Northamptonshire County Council

NHS Corby Clinical Commissioning Group

NHS Nene Clinical Commissioning Group

Northamptonshire Future in Mind Plan 2019 - 2021

Making a difference to young people's mental health services

Contents

1. The Northamptonshire Future in Mind Vision

"Children and Young People's Community Health Services (including emotional wellbeing and mental health) within Northamptonshire will put the voice of children, young people and their families at the centre of everything we do. We will continue to improve community health services to ensure they are responsive, equitable and inclusive. Services will be available where and when they are needed the most. By working together we aim to ensure children and young people are happy, healthy, safe and resilient, enabling a positive transition into adulthood". Future in Mind LTP Northamptonshire, 2015

2. Foreword

The last four years have seen considerable progress in the delivery of our Future in Mind programme which is demonstrated by the examples, quotes and material included in this, our refreshed Local Transformation Plan (LTP) for the final year of Future in Mind. There has been significant cooperation across children's services to improve access for Children and Young People. As part of the Mental Health Awareness Day 2019, "Talk out Loud" a young person led anti stigma group developed resources to raise awareness of mental health and help stamp out mental health stigma in schools and the wider community, with 100% of secondary and 90% of primary schools participating, and commitments made to further increase its profile. Four times the number of young people now say they are happy to talk about their mental health compared to when the programme began. As the Future in Mind programme transitions to the Northamptonshire Health and Care Partnership's Long Term Plan, we build on the foundations created within multiple organisations to improve the emotional wellbeing for our children and young people.

The success of the Referral Management Centre continues to mean that the majority of referrals in relation to children and young people's mental health and wellbeing are dealt with in one place and triaged to the most appropriate provider. This has streamlined processes and improved access we are now seeing three times as many children and young people than we did when the programme began. We are seeing reduced waiting times at nearly half of where they were four years ago, and our case studies show how we have improved the experience for children, young people and their families across Northamptonshire.

During the time of the programme, there has been significant complexity and change in our county which is expected to continue in the years ahead. In addition to being one of the fastest growing populations in the UK, local government will be changing to create a Children's Trust, as well as two new unitary authorities in the North and West of the county. Our two Clinical Commissioning Groups, NHS Corby CCG and NHS Nene CCG, have also received support from NHS England to create a new single strategic commissioning organisation to serve the County from April 2020. However, even against this background of change and significant financial challenge we remain fully committed to continue working with our partners to improve our outcomes for the mental health and well-being of our children and young people.

Our refreshed strategic priorities are included in this LTP and will be a key focus over the remainder of the Future in Mind five-year programme, and as we then segue into the NHS Long Term Plan. The journey is far from complete as we continue to experience and balance increasing complexity alongside greater expectations. We are looking to develop new models of care to respond to needs with local, integrated and outcomes focused pathways, which look at impact as well as activity. I would like to thank all of our key partners; the Local Authority and Public Health, our wide range of provider organisations from both the NHS and the Third Sector, and especially our children and young people (CYP) and their families. We remain committed to listening to the views and experience of CYP and their families so that we deliver services appropriate to their needs and experience of the world.

Signed By

Toby Sanders, Chief Executive Officer, Northamptonshire CCGs.

3. Executive Summary

A requirement of Future in Mind is for geographical areas to develop a local plan focused on improving access to help and support when needed and improve how children and young people's mental health services are organised, commissioned and provided. This document builds on previous Children and Young People's Mental Health and Wellbeing Local Transformation Plans (LTP) for Northamptonshire, and sets out our ambitions for the final year of Future in Mind, in line with the national ambition and principles of promoting, protecting and improving our children and young people's mental health and wellbeing. The Plan will conclude by looking towards what the future may hold for Northamptonshire in light of the Long Term Plan.

In the four years since Future in Mind began in 2015, there has been a 40% increase in investment to improve the outcomes of mental health and well-being for children and young people in Northamptonshire. In that time, there has been a 93% increase in the young people prepared to talk about mental health. 53% more children and young people are receiving services and the waiting times are nearly half of the time they were at the beginning of the programme. We are now seeing 4.5% of the population of children and young people. There has been significant investment in training and development including Children and Young People's Improving Access to Psychological Therapies (CYP IAPT), Eating Disorders, Self Harm reduction etc.; however the complexities continue to increase.

Nene and Corby Clinical Commissioning Groups have worked with partner agencies to complete this refreshed LTP. As this is the final iteration we wanted to take the opportunity to reflect on the significant achievements and progress that has been made in children and young people's mental health and wellbeing in Northamptonshire, and how our understanding has evolved over this time. This report will comment on progress made against the Key Lines of Enquiry and outline plans for service development and delivery in 2020/21. The majority of service transformation work outlined in this report will occur in the period 2019 to 2021, in line with the local vision and strategy for service improvements and improved outcomes.

Achievement of many of our local priorities is inter-dependent with other priorities under the five Future in Mind theme headings, and we have also reviewed progress against the ten ambitions set out in the original plan, as referenced in both Figure 1 and Chapter 6. The Northamptonshire Transformation Plan is a dynamic document that continues to evolve as services and commissioners receive feedback from service users and their parents / carers about their experiences of local services. As data collection and analysis becomes more sophisticated and robust we are able to continually monitor and review and consider the impact through key performance indicators, service user feedback and participation groups, that local services are having on meeting local need.

This is all against a backdrop of change where the Northamptonshire Heath and Care Partnership (NHCP) will ensure consistency while the CCGs continue to work to enable mental health outcomes continue to improve while the local authority changes to become two unitary authorities with a single Children's Trust. At the same time, the two CCGs in Northamptonshire will also be disbanded, with a new, singular CCG formed to serve the whole county.

Successful implementation of the plan will continue to result in the following outcomes:

- Improvement in emotional well-being and mental health of all children and young people;

- Multi-agency approaches to working in partnership, promoting the mental health of all children and young people, providing early intervention and also meeting the needs of children and young people with established or complex problems;
- Early identification of emergent themes and potential service gaps to inform future commissioning decisions, service direction and investment potential;
- Children, young people and their families will have access to mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies, which will contribute towards improved, quantifiable outcomes

Northamptonshire's 2019 - 2021 LTP will enable all stakeholders in Northamptonshire to further advance work to provide more accessible services closer to home, reduce hospital admissions and improve outcomes for children and young people, especially those with multiple and complex needs.

There is the commitment to continue the journey as highlighted in Figure 1 below, with a key focus on:

- Co-producing solutions with children, young people and their families
- Continuing to reduce waiting times will increasing accessibility in line with national trajectories
- Greater focus on vulnerable groups to reduce the poor determinates of mental health based on our improved understanding of local need
- Work towards developing an outcomes framework to enable flexibility and a focus on quality
- Digital enablers to improve the choice of ways young people can engage
- Further investment in Eating Disorders, including CYP with disordered eating
- Improving the approach of transitions encompassing the 0 – 25 agenda as a part of the NHS Long Term Plan
- Our REACH Youth Counselling collaborative will support parents in Northamptonshire to provide family drop-ins and support based on Action for Happiness model
- Work closer with our partners, especially in social care and education to join up our strategic and operational plans
- Focus activity on continued improvements in the areas of neurodifference such as Autism
- Improve the support for young people who do not meet clinical thresholds
- Work to reduce the rate of self-harm in the county
- Develop the crisis pathway to reduce the need for acute interventions as well as providing alternative venues to an urgent care setting through the provision of a crisis café and streamlined pathways
- Self-management/improved resilience
- Children and young people reporting improvements and measures re SDQa and reduction in ACES etc.- PH fingertip data

Whilst we recognise the Five Year Forward and Future in Mind plans are coming to an end, the NHS Long Term plan will seek to expand upon the foundations built in this programme. Our plan refreshes reports on the work delivered from 2015/16 and the commitments to the end of the programme and beyond.

Figure 1: Our Transformation Journey so far 2015-2020

2015-2016	2016 – 2017	2017 – 2018	2018-2019	2019 - 2021
• Developed Northamptonshire Future in Mind Transformation Plan • Established governance structure and partnership working arrangements • Reviewed existing service provision • Developed the award winning Talk Out Loud Anti-Stigma Programme • Revamp and relaunch of the Ask Normen website • Improved by creating a referral management centre integrating all community health provision for children and young people • Started our work on perinatal mental health support • Launch of a Self-Harm Toolkit	• Enhanced the Mental Health Anti Stigma work to encompass primary schools • Reduced waiting times including for Autism and ADHD • Enhanced Community Eating Disorder Service • Developed an integrated health and wellbeing team for looked after children • Enhanced the Crisis and Home Treatment team • Rolled out Improving Access for Psychological Therapy training and tools (CYPIAPT)	• Review of the crisis support pathways • Care, Education, and Treatment Reviews were implemented to reduce the number of children and young people in hospital with a learning disability and/or autism • Campaign focus on employers to understand the needs of parents supporting children with enduring mental health needs • Enhancements to the Ask Normen website to include self help • Roll out of the CAMHS live Service where young people could message for advice	• Largest ever Northamptonshire Mental Health Awareness Day • Brought the youth counselling agencies together as a REACH collaborative to share resources and training • Expanded the provision and remit of the adult specialist Personality Disorder Service to provide a county-wide Young Peoples' Dialectical Behaviour Therapy (DBT) programme and family skills group sessions • Continued to roll out CYP IAPT • Developed use of peer support networks for parents through the counselling services • Recruited five people into Wellbeing Practitioner training posts • Develop a joint training plan for professionals across the whole system • Review of needs for crisis care and develop strategy for 24/7 access • Develop better data systems for collecting supervision ROMs and paired ROM • Targeted early prevention work to be developed to improve parent/infant bonding • The NHS and Local Authority agreed a joint autism and learning disabilities strategy and plan to better support vulnerable children, young people and	• More comprehensive outcomes reporting • Work towards 24/7 access to appropriate crisis care for CYP • A joined-up local offer to meet the needs of CYP in Northamptonshire, including collaborative plans for workforce and staff training. • CYP in Northamptonshire experience services as accessible and responsive to their needs across the whole pathway and system • Greater focus on groups who are more vulnerable, e.g. CIC and BAME • Reduction in A&E attendances for mental health crises • Place-based commissioning through new care models leading to reduction in number of inpatient bed days • By the end of the programme, 20 additional staff recruited and trained in evidence-based interventions and 40 existing staff trained in evidence-based interventions • Improved early prevention and early intervention services across the system including: 3rd Sector Perinatal MH Team; WPs in schools; Early Help; Universal and Primary Care Services • Improved access for CYP to evidence-based interventions • 0-5 early mental health support • Enhanced partnership

			their transitions.	with education • Greater focus on supporting CYP with long term conditions • Invested in and transformed the CEDS physical health pathway

4. Transparency and Governance

This section outlines our approach to Transparency and Governance at each level of the system

The following Key Lines of Enquiry from NHS England will be addressed here:

Will the Local Transformation Plan (LTP) be both refreshed and republished by the deadline of 31 October 2019 with checked URLs, ensuring it is available on partner websites and in accessible formats for CYP, parents, carers and those with a disability?

If the plan is not refreshed by the 31 October 2019 deadline, has the CCG confirmed a progress position statement on the refresh on their website?

Does the LTP align with the STP/ICS plan and other local CYP Plans to provide the contribution of children's mental health to the NHS Long Term Plan? (CCGs are requested to provide a paragraph on alignment).

Has modelling been used to review current MH provision to plan investment across the whole system pathway, considering local prevalence data, for example, using the System Dynamic Modelling Tool?

Does the LTP align with other key strategic reforms and plans for children and young people overall, as well as CYP with MH conditions, e.g. Transforming Care and special educational needs and disabilities (SEND), and Youth Justice?

Have the following relevant partners been involved in developing and delivering the refreshed LTP for 2019/20, including information about system roles and responsibilities:

- The chair of the Health and Wellbeing Board and their nominated lead members?
- Multi-agency safeguarding arrangements?
- Specialised commissioning?
- Key strategic education leads?
- Health and Justice Commissioners?
- Local authorities including Directors of Children's Services, Directors of Public Health, and Local Safeguarding Children's Boards?
- Local Transforming Care Partnerships?
- Local participation groups for CYP and parents/carers?
- Local voluntary sector partners?
- Local education partners?

This refresh of the Future in Mind Plan for Northamptonshire will be published on 31 October 2019 updating where the county is in relation to the last 4 years of striving to improve access and outcomes for children and young people's mental health, from pre-birth and moving to extend our approach to transitions to 25. In order to ensure that the LTP is accessible to our population who have additional needs, we will write and publish an easy-read, accessible version of the plan giving the key headlines and aims.

The agencies who contributed to the refreshed LTP were: NHS Nene and NHS Corby Clinical Commissioning Groups, NHS England, Northamptonshire County Council, Public Health,

Northamptonshire Healthcare Foundation NHS Trust (NHFT), Young Healthwatch, Talk out Loud, Children & Adolescent Bereavement Service (CABS) and the REACH Youth Counselling collaborative. The views of Young People were used to inform service transformation plans. The Northamptonshire Future in Mind journey began with using an NHS England provided System Dynamic Modelling Tool considering local prevalence data and it gave us the target operating model we have been working to ever since.

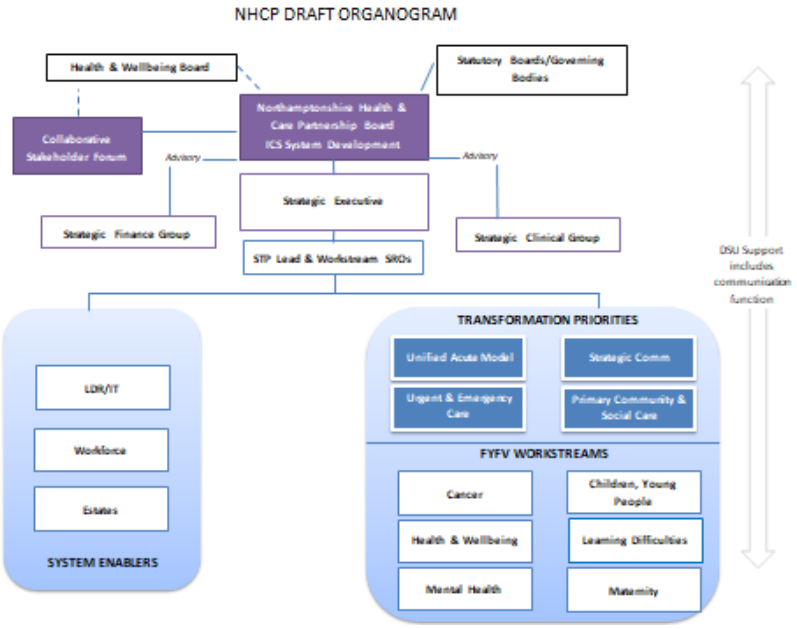
Performance

The CCG and Public Health hold regular contractual meetings with local commissioned CYP mental health and emotional wellbeing providers in order to review performance data and provide assurance on key areas of service delivery, including on recovery trajectories where it is has been identified that improvements are required. Service review meetings are also held with providers and, as these provide a useful forum in which to discuss core business and emergent issues. In addition, monthly meetings with NHSE and CCG commissioners are in place to ensure transformational and constitutional progress is supported and understood.

Governance

In order to provide governance and monitoring for the implementation of the LTP, the Children's Mental Health Partnership continues to meet, and is jointly chaired by both the CCG and NHFT to promote a collaborative approach. A representative from adult mental health services also sits on the group as we begin to move forward and consider how our services can adapt to meet the needs of 18-25 year olds. This Partnership is governed by the Northamptonshire Children & Young People's Health & Care Partnership Board, which will inform and oversee system wide delivery of the plan, and set system priorities for future development. In turn, this reports into the main Health and Care Partnership Board (STP). An agenda place on the Children and Young People's Health and Care Partnership Board has been secured in October to approve the plan once it has satisfied NHS England assurance processes. The refreshed Future in Mind LTP will be made available on all partner websites, in accessible formats for children & young people, their parents, carers and those with a disability.

Figure 2: LTP Governance Processes



Since March 2019 we have been refreshing and re-establishing the local Children and Young People Transformation programme to improve outcomes for children and young people. We have re-established local leadership with the appointment of a new Director of Children's Services, who now chairs the local Transformation programme board. There are two joint SROs from both the local CCGs and the local authority; the programme membership reflects named clinical and management leaders, and includes representation from the Crime and Police Commissioner Public health, Schools, and other partners to design and deliver transformation for the local system, aligned to the national CYP Transformation programme. This programme board reports up to the Northamptonshire Health and Care Partnership.

At each level, there is co-production where the Northamptonshire Parent's Forum, Young Healthwatch, the young people led Talk Out Loud programme are included in the key governance decisions. In addition, in specialist areas such as Autism, there is a board that is co-chaired by a parent of children on the Autistic Spectrum as well as having her own neurodiverse needs. In addition, key professional stakeholders engage at public events, use tools such as "I want great care" and have their own youth governance that feed in to all of our work. For more information, please refer to Section 5: Understanding Local Need.

There is clear evidence that healthy behaviours in childhood & the teenage years set patterns for later life & by providing appropriate support for children & young people we can encourage Northamptonshire's next generation to be healthier & happier. The CYP work stream will focus on delivery of this via three sub-work streams initially, prevention & early intervention (Early Help), SEND & emotional wellbeing, (Future in Mind, Transforming care and Learning Disability and/or Autism)

We are committed to developing age appropriate integrated care, integrating physical and mental health services, and we are already enabling joint working between primary, community and acute services, and supporting transition to adult services for those with complex, long term conditions. This includes robust service planning, delivery, evaluation, and supervision of services.

We have identified key areas of focus to improve care and improve outcomes for children with asthma, epilepsy, diabetes and complex health needs.

We have a shared priority with Public Health to proactively treat and manage childhood obesity through early identification, prevention and self-management

Since 2015/16 the local area has established an integrated commissioning strategy and plan to improve the emotional wellbeing of children and young people. The local Future in Mind plan (FIM), and we have invested in and supported the expansion of the local offer of CYP mental health services; we have increased capacity, increased access and extended choice in provision.

The priorities for the Transformation all are independent with emotional wellbeing and mental health as we continue to drive a parity of esteem in supporting the holistic needs of children, young people and their families.

Figure 3: Children and Young People Transformation Plan Objectives

Northamptonshire Children and Young People Transformation Plan Objectives 2020 - 2024
Increase local specialist palliative and end of life care options, to include hospice care
Reduction in unnecessary attendance at A&E for CYP across a range of needs, to include LD, acute physical illness and mental health
Improve quality of care for children with asthma, epilepsy and diabetes (including their mental health)
Re-design and expand services to extend transition up to the age of 25, where required
Improve medicines optimisation (including the STOMP/STAMP programme)
Transformation into an integrated countywide specialist community CYP health service to include Physical Health, Neurodevelopment, and Community End of Life care and related services
Expand 24/7 crisis provision for CYP, including LD/Autism/LAC and identified vulnerable groups, which reduces inappropriate A&E attendances by combining assessment, brief response and intensive community based treatment
Mental Health support for children and young people will be embedded in schools and colleges (using transformation funding)
Increase intensive community MH support for CYP with LD / Autism who are at risk of MH hospital admission

NHS England has developed a Mental Health Framework, which will be used to monitor the progress of the plans outlined in this report. The framework contains the 2020/21 KPIs for each programme of work to be implemented within Northamptonshire. The roll out of outcomes based commissioning will be based on the lessons learned by the implementation of Northamptonshire's Mental Health Outcomes Framework for Adults.

5. Understanding Local Need

This section outlines our understanding of the needs of our local population. It will comment on progress to date; impact of this; our plans and how we will measure the impact of this.

The following Key Lines of Enquiry from NHS England will be addressed here:

Does the refreshed LTP clearly evidence engagement with CYP and their parents/carers from a range of diverse backgrounds, including groups and communities with a heightened vulnerability to developing a MH problem, including CYP with Learning Disability (LD)/Autism/Attention Deficit Hyperactivity Disorder (ADHD)? In:

- Governance?
- Needs assessment (including fewer than 5s)?
- Service planning?
- Service delivery and evaluation?
- Treatment and supervision?
- Feedback to inform commissioning and services?

Is there clear evidence that the LTP addresses local needs by clearly focusing on:

- All children and young people and their families who experience MH problems or who may be vulnerable and at a greater risk of developing MH problems?
- Looked after children?
- Adopted children?
- Children living with connected carers?
- Care leavers, including information on the numbers within the area?
- Disabled children and young people, including those with a learning disability, autism or both?
- The needs of CYP affected by Adverse Childhood Experiences (ACES) and those who have complex needs?
- Children and young people who identify as LGBTQ+
- Up to date information on local needs ad demonstrate how these needs will be met (e.g. identified within the Joint Strategic Needs Assessment – JSNA), identifying where gaps exist and the action plans in place to address these?

Is there an expansion plan (including staff training) funded based on a local needs assessment, including alternatives to A&E

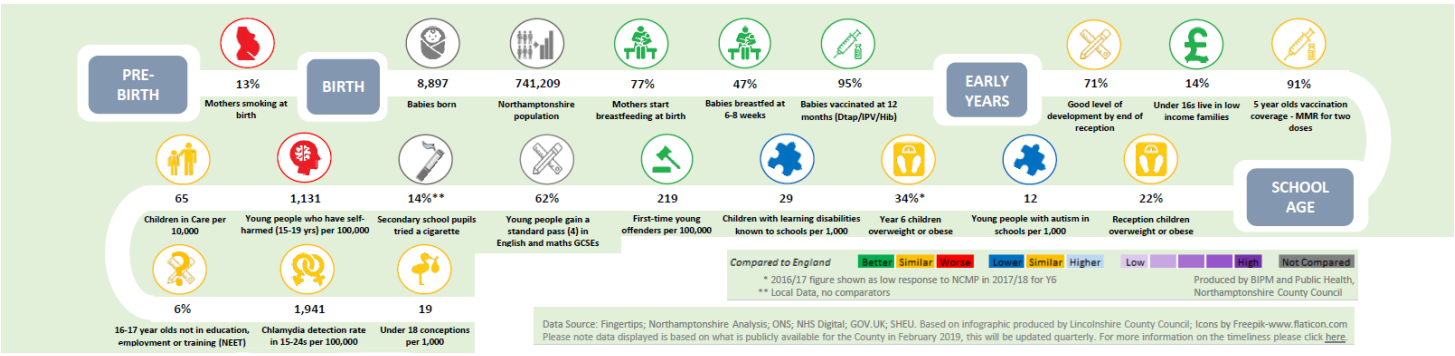
Does the plan make explicit how health inequalities are being addressed?

5.1 What we have done

In Northamptonshire, we have been working closely with our partners to better understand the greatest areas of need. While there has been progress regarding waiting times and positive outcomes for children and young people in the county, there are higher numbers than average of Looked After Children (LAC), a rise in Child Sexual Exploitation (CSE), an increase in gang related activity and “County Lines”, and a greater number of home schooled children. In addition, due to the number of mental

health hospitals in the county, Northamptonshire is a net importer of children placed for foster care or in acute mental health beds.

Figure 4: Health and Wellbeing Scorecard for Northamptonshire



To understand the local need for this refreshed plan, a range of information sources have been used.

Latest estimates (mid-2016, ONS) put Northamptonshire's population at **733,128** people (all ages) in 2016, with the ONS mid-year estimate for 2018 suggesting the population of **0 – 17 year olds** (birth to the day before a child's 18th birthday) **is 170,235.**

It is estimated that the county has had **above (national) average** population growth in recent decades. In the last 30 years the population of Northamptonshire has increased by just over 30% compared to a 16.8% England average. Population increase is projected to continue, with Northamptonshire growing by approximately 9% by 2024 - faster **than** the projected 7.5% increase for **England**.

