# Appendices to the Lincolnshire Local Transformation Plan for Children and Young People's Emotional Wellbeing and Mental Health

## 2022-2023 Refresh

## Appendix A: Lincolnshire's Local Transformation Plan Key Lines of Enquiry (KLOEs)

| 1. Transparency and Co-Production | | RAG Rating | Narrative |
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| **The indicators below are themed around overarching principles that should support areas to meet the Long-Term Plan CYPMH ambitions for children and young people aged 0 25. Plans should be transparent, and all elements of planning and governance should be coproduced with children, young people and their families.** | | | |
| **1.1** | **Is there a robust, current CYPMH Local Transformation plan, or CYPMH & WB Strategic Plan, or wider CYP plan (covering mental and physical health) in place, taking into account impact of Covid 19, including evidence of progress against the plan from previous years?** | | The LTP considers the impact of Covid-19 and evidence of progress against the plan from previous years. |
| 1.1a | Does the plan show how funding has been allocated and used in previous years, and plans for 2022/23 (including baseline figures from 2015/16 and latest out turn figures as reported on the NHS Mental Health Dashboard)? | | The plan demonstrates how system-funding has been allocated towards CYP MH services annually since 2015-16. |
| 1.1b | Has the plan been republished by October 2022 in an accessible format for local children, young people, families/carers. (e.g. accessible URLs, available on partner websites and in accessible formats for CYP, parents, carers and those with a disability)? | | The LTP refresh is on target for completion and is included on relevant Board agendas for approval. The final LTP refresh will be published on Local Authority, LPFT and Lincolnshire ICB website. Accessible formats of the LTP refresh will be published on the Local Offer. |
| **1.2** | **In the areas below, does the refreshed plan clearly evidence engagement and coproduction with CYP and their parents/carers across the age range (0-25s) and from a range of diverse backgrounds, including groups and communities with a heightened vulnerability to developing a MH problem and CYP with Learning Disability (LD), Autism or Attention Deficit Hyperactivity Disorder (ADHD)?** | | Prevalence data and local need included within Section 3 Understanding Local Need & Advancing Health Inequalities, showing vulnerable groups. |
| 1.2a | governance? | | See above. In addition, Peer Support Workers are embedded into CAMHS, Healthy Minds Lincolnshire and the new MHSTs and Kooth Ambassadors within the Online Counselling Service. Further expansion of peer support/lived experience and parent/carer roles. |
| 1.2b | needs assessment? | | Section 3 - Understanding Local Need & Advancing Health Equalities. |
| 1.2c | service planning? | | Engagement with CYP and parents/carers was a strong focus of throughout. Further information is provided within the section 1 of the LTP refresh. |
| 1.2d | service delivery and evaluation? | | Included within all relevant sections of the LTP refresh. |
| 1.2e | treatment and supervision? | | As above |
| 1.2f | feedback to inform commissioning and services? | | As above |

| 2. Whole System Working | | RAG Rating | Narrative |
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| **The indicators below are themed around overarching principles that should support areas to meet the Long Term Plan CYPMH ambitions for children and young people aged 0-25. The Plans are a great opportunity to articulate how strong partnership working is enabling your area to work towards meeting the ambitions in the LTP.** | | | |
| **2.1** | **Does the plan align with the ICB plan and other local CYP Plans to meet the ambitions outlined in the Long Term Plan, including operational, workforce and recovery plans submitted as part of the 2022/23 planning round?** | | The Lincolnshire ICS System Plan 2022/23 and CYP Mental Health Local Transformation Plan are aligned in their commitment to a strong start in life for CYP and related high-quality, safe care for CYP. The 2022 refresh reflects the operational, workforce and recovery action plans submitted as part of the 2022/23 planning round. |
| **2.2** | **Does the plan align with other key strategic reforms and plans for children and young people overall, as well as CYP with MH conditions, e.g. Transforming Care, special educational needs and disabilities (SEND), and Youth Justice?** | | The S75 agreement in place between the Lincolnshire ICB and Lincolnshire County Council Children's Services allows for service development across services and across agendas to be aligned; needs assessments and service reviews include both emotional wellbeing and mental health services as well as Children's Services, including SEND, CiC and Youth Justice e.g. Future4Me service is a Children's Services project that has CYPMH practitioners within the team.<br>Lincolnshire is a vanguard area for the implementation of the Health and Justice Framework for Integrated Care, consolidating and enhancing the Future4Me work to develop a fully integrated Complex Needs Service.<br>CYP MH plans are aligned with the all-age 3-year LDA roadmap. |
| **2.3** | **Is the area working with whole system CYP partners, including education (early years settings/nurseries, schools, alternative education providers including pupil referral units, further and higher education institutions), local authority, voluntary and community sector and NHS physical healthcare settings?** | | The plan reflects evidence of working across all system CYP partners including all phases of SEND, social care, education, and health (including acute/urgent and emergency care). |
| **2.4** | **Have the following relevant partners been involved in developing and delivering the refreshed plan for 2022/23, including information about system roles and responsibilities:** | | Upon publishing the LTP refresh will have been signed off by the Mental Health System Contract Board.<br>The Governance structure included within Section 1 of the LTP provides further detail. LSCP is part of the governance structure. Scrutiny is regularly provided by the Health and Wellbeing Board (members of the board included in the plan) as CYP Mental Health is a priority in the Lincolnshire HWB Strategy. LCC Children Services' work in line with the LCC Participation Strategy, ensuring that children, young people and their families at the heart of planning and delivering services by engaging with different local groups, see Section 3, Understanding Local Need and Advancing Health Equalities. |
| 2.4a | The Chair of the ICB/ role responsible for CYPMH in ICB? | | |
| 2.4b | The chair of the Health and Wellbeing Board and their nominated lead members? | | |
| 2.4c | Local authorities: social care partners, Directors of Children's Services, Directors of Public Health, multi | | |
| 2.4d | Agency safeguarding arrangements, key strategic education | | |
| 2.4e | Leads and local education partners? | | |
| 2.4f | Specialised commissioning? | | |
| 2.4g | Health and Justice commissioners? | | |
| 2.4h | Local Transforming Care Partnerships? | | |
| 2.4i | Local CYP physical health and primary care partners? | | |
| 2.4j | Local participation groups for CYP and parents/carers? | | |
| 2.4k | Local voluntary sector partners? | | |
| 2.4l | Health visitors and school nurses | | |
| 2.4m | Provider collaboratives? | | |

| 3. Understanding Local Need and Advancing Health Inequalities | | RAG Rating | Narrative |
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| **3.1** | **Is there clear evidence that the plan addresses local needs across the age range 0 25, by focusing on:** | | Joint Strategic Needs Assessment (JSNA) topic for CYP EWBMH that has informed service development. Lincolnshire's EWBMH strategy being developed with emerging priorities being identified. Recognised gaps in provision identified. Lincolnshire MHSTs successful bid developed around local need. Further developments included wave 7 and 8 in LTP refresh. See Sections 1 & 10. |
| 3.1a | All children and young people and their families who experience MH problems or who may be vulnerable and at greater risk of developing MH problems? | | |
| 3.1b | All CYP in the following groups:<br>•Looked after children, including those placed in your area from other authorities?<br>•Children on a child protection plan and children in need?<br>•Adopted children?<br>•Unaccompanied asylum seeking children?<br>•Children living with connected carers?<br>•Care leavers, including information on the numbers within the area? | | |
| 3.1c | Children with MH problems and coexisting physical health conditions (e.g. asthma, epilepsy, obesity, children with deafness) | | |
| 3.1d | Children, young people and families from a Black Asian and Minority Ethnic (BAME) background? | | |
| 3.1e | Disabled children and young people, including those with a learning disability, autism, both or an EHC plan? | | |
| 3.1f | Children and young people who identify as LGBTQ+? | | |
| 3.1g | Children and young people living in deprivation or at risk of poverty? | | |
| 3.1h | Up to date information on local needs to demonstrate how these needs will be met (e.g. identified in the published Joint Strategic Needs Assessment JSNA), identifying where gaps exist and the action plans in place to address these? | | |
| **3.2** | **Does the plan make explicit how health inequalities are being addressed and how improvements will be measured?** | | A detailed picture of known health inequalities and how these are being addressed are set out in Section 3. Further work will take place through the current CYPMH Review and Transformation Programme. |
| **3.3** | **Are services reporting numbers of children with protected characteristics accessing help and recording their outcomes?** | | Services are recording protected characteristics but not currently reporting these against outcomes as part of regular reporting. This will be looked into as part of the current CYPMH Review/Transformation Programme to further understand local health inequalities and develop a dashboard to regularly track patient outcomes with protected characteristics. |
| **3.4** | **Have you understood how health inequalities impact your local population and how services need to be adapted to cater to the needs of children and young people with specific needs?** | | See 3.2 and 3.3 above |

