

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

Transformation Plan 2015 – 2020

Our Vision

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

Executive Summary

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

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

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

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

The plan aims to build a healthier, more productive and fairer society for children, young people and their families which builds resilience, promotes mental health and wellbeing and ensures they have access to the care and support to improve their mental health when and where they need it thus reducing health inequalities.

¹ Future in Mind (2015)

Contents

Executive Summary.....	2
Introduction.....	4
Case for Change	10
National Profile.....	10
Lancashire Profile	11
Plan for Action	16
1. Promoting Resilience, Prevention and Early Intervention	16
2. Improving Access to Effective Support	22
3. Care for the Most Vulnerable	30
4. Accountability and Transparency	33
5. Developing the Workforce.....	40
Appendix 1 Children and Young People Population Profile	43
Appendix 2: Mental health needs of children and young people in Lancashire CCGs	44
Appendix 3: Level of Investment from Partners.....	45
Appendix 4: Service Providers Staffing Levels.....	49
Appendix 5: Four Cornerstones Model and Risk Protective Factors	52
Appendix 6 Crisis Care Concordat	56
Appendix 7: Governance Framework	62

Introduction

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

This document sets out the five-year Children and Young People’s Emotional Wellbeing, Mental Health and Resilience Transformation Plan for Lancashire which consists of eight clinical commissioning groups, a county council and two unitary authorities and thirteen other partner organisations.

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

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

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

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

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

³ Future in Mind (2015)

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

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

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

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

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

In 2015, NHS England and the Department of Health published a joint report Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing. It provides a broad set of recommendations that, when implemented, would facilitate greater access and improved standards for mental health services, promote positive mental health and wellbeing for children and young people, greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.

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

⁵ HM Government: Children and Families Act 2014

As part of the national strategy the Government has committed to take forward detailed plans to extend the Improving Access to Psychological Therapies (IAPT) programme to children and young people. This service transformation for children and young people's mental health care will embed best evidence based practice, training staff in validated techniques, enhanced supervision and service leadership and monitoring of individual patient outcomes.

Future in Mind identifies key themes fundamental to creating a system that properly supports the emotional wellbeing and mental health of children and young people.

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

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

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

Our vision is for children and young people in Lancashire who have emotional wellbeing and mental health issues to have access to timely, integrated, multi-disciplinary mental health services which will ensure effective assessment, treatment and support for them and their families.

The principles of the THRIVE model will be adopted in order to wrap services around children and young people, allowing access to whichever service is appropriate at

⁶ HM Government Mental Health Crisis Care Concordat (2014)

any given time without service users having to begin a new pathway each time they need help or support.

Universal services will deliver promotion, prevention, and early help and intervention. Specialist services will deliver support that is easy to access, readily available and based on the best evidence. Underpinning all this, staff across all services will have a clear understanding of their roles and responsibilities and those of others, and will have an appropriate range of skills and competencies. Children and young people will be involved in the development and delivery of services.

This plan adopts core beliefs to ensure effective delivery including; joined-up working between community and voluntary, statutory and business sectors; commitment to engagement and consultation with local community, children, young people and families; commitment to achieving and sharing evidence-based practice; population and targeted approach to delivering strategy.

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

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

Our plan will deliver against the following five key areas and build on work already under way, we will:

1. Promoting Resilience, Prevention and Early Intervention

a. Promoting Mental Health and Building Resilience

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

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

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

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

b Early Identification

Objective 5: Improve early identification and timely intervention for children and young people at risk of and or experiencing poor mental health

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

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

Objective 8: Locally adopt and adapt the Thrive model as a conceptual framework for our collective response to improving the emotional health and wellbeing of children and young people.

2. Improving Access to Effective Support

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

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

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

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

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

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

3. Care for the Most Vulnerable

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

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

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

4. Accountability and Transparency

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

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

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

Objective 21: Work together to ensure that our increased levels of investment will be used transparently, equitably and demonstrate value for money.

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

5. Developing the Workforce

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

Successful implementation of this plan will result in:

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

Case for Change

National Profile

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

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

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

Learning Disabilities, Behavioural Conditions and Mental Health

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

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

⁸ Equality and Human Rights Commission.

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

Children and young people and Mental Health

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

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

Stigma and discrimination in mental health

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

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

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

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

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

Lancashire Profile

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

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

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

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

mental health wellbeing and cause individuals to be more vulnerable to poor mental health.

