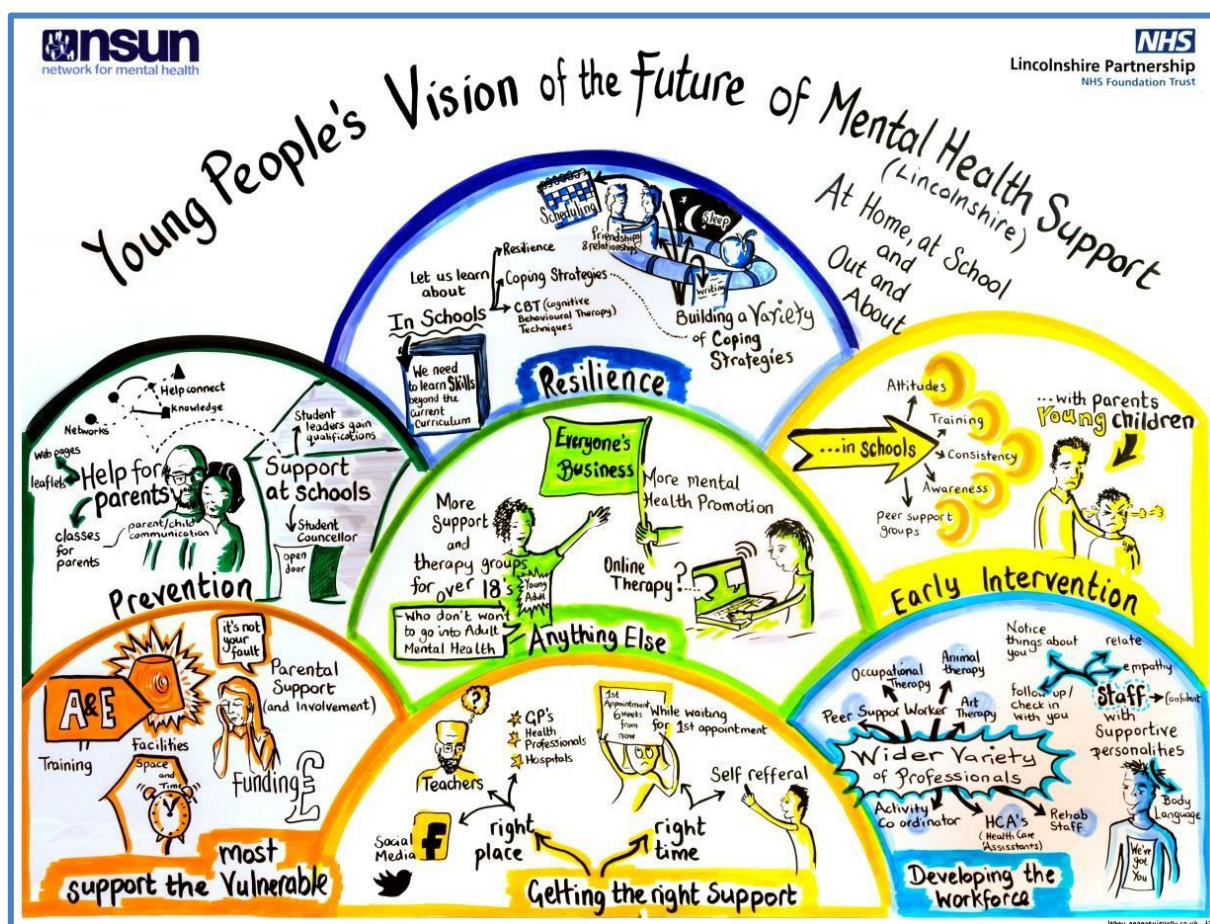


Lincolnshire Local Transformation Plan for Children and Young People's Emotional Wellbeing and Mental Health

2023 Refresh



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Introduction

This plan is the 2023 refresh of the Lincolnshire Local Transformation Plan (LTP) for Children and Young People's (CYP) Emotional Wellbeing and Mental Health and sets out to describe how we jointly plan to improve the emotional wellbeing and mental health of all CYP across Lincolnshire Integrated Care System (ICS).

The plan has three key sections:

- **Section 1. Understanding Our System**

We describe our position as an ICS in how we are developing and delivering children and young people's emotional wellbeing and mental health (CYPMH) services as of November 2023. We provide a summary of our local need and demographics, our current service offer and challenges we have experienced in providing the best care possible to our children and young people, including reflection on the impact and legacy of the COVID-19 pandemic.

- **Section 2. Our Ambitions and Priorities**

We set out our transformation and service improvement ambitions for CYPMH services from 2023/24 up to 2027/28. It is important to note that we are currently undertaking a wholesale review and transformation programme of our CYPMH offer; this may mean that our vision, ambitions and objectives may be subject to amendment in future in line with the outcomes of the programme.

- **Section 3. Our Future Plans**

The third section sets out our delivery plan for 2023/24 onwards, outlining the specific actions we will undertake across the ICS and through our local partnerships to deliver improvements for CYPMH services. It is anticipated that this component of our plan will be updated on at least an annual basis.

Local Transformation Plan Development

In 2019 the NHS set out its Long-Term Plan, which included several goals for children and young people's mental health services (CYPMHS). These included: testing approaches that could deliver four week waiting times; rolling out Mental Health Support Teams in schools and colleges; for children's mental health spend to increase as a share of overall spend, and an ambition for 100% of children to get the specialist care they need. The Lincolnshire LTP sets out what progress we have made towards those goals, and where challenges are emerging.

In developing our plan this year we recognise that in order to make sustainable, transformational change to services and continually improve outcomes for our CYP, our transformation plan needs to focus on a longer timeframe. Therefore, we have developed a vision and ambition for the transformation programme to take us up to the end of 2027 and the delivery plan focuses on currently planned actions and improvements from 2023/24 up to 2028.

The plan has been produced based on locally coproduced plans developed across the ICS and provides a high-level summary. Each area across the ICS holds an action plan for their local partners.

1. Understanding Our System

Population

As per the 2021 Census, Lincolnshire has an all-age population of circa. 768,400. Of this, 21% (c. 161,400) are CYP under the age of 19 (source: [Lincolnshire Health Intelligence Hub – Lincolnshire’s Population](#)).

Population projections predict that by 2043 Lincolnshire will have an increased all-age population of circa. 849,600.

The number of children 0-14 years is predicted to be circa. 121,800, and 44,100 children aged 15-19 years old; collectively bringing the 2043 population of CYP to 165,900 (Lincolnshire JSNA).

The statistical digest of rural England visually classifies Lincolnshire as “mainly rural” with pockets of “urban with significant rural” (Boston and surrounding area), and “urban with city or town” (Lincoln City) ([Statistical Digest of Rural England, 2022, p.10](#)).

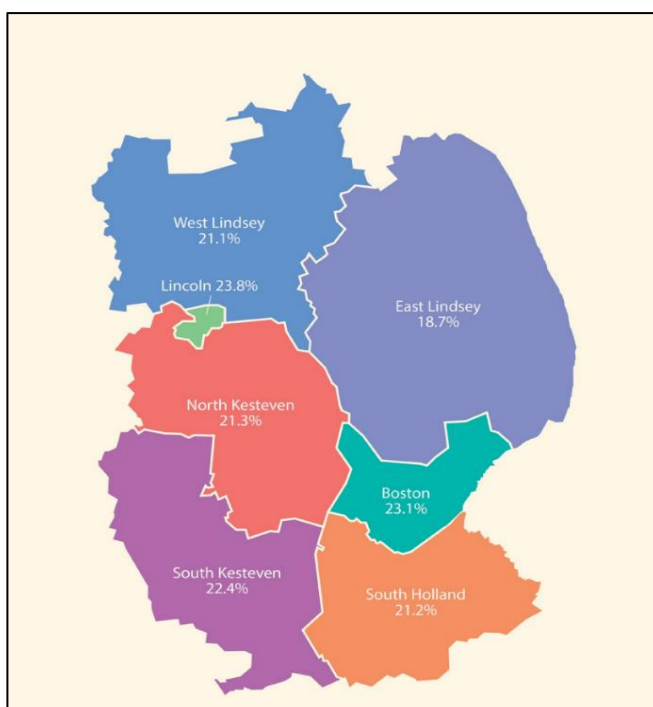


Figure 1

Deprivation

Data from the [Joseph Rowntree Foundation \(2023\)](#) (JRT) visually demonstrates that proportionally Lincolnshire has higher levels of children living in poverty (circa. 14% - 17.8%) than our neighbouring counties.