Most recently, the **highest rates of** population growth in the county have been in **Corby** (also high for the country) and, as such, the town is projected to experience the greatest percentage increase in the county over the next 10 years. The greatest proportional increases by age are projected to be amongst the 10-19 year olds (early 2010's spike in fertility rate) 10-19 year olds (early 2010s spike in fertility rate)

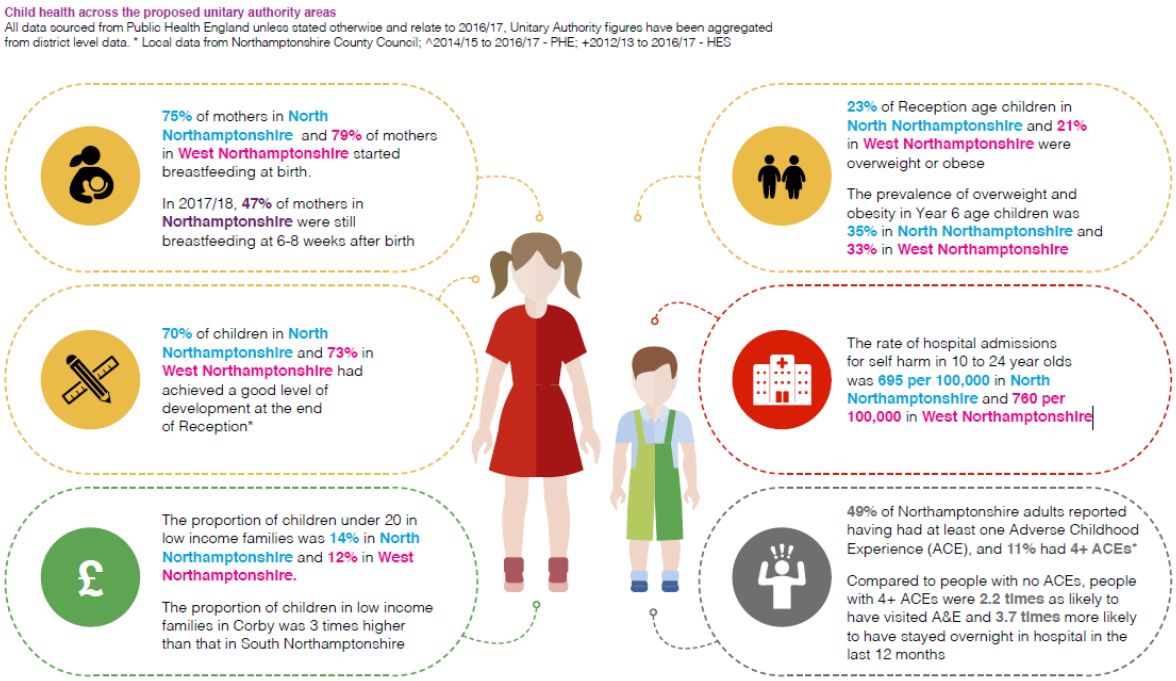
In terms of dependent groups, it is estimated that Northamptonshire has a slightly **higher than England average** proportion of **0-19 year olds**. However, the proportion of young people aged 0-19 within the population is projected to decrease slightly (despite numbers of young people increasing), in the next 10 to 20 years.

The latest data (2015) shows the live birth rate as being **slightly above** the England **average** (12.52 versus 12.10), driven by well above average rates in Corby, Kettering and Northampton.

In 2011, 12.6% of Northamptonshire's population aged fewer than 18 years were from black and minority ethnic groups. This proportion is likely to have changed since. In 2017, the population of 5-16 year olds in Northamptonshire was 111,803. Based on the most recent prevalence estimates published by Public Health England (2015), 3,913 of these children and young people can be expected to have an emotional disorder, 6,149 can be expected to have a conduct disorder, and 1,677 can be expected to have a hyperkinetic disorder. The high prevalence of conduct problems has led local services to prioritise how the needs of these children and families are met.

Based on 2017 population estimates, 19% of Northamptonshire's population aged less than 18 years live in areas ranked the 20% most deprived nationally. There are local inequalities in deprivation between districts. South Northamptonshire has no areas ranked in the 20% most deprived nationally, whereas in Northampton 32% of under 18s live in such areas, which is the highest level in the county. Of Northamptonshire's urban districts, which tend to be more deprived, Kettering had the lowest proportion of fewer than 18s living in deprived areas at 15%.

Figure 5: Health and Wellbeing Highlights for Future Unitary Authorities



Birth and pre-school children aged 0-5 years

Evidence shows that children from poorer backgrounds are more likely to experience:
- Poor performance at school leading to fewer academic qualifications
- An increased likelihood of poor health in adult life
- Less opportunity to secure good employment
- Increased risk of offending
- Limited access to cultural and leisure opportunities
- Increased risk of being taken into care

In Northamptonshire there are fewer children living in poverty compared to the England average, however, this masks significant variation within the county; we know that Corby, Wellingborough and Northampton have the highest proportion of children living in poverty.

School readiness

There is variation across the county of children achieving a good level of development. Data shows that school readiness scores are generally lower in more deprived urban parts of Northamptonshire, and are lower in North Northamptonshire (69.9%) compared to West Northamptonshire (72.6%).

School aged children and young people aged 5 – 19 years

The School's Census of January 2018 shows that there were a total of 122,707 children and young people in education in Northamptonshire (in state and independent schools). A further 232 were listed as missing from education and 734 children are electively home educated (EHE). Whilst parents are within their legal rights to educate their children at home, the Local Authority retains a responsibility to ensure the safety of these children.

Across all Schools in the county, including academies, there were a total of:
4,324 children and young people having an Education and Health Care Plan (EHCP); and
13,993 with special needs, including EHCP, statements and Special Educational Needs (SEN) support.

Self-harm

Self-harm is a major public health challenge and rates tend to peak in adolescence. Although most is not fatal it is signal of distress and increased risk of suicide. As mentioned previously adolescence is a life stage of significant change therefore an important life stage for intervention with huge potential for development of new skills and capabilities.

Locally rates of self-harm admissions are increasing in all ages and in Northamptonshire it is significantly higher than the England average.

Local analysis has shown the rate of hospital admissions as a result of self-harm in those aged 10 to 24 years in the proposed North and West Northamptonshire areas are not significantly different from one another (695 per 100,000 population in North Northamptonshire and 760 per 100,000 populations in West Northamptonshire). However this masks inequalities within each area; those living in the most deprived areas of Northamptonshire are 3.9 times more likely to be admitted to hospital from self-harm than those in the least deprived areas. Indeed if the most deprived 20% of the population had the same rate of hospital admissions for self-harm as the least deprived areas there would be approximately 163 less admissions a year in the most deprived areas. There were 325 Children in Need assessments due to self-harm.

Looked After Children

Northamptonshire continues to have a high number of CYP coming into the care of the Local Authority. The most up to date data identifies the rate in Northamptonshire as 61 per 10,000 children. Recent figures show there were 1,124 children in the care of Northamptonshire County Council, a 3% increase on the previous year. 55 of these children were under 1. 75% were placed in county and 25% placed out of county. In addition, Northamptonshire has the highest number of unaccompanied asylum seeking children (84) in the Midlands and East of England.

Figure 6: Gender and Age of Children in Care

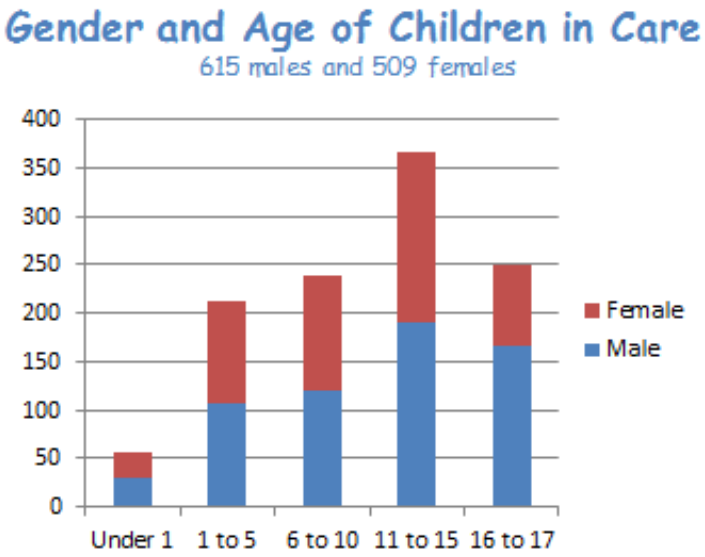
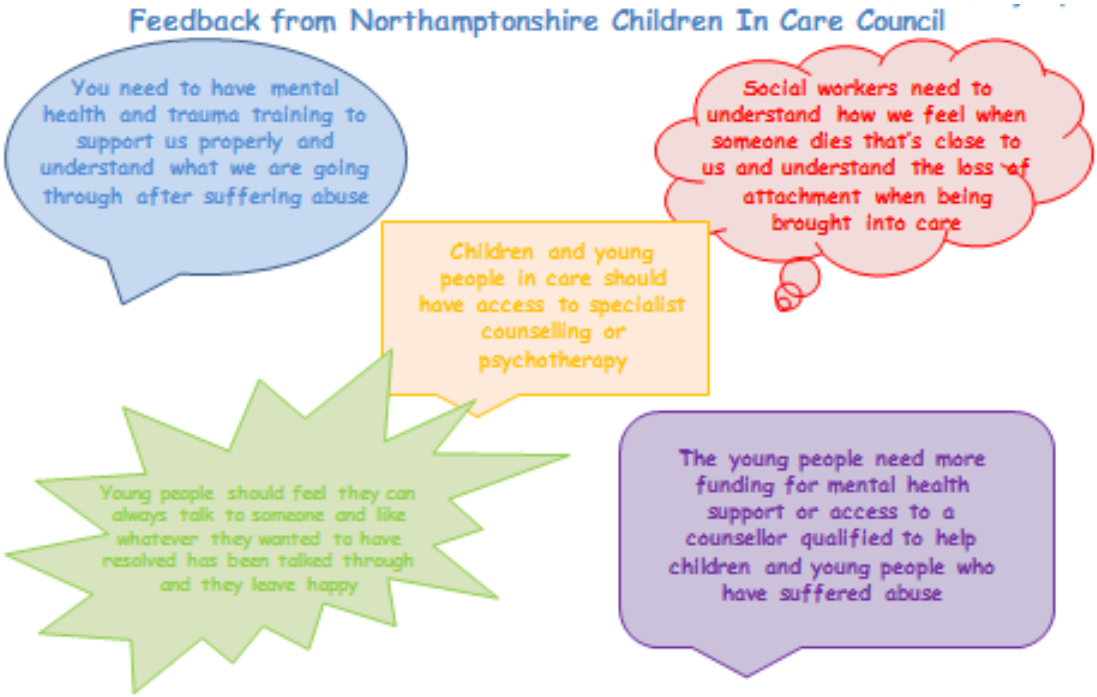


Figure 7: Feedback from Looked After Children and Young People



Children in Need, Child Protection and Safeguarding

There were 894 children on a Child Protection Plan, which was a 22% increase compared to March 2018, 2% more than 2017. As at 20 August 2019, there were 5,035 children identified as being a Child in Need

Figure 8: Child Protection Plan Admissions and Discharges

Admissions & Discharges to Permanent & Temporary CP Plans, and Month-End Population as at: 31 July 2019

	Pre-School	School Age	Total
Admissions & Discharges			
Children made subject of a permanent CP Plan during month	26	39	**65**
Children made subject of a temporary CP Plan during month	0	3	**3**
Total	**26**	**42**	**68**
Children who ceased to be subject of a permanent CP Plan during month	35	64	**99**
Children who ceased to be subject of a temporary CP Plan during month	0	0	**0**
Total	**35**	**64**	**99**

Figure 9: Children Subject to a Child Protection Plan

Children subject of a permanent CP Plan at month-end		**441**	**241**	**682**
By Area				
	Corby & Kettering	102	54	**156**
	Wellingborough & E. Northants	103	43	**146**
	Northampton	150	95	**245**
	Daventry & S. Northants	67	34	**101**
	Pcode Error	19	15	**34**
	Grand Total	**441**	**241**	**682**
By Category				
	EMOTIONAL ABUSE	187	100	**287**
	Neglect	218	123	**341**
	PHYSICAL ABUSE	24	11	**35**
	SEXUAL ABUSE	12	7	**19**
	Grand Total	**441**	**241**	**682**
Children subject of a temporary CP Plan at month-end		**125**	**87**	**212**

The Children In Need Census 2017/18 shows that there were 1,134 Single Assessments carried out by Children's Social Care where alcohol use by a parent or carer was flagged as a concern and 1,472 where drug use by a parent or carer was flagged as a concern. The Children in Need Census also shows that 58 children in Northamptonshire had a Single Assessment where they were flagged as being unaccompanied asylum seeking children.

National research and information recognises that the prevalence of mental health difficulties is higher for children who have one or more risk factors from domains including: those looked-after by the local authority, those with disabilities, those whose parents have a mental health problem; those who identify as Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ), those from black and minority ethnic groups and those in the criminal justice system. A review of ACE prevalence of the 200 most prolifically offending young people in Northamptonshire known to the YOS demonstrated that 51.9%

were assessed as having a mental health need and 45.9% had carers who had mental ill-health, and 24.8% had self-harmed and 26.3% were assessed as having been sexually exploited as a child or at risk of CSE (333). 2971 children and young people also witnessed domestic violence, while 105 belonged to gangs.

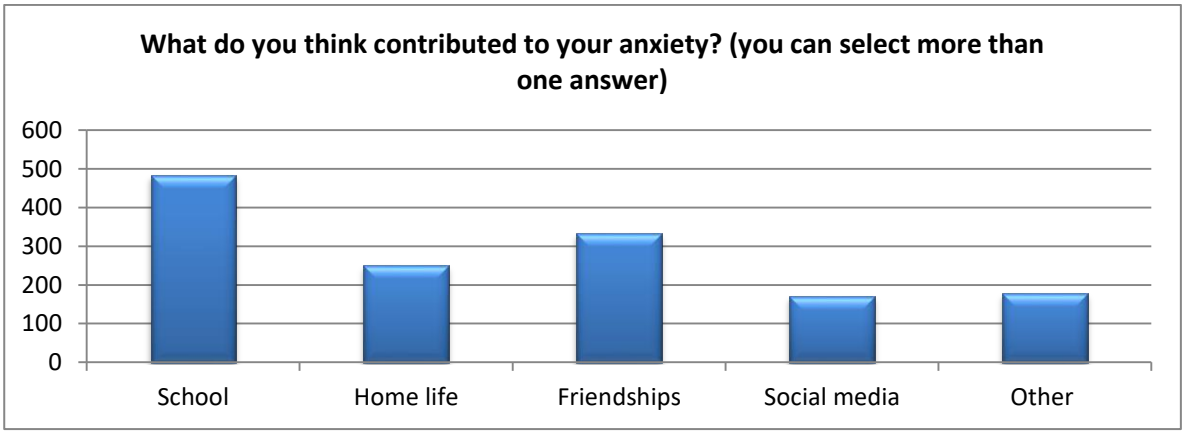
Anxiety

Talk out Loud, the local commissioned mental health anti-stigma group recently undertook a survey in February 2019 to capture the views of Northamptonshire children and young people, aged 11-21,CYP on anxiety. 723 responses were received, some of which 55% were aged 14-16.

The survey found that 61% of respondents have suffered from anxiety, and young people's views are roughly (48% yes, 52% no) as happy as they were 12 months previously.

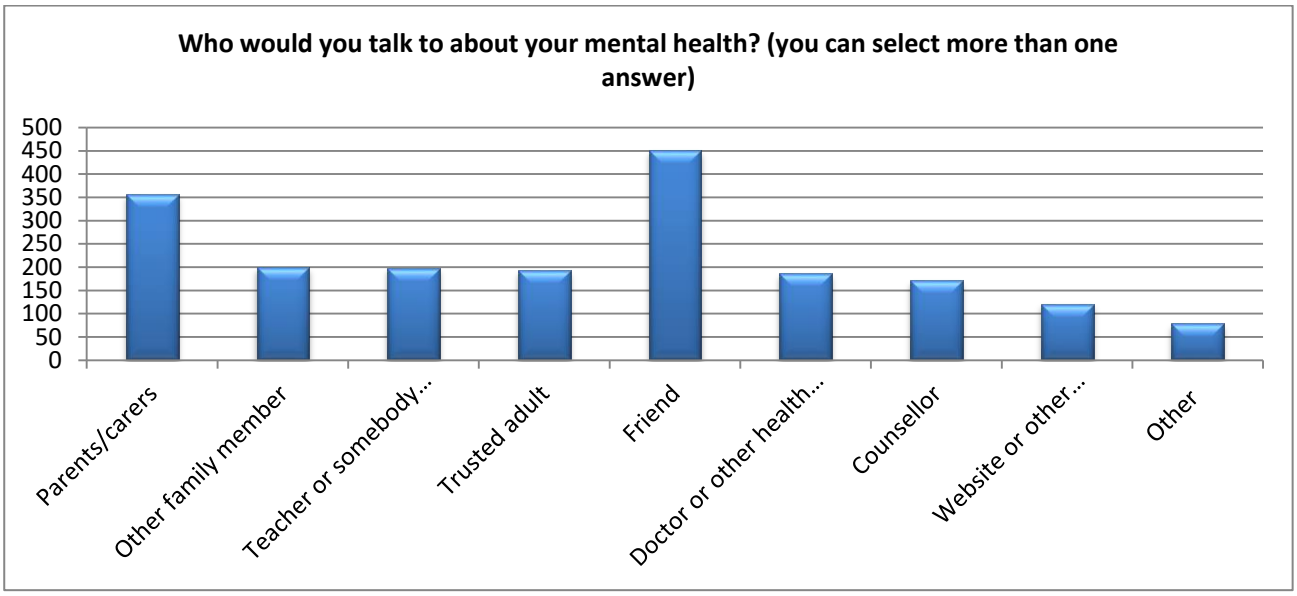
As demonstrated illustrated in the below graph, the majority of respondents identified school as a contributor towards their anxiety, followed by friendships table:

Figure 10: Determinants of Anxiety



Respondents felt reasonably comfortable (scoring an average of 4 on a scale of 1(not at all comfortable) – 6 (very comfortable) talking to someone about their mental health and, as demonstrated overleaf would be more likely to speak to a friend, or a parent/carer:

Figure 11: Chosen Confidants



In April 2021 all eight current local authorities in Northamptonshire will be replaced with two new unitary councils, one serving the North of the County and one the West of the County. The intention is to have integrated care systems everywhere by 2021, working with Local Authorities at "place" level.

The County Council's Children's Social Services have also been experiencing significant challenge and, following an OFSTED review, the Secretary of State appointed a Commissioner for Children's to propose the best model for delivering the required improvement. The future of Children's Services needs to be considered in the context of Local Government reform and will include the establishment of a Children's Trust. These changes to the local authority should not have a significant impact in the delivery of this Long Term Plan as the CCG has experience of commissioning services across different areas and services and will continue to work for the benefit of all of the children and young people registered with Northamptonshire GPs.

Changing the outcomes with THRIVE

Northamptonshire is implementing the i-THRIVE Framework for communities who are supporting the mental health and wellbeing of children, young people and families. It aims to talk about mental health in a language that everybody understands. The Framework is needs-led and coproduced where needs are not based on severity, diagnosis or health care pathways, but on shared decisions.

The i-THRIVE Framework is for:

- all children and young people aged 0 – 25 within Northamptonshire
- all families and carers of children and young people within the county
- any professionals who seek to promote mental health awareness and provide support

The i-THRIVE Programme is a national programme using an evidence-based approach to support over 75 sites across England, Northern Ireland and Scotland to implement the THRIVE Framework. Half of all children and young people in England live within a locality that is a member of the i-THRIVE Community of Practice and THRIVE is recommended in the NHS Long Term Plan (January 2019).

The i-THRIVE Framework conceptualises the mental health and wellbeing needs of children, young people and families into five needs-based groupings:

Figure 12: The i-THRIVE Model

Although not an exhaustive list, the table below details some of the services commissioned for children and young people with emotional and mental health difficulties. Services are shown by their place within the THRIVE model.

Figure 13: List of Services Commissioned and delivering the LTP in Northamptonshire

Universal (Tier 1) Thriving	Those whose current need is support in maintaining mental wellbeing through effective prevention and promotion strategies	• Midwifery • Health Visiting • School Nursing • Children's Centres • Libraries • Ask Normen • Talk Out Loud Programme • General Practice

Targeted (Tier 2) Getting advice. Graded approach. CGAS 60-80	Those who need advice and signposting.	• Youth Counselling – 5 Charities • Family Nurse Partnership • Website & digital offer • Early Intervention & Consultation • CAMHS connect • CAMHS Live (and Tier 3) • CAMHS Consultation Line (and Tier 3) • Targeted Mental Health in Schools (TaMHS) • Youth Offending Service (and Tier 3)
Specialist – community (Tier 3) Getting help	Those who need focused goals-based input	• Specialist CAMHS. Pathways: anxiety, mood, emotional dysregulation, OCD, Tourette's, relationship, gender identity, trauma including mixed presentations. There is currently a co-morbidity presentation pathway under development • CAMHS – including CYP-IAPT ○ Children's ADHD/ASD Team ○ Incredible Years Programme ○ Consultant Psychiatry ○ Paediatric Psychology - Diabetes - Cystic Fibrosis • Specialist Continence Team • Children's Community Team for People with Learning Disabilities • Integrated Looked-after Children's Service including Looked-after Children's Mental Health Team • Liaison and Diversion Teams
Getting more help	Those who need more extensive and specialised goals-based help	• Community Eating Disorders Service • CAMHS Crisis Team • Sexual Assault Referral Centre (SARC) • N-Step – Early Intervention in Psychosis • Dialectical Behaviour Therapy (DBT)
Specialist (Tier 4) Getting risk support	Those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services	• Adolescent inpatient units • Eating Disorders Inpatient • Psychiatric Intensive Care Units – (these are not within Northamptonshire, however they can be sourced elsewhere if required) • Low Secure (Mental Health and Learning Disabilities) • Medium Secure (Mental Health and Learning Disabilities)

In order to further help understand the needs of our children and young people with regards to their mental health and emotional wellbeing, and their views on how service delivery could be improved, participation and co-production has become a key focus, as demonstrated below:

Young Healthwatch

Young Healthwatch Northamptonshire has been undertaking a number of pieces of work to help capture and represent the views of local children and young people, including around mental health and emotional wellbeing. The local profile of the organisation continues to grow, and they are being approached more regularly to undertake projects to inform future service provisions, including co-production opportunities.

Current and future planned projects include:

- NHS England have commissioned a project for Young Healthwatch to work with young carers to focus on their emotional wellbeing
- Working with Kettering General Hospital to help redesign their Children's Emergency Department
- Undertaking a PHSE survey for Public Health to inform needs for local delivery
- Working as part of a collaborative in Daventry to help reduce self-harm in children and young people
- Successful in bidding to work with the East Northamptonshire Primary Care Network on a project around self-harm, mental health and emotional wellbeing

Young Healthwatch also continues to work closely with other local participation groups including; Young Carers Northamptonshire, Shooting Stars (SEND participation group) and the Carers' Board to ensure that the voice of vulnerable groups is heard and reflected in local services.

Participation - CAMHS

Participation is highly valued in Northamptonshire, and NHFT have expanded to create a children's participation team which covers both universal and specialist areas of their service provision.

Within its inpatient mental health provision, young people continue to be involved in the recruitment of staff through service user interviews, and plans are also underway for a Service User Away Day, where ex-service users and their parents / carers can share their experiences o inpatient admission. There has also been a pilot of young people retaining access to their smart phones within one of the inpatient wards. Following a serious incident investigation in 2018/19, resources are now available for young people, parents and carers on distraction, coping and safety planning post-discharge.

Participation continues to grow within community CAMHS provisions, with one of the current CAMHS participants having been elected as NHFT's young governor. A recent piece of work around the Crisis Team with current participants has made recommendations for future changes, and questionnaire is being created to obtain a wider opinion of previous Crisis service users to help inform future service provision. Future in Mind funding has also enabled the increase in operational hours of the CAMHS Crisis Team to 12midnight, with a last assessment time of 10pm. The operational hours of the CAMHS Consultation Line have also been extended. I Want Great Care; NHFT's patient feedback mechanism has been extended to cover more services, including the CYP Crisis Team, the Health and Justice Project and Paediatric Psychology.