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

In Lancashire it is recognised that

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

Data aggregated from the Child and Maternal Health (ChiMat) Child and Adolescent Mental Health Service (CAMHS) Snapshot and CAMHS needs assessment reports produced by Public Health England¹⁵ has been used to provide a snapshot of the estimate of certain conditions across Lancashire and is detailed in Appendix 1.

Key data and information which has helped understand the demand, risk factors, provision and outcomes for services is detailed in the mental health needs of

¹² <http://www.lancashire.gov.uk/>

¹³ JSNA 2014

¹⁴ CSU 2014

¹⁵ <http://www/chimat.org.uk/camhs>

children and young people in Lancashire CCGs report published in August 2015¹⁶, Appendix 2.

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

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

- who are part of the Looked after system
- from low income households and where parents have low educational attainment
- with disabilities including learning disabilities
- from Black and Minority Ethnic groups including Gypsy Roma Traveller community
- who identify as Lesbian, Gay, Bisexual or Transgender
- who experience homelessness
- who are engaged within the Criminal Justice System
- whose parent (s) may have a mental health problem who are young carers
- who misuse substances
- who are refugees and asylum seekers
- who have been abused, physical and/or emotionally transition from services.

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

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

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

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

The review of data and stakeholder events has told us that Lancashire has a highly skilled and diverse workforce that can offer a range of evidence based interventions,

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

right across the pathway as detailed in Appendix 4. However, there are tangible concerns about the ability to sustain current workforce levels as there are high vacancy rates and numbers of impending retirements and indeed about how to grow the workforce in order to support effective transformation of services.

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

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

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

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

Challenges identified at stakeholder events and audit includes:

- specific concerns about the workforce, with areas reporting that they are carrying vacancy rates and that many staff are nearing retirement, there is a real need for a comprehensive workforce strategy and plan in order to ensure that there are enough skilled staff to meet the mental health needs of children and young people.
- concern that there continues to be insufficient capacity to support Universal services and not enough buy-in to early intervention and training the workforce
- retirement high vacancy rates and the need for specialist training
- Further pressures are being anticipated by services in relation to their workforce. Along with the GP workforce aging and a struggling to recruit appropriate staff, therefore posing problems for early identification of mental health needs. A high number of mental health professionals in CAMHS services are due to retire in the next 5/10 years, which will lead to further difficulties in recruitment if the issue is not addressed immediately. Specialist CAMH training for nurses who make up 34% of the specialist CAMHS

¹⁷ Department of Health 2004

¹⁸ Royal College of Psychiatrists 2006

workforce is no longer available, therefore specialist knowledge is only being developed through practice

- Having enough workforce capacity and a workforce that can deliver evidence-based interventions at times and places suitable for young people was seen as key. There were also priorities around ensuring there is future planning for the workforce needs of mental health services. The current lack of capacity was felt to be preventing services being able to move forward and transform.

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

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

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

Plan for Action

1. Promoting Resilience, Prevention and Early Intervention

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

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

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

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

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

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

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

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

By March 2016 we will:

- Develop resilience training programmes in order to roll out to all people working and/or engaging with children and young people across the following

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

²⁰ Head teacher Place2Be

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

By March 2017 we will:

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

By March 2020 we will:

- Ensure that children, young people and their families are able to deal with their problems
- Ensure that schools and the wider community are able to support each other and children and young people to become resilient.

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

By March 2016 we will

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

By March 2017 we will:

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

By March 2020 we will:

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

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

By March 2016 we will:

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

By March 2017 we will:

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

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

By March 2016 we will:

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

- Promote the existing telephone helpline's throughout Lancashire

By March 2017 we will:

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

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

Objective 5: Improve early identification and timely intervention for children and young people at risk of and/or experiencing poor mental health

By March 2016 we will:

- Ensure that clear policies procedures and guidance are in place for the CYP workforce which improve early identification
- Develop guidance for schools to ensure that the provision of school counselling is consistent across Lancashire.
- Develop a pan-Lancashire system process for providing named CAMHs contacts for schools.
- Building on the learning from TAHMS develop the role of primary mental health workers across Lancashire
- Explore methodology of routine enquiry into adverse childhood experiences
- Ensure a consistent continuous assessment process across pan-Lancashire including appropriate use of lead professional

By March 2017 we will:

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

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

By March 2016 we will:

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

By March 2017 we will:

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

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

By March 2016 we will:

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

By March 2017 we will:

- Roll out of training to the highest priority groups

- Promote the pan-Lancashire pathway settings engaging with pregnant women and new parents
- Monitor the effectiveness of the pathway.

