Healthy young minds

Lancashire Children and Young People's Emotional Wellbeing and Mental Health Transformation Plan

Refresh 2017

Transformation Plan 2015-2020



Our Vision

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

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Introduction

The Children and Young People's Emotional Wellbeing and Mental Health (CYPEWMH) Transformation Plan for Lancashire (2015-2020) was published in January 2016.

That document set out the first iteration of a five-year plan for Lancashire, to support local implementation of the national ambition and principles set out in Future in Mind – promoting, protecting and improving our children and young people's mental health and wellbeing.[1]

The Plan aims to improve the resilience, emotional wellbeing and mental health of children and young people, making it easier for them and their families to access help and support when they need it and improving the standard of mental health services across Lancashire.

The plan was informed by consultation with children, young people and families and based on comprehensive identification of needs and evidence-based practice as well as a clear understanding of the local context. This is set out in the Case for Change within the first iteration of the plan and should be read alongside this re-freshed plan, which aims to promote good emotional wellbeing and prevention of mental ill-health through early intervention, care and recovery.

In 2016 and in 2017, we reviewed and refreshed the plan. On both occasions we worked closely with local stakeholders including service providers, clinicians and most importantly children, young people and families to review the plan.





As part of this review we have:

- Identified and celebrated what we have achieved to date.
- Looked at new national requirements and imperatives that have been published since the 2017/18 plan was refreshed, to ensure that this plan reflects these.
- Updated our objectives and deliverables.
- Incorporated our performance dashboard into the plan. This shows how well we are doing in improving experiences and services for children, young people and families.
- Engaged with children, young people, families and wider stakeholders to prioritise our objectives for the coming 3 years.
- Produced and published the outputs from this process within this, our re-freshed plan.
- Secured sign-off for our re-freshed plan across the health and social care system.

Implementation of the plan is overseen by the Children and Young People's Emotional Wellbeing and Mental Health Transformation Board, which consists of key partners Pan Lancashire and is supported by a Clinical Reference Group.

The CYPEWMH Transformation Programme sits within the Mental Health work stream of the Healthier Lancashire and South Cumbria (HL&SC) Sustainability and Transformation Plan (STP) and as such reports into the HL&SC Programme Board. A copy of the STP Governance structure is included at appendix 6. However, it is recognised that within the STP, the CYPEWMH Programme interfaces with and contributes to delivery of STP priorities across a number of areas including Population Health & Prevention and Learning Disability, in particular.

The STP footprint includes Lancashire and South Cumbria. During 2017 Lancashire North CCG underwent a boundary change to create Morecambe Bay CCG, covering the previous Lancashire North area as well as the South Cumbria area. Up until then the South Cumbria area has been within Cumbria CCG and has been encompassed within the Cumbria Transformation Programme. In terms of Children and Young People's Mental Health, it is intended that, for the current time, the South Cumbria area of the new Morecambe Bay CCG will continue to be part of the Cumbria-wide Transformation Plan. This will continue to be kept under review. The Cumbria Plan is being refreshed and will follow the same structure as the Lancashire Plan. This will mean that the two plans can be read alongside each other in order to provide an STP-wide picture.

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

01 Principles

Our plan is underpinned by some key principles that inform all our work. We will:

1

Work collaboratively with children, young people, families, carers, partners, providers and wider stakeholders to support them to:

- Shape, influence and drive forward delivery of our objectives.
- Engage in co-production of system solutions.
- Identify opportunities to improve efficiency, effectiveness and patient experience.
- To understand how their feedback has informed service development and redesign

2

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

3

Ensure that we recognise and respond to the needs of children, young people and families who have protected characteristics which include: age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sex. This will include undertaking Equality Impact and Risk Assessments and ensuring that we have due regard to the public sector equality duty (Equality Act, 2010)[2].

4

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

5

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

6

Ensure that parity of esteem forms a fundamental foundation for delivery of our plan

7

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

[2] A Public Sector Equality Duty Guidance document has been developed. This is used alongside EIRA guidance and templates to support the programme in ensuring that all objectives are delivered with due regard to the requirements of the Equality Act (2010) including adherence to the 'Brown principles', reasonable adjustments, equality data collection and equality monitoring.

02 What have we achieved in year 1?

In 2016 we put all our foundational arrangements in place to support the work of the Transformation Programme (this included establishing our governance, initiating our work streams and developing our relationships).

We also mobilised 13 key pieces of work that we believe will transform the system of service delivery for children and young people's emotional well-being and mental health.

These are represented in the following diagram.



03 What have we achieved in year 2?

Our systems and relationships have matured in year two with a number of our objectives having been achieved.

Children, young people and their families are benefitting from enhanced emotional wellbeing and mental health services and greater access to support.



04 What are our objectives going forward?

We have reviewed our plan and identified the following six key priorities going forward, which we have clustered under main headings.

We have then split these priorities into a series of objectives.

- Promoting resilience, prevention and early intervention
- Increasing access to specialist perinatal and infant mental health support
- Improving access to effective support
- Improving care for the most vulnerable
- Ensuring appropriate support and intervention for CYP in crisis
- Improving service quality

Promoting resilience, prevention and early intervention

Objectives:

1. By the 31st March 2018 we will have mobilised our **"Mental Health Anti-Stigma Campaign"** the campaign across Lancashire.
2. By the 30th September 2018 we will have developed, published and launched a Lancashire wide **"Resilience Framework"** which will include the following components:
   a. Set a common understanding of what is meant by 'Resilience' in the context of the Pan Lancashire area, in line with the CYP Emotional Wellbeing and Mental Health Transformation Programme.
   b. Provide a step by step guide considering, what, where, with whom and how resilience activities should be best delivered according to the evidence base.
   c. Provide information about sources of local good practice and opportunities for local networking and support.
   d. Provide a quality assurance checklist to ensure that activities are high quality, safe, and based upon best practice.
3. By the 31st March 2019 we will have designed and commissioned a **"Resilience training programme"** in line with the resilience framework for:
   a. Schools
   b. CYP
   c. Families
   d. Parent carers and young carers
   e. Other staff working with CYP and families in universal and community service
4. By 31st March 2019 each team of Primary Mental Health workers will have delivered four **"mental health first aid courses"** to a maximum of 16 participants per course.
5. By 31st March 2019 all Primary Mental Health workers will be trained to deliver **"schools mental health first aid"** one day course.
6. By 30th June 2018 we will have defined a **"complementary offer"** of support for vulnerable people who do not access mainstream services to wrap around clinical services to help children; young people and families avoid escalation, recover earlier and maintain wellbeing. We will have mobilised by 2020/21.
7. By 31st March 2021 we will have delivered **"improvements in services for infant mental health"** including:
   a. Infant Mental Health posts to be commissioned and emerging new pathways developed.



Increasing Access to Specialist Perinatal Health Support

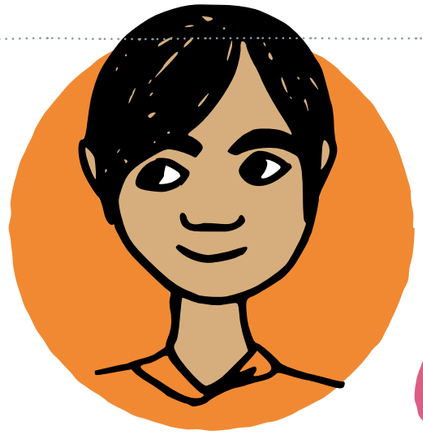
Objectives:

8 By 31st March 2021 we will have delivered **"improvements in Universal/ Mainstream Services"** including:

a. Consistent Clinical Pathways
b. Specialist posts and leadership roles on universal services
c. Training of Adult Psychiatry and IAPT services.

9 By the 31st March 2021 we will have commissioned a **"specialist community perinatal mental health team"** allowing at least an additional 495 women each year to receive evidence based treatment closer to home when they need it.[3]

10 By the 31st December 2018 we will have a **"specialist inpatient mother and baby unit"** allowing at least an additional 21 women each year to receive evidence based treatment closer to home when they need it.[4]



Improving Access to Effective Support

Objectives:

11 By 31st March 2018 our online portal known locally as **"Digital THRIVE"** will be operational across Lancashire.

12 By 31st March 2018 we will have a **"0-19"** years (up to 19th birthday) CAMHS service model operational across Lancashire which will include arrangements for 7 day working and out of hours provision.

13 By 31st January 2019 we will **"redesign CAMHS"** in Lancashire and South Cumbria in line with THRIVE.

14 By 31st March 2019 we will have defined a local offer of service provision for CYP with emotional wellbeing and Mental Health needs aged "**0-25"** years. By the 31st March 2020 we will have developed and implemented our **"0-25"** years offer.