| 4. Wider Transformation | | RAG Rating | Narrative |
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| **4.1** | **Are there clear pathways that demonstrate the whole system of care in existence or in development, including:** | | The plan clearly sets out the range of support and pathways for Healthy Minds Lincolnshire and emerging Mental Health Support Teams demonstrating a strong focus in Lincolnshire on promotion/prevention and early intervention in community settings, including working with existing MH staff in schools (see Section 10 CYP Mental Health Services working with Educational Settings (including Mental Health Support Teams) . The Lincolnshire model is based on the Thrive model and all care is evidence-based.<br>Throughout the plan is described the Lincolnshire model from early intervention through specialist CAMHS evidence-based treatment, Community Crisis and Enhanced Treatment, specialist Future4Me/Complex Needs support through Health and Justice and other specialist care e.g. EDS and Learning Disabilities.<br>The plan outlines the current CYPMH Transformation Programme, which includes a focus on engaging an working with VCSE providers to increase community support available to CYP. |
| 4.1a | mental health promotion, early intervention and prevention including in universal settings, early years settings,<br>schools, colleges and integration with physical health and primary care networks? | | |
| 4.1b | evidence based routine care? | | |
| 4.1c | crisis care and intensive interventions? | | |
| 4.1d | inpatient care, including NHS led Provider Collaboratives, and re investment of any savings in community provision? | | |
| 4.1e | specialist care e.g. CYP with learning disabilities and forensic CAMHS? | | |
| 4.1f | services provided directly by educational settings to support emotional wellbeing and MH? Are these coordinated with services<br>commissioned by CCGs and Local Authority? | | |
| 4.1g | voluntary sector partners? | | |
| **4.2** | **Is there an action plan with funding commitments, including identifying which agency or agencies will fund the change, with clear timelines, outcomes to be achieved and ownership?** | | Funding commitments are outlined in the plan with detailed plans to support. |
| **4.3** | **Is there an action plan to improve integration with primary care and support use of the £5m funding (allocated to ICBs in fair share basis) and the Additional Roles Reimbursement Scheme (ARRS) funds to increase and sustain workforce capacity for joint work between primary care and CYP MH partnerships (NHS, Vol. sector, LA)?** | | An action plan is in place and has been shared with NHSE setting out proposals for this work, which is currently being progressed with PCN colleagues in the IMP and South Lincs Rural PCNs. |

| 5. Workforce | | RAG Rating | Narrative |
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| **5.1** | **Does the plan include or link to a multi agency workforce plan or align with wider ICB level workforce planning?** | | The local ambition is to grow the workforce and meet capacity needed to deliver the local CYP population's needs; considering training, recruitment, retention and transformational change, looking at opportunities to grow through innovative means such as increasing the number of Peer Support Workers. A wider workforce plan is being developed, to align where possible to the STP and to include relevant local and national agendas.<br>Lincolnshire's successful MHSTs trailblazer bid will also provide opportunity for new skilled workforce to be recruited in the identified geographical areas. |
| **5.2** | **Does the workforce plan detail the required work and engagement with key organisations, including schools, colleges, primary care networks, voluntary sector and local authorities/social care partners?** | | The plan details plans to explore working with PCN's to look at potentially develop CYP MH roles to improve community/primary care links to CAMHS, work with the VCSE to enhance community support for CYP, work with social care to embed trauma informed practice and greater support for CYP with complex needs. Investment is outlined to support further role out of MHSTs supporting schools, colleges and the university. |
| **5.3** | **Does the workforce plan:** | | |
| 5.3a | Identify the additional staff required by 20/23/34 and include plans to recruit new staff and train, support and retain existing staff to deliver the NHS Long Term Plan ambition? | | Plan details recruitment and training of CYP roles such as additional clinical practitioners, Wellbeing Practitioners, Recruit to Train posts, MHSTs recruitment and the Framework for Integrated Care vanguard that will increase capacity in the CYPMH services system. |
| 5.3b | Include Continuing Professional Development (CPD) and continued training to deliver evidence based interventions (e.g. CYP IAPT training programmes and personalised care including personal health budgets), including resources to support this? | | As above |
| 5.3c | Include recruitment and employment of additional workforce requirements? For example, to train and retain Wellbeing Practitioners for CYP, additional staff for CYP 24/7 crisis care, ensuring MHSTs are fully staffed, the Additional Roles Reimbursement Scheme (ARRS) funds to increase and sustain workforce capacity for joint work between primary care and CYP MH partnerships and dedicated eating disorder services. | | As above |
| 5.3d | Include strategies for retention of staff such as clear pathways for career progression (for example developing Senior Wellbeing Practitioners and utilising Recruit to Train opportunities) and supporting staff well being? | | Yes, the plan includes a range of progressional posts and opportunities for development and prfoession, including use of rotational posts to gain experience across a broad range of CYP MH teams. |
| 5.3e | Include widening workforce diversity and supporting cultural competency? | | The plan includes diverse posts, specifically significant growth in peer support/lived experience posts along with development and progression into core posts where possible. |
| 5.3f | Include skills/competencies to work with specific age ranges, e.g. u5s and young adults? | | Yes, plan includes specialist transition lead practitioners to work with young adults. |

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| 5.3g | Include plans around growth in supervision capacity in relation to career progression and broader workforce expansion to ensure all practitioners have the support they need to achieve good outcomes | | Yes, includes growing CBT supervision capacity along with other supervision for other psychological interventions. |
| **5.4** | Has data on the existing workforce WTE, skill mix, capabilities, demographics (including the ethnic background of the workforce across professions and levels of seniority), activity, outcomes been used, alongside local prevalence data, to establish where and what extra capacity and c apability is needed? | | Services are specifically commissioned to meet local needs. Workforce training and recruitment (expansion) requirements are covered in Section 5 of the Lincolnshire LTP document, and outlines extra capacity required across the workforce. |
| **5.5** | Does the workforce plan detail how it will train staff in schools to work with children with specific needs? For example, children and young people with co existing LD, autism, ADHD and / or communication impairments, or equality and diversity education and training to including LGBT | | A review of current services to meet the needs of CYP with LD has identified where current gaps are and future service design will ensure there is appropriate training for to support this cohort of CYP. ALD Outreach Service provides training and support to school staff. |

| **6. Improving Access** | | **RAG Rating** | **Narrative** |
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| **NHS Long Term Plan Deliverable: 345,000 additional CYP aged 0 25 accessing NHS funded services by 2023/24.** | | | |
| **6.1** | **Does the plan set out how access for 0-25s will be improved by working in partnership, including how systems are working towards sustainable reductions in waiting times and improvements in productivity and efficiency?** | | The plan sets out how we are using investment to target sustainable increases in capacity and therefore access for more CYP into services. Including improvements in the integration of CYP MH services the improving access into those services, working with VCSE to increase community support for CYP, work with primary care to improve support and links through to secondary provision. CYP MH Servicesin Lincolnshire are based around the thrive model. CYP MH services responded well to using digital innovation during the pandemic and are continuing to grow digitial resources and capabilities as part of pathways of support, Healthy Minds Lincolnshire and MHSTs have done some great work developing podcasts helping to promote and inform more people about CYP MH support. |
| 6.1a | Does the plan set out how local trajectories as outlined in the Long Term Plan Ambitions Tool for CYPMH access will be met for 0-25s? | | |
| 6.1b | Has modelling been used to review current MH provision to plan investment across 0-25s and all ages where appropriate, across the whole system pathway, considering local data on prevalence and inequalities, the impact of Covid 19, for example, using the CReST Modelling Tool? | | |
| 6.1c | Does the plan demonstrate local evidence based service models which promote needs based care, for example, implementing the Thri ve framework, LEAN, CAPA, personalised care model? | | |
| 6.1d | Does the plan highlight innovation, or examples of optimisation, that can be shared as 'best practice'? For example, digital<br>innovation that is used with CYP, parents and carers, schools and colleges and other partners as a tool for tackling stigma and promoting MH prevention and treatment, or personalised care including social prescribing and personalised health budgets? | | |
| **6.2** | **Is there evidence in the plan that CYPMH commissioners and providers are working with Public Health/Local Authorities, perinatal MH services and other system partners to support under 5s and their parents/carers/families?** | | Most CYP MH services, particulary our early intervention Healthy Minds Lincolnshire service, are commissioned to include under 5s and work closely with the 0-19 Health Service (Health Visiting and CYP Nurses), early years providers and the local authority around identification and pathways for under 5s. |

