Lancashire & South Cumbria Children & Young People's Emotional Wellbeing and Mental Health

Transformation Plan 2015 – 2020/21

Refresh March 2019

Our Vision

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

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Introduction

The Children and Young People's Emotional Wellbeing and Mental Health (CYPEWMH) Transformation Plan for Lancashire (2015-2020) was published in January 2016. That document set out the first iteration of a five-year plan for Lancashire, to support local implementation of the national ambition and principles as set out in '**Future in Mind'** – promoting, protecting and improving our children and young people's mental health and wellbeing (2015).[1]

The Plan aims to improve the resilience, emotional wellbeing and mental health of children and young people, especially those who are at increased risk due to their vulnerability, making it easier for them and their families to access help and support when they need it and improving the standard of mental health services across Lancashire and now, South Cumbria.

The Case for Change within the first iteration of the Plan is still relevant today, clearly identifying our aims to promote good emotional wellbeing and prevention of mental ill-health through early intervention, care and recovery.

Throughout, the Plan has been informed by consultation with children, young people and families, and based on comprehensive identification of needs and evidence-based practice, as well as a clear understanding of the local context.

In 2016 and 2017, we reviewed and refreshed the plan as part of our ongoing commitment to deliver assurance around the work being undertaken and outcomes achieved. On both occasions we worked closely with local stakeholders including service providers, clinicians and most importantly children, young people and families to review and revise the plan.

In 2018 we were asked to align our review cycle with that of the wider NHS England review programme. In addition, it was proposed that this was an appropriate time to present a Transformation Plan that takes account of the wider Integrated Care System geography bringing Lancashire and South Cumbria together as partners. The work planned in South Cumbria was already closely aligned with the Lancashire Transformation Plan thus a Lancashire and South Cumbria Transformation Plan will be delivered as of April 2019. This recommendation was agreed with NHS England along with the revised review cycle. The refreshed Transformation Plan will now be submitted to NHS England in March 2019 and annually in line with this date.

For this reason, a full, in-depth review has been undertaken and facilitated an opportunity to once again extensively engage with children and young people, families and wider stakeholders.

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

New National Guidance and Policy

NHS Long Term Plan (January 2019)[2] - Children & Young People's Mental Health NHS Long Term Plan Priorities

The NHS Long Term Plan (2019) makes a renewed commitment that mental health services will grow faster than the overall NHS budget, creating a new ringfenced local investment fund worth at least £2.3 billion a year by 2023/24. This will enable further service expansion and faster access to community and crisis mental health services for both adults and particularly children and young people. (p8)

The Plan sets out its ambitions in key areas including (p6-10):

- Better support and joined up care
- Prevention and health inequalities
- Care quality and improved outcomes
- Workforce
- Upgraded technology and digitally enabled care
- Achieving sustainable financial pathways
- Implementation of the Long Term Plan and the role of Integrated Care Systems

The Plan states that:

- Existing commitments in the ***Five Year Forward View*** and national strategies for cancer, mental health, learning disability, general practice and maternity will all continue to be implemented in 2019/20 and 2020/21 as originally planned. (7.2)
- The NHS is making **a new commitment** that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending. (3.24)
- Over the next five years, the NHS will therefore **continue to invest** in expanding access to community-based mental health services to meet the needs of more children and young people. (3.25)
- By 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to **access** support via NHS funded mental health services and school or college-based Mental Health Support Teams. Over the coming decade the goal is to ensure that **100%** of children and young people who need specialist care can access it. (3.25)
- Over the next five years, we will also boost investment in children and young people's **eating disorder services.** The NHS is on track to deliver the **new waiting time standards** for eating disorder services by 2020/21…**extra investment** will allow us to maintain delivery of the **95% standard** beyond 2020/21. (3.26)

[2] https://www.england.nhs.uk/long-term-plan/

- Children and young people experiencing a mental health crisis will be able to access the support they need… With a single point of access through NHS 111, all children and young people experiencing crisis will be able to access **crisis care 24 hours a day, seven days a week.** (3.27)
- Mental health support for children and young people will be **embedded in schools and colleges…** new **Mental Health Support Teams working in schools and colleges…which will be rolled out to between one-fifth and a quarter of the country by the end of 2023.** (3.28)
- Mental Health Support Teams will receive **information and training** to help them support young people more likely to face mental health issues – such as **Lesbian, Gay, Bisexual, Transgender (LGBT+) individuals or children in care**. (3.28)
- New **national waiting time standards** for all children and young people who need specialist mental health services. (3.28)
- **In selected areas**, we will also develop **new services** for children who have complex needs that are not currently being met, including a number of children who have been subject to sexual assault but who are not reaching the attention of Sexual Assault Referral Services. For **6,000 highly vulnerable children with complex trauma**, this will provide consultation, advice, assessment, treatment and transition into integrated services. (3.29)
- A new approach to young adult mental health services for people aged 18-25 will **support the transition to adulthood**… We will extend current service models to create a **comprehensive offer for 0-25 year** olds that reaches across mental health services for children, young people and adults. The new model will deliver an integrated approach across health, social care, education and the voluntary sector. (3.30)
- NHS England is working closely with Universities UK via the Mental Health in Higher Education programme to build the **capability and capacity of universities** to **improve student welfare services** and improve access to mental health services for the student population, including focusing on **suicide reduction, improving access to psychological therapies and groups of students with particular vulnerabilities.** (3.30)

The objectives within the Transformation Plan reflects the key areas covered by the NHS Long Term Plan, and partners are working towards their delivery. However, to fully meet the requirements of the NHS Long Term Plan, investment will be needed.

At the time of writing this Transformation Plan, CCGs are awaiting publication of guidance relating to 'ringfenced local investment fund for Mental Health' as cited in the NHS Long Term Plan.

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Our Commitment

As part of our commitment to continually review and refresh this Plan, we strive to provide assurance to all of our stakeholders and to NHS England, that the Transformation Programme Board and the role of those assigned to deliver the programme have undertaken their responsibility diligently and with the ambition to make a difference to the outcomes for children and young people with emotional wellbeing and mental health issues.

As part of this refresh, the Plan now recognises and is led by nine key Principles that will influence and be accounted for within all aspects of our planning and delivery. 2019 sees the introduction of an additional principle from previous years, with a specific focus on the needs of vulnerable children and young people.

In 2015, the Vulnerable Groups and Inequalities Task & Finish Group delivered their report addressing two key issues concerning children and young people with vulnerabilities:

- that there are groups of children and young people in our society with multiple difficulties and complex needs which significantly impede their access to, engagement with, and outcomes from services;
- that the majority of children and young people who need mental healthcare do have multiple vulnerabilities which contribute to their reasons for needing mental health support

This report offers us an insight into the broad range of vulnerable groups and whilst this is not taken as an exhaustive list, it none the less serves to guide our understanding and recognition of vulnerable children and young people and/or those who have experienced Adverse Childhood Experience(s):

- Adopted children
- Children Looked After, Care Leavers and those on the ‘edge of care’
- Children in contact with the Youth Justice system
- Children who are abused (including those who are sexually exploited), neglected or victims of trauma
- Young people who are most excluded including those who are involved in gangs
- Children and young people with Learning Disabilities/Autistic Spectrum Disorder
- Children and young people with protected characteristics, such as disabilities caused by both physical and mental health difficulties, complex medical conditions, race, faith, sexual orientation, or gender reassignment.
- LGBTQ children, particularly those who are just coming to terms with their sexual orientation or gender identity
- Children and young people from minority ethnic groups
- Children who have been bereaved or experienced bereavement
- Children who have experienced or witnessed domestic violence

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Furthermore, we recognise the vulnerabilities and needs of children and young people who are carers. Findings tell us that a third more young adult carers report anxiety or depression than other young people and for young carers under the age of 17 years, a survey of 61 young carers in school found that 38% had mental health problems[3]. This group of young people have been included specifically in response to discussions following the consultation period (Appendix 5).

As part of this review, we have been able to celebrate our achievements whilst recognising that we have an ongoing commitment to working with colleagues from across the Lancashire & South Cumbria Integrated Care System. We will continue to raise the profile of children and young people with emotional wellbeing and mental health issues, and ensure their needs are reflected in other programmes of work, such as the Learning Disability & Autism Workstream, the Adult Mental Health programme, the All Age Suicide and Self Harm Strategy and the ICS Workforce Strategy. For this reason, we have closed some of the objectives included in previous iterations of this Plan but have reflected the need to remain cognisant of their importance through the review of our Principles and inclusion of new targets on our Performance Dashboard. Furthermore, reporting arrangements have been agreed to ensure the Transformation Programme Board remains updated on progress and, on our inclusion in and influence of, the work of other programmes such as Peri-natal that now sits within the Adult Mental Health programme.

In summary, as part of this review we have:

- developed a new Lancashire & South Cumbria Transformation Plan following boundary changes during 2018 in Morecambe Bay.
- looked at new national requirements and imperatives that have been published since the 2017/18 plan was refreshed, to ensure that this plan reflects these.
- introduced one new 'Principle' to guide our planning and deliver in regard to the needs of vulnerable children and young people.
- identified and celebrated what we have achieved to date.
- updated our objectives and deliverables.
- incorporated our current Performance Dashboard into the plan and included new elements including Self-Harm & Suicide targets along with targets relevant to the Early Intervention Services for Psychosis. This will show how well we are doing in improving experiences and services for children, young people and families. These will be reported quarterly to the Transformation Programme Board.

[3] https://professionals.carers.org/young-adult-carer-mental-health

- introduced 'Our Priorities for 2019/20' and a new section that focuses on our interdependencies with other programmes of work from across the L&SC ICS.

- secured sign-off for our refreshed plan across the health and social care system.

Principles

Our plan is underpinned by **nine** key Principles drawn from national policy and guidance, that inform all our work. We will:

1. work collaboratively with children, young people, families, carers, partners, providers and wider stakeholders to support them to:
    a. Shape, influence and drive forward the delivery of our objectives.
    b. Engage in the co-production of system solutions.
    c. Identify opportunities to improve efficiency, effectiveness and patient experience.
    d. Understand how their feedback has informed service development and redesign.

2. draw on the learning from both local and national pilots and evidence based best practice.

3. recognise and respond to the needs of children, young people and families who have protected characteristics. This will include undertaking Equality Impact and Risk Assessments and ensuring that we have due regard to the public sector equality duty (Equality Act, 2010)[4].

4. represent and respond to the needs of children, young people and families, including those deemed to be at greater risk due to their vulnerability, within our planning, commissioning, service delivery and strategy development.

5. improve services and outcomes for children, young people and families by sharing our performance against national targets through publication of our performance dashboard within the refreshed Transformation Plan and its monitoring via the Transformation Programme Board

6. draw on learning from the Joint Strategic Needs Assessment (JSNA) and other national and local data regarding needs and health inequalities.

[4] A Public Sector Equality Duty Guidance document has been developed.

7. strive to achieve 'parity of esteem' – valuing mental health equally with physical health, and that this principle will form the foundation of our planning and delivery.

8. seek to achieve a balance between ensuring positive outcomes for children, young people and families whilst at the same time developing services that are both sustainable and affordable.

9. sustain a culture of 'continual learning and development'.

Achievements

By working collaboratively, we have achieved considerable improvements and progress in delivering the transformation programme. These are summarised on a year by year basis as below. Alongside this collaborative work, significant work has also been undertaken through local co-ordination and local partnership groups. Whilst local achievements are too many in number to detail within this plan, it is important to acknowledge the extensive work of local partners and the impact for children, young people and their families.

What have we achieved in year 1?

In 2016 we put all our foundational arrangements in place to support the work of the Transformation Programme (this included establishing our governance, initiating our work streams and developing our relationships). We also mobilised 13 key pieces of work that we believe will transform the system of service delivery for children and young people's emotional well-being and mental health. These are represented below.

What have we achieved in year 2?

Our systems and relationships have matured in year two with a number of our objectives having been achieved. Children, young people and their families are benefitting from enhanced emotional wellbeing and mental health services and greater access to support.

What have we achieved in year 3?

In 2018, we have seen success in delivering five key objectives identified within previous iterations of the Plan and have continued to promote our Anti-Stigma campaign. Our complementary offer of support to vulnerable people who do not access mainstream services has been defined, our Mother and Baby Unit opened ahead of schedule allowing at least an additional 21 women each year to receive evidence-based treatment closer to home when they need it; we have reviewed our dedicated all-age Community Eating Disorder service and made recommendations for future delivery; opportunities have been shared to upskill staff who are working with vulnerable groups

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and interim community services have been secured to support children with behaviours that challenge pending our CAMHS redesign.

Our 4 NHS Trusts continued to work collaboratively with voluntary, community and faith sector providers and with CCGs to co-produce a core model for CAMHS services across Lancashire and South Cumbria through a process of engagement and co-production with children, young people, families and wider stakeholders. During 2018, an outline proposal for the clinical model was evaluated by a Core Panel made of up representatives from CCG Commissioners, Clinicians, Local Authorities and Public Health. There was also a Children and Young People's (CYP) Panel, a Family and Carers (F/C) Panel and an Education Panel who contributed to the evaluation process. Following feedback provided on the evaluation, Phase 2 of the work has commenced and will continue during 2019/20.

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Review of Achievements to Date

Lancashire Active Healthy Minds Programme targeted schools to build resilience through sport

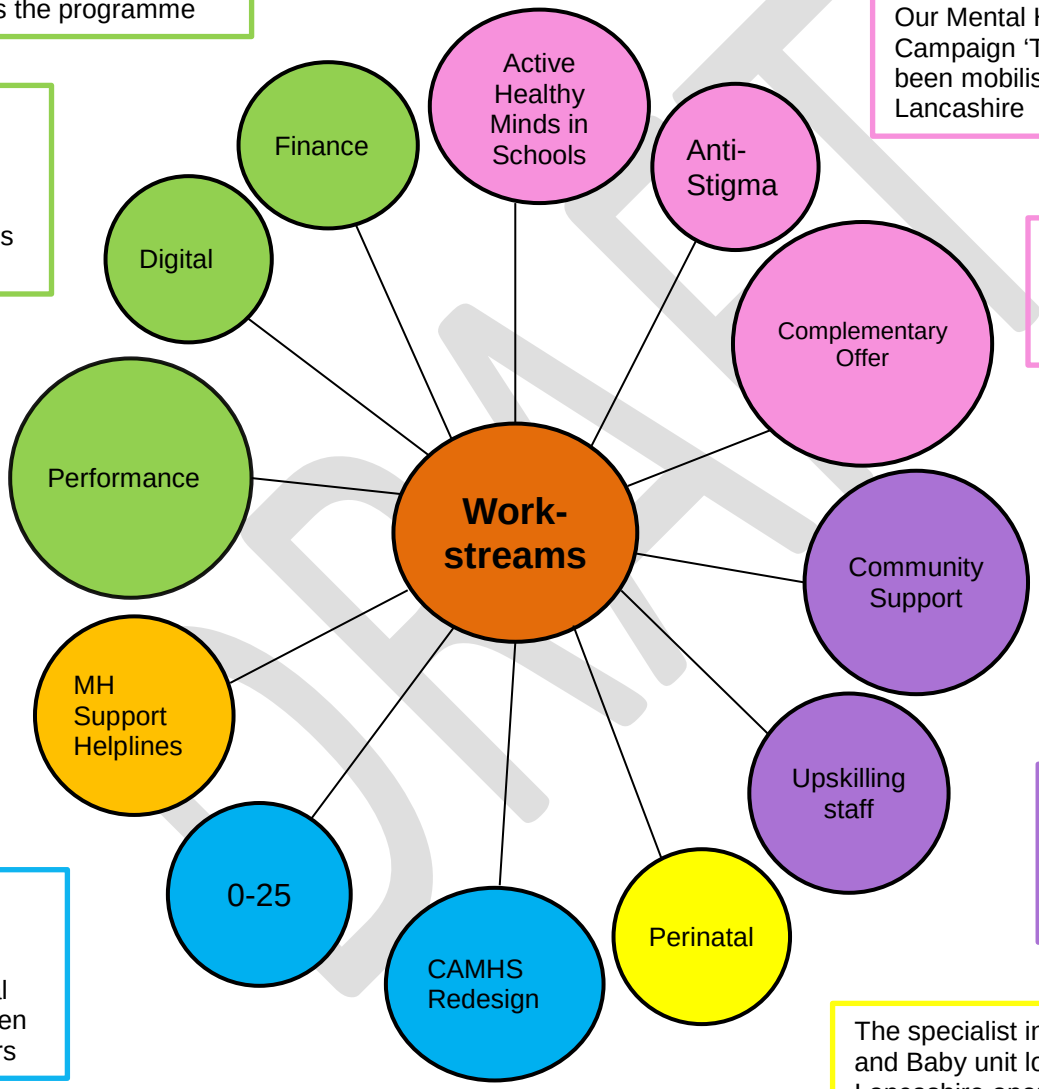
Monitoring of investment across the programme

Our Mental Health Anti-stigma Campaign 'Time to Change' has been mobilised across pan-Lancashire

Co-produced an outline for an online portal known locally as 'Digital THRIVE' with stakeholders, professionals, CYP, parents and carers

Our Complementary Offer of support to vulnerable people who do not access mainstream services has been defined

Enhanced our programme Performance Dashboard which is monitored bi-monthly



Interim community services have been secured to support children with behaviours that challenge pending the CAMHS Redesign

CYP, parents, carers, schools, the VCFS and other professionals are aware of the provision of mental health support helplines

Opportunities have been working with vulnerable groups across pan-Lancashire in line with the training gap analysis

Our local offer of service provision for CYP with emotional wellbeing and mental health needs has been defined for 0-25 years

The specialist inpatient Mother and Baby unit located within Lancashire opened in October 2018

Stakeholders including children, young people and their families have worked together to co-produce a draft model

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What are our objectives going forward?

We have reviewed our plan and identified the following **four** key areas of work going forward to 2021. We have then defined a series of objectives that will serve to deliver the programme:

1. Promoting resilience, prevention and early intervention

Objectives:

1. All Primary Mental Health workers will be trained to deliver **'schools mental health first aid'** one day course.

2. Each team of Primary Mental Health workers will deliver four **'mental health first aid courses'** per year, to a maximum of 16 participants per course.

3. We will have mobilised our **'Complementary Offer'** of support for all children and young people that will wrap support around them and their families to avoid escalation, promote recovery and maintain wellbeing. This will be achieved by:

   a. developing a 'whole education approach' in supporting children and young people's social and emotional wellbeing in education settings influenced by the Resilience Framework and Resilience Programme.

   b. working with Local Authorities, Children's Trusts and other key partners to evaluate the minimum early intervention/prevention offer through qualitative and quantitative analysis of the provision.

   c. delivering a change programme that challenges stigma around mental health and evaluate its impact.

   d. empowering the community to co-produce and deliver creative approaches and interventions that raises awareness of mental health issues and supports children and young people to become increasingly engaged in their own community.

   e. developing and delivering a training programme to the wider CYP and family workforce that enables the workforce to contribute to the delivery of the Complementary Offer.

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f. 'Trauma Informed Practice' informing the development and delivery of all practice, pathways and interventions and has due regard to policy.

2. Improving Access to Effective Support

Objectives:

4. We will have an online portal known locally as **'Digital THRIVE'** offering information, advice, self-help, care pathways and self-referral for children and young people, parents and carers and professionals.

5. We will have **'redesigned the CAMHS'** clinical model in Lancashire and South Cumbria in line with THRIVE delivering in year improvements by March 2020 including:

    a. out of hours provision within Acute systems

    b. delivery of the 0-19 service provision

6. We will have developed and agreed a **'risk support approach'** in line with THRIVE informing the delivery of services and supports across the Complementary Offer and the CAMHS Redesign.

7. We will define and deliver specialist inpatient and community intensive support as part of **'Getting More Help'** within THRIVE.

8. We will have mobilised the approved **'redesign of CAMHS'**.

9. We will define and extend our current service models to create a comprehensive offer for **'0-25year olds'** that reaches across mental health services for children, young people and adults providing an integrated approach across health, social care, education and the voluntary sector, in line with the NHS 10 Year Plan (2019).

10. We will have embedded the agreed **'0-19 year eating disorder'** model in South Cumbria by March 2020.

11. We will have implemented recommendations from the **'0-19 Eating Disorder Review'** (2019) into the future delivery of the All-age Eating Disorder model across the Lancashire & South Cumbria ICS footprint.

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3. Ensuring appropriate support and intervention for CYP in Crisis

Objectives:

12. We will have developed a **'Case for Change'** regarding facilities in the community for young people experiencing emotional crisis

13. We will have co-produced and implemented a **'crisis training package':**

    a. to support families, carers and residential settings who are caring for young people in crisis

    b. for mental health professionals to improve their confidence in supporting young people in crisis and to avoid admissions or facilitate discharge

4. Improving Service Quality

Objectives:

14. We will have developed and evaluated against an **'outcomes framework'** to demonstrate the impact of the programme:

    a. Develop the specification

    b. Identify key sources of information

    c. Develop an outcomes framework

    d. Undertake an evaluation of the programme against the framework

    e. Report back to the Transformation Programme Board

15. To work with Health Education England (HEE), Skills for Care (SfC), the L&SC ICS and other relevant agencies to inform **'workforce strategies'** to deliver the right mix of skills, competencies and experience across the workforce.

16. **'Key Performance Indicators',** incorporating the Mental Health Standard Data Set (MHSDS), national transition CQUIN and CAMHS outcome measures, will be monitored and challenged via the Performance

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Management Group and reported quarterly to the Transformation Programme Board with recommendations for action.

Our Priorities

For 2019/20, our 3 key priorities are to:

1. Develop an online portal known locally as 'Digital THRIVE' offering information, advice, self-help, care pathways and a self-referral process (Objective 4)
2. Redesign CAMHS and the Complementary Offer in line with the THRIVE model (Objective 3 and 5)
3. Define and deliver appropriate specialist inpatient and community intensive supports as part of 'Getting More Help' within THRIVE (Objective 7)

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How will we deliver?

THRIVE Model

Building on the Future in Mind[5] principles of promoting, protecting and improving our children and young people's mental health and wellbeing, the programme has adopted the THRIVE model to underpin the development and redesign of services. THRIVE wraps services around children and young people allowing access to the correct level of support at the time that it is needed using a multiagency model.

The model consists of four quadrants:

- Getting Advice
- Getting Help
- Getting More Help
- Getting Risk Support

When it comes to delivering services, all partners are committed to delivery being as close to children, young people and their families as possible with integrated neighbourhood care teams seen as the core delivery mechanism for the majority of community services.

5 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

Governance

The CYPEWMH Transformation Programme sits within the All Age Mental Health portfolio of the Healthier Lancashire & South Cumbria (HL&SC) Integrated Care System (ICS) and as such reports into the HL&SC Portfolio Management Group and the ICS Executive Leadership Team. As part of this wider programme of work to deliver sustainability and transformation across the ICS, CYPEWMH works collaboratively with a number of other complimentary portfolios including Prevention & Population Health, Digital, and Workforce. A copy of the L&SC ICS Governance structure is included at Appendix 6.

Implementation of the plan is overseen by the Children and Young People's Emotional Wellbeing and Mental Health Transformation Programme Board. As of 2019, the Board includes key partners from across both Lancashire and South Cumbria and is supported by the Clinical Reference Group and the Commissioning & Finance Group. A copy of the CYPEWMH L&SC Governance structure is included at Appendix 1.

The Transformation Programme Board has become an effective body working with a range of services and organisations including 4 Child & Adolescent Mental Health Services (CAMHS), 8 Clinical Commissioning Groups (CCGs), 4 Local Authorities, 7 NHS Trusts, hundreds of schools, a wide ranging third sector including voluntary and faith groups, primary care, community services, various children and young people's support services and groups, and children, young people and their families.

Consensus for recommendations is made by consulting with the appropriate groups through several cycles for each project and at least one cycle involving children, young people, their carers and the public.

The role of the Transformation Programme Board is to:

a. lead in the design, delivery, implementation, review and evaluation of the 5-year Transformation Plan.
b. oversee workstreams, implementation groups, task and finish groups etc. in line with the agreed governance structure.
c. support positive channels of communication and engagement activity.
d. make recommendations for commissioning arrangements including investment priorities and the use of resources.
e. make recommendations for service improvements and new delivery models.
f. make decisions on behalf of organisations in line with delegated decision-making authority.

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The Clinical Reference Group is a sub-group of the Board and operates as a support to the work of the Board by:

a. providing a strong professional and clinical voice.
b. giving clinical opinion on matters relating to service development/service improvement.
c. providing a place to test clinical feasibility.
d. operating as a space from which to make shared clinical recommendations.
e. being a place where the work of the Board can be aligned to existing and emerging evidence and best value practice (and vice versa).
f. providing a mechanism for co-production and clinical consultation.
g. being a capacity and capability support to work streams.
h. operating as a transparent and professional forum that ensures a focus on clinical excellence.

The role of the Commissioning & Finance Group:

The purpose of the Commissioning & Finance Group will be to work collaboratively with all relevant key stakeholders to guide the deliverables and overall objectives of the programme. This group is not a decision-making group. Recommendations from the group will be presented to the Children and Young People Emotional Wellbeing and Mental Health Transformation Programme Board and the Directors of Finance Group for appropriate sign off.

Aims of the group are to:

a. reduce the complexity of current commissioning arrangements through joint commissioning and service redesign, developing a system that is built around the needs of children, young people and their families
b. have clear governance arrangements which hold each partner to account for their role in the system
c. Increase transparency through the development of robust metrics on service outcomes
d. ensure that our increased levels of investment will be used transparently, equitably and demonstrate value for money by working together

The role of the **Performance Management Group**:

The purpose of the Performance Management Group will be to work collaboratively with all relevant key stakeholders to support the deliverables and overall objectives of the Improving Service Quality workstream.

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We will:

a. have clear governance arrangements which hold each partner to account for their role in the system
b. increase transparency through the development of robust metrics on service outcomes
c. ensure that our increased levels of investment will be used transparently, equitably and demonstrate value for money by working together
d. report the Performance Dashboard on a quarterly basis to the Transformation Programme Board or as required

Programme Management

A Programme Dashboard is in place and currently used to monitor monthly progress against the 16 objectives, and to manage risks and issues within the Transformation Plan with a summary report presented to the Board each month.

For each objective on the dash board a project initiation document incorporating project objectives, benefits and key milestones is developed and signed off through the programme governance.

Enablers

The overarching four workstreams consist of a number of projects with principles and enablers translating the desired outcomes into practice. There are four key enablers supporting the programme:

a. Engagement with children, young people and their families or carers
b. Communication
c. Finance
d. Business Intelligence

Engagement with children, young people and their carers has continued in order to obtain insight and intelligence to inform projects of the improvements and benefits but also the problems and difficulties they have faced whilst using a service.

Since 2016, we have effectively engaged with children, young people and our stakeholders to inform our decision making. After working with children and young people to co-design a visual identity (branding) for the transformation programme, we are now working with children and young people, professionals, carers and family members in order to co-produce a website. We are working with these groups to better understand what they would like from the website, how it will work, what information will

be held on the website, how information will be displayed, and the format of the information i.e. using text and/or videos. 2019 will see greater development of the website, shaped by the views and insights obtained from children and young people, professionals, carers and family members.

During 2019 we will work with children and young people to create films of commonly used venues to allow children, young people, carers and family members to see the location of a forthcoming CAMHS appointment. This filming is a direct result of the feedback and insights from our active engagement with children, young people, carers and family members. We understand that the run up to attending an appointment can be an anxious time when people may not know what to expect, especially if it is a first appointment. By creating video guides people will be able to view the venue of the appointment and therefore allow the person to prepare for the appointment. We also have several forthcoming opportunities for children and young people to create content for the website.

We have hosted numerous surveys via a range of methods - paper, electronic and social media. Using this information, we have been able to better understand patient and carer experience, and so inform decision making.

We have continued to grow the national anti-stigma 'Time to Change' campaign and will run 'Time to Change' training sessions at various locations within Lancashire and South Cumbria. As part of adopting the 'Time to Change' campaign we also promoted and raised awareness of 'Time to Talk' day on Thursday 7th February 2019.

Extensive stakeholder development has continued, and we will continue to work with and strengthen stakeholder partnerships, working with stakeholders to inform decisions and shape change as we move forward. An example being that, stakeholders are invited to be part of various work streams within the programme in order to contribute valuable expertise and insight.

The large-scale change that is being implemented, facilitated through the Transformation Plan, requires large scale **communication** between organisations, staff, the public, children, young people and their carers. There are systems in place to maintain the governance of the programme, which promotes communication between the organisations in the Governance Structure (Appendix 1), this takes the form of presentations to the relevant Boards and a bi-monthly bulletin. Continual work is being carried out to grow and strengthen communication channels and networks.

In addition, we continue to grow our social media presence via our already established Twitter channel. In 2018 we also saw the launch of our Healthy Young Minds - LSC Facebook account which we are developing and promoting as we move forward, providing wider engagement opportunity for all stakeholders.

Finance is governed by the Commissioning & Finance Group who have put systems in place to make recommendations and monitor spend; it is led by a Chief Finance Officer from one of the member CCGs.

Business intelligence - the Programme has commissioned and works closely with colleagues within the Midlands & Lancashire CSU Business Intelligence Team. The team collates and analyses data with specific regard to our Key Performance Indicators, working closely with task groups to deliver accurate and up to date information/data as required. In addition, the team supports the quality assurance and monitoring responsibility of the Programme through the presentation of monthly reports to the Performance Management Group and quarterly reports to the Transformation Programme Board.

Interdependencies

The CYPEWMH Programme is one of a number of key programmes within the Lancashire & South Cumbria Integrated Care System and as such there is value in our being cognisant of their work and vice versa. Consideration of how we can engage in, influence and contribute to their decision making, planning and delivery, on behalf of children, young people and their families is a central to our planning.

The Programme has identified five key interdependencies:

- Adult Mental Health including the Peri-natal programme
- Learning Disability & Autism workstream
- Workforce Development
- Commissioning Development
- Prevention and Population Health and the work of the All Age Self Harm and Suicide Prevention programme

Partners

We work collaboratively with a wide range of partners and stakeholders, many of whom have been identified within our Governance Structure below (Appendix 1).

It is important to us to ensure that the communities of Lancashire & South Cumbria are equitably represented through our partners. To support this, we will continue to explore and utilise creative ways to support engagement and participation through the use of digital technology to minimise the distance people have to travel, especially given our new geographical footprint.

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We regularly check the membership and accessibility of our groups and seek ways to remain engaged with all of our key partners and stakeholders especially representatives from our four Local Authorities and Public Health services; the Voluntary, Community & Faith sector; schools, colleges and further education providers; and our Health and Social Care providers. This section has been included following feedback from our consultation (Appendix 5).

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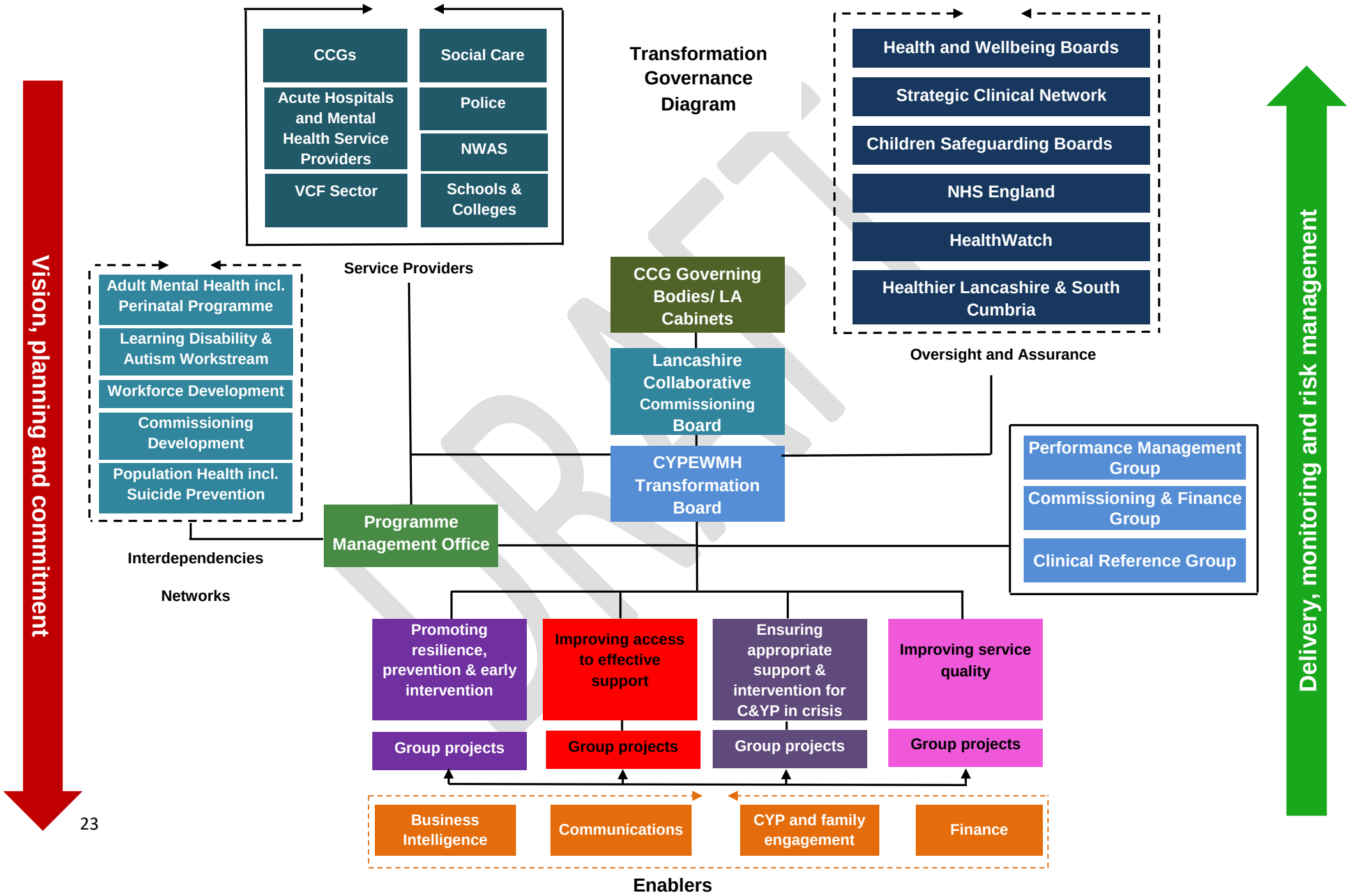
Appendix 1 - Lancashire & South Cumbria CYPEWMH Governance Structure 2019



Appendix 2 - Summary of new national must do's and imperatives 2018/19

ID	Narrative	Reference
	'Transforming children and young people's mental health provision' https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper	DH, HEE (2018) Government response to the consultation on 'Transforming children and young people's mental health provision: a green paper' and next steps
	NHS Long Term Plan https://www.england.nhs.uk/long-term-plan/	NHS Long Term Plan 2019
	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/770675/The_Handbook_to_the_NHS_Constitution_-_2019.pdf	DH. (2019), The handbook to the NHS Constitution
	https://www.ucl.ac.uk/pals/sites/pals/files/self-harm_and_suicide_prevention_competence_framework_-_children_and_young_8th_oct_18.pdf	Health Education England (2018) Self-harm and suicide prevention competence framework, for children and young people
	https://www.childrenssociety.org.uk/sites/default/files/the_good_childhood_report_full_2018.pdf	The children's society, (2018) The Good Childhood Report 2018

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ID	Narrative	Reference
	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728892/government-response-to-consultation-on-transforming-children-and-young-peoples-mental-health.pd	DHSC HEE (2018) Government response to the consultation on *Transforming Children and Young People's Mental Health Provision:* a green paper and next steps
	Future in Mind https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf	DH (2015) Future in Mind, promoting, protecting and improving our children and young people's mental health and wellbeing
	Robust local workforce plans to grow and transform the Mental Health workforce, aligned with finance and service plans p.28 https://www.hee.nhs.uk/our-work/person-centred-care/mental-health/mental-health-workforce-plan	Stepping Forward to 2020/21: Mental Health Workforce Plan for England
	New support for schools with every secondary school in the country to be offered mental health first aid training and new trials to look at how to strengthen the links between schools and local NHS mental health staff https://mhfaengland.org/mhfa-centre/news/2017-01-09-government-announces-plans-for-youth-mental-health/	Government announcement (Jan 17)
	Robust local workforce plans to grow and transform the Mental Health workforce, aligned with finance and service plans https://www.hee.nhs.uk/our-work/person-centred-care/mental-health/mental-health-workforce-plan	Stepping Forward to 2020/21: Mental Health Workforce Plan for England

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ID	Narrative	Reference
	Improved care for children and young people. An extra 35,000 children and young people being treated through NHS-commissioned community services next year compared to 2014/15, growing to an extra 49,000 children and young people getting the care they need in two years' time. https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf	Next Steps on the NHS Five Year Forward View
	Approval of courses for approved mental health professionals http://www.legislation.gov.uk/ukpga/2017/16/contents/enacted	Children & Social Work Act (2017)

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Appendix 3 - Finance

There is a national expectation that investment in children's mental health is expected to continue to rise over the course of the five-year Transformation Programme, up to 2020 as outlined in Table 1 below. The investment is added into CCG baselines. Future investment is being linked to the achievement of targets aimed at increasing access to support for those with a diagnosable mental health need. It should be noted that revised figures published by the Department of Health in 2018 have resulted in a slight change to the figures in the table below from those presented in the 2018/19 Transformation Plan.

Table 1 – Total Transformation Funding by CCG

CCG Name	2016/17	2017/18	2018/19	2019/20	2020/21
Blackburn with Darwen CCG	£367,510	£432,277	£524,658	£586,151	£647,531
Blackpool CCG	£423,027	£497,579	£603,915	£674,698	£745,350
Chorley and South Ribble CCG	£392,084	£461,182	£559,739	£625,344	£690,827
East Lancashire CCG	£889,325	£1,046,053	£1,269,603	£1,418,359	£1,566,595
Fylde and Wyre CCG	£360,870	£424,467	£515,179	£575,561	£635,831
Greater Preston CCG	£445,867	£524,444	£636,522	£711,126	£785,593
Morecambe Bay CCG (Lancashire North)	£353,363	£415,637	£504,462	£563,588	£622,605
Morecambe Bay CCG (South Cumbria)				£737,080	£814,265
West Lancashire CCG	£247,296	£290,877	£353,040	£394,418	£435,720
Total Lancashire	**£3,479,341**	**£4,092,516**	**£4,967,120**	**£6,286,324**	**£6,944,317**

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Increased Investment from 2014/15 – 2018/19

The following table shows the investment by CCG for 2018/19 compared to the baseline position in 2014/15.

	0-18 pop (10%)	2014/15 Baseline	£ per prevalent child	2018/19	£ per prevalent child
Blackburn With Darwen CCG	4463	£1,286,230	£288.20	£1,833,175	£410.75
Blackpool CCG	3413	£ 2,188,255	£641.15	£2,526,072	£740.13
Chorley & South Ribble CCG	3851	£1,287,350	£334.29	£1,823,739	£473.58
East Lancashire CCG	10755	£3,652,596	£339.62	£4,833,839	£449.45
Fylde & Wyre CCG	2807	£987,070	£351.65	£1,593,344	£567.63
Greater Preston CCG	4635	£1,206,841	£260.38	£1,695,522	£365.81
Morecambe Bay CCG (Lancashire North)	3095	£662,366	£214.01	£1,129,621	£364.98
West Lancashire CCG	2284	£862,548	£377.65	£1,220,980	£534.58
Lancashire Total	**35,303**	**£12,133,256**	**£343.69**	**£16,656,292**	**£471.81**

In 2018/19 the 85% aligned transformation funding was spent across several transformation priorities. Details are shown in table 2 below. A significant proportion, 27% (£1.1m of £4.3m of transformation funding) was allocated to plug the gap left by the withdrawal of funding by Lancashire County Council (LCC) from the CAMHS services. This is now a recurrent position, so the decision has been taken to continue to support these services to preserve current levels of access and to safeguard the access targets. The outcome of the alternative investment by LCC into emotional health and well-being support is being monitored by the Transformation Board.

Table 2 - Allocated Spend of 2018/19 Aligned Transformation Funding (85%)

Theme	Objective	Grand Total
Ensuring appropriate support and intervention for C&YP in Crisis	By March 2017 we will have a 7 day CAMHS response in place across Lancashire	£630,261
	CAMHS Crisis / Home Treatment	£53,554
	Psychiatry input to 7 days CAMHS response	£60,000
General	Transformation Coordination & Events	£119,293

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Improving Access to Effective Support	Purchase additional capacity from LCFT (0-19 CAMHS replacement of LCC Disinvestment)	£1,129,695
Improving Care for the most Vulnerable	As part of the ASD/ADHD pathway work we will develop our pre and post diagnosis support offer	£314,067
	Behavioural Support Programme	£229,920
Improving Service Quality	While we are working on this, we will continue to fund IAPT trainees	£347,481
Increasing Access to Perinatal and Infant Mental Health Support	Continue to fund perinatal pathway pilot schemes where evidence suggests	£66,197
Promoting Resilience, prevention and Early Intervention	Complimentary offer of support to wrap around clinical services	£262,210
	Kooth	£34,000
	Primary Mental Health Workers/Psychological Wellbeing Practitioners	£653,957
	Youth Mental Health	£3,790
Other	Other Blackpool	£79,004
	Care Partnership Support	£150,000
Grand Total		**£4,133,429**

The remaining 15% would stay in the CCGs to fund local coordination and innovation.

Specific Investment for children and young people with an Eating Disorder requiring a Community Intervention

In line with the Five Year Forward View for Mental Health the eight CCGs have, in addition to the above investment, commissioned a pan Lancashire Community Eating Disorder service.

The contributions to this are detailed in the table below:

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CCG Name	2017/18
Blackburn With Darwen CCG	£94,796
Blackpool CCG	£106,867
Chorley & South Ribble CCG	£98,793
East Lancashire CCG	£214,568
Fylde & Wyre CCG	£89,889
Greater Preston CCG	£113,187
Morecambe Bay CCG (Lancashire North)	£85,021
West Lancashire CCG	£62,869
Lancashire Total	£865,990

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Appendix 4 - Performance

This appendix presents key performance information for the programme. This includes:

- The number of children and young people with a diagnosable mental health condition accessing NHS funded community services.
- The numbers of children and young people accessing community eating disorder services within one week for urgent referrals and four weeks for non-urgent referrals.
- Information regarding the children and young people's emotional wellbeing and mental health workforce.

CYP Access Targets

The Programme is currently monitoring performance against the CYP access target in three ways;

1. Targets based on the **original baseline** which was submitted for the **NHS England plan** in 2017 and is based on a definition which was lacking some clarity nationally. This was used to provide the programme with an early indication of performance until the national definition was further clarified. 2018/19 plan has been based on the finalised NHSE definition for this indicator
2. **Local Position** which is calculated using data that is collected locally, based on the national definition and monitored locally to understand the current position.
3. **National Mental Health Data Set (MHSDS) position** which is based on the data that is submitted to the MHSDS and is expected to be used for monitoring the indicator nationally by NHSE. Currently only a limited amount of local data is flowing to the MHSDS.

NHS England have advised to continue to monitor against all 3 of the above views. Therefore, this is monitored on a monthly and quarterly basis via several internal and external meetings.

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Access Targets as per the NHSE submitted plans

CCG	Total no. of CYP aged 0-18 with a diagnosable mental health condition	16/17 Baseline (Ref accepted)		16/17 Baseline (1st Treatment)		2017/18	Total NEW no. of CYP aged 0-18 with a diagnosable mental health condition	2018/19	2019/20	2020/21
						30%		32%	34%	35%
NHS Blackburn with Darwen CCG	3,871	762	20%	463	12%	1,161	3,871	1,239	1,316	1,355
NHS Blackpool CCG	2,952	1,298	44%	767	26%	886	2,952	945	1,004	1,033
NHS Chorley And South Ribble CCG	3,227	700	22%	349	11%	968	3,227	1,033	1,097	1,129
NHS East Lancashire CCG	8,115	1,747	22%	1,058	13%	2,435	8,115	2,597	2,759	2,840
NHS Fylde & Wyre CCG	2,293	548	24%	260	11%	688	2,702	865	919	946
NHS Greater Preston CCG	3,975	736	19%	378	10%	1,193	3,975	1,272	1,352	1,391
NHS Morcambe Bay CCG	6,398	NA	NA	NA	NA	1,919	6,084	1,947	2,069	2,129
- Lancashire North	3,059	468	15%	304	10%	918	2,616	837	889	916
- South Cumbria	3,339	NA	NA	NA	NA	1,001	3,468	1,110	1,179	1,214
NHS West Lancashire	2,040	397	19%	237	12%	612	2,040	653	694	714
Lancashire & SC CCGs Total	32,871					9,861	32,966	10,549	11,208	11,538

Access Targets as per the Local calculated position

		Part 1a: The number of children and young people with a new referral from 1st January 2016, receiving at least two contacts (Including Indirect contacts) within six week period where their first contact occurs before their 18th birthday		Part 2a: The number of children and young people, regardless of when their referral started, receiving at least two contacts (Including Indirect contacts) and where their first contact occurs before their 18th birthday				Part 2a: The number of children and young people, regardless of when their referral started, receiving at least two contacts (Including Indirect contacts) and where their first contact occurs before their 18th birthday			
CCG	CYP aged 0-18 with a diagnosable mental health condition	16/17 Baseline Actuals (CYP New referrals receiving at least 2 contacts within 6 weeks period)		16/17 Baseline Actuals (All CYP) versus 28% Target		17/18 Actuals (All CYP) versus 30% Target		Total NEW no. of CYP aged 0-18 with a diagnosable mental health condition	2018/19 @ 32% Target	2019/20 @ 34% Target	2020/21 @ 35% Target
NHS Blackburn with Darwen CCG	3,871	291	8%	767	20%	1,292	33%	3,871	1,239	1,316	1,355
NHS Blackpool CCG	2,952	624	21%	1,154	39%	1,651	56%	2,952	945	1,004	1,033
NHS Chorley And South Ribble CCG	3,227	461	14%	987	31%	1,371	42%	3,227	1,033	1,097	1,129
NHS East Lancashire CCG	8,115	799	10%	1,769	22%	3,312	41%	8,115	2,597	2,759	2,840
NHS Fylde & Wyre CCG	2,293	418	18%	818	36%	1,313	57%	2,702	865	919	946
NHS Greater Preston CCG	3,975	417	10%	905	23%	1,403	35%	3,975	1,272	1,352	1,391
NHS Morcambe Bay CCG	6,398	323	5%	548	NA	1,806	28%	6,084	1,947	2,069	2,129
- Lancashire North	3,059	323	11%	548	18%	1,806	59%	2,616	837	889	916
- South Cumbria	3,339	NA	NA	NA	NA	NA	NA	3,468	1,110	1,179	1,214
NHS West Lancashire	2,040	295	14%	574	28%	851	42%	2,040	653	694	714
Lancashire & SC CCGs Total	32,871	3,628	11%	7,522	23%	12,148	39%	32,966	10,549	11,208	11,538

All Lancashire and South Cumbria CCGs have achieved the access target (see table above for details) during 2017/18 apart from Morecambe Bay CCG. Four CCGs have either met or exceeded the 2018/19 trajectory at quarter 3 YTD (see table below for details). The 2019/20 and 2020/21 trajectories may be amended further dependant on actual performance for 2018/19 and new guidance during the re-submission of the CCG plan.

Please note that the local position for 2017/18 is based on main providers[6] and voluntary sector providers data.

[6] Blackpool Teaching Hospitals NHS Foundation Trust, East Lancashire Hospitals NHS Trust and Lancashire Care NHS Foundation Trust

Access Targets position based on MHSDS

18/19 Actuals (All CYP @ Qtr 3) versus 32% Target

CCG	Part 2a	Prevalence Annual (2B)	Target Achieved
NHS Blackburn with Darwen CCG	905	3,871	**23%**
NHS Blackpool CCG	1,260	2,952	**43%**
NHS Chorley And South Ribble CCG	675	3,227	**21%**
NHS East Lancashire CCG	1,715	8,115	**21%**
NHS Fylde & Wyre CCG	690	2,702	**26%**
NHS Greater Preston CCG	625	3,975	**16%**
NHS Morcambe Bay CCG	1,195	6,084	**20%**
NHS West Lancashire	475	2,040	**23%**
Total	**7,540**	**32,966**	**23%**

Please note that Fylde & Wyre CCG's prevalence changed in 2017/18 from 2,293 to 2,702 and Morecambe Bay CCG's prevalence changed in 2018/19 from 6,398 to 6,084.

Further work is underway to include voluntary sector providers activity which should therefore improve this position during Q4 period.

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CCG Trajectories for Eating Disorder Service

CCG trajectories for eating disorder services show performance increasing from 20% to 95% over a five-year period. It is expected that the Children and Young People Eating Disorder services achieves, by 2020, a minimum of 95% of referrals waiting less than the targets above and depicted below:

No. Urgent Patients seen within 1 week	2016	2017	2018	2019	2020	2021
	20%	40%	60%	80%	95%	95%

No. Routine Patients seen within 4 weeks	2016	2017	2018	2019	2020	2021
	20%	40%	60%	80%	95%	95%

CCG Actuals for Eating Disorder Service

There are two waiting time standards Eating Disorder services are required to respond to, these are that children and young people (up to the age of 19), referred for assessment or treatment for an eating disorder, should receive NICE-approved treatment with a designated healthcare professional within:

- One week for urgent cases
- Four weeks for every other case

Routine (% seen within 4 weeks)

CCG	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q3 YTD 2018/19
NHS BLACKBURN WITH DARWEN CCG	100%	100%	67%	88%
NHS BLACKPOOL CCG	83%	100%	100%	94%
NHS CHORLEY AND SOUTH RIBBLE CCG	80%	86%	80%	82%
NHS EAST LANCASHIRE CCG	100%	62%	43%	58%
NHS FYLDE & WYRE CCG	100%	100%	75%	91%
NHS GREATER PRESTON CCG	50%	58%	100%	75%
NHS MORECAMBE BAY CCG	0%	82%	100%	92%
NHS WEST LANCASHIRE CCG	88%	75%	100%	89%
Total	84%	76%	79%	81%

Routine (No's seen within 4 weeks)

CCG	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q3 YTD 2018/19
NHS BLACKBURN WITH DARWEN CCG	4	1	2	7
NHS BLACKPOOL CCG	5	4	8	17
NHS CHORLEY AND SOUTH RIBBLE CCG	4	6	8	18
NHS EAST LANCASHIRE CCG	4	8	6	18
NHS FYLDE & WYRE CCG	1	6	3	10
NHS GREATER PRESTON CCG	1	7	3	11
NHS MORECAMBE BAY CCG	0	9	10	19
NHS WEST LANCASHIRE CCG	7	3	6	16
Total	26	44	46	116

Urgent (% seen within 1 week)

CCG	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q3 YTD 2018/19
NHS BLACKBURN WITH DARWEN CCG	-	100%	0%	50%
NHS BLACKPOOL CCG	100%	100%	-	33%
NHS CHORLEY AND SOUTH RIBBLE CCG	100%	-	50%	75%
NHS EAST LANCASHIRE CCG	50%	50%	0%	40%
NHS FYLDE & WYRE CCG	-	-	100%	100%
NHS GREATER PRESTON CCG	100%	-	40%	43%
NHS MORECAMBE BAY CCG	100%	100%	-	67%
NHS WEST LANCASHIRE CCG	-	25%	-	25%
Total	93%	60%	40%	48%

Urgent (No's seen within 1 week)

CCG	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q3 YTD 2018/19
NHS BLACKBURN WITH DARWEN CCG	0	1	0	1
NHS BLACKPOOL CCG	2	1	0	3
NHS CHORLEY AND SOUTH RIBBLE CCG	2	0	1	3
NHS EAST LANCASHIRE CCG	1	1	0	2
NHS FYLDE & WYRE CCG	0	0	1	1
NHS GREATER PRESTON CCG	5	0	2	7
NHS MORECAMBE BAY CCG	4	2	0	6
NHS WEST LANCASHIRE CCG	0	1	0	1
Total	14	6	4	24

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The tables above show CCG performance against the 2018 target of 60% for both urgent patients seen, and routine patients seen. Performance against the routine target as at Quarter 3 2018/19 is at a satisfactory level as the target is currently being met Quarter to Date. CCGs are currently working with the provider, with plans in place to improve performance for urgent referrals to be seen against the target of 60%.

Further work is underway in conjunction with NHS England to confirm an accurate methodology to monitor performance as low numbers tend to skew performance for this indicator. Locally the All-Age Eating Disorder Service Review would also support this indicator.

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Appendix 5 - Consultation and feedback

Over 500 stakeholders received an email with the link inviting them to read the re-freshed Plan and respond to the consultation survey. The survey and the Transformation Plan also featured within the Healthier Lancashire & South Cumbria Integrated Care System newsletter which has a mailing membership of 1,057. Social media was utilised to promote the Transformation Plan and the consultation survey. The link to the re-freshed Plan and consultation survey reached 542 people via Facebook with 35 engagements[7] and 3,893 people via Twitter with 45 engagements[8]. Within the newsletters and emails, people were also invited to share the Transformation Plan and take up the opportunity to comment on it.

Stakeholders were asked to indicate the extent to which they agreed with the Plan and the priorities set out and then to provide an explanation of their response. Respondents were also asked some questions about themselves to help us understand their comments and ensure representation. There were 39 completed responses. Of the respondents, 2 disagreed with the objectives and the majority (58.07%) agreed fully with them, 35.48% of respondents felt that they partly agreed with the objectives. All groups of respondents (i.e. service users, parents/carers, health professionals, members of the public and others) had some respondents who partly agreed with the refreshed objectives. The largest group of respondents were from local authority (29.03%), followed closely by health professionals (22.58%) with parents and carers accounting for (19.36%). 12.9% of respondents were from other groups such as voluntary and faith sector, social work or children's advocate. A further 3.23% of respondents were young people and service users. Most of the respondents were female (70.97%). Whilst there is no reason to think that males, whether service users or not, feel any differently about the objectives, as we only have a small level of male respondents, we cannot say this conclusively. There is some representation from the Indian communities (6.45%) but there is under representation from certain other groups however 4 respondents skipped the question therefore we don't have a full picture of all sections of the demographics of the respondents.

We strive to engage with our wide range of diverse stakeholders across our vast geography, this year we have received contributions from several seldom heard communities which haven't been represented in previous years. In order to increase engagement with our vulnerable groups we will continue to build on stronger communication channels as we move forward, to ensure we continue to involve and engage with as many members of society as possible.

[7] Facebook engagement rate; an engagement includes when people preform actions on to your post/page for example someone may like, share, click on a link or comment

[8] Twitter engagement rate; an engagement includes any way someone interacts with a tweet, including but not limited to, retweets, clicks and likes.

Nearly a quarter of respondents made a comment(s), replying to 'please tell us why'. The comments were largely positive but quite varied; although several common themes/points could be identified. The most common points made are as follows:

- The objectives are strong for school aged children but need strengthening for the early years
- The objectives are in line with the local need
- Online portals are services youths are likely to access and be open and honest
- Need more work for those suffering on a low level - to stop them escalating before interventions
- I do agree with the objectives but would say time needs to be spent making sure that provisions are resourced properly, and all health care professionals are aware of where to signpost young people.

We thank all of those who took the time to reply to the survey and your comments have been responded to within the next section – You Said, We Did.

You Said **Do you agree with our objectives for the next 3 years?**	We Did
I do agree with the objectives but would say time needs to be spent making sure that provisions are resourced properly and all health care professionals are aware of where to signpost young people	Thank you for your agreement with the objectives. Please find our response to your comments: **Resourcing** – we continue to support the work of the ICS Workforce Strategy and the individual workstreams also have the needs of the workforce high on their agenda. The Plan has been developed with the support of colleagues within the 8 CCGs and is reviewed monthly within the Commissioning & Finance group. Your comments will also be shared with this group. **Awareness** – with any changes and service developments, we recognise the importance of ensuring those working closely with children and young people understand the support pathways and how

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	best to signpost people. The CYPEWMH Website aims to provide one element of the support options that will be available to both individuals and professionals taking account of geography, availability and accessibility The CAMHS Redesign will also map out an implementation plan that will be asked to consider awareness raising of any changes.
I feel we need to consider the needs now and the vulnerabilities of children. Educating them more than we are.	Within the Plan we have been able to celebrate the achievements that have been made over the last 3 years. But we continue to acknowledge that the needs of children and young people remain central to our day to day work and our planning for the future - **Objectives 1 - 3** The Plan recognises the needs of **vulnerable children and young people** and have now included reference to our Young Carers – pages 6 & 7 The Plan has and continue to explore new ways of raising awareness of Mental Health issues within our **schools and colleges** – the Plan continues to support the role of Primary MH Workers and the introduction of MH Champions in schools in line with the Green Paper. **School and Colleges** also remain strong partners within the Governance of the programme.

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Need more work for those suffering on a low level - to stop them escalating before interventions	The Plan offers a specific focus on the development of the **'Complementary Offer'** (Objective 3) and also the design and implementation of **Digital Thrive** (Objective 4) delivering online information via our Website as part of a range of low-level interventions.
The objectives are strong for school aged children but need strengthening for the early years	The Plan recognises the importance of considering the needs of children and young people from 0 – 25 years. Your concern for those **under school age** is acknowledged, the needs of all CYP aged 0-19 are in scope for the CAMHS Redesign and includes the following requirement 'take referrals from birth up to 18th birthday and continue to support up to 19th birthday, as needed' (Objectives 5 & 9) In addition, the **'Complementary Offer**' takes into account the needs of young children/early years support (Objective 3)
Concern that whilst putting right the system YP 'almost in crisis' remain unsupported for such long periods of time they disengage and even if/when support becomes available they are beyond feeling able to access it	The Plan embraces the principles of the **THRIVE Model** incorporating the Complementary Offer, Digital THRIVE and the CAMHS Redesign. The **'Complementary Offer'** in particular aims to wrap support around them and their families to avoid escalation, promote recovery and maintain wellbeing (Objective 3) Your comments will however also be shared with the workstream leads.

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The objectives are in line with the local need, we need to join all our pathways and develop joined up working but also have a sustainable model that can last the test of time	Thank you for your comments. The principles of the THRIVE Model aim to ensure that services and support work **seamlessly and collaboratively**. In addition, workshops have been delivered with service providers and clinical leads to ensure that where **pathways** exist that they are aligned and understand if gaps exist in our future plans. The Programme Board along with the Lancashire & South Cumbria Integrated Care System, seek to achieve **sustainability** within the service transformations they oversee. The objectives within this Plan aim to deliver this. Your comments will be shared with the Programme Board
It has been very difficult to read the professionalized jargon in this plan and therefore young people are unable to comment in depth about whether they agree or not with the objectives. would it be possible to extend the deadline and circulate the key information translated into plain English	We thank you for this comment however, we are unable to extend the **deadline** as we are accountable to the timescales of NHS England. However, we will in future strive to use **plain English** within our Plan. We also aim to deliver a **'User Friendly'** version of this Plan following sign off at our Board. Next year, we will produce a **user-friendly** version relevant to children and young people prior to the consultation period and it will be this document that children and young people will be asked to comment on. Your comments will be shared with our Communication and Engagement team.

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The positive intent of this document is clear but as someone who has a lot of experience in this area I remain very concerned that the child mental health strategy is far too short on clarity about the systemic reasons we are seeing so many very stressed children. Given the amounts being invested in the reorganisation itself there is an urgent need for a stronger bigger picture evidence based analysis that is no where apparent in this document.	The Board and the Programme leads share your concerns. National Strategy and research drives and influences the shape of our Plan. But in turn we seek the opportunity to contribute to wider research which serves to inform and give **clarity on the reasons** for increased incidence of mental health issues amongst children and young people. Our Plan serves to address both the practical, and system wide changes that are needed to respond to key issues and 'must do's' identified through national policy. **Evidence based decision making and analysis** is undertaken at both CCG and ICS level and drives the local planning agenda. Findings and prevalence data inform development work being undertaken. Your comments will be shared with the Programme and relevant groups
The revised document is too complacent. On the ground, as a Third Sector provider, we have seen no improvement in many of the provisions. There is lip-service (only) paid to the contribution of the 3rd Sector. More imagination should be used in helping to fund these useful (and cheaper!) organisations. Meetings are time-consuming, and often involve senior staff going long distances, taking them away from their day-day roles.	The opportunity to refresh the Plan also provides the opportunity to celebrate our achievements. In revising our objectives and priorities, we endeavour to drive change that will offer sustainability locally whilst meeting national expectations. It is regrettable that you feel this plan **is too complacent** however your comments will be shared with the Transformation Board for consideration.

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	We recognise the contributions of the **Voluntary, Community and Faith sector** as one of our key partners and have included further wording to support this within the Plan. In addition, we are currently undertaking a full review of our governance arrangements which will include membership, roles and expectations. We continue to explore and apply creative solutions to enable all out partners to participate in meetings despite geographical location, so **minimising travel and time away from the day job**. The Board and the Transformation programme appreciate and recognise the contributions of the **Voluntary, Community & Faith Sector** organisations and we acknowledge your views.
Looking back over what has been happening the plans have been fluid, however I do sometimes feel with this plan that South Cumbria are left out of it and we do not always have access like those in Lancashire even though it should be South Cumbria too.	The process that we went through to develop the draft Plan has accounted for the representations of South Cumbria via their 2018/19 Transformation Plan, objectives and priorities. We do recognise that there are gaps in services however these will be address as the plan continues to develop. The Plan will continue to be informed through South Cumbria's representation within our Governance arrangements, and workstreams
Objective 15 in respect of 'continuous improvement and learning' – is this more of a principle than an objective that can be evaluated and measured?	After consideration of this comment, we agree and have **re-sighted this objective within the Principles section.**

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	The Plan now supports nine Principles.

You Said **Do you agree with our priorities for 2019/20?**	We Did
Using a digitalised service both provides an accessible channel for young people whilst providing a sustainable solution financially It's not clear at first glance but this must be fully backed up with face to face support where required	We agree. The website, developed as part of the **Digital THRIVE** programme will offer a signposting service via a directory of services, this is a complementary service alongside all of the **'face to face'** services. This is not a replacement to those services. **Face to face** services are seen as intrinsic to the support approach and all other services, be they digital or otherwise are complementary.
It would be great if there is something consistent in both North Lancs and South Cumbria. I would be more than happy to continue to be involved in this process	Thank you for your comment. We also acknowledge that any service redesign will endorse the **delivery of services equitably** across the geography of **Lancashire & South Cumbria.** We invite people to email healthyyoung.minds@nhs.net to register their interest in receiving **communication** about the programme and/or the opportunity to be **involved**.
Online portals are services youths are likely to access and be open and honest	Thank you for your comment
I imagine CAMHS will still be inaccessible for those who are not meeting thresholds	The principles of the **THRIVE model** enables people to **access services** and supports at the appropriate point and time for them. This includes Getting Advice, Getting Help, Getting More Help, Getting

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	Risk Support. This model aims to **wrap services** around children and young people allowing **access** to correct level of support at the time that it is needed using a multi-agency model. The **CAMHS service** primarily functions within the 3 and 4th quadrants of the THRIVE model (Getting More Help/Getting Risk Support) and will be **accessible** to those who need this level of intervention when needed.
I am unclear where work with perinatal mental health and early years sits under the above priorities. Intervention early in the age of the child is vital and I believe should be given prominence each year	**Perinatal Mental Health is now cited within the Adult Mental Health portfolio**. The CYPEWMH programme is interdependent with the Adult Mental Health programme so that can influence and inform developments on behalf of children, young people and their families. The Board will maintain their **oversight** of this work via quarterly reporting processes. This has been referred to within the **Interdependencies section** of the Plan
Not sure the portal is really something a large proportion of YP who need support will access. Redesigning seems to have been on the agenda for too long - need service now	The **website and portal** are being developed in conjunction with children, young people and their families. **Feedback** has been received via engagement and co-production activities. Feedback has been that this will be a **valuable resource.** Children and young people have told us that they have enjoyed being part of the process, however we acknowledge that the **Digital THRIVE** development will need continued input for it to remain relevant and

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	accessible for the large proportion of CYP who have voiced that they want to use this. In **redesigning services,** we appreciate that this can take **time**. In the example of the CAMHS Redesign, we are using a co-production approach. This approach will support a more **meaningful outcome**, one that is sustainable and will be **fit for purpose**. The timeline for this piece of work is closely monitored through the Board and its governance arrangements. Your comments, however, will be shared with the Board and the Care Partnership who are delivering the Redesign for CAMHS.
There is still an issue with the professionalised jargon of the priorities, however young people have asked the question about how these 3 priorities will actually make a difference to young people. for example, it is not clear how re designing CAMHS in line with the thrive model will improve how young people experience their support. " my friend has appts at CAMHS and is really upset about having to tell his story every time he goes to a new person. It makes him cry every time because he gets upset about it" will this change if priority 2 is successful and how?	We acknowledge your comments about the use of **'professionalised jargon'** and we aim to deliver a **user-friendly version** of the Plan following the sign off of this document. Your comments will be shared with the Programme Team and the Communication and Engagement leads. The 3 priorities have been developed in response to nationally identified priorities and also those specific to our local communities. Whilst the outcomes have not been detailed within this Plan, the programme is working to clearly defined project plans leading to **outcomes and change** that will be **seen/experienced** by children, young people and families using services. These are some of the **key areas of change** that will be evident as we go forward – website and online information

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	service, redesign of CAMHS, redressing the geographical variations in provision, increasing access, clarity of pathways for service access. The programme is currently developing an **outcomes framework** that will evaluate the impact of the programme. We acknowledge your points and will work with the programme leads to build in **communication** at key points in time to improve understanding of the programme **deliverables and outputs**. We will also share your comments with the Board, and the Care Partnership to be considered within CAMHS Redesign clinical modelling.
Given the amount of time and energy that has gone into Thrive and the redesign, I think the work should be completed. However I am not clear that the most vulnerable and those with longer term needs are well served by this document or approach itself which does not inform front line practitioners of anything very useful. In comparison with the old tiered triangle it communicates perhaps that children should not be referred 'out' to specialist services but I believe it still promotes a very medicalised psychiatric approach which tells the general public that if they see challenging or struggling children that the reason is something wrong in the child which must first be diagnosed and treated by experts - who can then rarely be found. This can be very disempowering and sometimes actively damaging to children and their families and communities because it too often takes the eye off key issues that need attention such as the health of relationships, and curriculum fit and the active skills that need support. Again Thrive is too short on adequate analysis of the	Thank you for your comments and they will be shared with the Board and the Care Partnership who are leading the CAMHS Redesign. As stated previously we acknowledge that in order to deliver a **redesign programme** via a co-production approach, it **does take time**. This approach will serve to deliver a CAMHS service across Lancashire and South Cumbria that is **fit for purpose and, one that will be sustainable**. There is a well-defined **governance structure** that oversees progress, holding the Care Partnership to account in its delivery of **meaningful outcomes** for children, young people and their families.

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reasons we are seeing so many stressed children and there are consequences arising which though clearly unintended are very real. When a system is designed to answer questions about 'what a child has got'	**The THRIVE Model** will deliver services that wrap around children and young people through **low level supports to more complex interventions**. **The THRIVE model** accounts for the **needs of the individual** in a holistic approach rather than the current system that takes people through a tiered approached to need. We have however in response to your comments, **now included** more information within the Plan as to the rational of working within the **THRIVE principles.** Furthermore, we remain cognisant of the national agenda and research that is being undertaken both locally and nationally to better understand the **reasons behind** occurrences of mental health in children and young people in order to **influence design and delivery** of current and future services. In addition, your comments have been passed to our Communications and Engagement Team to expand our **communication** links with **frontline practitioners.**
Need to include the 'Eating Disorder' priority too. Need to engage with, and partly fund, local 3rd sector contributors. Fewer meetings; more action. Better designed questionnaire: there are more questions about me than about the plan.	The CYPEWMH Programme now have lead responsibility for the **All Age Eating Disorder Service** and is an objective within the plan – see Objectives 10 & 11. We recognise the contributions and value of the **Voluntary, Community and Faith Sector** across Lancashire & South Cumbria and wish to continue working with you as **partners**. We have therefore included **further narrative** within the Plan that refers specifically to the Voluntary, Community & Faith Sector as one of our

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	key stakeholders. As the geography of Lancashire and South Cumbria is extensive, we continue to explore **more creative ways to engage** with our partners, especially through the use of **technology and digital communications**. This will serve to minimise travel and time spent away from the day job whilst maintaining **positive engagement**. We acknowledge your comments in regard to the **Questionnaire**. We are however legally obliged to collate demographic details of the respondents. We have chosen to **limit the questions** in regard to the Plan, in order to encourage completion of the survey and to ensure this is not an onerous task. Going forward, we will however ask for suggestions as to how we can **improve the questionnaire** in future. Your comments have been shared with the Board and the Communication and Engagement Team for consideration.

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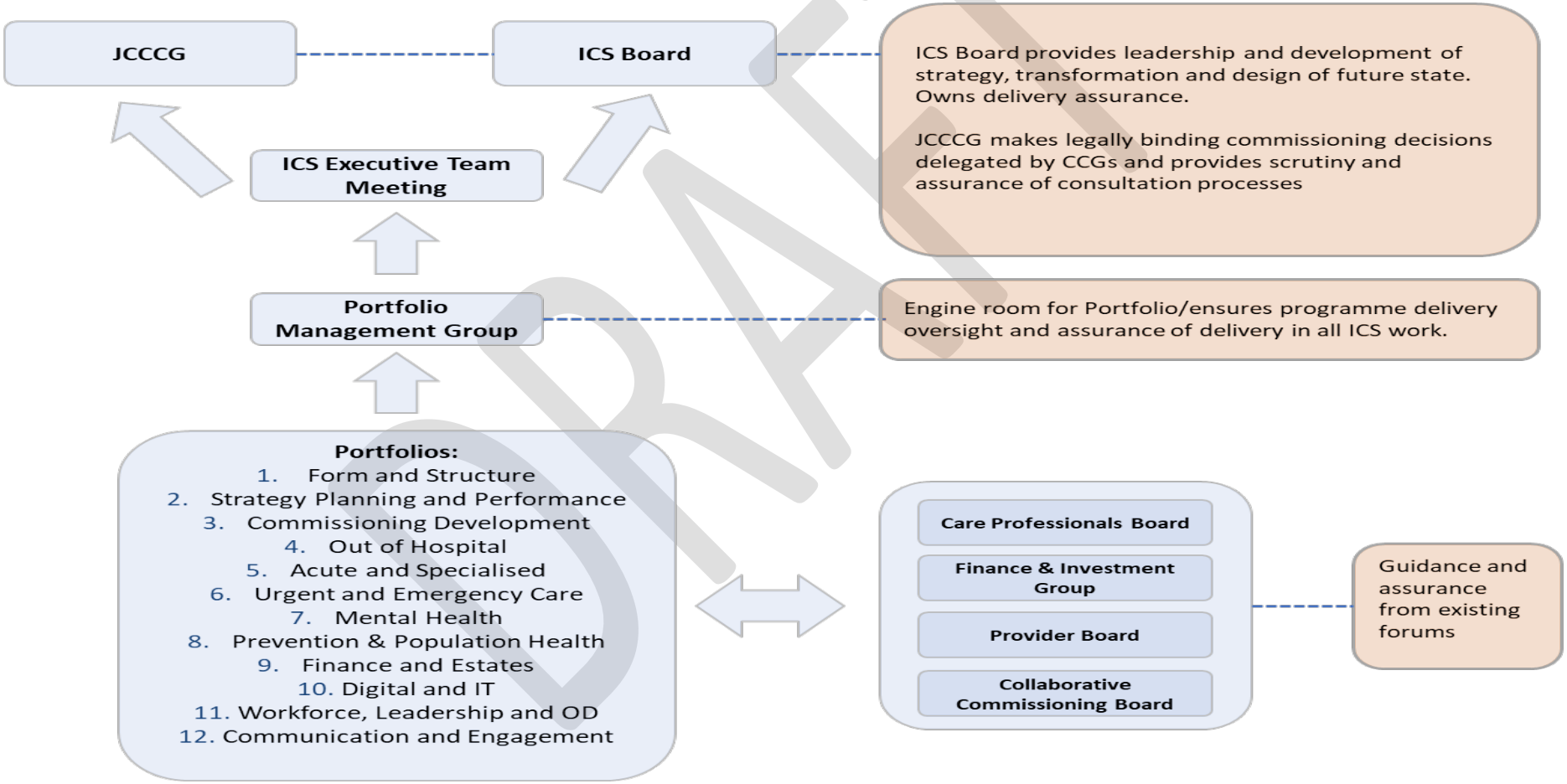
Appendix 6 - Lancashire & South Cumbria Integrated Care System Governance Structure 2019



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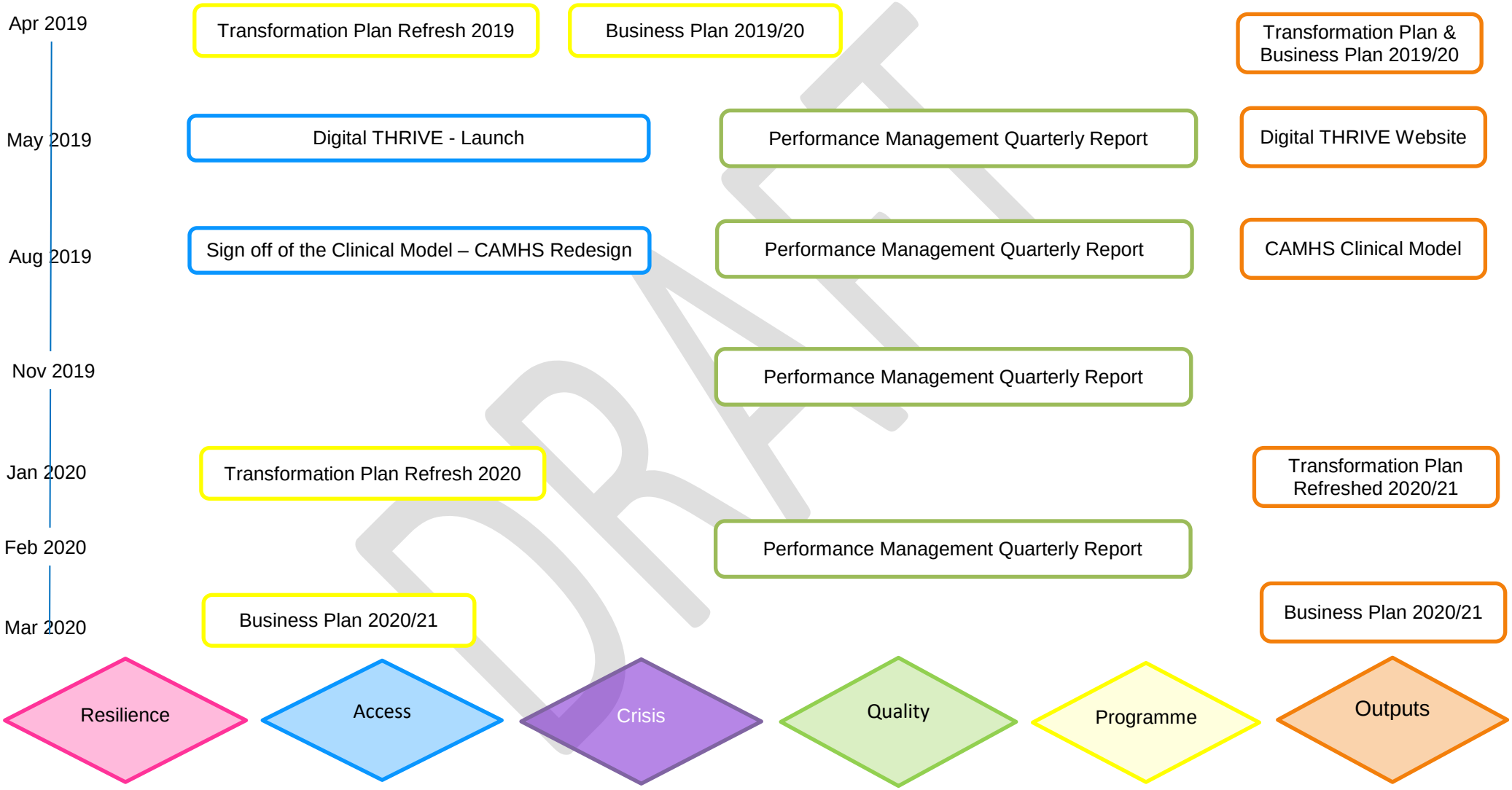
Appendix 7 – Milestones, Decision Points and Outputs 2019/20



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