15 By 31st December 2018 we will have reviewed our dedicated all age community **"eating disorder"** service and will make recommendations to the Programme Board for future delivery.

Ensuring appropriate support and intervention for CYP in Crisis

Objectives:

16 By 31st March 2018 we will have developed as part of the all-age crisis care concordat:

a. An agreed model for **"consistent crisis response service"** for CYP within acute hospitals e.g. mental health triage/liaison services in A&E
b. Provision of mental health support helplines for CYP, parents, carers, schools, the voluntary sector and other professionals.

17 By 31st March 2018 we will have extended the existing Safe Place in Blackburn with Darwen to provide a **"two-bedded step-up/down facility"** for children with complex needs, available for young people from across the STP footprint.

18 By 31st March 2019 we will have developed and agreed a **"risk support approach"** in line with THRIVE and drawing on the findings from the AMBIT pilot in Blackburn.

19 By 31st March 2018 we will have co-produced and implemented a **"crisis training package"**

a. to support families, carers and residential settings who are caring for young people in crisis
b. for mental health professionals to improve their confidence in supporting young people in crisis and to avoid admissions or facilitate discharge

20 By 31st March 2021 we will have worked collaboratively with partners in specialised commissioning to redesign and re-procure **"inpatient services"** for children and young people in Lancashire which supports our aspiration to work towards a balance between inpatient beds and intensive outreach support.

21 By 31st March 2021 we will have developed, agreed and implemented clear pathways for CYP entering and leaving **"inpatient services"**.



[3] Subject to release of national resource

[4] Subject to release of national resource

Improving Care for the Most Vulnerable

Objectives:

22 By 31st March 2021 we will have implemented a minimum service offer **"pathway for vulnerable groups"** which seeks to improve access to assessment, services and outcomes as follows:

a. Children with attention deficit hyperactivity disorder (ADHD)
b. Children with Autism spectrum disorder (ASD)
c. Children looked after
d. Children with Learning disabilities
e. Children vulnerable to exploitation
f. Children in contact with the youth justice system
g. Children with adverse childhood experiences

23 By 30th September 2018 we will have secured interim community services to support **"children with behaviours that challenge"**, pending the CAMHS redesign.

24 By 31st March 2018 we will have shared opportunities to **"upskill staff working with vulnerable groups"** across pan-Lancashire, in line with the recommendations from the training gap analysis. This will be through Mind-ed and Safeguarding briefings.

Improving Service Quality

Objectives:

25 By 31st March 2021 we will have worked with the **"provider network"** through the clinical reference group to oversee and support delivery of the following sub objectives:

a. By 31st March 2018 we will have provided assurance to the board that CYP have access to evidence based **"early intervention in psychosis"** services in line with the access and waiting time standards for people experiencing a first episode of psychosis.
b. By 31st March 2021 we will have developed a pan–Lancashire community wide consensus definition of **"self-harm"** and a pathway for use by the wider community, schools, all health professionals and other key professionals.
c. By 31st March 2021 we will have scoped mechanisms to ensure that services consistently identify **"carers and working carers"**, support carers to receive carers assessments and to access support as appropriate.
d. By 30th September 2018 we will have defined a core set of **"policies, procedures and guidance"** that are required across sectors and services.

   We will then:

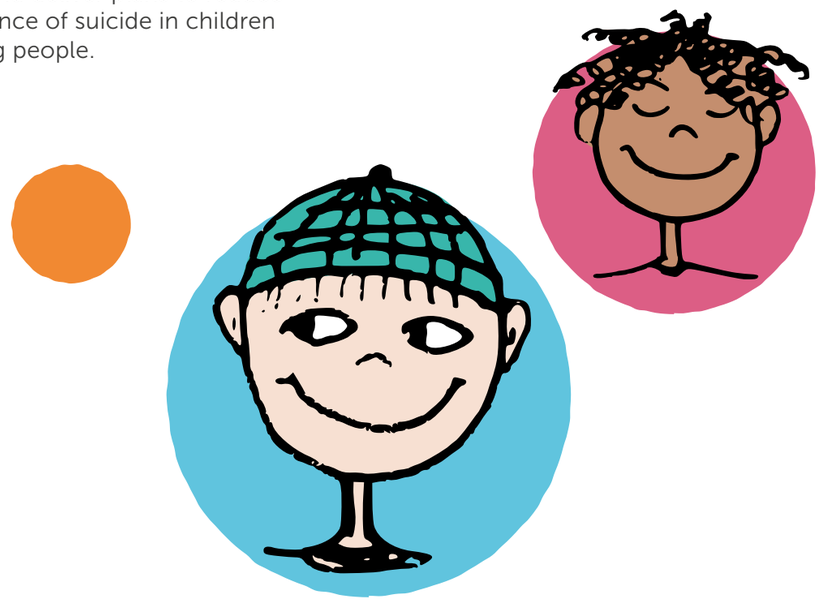
   I. support providers across sectors to self-audit against the required list.
   II. develop a work plan to support providers to identify and address gaps from audits.

e. By 31st March 2021 we will collaborate with Lancashire and South Cumbria STP Digital Programme to ensure that **"information sharing"** protocols are in place and are operating effectively.
f. By 30th September 2018 we will have worked with AQUA to develop an **"outcomes framework"** to support and underpin delivery of the Programme.
g. By 31st March 2021 we will collaborate with the Lancashire and South Cumbria STP Medicines Management Programme to ensure the inclusion of appropriate **"prescribing protocols"** and practices as part of pathways for children and young people.
h. By 31st March 2021 we will work collaboratively with the Lancashire and South Cumbria STP **"Suicide Prevention"** oversight group to develop and deliver plans to reduce the incidence of suicide in children and young people.

26 By 31st March 2021 we will have worked collaboratively with Health Education England, NHS Improvement, NHS England and the Lancashire and South Cumbria STP to develop a **"workforce strategy"** in response to Stepping Forward to 2021: Mental health workforce plan for England.[5] Specifically, we will have grown the CYPEWMH workforce in line with IAPT targets.

27 By 30th September 2018 we will have incorporated reporting against the national **"transition"** CQUIN[6] into the CYPEWMH Programme Performance Dashboard.

28 By 31st March 2018 CAMHS service providers will routinely collect **"outcome measures"** which will be aggregated and reported through to the System Performance Group.



[5] https://www.hee.nhs.uk/our-work/person-centred-care/mental-health/mental-health-workforce-plan

[6] https://www.england.nhs.uk/wp-content/uploads/2016/11/cquin-2017-19-guidance.pdf

05

How will we deliver?

The Transformation Board has become an effective body working with a range of entities and organisations including 3 CAMHS services, 8 Clinical Commissioning Groups (CCGs), 3 Local Authorities, 7 NHS Trusts, hundreds of schools, a wide ranging third sector, primary care, community services, various children and young people's support services and groups and children, young people and their families.

The role of the Board is to:

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

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

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

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

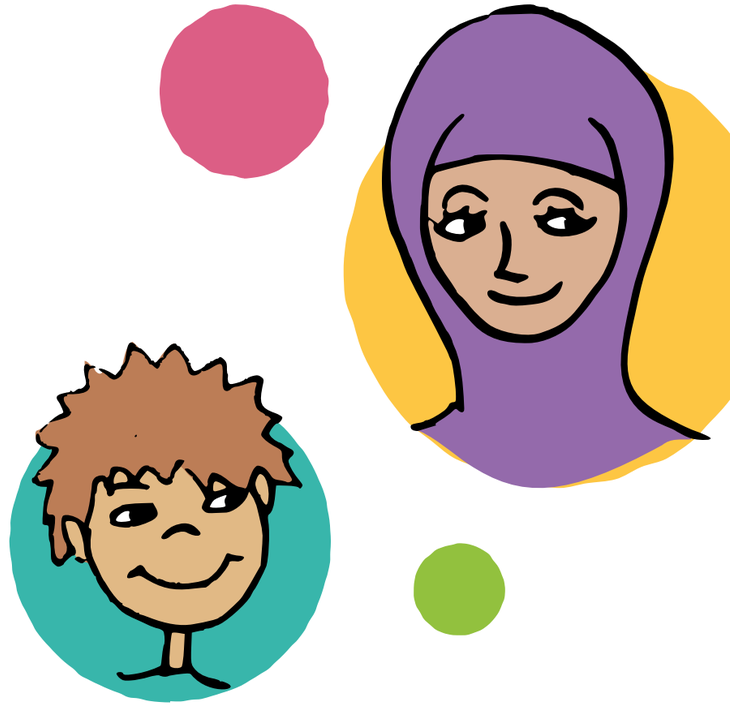
The overarching six clusters consist of a number of projects with principles and enablers translating the desired outcomes into practice.