2. Improving Access to Effective Support

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

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

Equally the fragmentation of commissioning and service provision for health and social care has resulted in service users and their carers struggling to access services and navigate their way through the system. In the Children and Young People's Emotional Wellbeing and Mental Health pan-Lancashire Review (March 15) it identified a myriad of potential contacts and relationships with services, a child or young person would have to manage Appendix 2 This is disempowering to children and young people and their carers.

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

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

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

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

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

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

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

By March 2016 we will:

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

By March 2017 we will:

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

By March 2020 we will:

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

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

By March 2016 we will:

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

By March 2017 we will:

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

By March 2020 we will:

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

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

By March 2016 we will:

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

By March 2017 we will:

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

By March 2020 we will:

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

Age appropriate Services

The age range for children's services varies across Lancashire with some ending at their 16th birthday and others 18th birthday. The thresholds for adult services mean that some young people are not eligible for ongoing support and the waiting lists for adult services can lead to pauses and gaps in support. Increasing the age range from 0 to 25 years will avoid these gaps and address the peak onset of mental ill-health when there is a need for initial care²¹. The Children and Families Act, through the Code of Practice states that joint commissioning arrangements must cover services 0 – 25.

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

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

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

By March 16 we will:

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

- Include adult services in our performance monitoring framework so that activity and outcomes for young people is understood.

By March 17 we will:

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

By March 2020 we will:

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

Increased access to needs led evidence based interventions

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

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

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

Our local CAMHS providers, although not all part of the CYP IAPT programme currently, have a well trained workforce in evidenced based therapies and are utilising person reported outcome measures within their delivery. We also have an established CYP IAPT Partnership covering a large part of Lancashire which we can build on and review learning from when supporting and transforming services via new partnerships forming in the Pennine Lancashire and Blackpool areas.

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

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

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

²² <https://www.minded.org.uk/>

Objective 12: Through implementation of the CYP IAPT Programme improve access to evidenced- based care and support designed in partnership with children and, young people and their families, treating them as individuals, taking into account both their physical and mental health needs.

By March 2016 we will:

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

By March 2017 we will:

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

By March 2020 we will:

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

Eating Disorders

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

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

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

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

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

Objective 13: Children, young people and families will have timely access to an evidence based dedicated community eating disorder service.

By March 2016 we will:

- Jointly fund a robust eating disorder needs assessment incorporating the views of children young people and families to further build on findings from the initial workshop.
- Complete mapping of current practice and service provision against the recommendations identified in the stakeholder workshop and commissioning guidance.
- Improve early detection of eating disorders by increasing awareness in the general population and universal frontline professionals through a targeted promotions campaign.
- Develop and agree joint service development plans for 16/17 with our current services, to address recommendations.
- Secure commissioning and procurement support to lead the service design and procurement

By March 2017 we will:

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

By March 2020 we will:

- The dedicated community eating disorders service will be embedded and evidencing that it meets the Access and Waiting time standard which will

This will lead to:

- Improved waiting times and access,
- Improved outcomes for children and young people
- Reduced admissions to Tier 4 beds
- Fewer referrals to A&E and admission to paediatric wards or Tier 4 admissions.

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

By March 2016 we will:

- Ensure that the Trust meets the new access and waiting times standards for people experiencing a first episode of psychosis,
- Those children and young people accessing the service are treated with a NICE approved care package within two weeks of referral and for a special ARMS assessment to have commenced for referrals for those with 'at risk' mental state.

3. Care for the Most Vulnerable

As referenced in *Future in Mind*, the success measure of any local mental health system is how it responds in a crisis. To address within Lancashire, in line with the national requirements, we have developed an all age crisis concordat plan. The needs of children and young people are specifically referenced within the plan and these have been developed through a series of engagement events with stakeholders and young people Appendix 6. The recommendations formulated by the young people are included in the concordat plan and are as follows.

