



Open Report on behalf of Heather Sandy, Executive Director - Children's Services

Report to:	Children and Young People Scrutiny Committee
Date:	19 April 2024
Subject:	Children and Young People's Mental Health Transformation Programme

Summary:

Lincolnshire County Council Children's Services is the delegated lead commissioner for Children and Young People's (CYP) mental health services in Lincolnshire, on behalf of NHS Lincolnshire Integrated Care Board (ICB), and currently commissions the following services, which are jointly funded by the Council and the ICB:

- Online Mental Health Support Service (Kooth) – provided by Kooth Digital Health Ltd. (£295,000 p/a in 2023/24)
- CYP Mental Health Services – provided by Lincolnshire Partnership NHS Foundation Trust (LPFT) (£18,890,000 p/a in 2023/24), which include:
 - Healthy Minds Lincolnshire (HML)
 - Mental Health Support Teams (MHSTs)
 - Child and Adolescent Mental Health Service (CAMHS) – including the CYP Complex Needs Service, CYP Eating Disorder Service, Learning Disability (LD) Team, Crisis and Enhanced Treatment Team (CEETT) and CYP Keyworking Team.

In recognition of the increasing pressures on CYP mental health services and national developments, it was agreed in 2022 that a large scale CYP Mental Health Transformation Programme would commence that will ultimately re-shape local services based on the needs of Lincolnshire CYP.

During Phases 1 and 2 of the Programme, a wide range of insight was gathered in relation to stakeholders views and feelings about CYP mental health support. This included face-to-face and virtual events/meetings with professionals, young people and parent/carers, LPFT CYP mental health staff engagement events, and online stakeholder surveys. A number of key themes were evident throughout the engagement and across a number of different stakeholders, which are outlined in detail in this report, but the key themes included:

- Waiting times to receive support are too long and need to be reduced.
- There needs to be more and easier access to support for CYP and families.
- More effective and regular communication is needed.
- Parents/carers and professionals would like more training and education.
- We need to improve transitions, particularly gradual transition to adult services.

- There needs to be broader and more flexible support.

Also during Phase 2 of the Programme, a significant exercise was undertaken to gather and collate a wide range of data in relation to CYP mental health needs nationally and locally, including demographic and population needs data, health inequalities information, local trends and performance data. Insights from the analysis of this data are detailed in this report.

During the most recent phase of the Programme (Phase 3), all of the information gathered during Phases 1 and 2 have been collated, analysed and summarised. Each of the Programme workstreams have used this intelligence to complete a gap analysis to identify and document the main gaps and areas for improvement and develop emerging themes and priorities. These priorities are outlined in this report for each of the workstreams, but most can be summarised under the following themes:

- Children's mental health is everyone's business.
- Support needs to be accessible.
- Improved transitions.
- A family approach to support.
- Strength of the relationship is key.
- Personalised care.

Following completion of the gap analyses and agreement of the priorities, the Programme is on track to move forward in line with the planned timescales:

- Phase 4 Options development and analysis: March-May 2024
- Phase 5 Transformation/change planning: June-November 2024
- Phase 6 Decision making and system planning: December 2024-March 2025
- Phase 7 Transformation/change delivery: April 2025-September 2027

Whilst Lincolnshire CYP already benefit from a good range of mental health services that provide support from early intervention to crisis, these clear emerging priorities for future transformation will enable us to focus activity, workforce, funding and other resources better in the future.

Through the work that has been undertaken so far, along with currently planned developments and pilots, we will have a sound understanding of the needs and wishes of our stakeholders and be well informed to make changes that will continue to improve access and support for CYP, and enable services to meet their emotional and mental health needs in the future.

Actions Required:

The Children and Young People Scrutiny Committee is invited to:

1. review the content of this report and the work that has been undertaken so far as part of the Children and Young People's Mental Health Transformation Programme.
2. provide feedback on the work of the Programme so far and advises on any future considerations as part of the next phases of the Programme.

1. Background

Current Commissioning and Provider Arrangements

Lincolnshire County Council (LCC/the Council) Children's Services is the delegated lead commissioner for Children and Young People's (CYP) mental health services in Lincolnshire, on behalf of NHS Lincolnshire Integrated Care Board (ICB).

Lincolnshire Partnership NHS Foundation Trust (LPFT) provides the majority of mental health services for CYP and is rated 'Outstanding' by the Care Quality Commission. LPFT's CYP services are funded via a pooled budget with contributions from the ICB and the Council. Below is a list of locally commissioned CYP mental health services.

Service	Details
<ul style="list-style-type: none"> • Online Mental Health Support Service for young people aged 11 to 18 years (25 SEND/Care Leaver) living in or attending education in Lincolnshire. This is an anonymous service where young people can self-register and access online counselling support, text messaging support, message boards, forums and advice on a wide range of emotional wellbeing and mental health concerns. 5,280 hours of support per year are commissioned. 	<p>Commissioned by: LCC/ICB</p> <p>Provided by: Kooth Digital Health Ltd.</p> <p>Funding in 2023/24: £295,000</p>
<ul style="list-style-type: none"> • The Here4You Access Team is a single point of access for LPFT CYP services (including a self-referral route) through a telephone line offering clinical advice, support and signposting, and screening of all new referrals. There is also an online referral mechanism. • Healthy Minds Lincolnshire (HML) works in schools and communities to provide early intervention support 1:1 and in groups and prevents emotional wellbeing concerns escalating to mental health issues. • Mental Health Support Teams (MHSTs) are a new nationally prescribed model of emotional wellbeing support in schools and colleges which are part of the national drive to improve access to mental health care for CYP. Lincolnshire has four fully operational teams (Lincoln, Gainsborough, Boston, Skegness) and five more planned/in progress (Spalding, Grantham, Sleaford, North Kesteven and South of Lincoln). • Grief and Loss Counselling Support for school-aged CYP who are experiencing grief and loss through death, divorce, separation, illness, crisis etc. (commissioned by LPFT from Lincolnshire Centre for Grief and Loss) • Child and Adolescent Mental Health Service (CAMHS): <ul style="list-style-type: none"> ○ Core CAMHS offers therapeutic interventions by a range of professionals such as mental health practitioners, psychiatrists, and psychologists for CYP with moderate to severe concerns including but not limited to depression, anxiety, post-traumatic stress disorder, trauma and self-harm. 	<p>Commissioned by: LCC/ICB</p> <p>Provided by: LPFT</p> <p>Funding in 2023/24: £18,890,000</p>

