

**NORTH LINCOLNSHIRE COUNCIL**

Health and Wellbeing Board

**Mental Health Services for Children and Young People**

**1. OBJECT AND KEY POINTS IN THIS REPORT**

This report provides an update to the Health and Wellbeing Board on mental health services for Children and Young People.

The paper explains current service transformation and integration work across the partners within North Lincolnshire.

**2. BACKGROUND INFORMATION**

**2.1 Scope of paper**

This paper provides an overview of the current transformation and integration programme for mental health services for children and young people. This programme is set in the context of the One Family Approach, as set out in the Children's Commissioning Strategy 2020- 24.

Through the One Family Approach, partners including health, social care, education, wider partners and the community work together to strengthen an integrated system that works for all children, young people and families, where children can be in their families, in their schools and in their communities.

This approach aims to ensure children, young people and families to build upon their strengths and their resilience to find or be enabled to find solutions when things are not going well through an integrated children and families offer. In achieving this, children, young people and their families will be supported at the lowest level, focusing on prevention and early help, minimising the number of children and young people needing specialist services.

The Integrated Children's commissioning strategy sets out a number of areas of focus for partnership action and system change;

- Emotional wellbeing and health
- Best start in life
- Adolescent and youth offer
- Outcomes for children and young people with vulnerabilities

This report focuses on the integration and transformation priorities within emotional wellbeing and health. These are;

- As part of the integrated children and families offer, through 'With Me In Mind' mental health support teams, children and young people have access to emotional wellbeing and mental health support in all schools and settings
- Children and young people to have timely access to Child and Adolescent Mental Health Services (CAMHS) and associated wrap around help and support to support their emotional wellbeing and mental health needs
- Children and young people have timely access to therapeutic interventions which meet their needs (including neurodiversity)

## **2.2 Mental Health Support Teams in schools**

North Lincolnshire launched Mental Health Support Teams in Schools in May 2022 as part of the national roll-out of the model. The teams are currently delivering to all secondary school settings and year 6 in Primary/Junior school settings, with plans for further expansion with a new wave of funding in 2024/25, including a focus on SEND, Electively Home Educated and those with neurodiverse needs.

The model, named 'With Me In Mind' is a school based service that provides support to 78 education setting across North Lincolnshire. The service focuses on early intervention and prevention for children and young people. The service is built upon the green paper; Transforming Mental Health for Children and Young People and is underpinned by three core functions:

1. To work in partnership with school mental health leads and develop the whole school approach to mental health.
2. To give timely advice and consultation to schools and colleges.
3. To provide evidence-based interventions for children with mild to moderate mental health difficulties.

The service delivers a range of whole school support for staff, pupils and parents and also offers one to one sessions and an e-clinic for pupils where required. Where needs cannot be met by this service as they have a higher level of need, children are referred to the CAMHS service, however, current data shows very few children using this service go on to need CAMHS input. Prior to mobilisation of the service, children would have been referred to CAMHS, and therefore the model is significantly contributing to reducing demand and waiting times for CAMHS.

Expected service outcomes are;

- Better mental health and wellbeing amongst children and young people; with improved quality of life for them and their families.

- A reduction of mental health problems into adulthood.
- Education settings feeling better equipped to support both their pupil's and staff's mental health.
- An improvement in appropriate referrals to children's NHS Mental Health Services; through improved ability to identify needs and by addressing emerging difficulties early which would otherwise escalate.
- Increased knowledge and confidence when dealing with mental health issues and a more positive experience for children, young people and their families.

### **2.3 Child and Adolescent Mental Health services (CAMHS)**

Performance reports for the Getting Help pathway demonstrate improvement in those waiting no more than 10 weeks from referral to starting assessment. Current performance is currently 93% against a target of 95% being seen within 10 weeks. Time from referral to treatment starting is off target, although this has improved over the last 3 months with year to date performance at 84% against a target of 95% commencing treatment within 10 weeks of referral. Further improvement is expected following recent recruitment of staff to this service and planned development of the Thrive model. There is a service improvement and development piece of work taking place to build a more robust Thrive based model, including expanding the Getting Advice pathway, reviewing the Getting Help Pathway and strengthening the pathways to more specialist support such as Intellectual Disability, Children's Eating Disorders, Crisis and Intensive Community support Team (ICST); getting more help and getting risk support. The Getting Help pathway also provides consultation to the Youth Justice Service.

The role of the Getting Advice Team is to triage requests for advice/support that come into North Lincolnshire CAMHS where there are concerns that a child / young person may be experiencing mental health difficulties.

The Getting Help pathway offers a therapeutic intervention service to children aged 5 to 18 years old using a range of modalities, including Cognitive Behaviour therapy (CBT) and Family Therapy and Psychology. Within Getting Help we have a Children In Care pathway which offer consultation to the support network first, namely foster carers, connected persons foster carers, residential workers, designated teachers, Looked After Children nurses and social workers.

The Children & Young People's Crisis Team became an established 24/7 service in August 2023. The Crisis team will conduct initial assessments including assessments of risk for young people referred to and accepted by the service. Individuals typically referred to the Crisis team may have presented at Acute Trust Hospitals or to Emergency Services with an increased risk and/or notable deterioration in mental health. Other individuals may be referred where significant concerns exist regarding their wellbeing and/or risk from within their existing support structure. In addition to

initial assessments, brief intervention work may be completed with individuals over a short time period, typically 3 contacts.

Alongside the Crisis Team is the Children & Young People's ICST. The ICST service operates across 7 days and can provide consultation & advice or, where indicated, direct work with young people presenting with increased risk and/or significant mental health concerns, in some instances who may otherwise have required admission to Tier 4 inpatient services. In addition, they will provide oversight of those young people in inpatient services in conjunction with allocated workers from CAMHS locality teams. They will maintain contact with young people admitted to Tier 4, support home leave and contribute to and support discharge planning.

#### **2.4 Specialist Trauma service**

Trauma in childhood is often a result of Adverse Childhood Experiences or Adverse Community Environments - events or circumstances outside a child's control that disrupt or damage their physical, emotional, and mental development. This service, jointly commissioned by North Lincolnshire Council and Humber and North Yorkshire Integrated Care Board, has been established for a number of years and provides support and interventions to those children and young people who have experienced trauma through adverse childhood experience or community environments.

As the current contract comes to an end, the service has been reviewed and is being recommissioned to reflect the latest best practice in relation to managing trauma. This recommissioned service will provide a team-around the child to support the child and their family/network to understand and manage the child's behaviour, through a trauma lens which supports stabilisation.

The service will work with key agencies including Children and Adolescent Mental Health Services (CAMHS), Social Care, Early Help, voluntary sector services (VCS), to provide a single point for all referrals and support requests and utilise a model of consultation and partnership working to develop a trauma -informed plan of support.

The procurement is due to be launched in early 2024, with the provider of the new service in place before the end of 2024.

#### **2.5 Youth Justice- Trauma informed care**

Following the launch of the Children and Young People's Trauma Informed Care Programme in 2022, in which Humber and North Yorkshire Integrated Care System is one of 12 Vanguards delivering the 10 year programme across the country, North Lincolnshire has recently been confirmed as a Test and Learn site to test new interventions which aim to divert young people who have/ may have experienced trauma from becoming first time entrants into the Youth Justice System. Data analysis has identified that a high proportion of children who become known to the youth justice system have experienced a number of adverse childhood experiences and/or trauma.

Becoming part of this programme will enable North Lincolnshire partners to build on its current trauma-informed care approach including roll-out of Attachment, Regulation and Competency (ARC) Framework which is a flexible, components-based intervention developed for children and adolescents who have experienced complex trauma, along with their caregiving systems. This has already led to a high number of the North Lincolnshire workforce being trained in trauma-informed care.

The North Lincolnshire Model will be developed and delivered as a multi-agency team to include Mental Health, Local Authority and Social Enterprise providers. The offer will aim to build capacity and skills in targeted schools/education provisions and minimise thresholds and criteria for entry and will ensure a whole family approach.

The pilot will test a workforce model that enables partnership working, both to make sure the right specialists are involved, and to maximise connections between school and home. This will include a dedicated team, co-located, with on-site presence within identified education provisions to share knowledge and plan coordinated support around the needs of the children and young people. A comprehensive formulation will be completed with each child/young person/family to ensure a clear and accurate understanding of the presenting issues. The intervention(s) will include: family work, individual work, input into schools (direct and consultative) and advisory and consultative support to other professionals involved in the child's support network. All intervention plans will have psychological oversight.

Given the complexity of needs, the pilot will expect to work with a relatively small number of families in year one (approximately 20 – 30 families) with high expectations regarding outcomes. Posts are currently being recruited to and the launch date will be confirmed once posts are recruited to.

## **2.6 Eating disorders**

Services for children and young people with eating disorders are delivered by RDASH as part of a trust-wide service, using a single hub and spoke team for service delivery. During the Covid pandemic, there was a significant increase in referrals for eating disorders, and commissioners provided additional funding to support the increase in demand for the service. However, referrals have now reduced slightly and the service is maintaining performance in terms of assessing urgent referrals within one week and routine referrals within four weeks.

## **2.7 18- 25 provision**

In 2023, the HYN ICB commissioned an independent review of mental health services for people aged 18 - 25, drawing significantly on the views of people using services and local stakeholders to make recommendations for a sustainable service model

which meets the needs of people aged 18- 25 years of age. Following completion of the report, a local stakeholder workshop has been held to work through the recommendations and develop the plans for implementation. A task and finish group will now take forward the development of an implementation plan.

## **2.8 SEND**

The Trent View specialist sixth form college for 16-19 year olds opened in September. There are currently 28 young people on roll, all of whom are supported via an EHCP, however there is still capacity to accept further students.

Phase one of the Complex Care Campus has recently been completed enabling the transfer of short breaks from the Cygnet to the new facility and providing short breaks and residential provision. Work continues on phase 2 which will provide services for children and young people with life limiting conditions and their families to receive care locally rather than needing to travel out of area.

## **2.9 Neurodiversity**

In line with the national picture, north Lincolnshire has continued to see increasing referrals for neurodiversity, creating significant pressure within services. In 2021/22, the service received 293 referrals, however this has grown year on year to 549 in 2022/23 and projected referrals of 682 in 2023/24. In order to manage waiting times, there has been significant investment in additional assessments commissioned from independent providers to support the RDASH capacity.

To manage waiting times in a sustainable way, we have developed a shared care model for ADHD which will enable those children aged 10 or over to be managed within primary care, freeing up capacity for new patients coming into the service. This is in the early stages of mobilisation, and because children and their parents have a choice as to whether they move to shared care, it is difficult at this stage to fully understand the impact this will have. In addition, there is a national shortage of ADHD medication at present, which we are not expecting to be resolved until April 24. This is currently preventing those with a new diagnosis starting on medication.

A North Lincolnshire neurodiversity pathway workshop took place in November, which brought all partners together to consider longer term planning, workforce and resource implications, recognising current sufficiency and capacity to manage neurodiversity needs. The outcomes and actions of this workshop are being overseen by the Neurodiversity operational group with further planned work in this arena to take place early in 2024.

## **2.10 Governance**

Progress against the Children's Commissioning Strategy priorities is overseen by the Integrated Children's Trust, with impacts of the transformation plans also monitored through the Contract and Transformation Board between RDASH and the ICB. A

specific multiagency group has been developed as a subgroup of the ICT for Emotional Wellbeing and Mental Health for Children and Young People. This group acts as a Programme Board, reporting into the ICT.

**3. OPTIONS FOR CONSIDERATION**

No options are presented for consideration

**4. ANALYSIS OF OPTIONS**

Not applicable

**5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)**

Not applicable

**6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)**

Not applicable

**7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

Not applicable

**8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

Not Applicable

**9. RECOMMENDATIONS**

The Health and Wellbeing Board is recommended to accept and note this report

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