, data is only available for Q1 2022-23 but early indications show a very positive effect of the triage undertaken by the Here4You Access Team in that referrals accepted are currently 83%.

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

demonstrating a 4% increase. The rise in referrals to this service continued and in 2021-22 there were 1,456 referrals; 29% of all referrals, demonstrating not only a rise in referrals overall but a rise in acuity of referrals.



Eating Disorder Teams saw the greatest increase in referrals rising from 73 2018-19 to 199 in 2021-22; a 173%-increase. Additional investment has will be increased from 2022-23 to ensure that workforce capacity and expertise can meet demand.



Learning Disability referrals remained relatively constant; 79 in 2019/20, 76 in 2020/21 and 82 in 2021/22.

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

Lincolnshire has set aspirational wait time targets for CAMHS that for the most part were being met and governance of the contract consistently rated it as Good for performance. However, the effects on the

pandemic, staffing challenges, increased referrals and delayed additional funding has meant that for 2020-21 and 2021-22 targets were breached.

Wait times for 2021-22:

- 52% of referrals to Core CAMHS were seen for assessment within the response time of 6 weeks..
- 87% of referrals to CCETT were seen within response time.
- The LD service achieved 100% of their wait to assessment target.
- 68% of referrals to the ED service were seen for assessment withing the response time.

At the time of writing this report, additional funding and robust action plans are seeing a positive trajectory in reducing wait times to return to pre-pandemic levels.

Access

The Five Year Forward View for Mental Health set out plans for improving mental health services for children and young people. A key objective for the plan was a commitment that by 2020/21, there would be a significant expansion in access to high-quality mental health care for children and young people, with at least 35% of those with diagnosable mental health conditions receiving evidence-based treatment. The Lincolnshire children and young people's mental health access figure for 2020-21 was 33.4%, slightly below the national 35% target.

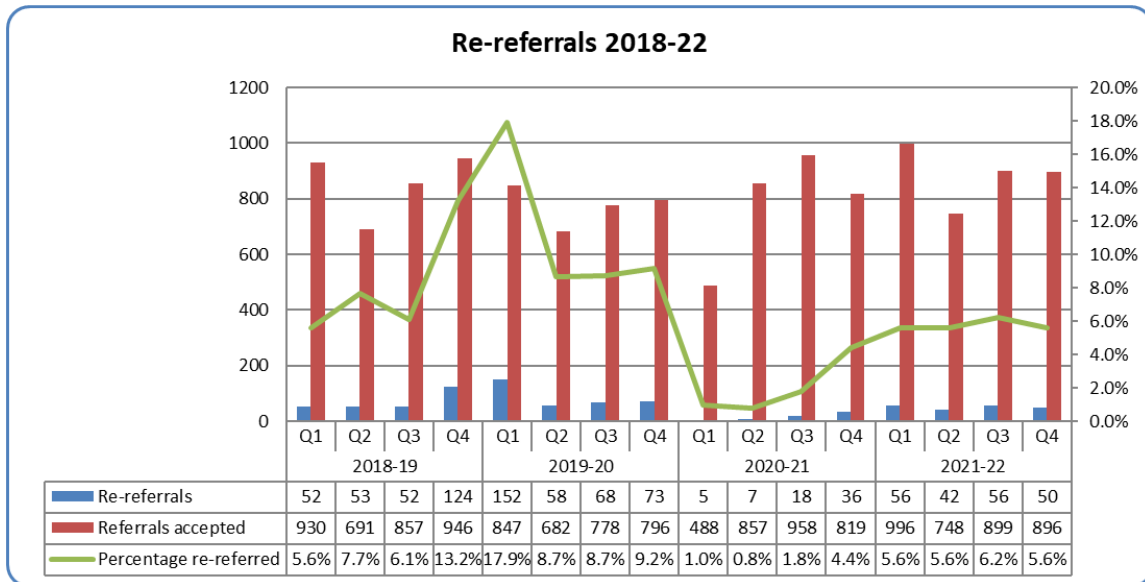
Under the NHS Long Term Plan, the NHS is making a new commitment that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending. This means that children and young people's mental health services will for the first time grow as a proportion of all mental health services, which will themselves also be growing faster than the NHS overall.

Over the next five years, the NHS will therefore continue to invest in expanding access to community-based mental health services to meet the needs of more children and young people. By 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school or college-based Mental Health Support Teams. The national data set indicates that Lincolnshire CYPMH services are achieving 80% (7,305 of 9,312) of the current target.

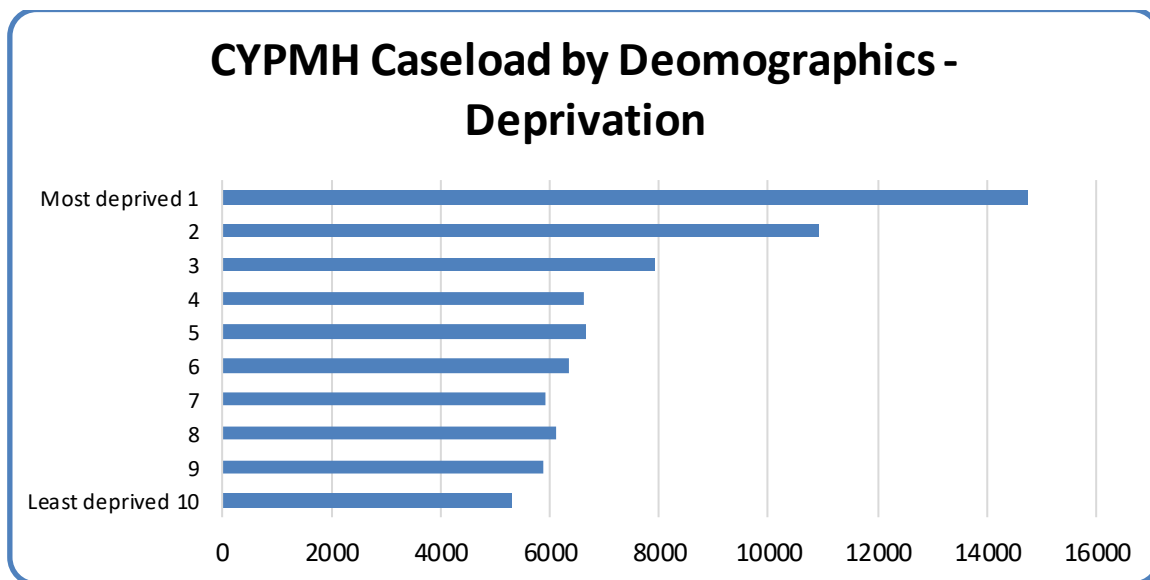
Data is currently flowing to the MHSDS from the CAMHS and HML provider, LPFT and the Kooth Online Counselling provider, Kooth PLC. As part of the development of the children and young people's mental health system, work will be undertaken with the NHS Children and Young People's Mental Health Improvement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