There are now three enablers in the programme:

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

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

We have effectively engaged with children, young people and our stakeholders to inform our decision making. Alongside children and young people we have co-designed a visual identity (branding) for the transformation programme. During the co-design we worked closely with children and young people in order to capture their thoughts and feelings to inform the creative brief. We utilised a number of creative methods during co-design for example; creative workshops with young people and also primary school activities to uncover pupils' perceptions and understanding of emotions, particularly around being healthy and happy. Following this we created three design concepts for testing and approval with stakeholders, children and young people.



After collating the feedback option two was selected and further developed to reflect the feedback. The selected design has been adopted by the programme and is illustrated throughout this plan.

We have hosted numerous surveys via a range of methods paper, electronic and social media. We also placed survey podiums within locations of CAMHS services in order to obtain real time patient and carer experience. Using this information we have been able to understand patient, carer experience and inform decision making.

We have held a number of large scale events in order to actively engage with stakeholders and communicate key messages.

Examples of such events are:

- Singing the (Better Local Emotional Wellbeing and Support Services) BLEWWS II event on 24th April 2017
- Education Event on 23rd February 2017
- Transformation Board Hijack 14th June 2017

During the board hijack, the board invited children and young people from across Pan Lancashire to be part of the Lancashire Children's Services Investigation (CSI) team's hijack of the monthly board meeting. Typically board meetings are held within office hours however in order to accommodate children and young people's education/work commitments the board meeting was held in the evening. During the hijack Lancashire CSI team shared their thoughts and opinions about how the board and the programme have engaged with young people. Following a number of active exercises and problem solving tasks set by Lancashire's CSI team the Lancashire's CSI team compiled a report which highlighted the positive engagement that has already taken place however they reminded the board that continual involvement and engagement with CYP is required at every stage of the transformation process.

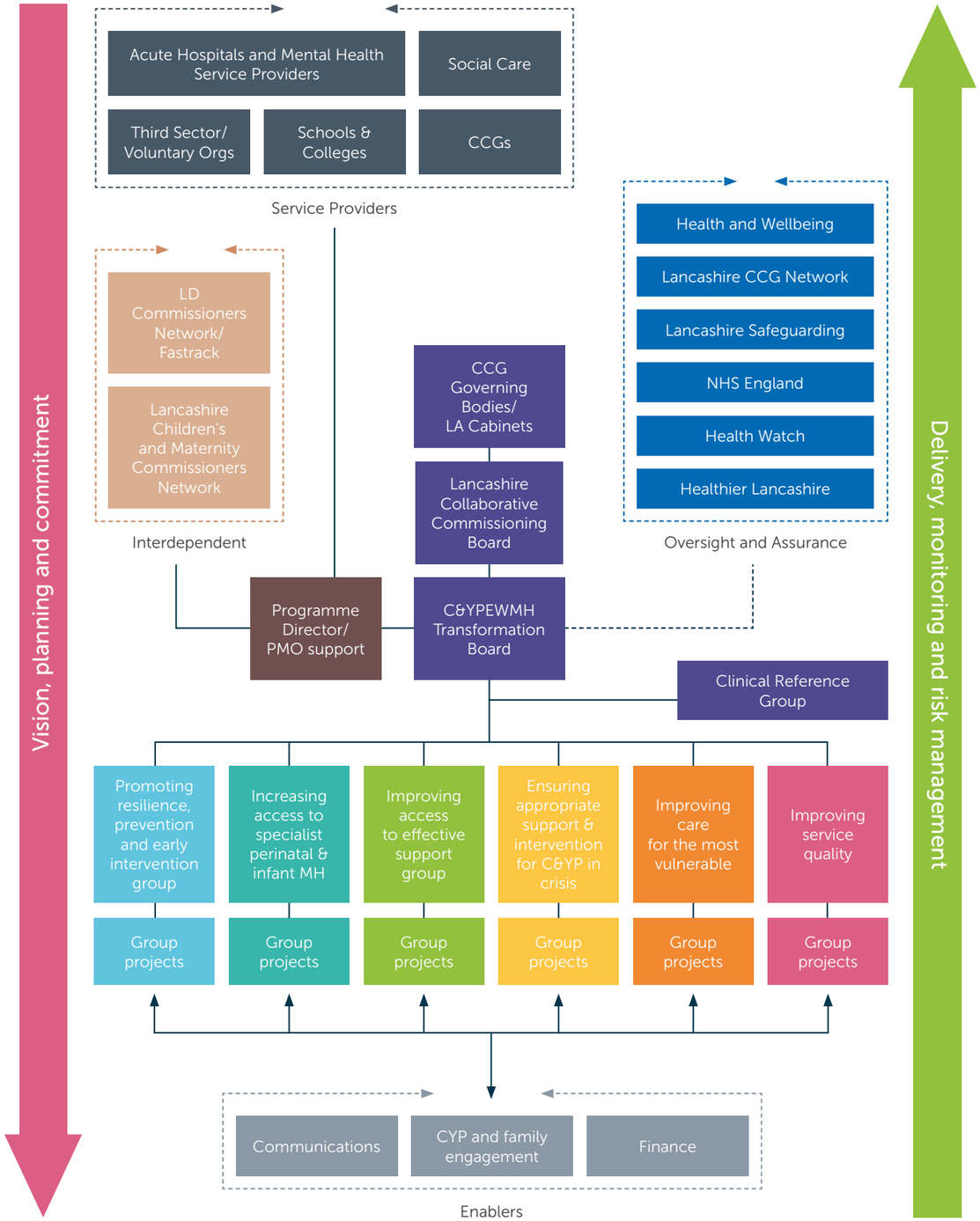
As part of our stakeholder engagement, we continue to work with and strengthen stakeholder partnerships, working with stakeholders to inform decisions and shape change as we move forward. Examples of this are, inviting stakeholders to be part of various work streams within the programme in order to contribute valuable expertise and insight.

We have undertaken a large scale engagement activity in order to co-design and produce a website for the programme, working with (but not exclusively) children, young people, families, carers, professionals, providers in order to design a website that is accessible, engaging and ultimately will be of benefit to children and young people.

The large scale change that is being implemented with the transformation plan requires large scale **communication** between organisations, staff, the public, children, young people and their carers. There are systems in place to maintain the governance of the programme, which is communications between the organisations in the figure below, this takes the form of presentations to the relevant Boards and a monthly bulletin. Continual work is being carried out to grow and strengthen communication channels and networks. We have established a social media presence via twitter and we continue to grow our presence, following and engagement via social media.

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

Transformation Governance Diagram



Appendix 01

Summary of new national must do's and imperatives

ID	Narrative	Reference	Plan Objective	Plan ID
01	**Intention** 14. Robust local workforce plans to grow and transform the Mental Health workforce, aligned with finance and service plans p.28 https://www.hee.nhs.uk/our-work/person-centred-care/mental-health/mental-health-workforce-plan	Stepping Forward to 2020/21: Mental Health Workforce Plan for England	Workforce	**Section 4 Objective 25** Develop a workforce strategy
02	**Recommendation** Learning disabilities: identifying and managing mental health problems (2017) https://www.nice.org.uk/guidance/qs142	NICE Quality Standards (QS142)	Care for the most vulnerable	**Section 4 Objective 21d** Learning disabilities pathway
03	**Intention** 8. A structured approach to referrals from education providers to CAMHS must be developed across the country. We have seen cases of strong partnerships between mental health services and education providers, but such links do not exist in many local areas. (p.17, Paragraph 32) https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/849/849.pdf	CYP's Mental Health – the Role of Education, 2016-17, (2017)	Promoting resilience, prevention and early intervention	**Sections 2 & 3** Primary Mental Health Workers/ Single point of contact
04	**Forthcoming** New support for schools with every secondary school in the country to be offered mental health first aid training and new trials to look at how to strengthen the links between schools and local NHS mental health staff https://mhfaengland.org/mhfa-centre/news/2017-01-09-government-announces-plans-for-youth-mental-health/	Government announce-ment (Jan 17)	Promoting resilience, prevention and early intervention	**Section 3** Primary Mental Health Workers and Mental Health first aid training
05	**Mandate** Sentencing Children and Young People Overarching Principles and Offence Specific Guidelines for Sexual Offences and Robbery Definitive Guideline https://www.sentencingcouncil.org.uk/wp-content/uploads/Sentencing-Children-and-young-people-Definitive-Guide_FINAL_WEB.pdf	Sentencing Council June 2017	Care of the most vulnerable	**Section 4 Objective 21f** Children in contact with the youth justice system pathway
06	This survey indicates that there is some interest in peer support particularly in schools provided there are certain safeguards in place. Approx 50% young people would be interested in becoming or receiving mentor/peer support. The lit review concurred. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/603742/Peer_support_analysis_of_call_for_evidence_report.pdf https://www.gov.uk/government/news/15-million-to-help-young-people-spot-signs-of-mental-illness	Peer support and children and young people's mental health (2017) DoE	Promoting resilience, prevention and early intervention	**Section 4 Objective 2** Resilience framework and Resilience Training Programme
07	Lenehan Review https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/585376/Lenehan_Review_Report.pdf	These are our children: A review by Dame Christine Lenehan Director, Council for Disabled Children	Care of the vulnerable	**Section 4 Objective 21** Pathways for vulnerable groups
08	Care Education and Treatment Reviews NHS England https://www.england.nhs.uk/learning-disabilities/ctr/care-education-and-treatment-reviews/	Care, Education and Treatment Reviews for children and young people Code and Toolkit	Care of the vulnerable	**Section 4 Objective 21** Pathways for vulnerable groups
09	**Intention** 14. Robust local workforce plans to grow and transform the Mental Health workforce, aligned with finance and service plans https://www.hee.nhs.uk/our-work/person-centred-care/mental-health/mental-health-workforce-plan	Stepping Forward to 2020/21: Mental Health Workforce Plan for England	Workforce	**Section 4 Objective 25** Develop a workforce strategy
10	**Mandate** A mental health mother and baby unit in the North West. New or expanded specialist perinatal mental health team. https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf	Next Steps on the NHS Five Year Forward View	Increasing Access to Specialist Perinatal Health Support	**Section 4 Objective 10** Specialist inpatient mother & baby unit