Public Health

The Public Health 0-19 service worked with young people and CAMHS colleagues to co design and evaluates the Wellbeing Workshop programme which is now the primary resilience building intervention for young people with an emerging wellbeing issue provided by the 0-19 service.

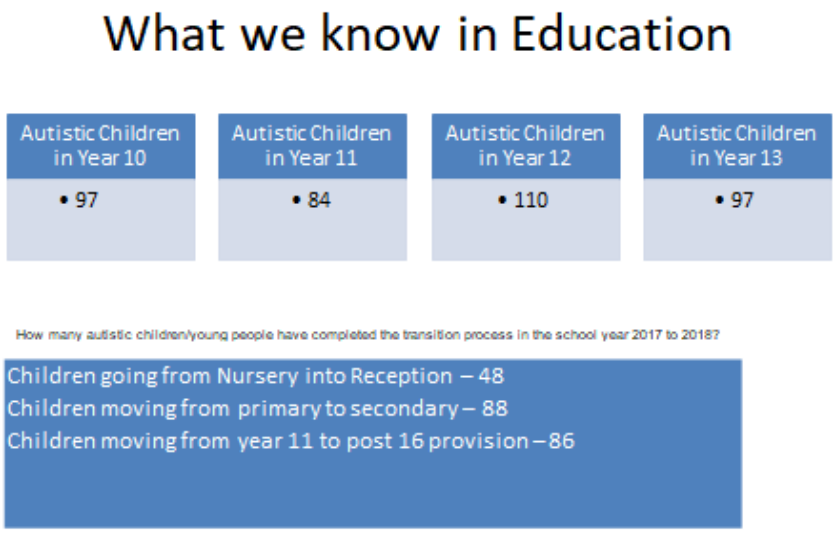
Public Health has also worked closely with Young Healthwatch and has commissioned them to complete a consultation on the current PHSE curriculum.

Transforming Care

As a part of Transforming Care, now the Learning Disability and Autism Programme, there has been continued development of coproduction to improve our approaches. Currently, less than 20% of referrals made for a diagnostic assessment are confirmed as autistic. However, 85% of presentations for comorbid mental health or behaviours that challenge are attributed to autism only, while 15% have a learning disability. The Care and Treatment Review process has seen 70% of presentations not requiring an admission. Development of solutions to be able to better support the needs of children and young people in the community is a priority for continued improvement. Currently there are five children with a learning disability and/or autism in a specialist hospital setting.

There is an increase in presentations in all ages an average of 188 children and young people and 175 adults have received a diagnosis of an autistic spectrum condition each year, and our autistic population profile in schools is significant:

Figure 14: Autism Levels in Education



As a result, there is a refresh of our approaches to coproducing our model of need. NCC and the CCGs have agreed an All Ages Learning Disability Strategy and Action Plan and an All Ages Autism Strategy and Action Plan. There were a series of engagement events with parents and carers throughout 2018 and 2019, and recently a new Autism Steering Board has been established which includes co-chairs with lived experience and representatives from parent and carer groups as well as across children services. We ensure we listen to the voice of the child when we undertake our Care Education Treatment Reviews and as commissioners, we regularly review how we can improve our services based on the feedback.

Talk Out Loud Programme

Talk Out Loud's participation group consists of 24 young people from Northamptonshire who influence and drive the Programme's focus; create campaigns, initiatives and social media posts. Although the group has grown organically it remains inclusive, and includes young people with a Special Educational Need or Disability (SEND), and young people who are LGBTQ, carers, and those from a minority ethnic background. Talk Out Loud was initially set up in 2011 to reduce mental health stigma. In 2017 they identified that this had significantly reduced, and from 2018 they took the decision to change the focus of the programme to the conversation about mental health, and helping to raise awareness of how young people can access help and support.

As part of the Mental Health Awareness day 2019, a young person led anti stigma group developed resources to raise awareness of mental health and asked for pledges as to how children, young people and adults will help stamp out mental health stigma in schools and the wider community. The resources span primary and secondary school students and uses resources such as wrist bands, pledge cards, bookmarks and social media to engage these children and young people and their communities. The annual event is now embedded within school calendars, and feedback collected by the Programme suggests that 100% of schools who responded would take part in the 2020 event, with 75% indicating they would be happy to increase their participation in this over and above what they did in 2019.

A social media group has been established by participants to ensure social media posts are relevant to young people.

Talk out Loud has also supported four schools to gain TaMHS accreditation since April 2019.

Youth Counselling – Third Sector

All of the commissioned third sector organisations, collectively known as the REACH Collaborative regularly request feedback from the CYP & families who access these services in order to monitor client outcomes and influence service development. Additionally, some services undertake regular formal participation, with examples including:

Service Six

Service Six undertakes regular Youth Engagement Panels with current and previous service users. Staff have consulted with young people on topics such as:

- Website design and content
- Workshop delivery and content
- Issues affecting their lives
- Training professionals
- Publicity / marketing
- Opening times

The outcome of the consultations has led to changes including:

- Changing content for workshop and group work delivery including new resources
- New website development in progress

- Office move with new opening times, including Saturday

The service continues to work co-productively with young people

The Lowdown

The Lowdown has led a survey, distributed by Young Healthwatch to canvas the views of young people around an A&E alternative mental health drop in service. The responses to these are helping to influence a proposed service model which is currently in development.

Youth Works

A user group set up a couple of years ago continue to feed into service developments, including a possible after school drop in for users of counselling services to come and socialise, focusing on arts projects, which is currently being explored.

Following their engagement with a successful Youth Works funding bid with the Horner Foundation, young people will be engaged in peer training and film production on sexual health issues.

Their LGBTQ group undertakes termly planning meetings where users feed into the programme development. The most recent meeting has focused on issues with taking forward the Trans agenda and the way that is impacting on the group and LGB members of the group.

Youth Works also run an alternative school provision, which includes weekly meetings to feed back on their experiences.

Time2Talk

Whilst not having a formal participation group, the service is mindful to adapt in response to need, and as such have held additional sessions at Brackley Medical Centre, and the service ensures all counselling rooms are accessible for those with disabilities. The service has seen an increase in transgender clients and has responded by arranging training for all counsellors on gender awareness and issues around LGBT.

5.2 What has been the impact

The increased levels of participation across a number of services has facilitated innovative ideas and led to service changes that have been instigated by children, young people and their families as has been demonstrated through examples given above. This has facilitated a strategic ownership of the plan and its implementation going forward.

5.3 What we are planning to do

We are committed to the continuation of groups and forums that empower children and young people to participate fully in the design and delivery of local services. The principle of participation and co-production will continue to be promoted in order to embed this within all services in a meaningful way. We will encourage involvement in available incentives to increase access to services for underrepresented groups.

The consultation with young people on the current PHSE offer, which has been commissioned from Young Healthwatch by Public Health, will inform the development of a new PHSE offer which will include emotional resilience.

It has been identified by professionals across Northamptonshire that interventions would be more successful if support can be given to the family as well as the young person, and the REACH Collaborative intend to further develop the support available to parents through VCSE funding recently awarded to undertake family therapy, and also provide a drop-in service for parents based on the Keys to Happier Living. It is estimated that this could benefit up to 2,000 children and young people within Northamptonshire over the next three years.

As part of their contribution towards the FIM LTP, a number of providers have fed back that there is an increasing demand upon voluntary sector services to provide counselling to CYP and that, despite waiting lists reducing they feel CYP are waiting too long to commence therapy. The CCG is planning to undertake a review of the CYP mental health and emotional wellbeing pathway to fully explore current offers, interfaces, and understand where pressures and capacity may exist to inform future areas of transformation.

In conjunction with this we continue to invest in more specialists training such as Systemic Family Therapy (SFT) to reduce family breakdown, increase resilience and prevent unnecessary hospital admissions. NHFT have recently recruited a new Clinical Director for CYP mental health who is also an SFT Consultant, and intend to increase the training offer to their staff with the aim of running a clinic to deliver this form of therapy.

Service Six is also delivering some Level 2 Counselling training to professionals in schools for early identification and support.

We are increasingly becoming reliant on accessing information via digital sources, with 95% of 16-24 year olds in the UK owning a smartphone[1]. We have recognised the need for a digital offer where this would be of benefit, and NHFT will be undertaking a trial of Healios' *Think Ninja* application.

Furthermore, NHFT are in the process of creating an enhanced digital offer accessible via their website to echo the Liverpool FRESH CAMHS model, which is anticipated to "go live" in 2020/21. This will include video links and podcasts to support self-help and resilience building within the community. A social media strategy is also being developed to help Specialist Children's Services have a more robust social media presence, including the formation of a Twitter account.

The mental health and emotional wellbeing of our youngest children is also becoming a growing concern, and during 2020/21 we will commit to forming a better understanding of the mental health needs of 0-5 year olds, working cross-organisationally with health visitors, perinatal mental health teams and early years settings.

We are working with our partners in Northamptonshire County Council to improve the emotional health and wellbeing service available to Care Leavers. We plan to explore how to provide additional resource to the existing specialist LAC Mental Health Team in order to meet the mental health needs of this

[1] https://www.statista.com/statistics/271851/smartphone-owners-in-the-united-kingdom-uk-by-age/

vulnerable group. This work has disappointingly been delayed; however this is highlighted as a priority area moving forward, and also a potential area for piloting of an 18-25 offer. Care Leavers aged 18-25 often have a high level of emotional needs, which interferes with their ability to access education or employment and healthy relationships, but do not have a diagnosed mental health condition and do not meet the criteria for adult mental health services. There is a commitment from all partners and an intention to invest in this work following the development of a full delivery plan to be owned by the CYP STP.

Work also continues with the Training & Consultation model which supports the ACEs work (funded by the police and crime commissioner as part of a joint commissioning arrangement). The model for this has evolved in response to local need since the last LTP update but remains based on the approach introduced by Liverpool FRESH CAMHS service to enhance the availability of support to vulnerable adolescents and schools, and contribute to the creation of mentally healthy communities in Northamptonshire in line with the aspirations of Future in Mind. This will be delivered via a multi-disciplinary Integrated Adolescent Service led by the Local Authority, which launches on 1 October 2019.

This work is informed by the Care Aims functions of prevention, support and intervention:

- Prevention is to provide advice, guidance and information to professionals in universal services with a view to promoting psychological well-being and preventing the medicalisation of children and young people's distress.

- Support is to assist universal services to discharge their duty of care by providing information and resources in order to assist decision making by front line staff regarding appropriate requests for help to CAMHS and support to children whose risk can be managed within these settings. Prevention and Support are achieved primarily through consultation and training to professionals in universal services.

- Intervention is to provide evidence-based brief interventions for mild to moderate mental health difficulties within individual, family or group contexts. This can be achieved through consultation to professional networks or more directly to young people and their primary carers.

5.4 How we will measure the impact and outcomes

The continued positive impact of strong service user participation will be evidenced in the membership of CYP mental health partnership and family groups, as well as membership of work streams and steering groups. The feedback from these forums will continue to inform service design and delivery to improve the overall experience for CYP and their families.

The JSNA is due to be updated and is a cyclical process linked to this refreshed LTP. The plans outlined here will be reviewed against the updated JSNA and adapted as needed in order to measure impact and outcomes.

The Health & Justice Service will continue to be measured against NHS England Key Performance Indicators.

We will review the outcomes measures currently captured as part of contractual reporting processes to ensure that the most useful outcomes are being reported to capture the effect that our mental health

services have on children and young people. The increased focus on outcomes reporting will enable us to start moving towards an outcomes-based way of working and contracting.

Engaging Children and Young People – Case Examples

CAMHS

A new "empowerment" group has started in the North of the county. This participatory group has planned the agenda and activities for the group. They are currently interested in how the wider community could be impacted by being empowered with information about their health services, as well as accessibility.

Young people were consulted with in relation to what they would like to see in the waiting areas, this information has been used to develop a business plan which has been submitted to the trust Capital group for consideration.

The group currently reviewing Crisis team have identified experiencing compassionate and supportive care, and have made recommendations for future changes, including a 24hr hotline, drop in clinics, and psycho-educational workshops around common issues, including " keeping safe", "social media and mental health", stress and sleep.

Young Healthwatch

Young Healthwatch Northamptonshire set their own priorities and they have decided to continue keep mental health as a priority.

We have worked on the emotional wellbeing survey in which we asked over 740 young people their experiences of emotional wellbeing services. The young people that we asked included those that were in the care were young carers and those with SEND. We are currently working with Northamptonshire's Young Carers Service looking at the emotional wellbeing needs of young carers locally. Healthwatch Northamptonshire and Young Healthwatch have again this year been reaccredited with the Investing in Children Award, demonstrating that children and young people really do have a voice in the work that we do. We continue to work with our young volunteers to boost their own leadership skills as well as their own confidence.

Statement from the Chair of Young Healthwatch

"I'm Tanzi and I have been a part of Young Healthwatch for 4 years now. I'm heading off to university this September to study medicine and I wanted to thank Young Healthwatch for all the skills I gained while volunteering - which I was able to put into my personal statement. The hospital visits allowed me to have further insight into hospitals and patient experience. Furthermore as a group we always try our best to be inclusive so during interviews I felt at ease discussing needs of different types of patients and during role play I could easily converse due to my experience with speaking to the public. I am really glad I was able to develop these skills with Young Healthwatch and it has helped me get to where I am

today."

We wish Tanzi all the best for her future studies and thank her, and the other Young Healthwatch members for their valuable contributions to health care for the children and young people of Northamptonshire.

5.5 Local Needs for 2019 and Beyond

Our refreshed plan seeks to build on the lessons learned locally, and the changes made since the original 2015 plan. Our priorities for this refreshed plan are underpinned by the same four priority outcomes for all of the children and young people that were identified in the original transformation plan:

1. All children will grow up in a safe environment
2. We will enable children and young people to achieve their best in education, to be ready for work and to have skills for life
3. We will help children to grow up healthy, and have improved life chances
4. We shall improve outcomes for children who are looked after

Priorities of the Northamptonshire Children and Young People's Health and Care Partnership (STP) Board

Using the Five Year Forward View and the Future in Mind priority areas, and looking forward to implementing the requirements of the NHS Long Term Plan, the Northamptonshire Children and Young People's Health and Care Partnership Board are in the process of developing a countywide, multi-agency strategic plan, with an intention to focus on the following key areas:

1. Early Help for Families
2. 0-5 Early Years
3. Mental Health & Emotional Wellbeing
4. Children and Young People in need of Safeguarding
5. Addressing Challenges for Teenagers
6. Children and Young People (0-25) with Disabilities

Although the strategic plan is still in development, local services already recognise these areas as priorities, and work towards these as part of their operational and strategic delivery. Here are some examples of how local services are working towards these priorities or how they plan to develop their offer during the 2019-2021 period.

Priority 1: Early Help for Families

Public Health Nurses continue to offer maternal mood reviews as part of the 0-5s healthy child programme to identify emerging maternal mental health concerns. Where concerns are identified there is a pathway of support for parents which include additional one to one support from the health visitor, or onward referral to the Perinatal Mental Health Team.

The REACH Collaborative has been successful in being awarded funding from the Voluntary, Community and Social Enterprise (VCSE) health and wellbeing fund to deliver an offer focused on holistic community based work with 5-11 year olds and their families based on the 10 Keys to Happiness approach, as supported by Public Health. The full details of this bid still remain sensitive and are not yet approved for public release.

The Local Authority has trained a number of their Targeted Support workforce in the "Incredible Years" programme, and they are now delivering courses across the county based on locality need and demand. These courses are accessed through Children's Centre Hubs.

Perinatal Mental Health

Northamptonshire will systematically expand and extend its provision of perinatal mental health care – both by increasing the scope for access to the service, and extending the period of available care from 12 to 24 months post birth. Provision for increased access will be phased over the five years to 2024, reaching provision for 10% of the population birth rate (as calculated using the 2016 ONS birth rate for Northamptonshire). Provisional plans are to deliver this against the following trajectory for Northamptonshire:

Figure 15: Perinatal mental health service trajectory

2019/20	2020/21	2021/22	2022/23	2023/24
459	637	772	894	894

The implementation of Maternity Outreach Clinics will be phased into the plan in line with expected transformation funding (2022-2024). Provision for extended Perinatal Mental Health care will be phased into the Delivery Plan in 2021/22. In readiness for this level of transformation, Northamptonshire submitted an application for Transformation funded in 2019/20, and was successful. Using these non-recurrent funds, training and development of the workforce will be carried out – including professional development for GPs with regards prescribing during pregnancy. Further training and development will include CBT Training for OCD presentations, MBCT training for two mental health nurses, a Breastfeeding and Relationship Building course for Nursey Nurses, and 'Circle of Security' training for the wider workforce. Equipment will also be increased in readiness, including a sling library, Wellness boxes for patients containing Occupational Therapy resources, an ECG Machine within the team, tablets for mobile data collection, and the implementation of 'Recovery Star' (Outcome Star Tool) for Mothers and Babies. Finally, a series of pilots will be run to test models of support for partners (including an online platform for information, advice and guidance; as well as support groups for mothers, and wellbeing café's for partners - all delivered by our Third Sector).

Priority 2: 0-5 Early Years

A new children's centre offer has been developed which will be based from libraries and will be working from the 1001 critical days model, delivering a ten week programme to promote positive parent / infant attachment and promote maternal emotional wellbeing. This is collaboration between Public Health, Health Visiting Services and Midwifery Services.

A new Strategic Lead for Early Years has been recruited by the Local Authority. It has been directed that this function will remain with the Local Authority and the subsequent Unitary Authorities and will not move over into the Children's Trust.

As part of the CYP Mental Health pathway review, it will also be explored as to how we are supporting this cohort of children should they present with significant mental health needs.

Example of Priority 3: Mental Health and Emotional Wellbeing

Northamptonshire has a number of commissioned NHS and third sector providers who undertake excellent work every day to help improve the lives of children who are struggling with emotional wellbeing and mental health issues.

The Children & Adolescent Bereavement Service (CABS) continues to work with CYP who have had a bereavement of someone they are close to, and have worked to create new leaflets that are more suited to their cohort groups. They are also working to create stronger links with schools, GP practices and hospitals to identify those who may benefit from their specialist service. Close links are already held with CAMHS to help manage more complex CYP. 179 referrals were received between April & August 2019.

Commissioned local mental health providers are working towards implementation of the i-THRIVE model and aligning their thresholds and services against this. CAMHS are currently reviewing their services in line with this model, with the intention of refocusing to primarily meet the needs of CYP with moderate to severe presentation, and employing a consultation and training model for mild to moderate presentations. The focus on more severe presentations will be supported by an increase in Clinical Psychologists. A risk panel will also be introduced to enable clinicians to manage risk with increased confidence.

As with the REACH Youth Counselling agencies, CAMHS have also identified a gap around a lack of intervention for younger children and this will form part of our considerations for 2020/21 and beyond.

Healthy Town Grants

Public Health has made a series of Healthy Town grants in 2019/20 to help support the mental health and emotional wellbeing of children and young people. These are:

Daventry – Being Myself

This project focuses on the high level of self-harm in young people in Daventry. It will explore with representative groups of young people and their families why they think young people self-harm? What their personal experience of knowing about and responding to self-harm in their friendship groups and with peers is. It will also explore what interventions they consider would be accessible and supportive locally which might help to reduce self-harm amongst children and young people in Daventry. Their views will be used to inform a co-designed and co-produced intervention, resource or event to raise awareness and/ or be an access point for information and help to prevent and provide early support to be able to get help.

The learning will inform the priority for self-harm that the Daventry integrated services partnership is focusing on and help in the design of integrated service delivery for a sustainable approach to dealing with the issue of self-harm of young people in Daventry. This information will be shared with our partners in other district and boroughs to determine whether there is generalisability of findings.

East Northants – SHAPE
Shape is a collaboration between Rushden Mind, Service Six and CHAT whose joint enterprise brings together expertise in working with mental health and young people.

The project offers 3 ways to increase awareness and deliver support for young people.

- A Community Counsellor will take therapy to a range of pop-up locations, providing a range of therapeutic, creative and solution-focused interventions for young people.
- Awareness talks will be offered across the region, promoting the pop-up locations and access to weekly support groups in 6 different locations.
- Facilitated weekly support groups provide opportunity for peer support development in "Shape Champions".

Corby
Improving the Emotional Wellbeing and mental health of Children & Young People in Corby, improving the ability of parents, guardians and carers to support their children and improving the ability of youth leaders to support those who present their issues through the provision of programmes provided by the Voluntary Sector.

A menu of offers:

- A weekly Emotional Well-Being drop-in offering advice and tools for Young People to look after their own mental health.
- A fortnightly support, understanding drop-in for parents, guardians and carers offering advice and tools to help the Young Person look after his./her own mental health
- On-line Emotional Wellbeing support, advice and signposting
- Social media support for Corby young people
- Mental First Aid training for youth leaders. (Train a person to be an accredited local trainer and deliver courses at affordable costs – about £20 per person for groups of 12.) Then provide 4 initial courses at no charge to attendees.

No offer is made for services in schools where other programmes are / will be available or group support work for parents for which separate funding has been sourced

<u>Education</u>
The importance of mental health identification and initial support in schools is very much recognised. The School Nursing team continues to deliver a half day wellbeing session for all year 6 students as part of the 5-9 HCP programme. They also offer a five week wellbeing course for children aged 11+ who are identified in school as having emerging wellbeing needs.

Public Health funded Emotions Coaching sessions will also be provided for front line school staff to support them to identify and respond to children and young people who are presenting with emotional dysregulation.

We also intend to work with colleagues in education to develop a bid for the next wave of Mental Health Support Teams (Green Paper) funding.

Example of Priority 4: Children and Young People in need of Safeguarding

The CCGs commission a specialist mental & physical health service for LAC and children leaving care from Northamptonshire Healthcare NHS Foundation Trust (NHfT). Strategic support and advice is received from the Designated Doctor and Designated Nurse for LAC.

The Designated Nurse for CYP Safeguarding and LAC works closely with commissioners and providers to ensure the voices of children and young people are listened to and reflected within commissioning plans, as well as sitting on the National Steering Group for Looked After Children.

To support the mental health needs of Looked After Children, and our safeguarding teams are working on:

- Understanding the health needs & recurring themes which challenge our children in care who are placed out of county, including the monitoring of children placed out of county and reviewing the quality of care they are receiving.
- Reviewing the role Strengths & Difficulties Questionnaires play in informing health care plans.
- To strengthen the health offer and follow up to CYP in care who are also known to the Reducing Incidence of Sexual Exploitation (RISE) team.
- To better understand the health needs of the cohort of Unaccompanied Asylum Seeking Children and collaborate with providers to enhance the range of physical and emotional health interventions to meet this need.
- Preparations for a joint targeted inspection around how local services respond to the mental health needs of children and young people who are looked after, subject to a child protection plan or have been identified as a child in need. Key partners have reviewed the framework and will be undertaking a gap analysis to ascertain the current position and any actions required as a result.

Feedback from the CCGs' Safeguarding Team suggests the most challenging aspect of meeting the needs of this cohort concerns those who are placed out of county, in some cases to access specialist therapeutic provision. It is a challenge to access Initial Health Assessments within timescales, and also to access CAMHS and emotional wellbeing support in their local area. Our local teams have been working hard to find a resolution to this and improvements have been made.

<u>Adopted Children</u>

Within Northamptonshire, CYP who have been adopted are able to access the mainstream mental health and emotional wellbeing services that any other child may be able to access. Additional support to this cohort is provided directly by the CAMHS LAC team. The Local Authority is currently reviewing this offer and considering whether any commissioning changes need to be made to ensure that post-adoption interventions continue to be delivered, and that staff within the Local Authority's Post-Adoption Team are equipped with, and maintain the right skills to deliver low level therapeutic interventions where required.