The planned development of a referral and triage 'hub' approach for neurodevelopmental, behavioural, and mental health support will also help ensure that referrals are accepted onto the most appropriate pathway first time. The expansion of Lincolnshire's eating disorders pathway to include Avoidant/Restrictive Food Intake Disorder (ARFID) will allow more patients to be seen within CAMHS Eating Disorder service. Commissioners are working with LPFT to develop a service specification that encompasses CAMHS, HML, MHST, Keyworking and the Complex Needs Service so that there is a system wide approach to ensuring that CYP receive the most appropriate care, from the most appropriate service, first time.

Re-referral rates remained low throughout the pandemic indicating that young people are appropriately discharged and managing their concerns without needing specialist help.



Demographic data available from the NHS CYPMH Dashboard shows that in the Midlands and Lincolnshire those children and young people living in our most deprived areas are accessing support from CAMHS with the largest majority living in the most deprived areas.



Online Counselling Service (Kooth.com) April 2021 to March 2022

- 2,975 young people logged into the online counselling service 36,083 times.
- 385 young people accessed 949 online counselling sessions.
- 1,495 young people exchanged 15,604 counselling text messages.
- 980 young people accessed 8,711 online articles.
- The top concerns supported by the service included anxiety/stress, self-harm, friendship, suicidal thoughts and family relationships.

Healthy Minds Lincolnshire Service April 2021 to March 2022

- 3,049 referrals accepted for interventions (1:1 and group support) with the top 3 reasons for referrals being anxiety/stress, behavioural concerns and low mood/depression, with approximately 17% of referrals accepted from CAMHS.

- 2,061 (68%) of referrals were for vulnerable groups of CYP, these included CYP whose parents/carers are experiencing mental health concerns (48%), CYP who had witnessed domestic abuse (11%) and CYP with SEND (20%). CYP may be in multiple vulnerable groups.
- Referrals accepted were across all key stages, with the highest percentage (37%) of referrals from Key Stage 3 (ages 11 to 14 years), Key Stages 2 and 4 accounted for 26% and 24% respectively.
- Over 32% of referrals waited less than two weeks for an initial assessment and over 75% waited less than 4 weeks.
- 8,788 direct evidence-based interventions delivered (1:1 and group).
- 77% of CYP supported did not need any further treatment or were discharged back to universal services. Only 1.3% of CYP discharged were stepped-up to CAMHS.
- 91 groups were delivered to 372 CYP; 100% of CYP who provided feedback said the workshops had had a positive impact on their EWB concerns.
- 31 groups were delivered to 128 parents/carers; 100% said the workshops had had a positive impact on their confidence to better support their child's emotional wellbeing concerns.
- 193 professionals engaged in training; 100% said the training had had a positive impact on their confidence to support CYP's EWB concerns and 100% rated the training as good or better.
- Feedback from service users was consistently positive and demonstrated high levels of satisfaction from CYP, parents/carers and professionals.

Behaviour Outreach Support Service (BOSS) – academic year 2021-22

- 595 referrals accepted for support.
- Approximately 56% of children and young people with two or more recorded "Risk of Exclusion" scale ratings showing a reduced risk of exclusion at discharge.
- Highest percentage of referrals received (38%) were for Key Stage 3, Key Stage 2 accounted for 24% and Key Stages 1 and 4 both had 16%.
- An audit (conducted between November 2019 and March 2020) of the cause of the behavioural concern displayed by CYP referred to the Service showed:
 - 60% were exposed to issues within their home environment: trauma and home life were the biggest cause.
 - 57% had additional needs that were the underlying factor. ASD and ADHD/ADD were the highest additional need. Mental health concerns accounted for 20% of the identified additional need.
 - School led factors were the underlying cause of 22.3% (67 referrals). Poor relationships between the CYP/family and school was the highest factor.
 - The above demonstrates that 39.7% (119) had more than one underlying causative factor for the behavioural concerns.
- Approximately 89% of secondary aged young people who provided feedback gave an average rating score of 8 out of 10 for the Behaviour Intervention Plan (BIP) process.
- Approximately 92% of primary aged children who provided feedback said they were happier at school after working with BOSS.
- 88.6% of parents/carers who provided feedback said they saw an improvement in their child's attitude towards school and 80% saw an improvement in their child's behaviour.
- 205 training sessions were delivered, 78 whole school training and 78 were class based pupil training.

MHSDS Data Flow: CAMHS, Healthy Minds Lincolnshire Service and Kooth

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

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

7: Young Adults – Understanding System Progress in 2022/23

Transition from CYPMH services to AMH services

In Lincolnshire both CYP and AMH work together to eliminate rigid age barriers and support transition between services. Transition is patient centred and only conducted where necessary. Young people can continue to access community CYP services after the age of 18 and this is actively encouraged, especially in cases where a young person can complete their treatment within CYP services.

Since 2017 LPFT have had a CYP and AMH Transition Protocol in place (see Appendix E), which gives guidance on effective transition planning. The transition protocol will be reviewed in collaboration with young people and families in 2022/23.