ID	Narrative	Reference	Plan Objective	Plan ID
11	**Mandate** Improved care for children and young people. An extra 35,000 children and young people being treated through NHS-commissioned community services next year compared to 2014/15, growing to an extra 49,000 children and young people getting the care they need in two years' time. https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf	Next Steps on the NHS Five Year Forward View	Improving Access to Effective Support	**Section 4 Objective 13** CAMHS redesign in line with THRIVE
12	Care closer to home, NHS will fund more Tier 4 specialist inpatient beds to reduce travel for treatment. Local CAMHS to reduce inpatient use. https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf	Next Steps on the NHS Five Year Forward View	Redesign & re-procure inpatient beds & intensive outreach	**Section 2** Influence NHS England on Tier 4 beds
13	Specialist mental health care in A&Es. Core 24 standard in place https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf	Next Steps on the NHS Five Year Forward View		**Section 4 Objective 16a** Consistent crisis response for CYP
14	Approval of courses for approved mental health professionals http://www.legislation.gov.uk/ukpga/2017/16/contents/enacted	Children & Social Work Act (2017)	Workforce	**Section 4 Objective 25** Develop a workforce strategy



Appendix 02

Finance

The eight CCGs across Lancashire have committed to invest the Transformation Monies received, as detailed in the Five Year Forward View, to improve access for children and young people into evidenced based provision. These investment levels are detailed in the table below:

	2016/17	2017/18	2018/19	2019/20	2020/21	Total
Blackburn With Darwen CCG	£376,000	£442,353	£537,143	£600,336	£676,168	£2,632,000
Blackpool CCG	£437,000	£514,118	£624,286	£697,731	£785,866	£3,059,000
Chorley & South Ribble CCG	£376,000	£442,353	£537,143	£600,336	£676,168	£2,632,000
East Lancashire CCG	£848,000	£997,647	£1,211,429	£1,353,950	£1,524,975	£5,936,000
Fylde & Wyre CCG	£344,000	£404,706	£491,429	£549,244	£618,622	£2,408,000
Greater Preston CCG	£450,000	£529,412	£642,857	£718,487	£809,244	£3,150,000
Morecambe Bay CCG Lancashire North element	£335,000	£394,118	£478,571	£534,874	£602,437	£2,345,000
West Lancashire CCG	£238,000	£280,000	£340,000	£380,000	£428,000	£1,666,000
Total	£3,404,000	£4,004,707	£4,862,858	£5,434,958	£6,121,480	£23,828,000

Increased Investment from 2014/15 – 2017/18

The following table shows the investment by CCG for 2017/18 compared to the baseline position in 2014/15.

	0-18 pop (10%)	14/15 Baseline	£ per prevalent child	17/18	£ per prevalent child
Blackburn With Darwen CCG	4463	£1,286,230	£288.20	£1,750,870	£392.31
Blackpool CCG	3413	£2,188,255	£641.15	£2,436,275	£713.82
Chorley & South Ribble CCG	3851	£1,287,350	£334.29	£1,743,772	£452.81
East Lancashire CCG	10755	£3,652,596	£339.62	£4,561,883	£424.16
Fylde & Wyre CCG	2807	£987,070	£351.65	£1,482,871	£528.28
Greater Preston CCG	4635	£1,206,841	£260.38	£1,692,370	£365.13
Lancashire North CCG	3095	£662,366	£214.01	£960,151	£310.23
West Lancashire CCG	2284	£862,548	£377.65	£1,146,207	£501.84
Lancashire Total	35303	£12,133,256	£343.69	£15,774,399	£446.83

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

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

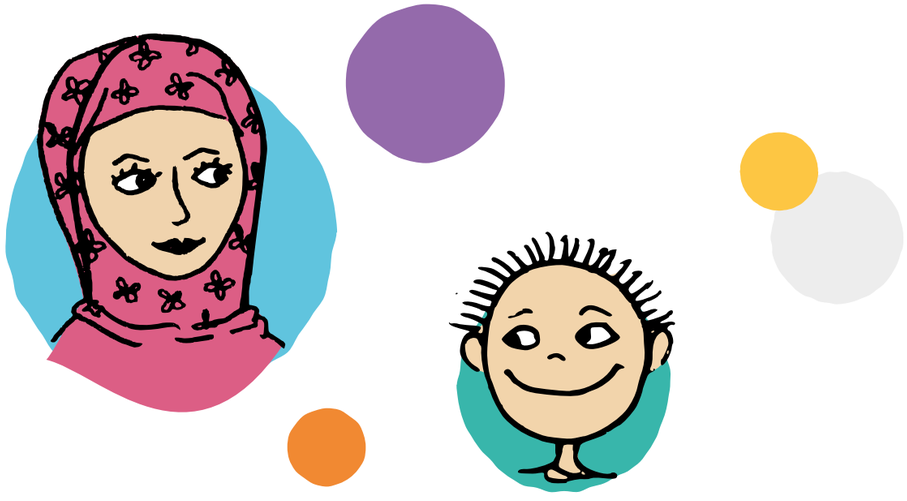
The contributions to this are detailed in the table below:

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

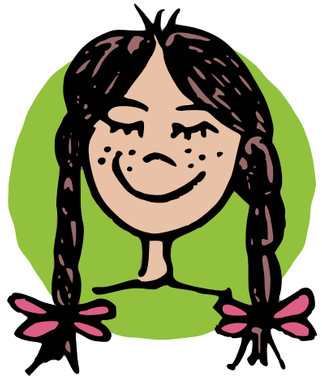
2017/18 Commissioning Intentions/Spend

For 2017/18 the Programme Board agreed to align 85% of the Transformation Funds to a number of key objectives within the plan. The remaining 15% would stay in the CCGs to fund local coordination and innovation. This is detailed in the table below:

	Blackburn with Darwen CCG	Blackpool CCG	Chorley and South Ribble CCG	East Lancashire CCG	Fylde and Wyre CCG	Greater Preston CCG	Morecambe Bay CCG*	West Lancashire CCG	Total
85% Aligned Spend: • Transformation Programme Delivery • Active schools programme • Complimentary Offer of support • Primary Mental Health Workers/ PWP • Perinatal Pathway • 7 day CAMHS • IAPT (Increased capacity of workforce) • Increased Access • Care of vulnerable	£376,040	£437,920	£376,040	£847,280	£342,720	£447,440	£333,200	£238,000	£3,398,640
15% Local Spend: • Local Innovation • Local Coordination	£66,360	£77,280	£66,360	£149,520	£60,480	£78,960	£58,800	£42,000	£599,760



Appendix 03



Performance

This appendix presents key performance information for the programme.

This includes:

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

CYP Access Targets

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

1) Targets based on the **original baseline** which was submitted for the **NHSE plan in 2017** and is based on a definition which predates that which has now been set nationally. This was used to provide the programme with an early indication of performance in the context of a lack of clarity and information regarding the national definition.
2) **Local Position** which is calculated using data that is collected locally, based on the national definition and monitored locally to understand the current position.
3) **National Mental Health Data Set (MHSDS)** position which is based on the data that is submitted to the MHSDS and is expected to be used for monitoring the indicator nationally by NHSE. Currently only a limited amount of local data is flowing to the MHSDS.