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| **6.3** | **Does the plan recognise the requirement for all NHS funded (and jointly funded) services, including non NHS providers (e.g. VCSE , providers of digitally enabled care etc,) to submit data to the MH Services Data Set (MHSDS), including an action plan, where relevant, to improve data quality** | | CAMHS and HML are flowing data into the MHSDS.<br>Kooth is flowing access data and is working nationally with NHSE to enable data flow into the outcomes metric.<br>The LA is looking at how CYPIAPT trained LA staff can flow data into the MHSDS.<br>MHSTs will input into the MHSDS once fully operational.<br>Service leads for the Framework for Integrated Care pilot areas are working with NHSEI to flow data from LCC Mosaic to the MHSDS. |
| **6.4** | **Does the plan describe how data on key ambitions like access, urgent and emergency mental health, Eating Disorders, outcomes and paired outcomes scores are routinely monitored and used? In line with the ISN services should be flowing SNOMED CT codes with a focus on flowing them to support evidence against these key ambitions.** | | Routine outcome measures are being used collaboratively with CYP to co-produce interventions in all relevant services.<br>Work is taking place to develop wider use of outcome measures in addition to increasing the % of paired outcomes throughout the system. |
| **6.5** | **Is there evidence of the use of local and regional data reporting and its use to enhance local delivery and demonstrate impact on outcomes for children and young people e.g. local CYP MH and CYP ED dashboards? Does this data routinely include analysis of ethnic background, sexual orientation, gender and trans status of service users?** | | MHSDS is used to monitor progress against regional and national data. Local access data is also monitored through service performance and the contract management process. |

| 7. Young Adults - understanding system progress in 2022/23 | | RAG Rating | Narrative |
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| **In 2022/23, we want to use the SDF data collection to better understand systems progress on improving services for young adults. Systems will be asked to report against 8 key areas to improve mental health services for young adults. The expanded SDF data collection will give a better picture of where systems are making the most progress and where more support may be required to meet the LTP ambition by 2023/24.** | | | |
| **7.1** | **Are all services supporting young adults (including both CYP and AMH services) eliminating rigid age based thresholds for 18 year olds?** | | In Lincolnshire both CYPMH and AMH services work together to eliminate rigid age barriers and support transition between services. Transition is patient centred and only conducted where necessary. Young people can continue to access community CYP services after the age of 18. |
| **7.2** | **Are joint working arrangements in place between CYP and AMH services to support effective, strategic transition planning? Do all services have a transition policy in Place, that has been co produced with young people, families and carers?** | | Lincolnshire Partnership NHS Foundation Trust have a CYP and AMH Transition Protocol. The transition protocol gives guidance on effective transition planning. The transition protocol has been in place since 2017. The transition protocol will be reviewed in collaboration with young people and families in 22/23. |

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| **7.3** | **Are joint working arrangements in place with other local partners local authorities, VCSE to support young adults?** | | As part of the Adult Community Transformation there are strong working arrangements in place with the VSCE to provide support in the community for young adults. CYP work jointly with Barnardos to support young people leaving care, by providing an leaving care worker to support young people, as well as providing training and consultation to Barnardos workers supporting young adults who are leaving care. |
| **7.4** | **Have existing pathways within CYP and adult mental health services been adapted to offer developmentally appropriate support for young adults?** | | Yes pathways are aligned and this is supported through the transition protocol. Across LPFT service, pathways are reasonably adjusted to offer both age and developmentally appropriate service. |
| **7.5** | **Are young adults (and their families) involved at all levels of service design, delivery evaluation and governance arrangements across systems and services?** | | Coproduction is at the heart of service design in Lincolnshire. CYP services have an active peer support team, who engage young people and families in participation and involvement in all elements of service design. Both AMH and CYPMH Services are at different stages of transformation, with young people and their families part of the service evaluation and governance arrangements for the transformation. |
| **7.6** | **Are staff in all services being supported to have the skills, competencies and knowledge to work with and engage young adults?** | | Yes staff cross CYP and Adult Services are supported to develop skills and competencies through continued professional development. |
| **7.7** | **Are plans in place to meet the needs of students, and those undertaking apprenticeships and similar 18- 25 work based learning (i .e. ensuring appropriate signposting and referral from university or further education counselling and welfare services, supporting transitions of young adults that are relocating to take up university or further education places)?** | | Yes |
| **7.8** | **Are arrangements in place to support care leavers (i.e. joint working with local authority social care to ensure mental health needs of young adults leaving care are being met)?** | | CYP work jointly with Barnardos to support young people leaving care, by providing an leaving care worker to support young people, as well as providing training and consultation to Barnardos workers supporting young adults who are leaving care. |

| 8. Urgent & Emergency (Crisis) Mental Health Care for CYP | | RAG Rating | Narrative |
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| **NHS Long Term Plan Deliverable:100% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions by 2023/24 (linked to Adult Mental Health Crisis KLoEs)** | | | |
| **8.1** | **Does the plan set out the model for delivering 24/7 urgent and emergency mental health services for CYP and their families in line with the NHS Operational and Planning Guidance 2020/21 (https://www.england.nhs.uk/operational planning and contracting/) and the NHS Long Term Plan, including:** | | MHSDS is used to monitor progress against regional and national data. Local access data is also monitored through service performance and the contract management process. |
| 8.1a | A commitment, with an agreed costed plan to sustain the 24/7 urgent and emergency mental health support line for CYP and their families in line with the ask of services in March 2020, including evidence that areas are continuing to improve the operation of these lines, ensuring they are freephone and that call handlers are trained to meet the specific need of CYP & their families). | | Lines are in place and operating as per NHSE specification. Provision is available through the line to support CYP and their families. Costed plan is in place as part of system wide planning and funding allocation. |
| 8.1b | A commitment to ensure 24/7 U&E MH services in all 4 functions of the crisis comprehensive service, including Intensive Home Treatment continue to develop in line with the NHS Long Term Plan and the trajectory set out in the MH implementation plan | | The plans include continued investment in crisis services in Lincolnshire, despite having had a successful crisis and enhanced treatment team jointly commissioned with NHSE since 2020. Additional resources are being developed to support the team around 24/7 MH liaison specifically for CYP, discharge support and bed management. |
| 8.1c | Evidence of whole system, multi disciplinary working to support CYP who present in crisis, including those with multiple complex needs, to support care in the most appropriate environment | | Complex case review meetings are held monthly to review all current inpatient cases and those at potential risk of becoming inpatient and include core, CYP-EDS and crisis services, social care, police, acute hospital provider and regional provider collaborative representatives. Multi-agency working is coordinated well in between these meetings by care-coordinators. |
| 8.1d | Reasonable adjustments being made to ensure there is appropriate urgent and emergency mental health care for disabled children and young people, particularly those with LD, autism and / or ADHD, regardless of the model of service including consideration to Dynamic Support Register/System and CETR processes for CYP with a learning disability or autistic, to avoid duplication and enhance personalisation | | Specific multi-agency CYP DSR/inpatient meetings are established to review and discuss reasonable adjustments across health, care and education in order to support CYP with LDA or disabilities in the community. CYP Keyworking is also currently being implemented in Lincolnshire. |

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| 8.1e | Reasonable adjustments (including staff training) being made to respond to CYP from a diversity of ages, gender identities, sexual orientations, races and cultures, and those with co existing needs or conditions, regardless of the model of services | | Clinical services operate according to the Wide Access to Services (NHS1) standard, providing a countywide NHS service to all children and young people, irrespective of any socio-demographic background or protected characteristic and all workers are trained in cultural competence. In addition, Lincolnshire County Council commissions a BME Inclusion service, which supports BME families in the Boston and Lincoln areas from the early years to engage in children's services, including signposting and information about what support services are available. Commissioned services report the ethnicities of service users in their quarterly performance figures and to the MHSDS, analysis determines if there are cultural gaps in provision. Where barriers to access are identified action plans, including training plans, will be put in place. |
| 8.1f | A commitment that all workforce delivering the 4 functions of the crisis comprehensive service should be appropriately trained | | Yes |
| 8.1g | Consideration of how CYP crisis services interact with the wider system and stakeholders (e.g. provider collaboratives, primary care and acute services), including consideration of shared protocols or local SLAs to support the care pathway | | The plan provides details on how crisis services are working with the wider community to develop and improve interactions with acute hospital services, protocols with primary care around physical health monitoring for Eating Disorders, provider collaborative around bed management etc. |
| 8.1h | Details on what support is in place for CYP beyond their crisis presentation, inclusive of the local comprehensive offer for<br>18-25s (NHS Long Term Plan ambition) | | Post crisis presentation pathways are in place for CYP, however further work needs to be undertaken to detail and demonstrate the support available. |
| 8.1i | Ensuring continued expansion to local suicide prevention programme (LTP commitment that this will cover every local area in the country by 23/24) including suicide bereavement support services providing timely and appropriate support to families and staff in place. This should also be considered in line with the Improving care for people who self harm and present at A&E CQUIN released in April 2022. | | CYP are a priority within Lincolnshire's all-age multi-agency Suicide Prevention Strategy, which is managed by Public Health. A subgroup for CYP T&F has been created and feeds into the multi-agency Suicide Prevention Steering Group. An all-age suicide bereavement support service commences 1/11/2022. |
| **8.2** | **For areas that are implementing NHS led Provider Collaboratives, is the area reprofiling inpatient expenditure into community based care (NHS Long Term Plan ambition) and if so, is the detail of how this is being reprofiled included?** | | This happened in Lincolnshire in 2020. The Community Crisis and Enhanced Treatment Team is jointly funded by local commissioners and the Provider Collaborative to ensure more CYP in crisis remain in the community. |