As part of the Adult Community Transformation there are strong working arrangements in place with the VSCE to provide support in the community for young adults. CYP work jointly with Barnardos to support young people leaving care, by providing a leaving care worker to support young people, as well as providing training and consultation to Barnardos workers supporting young adults who are leaving care.

Existing pathways within CYP and adult mental health services have been aligned to offer developmentally appropriate support for young adults, supported through the transition protocol. Across LPFT service, pathways are reasonably adjusted to offer both age and developmentally appropriate service.

Co-production is at the heart of service design in Lincolnshire. CYP services have an active peer support team, who engage young people and families in participation and involvement in all elements of service design.

Both Adult Mental Health and CYP Services are at different stages of transformation, with young people and their families part of the service evaluation and governance arrangements for the transformation. In addition a CYP Peer Support Worker is working with both CYP and Adult Service to review the current transition protocol in place, this has included involving young people in the review of the current protocol.

Staff cross CYP and Adult Services are supported to develop the skills, competencies and knowledge to work with and engage young adults through continued professional development.

8: Urgent and Emergency (Crisis) Mental Health Care for CYP

CAMHS Crisis Service Access

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

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

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

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

CAMHS Crisis and Enhanced Treatment Team (CCETT)

The functions of the CCETT are:

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

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

Emergency

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

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

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

Urgent

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

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

Patient, Family and Other Service Feedback

- A compliment received from a young person seen in the Core team: " After a month of performing the breathing exercises, I have been able to successfully reduce anxiety and believe I will be able to continue to do so over time. Thank you so much for all the help you have offered, I feel I am ready for this to draw to an end".
- A compliment received from a young person in the Core team: "Thank you so much for all your support and everything you have done for me. You never gave up on me especially when I went through my dark patches and pushing you away when you was trying to help me. Without your support I really don't know where I would be right now. You never gave up on me. You're amazing! You have no idea how much your help has meant. Without rain there are no flowers. Thank you so much".
- A compliment received from a parent attending the Additional Needs Group " May I take this opportunity to thank you and your team for an excellent group. The knowledge I have gained is invaluable for our future and if I'm honest the support I have received during what was a very difficult time was very much needed. Just knowing you guys were there was very reassuring"
- A compliment received from a parent of a young person being seen in the Core team "Excellent service that goes above and beyond with supporting through such difficult times. It's often more scary for the parent as it's unknown territory to deal with, but you have been amazing with us both. The work you and **** have done with **** has made such a difference – on their 18th birthday (a few days after finishing exams) they made a speech at his party in the garden and said hadn't expected to still be alive at this point in their life – your work has made the difference between life and death and we can't thank you enough".
- A compliment received from a parent of a young person being seen in the Eating Disorder Team "I had appreciated the info pack sent due to the long wait from screening to assessment and found this very informative useful in supporting my child along with reassurance that we were doing the right thing".

CCETT Service Development

- Continued offer of Emotional First Aid (EFA), both group and individually
- Animal Assisted Therapy has continued and forms part of the Emotional First Aid offer, as well as now being available in other CAMHS teams across the county
- Continued Professional Development through team training including Introduction to CBT, Trauma Informed CBT, CBT for OCD and DBT
- One practitioner to complete ACP training in 23/24. New investment has added dedicated Systemic Practitioner and Physical Health Care Nurse to CCETT MDT.
- Systemic and CBT clinics continue to be offered weekly.
- Training delivered to local partners is available on request, e.g. education and other health providers.
- Clinical services operate according to the Wide Access to Services (NHS1) standard, providing a countywide NHS service to all children and young people, irrespective of any socio-demographic background or protected characteristic and all workers are trained in cultural competence. In addition, Lincolnshire County Council commissions a BME Inclusion service, which supports BME families in the Boston and Lincoln areas from the early years to engage in children's services, including signposting and information about what support services are available. Commissioned services report the ethnicities of service users in their quarterly performance figures and to the MHSDS, analysis determines if there are cultural gaps in provision. Where barriers to access are identified action plans, including training plans, will be put in place.

Suicide Prevention

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

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

The annual Lincolnshire Suicide Audit provides detailed analysis of deaths by suicide, including links to deprivation. The data in the audit relates primarily to adults since the numbers for CYP are too low as to run meaningful statistical analysis. The latest report (2018-2020) concluded that the gap between the most and least deprived areas in Lincolnshire increased, with suicide rates in the most deprived decile being 3.1 times higher than in the least deprived decile. The audit that uses a wide range of local and national evidence also highlights the elevated risk among the people of certain occupations and those with existing mental health issues. Further information on completed suicides in Lincolnshire is available through the [Lincolnshire Suicide Audit](#).

Sadly, between January 2021 to January 2022 six children died through suspected/confirmed suicide, which is significantly higher than normal. A CYP task and finish group which meet regularly to work through national recommendations. A local review has also been undertaken with formal recommendations being finalised, the initial findings have been shared with the CYP task and finish group and are to be included in an updated action plan. It is recognised that not all suicides are about mental ill health, that for many it is about the loss of hope linked to educational attainment, relationship breakdown, financial hardship, etc. Therefore, we want our action plans to reflect that the solution is not solely related to mental health services but about wider identification and support in schools/colleges, social groups/clubs, VCSE and community organisations/groups such as faith or LGBT groups.

Lincolnshire undertakes a range of activities to promote positive mental health and emotional resilience (a vital part of a public health approach to suicide prevention), including joint working with schools, colleges and universities to raise awareness of mental health and wellbeing:

- CAMHS, Healthy Minds Lincolnshire and MHSTs have created online resources, videos and workshops to support CYP, parents/carers and professionals with emotional wellbeing and mental health concerns
- Resources have been developed and made available to schools via the Kyra Teaching School's Mobilise Project
- Working in partnership with Lincoln University regarding The Office for Students Project.