Data from 2018-2021 reports that within the East Midlands region, 20% of households are below average household income (ibid). Furthermore, UK child poverty rates by local authority (LA) (2020-2021) show ([JRT, 2023](#)):

- Lincoln City – 28%
- East Lindsey – 27%
- Boston – 26%
- South Holland – 25%
- West Lindsey – 23%
- South Kesteven – 20%
- North Kesteven – 19%.

The Local Government Association report titled: [“Children in Need and Care in Lincolnshire”](#) states that as of 31st March 2021/22 the proportion of children entitled to free school meals in Lincolnshire in nursery and primary schools is 25.1% (the East Midlands average is 21.9%) and in secondary schools is 19.2% (the East Midlands average is 19.7%).

High Level Needs Summary

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

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

Public Health Data

[Child and Maternal public health data](#) details:

- NHSE data for [Patients Registered at a GP Practice – Single month view for October 2023](#) shows that 90,643 CYP aged 10-19 are registered at a Lincolnshire GP surgery.
- In 2021/22, 1,090 CYP in Lincolnshire were homeless or living in households with dependent children owed a duty under the Homelessness Reduction Act.
- In 2021, there was an approximate value of 106 CYP per population of 100,000 who were first time entrants to the youth justice system (count of 76); this number is decreasing and getting better whilst being lower than the England value of 146.9 per 100,000 CYP. The value for East Midlands region is 155.4 CYP per 100,000. Lincolnshire is below the regional and national figures within this indicator category.
- In 2021/22 there was a count of 110 hospital admissions for mental health conditions in under 18s, at a rate of 76.3 CYP per 100,000. Lincolnshire is below the reported number of hospital admissions for the East Midlands region (a count of 810 hospital admissions, at a rate of 81.8 per 100,000 CYP), and the reported average figure, nationally (a count of 11,740 hospital admissions, at a value of 99.8 per 100,000 CYP).
- In 2020/21, there were reportedly 165 hospital admissions for substance abuse in 15-24 year olds within Lincolnshire, at a rate of 66 CYP per 100,000. This is below the East Midlands figure (77.8 per 100,000), and nationally (81.2 per 100,000).
- Data from 2018/19-2020/21 reports 100 admission episodes for alcohol specific conditions for under 18s in Lincolnshire; 22.8 per 100,000. Within the East Midlands, this value is 23.9 per 100,000 (720 admissions). Nationally, this figure is 29.3 per 100,000 (10, 569 admissions). Lincolnshire is below the regional and national figures for this indicator.
- In 2020/21, there were 440 hospital admissions due to self-harm within Lincolnshire. Comparatively, in 2021/22, Lincolnshire had a count of 420 hospital admissions due to self-harm in CYP aged 10-24 years old. This is a value of 332.1 per 100,000. Within the East Midlands region, this value was 380.4 CYP per 100,000 and nationally it was 427.3 per 100,000. Lincolnshire is below the regional and national figures for this indicator.

- Across Lincolnshire, there are a very small number of children that die by suicide each year. In most of the past ten years, there has been none, or only a single completed suicide recorded, each year, for under-17-year-olds. Between early 2021 and 2022, six suspected/confirmed child suicides were reported. A thematic review has been completed to gain learning from these sad deaths.

Impact and Legacy of the COVID-19 Pandemic

*A difficult year to be young...loneliness, boredom and misery became endemic among the young.”
(Annual Report of Her Majesty’s Chief Inspector of Education, Children’s Services and Skills 2020/21)*

Reaching the Tipping Point (NHS confederation 2022) suggests 1.5m extra children will need mental health support because of the pandemic.

Young Minds’ Jan 2021 surveyed children on the impact of lockdown on their mental health, 67% said it would have a long-term negative effect.

In 2022 NHS confederation published a report (Reaching the Tipping Point) on the impact of the pandemic on CYP's mental health. Before the pandemic, the prevalence of mental disorders was already increasing from 1 in 9 (2017) to 1 in 6 (2020). Anxieties caused by lockdowns, school closures, isolation from peers, bereavement, and the stresses on families increased pressures. Nationally, frontline mental health services reported a large increase in CYP needing help but not meeting referral criteria for specialist CAMHS. CYP were then potentially storing up problems for the future. Demand modelling suggests that 1.5 million CYP may need new or additional mental health support as a result of the pandemic.

During the height of the pandemic and lockdowns, Lincolnshire’s services fared well. Referrals to CAMHS increased but not to same level as national pressures although there was a worrying increase in referrals for eating disorders from 37 CYP to 251.

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

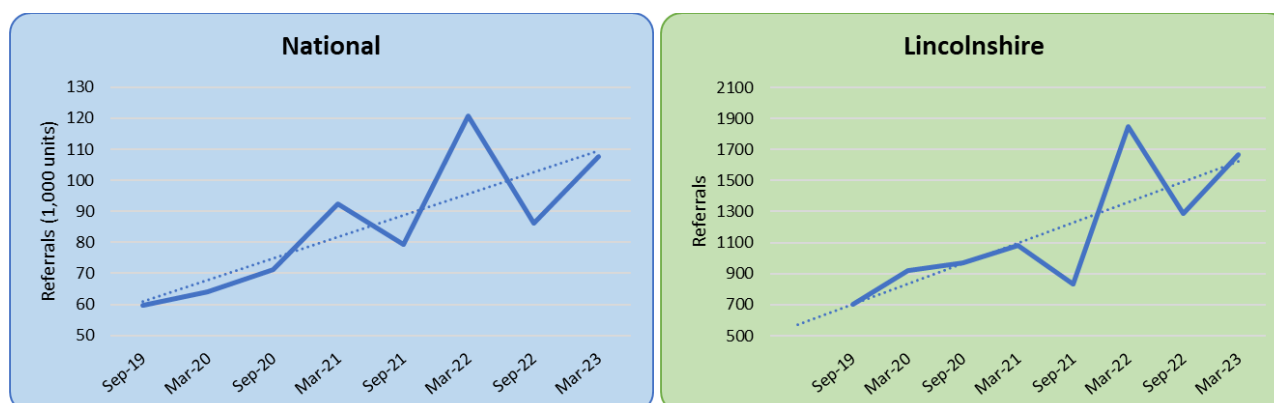
CYPMH services mobilised quickly and support through video contact approved by NHSE was available quickly, we were able to see more children face to face and more children via video counselling than many other areas. Although inpatient rates increased the crisis team managed to support children in their community and so we didn’t experience the rises that other areas did. Our schools also really engaged in the DFE funded Wellbeing for Education Return training developed by the Anna Freud Centre to proactively support their pupils returning to the classroom. In Lincolnshire, HML led the delivery in partnership with other service providers.