| 9. Eating Disorders | | RAG Rating | Narrative |
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| **Deliver the evidenced service model and the 95% CYP Eating Disorder standard in 2020/21 that is to be maintained thereafter.** | | | |
| **9.1** | **Does the plan identify current performance against the Eating Disorder Access and Waiting Time standards and plans to ensure that the standard is achieved and maintained?** | | Data is provided to evidence achievement of national ED access and wait times. |
| **9.2** | **Is the Community Eating Disorder Service (CEDS) operating in line with the model recommended in NHS England's commissioning guidance?** | | Community ED service in place, details of the model, performance and outcomes are provided. |
| **9.3** | **Does the plan show how funding for CYP CEDS, over the course of the NHS Long Term Plan, will be invested to deliver the service model?** | | Funding allocation details include increasing ED service capacity to meet increased volume and acuity of referrals and to extend pathways to include ARFID. |
| **9.4** | **Is the CEDS signed up to a national quality improvement programme?** | | Consideration for QNCC ED accreditation is being given. |

| 10. CYP Mental Health Services working with education settings (including Mental Health Support Teams) | | RAG Rating | Narrative |
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| **NHS Long Term Plan Deliverable: Mental Health Support Teams (MHSTs) rolled out to between a quarter and a fifth of the country by 2023/24** | | | |
| **10.1** | **Does the plan set out how CYP mental health services (however provided) work in partnership with educational settings? (for example, provision in schools or FE colleges. Areas that are applying for Mental Health Support Teams in schools programme should reference this here)** | | Partnership working identified. MHSTs in Lincoln, Gainsborough (and surrounding area), Boston & Skegness are now fully operational and 2. Wave 7 & 8 are undergoing recruitment. |
| **10.2** | **For areas with MHSTs or planning for developing MHSTs, does the plan include (NHS Long Term Plan ambition):** | | |
| 10.2a | evidence of the MHST resource being targeted at the areas of greatest need within ICB as the programme rolls out? | | All MHST areas are selected based on an assessment of greatest need within Lincolnshire. |
| 10.2b | a clear joint assessment of need in the education setting, carried out in conjunction with school/college leadership, with the planned work of MHSTs commensurate to their training and resources? | | Schools and colleges are fully engaged in the development and selection of MHST area both at leadership level and designated mental health leads. |
| 10.2c | are NHS CYP mental health services including eating disorder services integrated with MHSTs? e.g. providing input/support to MHSTs to jointly deliver an integrated referral and advice system that prioritises CYP accessing appropriate help as quickly as possible | | MHSTs and CYP-EDS are delivered by the same provider and access through a single joint Access Team, therefore practitioners have access to EDS specialists for advice as well as working closely to support referral through to specialist teams if required. |
| 10.2d | do the MHSTs demonstrate fidelity to all three of the nationally prescribed core functions? | | All MHST's are aligned to the three nationally prescribed core functions. |

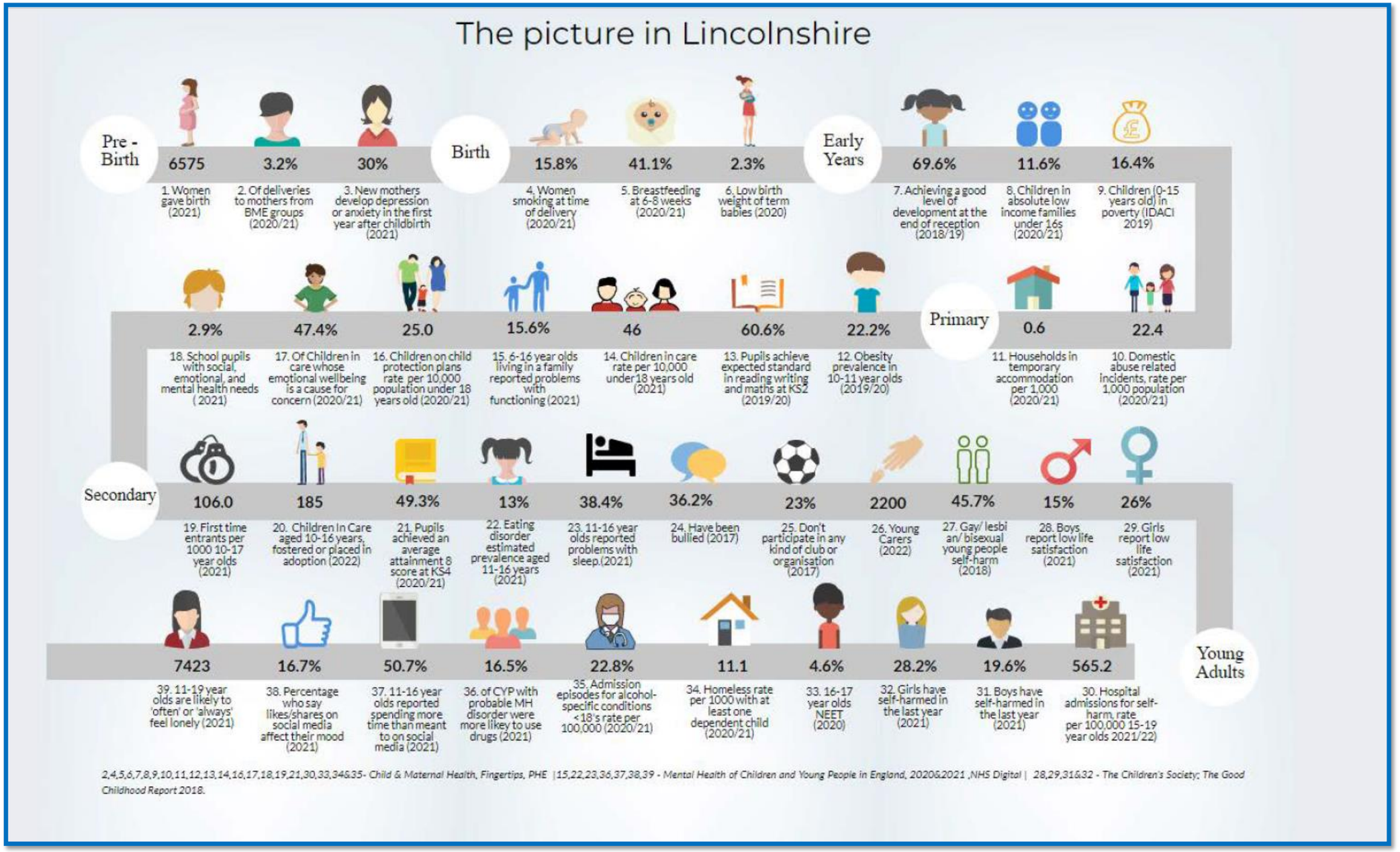
| 11. Early Intervention in Psychosis | | RAG Rating | Narrative |
|---|---|---|---|
| **Delivery of the Early Intervention in Psychosis standard: Achieve 60% EIP Access Standard by 2020/21 and maintaining its delivery thereafter and 95% Level 3 Nice concordance by 2023/24 - what is the current commitment?** | | | |
| **11.1** | **Does the plan identify how the needs of all CYP aged 14 or over experiencing a first episode in psychosis will be met and that all referrals are offered NICE recommended treatment (from both internal and external sources)?** | | Transformed provision for CYP who present with acute psychotic symptoms. The Crisis and Enhanced Treatment Team has clear links with adult services to ensure smooth and robust transition to services, as well as links to early intervention in psychosis teams. |
| **11.2** | **Do all practitioners have the necessary training, expertise and support in CYP MH as well as competencies when delivering EIP interventions when seeing under 18s?** | | Yes. Interventions include CBT for psychosis, Behavioural Family Therapy and medical interventions. |
| **11.3** | **Are there joint protocols and strong interface, collaboration and relationships between CYPMH and EIP teams?** | | All young people presenting with psychosis who are under 14 years old are supported by the CAMHS Crisis and Enhanced Treatment Team, over 14s presenting with psychosis will be assessed within the ascribed national time frames by EIP; young people are able to access CAMHS treatment alongside EIP. Both services offer NICE recommended treatment pathways. The pathway for CYP mirrors that of the dedicated EIP Team; any young person is offered the same pathway and treatment options. Both services are monitored to meet the EIP access to wait standards. |
| **11.4** | **Are staff competent in delivering interventions and working with CYP families and carers as well as providing support with social needs?** | | The children and young people's provision offers NICE recommended treatment pathways. These include CBT for psychosis, Behaviour Family Therapy and medical interventions. |

| 12. CYPMH Digitally-enabled Care Pathways | | RAG Rating | Narrative |
|---|---|---|---|
| **NHS Long Term Plan Deliverables : 100 % of mental health providers to meet required levels of digitisation by 2023/24<br>Local systems offer a range of self management apps, digital consultations and digitally enabled models of therapy by 2023/24** | | | |
| **12.1** | **Is there consideration in the plan of how CYPMH will meet the LTP Ambition for 100% of mental health providers to meet required levels of digitisation by 2023/24?** | | During the pandemic LPFT held a position of 'digital first but not digital only' for all routine or non-urgent appointments. Post Pandemic LPFT have return to business as usual, with all clinical appointments being offered face to face. However, the advances and developments in digital platforms for both clinical and non-clinical activity has led to the offer of a digital offer. Primarily Microsoft Teams is the most used digital platform. The digital offer is available for young people and families in treatment, but this is dependent upon factors such as patient choice, clinical risk and safeguarding. However, the option of a digital platform gives patients greater choice in how they access, engage in and personalise their support. No current apps available. |
| **12.2** | **Does the plan demonstrate development and implementation of digitally enabled service models for CYPMH e.g. including a range of self management apps, digital consultations and digitally enabled therapy for personalised MH care?** | | |
| 12.2a | If there has been a rapid switch to digital / remote models of delivery of care during the COVID 19 response, are there plans to sustain beneficial changes beyond any emergency response arrangements? | | |
| 12.2b | Does the plan incorporate evaluation of the effectiveness of digital technology and/or digital transformation projects? | | Children and young people have been consulted through LPFT's peer network regarding digital developments. LPFT has conducted surveys with children and young people, and parents/carers regarding the use of digital interventions, and has completed an evaluation on the effectiveness of digital interventions. |

| | | | |
|---|---|---|---|
| 12.3 | **Does the plan demonstrate evidence of progress towards implementation of whole pathway, user centred and inclusive approaches to digitally enabled care, e.g. using techniques such as user centred design; co design and involvement, whole pathway system design?**<br><br>**This may include consideration of:**<br>**-Using digital to improve CYP experience of accessing care, e.g. supporting CYP to feel connected to the service by: enabling them to set contact preferences, notifying them of progress, providing them with online pre CYPMHS education materials, and online location and treatment previews**<br>**-Digital assessment and records across primary and secondary and physical and mental health, with users able to access their own records**<br>**-Tools to support decisions on care, e.g. using machine learning to identify need, understand individual crisis/suicide risk and support caseload management**<br>**-Electronic prescribing and medicines administration, improving safety across inpatient and community MH settings**<br>**-Clinical and business intelligence to reduce variation, support innovation, inform planning and identify best practice**<br>**-Tools to make best use of assets and resources, e.g. showing available beds and managing out of area placements, e-whiteboards and 'at a glance' boards** | | • Within LPFT all appointments can be conducted by Microsoft Visits which is the on-line platform used to conduct patient appointments/consultations<br>• The children's section of the LPFT website contains many on-line self-help resources for parents/carers and professionals<br>• CAMHS can deliver guided self-help for mental health conditions digitally<br>• Most psychological therapies can be delivered virtually<br>• Training delivery to professionals and parents/carers and group interventions for young people can all be delivered digitally into schools or home<br>• LPFT operational policies have been updated to reflect the digital offer<br>• Live service/team reports are available for managers to monitor and plan through LPFT's share point<br>• Children and young people have been consulted through LPFT's peer network regarding digital developments<br>• LPFT has conducted surveys with children and young people, and parents/carers regarding the use of digital interventions, and has completed an evaluation on the effectiveness of digital interventions<br>• LPFT are now linked into the National Records Locator so that emergency services nationwide can search for a risk management plan if a child or young person presents in an emergency |
| 12.4 | **Does the plan show how digital transformation within CYPMH fits into the broader digital mental health strategy for the ICS?** | | Yes |

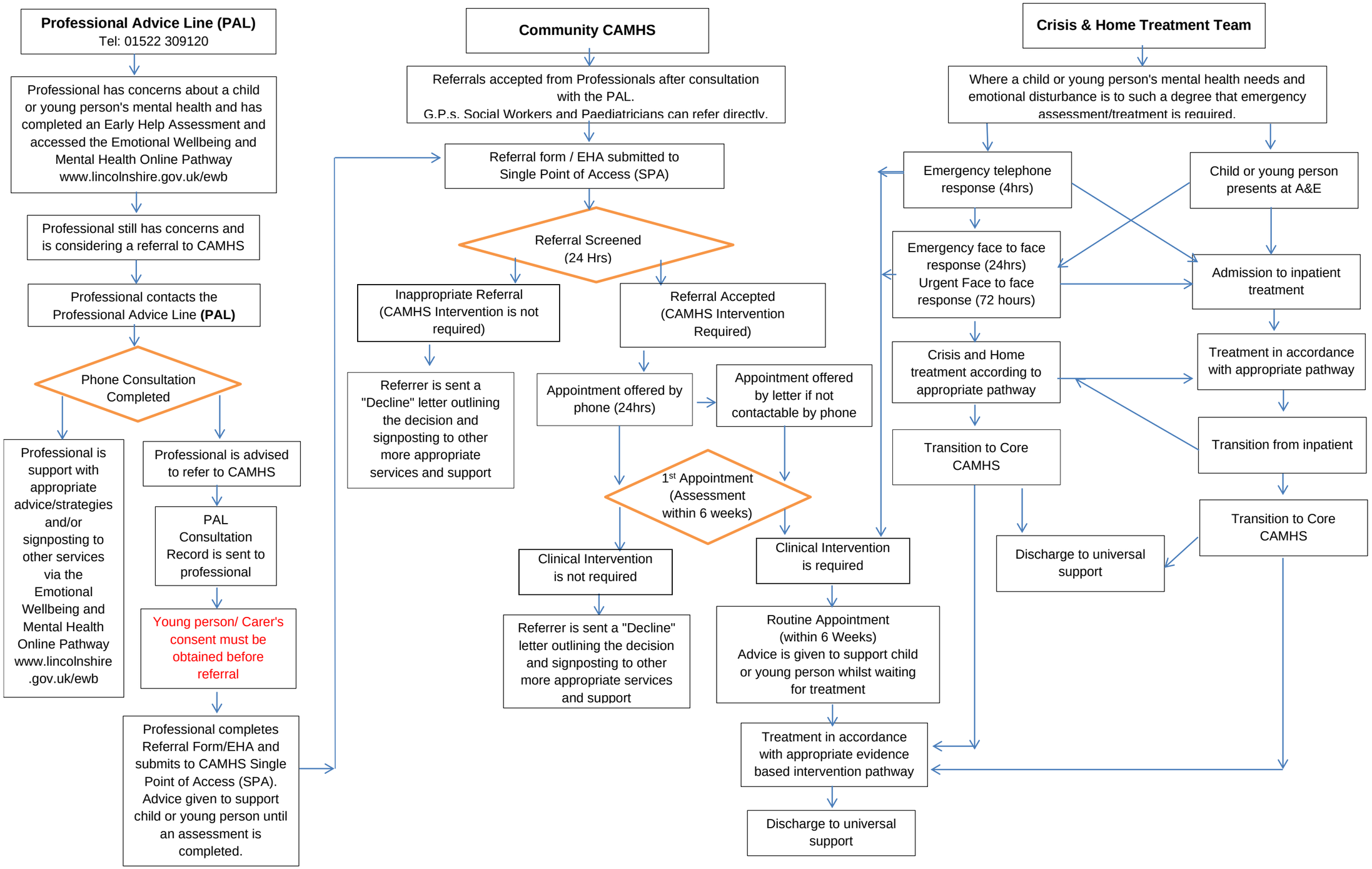
| 13. Health and Justice | | RAG Rating | Narrative |
|---|---|---|---|
| **13.1** | **Does the plan detail how it is ensuring that there is full pathway consideration (including evidence of trauma informed services for CYP in contact with Health and Justice directly commissioned services as well as services being commissioned through the CYPMH Transformation Team, including those: (commissioners and providers)** | | Implementation of Secure Stairs, National FCAMHS and Collaborative Commissioning model provides a framework for a joined up approach, including specialist input from MH, Social Care and education teams. Effective resettlement is supported through timely information sharing and smooth transition between custody/ community services. CYP receiving specialist or FCAMHS are provided for within the structure of Core CAMHS, enhanced with two dedicated Clinical Psychologists to support engagement with a complex YOS and adolescent risk cohort. Further development of FCAMHS and its pathways are planned to include collaborative work with regional FCAMHS. Alternative provision to Section 136 care includes parental responsibility, if the child is under 16, or if appropriate removal to suitable accommodation under the Children Act section 46. A new initial counselling service 'Service Six' has been commissioned across East Midlands by NHS England and Nottingham University Hospitals Trust for child/young people who present at the East Midlands CYP Sexual Assault Service.<br>The new Liaison and Diversion Service Model became operational on the 1st April 2020, which follows an all age strategy of assessing and signposting those individuals who come in contact with the Criminal Justice Service to the relevant local services for support.<br>Lincolnshire was successful in April 2021 in a bid to be a vanguard site for the Framework for Integrated Care. The Framework is NHSE&I H&J response to the commitment within the NHS Long Term Plan to invest in additional support for the most vulnerable children and young people with complex needs in the community. Those children and young people present with what can be described as high risk, high harm behaviours and high vulnerability. The project will enable long term evaluation of collaboration across services supporting CYP that will have long term positive impact on their outcomes into adult life. |
| 13.1a | within and transitioning to and from the Children and Young People's Secure Estate on both welfare and youth justice grounds? | | |
| 13.1b | receiving specialist or forensic CAMHS/CYPMHs (specifically high risk young people with complex needs)? | | |
| 13.1c | interacting with liaison and diversion services? | | |
| 13.1d | presenting at sexual assault referral centres (SARCs) or Child Sexual Exploitation (CSE) /Abuse (CSA) centres | | |
| 13.1e | in crisis care related to police custody? | | |
| 13.1f | with complex needs? | | |
| 13.1g | in contact with youth offending teams? | | |

## Appendix B: The Picture in Lincolnshire



# Appendix C: Lincolnshire Profile (as at end of March 2022)

## Appendix D: Lincolnshire CAMHS Pathways



## Appendix E: Transition Protocol

Lincolnshire Partnership NHS Foundation Trust

**Lincolnshire Partnership NHS Foundation Trust (LPFT)**

**Transitional Protocol between Child & Adolescent Mental Health Services (CAMHS) and Adult Services**

| | |
|---|---|
| Document Type and Title: | **Transitional Protocol between Child & Adolescent Mental Health Services (CAMHS) and Adult Services** |
| Authorised Document Folder: | **Service Operational Protocols** |
| New or Replacing: | **Replacing v1** |
| Document Reference: | |
| Version No: | **V2** |
| Date Policy First Written: | **May 2017** |
| Date Policy First Implemented: | **July 2017** |
| Date Policy Last Reviewed and Updated: | **December 2019** |
| Implementation Date: | **January 2020** |
| Author: | **Quality Improvement & Assurance Lead Specialist Services** |
| Approving Body: | **Patient Safety and Experience Committee** |
| Approval Date: | **V2: 29 January 2020** |
| Committee, Group or Individual Monitoring the Document | **Patient Safety and Experience Committee** |
| Review Date: | **December 2021** |

## Transitional Protocol between Child & Adolescent Mental Health Services (CAMHS) and Adult Services

**Valid from: May 2017** **Review date: December 2021**

**'Transition' in the context of young people's mental health, means the transfer of young people out of CAMHS to other services (Adult Mental Health Services or otherwise), or being discharged, as a consequence of reaching a certain age.**

NICE Guidelines 2016:

"Ensure the transition planning is developmentally appropriate and takes into account each young person's capabilities, needs and hopes for the future. The point of transfer should not be based on a rigid age threshold take place at a time of relative stability for the young person"

*Transition from children's to adults' services for young people using health or social care services NICE guideline. Published: 24 February 2016 nice.org.uk/guidance/ng43*

*Overarching Principles*

1. Involve young people and their carer's in service design, delivery and evaluation related to transition by:
    - Co-producing transition policies and strategies with them
    - Planning, co-producing and piloting materials and tools
    - Asking them if the services helped them achieve agreed outcomes
    - Feeding back to them about the effect their involvement has had

2. Ensure transition support is developmentally appropriate, taking into account the person's: maturity
    - Cognitive abilities
    - Psychological status
    - Needs in respect of long-term conditions
    - Social and personal circumstances
    - Caring responsibilities
    - Communication needs

3. Ensure transition support is strengths-based and focuses on what is positive and possible for the young person rather than on a pre-determined set of transition options and identifies the support available to the young person, which includes but is not limited to their family or carers.

4. Use person-centred approaches to ensure that transition support:
    - Treats the young person as an equal partner in the process and takes full account of their views and needs
    - Involves the young person and their family or carers, primary care practitioners and colleagues in education, as appropriate
    - Supports the young person to make decisions and builds their confidence to direct their own care and support over time
    - Fully involves the young person in terms of the way it is planned, implemented and reviewed
    - Involves agreeing goals with the young person
    - Includes a review of the transition plan with the young person at least annually or

more often if their needs change

- Addresses all relevant outcomes, including those related to:
  - Education and employment
  - Community inclusion
  - Health and wellbeing, including emotional health
  - Independent living and housing options

5. Health and social care service managers in children's and adults' services should work together in an integrated way to ensure a smooth and gradual transition for young people. This work could involve, for example, developing a joint mission statement or vision for transition jointly agreed and shared transition protocols, information-sharing protocols and approaches to practice.

6. Service managers in both adults' and children's services, across health, social care and education, should proactively identify and plan for young people in their locality with transition support needs.

7. Every service involved in supporting a young person should take responsibility for sharing safeguarding information with other organisations, in line with local information sharing and confidentiality policies.

8. Check that the young person is registered with a GP.

The object of these guidelines is to ensure that a consistent approach is applied across the Trust in all departments including the inpatient settings in relation to young people between the ages of 16 and 18 (Looked After Children up to the age of 25, with collaborative working between CAMHS and AMHS).

**For guidance relating to young people in inpatient settings refer to Clinical Care Policy Section 8.5 Admission to Inpatient Care for Children and Young People Aged 16–17 years and Appendix 8.1 Protocol for Admission of 16 or 17 year olds to an Adult Acute Inpatient Unit.**

## New Referrals

If the young person is **under the age of 16**, the referral will always be directed to the **Child and Adolescent Mental Health Service.**

For young people presenting with mild-moderate anxiety, depression or singular trauma (e.g. bereavement or other life event) and aged **16 and over,** they may be eligible to receive service from Steps2Change, otherwise should be referred to CAMHS.

Consideration should be given to the information provided by the referrer (wherever possible with the young person's opinion sought too) to determine whether it is most appropriate for the referral to be accepted by the CAMH services or Steps2Change.

**Transitional Protocol between Child & Adolescent Mental Health Services (CAMHS) and Adult Services**

Where Steps2Change receive a self-referral for someone under the age of 16 this will be forwarded to CAMHS or Healthy Minds, dependent on the nature of the referral. Should the self-referral appear urgent Steps2Change will contact the CAMHS PAL to discuss as a potential crisis referral.

If the young person is **aged 17 and 9 months or older*** then they should be referred into the appropriate **Adult Mental Health Service, unless it is an emergency or recent (discharged within the past 6 months)**, in which case **CAMHS should undertake assessment** and provide intervention prior to transition if clinically appropriate to remain with CAMHS. If it is felt transition will be required, the CAMHS to Adult Service transition process should be initiated immediately.

If there are difficulties establishing which LPFT service is best placed to offer input to a young person aged 16 – 18th Birthday, discussions should take place between the relevant LPFT services and further information requested from the referrer as necessary. The locality interface meetings would be appropriate for these discussions. The LPFT service who received the initial referral will be responsible for gathering further information from the referrer as appropriate, for liaising with other LPFT services and for communicating with the service user and the referrer about which LPFT service has been identified as being best able to meet the service user's described mental health needs.

## Open CAMHS cases needing transfer to Adult Mental Health Services

CAMH service users who require ongoing mental health service involvement must be helped to make a smooth transition to Adult Mental Health Services. The following local principles will apply:

1. There is no single age limit for transition and any transition should be age appropriate for each individual and assessed against their presenting need. The age at which this transition process to Adult Mental Health Services should start will be discussed by the CAMHS Lead Professional / Care Coordinator with the young person and with relevant Adult Mental Health Service/s.

2. Although some young people will require a much longer period, the transition process should be offered as being a minimum of a 6 month period unless the Young Person requests a shorter transition period. When a young person involved in CAMHS service becomes approximately 17 ¼ years, the CAMHS worker should consider whether there is likely to be a future need for transition to adult services. If there is a likely need for transition then this should be discussed with the young person, and where appropriate the parents, with a view to establishing when this will be clinically appropriate. CAMHS input should not be withdrawn until transition Adult Mental Health Service has taken place and the transition plan has been completed. Reasonable adjustments should be considered to take into account individual variations.

3. Where it is thought transition is required, the identified CAMHS Care Coordinator/Lead Professional (could be a Child Psychiatrist) will take responsibility for attending an Interface meeting (or agreeing a meeting outside of the interface meeting) to discuss with Adult Mental Health colleagues the presentation of the young person. This should be done in a timely way to

allow a minimum of 6 months transition period. Young Person will be placed in the relevant cluster at the interface meeting with support from AMH colleagues.

4. Where a Young Person is receiving a social care funded package of care this should be highlighted when brought to the interface meeting, to ensure that LPFT section 75 Social Work are aware of the potential transfer of responsibility for the care package at the point of transition. Even though the CAMHS lead professional is unlikely to have the full details of the package of social care, any detail that is held by the CAMHS service should be provided to the LPFT Social Worker to ensure that Transition arrangements can be put in place between LPFT and Lincolnshire County Council.

5. If the transfer is between Child Psychiatrist and Adult Psychiatrist, it is the responsibility of the involved CAMHS Child Psychiatrist to ensure that a three way meeting is planned with Adult Psychiatry the young person and where appropriate the parents.

6. Where young people do not meet the criteria for an adult service, but there is identified ongoing needs, then the young person must be transitioned back to the primary care GP. The same transition process and planning must take place for those transitioning back to the GP; transition plans should be agreed with the young person and the GP sent a copy of the plan. Consideration should be given to utilising the Managed Care Network for these young persons with continuing needs that fall outside of the services provided by LPFT. If there is a disagreement about which Managed Care Network service/s should be involved this should be escalated to the relevant service managers for decision. It is essential service users do not feel 'passed around' and that GPs are not made to do referral following discharge from LPFT.