Example of Priority 5: Addressing Challenges for Teenagers

Teenagers bring their own specific challenges, and there has been a cohort identified who are vulnerable and at risk of entering the care system if help and support is not available to them. This includes teenagers with mental health issues. As a result, a series of multi-organisational development workshops were set up by the Local Authority and the Office of the Police, Fire and Crime Commissioners to discuss potential service models.

As a result a new, specialist service for adolescents in need of help and support will be launched on 1 December 2019. The service will offer age-appropriate packages of support for teenagers with complex needs, including those already receiving help from social work teams or other professionals. The new service will be multi-disciplinary and will include social work-qualified staff; adolescent specialist practitioners and youth engagement workers who will work in an integrated way with colleagues from health; the police; youth work; youth offending services and housing.

The Adolescent Service will provide holistic packages of support around family breakdown and teenage homelessness; teenagers at risk of coming into care; community-based risks, including criminal and sexual exploitation and will also support young people with substance misuse and mental health difficulties as well as those who are permanently excluded from school or NEET.

Utilising a relationship-based approach, where the young person is at the heart of everything we do, the service will undertake assessments, both statutory and non-statutory, and will focus on intensive, direct work to meet complex needs and manage associated risks. Some packages of support will be led by social workers, others by lead professionals from across the service, including from CFN's partners. The service wants good outcomes for young people and for them to be safe; adequately housed and supported (with their families wherever possible); physically and emotionally healthy and achieving good outcomes through education, training or employment.

The service will operate countywide from a single base in Northampton, but as it develops there are intentions to add bases in other areas of the county and re-deploy staff as required.

In addition, challenges for older teenagers will be looked at as services consider how we can best serve our 18-25 population. The CYP Mental Health Partnership Group, which oversees delivery of the FIM LTP has representation from adult mental health services which will be increasingly important as we move forward to implement the requirements of the Long Term Plan. We are also working closely with the adult mental health commissioner to understand the mental health needs and presentations of this cohort so that we can begin to consider the best approaches for a pathway that meets the needs of CYP aged 0-25, and is appropriate to their needs, understandings and experiences of the world.

Priority 6: Children and Young People (0-25) with Disabilities

The ADHD/ASD Team as referred to in the previous LTP continues to remain operational, largely supporting the diagnostic pathway. It has become apparent that, due to increasing demand local waiting times for a diagnosis of ADHD/ASD have increased and are non-complaint with NICE recommendations. Further service developments are planned in this area to help streamline processes to ensure that children and young people receive timely and equitable access to the diagnostic pathway.

The Community Eating Disorders Team has trained their staff in being able to undertake ASD diagnostic assessments, and also contribute towards a multi-disciplinary approach for children and young people with ARFID.

Furthermore, the role of the Designated Clinical Officer for SEND has been extended to four days a week in recognition of the importance of the work that this role undertakes. This has included a review of the

Education, Health and Care Plan process to ensure appropriate and timely contribution from all parties, including a single point of access for all assessment contribution requests from health services.

6. Local Transformation Plan (LTP) Ambition 2019 – 2021

Our vision remains: *"to ensure children and young people are happy, healthy, safe and resilient, enabling a positive transition into adulthood".* LTP, 2015

The following Key Lines of Enquiry from NHS England will be addressed here:

Are there clear pathways that demonstrate the whole system of care in existence or in development, including:

- Mental health promotion and prevention including in universal settings, schools, colleges and primary care networks?
- Early intervention in the above settings?
- Evidence-based routine care?
- Crisis care and intensive interventions?
- Specialist care e.g. CYP with learning disabilities and forensic CAMHS?
- Services provided directly by educational settings to support emotional wellbeing and MH? Are these coordinated with services commissioned by CCGs and Local Authority?

Does the LTP demonstrate local evidence-based service models which promote needs-based care, for example, implementing the Thrive framework, LEAN, CAPA?

Is there an action plan with funding commitments, including identifying which agency will fund the change, with clear timescales, outcomes to be achieved and ownership?

Does the LTP include work underway with adult MH services to link to liaison psychiatry or mental health teams in line with the requirements in the Five Year Forward View for Mental Health and ensure smooth transitions and continuity of care to other services?

Does the plan build on the work completed as part of the Transitions CQUIN to set out how the needs of CYP going through transitions will be met?

Does the plan set out how access will be improved, including sustainable reductions in waiting times and improvements in productivity and efficiency?

Is there evidence that CYPMH commissioners and providers are beginning to consider with AMH colleagues and other system partners how to better meet the needs of 18-25 year olds?

The Northamptonshire Future in Mind programme remains at the core of our service transformation plans, which are governed by the Health and Wellbeing Board and the STP Board. The following 10 ambitions were agreed in the original transformation plan:

Ambition One - Reducing Stigma: Improving public awareness and understanding, where people think and feel differently about mental health issues for children and young people where there is less fear and where stigma and discrimination are tackled. This has moved forward to promote the discussion and awareness of mental health.

Ambition Two – Timely Access: Timely access to clinically effective mental health support when Children and Young People need it

Ambition Three – Needs-Led: Service built around the needs of children, young people and their families, this includes the robust approach to transitions

Ambition Four – Evidence-based: Increased use of evidence based working and outcome monitoring

Ambition Five – Visible and Accessible: Making Mental Health support more visible and easily accessible for Children and Young People

Ambition Six – Crisis Response: Improved Care for Children and Young People in Crisis so they are treated in the right place at the right time and as close to home as possible

Ambition Seven – Parental Support: Improving Access for Parents to evidence based programmes of intervention and support to strengthen attachment between parent and child

Ambition Eight – Care for the Vulnerable: A better offer for the most vulnerable children and young people

Ambition Nine – Transparency: Improved transparency and accountability across the whole system

Ambition Ten – Improved Training: Professionals who work with Children and Young People are trained appropriately

In transitioning to the NHS Long Term Plan Deliverable for Comprehensive 0-25 support offer in all STPs/ICSs by 2023/24, Northamptonshire will draw from a menu of evidence-based approaches that are to be made available in 2020) and will work to identify the baseline of current activity for 18-25 year olds this financial year in the NHS Mental Health Implementation Plan.

The following table gives an overview of our achievements for Future in Mind to date, and planned priorities for the final year of the LTP, all of which relate to the initial ambitions. We believe we have made some fantastic achievements against these ambitions throughout the duration of the FIM, and they continue to be guiding principles for the final year.

Figure 16: Our Transformation Journey so far 2015-2020

2015-2016	2016 – 2017	2017 – 2018	2018-2019	2019 - 2021
• Developed Northamptonshire Future in Mind Transformation Plan • Established governance structure and partnership working arrangements • Reviewed existing service provision • Developed the award winning Talk Out Loud Anti-Stigma Programme • Revamp and relaunch of the Ask Normen website • Improved by creating a referral management centre integrating all community health provision for children and young people • Started our work on perinatal mental health support • Launch of a Self-Harm Toolkit	• Enhanced the Mental Health Anti Stigma work to encompass primary schools • Reduced waiting times including for Autism and ADHD • Enhanced Community Eating Disorder Service • Developed an integrated health and wellbeing team for looked after children • Enhanced the Crisis and Home Treatment team • Rolled out Improving Access for Psychological Therapy training and tools (CYPIAPT)	• Review of the crisis support pathways • Care, Education, and Treatment Reviews were implemented to reduce the number of children and young people in hospital with a learning disability and/or autism • Campaign focus on employers to understand the needs of parents supporting children with enduring mental health needs • Enhancements to the Ask Normen website to include self help • Roll out of the CAMHS live Service where young people could message for advice	• Largest ever Northamptonshire Mental Health Awareness Day • Brought the youth counselling agencies together as a REACH collaborative to share resources and training • Expanded the provision and remit of the adult specialist Personality Disorder Service to provide a county-wide Young Peoples' Dialectical Behaviour Therapy (DBT) programme and family skills group sessions • Continued to roll out CYP IAPT • Developed use of peer support networks for parents through the counselling services • Recruited five people into Wellbeing Practitioner training posts • Develop a joint training plan for professionals across the whole system • Review of needs for crisis care and develop strategy for 24/7 access • Develop better data systems for collecting supervision ROMs and paired ROM • Targeted early prevention work to be developed to improve parent/infant bonding • The NHS and Local Authority agreed a joint autism and learning disabilities strategy and plan to better support vulnerable children, young people and	• More comprehensive outcomes reporting • Work towards 24/7 access to appropriate crisis care for CYP • A joined-up local offer to meet the needs of CYP in Northamptonshire, including collaborative plans for workforce and staff training. • CYP in Northamptonshire experience services as accessible and responsive to their needs across the whole pathway and system • Greater focus on groups who are more vulnerable, e.g. CIC and BAME • Reduction in A&E attendances for mental health crises • Place-based commissioning through new care models leading to reduction in number of inpatient bed days • By the end of the programme, 20 additional staff recruited and trained in evidence-based interventions and 40 existing staff trained in evidence-based interventions • Improved early prevention and early intervention services across the system including: 3rd Sector Perinatal MH Team; WPs in schools; Early Help; Universal and Primary Care Services • Improved access for CYP to evidence-based interventions • 0-5 early mental health support • Enhanced partnership

			their transitions.	with education • Greater focus on supporting CYP with long term conditions • Invested in and transformed the CEDS physical health pathway

The final column, 2019-2021 sets out our ambitions, intentions, and also some of the work already underway to support the CYP Mental Health Programme through the final year of Future in Mind, and into the Long Term Plan.

7. Finance

This section outlines our Financial Allocations and the intentions for 2019/20. The financials are currently for ages 0 to 18, and there is work taking place currently to review the 18-25 pathways and corresponding resourcing.

The following Key Lines of Enquiry from NHS England will be addressed here:

Does the LTP include baseline figures (e.g. from 2015/16), and latest 18/19 out-turn (see Mental Health Five Year Forward View Dashboard) and planned trajectories for:

- Finance (NHS uplift in CCG baselines plus other NHS investment, Local Authority and public health investment and other wider investment that contributes to delivery of transformation?
- Workforce plans (current staffing and plans to increase skill mix capabilities, capacity) (these are highlighted in Section 8 Workforce)
- Activity; referrals made/accepted; initial and follow-on contacts attended; waiting times; CYP in treatment) with a clear year on year plan that demonstrates how performance will improve in line with access targets and increase capacity to deliver evidence-based interventions? (Please include activity delivered by public health e.g. work in education settings)? (these are highlighted in Section X Data)
- The whole 0 - 25 CYP pathway, including under 5s and 18 -25s

Does the plan show how funding has been allocated and used in previous years, and plans for 2019-20?

NHS Nene & NHS Corby Clinical Commissioning Groups (CCGs)

By the end of 2019/20 NHS Nene and Corby CCGs will have invested an additional £2.7m in Children & Young Peoples Mental Health services, and there is a commitment to increase this by a further £293,000 in 2020/21. 87% of servicers are contracted recurrently with our local Mental Health and Community provider, Northamptonshire Healthcare Foundation Trust, 2% with Northampton General Hospital and 11% with voluntary sector providers.

The CCG within the LTP is looking at strengthening the services across pathways to reduce A&E attendances, reduce unnecessary hospital admissions, and strengthen specialist community mental health services to deliver services closer to home. This will require additional health investment to develop the workforce and services across Northamptonshire which is earmarked within the financial plan.

Investment for 2018/19 focused on improving the support for Sleep solutions, Youth engagement, community crisis support, CHYP IAPT, emergent Personality Disorders (PD) and Eating Disorders. The intentions for 2019/20 and beyond are to continue to improve the emotional wellbeing and mental health offer for vulnerable groups, to include children and young people with autism and ADHD, children and young people who are 'Looked After' and children and young people who do not quite meet the CAMHS threshold. Alongside this, there will be improved multi-disciplinary team working with education and social care. During 2019/20 further investment will also be allocated to set up Crisis support services within the community such as 'Crisis Cafes', which will provide an alternative to A&E attendances where appropriate. Further work is planned to review additional need within this area, which may require additional investment.

Further work is planned to review additional need, which may require additional investment.

Figure 17: CCG Programme Expenditure 2016 - 2021

Core Funding	16/17	17/18	18/19	19/20	20/21
Recurrent Baseline	1,436	1,436	1,560	2,340	2,677
Committed In Year		25	265	337	293
Total	**1,436**	**1,461**	**1,825**	**2,677**	**2,970**

The funding for 2019/20 will be spent on the following:

- Young Healthwatch to support countywide engagement, participation and co-production
- Continued development of the Sleep Service
- 4x Wellbeing Practitioners (due to qualify in January 2020)
- Staff training in systemic family therapy and other training as agreed
- CYP Crisis / mental health drop in

The expenditure for 2020/21 will be focused on strengthening the mental health support for vulnerable groups, such as LAC, Care Leavers, Transforming Care cohort, Transitions / 18-25, ACEs and LGBTQ+. Projects and developments for investment are in the process of being identified and allocated, and these will progress to the CCGs' Joint Finance and Audit Committee in due course for approval. It must be noted that funding for the financial year 2020/21 will be dependent on contract negotiation, signed contracts and a system-wide financial agreement.

Public Health

Public Health currently funds the REACH Collaborative Youth Counselling Services, which amounts to £610,000 per annum. This will be continued into 2020/21, with other projects planned (or approved) including:

- Emotion Coaching
- VCSE match funding for the REACH Collaborative family therapy
- Care Leavers (14-25, and will include work wider than mental health)

These are all at various stages of approval within the Local Authority, and if all are approved will amount to in excess of £1,300,000 funding into CYP mental health for 2020/21 and potentially beyond. In addition, Public Health also commissions the 0-19 Health Visiting and School Nursing service in Northamptonshire, which includes emotional wellbeing support (although it is not possible to financially quantify this as a breakdown of the wider contract).

Office of the Northamptonshire Police, Fire and Crime Commissioner (PCC)

Three year funding has been made available via the Office of the Police & Crime Commissioner for Northamptonshire to develop an early intervention consultancy model (page 29) with a funding commitment of £750,000 over three years. This includes extension to the online CAMHS Live service, and the CAMHS telephone consultation line. In addition, the PCC also commissions the Children & Young People's Independent Sexual Violence Advisors (ChISVAs) and Independent Sexual Violence Advisors (ISVAs) which provide post-sexual abuse therapy.

8. Workforce

This section outlines our workforce plans for 2019 to 2021. It will comment on progress to date; impact of this; our plans and how we will measure the impact of this.

The following Key Lines of Enquiry from NHS England will be addressed here:

Does the LTP include or link to a multi-agency workforce plan or align with wider STP level workforce planning?

Does the workforce plan detail the required work and engagement with key organisations, including schools, colleges and primary care networks?

Does the workforce plan:

- Identify the additional staff required by 2020 and include plans to recruit new staff and train, support and retain existing staff to deliver the NHS Long Term Plan ambition?
- Include Continuing Professional Development (CPD) and continued training to deliver evidence-based interventions (e.g. CYP IAPT training programmes), including resources to support this?
- Include recruitment and employment of additional workforce requirements? For example, to train and retain Wellbeing Practitioners for CYP and additional staff for CYP 24/7 crisis care, ensure MHSTs are fully staffed, and dedicated eating disorder (ED) services where there is not already in place.

Has data on the existing workforce - WTE, skill-mix, capabilities, demographics, activity, outcomes - been used, alongside local prevalence data, to establish where and what extra capacity and capability is needed?

Does the workforce plan include the workforce expansion that will be required to reach the NHS Long Term Plan ambitions?

Does the workforce plan detail how it will train staff in schools to work with children with specific needs? For example, children and young people with LD, autism, ADHD and / or communication impairments?

Our ambition in the original and refreshed transformation plan has been to integrate our workforce ambitions for the emotional health and wellbeing system into wider workforce development plans across the whole Northamptonshire system. Progress to date with this intention has continued to be disappointing, and this is in part due to the size of the whole system workforce challenge, and the uncertainty brought about by the intended move to two Unitary Authorities, a Children's Trust and a single CCG. Our refreshed workforce development plan for 2020/21 sets our intentions to strengthen the skills and capability of existing staff to meet the emotional health and wellbeing needs of the children and young people in our county, including making reasonable adjustments for children with additional needs, as well as identifying the identified areas for potential recruitment in line with planned service developments.

Future in Mind has a national target to increase the number of mental health practitioners by 1,700 by 2020. For Northamptonshire this equates to a target of 20 new staff over the initial Future in Mind Programme (2015-20). As of the 31st March 2018, we have recruited an additional 11 full time qualified staff in Children's Mental Health Services that are able to deliver therapeutic interventions. By 2021 an additional 9 staff are planned to be recruited across the whole system and has included recruitment into an IAPT leadership position, wellbeing practitioners, specialist DBT and CBT clinicians. Recruitment is challenged by other areas competing for the similarly qualified and experienced professionals.

We are also working in partnership with the third sector and have invested in additional capacity to provide therapeutic interventions with a specific focus on rapid response counselling for self-harm presentations, and strengthening links between universal services, education and third sector counselling provisions.

Figure 18: Planned workforce increase

	15/16	**16/17**	**17/18**	**18/19**	**19/20**	**20/21**	**Total**
Number of additional WTE staff*	0	9	2	3	4	2	20

***NB:** These figures will increase in the event that Northamptonshire is successful in becoming a Wave 3 site.

Future in Mind has a further national target to train 3,400 staff in existing services to improve access to evidence based treatments. For Northamptonshire this equates to a target of 40. We have so far exceeded our target, and from April. As of the 31st March 2018 – June 2019, we have trained an additional 43 staff in a number of evidence based therapeutic interventions and assessments. This includes one member of staff (e.g. systemic family practice, cognitive behaviour therapy, Incredible Years & specialist eating disorders training to masters' level.).

A further 12 staff will be trained over the next 2 years, with a particular focus on early intervention (WPs) and specialist systemic family therapy.

Figure 19: Training Plan

	15/16	16/17	17/18	18/19	19/20	Total
Number of existing staff with additional training**	7	12	13	6	6	44

****NB:** These figures will increase in the event that Northamptonshire is successful in becoming a Green Paper Trailblazer site.

8.1 What we have done

Whilst there is not currently an up-to-date multi-agency workforce plan specific to CYP Mental Health, the new Children's Mental Health Partnership will prioritise workforce development across health, social care, education and Third Sector organisations, through the dedicated Workforce work-stream. This will promote opportunities for joint-working across agencies and specifically aim to recruit and train Wellbeing Practitioners across universal, third sector and local authority provision.

In order to deliver LTP's ambition of increased access to evidence based interventions, investment has been made to fund an 21 staff in NHFT have been trained as part of the CYP IAPT leadership position to support programme. This includes nine staff that has completed the CYP IAPT Transformation Leadership course, all of whom completed projects to embed the CYP IAPT principles within their teams. All staff members in CAMHS services. Additional staff have been recruited into the DBT service to enable lowering the age range to 14+, not just those undertaking formal CYP IAPT courses, have had access to training by the University of Reading in ROMs, Enhanced Supervision and Evidence-based practice. This has helped strengthen the core principles of CYP IAPT at the heart of all CAMHS assessments and interventions. See section on Community Eating disorders for growth in workforce and training in this area.

Five people – four from CAMHS and one from Lowdown, one of the local Youth Counselling organisations were recruited to undertake the Wellbeing Practitioner course via Health Education England at the University of Reading. It is intended to use FIM transformation funding to recruit four of these upon qualification in December 2019 to provide appropriate mental health and wellbeing interventions to support some of our identified vulnerable groups within the community.

Children and Young People in our county have access to crisis services 24/7, but we currently do not have CYP specific mental health care 24/7. Following additional investment the CAMHS Crisis Team has recruited additional staff and since 2015 and, following additional investment their team now provides crisis care for children and young people from 9am – midnight seven days a week. The Adult Acute Liaison Psychiatry Team will now screen CYP 14+ who present at A&E for a first episode of self-harm. The operational hours of the CAMHS Live service has also been extended in response to evaluation of data informing peak attendance times at A&E for mental health reasons. For more information about the progress and plans for crisis care, please see Section 13: Urgent and Emergency (crisis) Care for CYP.

We have also strengthened links with Health Education England so that we can identify access to any training opportunities that might be useful to aid further system-wide or specific workforce development.

8.2 What has been the impact

The creation of new steering groups has facilitated innovative ideas about collaborative workforce planning across all agencies. The training provided to staff has helped to strengthen the base of professionals with specialist, evidence-based training, and the additional staff recruited as a result of investment is slowing helping with the response to increasing demand (as identified in the Data section of this plan), and it has been reported that the challenges experienced by some services in recruiting appropriately skilled staff are no longer in place.

8.3 What we are planning to do

CAMHS will continue to train existing staff, and recruit-to-train new staff as part of the CYP IAPT agenda. The joint training and development of all CYP emotional and mental health providers (across universal, specialist including LD/ASD, NHS and non NHS providers) has been recognised as extremely important and a valuable way of ensuring consistency of quality and content of support offered to CYP and their families.

The Children's Mental Health Partnership will promote multi-agency opportunities for continued professional development and the sharing of knowledge and resources.

It is recognised that the population in Northamptonshire is projected to continue growing, and we will work with our workforce specialists and Health Education England to look at how we can best upskill and retain our wider workforce to build future resilience across the whole system. This is also being planned for at an STP-wide level to ensure that we can future-proof our services.

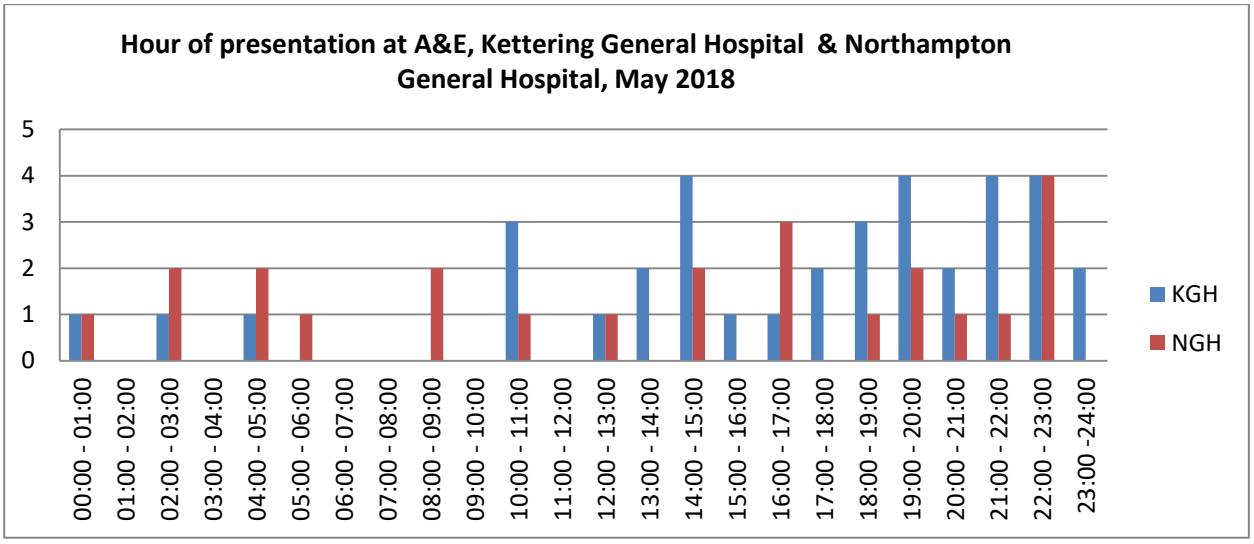
We are also considering how we can best provide training to develop the skill sets of practitioners in response to emerging areas of need. For example, it has become apparent that there is a cohort of children and young people who have significant traits of ASD, but do not meet the diagnostic threshold, and whom also have mental health issues. It is currently being considered as to how this cohort can best be defined and supported, including the training will required to enable staff to make the reasonable adjustments required to provide effective, evidence-based assessment, intervention and support to these children.

Resource within CAMHS Crisis Team will be flexed in order to provide a Children's Liaison Worker into both A&E departments within the county at identified times of peak demand.