Supporting data showing the impact of the pandemic in Lincolnshire

- Nationally referrals to CAMHS increased by 35% (Children's Commissioner Report, January 2021). In Lincolnshire there was a 15.7% increase. Eating Disorder Service referrals increased by 250+%.
- Lincolnshire services had 15% more clinical contacts than the national average.
- 42% of clinical contacts were face-to-face, higher than the national average.
- 22% of clinical contacts were digital, 5% higher than the national average.
- 92% of children had an emergency telephone response within 4 hours (national average of 83%). The average emergency wait was 1.4 hours (the national average was 11 hours).
- Nationally inpatient numbers increased to 89.5 per 100k, Lincolnshire rates increased to 75.1 but remained below regional/national averages.
- 95%+ of education settings took part in Wellbeing for Education Return training.

Comparing national and local data trends: Referrals

The following diagrams chart the trends for referrals to CYPMH services across the COVID-19 pandemic timeline and compares national and local data.



Covid-19 Lockdown Timeline					
Mar 2020	Sept 2020	Nov 2020	Jan 2021	Mar 2021	July 2021
1st lockdown	Restrictions eased	2nd lockdown	3rd lockdown	Schools reopen	All restrictions removed

Data Source: [NHSE CYPMH Dashboard](#)

Analysis

March 2020 UK went into first covid lockdown, increase nationally of 7%, locally increase of 31%.

Restrictions were eased in September 2020 but in November 2020 went into 2nd lockdown, restrictions were reduced temporarily over in December only for us to go into 3rd lockdown in January 2021 with schools reopening in March 2021. At this point there had been a further 30% increase nationally with a lesser increase in Lincolnshire of 11%.

The last restrictions were removed in July 2021, and we see in the September 2021 data that there was a national and local decrease of 14% and 22% respectively.

Startlingly this was followed in March 2022 with substantial increases; 52% nationally and even more startling an increase of 121% in Lincolnshire.

The decrease you can see in September 2022 was comparable with a drop of 30% locally and 29% nationally, presumably as a result of fewer children being in contact with professionals who could identify need and make onward referrals.

By March 2023 these temporary dips went back up by roughly the same % as the previous dip to get back to not quite as high a number of referrals as March 2022.

Overall the plot lines have a similar pattern as does the trajectory of the trend lines, however the overall % increase has been seen much more significantly locally with an increase of 138% compared to a national overall increase of 47%.

Legacy of the Pandemic

Despite a lot of positive support during the pandemic, local services continued to see referrals increase and staffing capacity become an issue. Waiting times from assessment to first treatment remain a concern, particularly for more specialist interventions such as specialist eating disorder services.

As society has opened back up, mental health services now seem to be facing tougher challenges than the height of the pandemic. This is also the case in Lincolnshire. There is mounting concern that the mental health system for children and young people in England is reaching tipping point, with the COVID-19 pandemic having exacerbated existing challenges, including mental health inequalities.

Our Concerns

- **Increased waits:** Services are seeing increased waiting times. Lincolnshire is again faring better than many areas. 93% of children were seen for assessment in 7.59 weeks in January 2022 but are often experiencing secondary waits to see specialists.
- **Increased mental health acuity and longer episodes of care:** The needs of children are reported to be greater and so children are open to services for longer reducing discharge rates. Before the pandemic children were open to CAMHS on average for under 100 days, this is now an average of 150-200 days.
- **Inpatient care capacity:** NHSE commission inpatient beds- there aren't spaces and children are being placed across the country. Loss of specialists, particularly psychiatrists, means some units/beds can't be opened. Eating Disorder beds are in the shortest supply.
- **Suicide rates are sadly higher.**
- **Loss of Workforce:** workforce absence and loss has increased at a time when it needs expanding. NHSE are focussed on increasing access rates and more skilled workers are needed.

Current Service Offer and Activity

Online Mental Health Support Service: Kooth.com

Lincolnshire County Council's Children's Services commissions an online mental health support service, jointly funded by Lincolnshire ICB, from Kooth Digital Health Ltd (previously known as Xenzone Ltd) via a contract for services. The web-based service, known as Kooth.com provides an anonymous Online Counselling Support Service for CYP in Lincolnshire who are aged 11-18 (increasing to age 25 for Care Leavers and those with SEND) that have emotional wellbeing or mental health concerns. The web based service incorporates online counselling, message boards, forums and advice on a wide range of topics including things like managing exam stress, healthy relationships, anxiety and bullying.

Since 2018, Kooth has been commissioned to deliver 4,800 hours of support per year, however in 2022/23, Kooth delivered 113% of their contracted hours. As of 1st April 2023, Kooth are commissioned to deliver 5,280 hours of counselling support, as well as:

- Access to anonymous and personalised digital mental health support.
- NICE informed clinical model aligned to the Thrive Framework elements; CYP who need advice and signposting, who need help and who need more ongoing help or immediate risk support.
- CYP are supported to feel safe and confident in exploring their concerns and seeking professional support.
- Live counselling functionality allows CYP to receive professional support through either booked or drop-in sessions with qualified mental health practitioners.
- Multiple ways to get help: Magazines, Forums, Activity Centres, Messaging, Live Counselling. Each component can be accessed as a stand-alone or as part of a wider care package.
- Access to Kooth is immediate; no need for a referral, no waiting lists and the service is available 24/7.
- There is a robust risk profiling system across all parts of the platform for risk and safeguarding; when needed CYP are signposted and referred on and a psychologically held to keep them safe during crisis.

Key Activity Insights

- Kooth accounts for c.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 the most.
- 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. This has decreased since December 2022.

Lincolnshire Local CYPMH Services

From 1st September 2022, Lincolnshire aligned its local commissioning arrangements and moved from multiple contracts to a single S75 agreement with Lincolnshire Partnership NHS Foundation Trust (LPFT) for delivery of CYP emotional wellbeing and mental health support in Lincolnshire. This simplifies commissioning and contractual arrangements but also creates far more flexibility to remodel services and direct resources to meet changes in demand and population health need.

The services/components covered by this arrangement are:

- Here4You Access Team
- Healthy Minds Lincolnshire (HML)
- Mental Health Support Teams (MHSTs)
- Child and Adolescent Mental Health Services (CAMHS) including the Eating Disorder (ED) Service, Learning Disability (LD) team, Community Crisis and Enhanced Treatment Team (CCETT)
- CYP Complex Needs Service (was Future4Me Health Team)
- CYP Keyworking (for Autistic CYP or those with LD at risk of admission to specialist mental health/LD inpatient).

Here4You Access Team

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

The Here4You Access Team:

- Is a single point of access for community CYP emotional wellbeing and mental health services, including a self-referral route.
- Screens new referrals to determine the most appropriate level of assessment based on presenting need.
- When the outcome of screening of referrals determines that CYP would be better supported by other local CYP emotional wellbeing and mental health services, the Here4You will signpost to those services, providing support when necessary.

Key Activity Insights

- An average of c.415 contacts per quarter. Parents and carers are the highest contacts 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. Parents and carers are the highest referral and then GP and education settings.
- An average 71% of referrals are accepted per quarter. 19.5% are provided with advice/signposting with no support needed from service, 8% of referrals are incomplete (Access Team following up) and the remaining are not suitable e.g. out of area, too old.

Healthy Minds Lincolnshire (HML)

The Healthy Minds Lincolnshire service supports the emotional wellbeing needs of children and young people in Lincolnshire. There is a strong focus on early intervention, promoting resilience and the prevention of emotional wellbeing concerns escalating to mental health issues.

HML offers support to Lincolnshire's early years and education settings to develop the workforce's understanding and ability to support CYP's emotional wellbeing and mental health.

In addition:

- The service supports CYP with evidence-based interventions that promote resilience, normalise emotions and teach positive coping mechanisms.
- It is a countywide service and is available to all Lincolnshire children and young people up to the age of 19 (or up to 25 if they are SEND or a care leaver), and their families.
- Training and support is also available for all Lincolnshire pre-school and school workforce (including state-funded academies).