Service	Details
<ul style="list-style-type: none"> ○ Community Eating Disorder Service (EDS) offers interventions for CYP with Anorexia Nervosa, Bulimia, binge eating and atypical eating disorders. ○ CAMHS Learning Disabilities (LD) Team offers interventions for CYP suffering with mental health problems who have a diagnosed learning disability. ○ Complex Needs Service In 2020/21, Lincolnshire successfully bid to NHS England (NHSE) Health and Justice and is the regional vanguard for delivering the Framework for Integrated Care (Community). Funding is confirmed to 2028. The Complex Needs Service uses a multi-disciplinary approach to support CYP with complex needs and trauma, including children in care, adopted children, and children open to or at risk of entering the youth justice system, mainly providing training, consultation, formulation and in some cases direct intervention. ○ CAMHS Crisis and Enhanced Treatment Team (CCETT) offers 24/7 crisis response and intensive home treatment to prevent inpatient admissions or support CYP transitioning out of inpatient services. ○ CYP Keyworking supports children aged up to 25 who have a learning disability and/or are autistic and at high-risk of being admitted to specialist inpatient services, or already in a specialist inpatient bed. 	

CYP Mental Health Transformation Programme

In recognition of the increasing pressures on CYP mental health services and national developments, it was agreed in 2022 that a large scale CYP Mental Health Transformation Programme would commence that will ultimately re-shape local services based on the needs of Lincolnshire CYP. There are a wide range of stakeholders actively engaged in the Programme including CYP, parents/carers with lived experience, the Council, ICB, NHSE, LPFT, GPs, education settings, Children’s Services professionals and Voluntary, Community and Social Enterprise (VCSE) organisations. The Programme’s vision is:

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

Aims

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

- Public mental health promotion, prevention, community and early intervention support.
- Empowering parents/carers and professionals working with CYP to better identify and respond to their emotional wellbeing and mental health concerns.

- Increasing and improving access to community based emotional wellbeing and high-quality, evidence-based and timely mental health assessment and support.
- Avoiding unnecessary specialist and acute mental health related hospital admissions, particularly for CYP with LD and Autistic CYP.

Objectives

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

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

Programme Governance

A dedicated governance structure has been developed for the Programme, including a Programme Oversight Group that ultimately reports to the Integrated Care System 'Mental Health, Dementia, Learning Disability and Autism (MHD/LDA) Alliance Executive Group'.

Programme Pathway Workstreams

- **CYP Mentally Healthy Communities and Community Assets** (Prevention) – Ensuring CYP stay healthy through public mental health promotion and prevention by building resilience, creating mentally healthy communities and maximising community assets and support/advice, including online and digital.
- **CYP Early Intervention** – Problems must be identified early and all CYP who need help, including those with complex needs, need to be able to access timely and effective support or advice at the right level, in school or in their communities.
- **Mental Health Support for Learning Disabled and Autistic CYP** – CYP with Learning Disabilities or Autism who are also suffering from mental illnesses must be able to receive specialist care that is tailored and able to meet their specific needs in the community and wrap around their lives, care and education as they transition into adulthood.
- **CYP Community Specialist Mental Health** – All CYP who are suffering from mental illnesses must be able to receive timely assessment and evidence-based treatment to improve their mental health that wraps around their lives, care and education including as they transition into adulthood, within their communities.
- **CYP Urgent and Emergency Mental Health** – Responsive assessment and support for CYP in mental health crisis must be available 24/7 in Lincolnshire's acute hospitals, the community or at home, with appropriate treatment to avoid admission to specialist mental health units, facilitate prompt discharge or support.

Timescales

Phase	Timescale
Phase 1 Programme Setup: Initial engagement completed	March 2023
Phase 2 Information gathering: Targeted engagement, data and intelligence analysis, benchmarking/best practice, service mapping/statutory duties	April-November 2023
Phase 3 Information and gap analysis: Review and analyse all information, identify gaps and opportunities, agree priorities for improvement	December 2023-February 2024
Phase 4 Options development and analysis: Develop transformation options to deliver agreed priorities for improvement, agree preferred options for recommendation	March-May 2024
Phase 5 Transformation/change planning: Develop transformation plans for each change initiative, financial planning, operational/HR/estates change planning, digital/system change planning, undertake Equality Impact Assessments/Data Privacy Impact Assessments	June-November 2024
Phase 6 Decision making and system planning: LPFT, LCC and ICB decision-making	December 2024-March 2025
Phase 7 Transformation/change delivery: Change planning and activities commence and continue for 2-3 years	April 2025

Initial and Targeted Engagement (Phases 1 and 2)

Summary of Engagement Findings

Across the initial and targeted engagement during Phases 1 and 2 of the Programme, a wide range of insight was gathered in relation to stakeholders' views and feelings in relation to CYP mental health support. A number of key themes were evident throughout the engagement and across a number of different stakeholders. These include:

- That **waiting times** to receive support need to be reduced, they are currently too long. In addition, there needs to be more contact and support for CYP and parents/carers whilst they are waiting to receive interventions/treatment.
- There needs to be more and easier **access to support**, with simpler referral processes and clearer requirements, as it is currently challenging to understand criteria for getting support from services and it is too restrictive. There should be more support for parents/carers. Parents/carers and professionals need more self-help and peer support. Assessments should be more personalised.
- More effective and regular **communication** is needed, CYP and families do not always feel heard or listened to and are not always clear on what will happen following assessment. Parents/carers did not always feel involved in the assessment, treatment plan, discharge processes.

- Parents/carers and professionals would like more **training and education**, particularly free mental health awareness training and understanding Learning Disabled and Autistic (LDA). This includes more training for schools and professionals to increase their confidence in recognising and managing mental health needs, and training to improve parents/carers confidence in supporting CYP's mental health needs.
- We need to improve **transitions**. Stakeholders said that transitions from children to adult mental health services needs to be more gradual, and that there also needs to be a 'fast-track' back into services for support if required after being discharged.
- There needs to be **broader and more flexible support**. CYP want to be seen in their community or close to home, or parents/carers would prefer them to be seen at home or in education settings, and there needs to be more support available out of hours. Stakeholders feel that services are too prescriptive and want more personalised support and a greater variety of therapies. For CYP moving between teams and services their support should be consistent.

Initial Engagement

During the initial Phase 1 programme setup, the Programme Team took the opportunity to undertake some widespread engagement to support the initial workstream conversations. This Phase 1 engagement included:

- Six **face-to-face and virtual engagement events**, which were attended by young people and parent/carers.
- **LPFT CYP mental health staff engagement events**, attended by 140 LPFT staff.
- **Online stakeholder surveys**, for CYP, parents/carers and professionals (c.300 responses).

As part of the analysis, several key themes emerged:

- **Training and education** around mental health – stakeholders wanted increased widespread awareness of mental health through greater promotion and use of media, free and easy access to training for schools, professionals and parents/carers to increase their confidence in recognising and supporting young people with mental health needs, as well as autistic CYP.
- More **access to support** – stakeholders feel that criteria to access services should be broader and clearer, that support for parents/carers needs should also be available, that more self-help and peer support needs to be readily available and understood for professionals to signpost young people and parent/carers, that the referral process should be easier to understand and a simple process for anyone wanting to refer but also contain the information services need to offer the right response first time, and that support should be accessible out of hours.
- **Shorter waiting times** for support – stakeholders feel that waiting times are too long, that support needs to be available at the right time but also that some type of support needs to be on offer to young people and families whilst waiting, including regular check-ins.
- **Better transitions** between services – stakeholders said that transitions from CYP to adult mental health services needs to be more gradual, and that there needs to be 'fast-track' transition back for support if required after being discharged.

- **Improved communication** with young people and families was a general theme – stakeholders made comments about sometimes not feeling heard or listened to.

Targeted Engagement

During Phase 2 of the Programme, most workstreams each undertook targeted engagement to follow up on issues or concerns raised that were specific to that workstream:

- **CYP Mentally Healthy Communities and Community Assets (Prevention)** – Shine Lincolnshire was provided a small grant to undertake countywide engagement with the VCSE sector in Lincolnshire, as well as CYP and parents/carers. They held 75 open sessions throughout January and February 2023 where participants were asked to share their thoughts on what was available within their communities, what barriers they faced in accessing some groups/clubs and what would be helpful going forward. The responses at the events included 603 participants; 136 from parents/carers, 467 from CYP. Online survey data provided additional statistical data for the project with a total of 272 online responses received; 164 from parents/carers and 108 from CYP. Some of the key messages included:
 - That CYP want more groups/clubs held in local areas, but not school.
 - Information, advice and guidance that can be explored or accessed without referrals and waiting lists, i.e. drop-in sessions.
 - There needs to be alternative groups/clubs in addition to competitive sports.
 - CYP suggested animal therapy groups, arts and crafts, cooking and music groups.
 - There needs to be more specific groups and parent/carer support groups for LGBT, SEND, neurodivergent CYP and more groups for young people (14+).
 - More peer support and networks for CYP and parents/carers.
 - A publication or directory of what groups, clubs or activities are available locally.
 - Community-based workshops, particularly around managing anxiety and self-harm for CYP and parents/carers.
 - Free activities including access to leisure centres.
 - Clear training offer for the staff who support clubs and/or activities, particularly to improve accessibility for CYP with neurodiversity and SEND.
- **CYP Early Intervention** – the workstream undertook targeted engagement via a survey for parents/carers around information and access, which received 54 responses, as well as a survey for education setting staff around the training offer, which received 34 responses. Some of the key engagement findings around early intervention included:
 - Parents/carers would like to access school support first and want more information about identifying signs and symptoms, and information in relation to anxiety and emotional regulation.
 - Parents/carers would like to receive/access information online, which is easily accessible and can be accessed anytime.
 - The online offer is valued and has many benefits, but equally some people do want a face-to-face offer.

- Barriers to access include waiting times and professionals not having the same concerns as parents may have.
- Education colleagues are not always aware of the training on offer, have limited capacity to attend training and would like training/information on how to access services.
- Education settings want pre-recorded training sessions to support fitting workload around training and would benefit from more information/better communication about training, the ability to 'ask a question/have a chat with someone' was highlighted.
- Education settings value the LPFT website, workshops and assemblies and the 'bespoke offer' to their setting.
- Service feedback consistently highlights positive relational aspects of care, which CYP and families regard as important and value, as well as being able to talk to someone and access support quickly via the CYP Access Team.
- Service feedback highlights that parents/carers want more information and feedback regarding their child.
- **Mental Health Support for Learning Disabled and Autistic (LDA) CYP** – the workstream conducted targeted surveys that were widely publicised during May and June 2023, these included parent/carer and professional surveys. In addition, direct contact was made with ten community groups with LDA lived experience, 17 independent schools and Young People's Learning Provision. In total, over 100 CYP, parents/carers and professionals responded. Responses indicated that:
 - CYP with LDA want to be able to get more help from their families, want their teachers to be supported around their needs, including mental health needs, more support for CYP mental health workers in relation to LDA.
 - They want more face-to-face group activities as well as to receive support in familiar settings.
 - These CYP need more support to develop practical coping mechanisms, such as breathing exercises, additional access to a mental health app, a range of different therapies.
 - They would like longer periods of support, with repeated and revisited strategies.
 - Parents/carers want better communication, increased accessibility for CYP with a wider range of service and treatment options, including group opportunities, support and training for staff working with CYP with LDA, and more information for parents/carers at the point of diagnosis and throughout their children's mental health journey.
 - Professionals want more information to support signposting to mental health support/services, including websites, and greater development of 'Reasonable Adjustments' to better support CYP with LDA and other SEND.
- **CYP Community Specialist Mental Health** – the workstream completed targeted engagement about specialist mental health support with parents/carers and the education sector. A targeted survey was aimed to capture views about waiting times and the support offered by services during this period, also the understanding of availability of resources to support whilst waiting. The survey went out to all schools in Lincolnshire, and received 24 responses, 79% of those were from primary education. 35 responses were received to a wider survey about

specialist mental health support, with 86% of responses from parent/carers. Topics highlighted were that:

- Lengthy waiting times are a problem.
- Treatment plans need to be more personalised and specific to the CYP and their needs and environment.
- There needs to be more support for parents/carers to support CYP.
- Staff need to be more supportive throughout the journey.
- Education settings would like more information on eligibility and the referral process, greater clarity on what support they can access while a young person is waiting for specialist mental health treatment, and more support on CYP and self-harm.
- There is greater disengagement from services for ethnic minority CYP and amongst teenage boys.
- More mental health support is required for transgender young people.
- **CYP Urgent and Emergency Mental Health** – the workstream undertook a deep-dive into existing service feedback and learning from incident reviews and other evidence. In addition, the Peer Support and Involvement team held open conversations with young people and families about their experience of accessing crisis support, they spoke to 16 people (seven parents/carers and nine young people). The key areas of feedback that emerged were:
 - There needs to be more effective communication, particularly with parents/carers, about their child and their ongoing care/treatment.
 - A 24 hour crisis number would be appreciated for middle of the night emergencies that do not require attendance at A&E.
 - More accessibility to children's eating disorder support, particularly for earlier support and for non-typical eating disorders/disordered eating.
 - Earlier planning and more use of after-care entitlement under Section 117 of the Mental Health Act, including ongoing access to treatment.
 - More support for parents/carers when their child is in crisis, both to better support the CYP and support for the parents/carers own mental health.
 - Greater consideration of appointment times around the school timetable.
 - A lead worker for each CYP in crisis services, due to shift work it is often inconsistent, which makes relational aspects of support challenging.
 - More information on how autism and ADHD can impact mental health.
 - Smaller professional groups to support the family or allocated worker.
 - Increased support required in services outside of mental health service offer, for example acute hospitals.
 - Care plans need to be more personalised and tailored to individual CYP.

Throughout Phases 1 and 2 of the Programme, there have been challenges and concerns about low response rates to surveys and consistent engagement with education settings and GPs in Lincolnshire. In order to ensure we receive the valuable input from these key stakeholder groups, we are conducting specific engagement around the emerging priorities at the March Lincolnshire Leadership Briefings, through an interactive engagement session with education leaders across all phases of the sector. The joint LCC and LPFT Programme Senior Responsible Officers (SROs) are also meeting with the

Lincolnshire Local Medical Committee to ensure we capture the views of GPs at this critical stage in the Programme.

Performance and Population Needs Data (Phase 2)

A significant exercise was undertaken to gather and collate a wide range of data in relation to CYP mental health needs nationally and locally, including demographic and population needs data, health inequalities information, local trends and performance data. These were collated into data packs and included general data for Lincolnshire and specific packs for each of the workstreams to review and analyse as part of Phase 2 of the programme.

Summary of Performance and Population Needs Data Findings

- CYP are disproportionately facing health inequalities compared to adults; most lifelong mental illness is established by adolescence and many vulnerable CYP are likely to face health inequalities, including mental illness.
- Lincolnshire CYP living in poverty aligns to national averages; 6.5% of Lincolnshire CYP live in some of the most deprived areas, yet demand for mental health services does not align to deprivation, in Lincolnshire the least deprived areas have the highest demand.
- Higher numbers of Lincolnshire CYP have an Education, Health and Care Plan (EHCP) and receive SEN support, and less CYP achieve high GCSE grades.
- There has been an increase in care experienced CYP; we know they are more likely to experience poor mental health outcomes, but less are accessing local mental health services. This could be linked to more wrap around care in Council owned care settings.
- Significantly less CYP are in contact with local mental health services than expected prevalence would indicate have a mental health condition. Lincolnshire needs to focus on increasing access to CYP mental health services to meet NHSE targets but there are already some plans in place to increase access and improve performance reporting where current contacts are not being counted.
- CYP mostly access the Online Counselling Service out of hours. More CYP are using the service for longer than before and the needs of CYP accessing the service are reportedly higher than before the pandemic.
- More females than males are referred and open to services (except in LDA services), despite more males being likely to have a mental health disorder at a primary age.
- Parents and carers are the highest referrers to LPFT services. The introduction of self-referral is positive as this enables a higher quality of referral reducing delay in support.
- Increased referrals to services have been noted since the pandemic. This has increased waiting times for support, particularly in Healthy Minds Lincolnshire and CAMHS; while referrals are reducing and waiting times improving, there is not a reducing number of CYP open to CAMHS for treatment. LPFT has introduced workers to support CYP with advice and resources whilst waiting.
- CYP are mostly referred to early intervention services in Lincolnshire for anxiety and stress; across all LPFT CYP services (excluding crisis) anxiety, low mood and behavioral problems account for 90% of referrals.
- There has been an increase in CYP crisis referrals and there has been a rise since the pandemic of inpatient admissions, although not to the same extent as nationally.

Urgent and emergency referrals are being responded to quickly, admissions avoided for CYP with LDA. There has been no admission for CYP with LDA since April 2023.

- Lincolnshire has lower hospital admissions for CYP mental health and less inpatient admissions than region/national figures.
- Pressures in CYP mental health services are also a national issue.

Health Inequalities

Childhood and adolescence are key life stages where people face inequalities in health outcomes alongside inequalities in accessing services:

- Around a third of CYP in the UK live in poverty and are at risk of poorer health outcomes; CYP in lone parent families, larger families and from minority ethnic groups are more likely to live in poverty.
- Children in care (CiC), ethnic minority young people, LGBTQ+ young people, disabled CYP, people with mental health conditions, young carers and young people known to the criminal justice system are also more likely to experience health inequalities.
- Most long-term conditions are developed in childhood. The UK has one of the highest rates of CYP with a long-term condition (23% in 2020), and 75% of mental health problems become established before the age of 24.
- In England, the rate of infant mortality is 2.4 times higher in the most deprived areas. Deaths at this age are largely preventable.
- Year 6 children living in the most deprived areas of England were twice as likely to be classified as obese in 2021/22. It is known that CYP with obesity may go on to develop health conditions later in life, such as diabetes, heart disease, cancer and mental illness.
- There are also inequalities in how CYP access healthcare services. Children under the age of five from more deprived areas are more likely to attend A&E services, and 'Did Not Attend' (DNA) rates are higher for children in areas of higher deprivation.
- The Covid-19 pandemic disproportionately impacted the health and wellbeing of CYP, with NHS waiting lists for CYP having grown at a much faster rate than adults (64% compared to 43%).
- Demand for CYP mental health services has grown, with an 81% increase in CAMHS referrals between 2019 and 2021, compared to an 11% rise in referrals in adult mental health services.

Population needs data

- Based on national data, around 20,700 CYP are expected to have a diagnosable mental health condition in Lincolnshire, whilst only 8,290 (as at December 2023) were in contact with services.
- More males aged 6-10 are likely to have a mental health disorder.
- More females aged 17-23 are likely to have a mental health disorder.
- More LGBTQ+ CYP are likely to self-harm or attempt suicide.
- There is higher demand for services in the North and South Kesteven areas, which are some of the least deprived areas across Lincolnshire. East Lindsey has the lowest referrals but the most deprived wards, however less CYP live there.

- There is a high prevalence of anxiety/stress amongst CYP in Lincolnshire. This is the highest referral reason for CYP accessing Healthy Minds Lincolnshire, MHSTs and Kooth.
- The highest number of referrals for CYP are across Key Stages 2, 3 and 4 (7-16 years).
- Significantly more females are open to mental health services (except for CYP with a learning disability), whilst significantly more males are open to exclusion support services e.g. Behaviour Outreach Support Service (BOSS), and Alternative Provision.
- Lincolnshire has lower CYP hospital admissions for mental health and self-harm than other areas regionally and nationally.
- The CYP inpatient rate for specialist mental health units is lower than regional and national figures but has risen in Lincolnshire. In 2022/23 there were 25 CYP admitted to mental health inpatient units with a combined stay of 1,482 nights.
- Around 14-17.8% of CYP in Lincolnshire live in households with below average income, and 11.6% of CYP under 16 (15,335) live in absolute low-income families.
- 6.5% of CYP in Lincolnshire live in the 10% most deprived areas nationally.
- 25.1% of CYP under 11 years of age and 19.2% of CYP aged 11-18 are entitled to free school meals.
- 107,000 pupils attend school in Lincolnshire, with 14.63% accounting for all other ethnic groups besides white British combined.
- 90.8% of school-aged CYP in Lincolnshire attend a school setting.
- Approximately 2,300 CYP attend a special school in Lincolnshire.
- Approximately 1,500 CYP in Lincolnshire are home educated, of which most are not open to social care, therefore there is little professional oversight of these CYP.
- 2.1% of 16-17 year olds in Lincolnshire are not in education, employment or training (NEET), which is lower than the England and East Midlands averages.
- Lincolnshire has a below average attainment-8 score (GCSE).
- 13.3% of Lincolnshire pupils in mainstream schools received SEN support in 2022, which is above the regional and national averages.
- There was an increase in new Education, Health and Care Plans (EHCPs) between 2019 (5,200) and 2022 (6,600) and this has continued to rise.

Vulnerable CYP and families in Lincolnshire

- There has been a 10.5% growth of Children in Care (CiC) in 5 years.
- There are around 2,000 young carers, with parental mental health being the second highest reason for young people becoming a carer.
- A third of CYP in the UK live with a parent with mental ill-health, around 7% of which live in lone-parent households.
- 10-15% of CYP in the UK live with parents with a mental disorder.

Access to CYP Mental Health Services

- NHSE has access targets for mental health services which are monitored and published nationally. The expected prevalence of mental health concerns are calculated based on population size and an access target determined for each area.
- As at December 2023, 8,290 CYP received one or more contact from a mental health service in the previous 12 months. NHSE set Lincolnshire's target as 9,017 in

2023 based on its population size. During 2022/23, Lincolnshire showed a consistent increase in access but not at the rate required to achieve the target. A Recovery Action Plan (RAP) is in place in 2023/24.

- Many areas nationally are not meeting their access target and it is considered that there are some limiting factors in the target setting and reporting of data:
 - MHSTs provide the biggest service growth nationally. NHSE is increasing the access target at a faster rate than new MHSTs can be operationalised (two years as per the NHSE model).
 - Unlike many areas, Lincolnshire's system has agreed not to report general Autism related contacts as this is not felt to be appropriate.
 - Some local services cannot currently report their data into NHSE's system and so reported access is below actual access. A data analyst has been recruited in LPFT to support Lincolnshire to rectify this and improve Lincolnshire's reported performance.
 - There are several new services being explored that will provide more opportunity to increase access for CYP including community VCSE sector support, alternatives to cognitive behavioural therapy (CBT) and game-based therapy for CYP with anxiety.
 - MHSTs are also continuing to roll out and this will increase access.

Online Mental Health Support

- Kooth accounts for around 11% of Lincolnshire's mental health access figure.
- 94% of CYP consider Kooth to be a safe, responsive, non-judgemental environment and would recommend Kooth to a friend.
- At April 2023, 68% of CYP used the platform outside of normal office hours.
- CYP from Lincoln and Boston access the platform more than other areas of the county, which include some of the most deprived wards and ethnic minority groups of CYP.
- The number of CYP using Kooth reduced by 21.6% between 31 March 2020 and 31 March 2023 but evidence shows increased usage per CYP; an average of 14 logins per CYP in March 2023.
- At April 2023:
 - 74% of CYP were utilising the offline messaging function.
 - 18% of CYP were accessing the online counselling support.
 - 93% of CYP were accessing articles, forums, journals and self-help content.
- There has been a reported increase in the acuity of need of CYP accessing online mental health support. Kooth reporting shows 31% of CYP presenting with suicidal ideation, however this has decreased since December 2022.

LPFT CYP Mental Health Services

Here4You Advice Line and Access Team:

- With an average of 415 contacts per quarter, parents/carers are the highest and then education settings, GPs and Children's Services; 4% of contacts are from CYP.
- An average of 1,513 referrals are screened per quarter with parents/carers being the highest referrers and then GPs and education settings.
- On average, 71% of referrals are accepted per quarter, with 19.5% provided with advice/signposting with no support needed from services, 8% of referrals are

incomplete (which are followed-up by the access team) and the remaining referrals are not suitable e.g. out of area, too old.

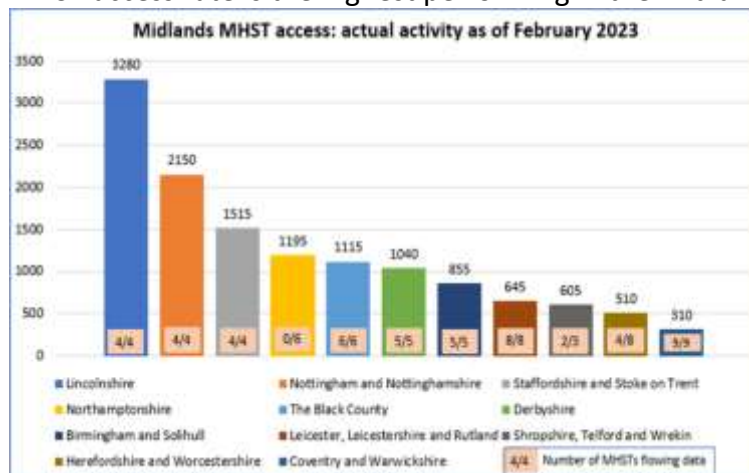
Healthy Minds Lincolnshire:

- There have been increased referrals to the service since the pandemic; from December 2021 to March 2023 the caseload rose by 107% from 441 to 915.
- Referrals are reducing from the levels seen immediately post-pandemic however; there was a 31.6% reduction from March to June 2023.
- Improvements in waiting times are being seen; the average wait from referral to assessment in quarter 1 2023/24 was 11.1 weeks and from assessment to treatment was four weeks. 74% of CYP were seen within four weeks following assessment compared to 41.5% the previous quarter and 43.76% of CYP demonstrated positive outcome measures in that period.

Mental Health Support Teams (MHSTs):

Lincolnshire MHST Coverage			
Wave	Teams	Area	Status
2	2	Lincoln and Gainsborough	Fully Operational
4	2	Boston and Skegness	Fully Operational
7	1	Spalding	Went live Jan 2024
8	2	Grantham and Sleaford	Went live Jan 2024
10	1	Lincoln South and North Kesteven	Embed from Jan 2025
12	1	East Lindsey expansion	Embed from Jan 2026

- Lincolnshire MHST access rate is the highest performing in the Midlands region.



- There have been increasing referrals to MHSTs, which is highly attributable to new teams becoming operational.
- The average wait from referral to assessment in quarter 1 2023/24 was 1.6 weeks, and the average wait from assessment to treatment was 4 weeks.

CAMHS (including Eating Disorders, LD Team, Crisis and Complex Needs Service):

- The average wait from referral to assessment for the core CAMHS teams in quarter 1 2023/24 was 6.7 weeks. This was 3.95 weeks for CiC and one week for CYP known to the Youth Justice System.
- The average wait from assessment to treatment for CAMHS was six weeks. This was 1.7 weeks for CiC and three weeks for CYP known to the Youth Justice System.
- ICB investment has helped reduced CAMHS waiting times which had increased significantly since the pandemic; there was a 43% reduction in CYP waiting for treatment from May 2022 to September 2023 and a 53% reduction in CYP waiting more than 12 weeks for treatment from May 2022 to September 2023.
- For the Eating Disorder Service, the average wait from urgent referral to treatment in quarter 1 2023/24 was 0 weeks, with 100% CYP seen within one week, and the average wait from routine referral to treatment was one week.
- Since it began, as at quarter 1 2023/24, the Complex Needs Service has accepted around 1,000 referrals, provided consultation and advice to over 1,000 professionals, produced around 350 formulation-based care plans and provided direct intensive assessment and/or intervention to around 60 CYP / parents/carers.
- Within the Complex Needs Service, mental health workers support children's residential care and leaving care service staff to provide support to CiC and care leavers. In quarter 1 2023/24, 44 visits to Council residential care homes and 19 consultations were completed and 44 care leavers were directly supported.
- The Crisis and Enhanced Treatment Team (CEETT) has experienced increased referrals; in quarter 1 2023/24 there were 458 referrals including 16 CYP with a learning disability and/or autistic (LDA) CYP. 84% of referrals were accepted (those not accepted are triaged and signposted to the appropriate service), 94% of emergency referrals were seen within 24 hours and 89% of urgent referrals were seen in 72 hours.
- Since 2013, NHS England has been the responsible commissioner for all CYP inpatient services (previously referred to as Tier 4); in 2021/2022 Lincolnshire saw increased demand for inpatient services (76.3 per 100k population), particularly Specialist Eating Disorder Unit (SEDU) beds, but this was still below national demand (99.8 per 100k population).
- The need for an in-county inpatient unit is often discussed, given increased demand and because Lincolnshire CYP needing inpatient care must access treatment outside of the county which is incredibly difficult for them and their families; in 2022, 21 CYP were placed outside of Lincolnshire but within the East Midlands and the number of children placed in inpatient beds outside of the East Midlands reduced to seven from 15 (-42%).
- In 2022/23, CYP mental health inpatient admission by bed type was:
 - 19 in GAU (General Adolescent Units)
 - 5 in SEDU
 - 1 in Psychiatric Intensive Care Unit (PICU)
- Lincolnshire CYP spent a combined total of 1,482 nights in inpatient care, an average of 59.2 nights per CYP.

Transforming Care (CYP with LDA at-risk of inpatient admission):

- The new CYP Keyworking service commenced in April 2023. The service initially supported those aged up to 18, and is providing support to more than 90% of eligible young people identified on Lincolnshire's Dynamic Support Register (DSR), and recently expanded to the full offer, supporting young people aged up to 25.
- As at quarter 2 2023/24, eight CYP avoided admission and moved from Red to Amber/Green on the DSR following Keyworker involvement.
- As at 27 February 2024, there have been no new admissions for CYP with LDA (under 18) since April 2023 in Lincolnshire.

Gap Analysis and Emerging Priorities (Phase 3)

During the most recent phase of the Programme, all of the information gathered during Phases 1 and 2 have been collated, analysed and summarised. A whole-day workshop was held with the Programme Senior Responsible Officers, Programme Leads, Workstream Leads and members of the Programme Oversight Group to review and discuss the summary of findings from Phases 1 and 2. Following this, the workstreams have completed gap analysis templates to identify and document the key gaps and develop emerging themes and priorities from the information gathering. This has allowed workstreams to consider what transformation or change activity might be required and start documenting this ready for prioritisation and development of transformation/change options. The emerging priorities across each of the workstreams are outlined below.

Summary of Key Themes and Emerging Priorities

Children's Mental Health is Everyone's Business

- We need to improve promotion and engagement of education settings, VCSE sector and universal services in supporting CYP mental health (this may include support/consultation and training from mental health professionals to increase confidence and better identify, support and refer CYP/families when concerns arise).

Importance of Clear Communication and Health Messages

- The branding of CYP mental health services in Lincolnshire needs to be considered (for example, whether we have one service with a single referral route rather than several).
- Communication regarding service offers/information and progression through referral, assessment and intervention needs to be clearer and more effective, with clear points of contact for parents/carers and professionals.
- Information about available support needs to be made as clear, up-to-date and accessible as possible (e.g. for those with neurodiverse needs).

Support Needs to be Accessible

- We need to continue to increase capacity countywide to see more CYP and families, and reduce waiting times.
- It must be easier to refer, ensuring there is 'no wrong door', and making information/services easy to find, including community groups/support.
- There needs to be increase support available for CYP and parents/carers whilst waiting for interventions to commence.

- More options need developing around methods of intervention and greater flexibility in delivery (for example, face-to-face/digital, time of day/out of hours support, location etc.).

Transitions

- Mental health transitions between services/support need to be improved, including at key ages (primary-secondary-college, transition at 18 etc.), ensuring age-related transitions are developmentally appropriate.
- We need to improve and develop pathways for transition from mental health services back to support in the community (for example, VCSE groups/clubs/support etc.).

Family Approach to Support

- Support needs to consider a family approach where appropriate and support/treatment should be informed by the family.
- We need to develop a specific support offer for parents/carers in their own rights for how they can support their young person.

Strength of the Relationship

- The delivery model needs to be reviewed at all levels to maximise continuity of care and focus on building strong relationships that foster trust/opening up, supporting them only having to tell their story once and not being faced with someone who doesn't know them.

Personalised Care

- We need improved pathways to properly consider reasonable adjustments across a range of needs and ensure that support/treatment plans are shared and collaborative.
- Assessments and plans need further development to consider a holistic approach to care beyond the presenting mental health need, including how to support those involved in a CYP's care/education in the community.

CYP Mentally Healthy Communities and Community Assets (Prevention)

- More universal mental health support for parents during pregnancy and postnatally, including early identification, diagnosis and support of postnatal depression.
- More support needed during early years (0-5), including supporting healthy attachments, evidence-based parenting programmes.
- More support for schools in delivering mental health messages and promotion (e.g. emotional regulation, coping strategies and support to help build resilience).
- Funding and support for young people to access community support/groups, including training for VCSE providers, increased capacity/spaces, funding for young people to attend activities, more groups for older ages/neurodiversity.
- Develop a network of peer/social prescribing support for young people, schools, services and VCSE to help them identify and help young people to participate in community support.
- Create a single online space for mental health advice and self-help.

CYP Early Intervention Mental Health Support

- Increase capacity of early intervention services to see more young people and families to better support young people, parents/carers and professionals, including making it easier to refer and addressing disparity between areas with/without MHSTs.
- Increase preventative and early intervention support focused on addressing anxiety, including support to build resilience and advice/self-help available.
- More options in terms of methods of intervention and greater flexibility in delivery e.g. face-to-face or digital, or time of day, location.
- Maximise continuity of care to focus on relationships, especially as young people move between services.
- Improve communication regarding the mental health offer and support offered from referral to assessment and intervention.

CYP Learning Disability and Autism (LDA) Mental Health Support

- Develop a clear, single repository of mental health information, advice, self-help support and signposting for young people with a Learning Disability (LD) or autism and their parents/carers.
- Ensure young people's mental health services are able to adequately support the growing number of children with SEND, particularly those with LD or autism.
- Develop specific pathways across all young people services for those presenting who have autism or low-moderate LD to ensure they receive the appropriate support and that any reasonable adjustments are properly considered to support their engagement and maximise the effectiveness of interventions.
- Improve data recording around young people with SEND so we can undertake more effective analysis and have a better understanding of the needs for these groups.

CYP Community Specialist Mental Health Support

- Develop clinical pathways to enhance the specialist offer, increase training offer to staff in specialist therapies.
- Continue to reduce waiting times and increasing capacity to ensure timely access to support.
- Increase support whilst waiting through review of parent/carer offer, clear point of contact, self-help/online information, workshops/training etc.
- Work with system partners to ensure they have a better knowledge and clear expectations of services/criteria, e.g. information and toolkits for education settings and GPs.
- Consider outreach to diverse/hard-to-reach communities who are less likely to engage in services, e.g. teenage males, ethnic minorities, transgender, children in care etc.
- Review and improve offer for parent/carer/family support to help them understand how to better support their young person.
- Develop a personalised care plan that is developed and shared with young people and parents/carers.

CYP Urgent and Emergency Mental Health Support

- Improve crisis offer for young people and parents when accessing the service any time of the day or night. For example, expanding the Mental Health Liaison offer and fully developing the Mental Health Urgent Assessment Centre model in the north of the county and introducing the same offer in the south of Lincolnshire.
- Develop a day hospital offer and continue to improve the intensive 'hospital at home' model with more community activities such as equine therapy, gardening groups, night light café etc.
- Improve community crisis treatment offer and packages of care offered to keep young people out of hospital, including enhancing the multi-disciplinary offer within the crisis team.
- Develop crisis care pathways and suitable accommodation for CYP needing a brief 'safe' place to stay whilst a package of care is put into place in the community.

Transitions

Transition is a key priority for mental health services that runs throughout all the workstreams. Emerging priorities for the transformation in regard to transition are to improve mental health transitions between services/support, including at key ages (primary-secondary-college, transition at 18 etc.), ensuring age-related transitions are developmentally appropriate. We also need to improve and develop pathways for transition from mental health services back to support in the community, for example VCSE groups/clubs/support etc.

Some of this work has already commenced. LPFT now has CYP Clinical Leads for transition in all of its CAMHS locality teams and urgent care teams (Crisis and Eating Disorders), and are looking to widen the role to its emotional wellbeing services (Healthy Minds Lincolnshire and MHSTs). These Clinical Leads have advanced clinical expertise and skills. The Clinical Lead roles include:

- Leading on transitions for their team and the wider service, ensuring young people have seamless transition in and out of services, including internal transitions between teams in LPFT.
- Supporting the development of a new LPFT internal transition protocol for young people transitioning between CYP and adult mental health services. The new protocol is being co-produced and will be in line with best practice guidelines, where transitions are personalised and developmentally age appropriate.
- Working closely with team coordinators to monitor and lead quality improvement for transitions through clinical supervision and clinical audit.
- Offering specialist knowledge and skills to any assessment and completing risk assessments and care plans to meet the needs of the most complex young people accessing our services.
- Reviewing treatment pathways and ensuring treatment offered is in line with best practice guidelines.

A new transition protocol has been drafted and co-produced with young people with lived experience of mental health transition. A personalised transition plan is now being developed by the lived experience team, which is expected to be completed and implemented by summer 2024. The Clinical Leads will be key to embedding and quality

assuring delivery against the new protocol, either directly or through supervision. The new transition protocol will also ensure that the Clinical Leads will be accessible to adult services as required for specialist supervision or formulation once the young person has transferred and moved to adult services. This allows for their expertise to follow the young person as they move services.

Next Stages of the Programme (Phases 4 to 7)

Once the gap analyses for each workstream have been completed and the transformation priorities agreed, the next phase (4) is to develop the potential transformation options in order to deliver against the agreed priorities for improvement. This will include initial costings, benefits and impact analysis in order to support the Programme Oversight Group to agree the preferred options for recommendation. This is expected to be completed by the beginning of summer 2024.

During summer and autumn 2024, the recommended options for transformational delivery will need detailed planning (Phase 5). The programme team and workstreams will develop detailed transformation plans for each change initiative, including financial planning, operational/HR/estates change planning, digital/system change planning, and undertaking engagement in relation to Equality Impact Assessments (EIAs) and Data Privacy Impact Assessments. This is expected to be completed by the end of November 2024, ready to undertake joint decision-making (Phase 6) across the Council, LPFT and the ICB to agree on transformational change activities and any realignment of workforce or finances, including new funding proposals, that may be required in order to commence transformation activity from April 2025 (Phase 7).

2. Conclusion

It is evident that, whilst Lincolnshire CYP already benefit from a range of mental health services that provide support from early intervention to crisis, there are some clear emerging priorities for future transformation that will enable us to focus activity, workforce, funding and other resources better in the future. Since before the pandemic, increasingly more CYP were needing support with their emotional wellbeing and mental health, which is putting increasing pressure on services.

CYP mental health services in Lincolnshire have had increased investment in recent years, both local and national, which has enabled us mostly to keep up with the increasing demand and manage to reduce waiting times for support following a post-pandemic peak in May 2022. However, there is still further progress needed, which we can only achieve by looking across the whole model of CYP mental health services in Lincolnshire and through making significant transformational change to better equip us to meet the future demand and needs of CYP and families.

Whilst the CYP Mental Health Transformation Programme will take time to be fully delivered, through the work that has been undertaken so far, along with currently planned developments and pilots, we will have a sound understanding of the needs and wishes of our stakeholders and be well informed to make changes that will continue to improve

access and support for CYP, and enable services to meet their emotional and mental health needs in the future.

3. Consultation

a) Risks and Impact Analysis

Risks and issues to the programme are being managed as part of the programme management approach and significant risk and issues are reported to the Programme Oversight Group and to the CYP Integrated Transformation Board via the Programme Highlight Reports. An impact analysis will be undertaken during Phases 4 and 5 of the Programme (Options Development/Transformation Planning), when possible transformation options are being considered and planned, in order to understand the potential impacts on key population groups, particularly those with protected characteristics.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	CYP Mental Health Transformation Programme Governance

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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