The CAMHS Integrated Leadership Team meets regularly to address clinical issues and drive change across the service. Continued professional development has been identified as a key priority, with a new role-specific training package being developed. Eight training topics were identified as essential for all children's mental health staff, which includes: risk assessment; attachment; and formulation. Training packages are being developed with the aim to offer different levels of training tailored to different roles (including CTPLD). The training will be available to all Children's Services within NHFT and the possibilities for extending the training offer to other agencies are being explored (including our third sector REACH Collaborative).

In order to understand the local demand for crisis services 24/7, a snapshot review of CYP self-harm admissions data was undertaken in April 2019 of May 2018 data, which identified peak times of presentation as indicated in the graph overleaf:

Figure 20: A&E Presentations for self-harm



The majority of presentations take place between 16:00 – 23:00, and as a result, a commitment has been made to flex the resource of the CAMHS Crisis Team to provide a children's Liaison Worker within the Emergency Departments of both Kettering General Hospital and Northampton General Hospital at identified times of peak evening demand.

The CCGs, the REACH Collaborative and NHFT are currently working together to develop a model for a drop-in service as an alternative to A&E attendance for children and young people who are struggling with their mental health (and may or may not be in crisis), influenced by the successful adult "crisis café" model in Northamptonshire, and echoing the crisis, urgent and emergency ambitions of the NHS Long Term Plan. The aims of these community hubs would be to reduce unnecessary A&E attendances, subsequent hospital admissions and Crisis Team referrals, and provide children and young people with urgent coping strategies to prevent escalation of mental ill health. As part of delivery model options, consideration is being given to training that would be required to ensure all staff delivering this service were best equipped to provide appropriate and consistent assessment and intervention, including clear points of escalation.

8.4 How we will measure the impact and outcomes

- Workforce monitoring will evidence increase in workforce across agencies
- Reduction in waiting times for evidence-based interventions
- Number of CYP accessing evidence-based interventions
- Number of CYP-IAPT trained staff
- Availability of role-specific training within NHFT
- Monitoring A&E attendance and admission data to track any improvements once an A&E alternative is operational

- Monitoring where CYP would have gone if they had not presented to a drop-in
- Increase in contract-reportable outcomes measure scores
- Review how outcomes-based commissioning can most effectively be used in any new service developments, and incorporate this as far as possible.

9. Collaborative and Place Based Commissioning

This section outlines our plans around Collaborative and Place-Based Commissioning. It will comment on progress to date; impact of this; our plans and how we will measure the impact of this.

The following Key Lines of Enquiry from NHS England will be addressed here:

Are there clear pathways that demonstrate the whole system of care in existence on in development, including:

- Inpatient care, including New Models of Care / NHS-led Provider Collaboratives, and re-investment of any savings in community provision?

Does the LTP detail how it is ensuring that there is full pathway consideration for children and young people in contact with Health and Justice directly commissioned services and services being commissioned through the CYPMH Transformation Team, including those:

- Within and transitioning to and from the Children and Young People's Secure Estate on both welfare and youth justice grounds?
- Receiving specialist or forensic CAMHS (specifically high-risk young people with complex needs)?
- Interacting with liaison and diversion services?
- Presenting at sexual assault referral centres (SARCs)?
- In crisis care related to police custody?
- With Complex Needs

NHS England Specialised Commissioning [East Midlands Hub] is responsible for the commissioning and management of CAMHS Inpatient Units within the East Midlands. It is recognised that CYP who are admitted to mental health beds often have complex backgrounds and needs. There are a limited number of CAMHS General Adolescent [Acute] Units within the East Midlands with limited options regarding PICU, low secure and specialist provision i.e. Eating Disorder. There is no dedicated CYP s.136 suite within Northamptonshire; however arrangements can be made for children to access the countywide facility.

Both health and local authority partners recognise the importance of collaborative and partnership working to ensure that effective use is made of the resources available within our region. It is the intention of local agencies to keep admissions outside of county/region to a minimum in number and length of stay as possible.

The Public Health data for hospital admissions for both self-harm indicates that Northamptonshire is an outlier, with a higher number of admissions compared to other counties in the region, as demonstrated in the below table. Some of this may be attributable to having St Andrew's Hospital within

Northamptonshire, which would increase attendance, admission and treatment at the local general hospital for self-harm. Northamptonshire has below average admissions in those aged 10-14 for mental health, but the position for 15-17 year olds has worsened to leave the county above average for 2017/18.).

Figure 21: Hospital Admission for Self Harm

Hospital admissions as a result of self-harm in CYP aged 0-17 (Hospital Episode Statistics, Office for National Statistics)			
Location	Rate per 100,000 (95% confidence interval)		
	2015/16	2016/17	2017/18
England	190.3	177.3	180.8
East Midlands	215.2	193.0	184.8
Northamptonshire	281.7	309.7	184.8

Hospital admissions for mental health reasons in CYP aged 10-14 (Hospital Episode Statistics, Office for National Statistics)			
Location	Rate per 100,000 (95% confidence interval)		
	2015/16	2016/17	2017/18
England	96.3	93.2	97.4
East Midlands	87.1	73.6	80.7
Northamptonshire	71.5	69.5	78.0

Hospital admissions for mental health reasons in CYP aged 15-17 (Hospital Episode Statistics, Office for National Statistics)			
Location	Rate per 100,000 (95% confidence interval)		
	2015/16	2016/17	2017/18
England	273.4	251.9	261.2
East Midlands	249.6	216.1	248.3
Northamptonshire	252.4	213.2	275.0

We are awaiting up to date information on Northamptonshire inpatient specialised mental health admissions, with the intention to include this within the final plan.

9.1 What we have done

Mental Health Admissions – Working Together

The CAMHS Crisis Team works closely with partners in NHS England when admission is required to an inpatient mental health bed. When a child requires admission into secure mental health estate, CAMHS services will provide in-reach to this setting as required, will attend CPA meetings and allocate members of staff to continue to meet identified mental health needs upon release to provide continuity of care and support transition into the community.

The Adult Acute Liaison Psychiatry Team offers screening assessments for young people aged 14+ who present at A&E after an episode of self-harm or with suicidal ideation.

We have created two new steering groups (Children's STP Board and the Children's Mental Health Partnership) to ensure the STP is consistent with joint place plans.

Case Managers from the Clinical Commissioning Groups attend Bed management meetings to monitor progress and contribute to transition planning. These meetings are attended by Specialised Commissioning (NHS England), CCGs, Health Providers and Social Care representatives. The aims of the Bed Management Meetings include: improving patient pathways and outcomes; resolving delays in transfer of care or discharge; and ensuring that Inpatient beds are used effectively within the region and that out of region admissions are reduced in either number or length of stay.

Northamptonshire now has a Dialectical Behaviour Therapy (DBT) service in place, with adult services reducing its age range to 16yrs to work with young people with emerging personality disorders. The service will carry out 1-1 and group interventions as well as supporting other colleagues with training events and consultation where young people might not meet service threshold, with an identified link worker as a point of contact and to support joint working. Providing this service for these young people should lead to admission avoidance and reduced use of crisis mental health services as well as reducing the cost of Continuing Care Packages and Individual Packages of Care. There are other anticipated savings to the wider system, such as reduced A&E attendances, reduced costs to the Police and increased education attendance and attainment. There is an intention to review the outcomes and activity of the DBT work with these young people and an acceptance than further investment may be required to build on the anticipated benefits to the CYP and system as a whole.

Health and Justice Services

In 2018, the CCGs, NHS England, and the Office of the Police, Fire and Crime Commissioner commissioned a Health & Justice pilot service, straddling CAMHS, Youth Offending Services and the Police, to provide specialist outreach support to young people with emotional wellbeing needs and impacted functioning who have committed an offence and are at risk of entering the secure estate in the future. This is one of 104 pilots operating nationally to meet the needs of CYP in the Criminal Justice system.

The specialist support workers also help to ensure smoother transitions for CYP across the Health and Justice Pathways. The support available consists of 1:1 sessions with CYP, consultative / training sessions with other professionals, developing strong interagency links, deliver training and support co-production of service design.

The service has contributed towards improved outcomes and reduced reoffending for young people and has received a number of compliments from other professionals including:

"We are finding them really useful, incredibly helpful and very responsive"

"I know it's early days but I just wanted to say what a great job E and H are doing. They have picked up the cases that I have referred really quickly and have identified the needs of the young people and got them to engage positively. They are also updated on any areas of concern and have liaised with parents

and referred through to CAMHS for further work if necessary. I think they are a definite asset to us".

This project has been received well nationally, and has been confirmed as one of 17 pilots nationally which has been awarded NHSE Long Term Plan funding, meaning current investment will be continued for at least 2020/21 and potentially beyond.

Within Northamptonshire, our CAMHS services can provide mental health assessments in police custody upon request, but for CYP it is more likely that assessments will take place in a s136 suite, or within an A&E department. Our local CAMHS provider also reports that it is quite rare for CYP leaving custodial services to be referred to them for mental health interventions and support. Locally, our YOS team work with Youth Justice services to prevent reoffending and support restorative justice. Commissioners have recognised that the Health and Justice pathway within Northamptonshire could benefit from further exploration and clarity.

When a child is on remand, they are classified as looked after, but this ceases upon sentencing and/or release. Whilst on remand, Initial and/or Review Health Assessments are completed via CHAT Health.

Post Sexual Abuse Pathway

As part of the East Midlands Hub, Northamptonshire has Serenity, a Sexual Assault Referral Centre (SARC). In Northamptonshire and Leicestershire Service Six are commissioned by the Police and Crime Commissioner (PCC) to provide Children & Young People's Independent Sexual Violence Advisors (ChISVAs) and Independent Sexual Violence Advisors (ISVAs). This service provides specialist psychosocial and behavioural assessment and intervention to children and young people aged 5-18 (up to age 21 for LAC and disabled children) regardless of whether or not children and young people choose to go through with the criminal justice process, to support well-being, recovery and independence positively influence mental health and educational outcomes.

The overall objectives of management of child sexual abuse are directed towards the child, the family and the child's social context, and comprise the following:

- To provide an effective assessment and targeted service for children, who have been sexually abused,
- To provide psychosocial and behavioural interventions as appropriate to meet presenting needs
- To guide and support colleagues in partner agencies and services to increase their understanding and ability to support children and young people who have been sexually abused and to prevent others becoming victimised,
- To enable survivors of sexual abuse to be better able to cope on a daily basis and to promote emotional wellbeing and independence into adulthood.
- To encourage positive interpersonal relationships for the child and family members
- To ensure that a clear pathway for access to the service is in place for children and young people who are survivors of sexual abuse

Services are delivered in a confidential room within a setting where CYP feel most comfortable and safe, and are delivered through Psychotherapists, Counsellors and Play Therapists, all of which adhere to pre-trial protocols and provide the following interventions to meet the need of the clients and their presenting problems:

- Play Therapy
- Creative Therapies
- CBT
- Trauma based therapies, TF-CBT
- Person-Centred
- Psychodynamic

Referrals are received directly through Serenity or the East Midlands Sexual Assault Centre and services under this contract do not operate a waiting list.

Children and Young People with Complex Needs

Locally, there has been an increase in the proportion of children and young people in mental health inpatient beds who have ADHD/ASD or LD. There is an increase in referrals for a diagnostic assessment, and an average of 188 children and young people receive a diagnosis of an autistic spectrum condition each year, and as shown in *Figure 16* our autistic population profile in schools is significant.

The Care and Education Treatment Review (CETR) Risk Register has been put in place by the CCGs in order to minimise the risk of unnecessary inpatient admissions for children and young people with LD, ADHD and ASD who also suffer with mental ill health. The CCG continues to work in partnership with the Local Authority, and training has been delivered to 132 staff across health, social care, education, police, carers and allied professionals around the CETR process, when a young person would meet the criteria for the risk register and when a CETR should be requested. Nene and Corby CCGs are also undertaking more proactive CETRs at an early stage to try and mitigate the risks of admission further. Furthermore, a dynamic and electronic risk register is being developed to ensure robust and seamless identification of need, and timely delivery of CETRs.

The electronic risk register is a dynamic programme that is being developed to ensure robust and seamless identification of need, and, where required, timely delivery of CETRs. It is designed so that professionals can refer a Child or Young Person onto the register and in doing so will be prompted to consider whether proactive interventions have taken place to try and prevent crisis. Reminders will also be sent for certain tasks, the completion of which will be supported by timely access to experts, and to prompt review to ensure the register remains up to date. The register will be managed by a panel of expert users who will review all referrals and make contact with the referrer as appropriate. The CCGs will also be alerted to any person who is listed as Amber or Red on the register so that a CETR can be considered, with the aim of reducing LAEP (emergency) reviews and facilitating more opportunity to avoid crisis. The database will also output reports such as population based data in order to inform locality focused commissioning.

The majority of cases presenting for this group of people have an autism diagnosis only. Less than 20% of referrals made for a diagnostic assessment are confirmed as autistic. However, 85% of presentations for comorbid mental health or behaviours that challenge are attributed to autism only, while 15% have a learning disability. The Care and Treatment Review process has seen 70% of presentations not requiring an admission and community provision developing solutions to be able to better support the needs of children and young people, though this is a priority for continued improvement. Currently there are five children with a learning disability and/or autism in hospital.

As a result, there is a refresh of our approaches to coproducing our model of need. NCC and the CCGs have agreed an All Ages Learning Disability Strategy and Action Plan and an All Ages Autism Strategy and Action Plan. There were a series of engagement events with parents and carers throughout 2018 and 2019, and recently a new Autism Steering Board has been established which includes co-chairs with lived experience and representatives from parent and carer groups as well as across children services. We ensure we listen to the voice of the child when we undertake our Care Education Treatment Reviews and as commissioners, we regularly review how we can improve our services based on the feedback.

For adults with LD and/or autism there are clear pathways and a high level of support in the community to reduce admissions. There is a specific crisis and admission avoidance lead post funded by the CCGs and acts as a co-ordinator, monitor and innovator in relation to hospital avoidance. There is an Autism Quality lead that has been leading the coproduction work and supporting the leadership of the Autism Action Plan.

For people with an LD aged 14 years and over there is an Intensive Support Team, Community Team and Lead for Admission Avoidance.

9.2 What has been the impact

The clear collaborative working across agencies means there are close working relationships between Health and Local Authority partners. Local Agencies are working together to reduce admissions, prevent delayed discharge and ensure the needs of these complex young people are met in the community.

The CETR risk register does result in partners discussing issues in a timely fashion, however the cohort of children on the list tend to escalate very quickly in relation to their high risk behaviour and the need for a crisis response. This has proved problematic when trying to predict and arrange CETRs. Despite these difficulties there have been several admissions avoided as a response to a CETR or blue light discussion taking place. Currently there is a CYP action plan aimed at increasing positive responses and reducing inpatient admission.

During traditional peak periods of activity such as Christmas, the risk register has better enabled staff to contingency plan, and while there have been admissions in this period, December 2018 demonstrated a greater level of non-hospital related activity than in previous years.

9.3 What we are planning to do

We will aim to deliver Place based plans (jointly developed by Specialist Commissioning and CCGs, and informed by New Models of Care) to establish a whole system CYP pathway and align community services with recommissioning inpatient beds closer to home.

NHFT are part of the Midlands Collaborative for New Care Models. A bid has been submitted which has identified Northamptonshire as the lead provider within this model. It is anticipated and hoped that New Care Models will enable a smooth transition between inpatient and community provision, and result in a more flexible model of service delivery which responds to local and regional need, with as much care as possible taking place within a community or home setting, including a “hospital at home” service, providing home treatment and day provision as part of a step up / step down model.

The DBT service is intending to delivery multifamily DBT skills groups when service is at capacity to enable the young person's identified supportive adult to help the young person's skill use, influence their environment, and also support and involve the adult, and address difficulties that may arise within families.

As part of this refreshed plan we have tried to understand the reasons for our high inpatient admission rates. It is acknowledged that our Local Authority is under significant financial strain, which has an impact on resources available to support complex cases and impacts on decisions made around discharge planning when there are systemic factors linked to a young person's levels of distress and risk. Anecdotally, the high numbers of children and young people who are admitted who also have a diagnosis of ASD, ADHD or LD seems to cause an increase in inpatient admissions due to the complexity of these cases. The CCGs will continue to maintain the current CETR Risk Register and promote shared ownership of this across agencies through the existing multi-agency forums, such as Children's STP Board.

It is not possible to reduce inpatient admission rates without growing community services and having strong links between health and social care to deliver the level of service required for children and young people with high levels of emotional dysregulation, risk to self/others, and/or diagnosed mental health conditions. This raises risks around funding flows that would need to be considered as part of service development.

The young adult cohort also has a significant range of needs through their transition experience and in preparation in increasing the transitions age to 25, we are working closely with our county council colleagues who are introducing a transition programme for young people with additional needs such as care leaves, children with disability, learning disability, autism and mental health.

Review of data continues to indicate that the majority of children admitted to a mental health bed via a CETR process have Autism (85%), and that there is not the specialist mental health crisis response available to be able to provide short, intensive interventions to avoid admission. As part of service development in 2020/21, Northamptonshire are reviewing our approaches to reasonable adjustments and the provision for people with complex needs including learning disability and/or autism.

9.4 How will we measure the impact and outcomes

The impact around collaborative and place-based commissioning will be measured against the following Key Performance Indicators and outcomes:

- Reduction in inpatient admissions
- Reduction in delays of repatriation and discharge.
- Improved working relationship and clearer understanding of roles/responsibilities regarding CAMHS patients transferring in and out of inpatient provision.
- Reduction in length of stay and readmission rates.
- Improved occupancy
- Reduced numbers of CYP entering the secure estate
- Reduction in cost of Continuing Care Packages and Individual Packages of Care (e.g. out of county DBT)
- Reduction in repeat attendances at A&E for young people who are emotionally dysregulated

- Improved emotional wellbeing of young people in contact with youth offending services

10. Eating Disorders

The Northamptonshire Eating Disorders Cluster is formed by Nene and Corby CCGs. This section outlines our plans around children and young people with Eating Disorders through the Community Eating Disorder Service (CEDS). It will comment on progress to date, impact of this, our plans and how we will measure the impact of this.

The following Key Lines of Enquiry from NHS England will be addressed here:

Does the LTP identify current performance against the Eating Disorder access and waiting time standards and show improvement from the baseline measure?

Where relevant, does the plan clearly state which CCGs are partnering up in the Eating Disorder cluster?

Is the Community Eating Disorder Service (CEDS) in line with the model recommended in NHS England's commissioning guidance?

Does the LTP show how the additional funding allocated in 2019/20 for CEDS for children and young people will be invested to further enhance and develop provision, including increases in workforce capacity?

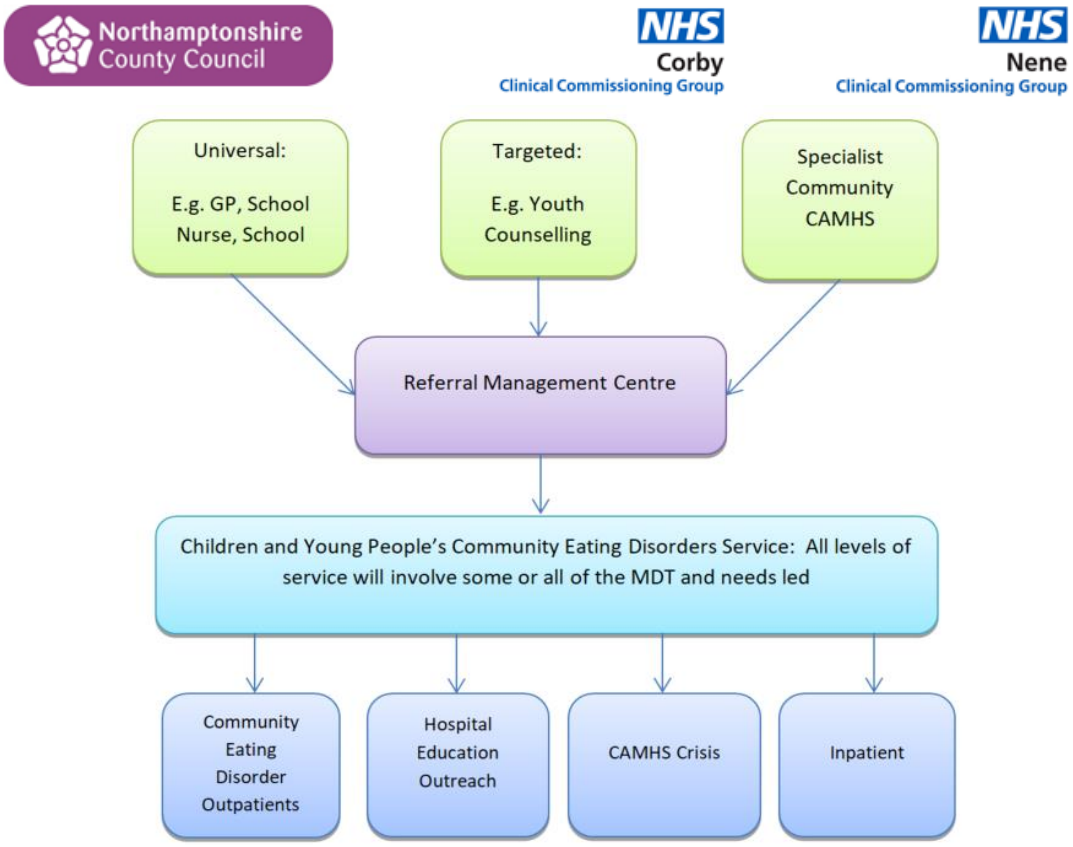
Is the CEDS signed up to a national quality improvement programme?

10.1 What we have done

The Community Eating Disorders Service continues to operate as a multi-disciplinary team offering assessment and support to young people with an eating disorder through a pathway of care. The CEDS pathway includes community, crisis and Inpatient treatment. The CEDS team comprises Psychiatry, Psychology, Mental Health Nursing and Dietetics, with links to Education Services and Paediatric Teams, and is a community based service.

The service model for the new Community Eating Disorders Service (CEDS) and the patient journey is displayed below:

Figure 22: Community Eating Disorder Service (CEDS)



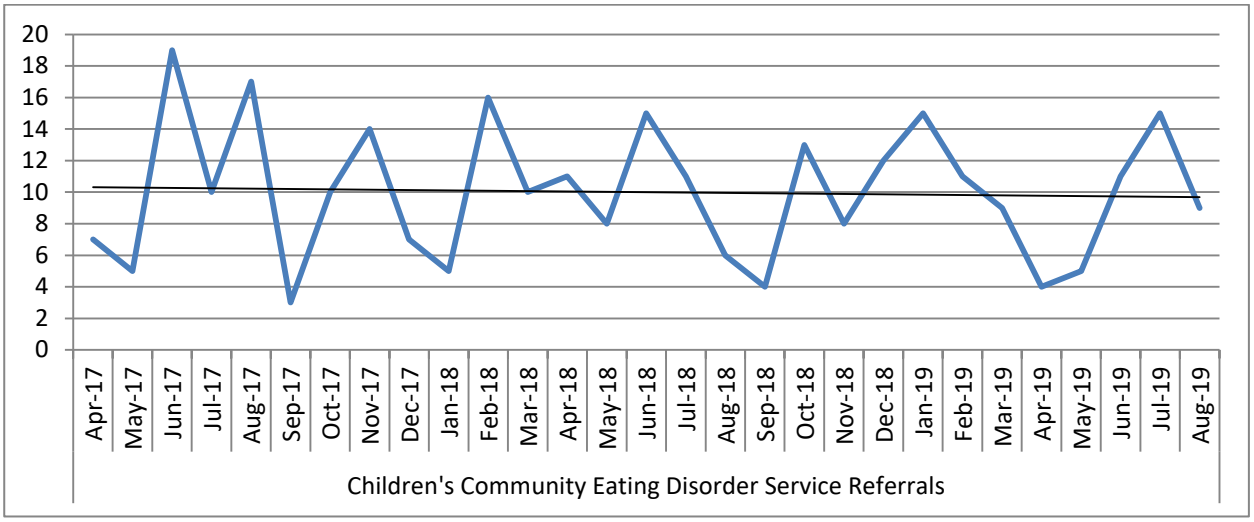
The Community Eating Disorder Service Patient Journey

- Referral is made to the RMC as a single point of access
- Triage is completed following receipt of referral to identify if the assessment required is Routine, Urgent or Emergency
- Initial assessment and risk assessment is completed by the multidisciplinary team – this allows for immediate working diagnosis and a care plan which can be shared with the family. The care co-ordinator attends the initial assessment to support continuity.
- Family Based Treatment (FBT) is the first line of treatment
- Review at week 2, month 1, and month 3 then month 6. Care Programme Approach is in place to monitor and review.
- If FBT is unsuccessful the intervention can be intensified by referring to Multi-Family Therapy. Adjuncts to FBT, including CBT-E are also offered.
- Cognitive Behaviour Therapy (CBT) for co-morbidities is available to young people as required.
- Parental workshops and carers groups are available to families offering psycho-education and support.
- Service User Forms are in place to shape service provision.