Key Activity Insights

- 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 starting to reduce; 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 4 weeks. 74% of CYP were seen within 4 weeks following assessment compared to 41.5% the previous quarter. 43.76% of CYP demonstrated positive outcome measures in that period.

Mental Health Support Teams (MHSTs)

MHSTs create open access to mental health support for all CYP in education settings covered by an MHST.

MHSTs have three core functions set by NHS England (NHSE) and the Department for Education:

- Delivering evidence-based interventions for school-aged CYP experiencing mild to moderate mental health issues.
- Supporting the Senior Mental Health Lead in each of the education settings that are working in partnership with the individual MHSTs to introduce or develop their whole-setting approach to positive mental health and emotional wellbeing.
- Giving timely advice to education setting staff and liaising with other specialist services to help CYP to get the right support at the right time and stay in education.

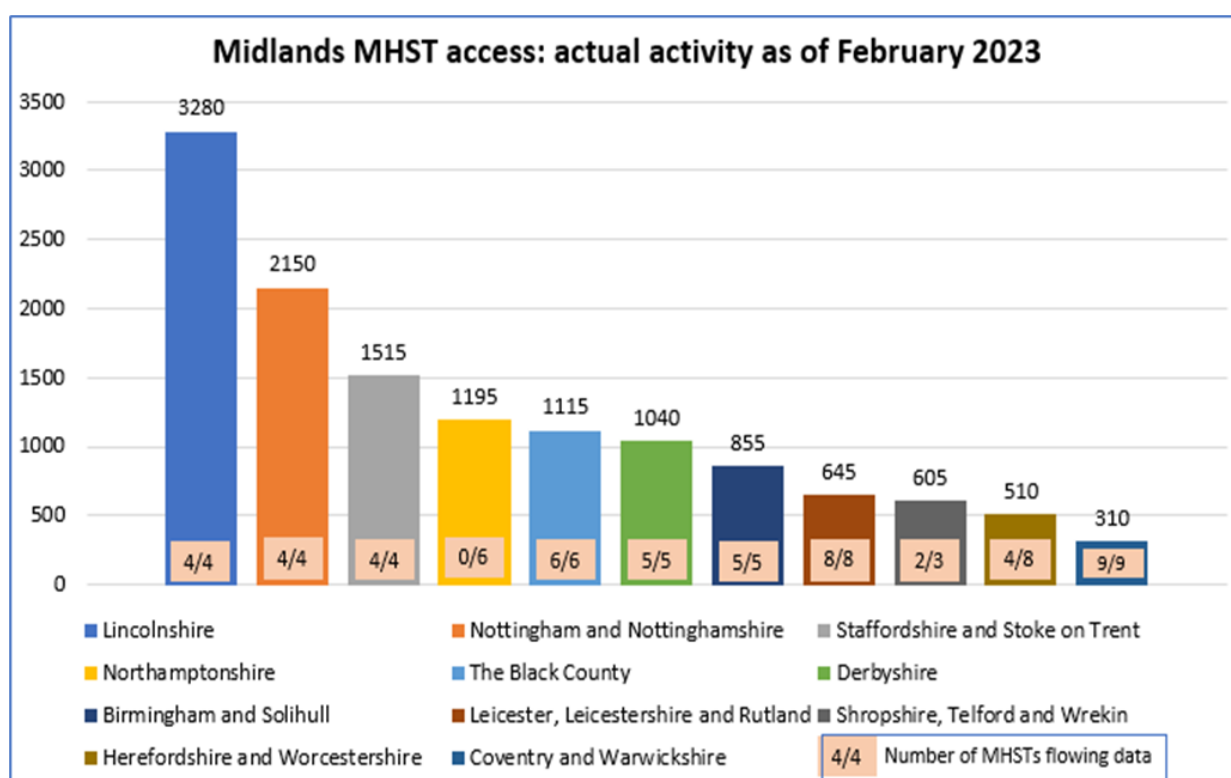
Roll-out is happening in Lincolnshire in line with the national programme, with 50% coverage (eight MHSTs) expected to be fully operational by January 2025.

Lincolnshire has also been allocated one MHST for Wave 12 and it is planned for this team to extend the reach of existing MHSTs in the rural and coastal areas, in the east of the county. Plans will be submitted to NHSE in January 2024, following which the location of the Wave 12 team will be confirmed.

Lincolnshire MHST Coverage			
Wave	Number of MHSTs	Locality	Training ends and team(s) become operational
2	2	Lincoln and Gainsborough	January 2021
4	2	Boston and Skegness	January 2022
7	1	Spalding	September 2023
8	2	Grantham and Sleaford	January 2024
10	1	Lincoln South and North Kesteven	January 2025
12	1	East Lindsey (to be confirmed)	January 2026

Key Activity Insights

- Lincolnshire MHSTs are performing better than any other area in the Midlands region with 3,280 contacts between March 2022 and February 2023; this is despite other ICB areas having more MHSTs that have been operational for a longer period of time, which is in part due to the HML model being in operation in the county prior to the MHST programme .



- There have been increased referrals to MHSTs; 353 in quarter 1 2023/24, +66% since last quarter- this is highly attributable to new teams.
- The average wait from referral to assessment in quarter 1 2023/24 was 1.6 weeks. The average wait from assessment to treatment was 4 weeks. 65.83% of CYP were seen within this timescale compared to 31.3% the previous quarter. 39% CYP demonstrated positive outcome measures in that period.

Specialist Community CAMHS

The Lincolnshire Child and Adolescent Mental Health Service (CAMHS) provides community-based specialist support when CYP develop moderate to severe mental health concerns. CYP shall access evidence-based treatment and interventions that are appropriate to their age, development and presentation/diagnosis, that are culturally competent and delivered within family contexts.

CAMHS support children and young people (CYP) aged 0-18 (25 if they have been a child in care) who are experiencing psychological distress and need support with their mental health through integrated, targeted and specialist teams.

The CAMHS team includes mental health nurses, social workers, assistant practitioners, psychologists, consultant psychiatrists, peer support workers and administrators.

The Service includes:

- An integrated CAMHS provision known as Core CAMHS, delivering evidence based pathways and focussed on outcomes
- Access to Crisis Intervention and Home Treatment 24 hours a day, seven days a week.
- A community based Eating Disorder Service
- Support to vulnerable groups including young people with a learning disability
- Care and support for transitions from child to adult services where needed
- Support to universal services.

CAMHS offers a wide range of evidence based treatments for a variety of conditions and presentations. These pathways are informed by NICE guidelines, ensuring that the safest, most effective treatment possible is provided. Treatment Pathways include:

- Depression
- General Anxiety
- Specific Anxiety (such as Obsessive Compulsive Disorder, Social Anxiety)
- Post Traumatic Stress Disorder
- Self-harm
- Attachment Disorder
- Harmful sexualised behaviour.

Priority is given to the following vulnerable groups:

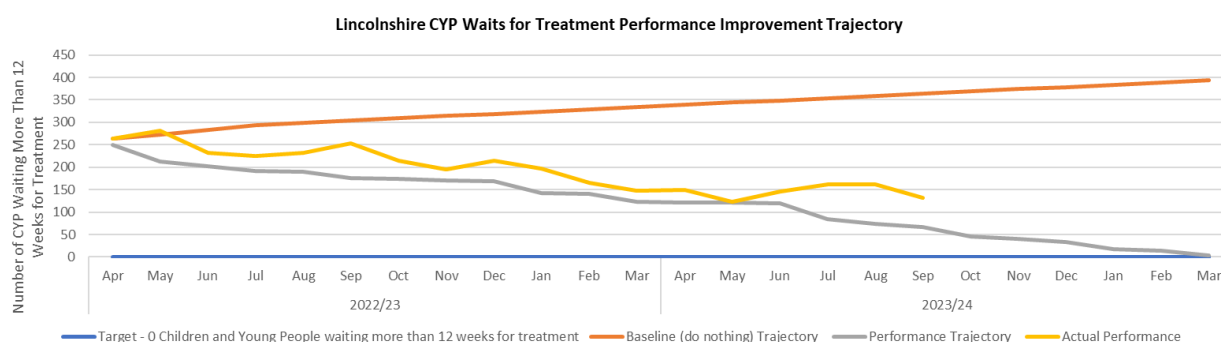
- Children in Care
- Children with an adoption plan or adopted children or under a Special Guardianship Order (SGO)
- CYP within Youth Offending services

- Other specialist groups that may have an increased likelihood of an emotional wellbeing concern escalating to a mental health issue, for example, but not limited to, CYP with life changing or life limiting health conditions, CYP who have experienced abuse or trauma.

Training, advice and guidance is available free of charge to all Lincolnshire pre-schools/nurseries, primary, secondary and special schools and academies.

Key Activity Insights

- For Core CAMHS and Learning Disability Service, the average wait from referral to assessment in quarter 1 2023/24 was 6.7 weeks. For Children in Care (CiC) this was 3.95 weeks and for CYP known to the Youth Justice System this was 1 week. The average wait from assessment to treatment was 6 weeks. For Children in Care (CiC) this was 1.7 weeks and for CYP known to the Youth Justice System this was 3 weeks.
- ICB investment has helped reduced waiting times which had increased significantly since the pandemic. There has been 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.



- To support CYP and their families to “Keep Well Whilst Waiting” initial appointment letters and assessment outcome letters have information around expected waits and what support can be offered whilst waiting, such as parent carer support workers contacting once a month.

CYP Eating Disorder Service (CYP-EDS)

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

A proportion of recurrent SDF investment was allocated to CYP-EDS in 2021/22 (£327k) and used to increase the workforce capacity of the team by recruiting a Physical Healthcare Nurse, a Dietitian, a Lead Psychologist, two registered Practitioners and a Systemic Therapist. This investment helped to somewhat improve the response rate of the service.

Physical health monitoring for CYP with a suspected or confirmed eating disorder is an essential requirement for delivery of a safe and effective service. In order to provide the CYP-EDS

effectively, a seamless physical health care pathway for young people with an eating disorder will be implemented that spans from primary care through to acute physical health care. The physical health care pathway will be accessible for young people, allowing them choice of how their physical health is monitored. System wide working has already been successful in establishing and building good working relationships between the mental health provider and the acute hospital provider in Lincolnshire. A further £50k investment in 2022/23 was used to invest in medical time via primary care to support with physical health monitoring of CYP-EDS patients in the community.

In recent years, the Avoidant or Restrictive Food Intake Disorder (ARFID) agenda has increased both on a local and national level. Specialist teams out of area have provided specialist ARFID interventions to young people requiring support following diagnosis. Regional pilots, learning and training specifically on ARFID has been rolled out to providers. Our ambition is to increase the scope of the CYP-EDS service to deliver an evidence-based pathway for CYP presenting with ARFID. Lincolnshire has been developing a pathway specifically for ARFID, in the anticipation future funding will increase capacity to allow us to implement an operational ARFID pathway in Lincolnshire. Using additional SDF funding in 2023/24 onwards, resources to deliver a CYP ARFID pathway in Lincolnshire are currently being recruited as part of a phased implementation.

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

Key Activity Insights

Caseload

- Between March 2020 and March 2023 the CYPMH total caseload for ED cases increased by 115% from 65 to 140.
- In addition to the total caseload, a significant number of CYP with identified ED difficulties receive support from non-ED services, such as Core CAMHS. Such cases are often overseen by ED practitioners.
- 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 1 week. The average wait from routine referral to treatment was 1 week.

CAMHS Crisis and Enhanced Treatment Team (CCETT)

CAMHS CCETT offer a two-tiered service, including:

- Emergency crisis response: rapid and appropriate response to CYP experiencing mental health difficulties of such severity that there is a requirement for an emergency assessment of their needs, and immediate determination of appropriate care arrangements
- Undertake an urgent mental health assessment of CYP within the identified setting (e.g. A&E, acute paediatric ward etc.)
- Aim to maintain CYP in their 'home' setting.
- Specialist CYPMH intensive community-based outreach model of service for CYP and families with high levels of complex needs that cannot be met by core CYPMHS provision

- Key objective of reducing inpatient admissions, or the length of stay if and managing CYP's discharge back into the community, ensuring support remains around them
- Working collaboratively across the system CYP experiencing severe mental health concerns will be supported either within their own home or as close to home as possible throughout their episode of care.

Key Activity Insights

- The Crisis and Enhanced Treatment Team (CCETT) has experienced increased referrals. In quarter 1 there were 458 referrals including 16 CYP with a learning disability and/or autistic (LDA) CYP. 84% of referrals were accepted. Referrals 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, NHSE 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 East Midlands Provider Collaborative reviewed bed usage since 1st April 2021 to explore whether there were sufficient CYP inpatient beds in the region and whether the correct pathways were in place and being followed. Following the outcome of the review SEDU beds were increased in the East Midlands.
- 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. It is worth noting that for some areas of Lincolnshire, out of area units are closer than Lincolnshire's previous unit (Ash Villa) which closed because the building didn't meet NHSE specification requirements. Even when Ash Villa was open, Lincolnshire CYP needed to access treatment out of area. In 2019, 17 CYP were placed in General Adolescent Unit (GAU) beds in Ash Villa, including CYP from other areas. 16 Lincolnshire CYP were placed outside of Lincolnshire within the East Midlands, and 12 children were placed outside of the East Midlands.
- 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 (-42%). It is anticipated that, with the increase in SEDU beds in the East Midlands, this number will reduce further.
- In 2022/23, CYP mental health inpatient admission by bed type was:
 - 19 in GAU
 - 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 children identified on Lincolnshire's Dynamic Support Register (DSR). It recently expanded to the full offer, supporting young people aged 0-25.

- 8 CYP have avoided admission and moved from Red to Amber/Green on the DSR following Keyworker involvement.
- As at 24 October 2023, for those aged 0-25 with LDA there was:
 - 1 risk rated 'Red' for admission on the DSR
 - 24 risk rated 'Amber' for admission on the DSR
 - 6 risk rated 'Green' for admission on the DSR
 - 2 inpatient (both over 18).
- As at October 2023, there have been no CYP inpatients (under 18) with LDA since August 2023.

CYP Complex Needs Service

The Lincolnshire ICB, in partnership with Lincolnshire County Council and LPFT, successfully bid in 2020 to deliver the Framework for Integrated Care vanguard for the East Midlands region. The Framework for Integrated Care is NHS England and NHS Improvement Health and Justice's (NHSE&I H&J) response to the commitment within the NHS Long Term Plan to invest in additional support for the most vulnerable 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.

Key Service Components

- Psychology-led, trauma informed, consultation / formulation based model.
- We aim to work in partnership, across organisations, to develop joined up thinking about the yp's difficulties or presenting behaviours, and what they need.
- YP who have already experienced trauma, and/or are facing various problems and risks in their lives.
- These YP may seem difficult to engage and build trust with and referral to mainstream services will likely be DNA'd; CNS offers a different way of helping them.
- Health validations undertaken to understand YP, medical history, family history and circumstances holistically
- Signposting to relevant services where needed
- Consultations offered to professionals working with complex YP to enable them to be supported by trusted professional
- Formulation: caseholders can bring a case to MDT discussion to develop a fuller understanding of the child's presentation, including information about the child's history, and support risk/intervention planning
- Assessment/intervention
- Bespoke/specific pieces of work where not accessible in mainstream services, e.g. SALT assessment, risk assessment, assertive outreach support
- Supporting some YP to access other services, including mainstream mental health services, when that is appropriate.