NHSE have advised to continue to monitor against all 3 of the above until a decision has been made nationally as to whether the plan should be re-submitted based on new local position (2 above) and whether the MHSDS will be used to monitor the indicator for 17/18 period.

1. Access Targets as per the NHSE submitted plans

CCG	Total no. of CYP aged 0-18 with a diagnosable mental health condition	16/17 Baseline (Ref accepted)		16/17 Baseline (1st Treatment)		2017/18	2018/19	2019/20	2020/21
						30%	32%	34%	35%
Blackburn With Darwen CCG	3871	762	20%	463	12%	1161	1239	1316	1355
Blackpool CCG	2952	1298	44%	767	26%	886	945	1004	1033
Chorley & South Ribble CCG	3227	700	22%	349	11%	968	1033	1097	1129
East Lancashire CCG	8115	1747	22%	1058	13%	2435	2597	2759	2840
Fylde & Wyre CCG	2293	548	24%	260	11%	688	734	780	803
Greater Preston CCG	3975	736	19%	378	10%	1193	1272	1352	1391
Morecambe Bay CCG	6398	NA	NA	NA	NA	1919	2047	2175	2239
- Lancashire North CCG	3059	468	15%	304	10%	918	979	1040	1071
- South Cumbria	3339	NA	NA	NA	NA	1001	1068	1135	1169
West Lancashire CCG	2040	397	19%	237	12%	612	653	694	714
Lancashire	32,871					9861	10519	11176	11505

2. Access Targets as per the Local calculated position

CCG	Total no. of CYP aged 0-18 with a diagnosable mental health condition	**Part 1a:** The number of children and young people with a new referral from 1st January 2016, receiving at least two contacts (including indirect contacts) within a six week period where their first contact occurs before their 18th birthday		**Part 2a:** The number of children and young people, regardless of when their referral started, receiving at least two contacts (induding indirect contacts) and where their first contact occurs before their 18th birthday					
		16/17 Baseline Actuals (CYP New Referrals receiving at least 2 contacts within 6 weeks period)		**16/17 Baseline Actuals (All CYP) versus 28% Target**		**2017/18 @ 30% Target**	**2018/19 @ 32% Target**	**2019/20 @ 34% Target**	**2020/21 @ 35% Target**
Blackburn With Darwen CCG	3871	291	8%	767	20%	1161	1239	1316	1355
Blackpool CCG *	2952	624	21%	1154	39%	1235	1321	1414	1513
Chorley & South Ribble CCG *	3227	461	14%	987	31%	1056	1130	1209	1294
East Lancashire CCG	8115	799	10%	1769	22%	2435	2597	2759	2840
Fylde & Wyre CCG *	2293	418	18%	818	36%	875	937	1002	1072
Greater Preston CCG	3975	417	10%	905	23%	1193	1272	1352	1391
Morecambe Bay CCG	6398	323	5%	548	NA	1919	2047	2175	2239
- Lancashire North CCG	3059	323	11%	548	18%	918	979	1040	1071
- South Cumbria	3339	NA	NA	NA	NA	1002	1068	1135	1169
West Lancashire CCG *	2040	295	14%	574	28%	614	657	703	752
Lancashire & SC CCGs Total	32,871	3,628	11%	7,522	23%	10,488	11,200	11.930	12,457

*CCGs with asterisk have achieved the access targets (see table below for details) during 2016/17 period therefore furture years target has been based on 7% increase on activity. Please note that the 2019/20 and 2020/21 trajectories may be amended dependant on actual performance and new guidance during the re-submission of the CCG plan.

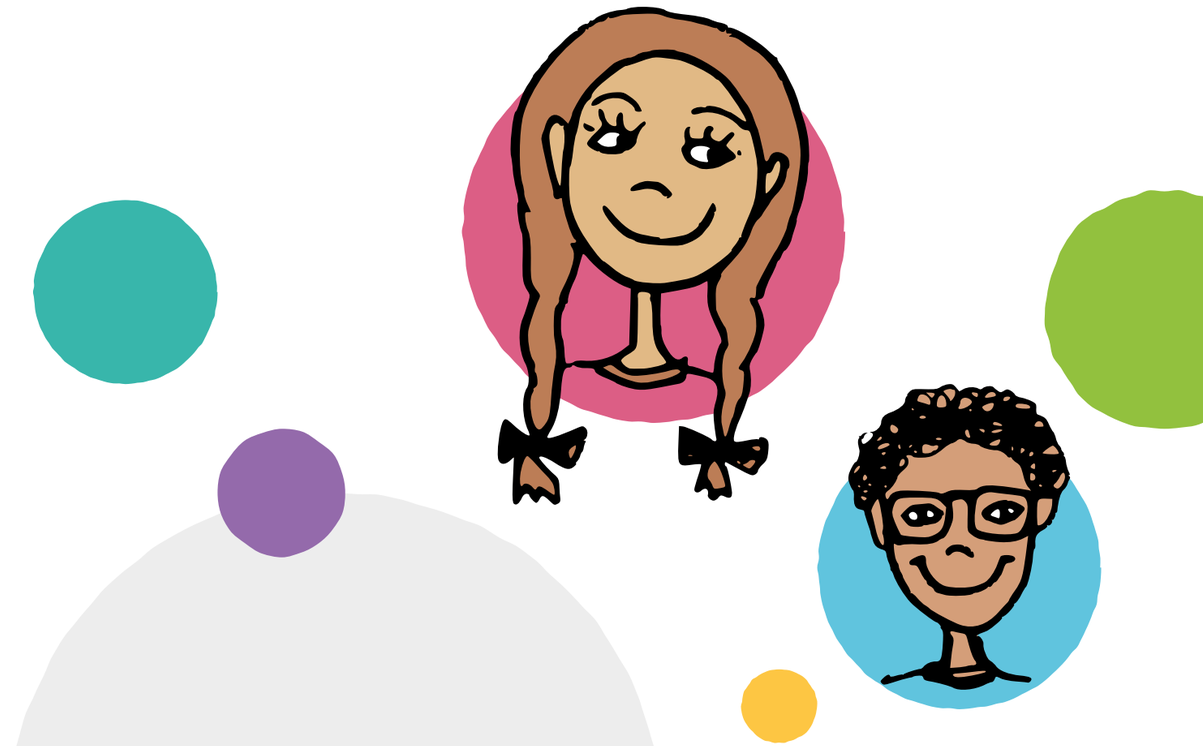
Please note that the local position is based on main providers[7], voluntary sector providers data is to be included in future monitoring.

[7] Blackpool Teaching Hospitals NHS Foundation Trust, East Lancashire Hospitals NHS Trust, Lancashire Care NHS Foundation Trust.

3. Access Targets position based on MHSDS

CCG	Part 2a	Prevalence Annual (2b)	Tarhet Achieved	Part 1a
Blackburn With Darwen CCG	60	3871	2%	37
Blackpool CCG	850	2952	29%	470
Chorley & South Ribble CCG	100	3227	3%	65
East Lancashire CCG	150	8115	2%	105
Fylde & Wyre CCG	120	2293	5%	70
Greater Preston CCG	115	3975	3%	85
Lancashire North CCG *	100	3059	3%	70
West Lancashire CCG	60	2040	3%	30
Total Lancashire	**1,555**	**29532**	**5.3%**	**932**

*Data unavailable for South Cumbria Practices for 2016/17 position therefore only Lanes North CCG position is included.



CCG Trajectories for Eating Disorder Service

From Eating Disorders Workforce Toolkit: Males aged 10-19 - 31 per 100'000 pop | Females aged 10-19 - 120 per 100'000 pop

New Cases	**Total Eating Disorder New Cases - Age 10-19**					
	2016	**2017**	**2018**	**2019**	**2020**	**2021**
Blackburn With Darwen CCG	17.0	17.2	17.3	17.6	17.6	17.8
Blackpool CCG	13.3	13.2	13.2	13.1	13.2	13.3
Chorley & South Ribble CCG	14.3	14.3	14.4	14.5	14.6	14.9
East Lancashire CCG	32.8	32.9	33.2	33.5	34.0	34.3
Fylde & Wyre CCG	11.3	11.1	11.0	10.9	10.9	10.9
Greater Preston CCG	17.7	17.8	18.0	18.2	18.6	18.9
Lancashire North CCG	13.3	13.0	12.9	12.7	12.7	12.8
West Lancashire CCG	9.5	9.5	9.4	9.4	9.4	9.4
Total (No's)	**129.2**	**129.1**	**129.4**	**130.0**	**131.0**	**132.2**

Accessing Service (Increasing from 70% to 95% over next 5 years)	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
Annual Target %	**70%**	**75%**	**80%**	**85%**	**90%**	**95%**
Blackburn With Darwen CCG	11.9	12.9	13.9	14.9	15.9	16.9
Blackpool CCG	9.3	9.9	10.5	11.2	11.9	12.7
Chorley & South Ribble CCG	10.0	10.7	11.5	12.3	13.1	14.1
East Lancashire CCG	23.0	24.7	26.5	28.5	30.6	32.6
Fylde & Wyre CCG	7.9	8.3	8.8	9.3	9.8	10.3
Greater Preston CCG	12.4	13.4	14.4	15.5	16.8	17.9
Lancashire North CCG	9.3	9.8	10.3	10.8	11.5	12.2
West Lancashire CCG	6.7	7.1	7.5	8.0	8.5	8.9
Total (No's)	**90.4**	**96.9**	**103.5**	**110.5**	**117.9**	**125.6**

Assumption: 35% Urgent and 65% Routine

Urgent Cases	**Total Eating Disorder New Cases - Age 10-19**					
35%	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
Blackburn With Darwen CCG	4.2	4.5	4.9	5.2	5.6	5.9
Blackpool CCG	3.3	3.5	3.7	3.9	4.2	4.4
Chorley & South Ribble CCG	3.5	3.8	4.0	4.3	4.6	4.9
East Lancashire CCG	8.0	8.6	9.3	10.0	10.7	11.4
Fylde & Wyre CCG	2.8	2.9	3.1	3.3	3.4	3.6
Greater Preston CCG	4.3	4.7	5.0	5.4	5.9	6.3
Lancashire North CCG	3.3	3.4	3.6	3.8	4.0	4.3
West Lancashire CCG	2.3	2.5	2.6	2.8	3.0	3.1
Total (No's)	**31.7**	**33.9**	**36.2**	**38.7**	**41.3**	**44.0**

Routine Cases	**Total Eating Disorder New Cases - Age 10-19**					
65%	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
Blackburn With Darwen CCG	7.8	8.4	9.0	9.7	10.3	11.0
Blackpool CCG	6.1	6.4	6.8	7.3	7.7	8.2
Chorley & South Ribble CCG	6.5	7.0	7.5	8.0	8.5	9.2
East Lancashire CCG	14.9	16.1	17.3	18.5	19.9	21.2
Fylde & Wyre CCG	5.1	5.4	5.7	6.0	6.4	6.7
Greater Preston CCG	8.0	8.7	9.3	10.1	10.9	11.7
Lancashire North CCG	6.0	6.4	6.7	7.0	7.5	7.9
West Lancashire CCG	4.3	4.6	4.9	5.2	5.5	5.8
Total (No's)	**58.8**	**63.0**	**67.3**	**71.8**	**76.6**	**81.6**

Assumption: In respect of both Urgent and Routine Performance (seen in 1 week and 4 weeks respectively) performance to increase from 20% to 95% over 5 years

No. Urgent Patients Seen within 1 week	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
Annual Target %	**20%**	**40%**	**60%**	**80%**	**95%**	**95%**
Blackburn With Darwen CCG	0.8	1.6	2.4	3.4	4.4	5.6
Blackpool CCG	0.7	1.2	1.8	2.5	3.3	4.2
Chorley & South Ribble CCG	0.7	1.3	2.0	2.8	3.7	4.7
East Lancashire CCG	1.6	3.0	4.6	6.5	8.6	10.8
Fylde & Wyre CCG	0.6	1.0	1.5	2.1	2.7	3.4
Greater Preston CCG	0.9	1.6	2.5	3.5	4.7	6.0
Lancashire North CCG	0.7	1.2	1.8	2.5	3.2	4.0
West Lancashire CCG	0.5	0.9	1.3	1.8	2.4	3.0
Total (No's)	**6.3**	**11.9**	**18.1**	**25.1**	**33.0**	**41.8**

No. Routine Patients Seen within 4 weeks	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
Annual Target %	**20%**	**40%**	**60%**	**80%**	**95%**	**95%**
Blackburn With Darwen CCG	1.6	2.9	4.5	6.3	8.3	10.5
Blackpool CCG	1.2	2.3	3.4	4.7	6.2	7.8
Chorley & South Ribble CCG	1.3	2.4	3.7	5.2	6.8	8.7
East Lancashire CCG	3.0	5.6	8.6	12.0	15.9	20.1
Fylde & Wyre CCG	1.0	1.9	2.9	3.9	5.1	6.4
Greater Preston CCG	1.6	3.0	4.7	6.6	8.7	11.1
Lancashire North CCG	1.2	2.2	3.4	4.6	6.0	7.5
West Lancashire CCG	0.9	1.6	2.4	3.4	4.4	5.5
Total (No's)	**11.8**	**22.0**	**33.6**	**46.7**	**61.3**	**77.6**

Routine (% seen within 4 weeks)

CCG	Q1 2017/18	Q1 2017/18	Q1 2017/18	Q1 2017/18
Blackburn With Darwen CCG	50%	50%	50%	50%
Blackpool CCG	100%	100%	100%	100%
Chorley & South Ribble CCG	40%	40%	60%	80%
East Lancashire CCG	50%	50%	50%	50%
Fylde & Wyre CCG	0%	0%	50%	50%
Greater Preston CCG	50%	55%	58%	62%
Lancashire North CCG	33%	33%	33%	50%
West Lancashire CCG	100%	100%	100%	100%
Total	**61%**	**63%**	**68%**	**71%**

Routine (No's seen within 4 weeks)

CCG	Q1 2017/18	Q1 2017/18	Q1 2017/18	Q1 2017/18
Blackburn With Darwen CCG	1	1	1	1
Blackpool CCG	1	2	2	2
Chorley & South Ribble CCG	2	2	3	4
East Lancashire CCG	2	2	2	2
Fylde & Wyre CCG	0	0	1	1
Greater Preston CCG	5	6	7	8
Lancashire North CCG	1	1	1	2
West Lancashire CCG	10	10	10	10
Total	**22**	**24**	**27**	**30**

Urgent (% seen within 1 week)

CCG	Q1 2017/18	Q1 2017/18	Q1 2017/18	Q1 2017/18
Blackburn With Darwen CCG	100%	100%	100%	100%
Blackpool CCG	100%	100%	100%	100%
Chorley & South Ribble CCG	100%	100%	100%	100%
East Lancashire CCG	50%	50%	50%	50%
Fylde & Wyre CCG	0%	0%	0%	100%
Greater Preston CCG	100%	100%	100%	100%
Lancashire North CCG	0%	50%	50%	50%
West Lancashire CCG	100%	100%	100%	100%
Total	**87%**	**82%**	**82%**	**88%**

Urgent (No's seen within 1 week)

CCG	Q1 2017/18	Q1 2017/18	Q1 2017/18	Q1 2017/18
Blackburn With Darwen CCG	1	1	1	1
Blackpool CCG	1	1	1	1
Chorley & South Ribble CCG	2	2	2	2
East Lancashire CCG	1	1	1	1
Fylde & Wyre CCG	0	0	0	1
Greater Preston CCG	5	5	5	5
Lancashire North CCG	0	1	1	1
West Lancashire CCG	3	3	3	3
Total	**13**	**14**	**14**	**15**

Workforce Baseline

The Healthier Lancashire and South Cumbria STP Local Workforce Action Board completed an initial baseline exercise to identify the current mental health workforce. While this still requires further validation, which is underway, it provides a good starting point to understand the collective picture.

Funded Posts - 2016

	Medical	Nursing and Midwifery	Allied Health Professional and Scientific, Therapeutic and Technical Staff	Total Professionally Qualified Clinical Staff	Support to Clinical Staff	Administrative and Infrastructure Staff	Grand Total
CYP	23	87	116	226	52	49	327
Adult IAPT	-	-	151	151	75	58	284
Perinatal	3	6	3	12	3	3	17
Crisis - CRHTTs	12	96	14	122	29	-	151
Liaison MH	12	46	3	61	3	9	72
EIP	3	23	12	38	9	9	55
Liaison & Diversion	-	6	3	9	-	-	9
Total T.As	**52**	**264**	**301**	**617**	**171**	**127**	**915**
Care Acute	151	924	405	1,480	950	446	2,876
Care Community	125	773	342	1,240	796	374	2,410
Total Care	**275**	**1,697**	**747**	**2,720**	**1,746**	**820**	**5,286**
Total	**327**	**1,961**	**1,048**	**3,337**	**1,917**	**947**	**6,201**

Expansion Posts by 2021

	Medical	Nursing and Midwifery	Allied Health Professional and Scientific, Therapeutic and Technical Staff	Total Professionally Qualified Clinical Staff	Support to Clinical Staff	Administrative and Infrastructure Staff	Grand Total
CYP	6	35	20	61	64	6	130
Adult IAPT	-	-	84	84	46	-	130
Perinatal	3	14	6	23	12	-	35
Crisis - CRHTTs	-	133	6	139	67	-	206
Liaison MH	9	12	3	17	3	6	20
EIP	3	35	6	43	20	9	72
Liaison & Diversion	-	9	-	9	-	-	9
Total T.As	**20**	**237**	**119**	**377**	**206**	**20**	**602**
Care Acute	-	-	-	-	-	-	-
Care Community	-	-	-	-	-	-	-
Total Care	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Total	**20**	**237**	**119**	**377**	**206**	**20**	**602**

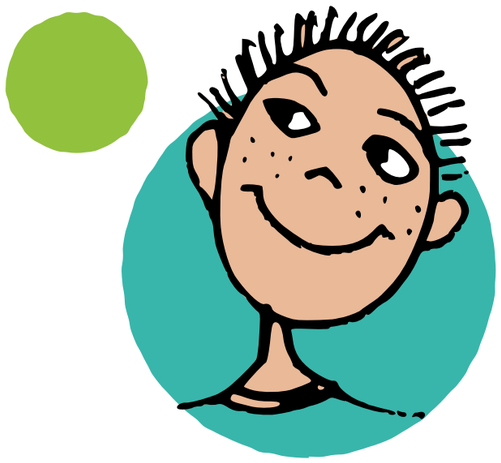
The Waterfall Modelling and forecasting helps to establish a visual representation of the potential workforce required to meet the requirements of the 5YFV MH and Stepping Forward documents.

Utilising this modelling, the following table illustrates the additional workforce required to deliver 'Stepping Forward' in Lancashire and South Cumbria. It suggests that mental health employers should create an additional 602 posts in the initial seven growth areas (130 for Children and young people); however services may equally choose to deliver care differently or use existing teams to deliver new targets.

Appendix 04

Feedback from Consultation

Consultation on the draft Re-freshed Transformation Plan took place from 13th December 2017 until 6th January 2017. The original transformation plan and draft re-freshed plan alongside easy-read versions of both were posted on the internet together with a link to a consultation survey.



Over 300 stakeholders received an email with the link inviting them to read the re-freshed plan and respond to the consultation survey. They were also asked to forward on the email to others who may be interested.

Stakeholders were asked to indicate the extent to which they agreed with the priorities set out in the plan and then to provide an explanation of their response. Respondents were also asked some questions about themselves to help us understand their comments and ensure representation.

There were 55 completed responses. Of the respondents 1 disagreed with the objectives and the majority (75%) agreed fully with them. All groups of respondents (i.e. service users, parents/carers, health professionals, members of the public and others) had some respondents who partly agreed with the refreshed objectives.

Most of the younger people who responded were fully supportive and most 26-35 year olds were also fully supportive of the proposals. The largest group of respondents were Health Professionals (33%), and nearly a quarter (24%) was parents/carers and over a 5th of respondents were from other groups such as voluntary sector, social work or children's advocate. A further 7% of respondents were young people who were not service users.

The vast majority of respondents were female (83%). Whilst there is no reason to think that males, whether service users or not, feel any differently about the objectives, as we only have a small level of male respondents we cannot say this conclusively. There is some representation from Asian/Asian British and Muslim communities (up to 14%) but there is under representation from certain other groups.

65% of respondents made a comment, replying to 'please tell us why'. The comments were largely positive but quite varied; although a number of common themes/points could be identified.

However, the most common points made are as follows:

- Good to see families and young people at the heart of the objectives; looking at a client centred service is key with true children, young people and family involvement
- The objectives make sense and is a positive plan (as long as it can be implemented)
- Feel the plan will help support local families/children and particularly welcome perinatal mental health and eating disorder service plans
- Very supportive of early interventions and support beyond age 16
- Happy with a focus on vulnerable groups and concentrating on training for the workforce is excellent
- There is concern about the implementation; excellent ideas but needs to be seen in practice – without significant funding this could be a PR brochure – would be great if it can be made to happen but there have been too many false promises for young people
- Joined up working across the spectrum of mental health
- Excellent idea of a 'safe place'



A few suggestions made include:

- Roll-out of Primary Mental Health Workers should be done earlier
- 2018 is too long to wait
- More help should go into schools and more direct support for young people/children
- What about support for children under 5 years of age?
- More local inpatient support for when children/young people in crisis and parents cannot cope but need/want to maintain links and regular visits
- Would like to see the plan presented in a timeline
- More provision for families sooner
- More young people and families could have been consulted earlier in the process

The table below sets out each of the individual comments received together with a response indicated what actions have been taken as a result of the comment.

Comment from...	You said	We did
	early intervention and emotional health is so important I particularly welcome the role of Primary Mental Health Workers	Comment noted.
	Inclusion health there needs to be more of a focus on vulnerable young people who do not access main stream services	Comment noted. Objective 6 "Complementary offer" amended to include a particular focus on vulnerable young people who do not access main stream services.
	easier access at times of need is important.	Comment noted. This is reflected in Objective 13 "CAMHS Redesign".
	issues around how young people will be helped around relationships and things to do as these are the areas they tell us help to support them	Comment noted. This is reflected in Objectives 1 "Mental Health Anti-Stigma Campaign", 2 "Resilience Framework" and 3 "Resilience Training Programme".
	how will young people be helped where mental health and substance misuse issues come together	CAMHS currently work in partnership with substance misuse services to support children and young people where mental health and substance misuse issues co- occur. Objective 13 "CAMHS Redesign" includes a requirement for providers to work in partnership with other services to ensure CYP and families are supported holistically.
	what community support will be in place	This is reflected in Objective 6 "Complementary offer" and Objective 13 "CAMHS Redesign".
	Children in school are becoming increasingly aware of their mental health and wellbeing issues ad there have in the past been very little support for them.	Comment noted. This relates to Section 3 "What we have achieved in Year 2": 15 Primary Mental Health workers delivering the single point of contact and rolling out youth mental health first aid training for schools and primary care. In addition, Objectives 3 "Resilience training programme in schools", Objective 4 "Mental Health first aid courses" and Objective 5 "Schools mental health first aid" will support this work on an ongoing basis. The new Green Paper seeks to address these, once the white paper is published we will refresh the plan accordingly.
	Can't see any reference to implementing Risk Support/AMBIT	Comment noted. Additional Objective added to the plan "By 31st March 2019 we will have developed and agreed a risk support approach in line with THRIVE and drawing on the findings from the AMBIT pilot in Blackburn".
	The refreshed plan certainly includes many much needed priorities. However, I am slightly concerned that LGB & T young people (and those questioning their sexual orientation or gender identity) have not been considered as a priority in terms of the specific health inequalities that they experience.	Comment noted. Section 1 "Principles" to be amended to list the nine protected characteristics including LGBT. In taking forward all of the objectives within the Transformation plan thorough and detailed equality impact and risk analysis are undertaken to support and drive the design and delivery of services. These EIRAs ensure that the needs of all vulnerable groups are identified and reflected in service redesign.
	Section 1 - Principles' Point 3 highlights the need to recognise and respond to the needs of CYP and families from protected characteristics, however LGB&T young people have not been mentioned at all in the document. Additionally, LGB&T CYP have not been identified as a vulnerable group in the Objectives section.	