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

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

A new assessment form was introduced to be used with young people in Lincolnshire Secure Unit that self-harm or are suicidal to help staff better support them and ensure their safety. An evaluation was undertaken to assess the impact of the new form, ensure it is used appropriately and capture information and feedback to identify any improvements:

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

9: Eating Disorders

Lincolnshire CYP Eating Disorder Service

The Lincolnshire specialist Child and Adolescent Mental Health Service (CAMHS) Eating Disorder Service (EDS) was set up aligned to the clinical governance and contracting requirements for CYP-EDS detailed within the National Access and Waiting Times Standard for Children and Young People with an Eating Disorder (NHS England, 2015). In line with the requirements we have commissioned and delivered the EDS via a well-trained, well supervised and well-led group of staff delivering evidence based treatments. Developments in 2020 led to the closure of the county's inpatient provision, however this did not cause significant pressure as the EDS and CCETT were already proving to be successful in caring for CYP with ED at home, enabling them to stay better connected with their family and friends whilst they receive specialist support.

CAMHS CYP EDS Workforce

In 2020/21 the workforce resource was in line with the national Access and Waiting Time Standard recommended for fifty referrals per annum, as shown below:

Role	Banding	FTE
Consultant Psychiatry		1.0
Psychology	8B	1.0
Team Coordinator	7	1.0
Nurse Specialist	6	4.0
Assistant Practitioner	4	2.0
Dietician	6	0.4
Admin	3	0.8
Total		10.2

Since the Covid-19 pandemic CYP-EDS has seen a significant increase in both referrals and acuity in Lincolnshire, reflecting national trends. In response a proportion of recurrent SDF investment was allocated to CYP-EDS in 2021/22 and used to increase the workforce capacity of the team by recruiting a Physical Healthcare Nurse, a Dietitian, a Lead Psychologist, two registered Practitioners and a Systemic Therapist, will continue in 2022/23.

Early Detection and Prevention

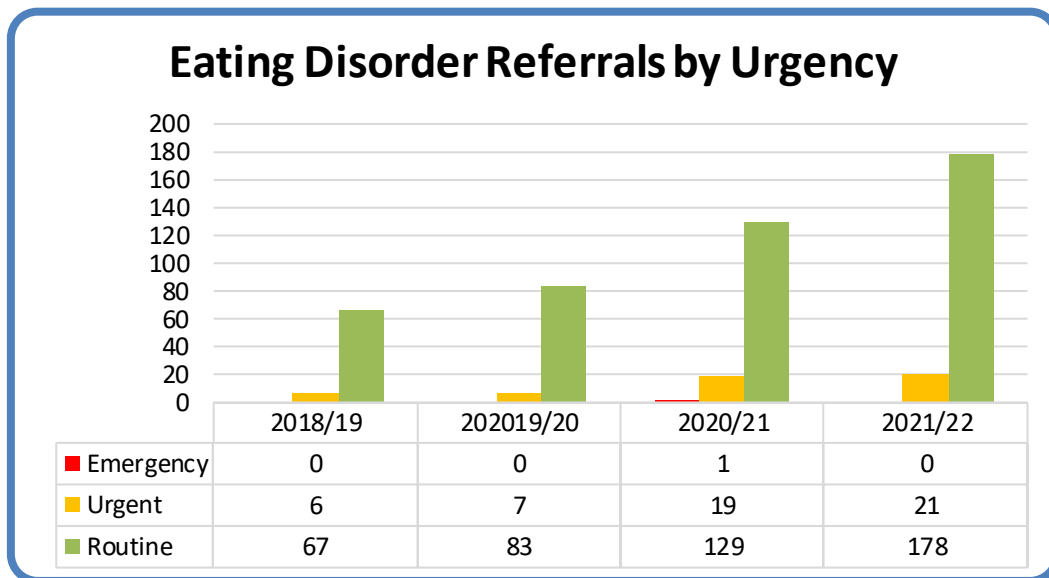
Consideration continues to be given to early intervention, prevention and promotion; HML has developed a five session PHE packs to be delivered in schools around positive body image. There are internal processes and connections between HML, and Core CAMHS/EDS so that screening and referrals are shared and are continuing to enhance wellbeing and early prevention and detection.

Support is also accessed by CYP from the online counselling service provided by Kooth who report that the presenting issues for counselling include body/image weight issues and eating difficulties.

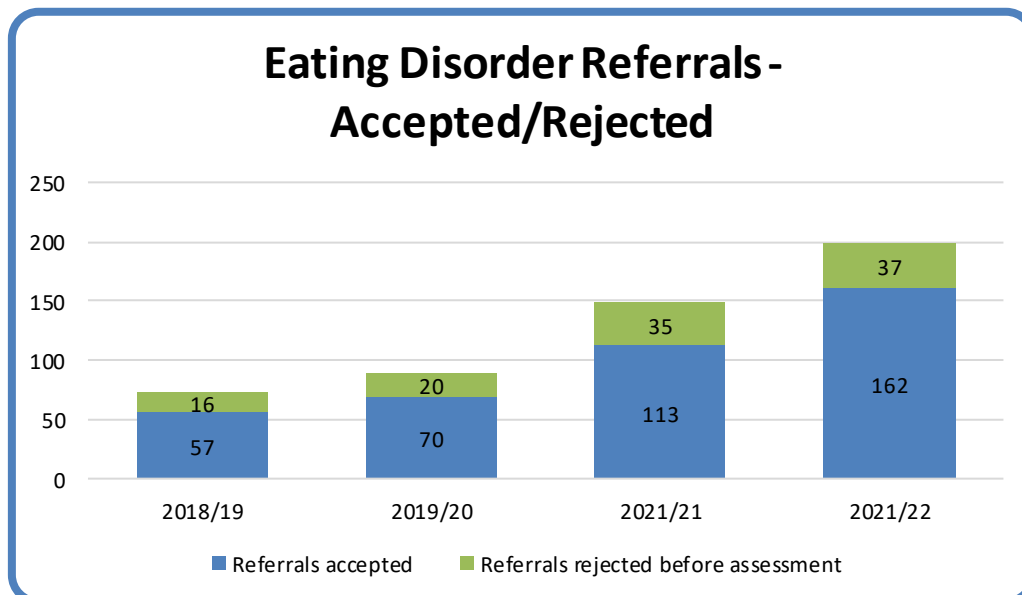
CAMHS EDS Referrals

The number of referral for 2016-17 was considerably higher than the following years; this was the first year of operation and all open and new cases were transferred to the team, which explains the increased number in the first year and the decrease in 2017-18. The service saw a continued reduction in referrals in 2018-19 and 2019-20, however for 2020-21-22 the service has seen as marked increase in both volume and acuity of referrals.

Across CYPMH services the Eating Disorder Teams saw the greatest increase in referrals rising from 73 in 2018-19 to 199 in 2021-22; a 173% increase as displayed in the graph below:

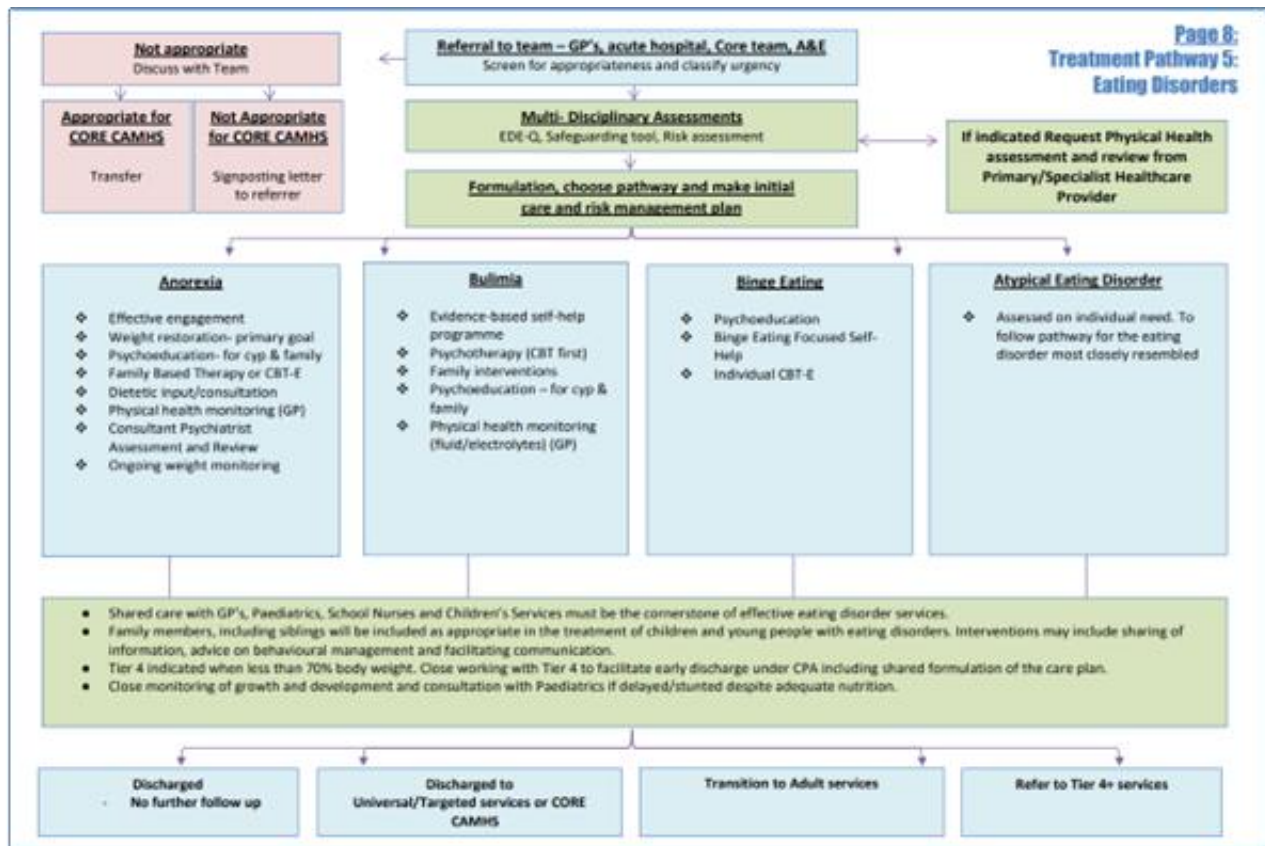


Not all referrals into the service were accepted for assessment. The team have a robust screening system in place to triage new referrals, bringing together information from the family and also physical health presentation. The graph below shows the percentage of accepted referrals since 2018/19.



CAMHS CYP EDS Pathways

CAMHS EDS provide evidence based pathways in line with NICE guidance:



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

Physical Health Monitoring

Physical health monitoring for CYP with a suspected or confirmed eating disorder is an essential requirement for delivery of a safe and effective service. In order to provide the CYP-EDS effectively, a seamless physical health care pathway for young people with an eating disorder will be implemented that spans from primary care though to acute physical health care. The physical health care pathway will to be accessible for young people, allowing them choice of how their physical health is monitored.

System wide working has already been successful in establishing and building good working relationships between the mental health provider and the acute hospital provider in Lincolnshire. Planned investment in 2022/23 will be used to strengthen this working relationship by bringing in Paediatrician sessions into the CYP-EDS team. With any additional investment the service will be able to:

- Implement more dedicated acute Paediatrician time into the CYP-EDS team
- Increase the skilled workforce to be able to provide physical health care support
- Invest in primary care time to develop a shared agreement for community physical health monitoring.

Admissions to SEDU

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

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

The CAMHS EDS team have created strong links with the Acute Paediatric Service (ULHT) and are actively supporting young people admitted to the ward with a suspected or known Eating Disorder and who become physically compromised as a result. The EDS team are also working collaboratively with the CCETT to plan discharge home from the ward with enhanced support in place as an alternative to inpatient admission.

Discharges from CAMHS EDS

Excluding those referrals not accepted for assessment 84% of all discharges were on professional advice and 10% were transferred to another LPFT health team internally.

Year	Number of Referrals	Number of Discharges
2018-19	73	109
2019-20	90	95
2020-21	148	108
2021-22	199	176

Consultation to Other Internal CYP Teams

CAMHS EDS offer regular consultation slots to other CYP teams within LPFT. This model aims to build capacity in the system and allows any possible referrals to be discussed with the team prior to referral being made. The majority of consultations have been with the Core CAMHS Service, some have also been provided to HML and MHSTs. From consultation referrals were made to the CAMHS Eating Disorder Service or joint worked with colleagues in Core CAMHS. Those not referred into the team were due to presentation not being a suspected or confirmed eating disorder, but where a young person has difficulties with their eating.

The benefits of the consultation model being seen are:

- Enhanced patient experience
- Reduced handoffs
- Good handovers and transitions
- Improved standards across the whole of the offer
- Promotes discussion and reflective practice
- Recognition of the patient voice e.g. if a young person says that they want to stay with the practitioner that they know and trust with some support from EDS then that is what happens, patient feedback shows that CYP are grateful for not passing them about and taking the time to work together.

Challenges for Lincolnshire CAMHS EDS

Capacity and demand

Commissioners have recognised that additional funding needs to be made available to support the ED team to continue to deliver a high quality, responsive service and in line with the NHS Long Term Plan. The additional recurrent SDF investment allocated in 2021/22 has improved the response rate of the service, however, to fully achieve the National Access and Waiting Times Standard, the workforce model would need to align to the number of eating disorder referrals that are being received. The team was set up to respond to 50 referrals per year and is now supporting 100-150 per year, planned additional investment in EDS will ensure the necessary workforce capacity to meet the current demand and aim to meet the waiting time standard for routine and urgent referrals by 2023/24.

Transitions

CYPMH and AMH services need to address the needs of a significant number of young people with eating disorders that require continuing intervention post-18; work will be undertaken to explore an all-age Eating Disorder service and/or pathway to ensure long-term recovery and resilience.

From 2022/23 recurrent funding is being used to fund three transition lead workers across core and specialist services, this includes a transition lead in the CYP Eating Disorder Service. These workers will:

- Support young people, particularly the most vulnerable or complex, across core or specialist services from an appropriate age beyond 18 and up to 25
- Provide support in the community and remotely to ensure that YP continue to feel supported as they transition either out of mental health services or into adult mental health services
- Continue to be a point of contact and support YP post-discharge
- Provide remote support to Lincolnshire's higher education students when they return to homes out of county during holidays.

Opportunities for Lincolnshire CAMHS EDS

Avoidant or Restrictive Food Intake Disorder (ARFID)

In recent years, the service has been asked to assess young people for Avoidant or Restrictive Food Intake Disorder (ARFID). Currently there isn't a commissioned pathway for ARFID in Lincolnshire, but onward referral to out of area assessment and treatment requires a local mental health assessment first. Any suspected ARFID cases are first seen by CAMHS EDS (with the involvement of the consultant psychiatrist) and then referred to specialist out of county provision if required. Due to the associated risk of the young person's presentation the young person continues to be held on the Core CAMHS caseload under the most relevant pathway.

Regional pilots, learning and training specifically on ARFID has been rolled out to providers. Our ambition is to increase the scope of the CYP-EDS service to deliver an evidence-based pathway for CYP presenting with ARFID. Lincolnshire has been developing a pathway specifically for ARFID, in the anticipation future funding will increase capacity to allow us to implement an operational ARFID pathway in Lincolnshire.

First Episode Rapid Early Intervention for Eating Disorders (FREED)

In conjunction with Lincolnshire's Adult Eating Disorder Service, a First Episode Rapid Early Intervention for Eating Disorders (FREED) pathway will be piloted in 2022/23. FREED is an innovative treatment approach to help young people aged 16-25 with an eating disorder as early as possible for a better chance of recovery. The FREED pathway will be an enhancement to the service and will work across CYP and adult services, removing transition barriers. This pilot will require further funding in 2023/24 if successful.

10: CYP Mental Health Services working with Educational Settings (including Mental Health Support Teams)

There are 282 infant, primary and junior schools, 3 nursery schools, 53 secondary schools, 1 all-through school and 19 special schools supporting school age pupils (aged up to 24 years for pupils with SEND). Lincolnshire has a significant number of Academy schools (approx. 46.4%), including Free Schools and Alternative Provision (AP) providers. Primary and secondary education in the county is of a high standard; 83% of all schools in the county achieved a 'Good' or 'Outstanding' Ofsted rating (Ofsted statistics, September 2022). In addition, there are a number of FE providers supporting school aged Lincolnshire pupils aged 16 to 18 years across the county including general further education colleges and specialist colleges.

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

The mission statement is:

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

All schools in the partnership:

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

Services in Lincolnshire that work with education settings include:

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

Lincolnshire's Early Help Offer includes the 'front door' through which all professionals (including education settings) can access support at any level to help them better support their children and young people.

Services such as HML and BOSS are jointly funded and commissioned in partnership with schools. The Healthy Minds Lincolnshire Service, for example, was developed in partnership with schools, which included

representation from schools on the working group leading the design as well as wider engagement with schools via head teacher briefings around the county.

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

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

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

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

The Here4You Access Team have been operational since the 17th January 2022 and have been screening all referrals received into HML and CAMHS since the end of March 2022 including the online referral form for CYP aged 13 and over which was introduced in February 2022. During the 2021/22 financial year of calls to the Here4You line increased by 25% compared to 2020-21, with 55% of all calls in 2021/22 being from parents and young people, whilst 13% were from schools and colleges. Early indications are that the success of robust triage on the line has resulted in more referrals to our early intervention teams and a reduction being directed to CAMHS for assessment.

The Caring2Learn project is a DfE funded research project through the Partners in Practice programme, which aims to improve a wide range of outcomes for Lincolnshire's children in care, previously children in care and other vulnerable young people. This project includes a Caring Schools award which highlights and celebrates good practice within schools and other education settings in their whole school approach to promoting wellbeing and nurturing vulnerable young people. Schools were involved in the design of the Caring2Learn programme and the Caring Schools award through an initial pilot group, following which there was a wider roll out to all schools. The LLP's Empower Committee champions the Caring2Learn programme and the Caring Schools award. HealthyMinds Lincolnshire also works in partnership with Lincolnshire County Council to promote and champion the Caring Schools award. Caring2Learn and HealthyMinds Lincolnshire have also worked together to deliver the DfE Wellbeing for Education Return programme of webinars for schools and education settings which focus on supporting the mental health and wellbeing of children, families and staff in response to the COVID-19 pandemic.

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

The further plans to improve mental health support in schools and colleges commenced through the Lincolnshire Integrated Care Board's (ICB), in partnership with Lincolnshire County Council and Lincolnshire

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

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

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

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

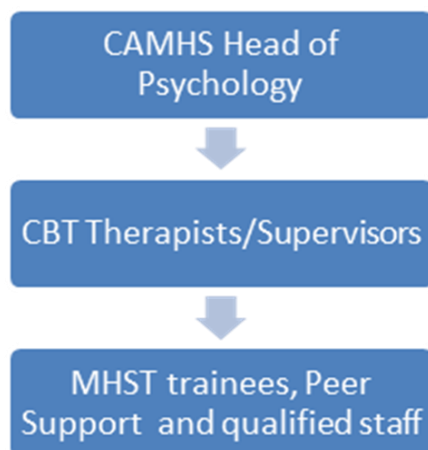
- Delivering evidence-based interventions for mild to moderate mental health issues.
- Supporting the senior mental health lead in the education settings to introduce or develop their whole setting approach to positive mental health and emotional wellbeing.
- Giving timely advice to education setting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

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

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

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

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



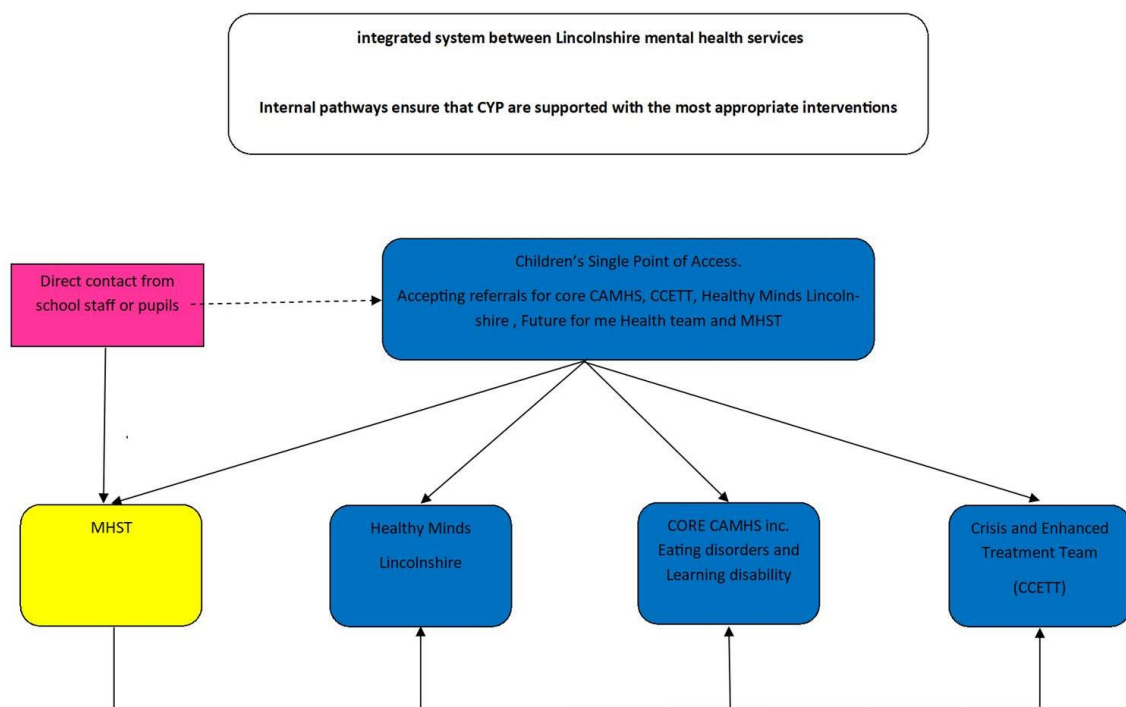
Once the MHST trainees have completed their training year, they progress to Band 5. To support career progression for the MHST trainees and other practitioners working in CYPMHS in Lincolnshire.

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

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

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

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



During COVID-19, despite challenges of the MHSTs in Lincoln and Gainsborough (and surrounding area) being new teams and a new service, the MHSTs worked with education settings to ensure that the needs of CYP continued to be met through a flexible approach.

This included LPFT working collaboratively across MHSTs, HML and CAMHS to enhance the virtual mental health support available to CYP, parents/carers and education settings when supporting emotional wellbeing and/or mental health concerns. This included developing new digital methods for delivering Cognitive Behavioural Therapy through NHSE approved platforms such as Q Health and for group support via Web-Ex

initially and now Microsoft Visits. In addition online resources, workshops and videos were specifically created to support CYP during COVID-19.

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

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

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

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

11: Early Intervention in Psychosis (EIP)

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

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

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

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

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

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

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

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

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

When necessary the CAMHScrisis and Enhanced Treatment Team will support the young person and provide interventions in the home.

12: CYPMH Digitally enabled Care Pathways

Lincolnshire Partnership NHS Foundation Trust (LPFT) is working with strategic commissioners across the STP/ICS to explore, evaluate and implement new digital solutions as part of its care pathways that will work for services and service users in Lincolnshire.

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

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

There are currently no apps available for children or young people but CYP parents/carers can self-refer online.

The COVID pandemic led to the rapid development and implementation of digital pathways within LPFT CYP Services. Pre-pandemic LPFT had already started to explore digital health solutions to support a digital online offer. During the pandemic LPFT held a position of 'digital first but not digital only' for all routine or non-urgent appointments. Clinical staff were supported with guidance to support decision making regarding face to face and digital appointments, considering clinical risk, environment and safeguarding. During the pandemic three platforms were used to enable digital working, WebEx, Qhealth and Microsoft Teams. LPFT like other organisations adopted Microsoft Teams as the main platform for non-clinical digital appointments, this improved working relationships with other providers and stakeholders. Post Pandemic LPFT have return to business as usual, with all clinical appointments being offered face to face. However, the advances and developments in digital platforms for both clinical and non-clinical activity has led to the offer of a digital offer. Primarily Microsoft Teams is the most used digital platform. The digital offer is available for young people and families in treatment, but this is dependent upon factors such as patient choice, clinical risk and safeguarding. However, the option of a digital platform gives patients greater choice in how they access, engage in and personalise their support.

13: Health and Justice

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

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

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

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

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

Transition To and From the Secure Estate

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

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

Presenting at Sexual Assault Referral Centres

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

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

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

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

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

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

In Crisis Care Related to Police Custody

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

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

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

Interacting with Liaison and Diversion Services

A procurement process through NHS England secured the development of Liaison and Diversion Services within Lincolnshire, which became operational on the 1st April 2020. The service specification was developed

with the input of key stakeholders within Lincolnshire Police, PCC and the Youth Offending Service and is being hosted by LPFT in collaboration with Lincolnshire Action Trust. This follows an all-age strategy of assessing and signposting those individuals who come in contact with the Criminal Justice Service to relevant local services for support and within this all young people are prioritised for assessment.

Data

Reoffending

Apr 20 - Jun 20				
Number in cohort	Number of Reoffenders within cohort	Number of Reoffences	Average number of reoffences by a reoffender	Average number of reoffences by cohort
11	5 (45.5%)	24	4.8	2.18

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

First Time Entrants

Jul 20 – Jun 21		Oct 20- Sep 21		Jan 21- Dec 21		Apr 21- Mar 22	
Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000
62	95	59	90	70	106	70	106

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

Custody

2020/21				2021/22			
Apr - Jun	Jul - Sep	Oct -Dec	Jan-Mar	Apr - Jun	Jul - Sep	Oct -Dec	Jan-Mar
7	0	5	0	2	2	4	4

The table above shows the number of custodial sentences in the period given to children with a local residence aged under 18 years on the date of their first hearing related to the outcome

Multi-agency child exploitation (MACE)

In the six month period 1st January 2022 to 30th June 2022, there were **108** cases discussed at MACE Pre Screening* where the young person had been identified as a possible victim of child sexual exploitation and/or child criminal exploitation, **41/ 108** cases progressed to a Full MACE** discussion.

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

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

Framework for Integrated Care

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

Principles of the Framework for Integrated Care

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

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

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

- Existing provision may not be well-equipped or may lack specific expertise to respond to needs and presentation, including trauma-informed ways of working;
- Multiple professional involvement may lead to inconsistency in approach and a lack of continuity of care and/or not meeting needs in a 'holistic' way;
- The interventions provided are often single modality driven (such as Cognitive Behavioural Therapy or medication), and involve the children and young people individually, failing to address the wider systemic context;
- The child or young person and/or family/carer may be unwilling or unable to engage (e.g. due to a lack of trust in statutory services or because entry points are difficult to navigate).

The Framework represents a shift in ideology, moving away from approaches that seek to fix ‘what is wrong with you’ to approaches that seek to understand and address ‘what has happened to you’. The intention is to support and strengthen existing community services, enabling collaboration within and across those agencies, with the vision to facilitate integrated trauma-informed and responsive systems that enable children and young people with complex needs to thrive. The Framework aims to meet six main objectives:

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

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

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

Year 1 (20/21)	Year 2 (21/22) Full framework “go live”	Year 3 to 9 Yearly review and alignment of sites	Year 10 Final year of LTP
<ul style="list-style-type: none"> • Cohort: scope detailed target cohort (including needs, strategy for identifying and engaging) • Service provision: scope current service provision available for CYP cohort. Scoping should be wider than just health • Collaboration: Build collaborative relationships • Selection of project area 	<ul style="list-style-type: none"> • Cohort: deliver Framework offer to initial target cohort • KPI’s and communities of practice development: Develop local approach to metrics. Participate in Complex Needs System Partners Network to develop and measure national KPI’s. Ongoing measurement of KPIs and reporting to regional and national team. Exchange of learning and emerging practices across all sites • Collaboration: Build agreements and ways of working across local area. Partnerships and relationships working in local systems • Structural elements: Establishment of local governance arrangements • Implementation visit: Engage and arrange site visit with NHSE’s national team. • Phased delivery: Begin phased delivery of the Framework (e.g. recruitment) 	<ul style="list-style-type: none"> • Cohort: yearly review and scoping of cohort building on previous progress and strategic roadmap, deliver framework to expanded target cohort • Service provision: yearly review of service provision available for cohort and understanding of where gaps exist. • KPI’s: ongoing measurement and review of national and local KPI’s • Evaluation: participation in formal mid-way (year 4) evaluation of services and implement any recommendations/ adjustments to services as identified. 	<ul style="list-style-type: none"> • Completion Evaluation: Participate in formal evaluation of LTP Complex Needs • Progression of the framework and service offers: participate and strategic conversations re forward planning for this cohort of CYP locally, regionally and nationally

The Lincolnshire service model is a Psychology led consultation model that has successfully been piloted with the Future4me Health team. This is a hub and spoke model that will be able to offer support and expertise to all children’s services teams across Lincolnshire by the end of 2023/24. This is supported by digital capabilities to enable reduced travel when attending MDTs and enable the team to deliver training in a convenient way across the county. The model aims to develop a training delivery programme based on the Trauma Recovery Model, which will be delivered to a wide range of stakeholders throughout service.

The service is integrated within Children's services teams, this ensures that Children's services teams are able to access this support and any data associated with this team in a streamlined way. Staff working within the Lincolnshire Framework for Integrated Care will mainly be employed by LPFT, apart from staff seconded from Positive Futures, and will have close links with LPFT's CYP Services. The trauma informed training and follow-on consultations will be available to all professionals working with CYP within Lincolnshire, whichever agency they work for.

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