Locally agreed extensions to the basic offer include:

- MDT consultation slots now available to caseholders across Children's Services
- Specialist input to the Joint Diversionary Panel (JDP) by Clinical Psychologist
- Specialist input to the HSB JDP by HSB Service lead
- Reflective practice currently for senior managers, to be developed

- Development of trauma-informed practice
- Specialist input to Children's Services internal supervisions of cases
- Teaching- DCLinPsy courses (Trent and Sheffield), Forensic MSc.
- Specialist Leaving Care Mental Health Worker supporting the Barnardo's Leaving Care Service in Lincolnshire:
 - Working with LCWs to identify mental health difficulties and signposting/referrals to appropriate services
 - Building skills and knowledge of LCWs including training on relevant topics e.g. self-harm, suicidality
 - A small caseload for some direct assessment / intervention
 - Development of group work packages for some young people.
- Children in Care Link Workers
 - Two full time band 6 permanent posts
 - Initially to work solely with the residential homes in Lincolnshire, and to work intensively with a new home currently being established
 - Most of the work will be with the care staff of the homes.
 - Potential for this service to be developed further, in the future.

Key Activity Insights

- Since it began, the Complex Needs Service has accepted c.1,000 referrals; provided consultation and advice to over 1,000 professionals; produced c.350 formulation-based care plans and provided direct intensive assessment/intervention to c.60 CYP and 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.

Transition for Young People Aged 18-25

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

- Address the needs of a significant number of young people requiring support post-18 that are included in the transforming care cohort, forward planning for their transition to adult services will be strengthened and remove barriers to any barriers in the system to young people receiving clinical interventions post 18 years.
- Analyse the flow of young people post 18 to determine whether additional capacity needs to be created to ensure that young people that are unlikely to access adult provision, but still need support, can do so with CAMHS ensuring that interventions, where possible, are completed in one episode and young people are safely discharged.

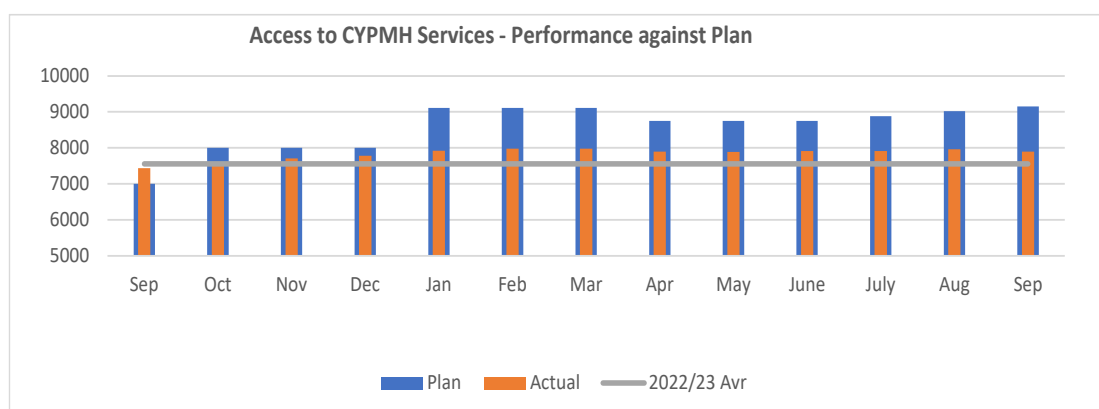
- Address the needs of a significant number of young people with eating disorders that require continuing intervention post-18; work will be undertaken to explore an all-age Eating Disorder service and/or pathway to ensure long-term recovery and resilience.
- Build links with the adult community transformation, as well as community and third sector organisation to strengthen the community offer for young people aged 16-25
- Refresh the LPFT Mental Health Transition Protocol to remove age related barriers and ensure transition between services are person centred.

Recurrent SDF investment in 2021/22 and 2022/23 led to the development of transition lead mental health workers within CAMHS who are tasked with leading and supporting young people between 16-25, specially supporting the transition to community support post 18. The Transition Lead Mental Health Practitioners are reviewing the current transition protocols in place in Lincolnshire and will be building strong links with AMHS, they link with Primary Care Networks (PCNs) and local communities to understand the support offer that is wider than the singular mental health provider. Lincolnshire is reviewing its transition protocols to remove age-related barriers and promote patient centred planning for young people between 16-25.

The £389k recurrent funding is being used to fund four transition lead workers in Core CAMHS, covering the whole county, and a transition lead worker in the CYP Eating Disorder Service to:

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

MH Statistical Data Set (MHSDS) Access Target



Lincolnshire has well established partnership arrangements in place to support CYP with their emotional wellbeing and mental health. There have been significant increases in the overall demand for CYP mental health services, in particular eating disorders, as well as the acuity of cases being referred to services for the first time. This is reflective of the national picture, within the context of the Covid-19 pandemic. Services have received significant investment since 2021 and are now largely in a position to meet the demand without significant waiting times for most CYP.

As at September 2023, Lincolnshire was achieving 86.3% of its local CYPMHS access target; 7,895 CYP in the previous 12 months received one or more contacts. Lincolnshire forecast to be approximately 1 year behind the trajectories in the LTP, therefore a realistic system Recovery Action Plan (RAP) is in place with a local target set for 2023/24 of 10,000 by the end of March 2024.

Reasons for under-performance:

- There have been significant increases in the overall demand for CYP mental health services, in particular eating disorders, as well as the acuity of cases being referred to services for the first time, this is reflective of the national picture.
- In addition, until 2021/22 CYP MH had received only minimum MHIS investment locally to cover inflationary increases prior to 2021/22.
- The activity does not include our Framework for Integrated Care (Community) East Midlands Vanguard/CYP Complex Needs service and work is ongoing to ensure this activity is captured correctly to support the Access Standard.
- MHSTs come online in September 2023 and two in January 2024 so we will not see full year impact in 2023/24.
- Lincolnshire also does not flow Autism contacts as many other areas do, the system has agreed that this would not be appropriate and will continue not to include those contacts but will track those figures locally for comparative purposes.

Actions to recover:

- Data analysis work is identifying any services/eligible contacts that are not flowing access data to the MHSDS figure and ensuring that it does. Additional data that will start to flow wing access data to the MHSDS, which will further help us get closer to achieving the targets (for example the CYP Complex Needs Service and Enhanced Evidence Based Practitioners (EEBPs) in the local authority).
- We are exploring several new initiatives that will further widen and increase available access to mental health services for CYP; including community VCSE sector support, alternatives to traditional CBT and game-based therapy for CYP with anxiety.
- MHSTs roll-out is happening in Lincolnshire in line with the national programme, with 50% coverage (8 MHSTs) expected by 2025. Lincolnshire MHSTs are performing better than any other area in the Midlands region with the CYPMH dashboard showing that at August 2023 the financial year running total of referrals with at least one contact was 2,185 and the total for the 2022/23 financial year was 3,835.
- With continued SDF investment, alongside £1.2m local baseline increase for specialist community mental health services for CYP, Lincolnshire is on target with investment required to meet the NHS Long Term Plan expected growth, the increase in demand for CYPMHS, and to reduce wait times. This investment supported us to increase access to services by almost 1,000 during 2022/23, whilst reducing waiting times (57% reduction in CYP waiting more than 12 weeks).
- A new waiting list management dashboard was introduced in November which will provide more accurate, live data.
- The CYPs on-line self-referral form has been reviewed and amended in collaboration with a focus group of children and young people. The team are currently developing an on-line referral form for parents and carers to provide another medium for access.
- Lincolnshire put additional funding into the online mental health support service (Kooth) to meet increased demand for online support, which will further increase access.

2. Our Vision, Ambitions and Priorities

Working in and around children's mental health services feels like a pressurised place to be. The services we have available in Lincolnshire means we're in a better position than most. We have been sharing the pressures faced with system partners locally and are delighted that CYP's mental health has been agreed as the top system mental health priority for this year with an increased investment. There is urgent work underway to increase capacity to see more children and a wider programme of transformation has commenced; this is being jointly led by LPFT and Children's Services.

We are looking at our needs and how they've changed and what we now must do across the whole pathway from mental health promotion, early intervention right through to specialist and urgent support.

We already know we want;

- one access point,
- a significant trauma informed training offer,
- fast access,
- enhanced digital support but not at the expense of face-to-face contact,
- more family work,
- more help for children missing education due to poor mental health,
- more community support led by the VCSE sector but as part of a simple pathway, and
- increased crisis support including exploring day hospital options because we believe no child should have to move out of their home and their county to get the right mental health support.

Co-production with CYP, parents, schools, and health staff will be at the heart of the work.

Local Ambitions and Priorities

Lincolnshire Children and Young People's Mental Health Transformation Programme

The [NHS Long Term Plan](#) and [NHS Mental Health Implementation Plan 2019/20 – 2023/24](#) set the ambition to rapidly improve and increase mental health support for children and young people (CYP); with 345,000 additional CYP aged 0-25 to have access to support via NHS-funded mental health services and school- or college-based Mental Health Support Teams (MHSTs), to develop a comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults, to maintain the 95% CYP Eating Disorder referral to treatment time standards achieved in 2020/21, to have 100% coverage of 24/7 mental health crisis care provision for CYP, and for CYP mental health plans to align with those for autistic CYP, CYP with learning disability, special educational needs and disability (SEND), CYP services, and health and justice.

These plans will be developed and delivered in the context of the whole pathway of care for CYP, whether in community or inpatient settings, and the development of an integrated pathway is a requirement for all systems.

In recognition of the increasing pressures on CYPMHS and national developments, it was agreed 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 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 ensuring their views are used to help shape 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.

Focus

A review of services will be undertaken across CYP Mental Health services in Lincolnshire. This will be split in to five workstreams:

1. **CYP Mentally Healthy Communities and Community Assets (Prevention)** – to ensure 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.
2. **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.
3. **Mental Health Support for Learning Disabled and Autistic CYP (LDA)** – 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.

4. **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.
5. **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 transition.

Governance

- **Programme Oversight Group (POG)** will ensure the delivery of the programme and its component workstreams across Lincolnshire and make joint decisions about the strategic direction of travel for the transformation of CYP mental health services. This is inclusive of overseeing the implementation and monitoring of progress and timescales, risks and issues, making programme level decisions within funding limitations, working across interdependent MHLDA programmes to ensure alignment, and receive assurance around the delivery of and interdependencies across various programme workstreams. The POG will report in to the MHLDA Partnership Group.
- **Core Programme Team (CPT)** will recommend decisions to be taken to POG about the strategic direction of travel for transformation of CYP mental health services. CPT will have oversight of resource and funding allocation and spend, manage programme delivery risks and issues including mitigation and resolution, manage programme evaluation and reporting requirements and programme communication.
- **Project Delivery Group (PDG)** will manage the day-to-day delivery of the transformation programme including all aspects of project management and administration associated with the PMO function: activity/progress tracking and reporting, monitoring risks, issues, decisions, actions and interdependencies, project finances and organising workstreams and leading any programme-related events. The PDG will escalate to the CPT and POG as necessary.
- **Clinical Reference Group (CRG)** will ensure that recommendations for changes to services or service pathways because of co-produced redesign or transformation continue to be safe and effective, meeting clinical guidelines. They will be responsible for highlighting any risks or challenges regarding current or proposed services/pathways that need to be considered.
- **CYP Mental Health Lived Experience Group (CYMH Lived Experience Group)** will be a key engagement and co-production group of CYP and parent/carers experts-by-experience across the range of CYP mental health services. The group will be invaluable in providing a public voice in transformation and will support across workstreams as required.

Engagement and Co-production

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

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

Timescales

Programme 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

3. Our Future Plans

CYPMHS Priorities for LTP 2023/24 Onwards

There is a wide range of local and national evidence demonstrating a need for greater parity of children and young people's (CYP) mental health (MH) support, both in relation to physical health support and adult mental health support, based on a fast-growing need over recent years, exacerbated by the recent pandemic. The Lincolnshire Joint Strategic Needs Assessment's (JSNA) children mental health and emotional wellbeing topic sets out the evidence and need for transformation and development of these service in Lincolnshire: <https://lhih.org.uk/jsna/live-well/mental-health-emotional-wellbeing/>.

Half of all life-long mental health problems in the UK start before the age of 14 and three quarters start before the age of 25. Before the pandemic, the prevalence of mental disorders in children aged 5 to 16 was already increasing from 1 in 9 (2017) to 1 in 6 (2020). Anxieties caused by lockdowns, school closures, isolation from peers, bereavement, and the stresses on families have increased pressures. Demand modelling suggests that 1.5 million children nationally may need new or additional mental health support as a result of the pandemic. Risk and protective factors for mental health and wellbeing are well documented and include childhood abuse, trauma, or neglect, social isolation or loneliness, experiencing discrimination and stigma, social disadvantage, or poverty, bereavement, or being a long-term carer for someone. Understanding these factors can help us to target prevention activity to support mental health and wellbeing.

This local plan for transformation and delivery of CYP Mental Health Services is aligned under the Lincolnshire system Mental Health, Dementia, Learning Disability and Autism (MHDLDA) Alliance vision: *'Together we will promote wellbeing for all and enable people with a mental illness, dementia, learning disability or autism to live independent, safe and fulfilled lives in their local communities'*.

As set out in the NHS Planning Guidance for 2023/24 we need to make further progress in delivering the key ambitions in the NHS Long Term Plan and we need to continue transforming for the future. We will also align to the priorities across the Integrated Commissioning Strategy for SEND, the Lincolnshire Health and Wellbeing Strategy, Suicide Prevention Strategy, and work towards the ten year 'No Wrong Door' vision: <https://www.nhsconfed.org/publications/no-wrong-door>

For the purposes of this plan, it includes all CYP mental health services that are jointly funded by Lincolnshire County Council and Lincolnshire ICB. It does not include commissioned services that do not provide mental health support to CYP (except where they relate to transition to adult services), CYP mental health services outside of Lincolnshire (e.g. regional F-CAMHS), Tier 4/specialist inpatient mental health provision, adult and older people's mental health plans, and learning disability and autism/neurodevelopmental or dementia specific programmes.

Alongside the CYP Mental Health Transformation Programme, there continue to be extensive developments to services that need to be implemented. Key initiatives relating to CYP Mental Health Services are set out below. These form part of the Joint Health and Wellbeing Strategy as well as System Plans.

In order to enable CYP to Start Well, we will:

- Ensure CYP stay healthy through increased public mental health promotion and prevention by building resilience, creating mentally healthy communities and maximising community assets and support/advice, including online and digital
- Empower parents/carers and professionals working with CYP to better identify and respond to their emotional wellbeing and mental health concerns, including more focus on perinatal mental health and parent-infant relationships during early years
- Increase access to timely and effective early intervention support or advice at the right level, in school or in their communities, so that problems are identified early and all CYP who need help, including those with complex needs, can do so
- Ensure that all CYP who are suffering from mental illness can access high-quality, evidence-based and timely mental health assessment and support in their community
- Avoid unnecessary specialist and acute mental health related hospital admissions, particularly for CYP with a learning disability and/or autistic CYP, by providing responsive assessment and support for CYP in mental health crisis, with appropriate community-based treatment, or facilitating prompt discharge or supporting transition where admission is unavoidable
- Work to embed seamless pathways between children and young people's and adults' mental health services to ensure smooth transitions between them.