10.2 What has been the impact

Referral data from April 2017 – August 2019 is displayed in the below graph. 123 young people were referred to the CEDS in both 2017/18 and 2018/19 (urgent and routine only). Data from April – August 2019 also covers emergency referrals.

Figure 23: Number of Referrals per month to the Community Eating Disorder Service (CEDS)



When a linear trend line is applied, average referral trends remain fairly static

Current performance against the NHS England Access and Waiting Standard for Children & Young People with an Eating Disorder is also displayed below by CCG. As part of additional funding into the service, a recovery trajectory has been set with NHFT to ensure the standards can be met and sustained from April 2020.

Figures 24 & 25: CEDS Performance against NHSE Access and Waiting Standard

Corby

ED - 4 Weeks (95% by 2020)	Apr -18	May -18	Jun -18	Jul-18	Aug -18	Sep -18	Oct -18	Nov -18	Dec -18	Jan -19	Feb -19	Mar -19	Apr -19	May -19	Jun -19
Actual achievement	100.00%			100.00%			100.00%			100.00%			75.00%		
ED - 1 Week (95% by 2020)	**Apr -18**	**May -18**	**Jun -18**	**Jul-18**	**Aug -18**	**Sep -18**	**Oct -18**	**Nov -18**	**Dec -18**	**Jan -19**	**Feb -19**	**Mar -19**	**Apr -19**	**May -19**	**Jun -19**
Actual achievement	No pts			No pts			No pts			0.00%			No pts		

Nene

ED - 4 Weeks (95% by 2020)	Apr -18	May -18	Jun -18	Jul-18	Aug -18	Sep -18	Oct -18	Nov -18	Dec -18	Jan -19	Feb -19	Mar -19	Apr-19	May -19	Jun -19
Actual achievement	84.00%			87.00%			94.12%			92.59%			100.00%		
ED - 1 Week (95% by 2020)	**Apr -18**	**May -18**	**Jun -18**	**Jul-18**	**Aug -18**	**Sep -18**	**Oct -18**	**Nov -18**	**Dec -18**	**Jan -19**	**Feb -19**	**Mar -19**	**Apr -19**	**May -19**	**Jun -19**
Actual achievement	83.33%			100.00%			75.00%			100.00%			100.00%		

10.3 What we are planning to do

The current service delivers NICE concordant treatment, including FBT model and access to Cognitive Behavioural Therapy and was set up to be compliant with the NHS England Access and Waiting Standard for Children & Young People with an Eating Disorder. However, the service was set up and staffed to

meet the original expectation of 50 referrals per year, but the actual demand on the service has averaged between 120 -130 referrals a year over the last two years including routine, urgent and emergency referrals. This has impacted upon the service's ability to consistently deliver the Access and Waiting Standard, although the service has not fallen too far short of this, which is testament to how they have adapted to support the higher referral numbers. Additional investment has been made into the service from 2019/20 to allow the service to recruit additional staff as a result of the sustained level of higher referral numbers.

Following a period of development a formal pathway has been established between the Community Eating Disorders Service and Northampton General Hospital to ensure closer working relationships, streamlining of processes and a more multi-disciplinary approach when a child requires a period of inpatient admission for physical stabilisation or a refeeding programme. Discussions are underway with Kettering General Hospital to implement the same pathway for children and young people in the north of the county.

As indicated above, the CEDS is working with Kettering General Hospital to develop an inpatient → community pathway to replicate the one implemented in Northampton.

As a result of the additional investment into the CEDS the service has set out a **proposed** service model to cover 2019/20 and 2020/21, which is displayed below:

Figure 26: Proposed Staffing Model for Community Eating Disorder Service (CEDS)

Clinician	NHS Band	Current staffing	Proposed WTE 2019/20	Proposed WTE 2020/21
Consultant Psychiatrist	Consultant Grade	0.7	1.0 (in post)	1.0
Paediatrician		0.1	0.1	0.1
Specialty Doctor		0	0.8	0.8
Clinical Psychologist	8B	0	1.0	1.0
Clinical Psychologist	8A	1.0	1.0	1.0
Family Therapist	8A	0.6	0.6	0.6
Systemic Worker	7	0	1.0	1.0
Family Therapist	7	0	0	1.0
Nurse	7	2.0	2.0	2.0
Nurse Therapist	6	2.6	5.0	6.0
Dietitian	7	0	0	1.0
Dietitian	6	1.0	1.0	0
Occupational Therapist		0	0	1.0
Psychology Assistant	4	0.6	0.6	1.0
Medical Administrator	4	0.63	0.63	0.63
Team Administrator	3	0.8	0.8	0.8
Total WTE		**10.03**	**15.53**	**18.33**

The clinical benefits of this model reflect that young people with an eating disorder require a prolonged period of treatment in order to prevent relapse, including physical monitoring at the beginning of their treatment and regular weekly contact through recovery to stabilisation. The new staffing model will provide an increase in service delivery offering robust individual packages of care. The team will be able to develop its staff to meet national staffing standards whilst meeting the clinical needs of service users offering an extension of appointments to include evening and Saturday clinics. The team will also be able to develop pathways of care to manage young people throughout their journey of care, reducing the need to refer to other services. A particular ambition of the service is to reduce hospital admissions. The increased staffing offer will also enable the team to deliver training to increase awareness, enable earlier identification and promote joined up working.

As a result of the additional investment and planned capacity within the team, the service intends to work towards accreditation by the Quality Network in 2020/21 once they are up to their planned establishment level.

The service will also implement a physical monitoring clinic where ECGs and other monitoring functions can be undertaken.

ARFID remains a local priority and although some multidisciplinary work is undertaken to support children with ARFID, the service intends to increase its offer, especially with the recognition that a significant proportion of children with ARFID also have neurodevelopmental comorbidities such as ASD. The service is also considering support it may be able to extend to children who have disordered eating, but do not have the disordered cognition that is required for a formal diagnosis.

10.4 How we will measure the impact and outcomes

- Compliance with Access and Waiting Standard through local and national returns
- Reviewing re-presentation rates
- Service User Engagement and Feedback

11. Data – Access and Outcomes

This section gives details of the data recording and outcomes. It will comment on progress to date; impact of this; our plans and how we will measure the impact of this.

The following Key Lines of Enquiry from NHS England will be addressed here:

Does the LTP identify the requirement for all NHS-commissioned (and jointly commissioned) services, including non-NHS providers to submit data to the MH Services Data Set (MHSDS), including an action plan, where relevant, to improve data quality?

Does the LTP describe how data on key ambitions like access, urgent and emergency mental health, Eating Disorders, outcomes and paired scores are routinely monitored and used?

Is there evidence of the use of local/regional data reporting and its use to enhance local delivery and demonstrate impact on outcomes for children and young people e.g. local CYPMH dashboards?

11.1 What we have done

There has been an increase in number of existing and new staff being trained to deliver Evidence-Based interventions (CYP-IAPT Programme). As well we the introduction of the THRIVE model and integrated training.

Figure 27: Trend in CAMHS referrals April 2015 – July 2019

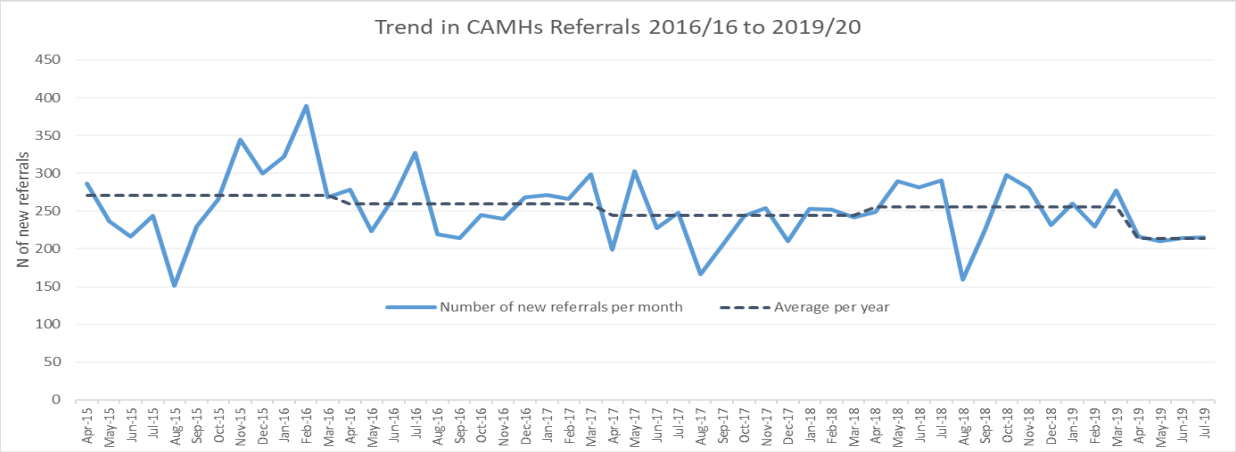


Figure 28: Average wait between referral and first contact by year

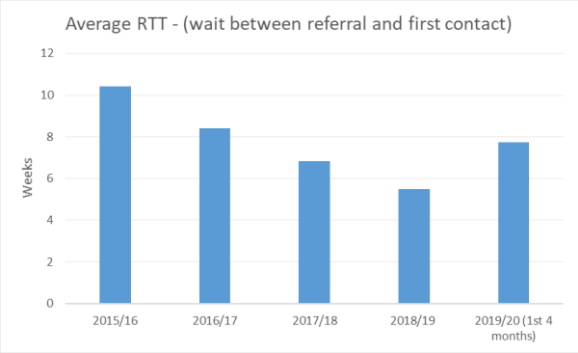


Figure 29: Referrals per year

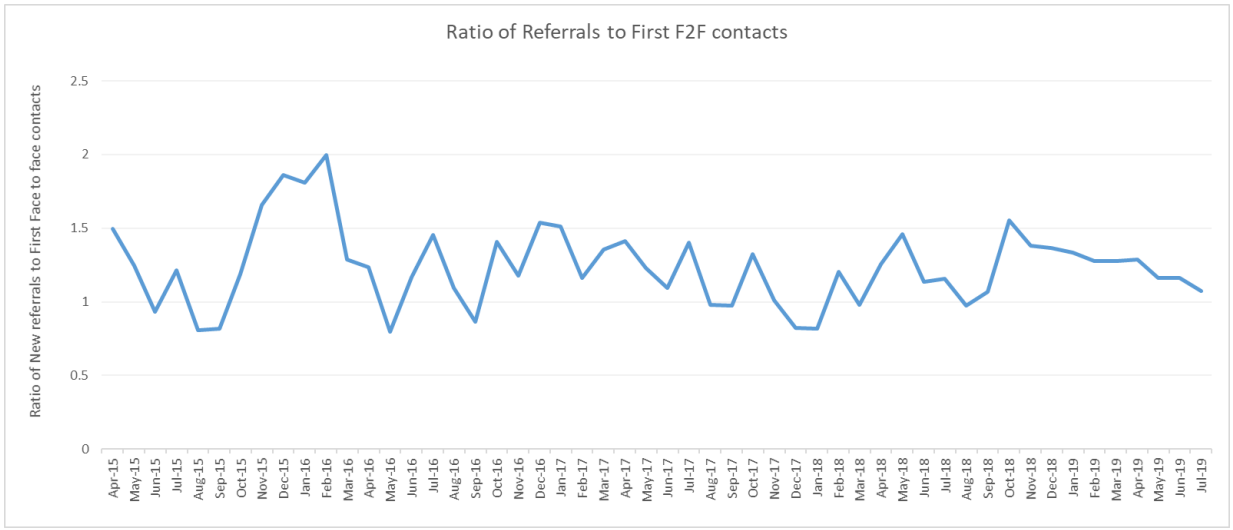
There has been a reduction in referrals to CAMHS. This may be as a result of bringing the youth counselling agencies together as a part of our Referral Management Centre and the increase of lower level support within the 0-19 service meaning that fewer referrals were made to CAMHS.

The number of re-referrals to CAMHS within 90 days dropped from 23 in 2016/17 to 0 in 2018/19.

The average waiting times have reduced from 13 week waits at the beginning of the programme to the current average of 6 weeks. This is still above average when compared to national median waiting times in 2017/18 of 34 days to receive an initial assessment and 60 days to receive treatment; however the proposed CAMHS transformation plan to refocus on moderate to severe presentations should help to further reduce waiting times.

Figure 30: New Referrals & First Face to Face Contacts

Figure 31: Ratio of Referrals & First Face to Face Contacts



In the early years of the Future in Mind programme, there were more referrals coming in than the capacity for first face to face contacts. Now there is a closer parity of esteem.

The number of patients waiting to be seen at the end of the month accumulated slightly (by 5.4%) between 2015/16 and 2016/17 but in 2017/18 it has dropped significantly by -34.5%. This is reflected in the Case-load (shown below). This has started to slowly increase again and the CCGs will be working with our provider to monitor the issues.

Figure 32: Trend in no. of patients waiting to be seen at month end

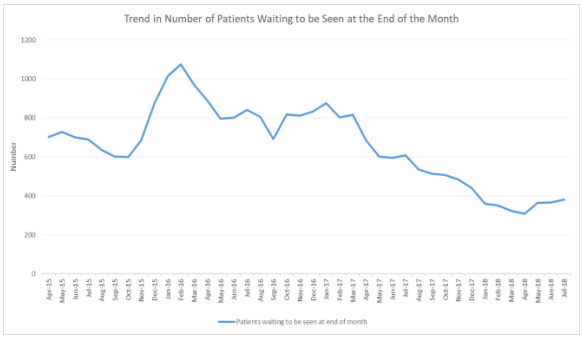
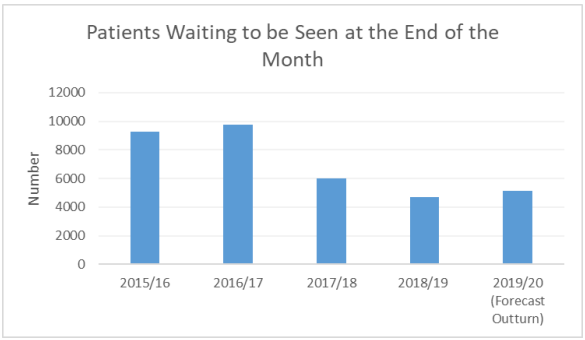


Figure 33: Patients waiting to be seen at the end of the month, by year



The average proportion of total case load completing treatment and discharged each month in 2015/16 was 4.7%. This increased to 5.4% in 2016/17, 9.6% in 2017/18 and rose again to 18.2% in 2018/19. The patient flow improved, but with some of the more complex cases, the gap has started to widen again and will be monitored.

Figure 34: Number of Patients Waiting to be seen at the End of the Month and Number completing treatment and discharged

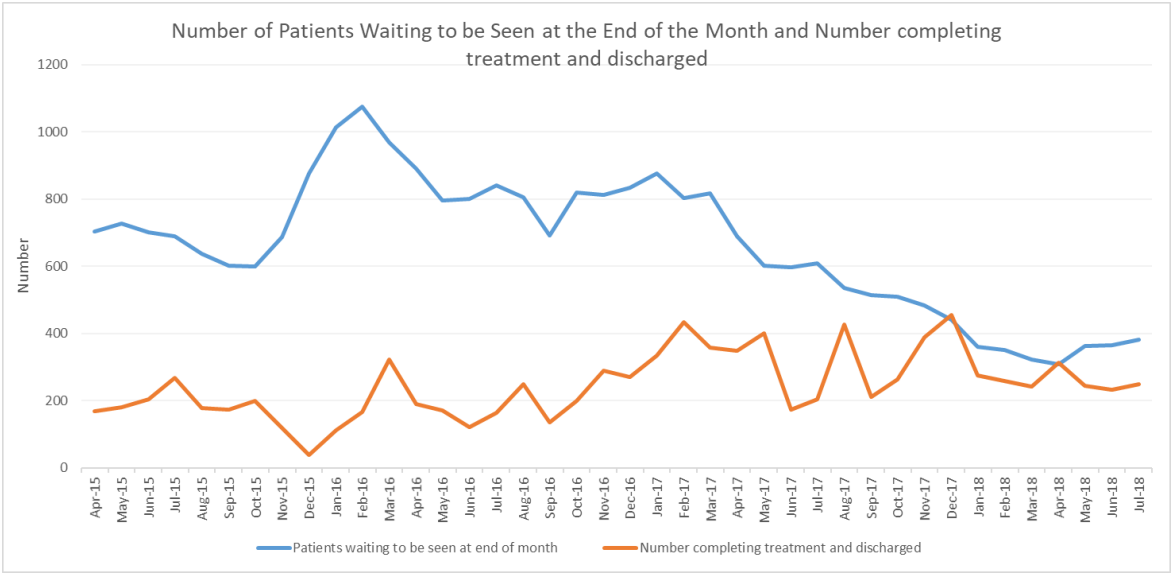
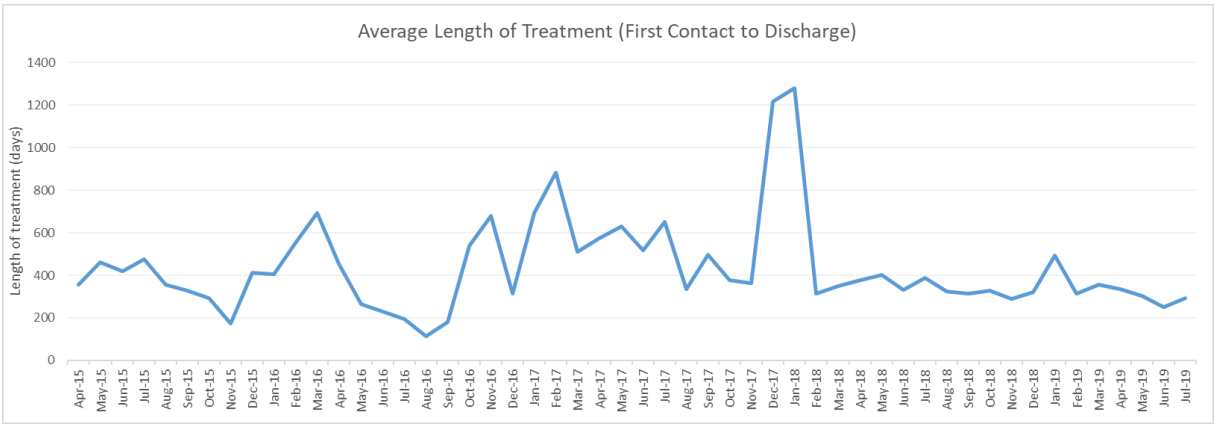


Figure 35: Average Length of Treatment (First Contact to Discharge)



The average length of treatment has reduced over the programme and now stands at an average of 353 days per patient.

The increase in the proportion of the caseload discharged each month is also reflected in the increased percentage seen within 13 weeks of referral.

For CYP with a diagnosed mental health problem the CCGs are working towards achieving the 43.6% access standard in 2019/20 as per the Five Year Forward View. Currently 27.46% of people with diagnosed mental health problem are receiving treatment.

For Eating Disorders; the urgent 1 week waits have 100% of patients are being seen in that time frame. For the 4 week waiting times, 92.9% are being seen on time.

74% are showing improved outcomes according to their Children's Global Assessment Scale CGAS scores. This is considered to be an area for improvement, and we will consider how to best measure this in conjunction with the increasing requirements around outcomes monitoring.

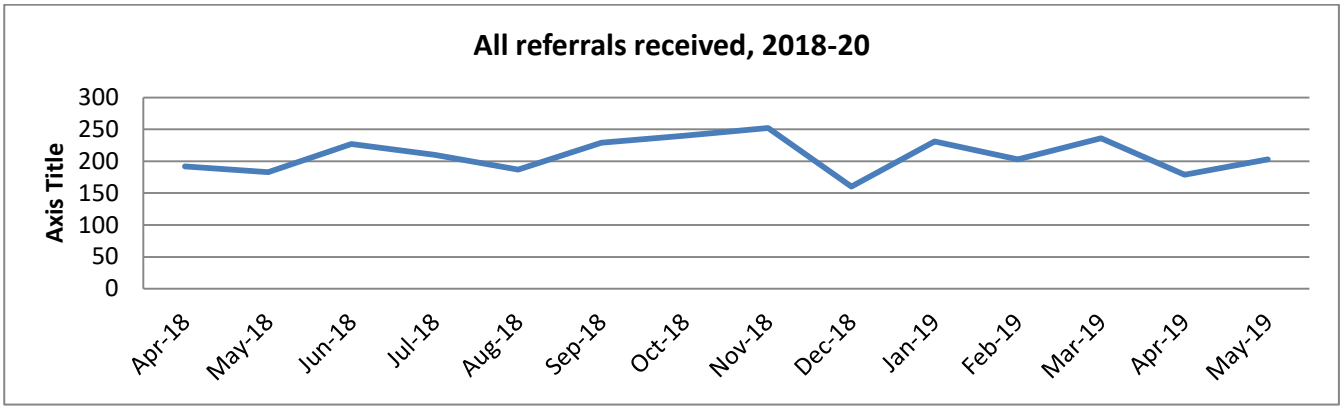
We are currently investigating the extent to which providers are completing the MHSDS as is required. There is a need to ensure that all non-NHS providers are flowing data to the MHMDS. Further discussions are on-going.

The CCGs receive the data which flows from NHFT via the MHSDS and is collated centrally by NEL CSU and made available locally to the business intelligence service within the CCGs.

Youth Counselling

While Youth Counselling is not included in the MHSDS submission, it is a key facet of the options available to young people with mental health and emotional wellbeing needs.

Figure 36: Youth Counselling Referrals



Referrals have been relatively steady, where peaks have been seen in June, which aligns with school/university exams, and again in October, a few weeks after returning to school following the summer break. With 3859 children and young people seen by youth counsellors this is triple the amount of people receiving counselling from when the programme began.

The average waiting times have reduced from 10 week waits at the beginning of the programme to the current average of 6.5 weeks.

The average length of treatment in Youth Counselling is 7.5 weeks.

84% of children and young people have shown an increased well-being following therapy.

11.2 What has been the impact

As seen above, there have been overall improvements in the CAMHS and Youth Counselling waiting times and numbers of CYP accessing treatment in a timely manner.

While the waiting times are above the planned trajectory, there has been a significant reduction in waiting times. In 2014, CYP waited an average of 13 weeks for CAMHS and 10 weeks for youth counselling. Now the average waiting time for both are around 6 weeks, with drop in counselling support and crisis support giving urgent help within 24 hours on average.

Future in Mind has made a significant difference in terms of the number of children and young people supported. There has been a 53% increase in the number of people seen across the system. When the programme began, 1% of the population under 18 were receiving support. This has now risen to 3%. We recognise this is not quite the 10% of the population who are likely to have a mental health need, but it is a significant improvement.

There is still a gap in terms of the NHSE projections of meeting need and there will be work to analyse and mobilise to close the gap.