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

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

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

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

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

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

By March 2016 we will:

- Have a support helpline that have out of hours advice and support for everybody who may be involved with the child/young person, the young person themselves, parents/carers, schools, other key professionals.
- Pilot in Pennine Lancashire an appropriate alternate safe place, staffed by a multi-agency team, for children in Lancashire to be assessed on an emergency basis or where the crisis can be de-escalated.
- Extend the crisis resilience pilots for out of hours response to children and young people in crisis from CAMHS while the crisis response service is redesigned to be all age.

By March 2017 we will:

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

By March 2020 we will:

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

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

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

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

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

In order to address these issue out aims and objectives are:

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

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

By March 2016 we will:

- Work in close partnership with our local Tier 4 service and paediatric teams to ensure clear pathways and smooth transitions for children and young people requiring an inpatient admission and the identification of alternate solutions for those children and young people who do not need inpatient admission.
- Improve the experience of vulnerable young people with mental health difficulties on paediatric wards by supporting paediatric staff through training initiatives regarding the management of self-harm and eating disorders
- Learn from and replicate/extend current best practice for children in care/CLA across Lancashire.
- Pilot the REACH project which empowers our professional workforce to proactively identify vulnerable children and young people, providing an opportunity for safeguarding and early intervention by training and supporting them to asking young people routinely as part of their assessments about adverse childhood experiences (ACEs).
- Develop and implement a range of multi-disciplinary and multi-agency care pathways for vulnerable groups, eg ADHD and ASD

- Routinely monitor the uptake and use of services by vulnerable groups eg CLA, LD to ensure no young person or family in need fall through the net because of difficulty in engaging, inflexible referral criteria or lack of bespoke pathways
- Identify the additional capacity created from the additional funding provided for eating disorders to support the development of a self-harm pathway in each health economy.

By March 2017 we will

- Conduct empirical evaluation of the medium to long term impact of this (REACH) routine enquiry about adversity in childhood approach and adjust commissioning intentions accordingly.
- In alignment with the LD fast track plan, we will work with providers to ensure children and young people with moderate to severe LD with complex and challenging behaviour have access to skilled support staff and, where necessary, the support of specialist professionals to assist assessment and plan effective support.
- Provide support to the staff so that they are better able to support these young people, including implications of safeguarding protocols and informed decision to disclose.

By March 2020 we will:

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

4. Accountability and Transparency

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

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

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

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

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

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

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

By March 2016 we will:

- Build on the success of existing joint commissioning arrangements, including Better Care Fund and Transforming Care across Lancashire to

reduce complexity and build a system that is responsive to the needs of children, young people and their families.

- The Lancashire Collaborative Commissioning Board (CCB), with representation from eight CCG's, three Local Authorities and Specialist Commissioning will lead the system change through development and approval of the Transformation Plan. The CCB will ensure where possible and practicable, services are jointly and equitably commissioned on a pan-Lancashire footprint. The CCB's vision of a fully integrated system in place and services that are co-commissioned in a co-ordinated way to ensure they are provided in an integrated way, around the needs of service users and the families or carers and not the system, to improve quality and reduce inequalities. Providers will be expected to work in collaboration with other professionals to ensure care is co-ordinated across organisations, health, local authority and voluntary sector, so that it is seamless and supports delivery of the plan.
- Integrate commissioning approach under the Better Care Fund (virtual-pooled budget) umbrella whilst a more robust system is put into place.
- Support joint commissioning roles within locality footprints to deliver the plan.

By March 2017 we will:

- Formalise the integrated commissioning approach through a detailed Section 75 agreement

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

By March 2016 we will:

- Establish governance arrangements to allow delegated authority to the Children and Young People Emotional Wellbeing and Mental Health Transformation Board for delivery, service transformation and redesign. Members of the transformation board will ensure that consistent engagement with children, young people and their families to inform the plan. Board members will also ensure local area involvement from schools, education establishments and the voluntary sector, see Appendix 7.
- Ensure the Transformation Board, including all providers, will hold each partner to account for delivery of the plan as outlined in the governance section above. Appoint a system leader to lead the delivery of integrated children and young people's emotional wellbeing and mental health services programme as agreed with partners, including the implementation, management and monitoring of agreed programmes to develop systems for partnership and planning and investing in new care models which break down the barriers between organisations and advocating system leadership at a local level.

- Ensure the current level of investment, based on the 2014/15 level of investment by partners is maintained and underpins the ambitions of this transformation plan to develop new capacity in the medium/long term.

March 2017 we will:

- Ensure that investment and/or disinvestment decisions will be based on joint agreement between commissioners on the impact on both the CAMHS service and wider system, and there will be transparency about such decisions.
- Implement a benefits realisation plan for the programme to identify and monitor the impact of prevention and early intervention on both specialist children and young people's services, adult mental health services and social care

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

By March 2016 we will:

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

By March 2017 we will:

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

service performance and commissioner spend is highly visible, readily accessible and shared across agencies.

- Publish an annual report card on children and young people's emotional wellbeing and mental health, setting out key achievements, areas for improvement and required action
- Require commissioned emotional wellbeing and mental health services to develop and publish quality improvement plans on an annual basis

By March 2020 we will:

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

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

By March 2016 we will:

- Undertake a review of how commissioning activity across the CCGs and the Local Authorities can be brought together within a strong strategic framework for a more effective health and social care economy of service providers and commissioners working together to establish organisational arrangements that promote the most effective and efficient use of services, minimise duplication and streamline access.
- Ensure that investment and/or disinvestment decisions will be based on joint agreement between commissioners on the impact on both the CAMHS service and wider system.
- Undertake a bench marking exercise pan-Lancashire to support the demonstration of good value for money, efficiency and effectiveness compared to similar services.

By March 2017 we will:

- Commission emotional wellbeing and mental health services for the children and young people of Lancashire in accordance with the needs of the population as articulated in our Joint Strategic Needs Assessments.
- Ensure continuous improvement in the quality of services to be achieved whilst achieving financial balance within a challenging economic climate.

- Utilise evidence based approaches and working collaboratively with service users, carers, providers and commissioners on joint commissioning to maximise quality and efficiency and minimise risks to service users and carers.
- Publish an annual local plan for children and young people's emotional wellbeing and mental health, linked to a wider whole population mental health strategy which recognises the clear links between the mental health of family members and the impact in particular on children and young people where their carers have poor mental health.

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

By March 2016 we will:

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

By March 2017 we will:

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

By March 2020 we will:

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

5. Developing the Workforce

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

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

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

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

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

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

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

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

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

²³ <https://www.minded.org.uk/>

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

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

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

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

By March 2016 we will:

- Work with service providers who deliver specific emotional wellbeing and mental health interventions to undertake an audit of staff numbers, skills, competencies and training building on the returns as part of this planning process.
- Utilise local workforce modelling undertake a gap analysis to identify workforce numbers requirements, succession planning, skills and training needs.
- Ensure clear organisational commitment, resources and time for continuing professional development and training.

By March 2017 we will:

- Establish and agree the key principles for those planning/commissioning services in addition to providers and partner agencies about the workforce and resources required to meet the needs of a population of children and young people to support the development a workforce strategy and plan for Lancashire.
- Enhance existing roles and create new roles to tap into a new recruitment pool and complement existing staff groups.
- Build on training programmes that are currently available in Lancashire to enable continuous professional development of all staff.
- Develop Education and Training plan based on needs analysis which will be updated annually.
- Develop programmes of work with our health education partners, including Health Education NW Higher Education Institutions, CYP IAPT, Local Health Education and Training Boards, NHS England and colleagues across the region, to consider what is required for workforce to address the identified gaps.

- Ensure the roles and responsibilities of each member of the multi-disciplinary team are made explicit.
- Develop a dashboard to allow ongoing review of staffing numbers and competencies and highlights any staff development training/skills deficits.

By March 2020 we will:

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

Appendix 1 Children and Young People Population Profile

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

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



Childrens Mental and
Emotional Health need



CAMHS_Review
Report_April 2015 v3

Appendix 3: Level of Investment from Partners

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

Blackburn with Darwen Total		£1,891,639	
East Lancashire CCG	Youth Offending Team	£139,411	
	ELHT - ELCAS	£2,445,960	
	ELHT - ELCAS	£115,579	CAMHS OT
	ADHD Northwest	£30,408	1:1 support for families
	Brook	£20,000	Counselling Service
	Place2be	£20,000	Counselling Services based in Schools
	Barnados	£60,000	Young Carers Support
	LCFT	£821,238	Clinical Psychology Services
Specialised Commissioning	Eating Disorders	£56,745	
	Childrens	£54,035	
	PICU	£153,252	
	Acute admissions	505767	
	Mother and Baby	23188	
East Lancashire Total		£4,445,583	
Greater Preston & Chorley, South Ribble CCGs	Youth Offending Team	£70,269	
	CAMHS Community	£2,151,530	
	Child Psychology	£210,861	
	Autism Diagnostic Services	£46,604	Spot purchase
Specialised Commissioning	Eating Disorders	£506,025	
	PICU	£380,457	
	Acute admissions	£839,991	
	Low secure	£152,520	Greater Preston CCG
	Mother and Baby	£14,229	Greater Preston CCG
Greater Preston & Chorley, South Ribble Total		£4,372,486	
Fylde and Wyre CCG	Youth Offending Team	£30,784	
	CAMHS	£680,888	

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

	Childrens	£68,480	
	PICU	£22,275	
	Low secure	£299,300	
	Acute admissions	£54,438	
West Lancashire Total		£1,771,720	
Lancashire County Council	SCAYT+	£388,200	
	CAMHS (LCFT and ELTH)	£1,114,000	
	Targeted Youth Support	£202,195	
	Early Support	£157,180	Funded by the Schools Forum
	Emotional Wellbeing in Schools	£30,000	
	Healthy Child Programme		
	East Lancashire EHWP Service	£440,000	
	Workforce training - ASSIST - SafeTalk	£30,000	Available to adult and CYP Workforce
	CYP Workforce training -Self Harm	£72,000	
Education Psychology Team	£1,650,000		
Lancashire County Council Total		£4,083,575	
Grand Total		£25,278,796	

Appendix 4: Service Providers Staffing and Activity Levels

Provider Organisation	Number of Staff (WTE)	Roles and Competencies
Blackpool Teaching Hospitals Foundation Trust	5.94	Medical
	2.80	Family Therapist
	6.80	CBT (CYIAPT)
	3.00	Parenting (CYIAPT)
	8.20	Practitioner nurse
	0.80	Practitioner OT
	6.61	Practitioner SW
	3.90	Practitioner YOT
	2.78	Play/Art Therapist
	4.50	Practitioner ADHD
	4.60	Team Leader
	2.85	Paediatric Liaison
	1.00	Transition worker
	1.00	IPT Therapist
	0.20	Dietician
	2.40	Consultant Psychologist
	4.30	Principle Psychologist
	3.60	Senior Psychologist
7.90	Clinical Psychologist	
East Lancashire Hospitals Trust	10.60	Admin
	4.00	Child Psychiatrist
	2.25	Clinical Psychology
	1.00	Clinical Service Lead
	18.20	Mental Health Nurses (including YOT)
	9.20	Mental Health Practitioners
	2.60	Mental Health Support Practitioners
	2.00	NCG Specialty Doctor
	2.40	Occupational Therapists
	0.80	Senior Nurse
	5.60	Specialist Therapists
	4.00	Team Co-ordinators/Senior Practitioners
Lancashire Care Foundation Trust	3.00	Parenting (CYIAPT)
	8.20	Practitioner nurse
	0.80	Practitioner OT
	6.61	Practitioner SW

	3.90	Practitioner YOT
	2.78	Play/Art Therapist
	4.50	Practitioner ADHD
	4.60	Team Leader
	2.85	Paediatric Liaison
	1.00	Transition worker
	1.00	IPT Therapist
	0.20	Dietician
	4.80	Consultant Psychologist
	8.60	Principle Psychologist
	7.20	Senior Psychologist
	15.80	Clinical Psychologist

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

a) Activity by Provider Organisation 2014/15

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

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

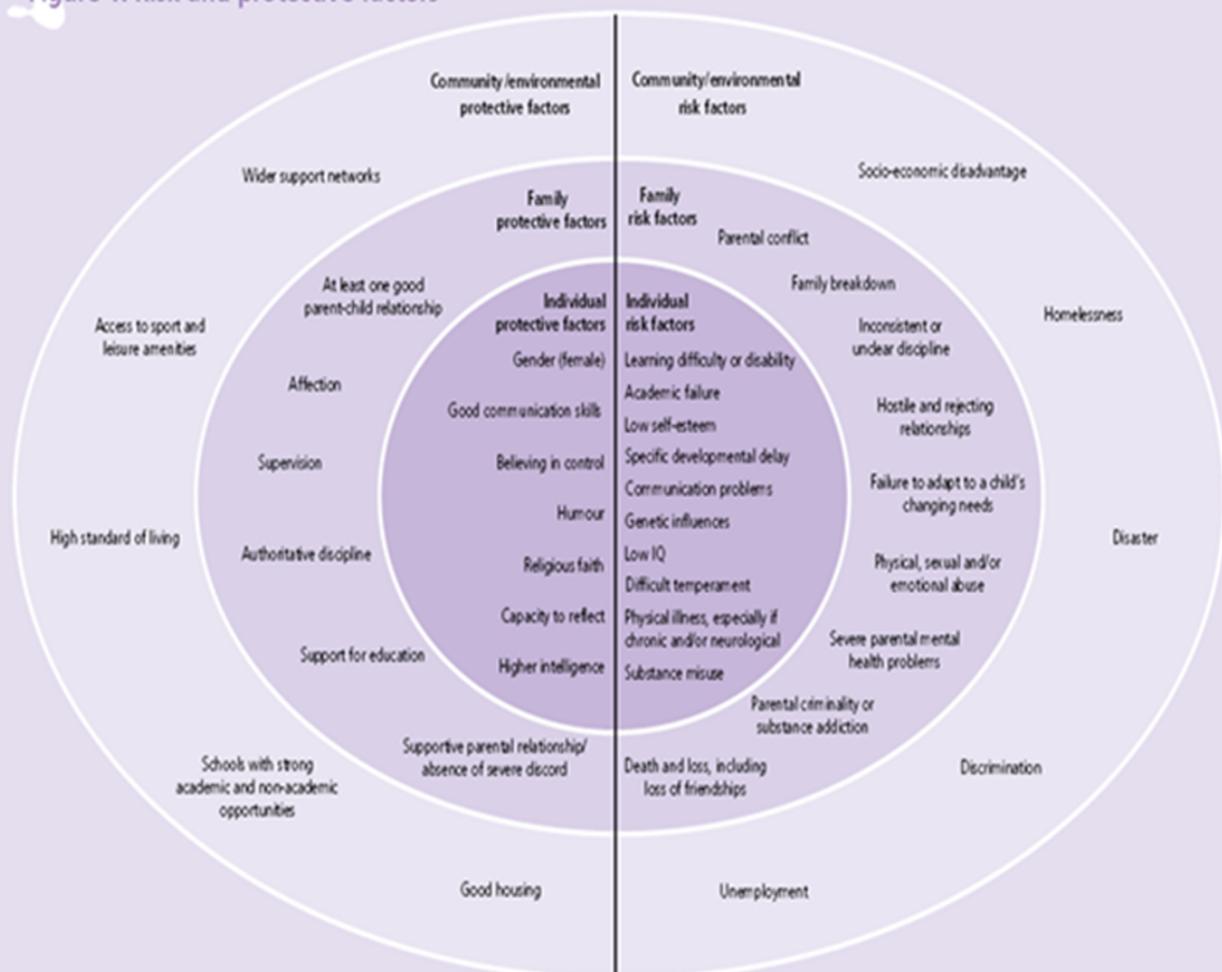
Specialism	NHS Blackburn with Darwen CCG	NHS Blackpool CCG	NHS Chorley & South Ribble CCG	NHS East Lancashire CCG	NHS Greater Preston CCG	NHS Lancashire North CCG	NHS West Lancashire CCG	NHS Fylde & Wyre CCG
Eating Disorders	1/121	1/61	2/408	1/97	2/457	1/92	1/106	
Children's	2/198			2/101		1/128	1/176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

Appendix 5: Four Cornerstones Model and Risk Protective Factors

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

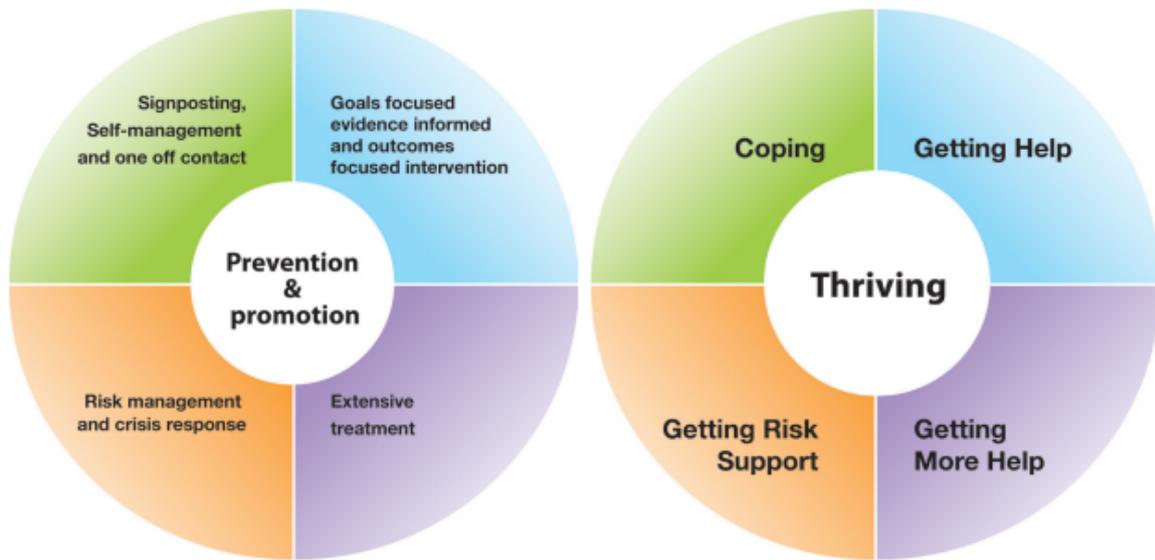
		Planning is regularly employed in school in the SEND department and others
	Encouragement	Develops and promotes policies in the area of Emotional Health and Well-Being: communicates vision/mission/priorities/expectations. Promotes an Inclusive environment. Seeks to create a welcoming environment. Physical buildings are accessible to all. Students take care of the fabric of the school. Operates a structured and positive behaviour management system. Contributes to creating a positive neighbourhood environment. Adopts positive communication practices.
	Safety	Seeks to create a sense of social and physical well-being. Actively resolves issues of bullying according to the anti-bullying policy. Seeks to work towards the creation of physical structures which support positive interaction. High quality conflict resolution.
Community	High Neighbourhood quality	Safe neighbourhood. Low level of community violence. Affordable housing Access to recreational centres. Clean air and water. Employment opportunities for parents and teenagers
	Cultural/societal	Protective child policies (Child labour, child health, and welfare). Value and resources directed at education. Prevention of and protection from oppression or political violence. Low acceptance of physical violence
	Relationships	Connections to caring adult mentors and prosocial peers
	Safety	Good public health care Access to emergency services police fire medical

Figure 1: Risk and protective factors



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

THRIVE model



Appendix 6 Consultation Events

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

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

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

Meeting to plan streams and themes of discussion for engagement with BME community	Local Transformation Plan	Gender	Blackburn	01/10/2015	As above
Workshop with Lancashire LGBT to obtain views of representatives from different LGBT support groups	Crisis Care Concordat	LGBT	Lancashire	16/10/2015	Contact: Dr Lewis Turner - Project Manager Lancashire LGBT Tel: 01772 717461 Mobile: 07788294993 Email: Lewist@lancslgbt.org.uk
Workshop with Lancashire LGBT to obtain views of representatives from different LGBT support groups	Local Transformation Plan	LGBT	Lancashire	16/10/2015	As above
Meeting with PULSE - Healthwatch's young people's group	Crisis Care Concordat	Age	Lancashire	19/11/2015	Contact: Sheralee Birchall-Turner, Volunteers & Project Officer Manager Healthwatch Lancashire Tel: 01524 239108 Mob: 07809 309275 sheralee.turner-birchall@healthwatchlancashire.co.uk
Meeting with PULSE - Healthwatch's young people's group	Local Transformation Plan	Age	Lancashire	19/11/2015	As above
Discussing options for engagement with Lancashire BME Network	Crisis Care Concordat	Ethnicity		TBA	Information regarding current pieces of work and request for involvement has been shared with stakeholders and service users via their newsletter on 18/09/15 Contact: Nathan Isom Lancashire BME Network, Accrington Tel: 01254 392974

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

Appendix 7: Governance Framework