The following table details the activities we currently have planned to help us work towards achieving the outcomes listed above.

Programme	Initiative	Milestones	Timescales	Lead Organisation	Other core partners / stakeholders
CYP MH Transformation	Review CYP MH services	Understand local needs and intelligence; identify best practice, benchmark against evidence-based best practice; CYP and Family views; current service performance - to help shape future service provision	March 2024	LCC (Children's Services) / LPFT	LICB LCC (Public Health) Education NHSE Primary Care LCC (Adult MH Commissioning) CYP lived experience
	Design CYP MH Services	Using the review phase outcomes, design and agree new service models and appropriate sustainable funding	March 2025		
	Implement CYP MH Services	New service models implemented; increase access; reduce demand on specialist services; reduce inpatient admission; improved community support available	March 2028		
Prevention and Community Assets	Night Light Café pilot	Evaluation and development of longer term model	August 2024	LCC (Children's Services)/LPFT	LICB LPFT VCSE
Early Intervention	Online mental health support service recommissioning	Recommissioned service to continue offer of online/out of hours support and reduce pressure on statutory services	March 2024	LCC (Children's Services)/LPFT	LICB Primary Care Education sector
	Primary care CYP MH Practitioner pilot roll-out	Evaluation and development of longer term model	Ongoing		
	CYP counselling offer pilot	Evaluation and development of longer term model	March 2025		
	On-going delivery and expansion of MHSTs	50% of pupils in county have access to MHSTs by 2025	Waves 7 and 8	January 2024	
			Wave 10	January 2025	
			Wave 12	January 2026	
Community Specialist Mental Health	Investment to increase staffing and reduce waiting times in community specialist mental health support	Reduced waiting times for specialist mental health support; increased support for CYP whilst waiting, reduced staffing turnover in community specialist mental health services	March 2025	LCC (Children's Services)/LPFT	LICB
	Introduce ARFID pathway/ CAMHS Eating Disorders	Pathway in place; further areas of development identified	March 2025		
	Complex Needs Service review	Review of sustainability of service	March 2025		
Urgent and Emergency Care	CYP mental health liaison in Lincoln and Boston	Review and evaluation to develop longer term model	March 2025	LCC (Children's Services)/LPFT	ULHT
	MHUAC all-age pathway	Reduced presentation of CYP in A&E (those with mental health needs), increased access to 24/7 mental health crisis support and assessment for CYP and families	March 2025		
	Kooth digital online pilot	Review and evaluation to develop longer term model	March 2025		
	Crisis respite	Reduction of inpatient admission; reduction of delayed discharge from inpatient; reduction of CYP in care in unregulated placements	TBC		
Transitions Pathways	Ensuring transitions pathways are seamless between CYP and adult MH services	Pathways in place	Ongoing	LCC/LPFT	LICB

Workforce

CYP mental health workforce development is aligned and included in the Lincolnshire ICS Mental Health Workforce Plan.

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

Current CYP Mental Health Workforce Summary and Planned Developments

LPFT Service Area	June 2021 (WTE)	June 2022 (WTE)	April 2023 (WTE)
Joint CYP Access Team	N/A	10.0 (N/A)	14.0 (+4.0)
Healthy Minds Lincolnshire	38.0	42.0 (+4.0)	44.0 (+2.0)
Mental Health Support Teams	30.0	30.0 (0.0)	53.0 (+23.0)
Community CAMHS	80.8	84.3 (+3.5)	109.7 (+14.7)
Urgent and Emergency CAMHS	41.7	49.4 (+7.7)	60.3 (+10.9)
Eating Disorder Service	8.8	13.6 (+4.8)	14.6 (+1.0)
Peer Support Workers	5.4	7.0 (+1.6)	12.5 (+5.5)
CYP Complex Needs Service	7.8	14.5 (+6.7)	18.1 (+3.6)
CYP Keyworking Service	-	-	6.7 (+6.7)

LPFT Service Area	Planned Developments – 2023/24
Healthy Minds Lincolnshire	+4 WTE Counsellors, 1 WTE Induction Lead, 10 WTE HML Practitioners
Mental Health Support Teams	+7.5 WTE (one MHST in Wave 10)
Community CAMHS	Additional capacity recruited earlier than planned in 2022/23
Eating Disorder Service	Additional Registrar capacity, 2 WTE MH Practitioners, and 1 WTE Occupational Therapist (using SDF investment in 2023/24), CYP ARFID pathway workforce requirements being developed
Peer Support Workers	+0.5 WTE Peer Support Worker (MHST)
CYP Complex Needs Service	Final year of funding increase – posts implemented earlier than planned in 2021/22 and 2022/23
CYP Keyworking Service	New team went live 1 April 2023, 3 WTE fixed term posts to be recruited for 2023-25

In addition to the roles above:

- Lincolnshire County Council employs Enhanced Evidence-Based Practitioners (EEBPs), who were trained as part of the CYP IAPT Programme and work in the Lincolnshire Early Help/Future4Me team. Pre-pandemic there were 19 WTE EEBPs and as at April 2023 these had reduced to 9 WTE, therefore a further 10 WTE EEBPs have been recruited and started their training in September 2023.
- 5,280 hours of online counselling is commissioned jointly by Lincolnshire County Council and Lincolnshire ICB from Kooth Digital Health Ltd, equivalent to approximately 3.3 WTE counsellors.

- Lincolnshire Centre for Grief and Loss are currently commissioned in Lincolnshire to deliver up to 6 sessions of counselling for up to 200 CYP each year who are suffering grief and loss through death, divorce, separation, illness, crisis etc. This is equivalent to approximately 1,200 hours per annum or 1 WTE grief and loss counsellor.
- 1 WTE Positive Futures Lead and 2 WTE Positive Futures Support Workers have been recruited by Lincolnshire County Council but work as part of the CYP Complex Needs Service.

CYPMHS Workforce Training and Supervision

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

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

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

System Investment

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

Funding	2015-16	2019-20	2020-21	2021-22	2022-23	2023-24
CAMHS (recurrent)	£5.953m	£7.437m	£7.605m	£9.001m	£10.094m	£13.261m
CAMHS (non-recurrent)	-	£0.532m	£0.350m	£1.489m	£1.340m	£1.150m
CAMHS	£5.953m	£7.969m	£7.996m	£10.490m	£11.433m	£14.411m
Healthy Minds (recurrent)	-	£2.000m	£2.000m	£2.000m	£2.000m	£2.000m
Healthy Minds (non-recurrent)	-	£0.179m	£0.091m	-	-	£0.130m
Healthy Minds Lincolnshire	-	£2.179m	£2.091m	£2.000m	£2.000m	£2.130m
MHSTs – Wave 2	-	£0.093m	£0.347m	£0.736m	£0.751m	£0.812m
MHSTs – Wave 4	-	-	£0.148m	£0.511m	£0.742m	£0.793m
MHSTs – Wave 7 and 8	-	-	-	-	£0.241m	£0.867m
MHSTs – Wave 10	-	-	-	-	-	£0.056m
Mental Health Support Teams	-	£0.093m	£0.495m	£1.247m	£1.733m	£2.528m
Online MH Support (recurrent)	£0.100m	£0.200m	£0.200m	£0.200m	£0.200m	£0.200m
Online MH Support (non-recurrent)	-	-	-	-	-	£0.095m
Online MH Support Service	£0.100m	£0.200m	£0.200m	£0.200m	£0.200m	£0.295m
Lincolnshire Total	£6.053m	£10.348m	£10.782m	£13.937m	£15.367m	£19.364m