11.3 What we are planning to do

We are committed as a system to work together to assure the quality of the data flow for key national metrics in the Mental Health Services Data Set and we are looking at a range of recovery measures to bring the access trajectories back on to plan. Actions include:

- A commitment to increase access, including better data flows, by using the NHSE Intensive Support Team's tool to review performance to date and set improvement trajectories with local providers.
- Review and update service specifications to include more robust outcomes measures in line with the Routine Outcomes Measures once published.
- A review of the reporting requirements from our Third Sector partners, to include increased paired-score assessment, and greater transparency in data quality.
- Ensure more robust data monitoring and review of NHFT's MHSDS submission to ensure that it complies with the above and that it reflects all relevant activity that is occurring with CYP with a diagnosed MH difficulty (treatment classed as 2 x 'contacts' across any CYP mental health service).
- Estimate of increased activity that will be realised by capturing any unreported activity
- Engagement with NCC Public Health (joint partners with CCG) and third sector Youth Counselling providers to develop a plan to include their activity in the MHMDS submission (these voluntary sector providers had nearly 3859 CYP referred to them in 2018/19 so we need to capture this activity). **NB:** The Youth Counselling organisations are third sector organisations who undertake CYP counselling in the community. They are jointly funded by the CCGs and Northamptonshire County Council Public Health. The organisations offer a tier 2 CYP service offering support to many children who have presented to A and E with Self harm or who are otherwise in need of counselling and support. CCG colleagues attended the MHSDS workshop with our Third Sector partners, in order to establish the process for securing an N3 Connection (either of their own, or via the existing N3 connection held by NHFT).

Caveats

- The precise number of CYP who present to the organisations in question who have a diagnosed mental health problem (as per CYP MH Access data criteria), is unknown
- Currently the organisations are funded none recurrently for 2019/20 which presents a risk for sustainability and financial investment in new systems.
- The capacity and capability of the organisations to flow data to the MHMDS directly is questionable given their limited resource base
- Local representatives have been attending regional workshops to share and learn from resources to aid implementation.

We plan to meet with both NHS and non NHS providers in order to assess gaps and plan corrective action.

In addition, in adult mental health services, Northamptonshire is working to implement a Mental Health Outcomes Framework with our providers. We are keen to use the learning from the adult experience to seek to eventually move to an outcomes framework for Children and Young People services.

11.4 How we will measure the impact and outcomes

- Maintain waiting time standards
- Increased uptake of services by CYP with a diagnosed mental health difficulty
- Measure against set trajectories

- Improved data collection and performance monitoring for NHS Providers
- Develop systems to allow accurate data collection for third sector providers as part of the MHSDS
- Monthly review with NHS England colleagues (including partners from the EM Clinical Network).

12. Urgent Care and Emergency (Crisis) Mental Health Care for CYP

The need for urgent care and emergency (crisis) Mental Health Care for children and young people is highlighted in the Five Year Forward View; Future in Mind and the Long Term Plan, highlighting the continued importance of this area in children and young people's mental health. This section will comment on progress to date; impact of this; our plans and how we will measure the impact of this.

The following Key Lines of Enquiry from NHS England will be addressed here:

Does the LTP set out the model for delivering 24/7 urgent and emergency mental health services for CYP and their families in line with the 2019/20 Planning Guidance and the NHS Long Term Plan, including:

- Evidence of close working with blue light services (ambulance & police) to support CYP who present in crisis, including those with multiple complex needs, e.g. CYP with autism, LD or looked after children (NHS Long Term Plan KLoE)?
- Reasonable adjustments being made to ensure there is appropriate urgent and emergency (crisis) mental health care for disabled children and young people, particularly those with LD, autism and/or ADHD?
- The urgent and emergency mental health care for CYP has locally agreed KPIs, access and waiting time ambitions and the involvement of CYP and their families, including monitoring their experience and outcomes?
- That there is a commitment with an agreed costed plan, clear milestones, and timelines in place to provide a dedicated 24/7 urgent and emergency mental health service for CYP and their families in line with the NHS Long Term Plan?
- Details on what support is in place for CYP beyond their crisis presentation, including of the local comprehensive offer in place for 18-25s (NHS Long Term Plan KLoE)?

For areas that are implementing the NHS-led Provider Collaboratives (New Care Models), is the area reprofiling inpatient expenditure into community-based care (NHS Long Term Plan KLoE)?

12.1 What we have done

The local CAMHS and adult mental health provider NHFT continues to offer 24/7 access to mental health services for CYP. This is in the format of a CYP Crisis team who operate until midnight (last assessment at 10pm) and assess CYP in their own homes, community settings and or acute hospital. After 10pm, CYP who present at A&E are usually admitted to an acute paediatric ward with support/advice from an on-call Psychiatrist. In addition, Public Health funding was provided for the REACH Youth Counselling Collaborative to provide short term counselling interventions on a rapid response basis. This is for CYP who have presented at A&E with self-harm or emotional dysregulation, who require counselling services but upon assessment do not meet the threshold for specialist CAMHS services. 109 CYP were seen by this service between July 2017 and March 2018.

A multi-agency designed pathway for the assessment and treatment of self-harm is operational in Northamptonshire and was introduced following a CCG led audit of self-harm admissions to the children's wards at Northampton General Hospital and Kettering General Hospital. This care pathway was an appendix in the previous FIM LTP.

A follow up audit was undertaken in April 2019 of self-harm admissions to the same children's wards in May 2018. This audit showed fewer young people being admitted to paediatric wards with mental health and self-harming presentations, but that the majority of presentations were between 2 and 10pm. This directly influenced the decision to extend the operational hours of the Crisis Team. As a result of increased investment and function of the team, a revised service specification and information schedule has been drawn up to understand demand and response in more detail.

In 2019/20, additional FIM resource has been allocated to the CAMHS Crisis Team in order to meet the growing demand for urgent and emergency mental health care, and to fulfil the remit of offering home treatment to reduce the risk of mental health inpatient admissions. This investment will form part of baseline funding for the final year of Future in Mind, highlighting local commitment to CYP urgent and emergency mental health needs.

The CAMHS Live online service has also been extended to cover evening demand. It was previously only operational during hours where most CYP will be with their education provider.

12.2 What has been the impact

For most of 2015/16 CAMHs Crisis and Home Treatment services were focussed more strongly on responses to requests from acute hospitals (71% of, on average, 38 contacts per month up to November 2015/16). From January 2016, response to acute hospitals has been on average 29% of the workload and the number of contacts has increased to 58 per month in 2017/18.

Up to date information on A&E presentations has been requested and will be included within the final report

Figure 37: % of CAMHS Crisis & Home Treatment referrals that are from acute hospitals April 2015 – July 2019

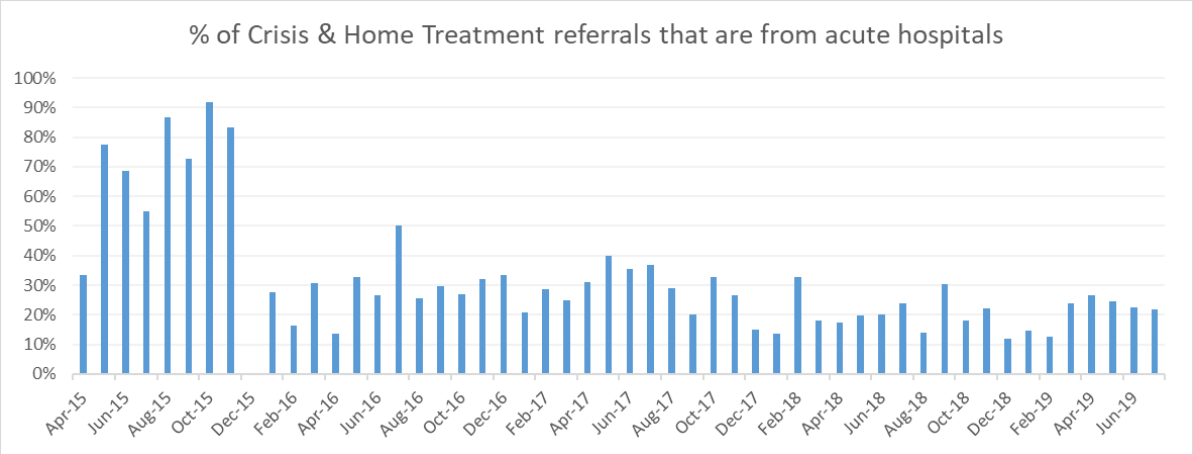


Figure 38: CAMHS Crisis & Home Treatment referrals and referral source April 2015 – July 2019

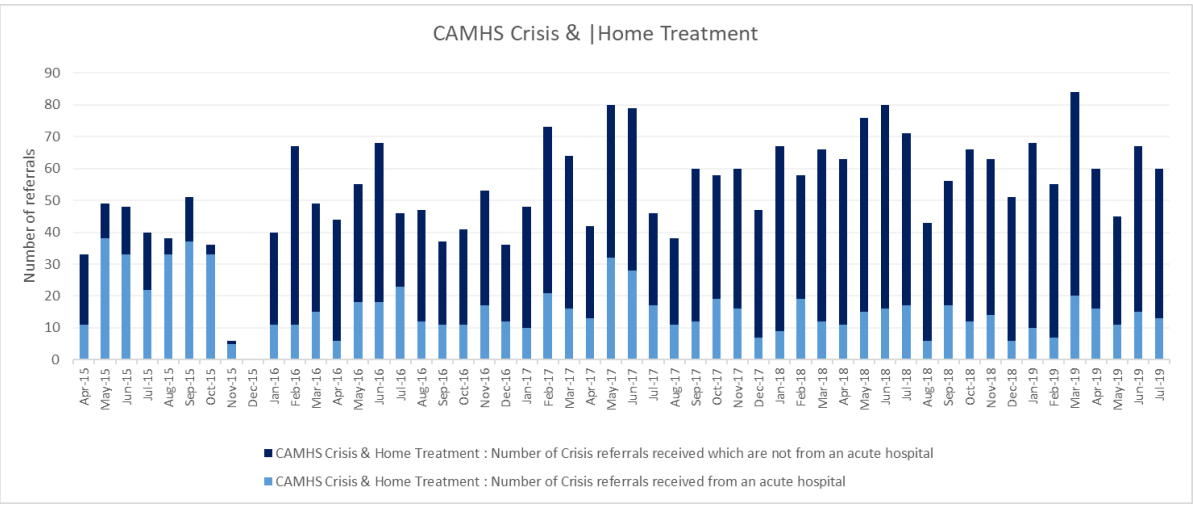
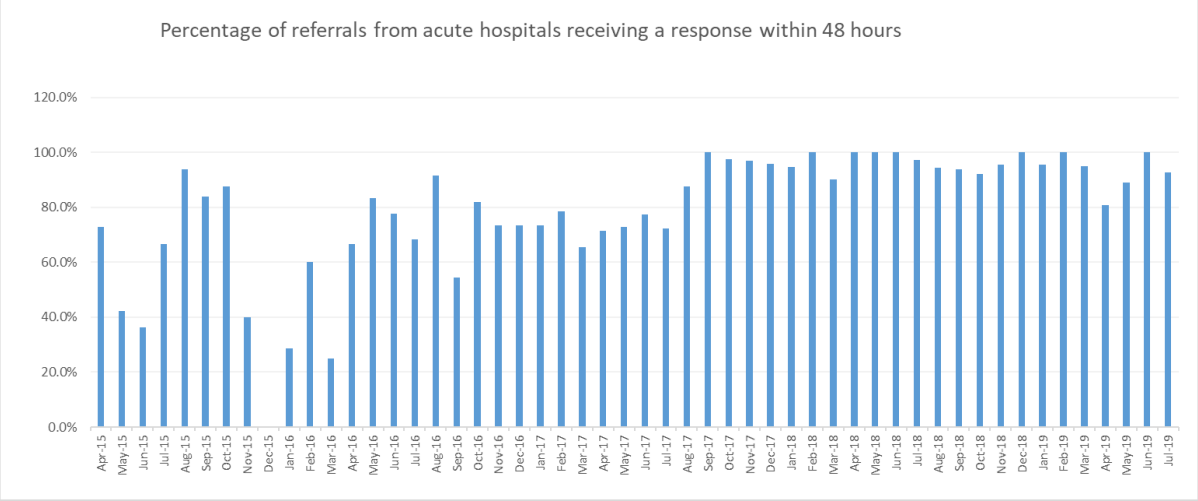


Figure 39: Percentage of referrals from acute hospitals receiving a response within 48 hours



The self-harm pathway audit led to a significant reduction in the amount of paperwork required to complete an assessment. This has streamlined the process and led to a more focused and efficient assessment. The aim of this is to improve the service user experience and reduce the length of stay in acute hospitals.

12.3 What we are planning to do

As part of the initial scoping to ascertain the level of urgent care and emergency service required 24/7, the data for time and day of A&E attendances by CYP for a mental health reason was analysed, as illustrated overleaf:

Figure 40: Hour of presentation at A&E by CYP for a mental health reason

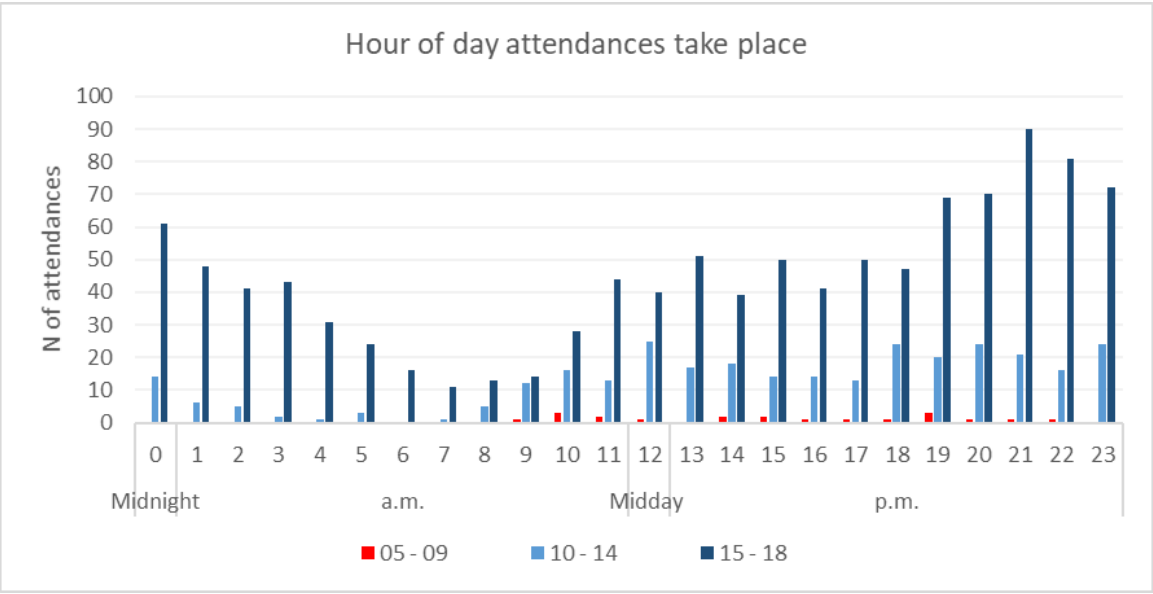


Figure 41: Presentations by age group and day of the week

Age Band	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
05 - 09	3	3	2	6		4	2	20
10 - 14	53	47	50	48	47	24	39	308
15 - 18	170	145	137	178	138	136	170	1,074
Total	**226**	**195**	**189**	**232**	**185**	**164**	**211**	**1,402**

This information is being used as a basis from which to inform a model of "Crisis Café" for CYP, based on the award winning adult model, but which will be adapted to meet the specific needs of young people. It will not just be aimed at those wo are in mental health crisis, but also those who are struggling, or do not know how to access support who may otherwsie attend A&E. Some scoping of a potential model has been undertaken, including focus groups, 15/19 participants advising they would use a crisis café type service.

The model is currenty in devlopment, and procurement is expected to commence soon. Clear escalation processes will be put in place should a child or young person be assessed to require a more specialist level of intervention, or who may need medical attention. Consdideration of delaying transition points into the adult Crisis Cafés in line with the aspirations of the Long Term Plan will also be made.

The service will initially be delivered on a pilot basis, concentrating first on Northampton and Kettering, as areas with the highest A&E presentations for mental health reasons, and also being towns where A&E departments are located.

Should the model be successful in reducing attendance at A&E, and demand on the CAMHS Crisis Team, consideration will be made as to how this can be rolled out across the county.

Current CYP participation groups will be involved in ensuring that the model is suitable for CYP, as well as helping to name the service, as it is considered that term "Crisis Café" may be misleading.

Furthermore, following the additional investment made into the CAMHS Crisis service, a dedicated CYP liaison worker will be placed in each A&E department during hours of peak demand. As overnight

attendances for CYP are relatively low, during this time CYP attending at A&E will be assessed by an adult liaison worker, with the on-duty CYP Consultant also available if required.

We continue to commission the 'Rapid Response' service from third sector services. This has been successful so far and is an example of good practice, integration across services and will lead to reduced waiting times for CAMHS interventions as well as reducing repeat attendances at A&E following self-harm. Feedback from the CAMHS Crisis Team is positive, and it has led to closer working between these agencies, and a greater understanding of the important work that each is able to provide. It is intended that the Rapid Response service will continue until the end of 2019/20, at which point the CYP Crisis Cafés should be operational. Further review will be required during 2020/21 inform whether there is a need for continuation of Rapid Response once the Crisis Cafés are operational.

Following analysis of the CETRs in Northamptonshire as part of the Transforming Care programme, it has emerged that there is a need to review in more detail the offer available to CYP with a Learning Disability and/or Autism, and how services respond should a CYP go into mental health crisis. It is anticipated that this may involve a combination of additional training to provide reasonable adjustments within current "getting help" services, and some additional support within "getting more help" services, or via a dedicated resource to wrap around these young people during periods of crisis, with the aim of avoiding inpatient admission.

12.4 How we will measure the impact and outcome

- Reduction in A&E attendance
- Reduction in admissions to acute hospitals following self-harm
- Reduction in inpatient admissions for mental health
- Reduction in Crisis Team demand
- Increase of YP seen in 3rd Sector Services following an episode of low-level self-harm
- Improved access to timely and appropriate interventions when required during a period of crisis
- Reduction in repeat admissions to A&E
- ROMs showing improvement in emotional wellbeing
- Service User Feedback around satisfaction and experience

13. CYP Mental Health Services working with educational settings (including Mental Health Support Teams)

This section outlines our plans around Mental Health Support Teams pursuant to the Green Paper. It will comment on previous bid submissions, progress to date and future plans.

The following Key Lines of Enquiry from NHS England will be addressed here:

Does the Plan set out how CYP mental health services (however provided) work in partnership with educational settings? (for example, provision in schools or FE colleges. Areas that are applying for Mental Health Support Teams in schools programme should reference this here)

13.1 What we have done

Northamptonshire's bid for the first wave of the Mental Health Support Teams was unsuccessful, but we will be submitting a bid for Wave 3 funding in 2020.

Targeted Mental Health in Schools (TaMHS)

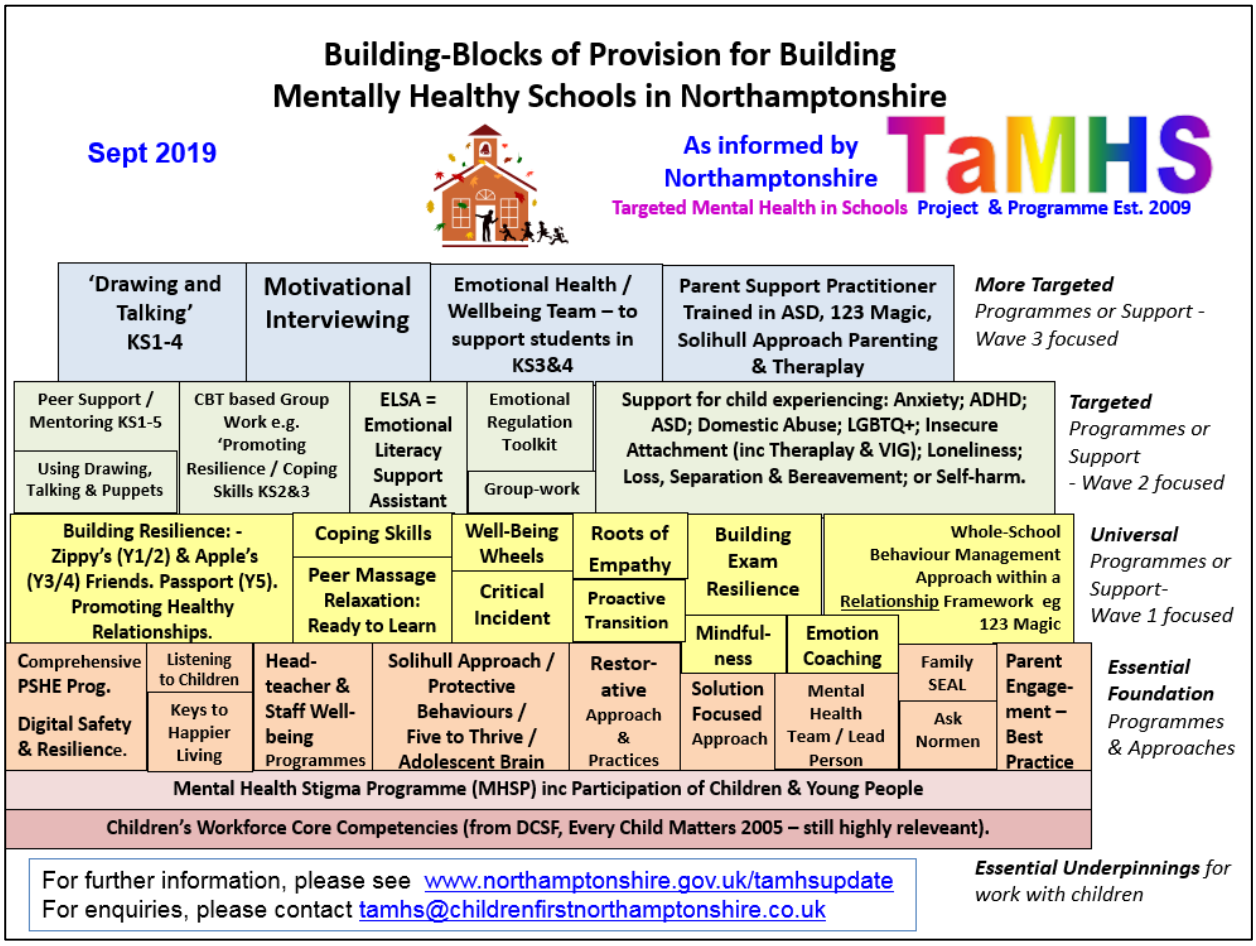
Locally, Northamptonshire Targeted Mental Health in Schools (TaMHS) programme has full engagement from 87 schools, as illustrated below:

Figure 42: Targeted Mental Health in Schools (TaMHS) Engagement

Project / Programme Phase	Year(s) of TaMHS Input	Primary/ Infant/ Junior	All-Through	Secondary
Project Schools	2015-16	20	0	5
	2016-17	15	0	0
	2017-18	17	0	4
	2017-19	25	1	0
TOTAL		**77**	**1**	**9**
GRAND TOTAL Number of All Schools Fully Engaging 2015-19				**87**

TaMHS is led by Educational Psychologists within the Local Authority and is described as a "multi-agency programme for building capacity within schools through training, support and introducing new programmes and approaches to better meet the mental health needs of children. The programme can be used at universal, targeted and specialist levels, including through systemic work with parents, staff and locality agencies". It uses a building block model to identify evidence based and informed approached that schools can adopt as part of their provision:

Figure 43: Targeted Mental Health in Schools (TaMHS) Building Blocks



The programme is inclusive and specifies the need for schools to have sufficient knowledge of LGBTQ+ , and also of neurodevelopmental conditions such as Autism and ADHD. TaMHS has also expanded over the past two years to provide specific input to a range of special educational needs schools.