Comment from...	You said	We did
	Earlier this year, Lancashire Care Foundation Trust conducted their Year 9 School Health Needs Assessment in which 8,058 Year 9 students across Lancashire were surveyed about mental health, prevalences of bullying, and risk behaviours. 4% of the respondents identified as lesbian, gay or bisexual (correlating closely with national estimates of LGB&T population demographics). The findings highlighted many stark disparities between LGB students and their heterosexual counterparts in relation to mental health, bullying and risk behaviours. Some of the most pertinent findings included: 26.8% of lesbian and gay YPs and 33.3% of bi YPs reported often feeling unhappy (compared to 5.8% of heterosexual YPs) 51.3% of lesbian and gay YPs and 62.5% of bi YPs reported often feeling lonely (compared to 13.7% of heterosexual YPs) 38.1% of lesbian and gay YPs and 47.7% of bi YPs have self-harmed (compared to 8.6% of heterosexual YPs) 33.3% of lesbian and gay YPs and 35.3% of bi YPs reported being recently bullied (compared to 9.4% of heterosexual YPs) 7.5% of lesbian and gay YPs and 22.7% of bi YPs reported having experienced domestic violence/abuse (compared to 6% of heterosexual YPs) 23.8% of lesbian and gay YPs and 19.1% of bi YPs did not feel they had a trusted adult in their lives (compared to 6.2% of heterosexual YPs) 30% of lesbian and gay YPs and 32.4% of bi YPs perceived themselves to be overweight (compared to 17.3% of heterosexual YPs) Additionally, LGB young people were far more likely to smoke and consume alcohol than their heterosexual counterparts, and were less likely to be eating regularly and healthily. With regard to trans young people and those YPs questioning their gender identity, referrals to NHS Gender Identity Development Services for Young People have increase more than tenfold since 2009. National research highlights that trans YPs and those questioning their gender identity are at far higher risk of poor mental health, self-harm and suicide than their cisgender counterparts. As an organisation, Lancashire LGBT feels that there should be stronger consideration of LGBT YPs and those questioning their sexual orientation and gender identity within this strategy. Should you wish to gain further information from us regarding these issues to help inform the refresh of the transformation plan, please feel free to contact us (Lancashire LGBT) on 01772 717461 or hello@lancslgbt.org.uk	

Comment from...	You said	We did
	I think there are a lot of Brilliant ideas and I am supportive of that but we do need to look at CAMHS going 24/7 or as close to that to support paediatric units/ED teams. This would potentially improve working relationships between agencies and teams and hopefully reduce admission rates and enable the child or young person to be managed in the community.	Comments noted. This is reflected in Objective 12 "0-19".
	the most vulnerable children appear to come last in the list of priorities. some of the prioritises within the plan have not met their deadlines, i.e. 0-19 CAMHS service by 30th September 2017, what are the contingency plans for this shortfall?	Comments noted. The six key priorities going forward have been taken from the future in mind document[8]. The numbering of the objectives does not give any indication of the priority. We continue to work with providers to secure the provision of a 0-19 service. This is now Objective 12 "0-19".
	huge improvements in all areas	Comment noted.
	24. c. By 31st March 2018 we will have scoped mechanisms to ensure that services consistently identify "carers and working carers", support carers Are we confident we have plans in place to deliver this? It is very short timescale.	Comment noted. The date has been amended to March 2020 to reflect the Programme work.
	Board Hijack	In May 2017 the monthly Transformation board meeting was taken over (hijacked) by children and young people from across Lancashire and South Cumbria. Held in the evening to ensure accessibility for children and young people the event gave the children and young people a voice with the board and allowed them to dictate the running of the board, the agenda and have full control of the meeting. The CAHMS redesign will use the valuable information and recommendations from this event to form the redesign. A number of the recommendations from the CYP board Hi Jac are already underway, such as the recommendation that the website be simple and easy to read, we are currently in the process of co-producing the CYP website with children and young people to ensure that the language, design and functionality is appropriate and engaging.

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

Appendix 05

Mental Health Transformation Plan Timeline

MAR 2018

- 1 Mental Health Anti-Stigma Campaign
- 11 Digital Thrive Portal
- 12 0-19 years CAMHS model operational + 7 day + out of hours
- 16 Consistent crisis response service
- 17 Two-bedded step up/down facility
- 19 Crisis training packages
- 24 Upskill staff working with vulnerable groups
- 25a Early intervention in psychosis
- 28 Routinely collect outcome measures

JUN 2018

- 6 Complementary Offer

SEPT 2018

- 2 Resilience Framework
- 23 Children with behaviours that challenge
- 25d Core set of policies, procedures and guidance
- 25f Develop an outcomes framework
- 27 Transition CQUIN Report

DEC 2018

- 15 Review all age eating disorder service
- 10 Specialist inpatient mother & baby unit
- 23 Provider Network work programme

JAN 2019

- 13 Redesign CAMHS
- 16 Consistent Crisis Response Service

MAR 2019

- 3 Resilience training programme
- 4 Mental health first aid courses
- 5 Schools mental health first aid
- 18 Risk support approach in line with THRIVE
- 14 Define offer for 0-25 CAMHS

MAR 2021

- 7 Improvements in services for infant mental health
- 20 Redesign & re-procure Inpatient services
- 21 Pathways entering & leaving inpatient services
- 22 Pathway for vulnerable groups
- 8 Improvements in Universal/Mainstream services
- 9 Specialist community perinatal health team
- 25b Self-harm pathway
- 25c Identify/ support carers and working carers
- 25e Information Sharing
- 25g Prescribing Protocols
- 25h Suicide Prevention
- 26 Workforce Strategy

Resilience

Peri-natal

Access

Crisis

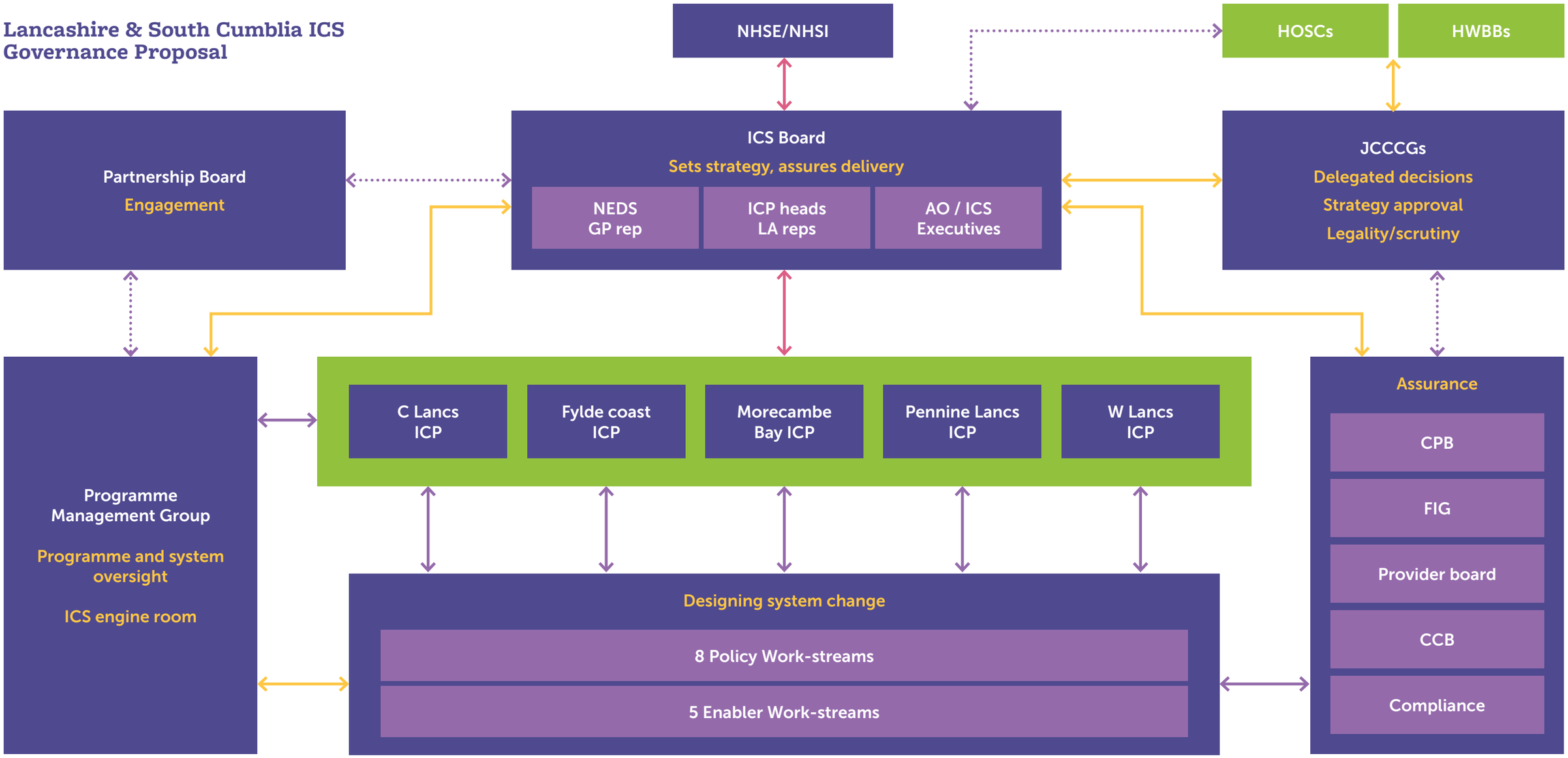
Vulnerable

Quality

Appendix 06

Healthier Lancashire & South Cumbria Governance Structure from the STP

Lancashire & South Cumblia ICS Governance Proposal



Whole sytem focused on sustainability; transformation; design of future state