7. CAMHS practitioners are responsible for ensuring compliance with the Clinical Care Policy during transition.

Principles of LPFT Assessment and Care Planning

i. Upon referral to the services of LPFT, everyone should receive an assessment of their mental health, appropriate to their level of need, to determine their requirement for clinical care and treatment.
ii. When accepted, all service users will have a lead professional identified who has clinical responsibility for co-ordinating care.
iii. All service users accepted by secondary mental health services should have a single plan or statement of care or treatment which is current, and relevant to their situation and setting.
iv. Services users will have a planned review to determine the effectiveness and outcome of the service user's care or treatment to meet their individually assessed needs.

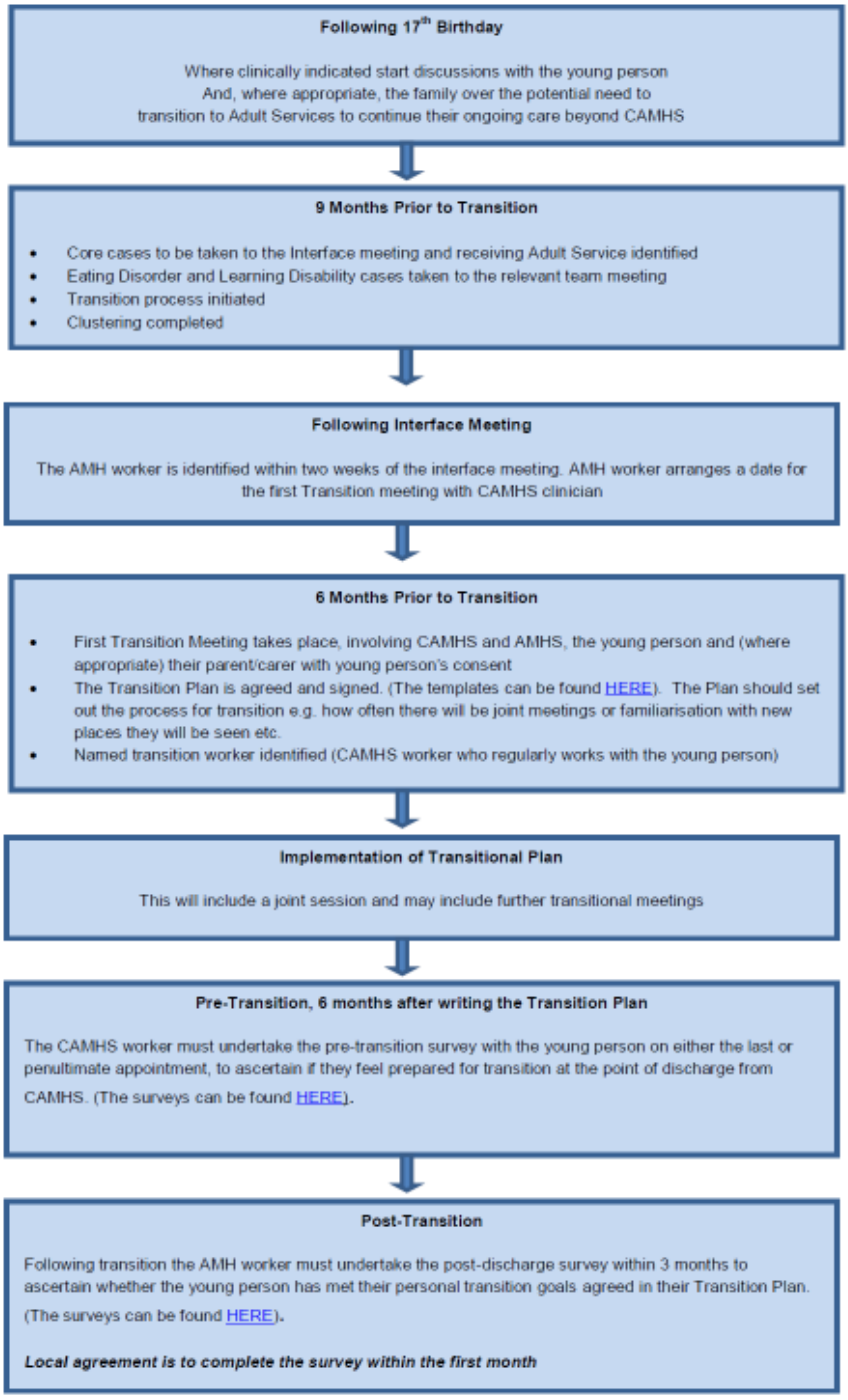
8. 1st Transition meeting to include the young person (and their family where appropriate), the CAMHS professionals involved, and the proposed adult worker. This is an opportunity for information sharing and relationship building. This meeting should establish a transition plan to support the transition period. The transition plan should set the individual requirements for transition offering the young person a minimum of a 6 month period for the transition. Should the young person have only recently engaged with CAMHS or decided that they wish for a shorter period of transition then this will be agreed and written into the plan.

9. A named Transition worker will be identified and a period of joint working between CAMHS/adult workers will be undertaken in line with the transition plan, prior to discharge from CAMHS. This will strengthen relationship building and make the services more seamless to the service user. A named Transition worker will be identified (see Transition Pathway page 5).

10. As close as possible to the end of the agreed transition period, a final three way appointment between the young person, CAMHS clinician and the Adult clinician will take place. This is the formal point where CAMHS discharge and Adult services pick up the case.

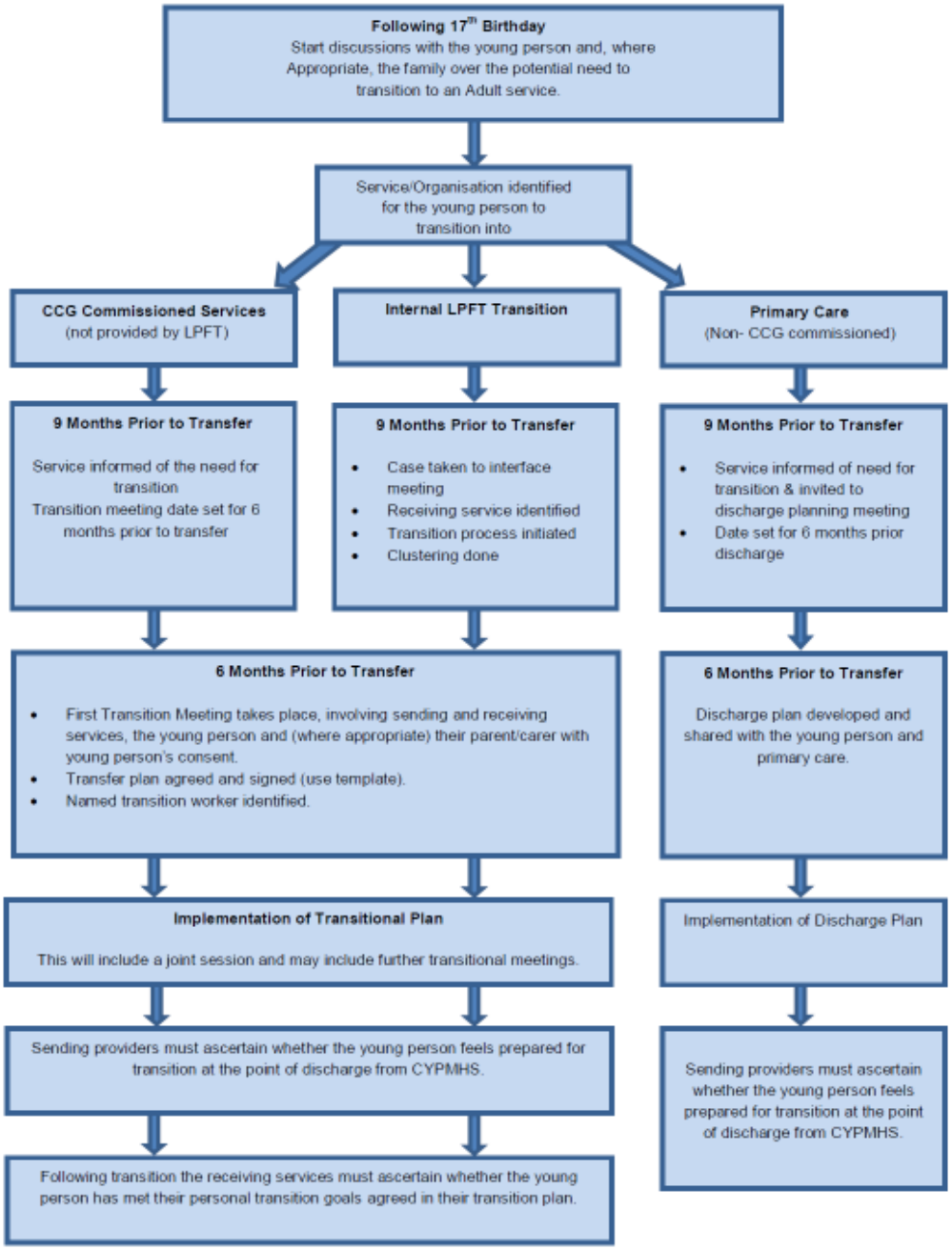
## Transitional Protocol between Child & Adolescent Mental Health Services (CAMHS) and Adult Services

### Transition Process for CAMHS to AMHS



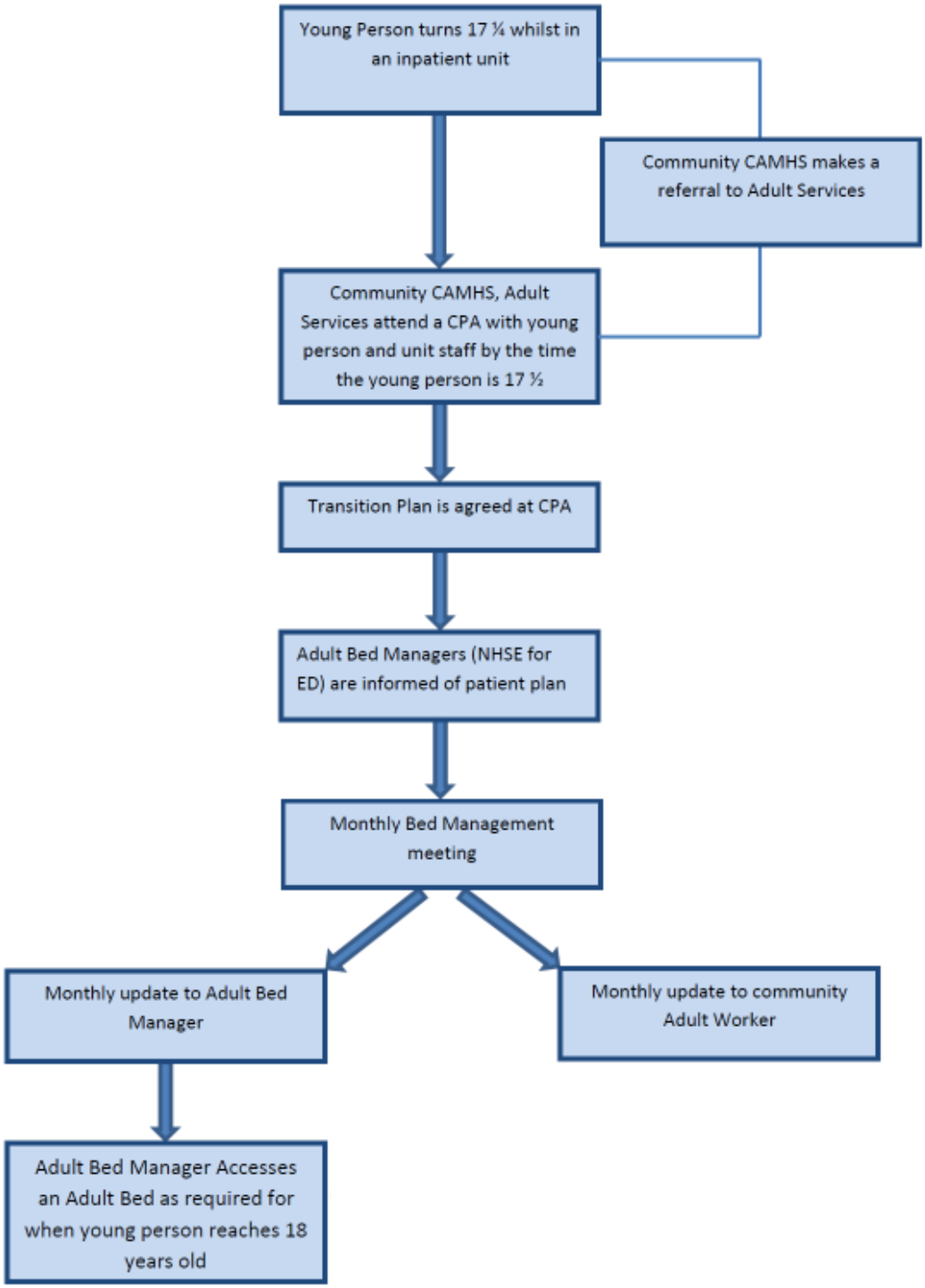
**Transitional Protocol between Child & Adolescent Mental Health Services (CAMHS) and Adult Services**

**Over Arching Full Transition Pathway**



**Transitional Protocol between Child & Adolescent Mental Health Services (CAMHS) and Adult Services**

## Transition Pathway for Young people in inpatient CAMHS



**Transitional Protocol between Child & Adolescent Mental Health Services (CAMHS) and Adult Services**

**Accessing Crisis Services during Transition**

Where a young person requires crisis interventions during transition, the young person's choice over which service to access should be at the centre of deciding the most appropriate service for delivering this intervention. There can be no hard and fast rule over decision making for whether this is delivered by the CAMHS or the AMHS/LD services. However, the following table should underpin the decision making process to ensure that the young person's needs are met in a timely and proactive manner.

| Age of Young Person | Current status with LPFT | Crisis team responsible for responding to the current crisis | Pathway following first contact |
|---|---|---|---|
| 18 years + | Still in Transition from CAMHS | Adult CHRT or LD CHAT | Liaison with the CAMHS core team but remain with Adult CHRT or LD CHAT |
| 17 years 9 months | Not known to CAMHS or closed for over 6 months | Adult CHRT or LD CHAT | Continue with adult pathway and being seen by Adult Services |
| 17 years 9 months | Open to CAMHS or closed with last 6 months | First contact CAMHS C&HT | If second contact required, this should be a joint appointment and transition should be started. |
| 17 years 6 months to 9 months | Not known to CAMHS or closed for over 6 months | First contact CAMHS C&HT | Short term remain with CAMHS C&HT. Requiring ongoing intervention, this should be taken to an interface meeting to discuss the most appropriate service to meet the YP's need. |
| 17 years 6 months to 9 months | Open to CAMHS | CAMHS C&HT | If transition plan in place, add crisis to the plan.<br>If no planned transition, remain with CAMHS until discharge. |
| Under 17 years 6 months | And not open to Adult Services | CAMHS C&HT | As per standard pathway into CAMHS. |
| 17 years + | Open to CAMHS with known LD or ASD | CAMHS C&HT | If known to require frequent crisis and home treatment input, transition and joint working should commence with Adult LD CHAT. |
| 16 + | Open to Adult MH or LD or Psychological Therapies | Adult CHRT or LD CHAT | The young person should remain with adults service unless they are requesting CAMHS. CAMHS will provide advice if required. Should it be deemed that CAMHS is a more appropriate service this should be taken to an interface meeting. |

**Transitional Protocol between Child & Adolescent Mental Health Services (CAMHS) and Adult Services**

Should the young person require inpatient admission as a result of the assessment during the crisis intervention, then the young person opinion should be sort over whether a CAMHS or AMHS/LD bed should be sort. Collaborative discussions should take place between the CAMHS and AMHS/LD to ensure the best outcome is achieved for the individual in the most timely way.

**Transition from CAMHS to primary care and non-CCG commissioned services.**

If a young person is being discharge from CAMHS because they have reached a certain age, and not because their needs are met, then this continues to be a transfer of care. A receiving service will need to be identified which will usually be the patient's GP (but occasionally could other health care providers or voluntary sector services). A discharge plan will need to be formulated 6 month prior to discharge and shared with the young person and primary care (the receiving service). On discharge, all relevant information, in the form of a discharge summary, is passed onto primary care and shared with the young person concerned.

**This Transition Protocol will apply to all services which interface with LPFT CAMHS. These include:**

1. Adult Mental Health Services
2. Eating Disorder Service
3. Early Interventions in Psychosis Service
4. Learning Disability Service
5. Children currently under the Umbrella of Neurodevelopmental Disorders.

**Main LPFT Policies and Documents Relevant to this protocol**

1. Interface Meeting Terms of Reference
2. Clinical Care Policy
3. CAMHS Referral Criteria
4. Step2Change Referral Criteria
5. Eating Disorders Service
6. Eating Disorders Service Referral Criteria and Referral Form
7. Early Interventions in Psychosis Pathway.

**All relevant services need to ensure that their current operational model is in keeping with the CAMHS to AMHS/LD Protocols.**

**Transitional Protocol between Child & Adolescent Mental Health Services (CAMHS) and Adult Services**

**References:**


**February 2016**
**NICE**
*"Transition from children's to adults' services for young people using health or social care services"*

***February 2011***
***Governmental Mental Health Strategy***
*"Careful planning of the transfer of care between services will prevent arbitrary discontinuities in care as people reach key transitions"*

*"Planning for transition early, listening to young people and improving their self-efficacy"*

***2011***
***LPFT Transition Protocol Children's Services to Adult Services***

***March 2010***
***Policy and Protocol for the transition of young person's passing from CAMHS to AMHS and other provisions in the East Midlands***

***2006***
***National Service Framework for Children, Young People and Maternity Services***
***Standard 9 – The Mental health and Psychological Well Being of Children and Young People***
*"Services ensure that young people experience a smooth transition of care between child and adult services and protocols are in place to ensure a flexible and organised approach is taken"*

***2004***
***National Service Framework for Children, Young People and Maternity Services***
***Standard 4***
*"When the Mental health care of a young person is transferred to services for working age adults, a joint review of the Young Person's needs must be undertaken to ensure that effective handover of care takes place."*