An evaluation of the service was undertaken in October 2018 which received positive feedback.

Emotional Literacy Support Assistant (ELSA)

The Emotional Literacy Support Assistant (ELSA) programme started in Northamptonshire in the academic year 2017/18. The ELSA programme is a preventative intervention that aims to build school capacity to support the social, emotional and mental health needs of pupils by training staff, typically Teaching Assistants, to become an ELSA. The Teaching Assistant receives specially designed training from Educational Psychologists across five or six targeted training days. Course content includes psychological research and theoretical approaches to develop an understanding of how to support children's social and emotional well-being.

Following training, ELSAs are expected to be responsible for planning and delivering both individual and small group interventions within their school based on psychological principles, meaning that it is relevant to pupils from Reception-Year 13, within both mainstream and specialist provisions. Two cohorts of ELSAs, 45 school staff across 32 primaries, 5 secondary and 1 specialist provisions in Northamptonshire have now been trained.

The ELSA model requires trained staff to meet together every academic term, six times a year, in small supervision groups. The group sessions are led by an Educational Psychologist who provides clinical supervision, shares local good practice and models problem-solving approaches.

Other

Quarterly meetings are held between Education, Health and the Local Authority to foster closer working relationships, share information and tackle pertinent issues. The attendance at the meeting has been growing, and has also included involvement from learners giving feedback about their achievements at the host school.

Offers of joint training from the CCG, NHFT and the Local Authority have been made to educational settings to help better understand the requirement of CETRs and the Risk Register. This offer was initially made to special schools but unfortunately did not receive a high enough level of interest to enable the training to proceed. A rolling course of generic training continues to be available.

13.2 What has been the impact

Feedback and case studies from TaMHS show improvements that have been made as a result of this programme, and the benefits this has had on both children's mental health and staff welfare.

TaMHS Feedback, October 2018

"Staff have been upskilled…..[They have a] much better understanding of early warning signs and awareness of holistic factors"

"Children are able to say when they are unhappy; they have improved emotional vocabulary. Children listed to each other and show respect in general".

"Vulnerable families are supported in a more non-judgemental way"

"[We] aim to develop a PHSE Scheme of Work linked closely to the school's value system and British Values, but also incorporating a greater emphasis on pupil wellbeing".

"[There is an] increased focus on monitoring, and an awareness of, teacher workload. [We are] focusing on improving staff mental health".

TaMHS Case Study – submitted by a Kettering primary school as part of application for a TaMHS Silver Award

During Reception, S was placed onto a part-time timetable due to his dangerous and unpredictable behaviour. He was not engaging appropriately with other children; touching them inappropriately and when in a state of anxiety he would repeat sexualised language. He also found it challenging to engage with the learning in the classroom.
As part of S' timetable, the pastoral team worked intensively with him to develop the language to express his emotions and appropriate behaviours through Emotional Literacy resources. S' understanding of safe and unsafe behaviours and situations was very poor therefore through Protective Behaviours sessions he was taught these skills. Once a trustful relationship had been developed between S and the adults supporting him he was introduced to Drawing and Talking. Drawing, art and craft are one of S' strengths therefore this targeted support was essential to meeting his needs and to enable him to cope effectively.
S has now been full time in school for 18 months. He required 1:1 support last year to support his

emotional wellbeing and to continue the support and programmes that were in place but this year he is able to manage in his class without the need for direct intervention. He still takes part in social skills and wellbeing groups and is a member of lunchtime club as he finds the playground very challenging at times however he beginning to be able to distance himself from the behaviour of others and make positive choices.

ELSA Feedback

As part of the ELSA evaluation process, ELSAs are asked how the training programme will support them with their role in school.

Themes from the first cohort included:

- The knowledge and skills acquired through ELSA training will make a difference in targeting their support for individual children
- Course has increased confidence and feelings of self-efficacy
- Helped to identify future developments for their role

Similar themes were also reported by the second cohort, and also included:

- Increased confidence when working with children experiencing a range of emotions such as loss and bereavement
- Improved ability to plan programmes of support

13.3 What we are planning to do

We are planning to explore how we can better engage schools for the next funding application wave for the Mental Health Support Teams, and work with the Local Authority and the 0-19 School Nursing teams to understand which schools would benefit most from this approach.

We intend to continue with the Health, Local Authority and Education meetings, and commit to forging closer relationships with the Local Authority and explore further opportunities to work together to improve the mental health and emotional wellbeing of children and young people, with a particular focus on the most vulnerable groups,

We will continue to explore how best to engage schools on subjects such as CETR training, and how to best secure representation at multi-agency meetings. Both the ELSA and the TaMHS programme will continue, with the latter expressing the intention to review whether a specific “building block” around carers should be included within their programme – this will be incorporated as part of their annual review.

Public Health will be funding Educational Psychologists to deliver Emotions Coaching sessions for front line school staff to support them to identify and respond to CYP who are presenting with emotional dysregulation

Public Health and the CCG will consider how the REACH Collaborative can work closer with schools to provide group work interventions for young people with low level anxiety linked to exam stress and transitions.

13.4 How we will measure the impact and outcomes

- Schools will continue to work towards TaMHS accreditation
- Staff in schools will feel more confident and able to identify and support emerging mental health issues and emotional dysregulation, measured through feedback as part of the TaMHS programme evaluation process.
- There is closer working and integrated approaches between health, education and the Local Authority
- A comprehensive bid for the next wave of Mental Health Support Team funding will be submitted

14. Integration

This section outlines our plans around Integration across different services and agencies. It will comment on progress to date; impact of this; our plans and how we will measure the impact.

The following Key Lines of Enquiry from NHS England will be addressed here:

Does the local plan build on the work completed as part of the Transitions CQUIN to set out how the needs of CYP going through transition will be met?

Does the LTP include evidence of extended provision across schools, primary care, early help or specialist social care?

Does it evidence a clear and actionable plan to provide a targeted service offer that reaches vulnerable groups (i.e. those with a heightened vulnerability to developing a MH problem or those with historically poor access to MH services or particular issues accessing MH services

14.1 What we have done

We believe that this report has already shown some great examples of integrated working across organisations in Northamptonshire, and that significant progress has been made to work together to best meet the needs of CYP and secure the best possible outcomes.

The Transitions CQUIN was designed to improve the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services (CYPMHS).

Results of the final CQUIN audit for 2018/19 showed that, for Q3 & Q4 2018/19:

- 100% of CYP were offered a joint planning meeting for their transition to Adult Mental Health Services.
- 97% of CYP attended their planning meeting, increased from 78% the year before.
- Sending services were present at 97% of the meetings, up from 83% the year before
- Patents or carers attended the meetings on 97% of occasions up from 68% in the previous year.
- 100% of cases evidenced that CYP had agreed to the transitions plan

40 young people were surveyed about their experiences, with 23 respondents:

Question 1: Did you have a meeting with CAMHS and Adult Services to discuss your Transition?
57 % of Young People reported that they had a meeting to discuss transition.

Question 2: Did you feel ready to leave CAMHS?
65 % of Young People reported feeling ready to leave CAMHS

Question 3: Was there an agreed plan for transition?
70% of Young People reported that there was a transition plan.

Question 4: Did you have agreed transition goals?
61 % of Young People reported that they had agreed Transitions Goals.

Question 5: Have your transition goals been achieved?
70 % of Young People reported that their transitions goals had been achieved.

Question 6: Did you have a dedicated person to talk through your transition?
91 % of Young People reported that they had a dedicated person for their transition.

Question 7: How would you rate your experience?
17 % of Young people rated their transition experience as very good, a further 43 % as good, 39 % as satisfactory and 0% as poor.

This shows the difference between service user perception and case note audits, and in order to keep gaining valuable feedback to improve the transition experience, the Transitions Focus Group set up for the CQUIN has continued, comprising of CYP and parents / carers discussing their experience of transition from CAMHS to Adult Mental Health Services. Feedback from the focus group in March 2019 showed that the young people were "aware of who to contact and their role in the transition" and one person felt that the "element of shared decision making …gave them confidence and they were excited for the upcoming change".

Young people have also fed back that the "felt too old for CAMHS and too young for Adult Mental Health Services, wishing there would be an "inbetweeny" service". This service would "know all about the lives of "inbetweeny" people, having knowledge around jobs, education, learning to drive, mental health, clubbing, drugs, social media, housing, sex, friendships and exam stress, all in one", using a mixture of multi-disciplinary professionals from health, Local Authority and education for CYP aged 18.25. This feedback will be explored as we start to consider the best options to extend transitions to 25 where appropriate, in conjunction with using the national tools when released.

NHFT have retained their transitions lead, and have a dedicated co-ordinator to look at every child in mental health transition to manage the process of either discharging CYP back to their GP or transitioning into IAPT services with a plan.

The continuation of the CYP Health and Care Partnership (HCP) Board and the Children's Mental Health Partnership has added to the existing multi-agency forums in order to continue to improve integration across services. The Children's HCP Board collaboratively agreed the six key priorities for children and young people in our area and will work together to integrate the delivery of these priorities across services.

The Northamptonshire Integrated Looked-after Children's Service, which provides specialist physical and mental health care for this vulnerable client group continues to work very closely with education (Virtual School for Looked-after Children and Specialist Educational Psychology) and social care

(Fostering and Permanence Teams; Post-Adoption Teams; Safeguarding Teams; Senior Management), with multi-agency meetings to ensure the needs of this group are met.

Furthermore, multi-agency teams from health and social care attend a weekly panel to discuss plans, outcomes and placements for highly complex children to ensure an integrated approach to their care.

The CAMHS Consultation Line is open to professionals from all agencies to discuss cases and concerns. This has strengthened existing links between CAMHS and other services and has promoted awareness of mental health issues at all levels. In addition, the Rapid Response service ran by the REACH Collaborative (and referenced in chapter 13 of this report), has strengthened relationships between CAMHS and the voluntary sector. A designated CAMHS practitioner also works closely with the REACH Collaborative.

As described in chapter 11, an eating disorders protocol has been established between the CEDS and NGH. This has improved working relationships and consistency of approach.

A s75 agreement has been put in place between Public Health and the CCGs for 0-19 services and Youth Counselling. Commissioners work closely together to monitor and review these contracts and achieve an aligned approach.

Established forums, such as Service Review meetings have led to better working relationships between acute and community providers.

The TaMHS programme is co-delivered between NHFT services and NCC Educational Psychologists via an SLA, formalising joint working agreements.

Links have been established with Adult Liaison Psychiatry through Crisis Teams, and a representative from the adult Crisis pathway also attends the CYP Mental Health Partnership Group. We are beginning to build an understanding of the needs of the 18-25 cohort to influence effective future planning.

14.2 What has been the impact

The increase in multi-agency forums where all partners are working towards shared goals has strengthened the integration and developed working relationships and a respect and understanding for other services' roles and contributions across the whole system. In a time of increased funding pressures at all levels, it has been particularly helpful to work together to generate innovative ideas about meeting the needs of our population and how to maximise resources by streamlining processes across the system, however we acknowledge that there is still work to be done as we move towards Integrated Care Systems.

14.3 What we are planning to do

To increase joint working and communication flows between the CCGs and NHFT, we plan to reinstate service review meetings which will take place on a quarterly basis.

In order to ensure effective delivery of the final year of the FIM LTP ambitions and move towards implementing the requirements of the Long Term Plan, we plan to undertake a review effectiveness of CYP MH Partnership meeting to re-group and focus the agenda moving forward, including consideration of how additional stakeholders and families can be involved. This group will remain as the main vehicle

to drive the LTP changes and is responsible for monitoring performance and spend, ensuring this is reported up to the CYP Health and Care Partnership Board as required.

The Integrated Adolescent Service (IAS) is intended to bring staff together from health, Local Authority, education and the Police and Crime Commissioner to work in a multi-agency way to meet the needs of CYP who have experienced ACES and are at risk of becoming looked after. If successful, this will pave the way for further, large scale integrated working to target specific groups.

Both Kettering General Hospital and NHFT Specialist Children's Services have been invited to join the national NHSE/I Improving Healthcare Transition Collaborative, which commences in September 2019. In addition to this, work around transitions is being planned within a number of services, including social care, Eating Disorders, inpatient to community CAMHS, CYP to Adult inpatient settings. The increased work around transitions is positive, however consideration is required as to how this can best be aligned to promote joint working and reduce duplication. A repeat transitions audit will also be undertaken by NHFT to review whether improvement has been sustained.

14.4 How we will measure the impact and outcomes

- Multi-agency attendance at Children's STP Board and Children's Mental Health Partnership
- Feedback from work-streams
- Progress made against shared objectives
- Maintained and increased positive feedback and outcomes from transitions
- Less children become looked after and are de-escalated from becoming at risk of care

15. Early Intervention in Psychosis

This section outlines our plans for Early Intervention in Psychosis. It will comment on progress to date; impact of this; our plans and how we will measure the impact of this.

The following Key Lines of Enquiry from NHS England will be addressed here:

Does the LTP identify an EIP service delivering a full age-range service, including all CYP aged 14 or over experiencing a first episode in psychosis and that all referrals are offered NICE-recommended treatment (from both internal and external sources)?

Locally, the N-STEP Service accepts referrals for Early Intervention in Psychosis (EIP) for young people aged 14+. CAMHS and N-STEP work closely together for any young people presenting with symptoms of psychosis to ensure needs are met. All CYP referred for mental health are offered an Initial Assessment by CAMHS and then referred on to N-STEP if symptoms of psychosis are identified, our local Early Intervention in Psychosis service. This process is managed through the CPA and the offer for CYP is Level 3 NICE concordant.

In 2018/19, 19 CYP aged under 18 were referred into the EIP service. Seven were accepted, and of these, six received their first contact within two weeks. Although the cohort is small, this is in line with national reporting.

There have been on-going discussions about how to deliver a full age-range service as per the national guidelines, to extend the age range of the service upwards, beyond 35. Services received additional funding in 2019/20 to raise the age-limit and to introduce an "at risk mental states (ARMS)" service. This aspect has been achieved and will become business as usual.

16. Impact and Outcomes

The LTP intention is a five-year plan of transformation. This refreshed LTP has commented on the progress to date towards the 2015 transformation objectives and has set out the plans for the final year of transformation and how we will begin to move forward to consider and implement the requirements of the Long Term Plan. A delivery plan will be developed for final report submission in October.

The following Key Lines of Enquiry from NHS England will be addressed here:

Does the plan state how the progress with delivery will be reported encouraging the transparency in relation to spend and demonstration of outcomes?

The list below gives the examples of projects which are innovative and key enablers for transformation. Some of these have led to transformation since the original plan in 2015 and others will be our key enablers for change into 2020/21 and beyond:

- Talk Out Loud Anti-Stigma Programme and resources
- CAMHS Live
- Joint working with third sector
- Clinical Integrated Team Leads Meeting - for clinically-led services and sharing information and skills as well as developing new ways of working
- New training programme for all children's services staff
- Public Health Reinvestment
- Transitions –see information re: transitions worker
- Eating Disorder Physical Health Pathway
- Integrated Adolescent Service
- Early Years model
- Crisis café
- Working on innovative website to provide self-help information such as videos and podcasts
- Rapid Response
- Activate – activity based programme, OT led, for CYP not responding to other forms of therapy, and given occupational style treatment, e.g. climbing, arts and crafts, social responsibility projects
- MBAM training delivered to head teachers in Northamptonshire

Some outcomes measures are in place within current contracts; however we endeavour to improve this in future years to consistently and robustly capture the outcomes experienced by CYP who have used mental health services alongside performance and activity measures. This s especially important in the context of outcomes measures scheduled to be issued by NHSE.

Many services locally already capture outcomes measures in addition to the current contracted indicators, with some snapshot examples of these given overleaf:

Examples of outcomes measures collected in CYP mental health services

Service Six

- 95% of clients said they could easily access the service
- 81% of clients said they didn't feel their wait for support / counselling was too long
- 96% of clients would recommend our support / counselling service to friend
- 95% of clients rated the service as excellent or good

Time2Talk

We offer feedback surveys to any client wishing to complete one after finishing their counselling course. We ask four questions which can be scored from 0-4. Over the last year the average scores out of four for the questions asked are:

- Did you feel listened to: 3.93
- Did you talk about what you wanted to talk about: 3.86
- Did you understand the things said in the session: 3.8
- Did you feel satisfied with the way your session went: 3.93

Youth Works

Service user surveys April – August 2019 (70 completed surveys)

- 100% felt listened to
- 97% felt their counsellor knew how to help them
- 90% feel appointments were at a convenient time
- 97% would recommend Youth Works to a friend

In addition, services have also provided a range of quotes and case studies to highlight the improved outcomes, and the difference that their service has made to a CYPs' mental health, and their lives as a whole. Although mental health services for CYP are often dominated by negative press, and like the rest of the health and care system they operate in the context of financial pressure, great demand and even greater expectations, we are overwhelmingly proud of the amazing work and positive outcomes that our services achieve every single day.

Service Six

"Counselling has helped me a lot with managing my feelings and talking to someone has helped me slowly with the situation"

"The techniques I was given, especially to deal with panic attacks makes it easier to avoid / recover from [these]"

Case Study - Paul, 17

Paul was 17 and had left home following years of abuse from his alcoholic mother. He was sleeping on other people's sofas and trying to find work. Paul had no money and was feeling increasingly desperate. He was self-harming and failing to eat (often because he couldn't afford the food). Paul approached his GP who referred him to Service Six and he wanted his therapy to focus on:

- *The anger he felt towards his mother*
- *Building his self-esteem and*
- *Looking at strategies for coping by himself*

Paul and his Counsellor worked to address his priorities of self-care and stabilisation of his mood. During their sessions they role played interview scenarios and explored ways in which Paul might remain

positive if he was initially unsuccessful. The Counsellor put Paul in touch with a Service Six Support Practitioner who gave him advice about housing and was able to arrange some food vouchers. By their final session Paul was eating and caring for himself and had found a part-time job that was providing him with a small income, further training which resulted in regular full-time work. Paul was also housed by a housing association. Paul's counselling sessions were a turning point for him and he was grateful that someone could listen to his problems without judging him.

CHAT Youth Counselling

"You changed my thinking regarding the stress I was feeling about my exams"

"I feel I can value the things I have achieved and move on"

"I have really struggled with my relationship over the last month or so but now feel equipped to face things on my own"

The Lowdown - LGBTQ Youth Group Case Study

I'd first heard of Out There when a group of its members took part in the Northampton Carnival a couple years before I actually ended up attending, because it took me a good while to work up the courage to go to the group in person. I finally made the decision to call the phone number on their website and ask about attending, at a time when I was feeling particularly isolated, because it was shortly after I really started to come to terms with my gender identity.

Out There was the first place I ever started to use my preferred name, as opposed to my birth name. The fact that no one ever doubted me or questioned my name and immediately began using the correct pronouns was so helpful to me, because I really felt like I'd found a space where I could not only be comfortable with expressing who I was, but where I could actually figure out who or what I was exactly.

I made friends and connections at the group a couple years ago that have lasted to this day, and even though I'm at university now and can't see everyone as often, I do my best to keep up with the friends I've made, not just because they're lovely people, but they also represent a link to my hometown community. Even with the importance of the LGBT part of it aside, the group made up a large part of what helped me feel connected to my community at home. They were young people, both younger and older than me, who went to different schools in and around Northampton, and represented the broad range of community backgrounds, yet we all had the common thread of the LGBT experience. Being in this environment of a common understanding, even in the context of the larger picture I was dealing with at home and at school, was incredibly valuable to me. It was one big weight I carried around that I could temporarily take off my shoulders once a week. It was also just really refreshing to be around groups of people different to the one I was used to at my old school.

Without Out There, I can't imagine how different my current situation and my outlook would be. Having this weekly constant in my life helped to keep me calm and steady when I was at my most impatient and exasperated. There were always people there to listen and show support. Now, I'm much more secure in my gender identity than I ever have been, I'm further along in my transition, and I'm loving university. I can look back, now being on the other side, and say that a huge part of what has brought me to this point is the confidence and security that was afforded to me by attending group for so long.

Time2Talk Case Study

A young female M, aged 13, who was having problems of bullying at school while also caring for both of her parents, one in hospital and the other with having mental health issues. She revealed to us that she was not eating after her parents benefits had stopped and they had run out of food at home.

We informed the school with regards to what she told had us and we were informed that the safeguarding team will do any follow up work that is needed (duty of care), T2T also arranged for a food parcel to be sent to the school so that she could take it home while things were being sorted out for her and her family. We then made a phone call to the young carers team to get her some support.

T2T continued to see M for six sessions for her anxiety/stress and we will also work with M to help her cope with the bullying.

Youth Works Case Study

E, was referred into our service for high anxiety and self harm. Her relationship with her mum had broken down due to fall out over her sexuality. She lacked self-identity and self worth. When she attended her first session she expressed a desire to quit her A-Levels due to stress levels and fear of failure.

E engaged in every session and attended each week. Sessions included a mix of Person Centred therapy and Systemic therapy looking at patterns of behaviours and own values that have impacted on her ways of thinking.

E had 12 counselling sessions. In addition to a reduced CORE score on completion of the work, E emailed our organisation at the end of the school holidays to thank her counsellor for the support she received, advising that she had passed all her A-Levels and had been given a place at Edinburgh university. She also shared that she had not self-harmed in over 6 months and now feels able to face any fears one step at a time.

17. The future for Children and Young People's mental health services and the NHS Long Term Plan

This plan has provided a review of Future in Mind to date. It is evident that the provision available for Children and Young People's mental health and emotional wellbeing has come a long way since the beginning of the programme, but that this is often overshadowed by both increasing demand and expectation, set against a context of political instability, rapid population growth and funding restrictions. It is important that we continue to talk about the good, as well as taking time to reflect on how we can adapt and be even better. We are starting to make moves in this area by developing enhanced digital offers, which should be available by the end of 2020/21 as the Future in Mind programme comes to an end to enable our children, young people and their families to more effectively

help themselves, build resilience and to understand when referral to youth counselling or specialist services may be needed.

We are also continuing to promote joint working and integration to provide a focused and consistent approach across the county. We are proud of the steps that have been taken so far, such as the formation of the REACH Collaborative of Youth Counselling agencies, the Eating Disorders pathway and the integration of 0-19 services, but we recognise that there is still fragmentation and space for improvement.

Our main priorities for the final year of Future in Mind include:

- Establishing a service provision for CYP with emotional dysregulation who have significant traits of ASD/ADHD, but who do not reach the diagnostic threshold
- Review how we can best meet the needs of our most vulnerable groups, including CYP in care, those with a Learning Disability and / or ASD/ADHD who are in mental health crisis
- Improve links with Education
- Review our support offer available to vulnerable groups including young carers, CYP with physical health conditions, LGBTQ+
- Support our services, through training and best practice sharing to make reasonable adjustments for CYP with additional needs
- Continue to improve our understanding of our 18-25 cohort and how we can move towards a delayed transition point, or specific bridging services. Initial ideas about cohorts that could pilot a new approach include care leavers
- Consider how we can better support our younger children
- A commitment to improve outcomes measures and access rates, the latter by using the trajectory planning tool as made available by the Intensive Support Team
- Develop links with Primary Care Networks and explore the role of social prescribing
- Promote self-management, resilience and early intervention
- Review and explore how lessons learned and recommendations from Serious Case Reviews can best be implemented.

In looking towards the future, it is exciting that the NHS Long Term Plan has a clear focus on the mental health of CYP, and we believe that within this plan we have already started to lay down the foundations of how we will consider some of the aspects of this. The move towards Integrated Care Systems comes at an exciting time for Northamptonshire and one that we hope will give us a mandate to work much closer together to reduce duplication and align approaches to achieve the best outcomes possible for our CYP. We really believe in the original Future in Mind vision of “promoting, protecting and improving our children and young people’s mental health and wellbeing”, which continues to drive our focus and ambition.

Created by NHS Nene and NHS Corby Clinical Commissioning Groups with our Partners: