

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 19th March, 2019 at 10.00 am in Committee Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

Chair

County Councillor Shaun Turner, Lancashire County Council

Committee Members

County Councillor Graham Gooch, Lancashire County Council
County Councillor Geoff Driver CBE, Lancashire County Council
Dr Sakthi Karunanithi, Director of Public Health, LCC
Louise Taylor, Executive Director of Adult Services and Health and Wellbeing
Sally Allen, Director of Children's Social Care, Children's Services
Dr John Caine, West Lancashire CCG
Jerry Hawker, Morecambe Bay CCG
Kirsty Hollis, East Lancashire CCG
Gary Hall, Chief Executive, Chorley Council representing CEOs of Lancashire District Councils
Jane Booth, Independent Chair, Lancashire Safeguarding Children's Board and Adult Board
Councillor Bridget Hilton, Central District Council
Councillor Amanda Robertson, East Lancashire District Council
Councillor Margaret France, Central HWBP
Tammy Bradley, Housing Providers
Ben Norman, Lancashire Fire and Rescue
Peter Tinson, Fylde and Wyre CCG
Denis Gizzi, Chorley and South Ribble CCG and Greater Preston CCG
Suzanne Lodge, North Lancashire Health & Wellbeing Partnership
David Blacklock, Healthwatch
Sam Gorton, Democratic Services, Lancashire County Council

Apologies

County Councillor Mrs Susie Charles	Lancashire County Council
Karen Partington	Chief Executive of Lancashire Teaching Hospitals Foundation Trust
Cllr Viv Willder	Fylde Coast District Council
Adrian Leather	Third Sector Representative

1. Welcome, introductions and apologies

The Chair welcomed all to the meeting.

Apologies were noted as above.

There was a new member of the Board, Suzanne Lodge who will replace Jacqui Thompson and represent North Lancashire Health and Wellbeing Partnership going forward.

Replacements were as follows:

Ben Norman for David Russel, Lancashire Fire and Rescue Service
Denis Gizzi for Dr Sumantra Mukerji, Greater Preston Clinical Commissioning Group and Dr Gora Bangi, Chorley and South Ribble Clinical Commissioning Group.
Kirsty Hollis for Dr Julie Higgins, East Lancashire Clinical Commissioning Group
Councillor Amanda Robertson for Councillor Barbara Ashworth, East Lancashire District Councils
Sally Allen for Edwina Grant OBE, Lancashire County Council
Jerry Hawker for Dr Geoff Joliffe, Morecambe Bay Clinical Commissioning Group

2. Disclosure of Pecuniary and Non-Pecuniary Interests

There were no disclosures of interest in relation to items appearing on the agenda.

3. Minutes of the Last Meeting

Resolved: That the Board agreed the minutes of the last meeting.

4. Action Sheet and Forward Plan

- Resolved:**
- i) That the Board noted the actions from the last meeting that had been included on the forward plan, along with other items for the Board's consideration at future meetings also detailed on the plan.
 - ii) The Board were also reminded that if there were any key items for future agendas to inform Dr Sakthi Karunanithi or Sam Gorton and they would ensure they were added to the forward plan and discussed at future agenda setting meetings with the Chair.

5. Advancing Integration - Health and Social Care

Lancashire Intermediate Care Review

Dr Jo Andrews and Becky Taylor from Carnall Farrar attended the meeting to give an overview on the Lancashire intermediate care review.

The Board were given an overview on how intermediate care played an important role in the care of people and was an essential part of avoiding hospital admissions and allowing people to leave hospital as quickly as was appropriate. Care in the community was around understanding the health and care needs of a population along with proactive care and support to avoid admissions to hospital.

With regards to adults 65+ years across Lancashire, there was a lot of variation and complexity where intermediate care services were diverse, with many different services available in different areas, with different names and different inclusion or exclusion criteria. The volume of activity being delivered was variable, and there was a different distribution of types of service user by geography.

The aim of the review was to determine the optimum provision of the service to do everything possible to keep a person at home and design services to meet the needs of the population/carers, to maximise their independence and improve their outcomes and experience. It was also to reassure the taxpayer that the funding of intermediate care was responsible and appropriate.

A new care model for intermediate care across Lancashire would be developed and agreed through two clinical and professional group workshops and would inform the current understanding of current models. The workstream would develop a common definition and principles of intermediate care, define the scope and services included, the criteria, the outcomes, the pathways and interaction with other services and governance.

A demand, capacity and financial model would also be developed to underpin the new intermediate care clinical model. The model would understand current demand, capacity and costs of intermediate care by neighbourhood area and project demand based on demographic and non-demographic growth. It would use the area model developed to project demand, capacity and costs of intermediate care and assess potential future funding and provision options.

Based on the outputs of the care model design and the demand, capacity and financial modelling, the review would facilitate alignment on the future intermediate care model and governance between system leaders through a system leadership workshop.

The final report and recommendations were to be developed by 31 March 2019.

Based on the views from the Clinical and Professional Group a set of design principles for intermediate care had been developed.

Findings were starting to emerge with regards the level of contribution from intermediate services and opportunities to shift from hospital based to community based, however, there still appeared to be a gap in home based and bed based services.

Dr Jo Andrews and Becky Taylor were thanked for their report.

Better Care Fund – Quarter 3 Report

Paul Robinson, NHS Midlands and Lancashire Commissioning Support updated the Board on the Quarter 3 Better Care Fund report and gave an update on progress.

Better Care Fund Metrics

1. Reablement – performance was better than target at 86.3% of people being at home 91 days after discharge from hospital. Use of the service saw a slight decrease for the first time.

2. Permanent admissions to residential and Nursery Care – there had been a further improvement in Quarter 3 over Quarter 2 with the number of admissions in the year to date reducing to 709.3 per 100,000 population 65+. However, this remained considerably worse than the national average rate of 585.6.
3. Non-elective admissions – there was a sharp increase in Quarter 3, 11% above plan with 2018/19 levels staying higher than 2017/18.
4. Delayed Transfers of Care – while Quarter 3 performance was worse than target and worse than Quarter 2 there was some improvement seen in December 2018 although still above target.

The Future of the Better Care Fund/Integration

The outputs and conclusions reached from a Better Care Fund hosted workshop being held on 22 March 2019 would be brought back to the Board for further discussion, guidance and to agree actions. These would be set in context of the national review of the Better Care Fund and the Better Care Fund Policy Framework and Guidance for 2019/20 once published.

The Board noted that there was some variation around data for Fylde and Wyre and Paul Robinson was clarifying this and would report back to the Board at a future meeting.

The Board agreed that the language used needed to be different as the public did not understand it and this was crucial going forward.

The focus was to get people out of hospital, however the focus should also be on helping people to stay out of hospital.

Resolved: That the Health and Wellbeing Board was recommended to:

- i) Note the performance against the Better Care Fund metrics.
- ii) Note the ongoing work to review and confirm the role of the Better Care Fund locally and nationally in the context of driving integration forward.
- iii) That Fylde and Wyre data would be clarified and reported back at a future meeting.

6. Children and Young Peoples Emotional Wellbeing and Mental Health Programme

Dave Carr, Information and Commissioning (Start Well), Lancashire County Council, Rachel Snow-Miller, All Age Mental Health and Learning Disability Services, Lancashire and South Cumbria Integrated Care System, Claire Niebieski, Blackpool Clinical Commissioning Group/Blackpool Council and Marie Dermaine, Health Equity, Welfare and Partnerships, Lancashire County Council were welcomed to the meeting to present the report.

The report provided an update which related to the Lancashire Children and Young People's Emotional Wellbeing and Mental Health Transformation Programme. The presentation (as attached) highlighted performance to date, the role of Primary Mental Health Workers and the delivery of Youth Mental Health First Aid Training in schools, the Lancashire 'Emotional Support to Schools' Service and the revised mandate for delivery of the Complimentary Offer across Lancashire and South Cumbria. An update was also received on the funding of mental health provision for children and young people.

Following the last report to the Health and Wellbeing Board in November 2018, there had been specific focus on undertaking a full review and refresh of the Lancashire Transformation Plan. In late 2018, it was endorsed that the Transformation Plan would now reflect the wider Integrated Care System geography bringing Lancashire and South Cumbria together as partners. A Lancashire and South Cumbria Transformation Plan would be delivered as of 1 April 2019.

It was reported that in Lancashire 26 secondary schools had completed the Youth Mental Health First Aid one day course with Mental Health First Aid England and 12 more courses were to be delivered by the end of March 2019. 99% of participants reported an improvement in their personal confidence, knowledge and understanding of how best to support others with a mental health issue following the course.

The Emotional Health and Wellbeing Service was a commissioned service providing support for children, young people and families with low level emotional health and wellbeing needs at levels 2, 3 and 4 of the continuum of need. Access to the service was through a referral to the Lancashire County Council Children and Family Wellbeing Service and delivered countywide by the Child Action North West Partnership.

The Complimentary Offer is support for vulnerable people who do not access mainstream services to wrap around children and young people and families to avoid escalation, recover earlier and maintain wellbeing supporting the model for NHS funded Children and Young People's Emotional Wellbeing and Mental Health Services across Lancashire and South Cumbria.

An issue for the Board was around mobilising and tackling whole system funding and on the data and targets that were presented, how that was being monitored by the programme. It was stated that the plan of tackling the whole system funding was not just the NHS but the whole system and that needed to be defined as to who was the whole system. The Complimentary Offer is huge and would be delivered in bite size chunks and target what was going to have the most impact in schools and early years settings. Work will be carried out with community neighbourhoods and this would help to develop the journey of the child through pathways. It was agreed that the Board needed to monitor through its meetings, which Clinical Commissioning Groups were not funding enough. The Board needed to work together with partners around the table.

Resolved: That the Health and Wellbeing Board noted the report.

7. Lancashire Special Educational Needs and Disabilities (SEND) Partnership

Sian Rees, Special Educational Needs and Disabilities Team, Lancashire County Council reported on the progress following the inspection by Ofsted and Care Quality Commission in November 2017 to judge how effectively the special educational needs and disability reforms had been implemented, as set out in the Children and Families Act 2014. The inspection identified two fundamental failings and twelve areas of significant concern.

The partners in Lancashire were required to produce a Written Statement of Action, setting out the immediate priorities for action; the progress on implementing these actions had been closely monitored by the Department for Education and NHS England.

Since the last report to the Board meeting in January 2019, work had continued to progress outstanding and ongoing actions, of which many were now completed. A Special Educational Needs and Disabilities Partnership Improvement Plan would replace the action plan from January 2019 – December 2020.

The draft plan was being considered across the partnership between 29 January and 22 February 2019, following which a revised plan would be presented to the Special Educational Needs and Disabilities Partnership Board for their consideration and approval at their next meeting on 1 April 2019. Work to implement the draft plan had already been taking place, to ensure continued momentum.

A revisit was expected by October 2019 and preparation for that had already commenced and the purpose of the visit was to assess the plan against the 12 areas of significant concern and where there were still risks.

Resolved: That the Health and Wellbeing Board:

- i) Received the update on progress as presented to the Department for Education and NHS England on 18 December 2018.
- ii) Received and considered the current position on the implementation of the Written Statement of Action.
- iii) Received the Special Educational Needs and Disabilities Improvement Plan at their next meeting noting that this would continue to drive forward improvement over the next two years.

8. Future Children Safeguarding Board Arrangements; and Update on Activity to Address Key Issues Raised by Current Safeguarding Boards

Sally Allen, Children's Social Care, Education and Children's Services, Lancashire County Council presented the report which was also being presented to the three Lancashire Councils and where necessary, the Executive bodies of the Clinical Commissioning Groups and the Police which set out the recommended option for the replacement of the Local Safeguarding Children's Board to comply with the new area children's safeguarding arrangements.

It was noted that this was really positive and had definite advantages to having a single framework – single approach to safeguarding children and young people.

Partners were currently recruiting a new chair and County Councillor Shaun Turner, thanked Jane Booth for her contributions to the Health and Wellbeing Board and also to the Safeguarding Boards.

Resolved: That the Health and Wellbeing recommended to endorse the approach being taken in option one as set out in the report.

9. West Lancashire Integrated Community Partnership

Dr John Caine, West Lancashire Clinical Commissioning Group updated the Board on the emerging proposals and priorities for integrating health and social care across West Lancashire via the establishment of an Integrated Community Partnership. The report recommended endorsement of the overall approach and the establishment of the West Lancashire Integrated Care Partnership.

West Lancashire was the area within the district council boundaries defined by West Lancashire Borough Council. In terms of the relatively distinct communities that made up the West Lancashire area there were three neighbourhoods namely:

- Northern Parishes (including Tarleton, Hesketh Bank, Banks and Rufford)
- Ormskirk
- Skelmersdale

The approach to health and care integration in West Lancashire was building on the established clinical strategy for West Lancashire contained in Building for the Future. In advance of publication of that document, significant public engagement and consultation was undertaken to establish people's views and experiences of community health services. Key headlines from the engagement was included in the report attached to the agenda.

An option for further alignment of budgets could be pooled budgets and accompanying section 75 arrangements for identified public health budgets. This was something that was consistent with local priorities. The West Lancashire Integrated Community Partnership had indicated that it would welcome an early opportunity to explore this with the county council.

Resolved: That the Health and Wellbeing Board was recommended to:

- i) Endorse the West Lancashire Integrated Community Partnership's overall approach to health and care integration in West Lancashire on the basis that it would also take into account and ensure delivery of the emerging priorities of the Lancashire and South Cumbria Integrated Care System.
- ii) Agree any further requirements, aspirations or expectations which it wished to be communicated on behalf of the Health and Wellbeing Board to the West Lancashire Integrated Community Partnership regarding the integration of health and social care.

10. Lancashire County Council Consultation Update

Dr Sakthi Karunanithi, Public Health, Lancashire County Council informed the Board that the Council was currently undertaking a range of public and stakeholder budget consultations, which had potential implications for a number of services commissioned by the Council's Public Health and Wellbeing Team.

Consultations were still live and the Board were invited to submit their consultations if they had not already done so.

Resolved: That the members of the Health and Wellbeing Board are to note the report and participate in the consultations.

11. Urgent Business

There were no items of urgent business received.

12. Date of Next Meeting

The next scheduled meeting of the Board would be held at 10am on 21 May 2019 in Committee Room 'C' – Duke of Lancaster Room at County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston

Lancashire intermediate care review

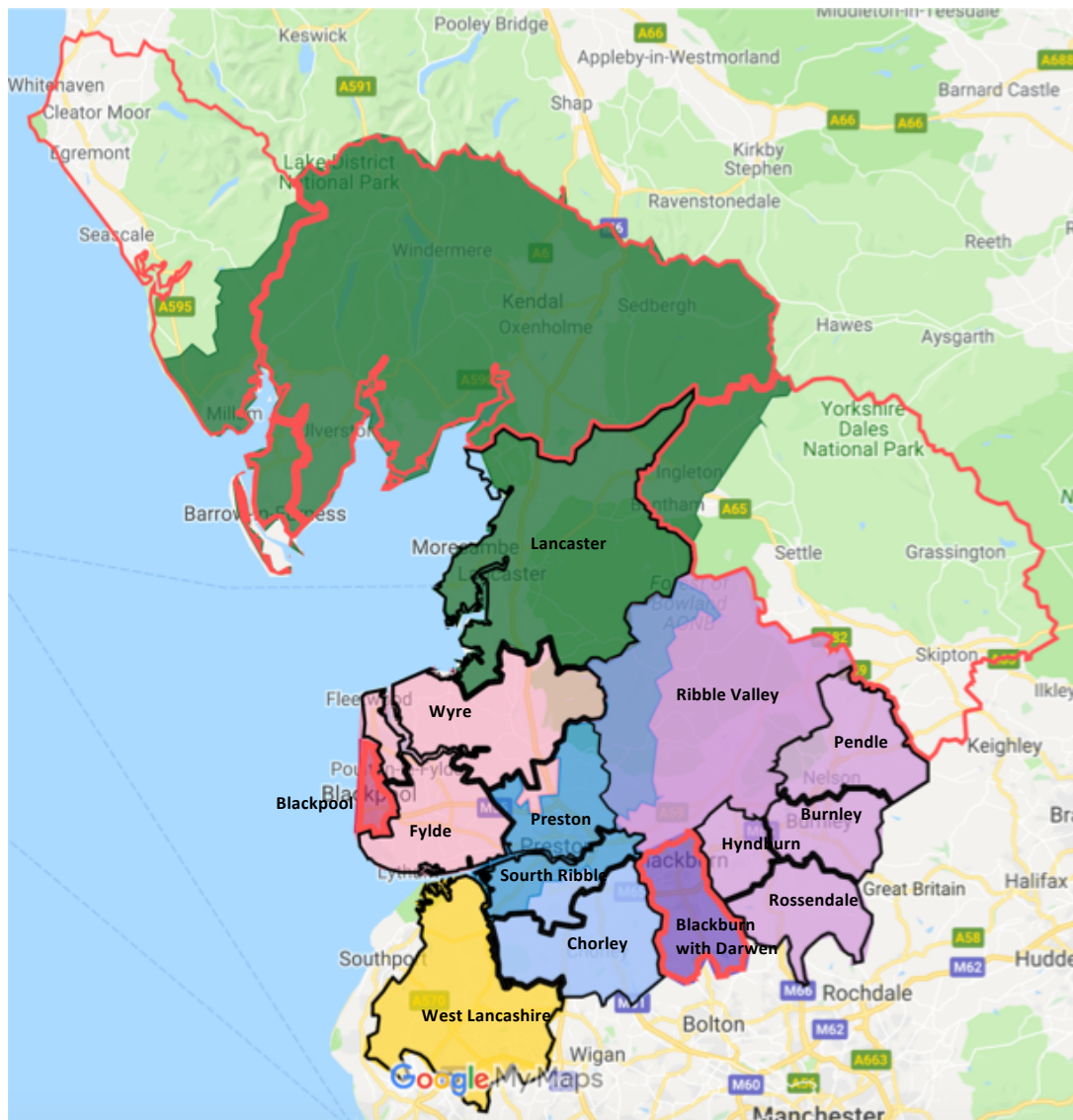
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Minute Item 5

Lancashire and South Cumbria is a geographically diverse and complex system



Key

ICPs

- Morecambe Bay ICP
- Fylde Coast ICP
- Central Lancashire ICP
- West Lancashire ICP
- Pennine Lancashire ICP

CCGs

- NHS Morecambe Bay CCG
- NHS Fylde and Wyre CCG
- NHS Blackpool CCG
- NHS Chorley and South Ribble CCG
- NHS Greater Preston CCG
- NHS West Lancashire CCG
- NHS East Lancashire CCG
- NHS Blackburn with Darwen CCG

Local authorities

- Districts part of Lancashire County Council
- Districts part of Cumbria County Council, Blackpool Unitary, Blackburn with Darwen Unitary

The role of intermediate care

Intermediate care plays an important role in the care of people. It is an essential part of:

1. Avoiding hospital admissions
2. Allowing people to leave hospital as quickly as is appropriate

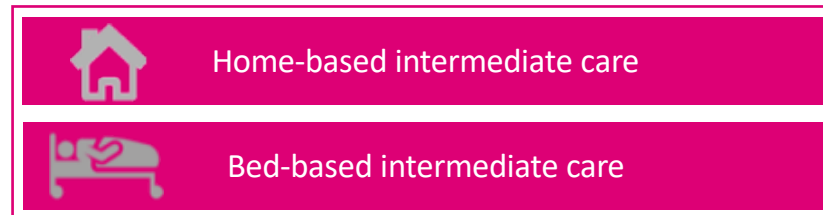
Care in the community

- Understanding the health and care needs of a population
- Proactive care and support
- Avoiding admissions to hospital



Intermediate tier

- Health and social care
- Response to a person becoming unwell
- Helping a person recover quickly



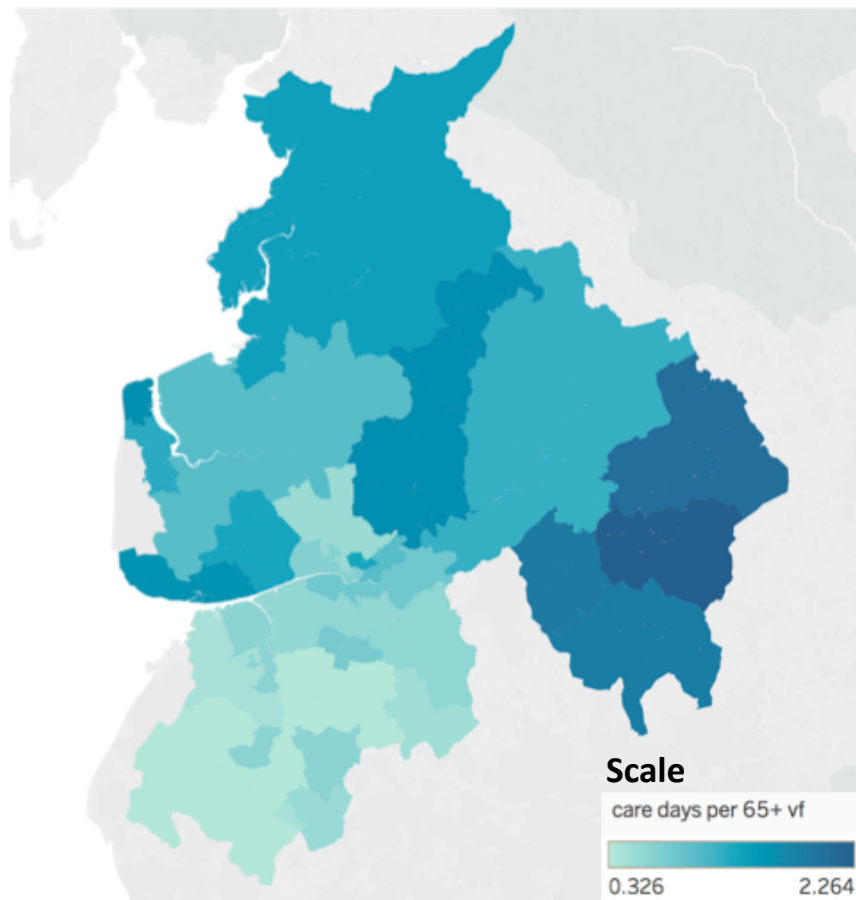
Hospitals

- Treatment for health conditions that cannot be managed anywhere else



The number of intermediate care days and episodes varies across Lancashire, with East Lancashire delivering the most care

The amount of intermediate care provided across Lancashire varies significantly



Across Lancashire, there is a lot of variation and complexity:

- Intermediate care services are diverse, with many different services available in different areas, with different names and different inclusion or exclusion criteria
- The volume of activity being delivered is variable, and there is a different distribution of types of service user by geography

The aim of the review is to determine the optimum provision of the service:

- Do everything possible to keep a person at home
- Design services to meet the needs of the population / carers, to maximise their independence and improve their outcomes and experience
- Taxpayer reassurance that the funding of intermediate care is responsible and appropriate

Lancashire intermediate care review

Understand current models

- Development of an understanding of current intermediate care provision across Lancashire, informed by extensive interviews, focus groups, an intermediate care survey and data analysis

Care model development

- Through 2 clinical and professional group workshops and informed by the current understanding of current models, a care model for intermediate care across Lancashire will be developed and agreed
- This workstream will develop a common definition and principles of intermediate care, define the scope and services included, the criteria, the outcomes, the pathways, interaction with other services and governance

Demand, capacity and finance modelling

- A demand, capacity and financial (DCF) model will be developed to underpin the new intermediate care clinical model
- The DCF model will understand current demand, capacity and costs of intermediate care by neighbourhood area and project demand based on demographic and non-demographic growth. It will use the care model developed to project demand, capacity and costs of intermediate care and assess potential future funding and provision options

Alignment of future model and governance

- Based on the outputs of the care model design and DCF modelling, the review will facilitate alignment on the future intermediate care model and governance between system leaders through a system leadership workshop

A clinical and professional group with participants from across Lancashire has been involved in developing the model

1st clinical and professional group workshop



- Review current intermediate care services
- Understand national best practice
- Develop service building blocks

2nd clinical and professional group workshop



- Develop the core skills and experience needed in intermediate care
- Identify where groups of people need additional support

3rd clinical and professional group workshop



- Finish model development
- Develop enablers to ensure the model is successful

Final report and recommendations to be developed by 31st March

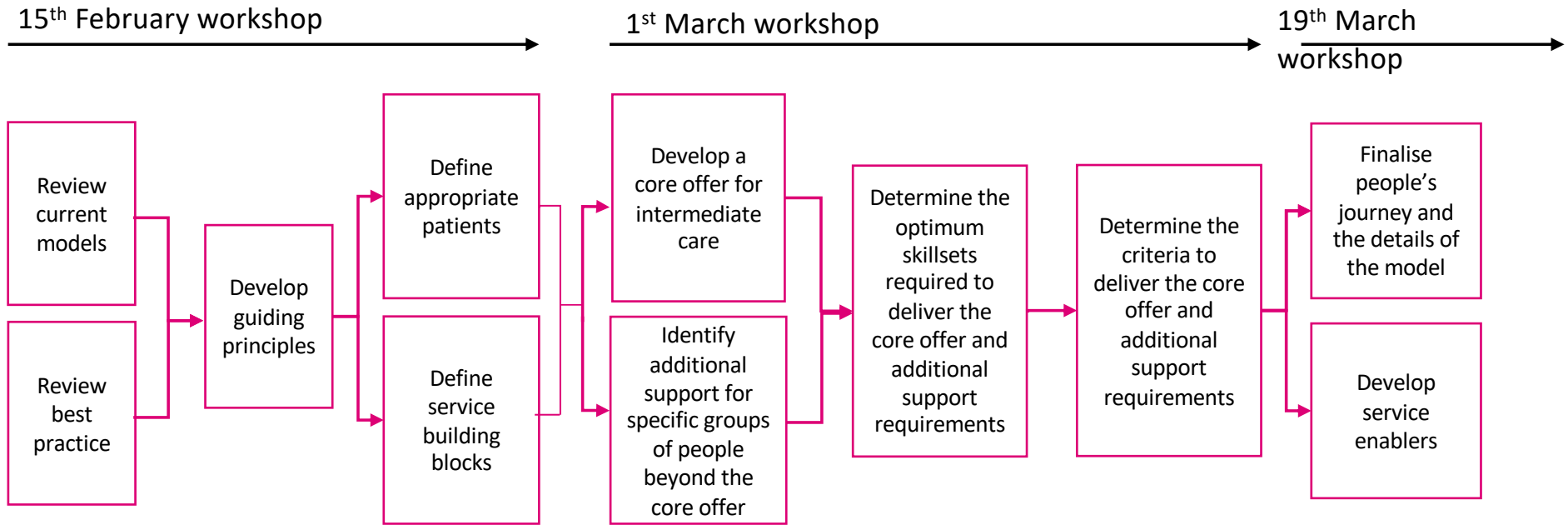
Based on the views we have heard from the Clinical and Professional Group, we have developed the set of design principles for intermediate care

- 1 “Do everything we can to keep a person at home”
- 2 “Design services to meet the needs of the population / carers, to maximise their independence”
- 3 “The service should provide step-up as well as step-down services”
- 4 “Clear service criteria and consistent language and referrals”
- 5 “To build on the work completed already in reablement and on Home First”
- 6 “A timely, responsive and flexible service that provides the right service at the right time for the right patient”
- 7 “A truly integrated system at all levels, allowing health and social care providers to effectively support people in a wrap-around manner with shared skillsets and information”
- 8 “Maintain flow in intermediate care through trusted referrals and smooth transitions between care settings”

Appendix

Approach to developing the care model

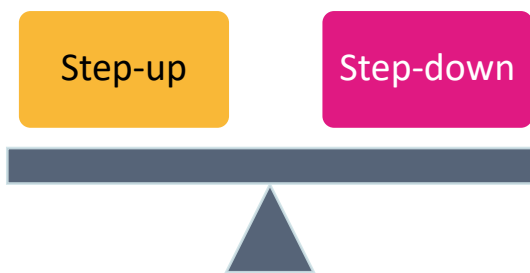
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We have agreed that the intermediate care tier provides an integrated health and social care response to deterioration, and promotes rapid recovery

Intermediate care will:

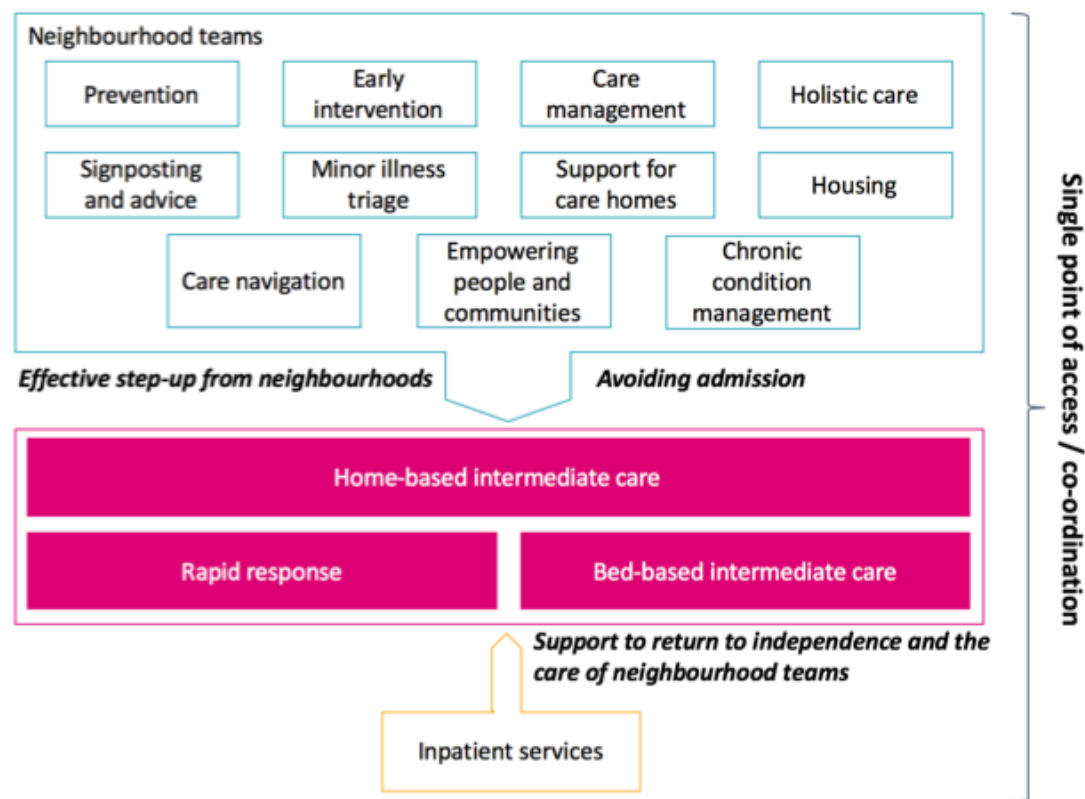
Have the capacity to provide for the needs of both step-up referrals and step-down referrals:



Be provided through 3 service groupings:

- 1 Home based
- 2 Home based crisis response
- 3 Bed based

Be provided by a core offer for all referrals, with additional support for specific groups:





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

Lancashire & South Cumbria Children & Young People's Emotional Wellbeing and Mental Health Transformation Programme - Update

Lancashire Health & Wellbeing Board - 19th March 2019

 @CYPEWMH1



Minute Item 6

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3. Primary Mental Health Workers
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6. Complementary Offer
7. Funding

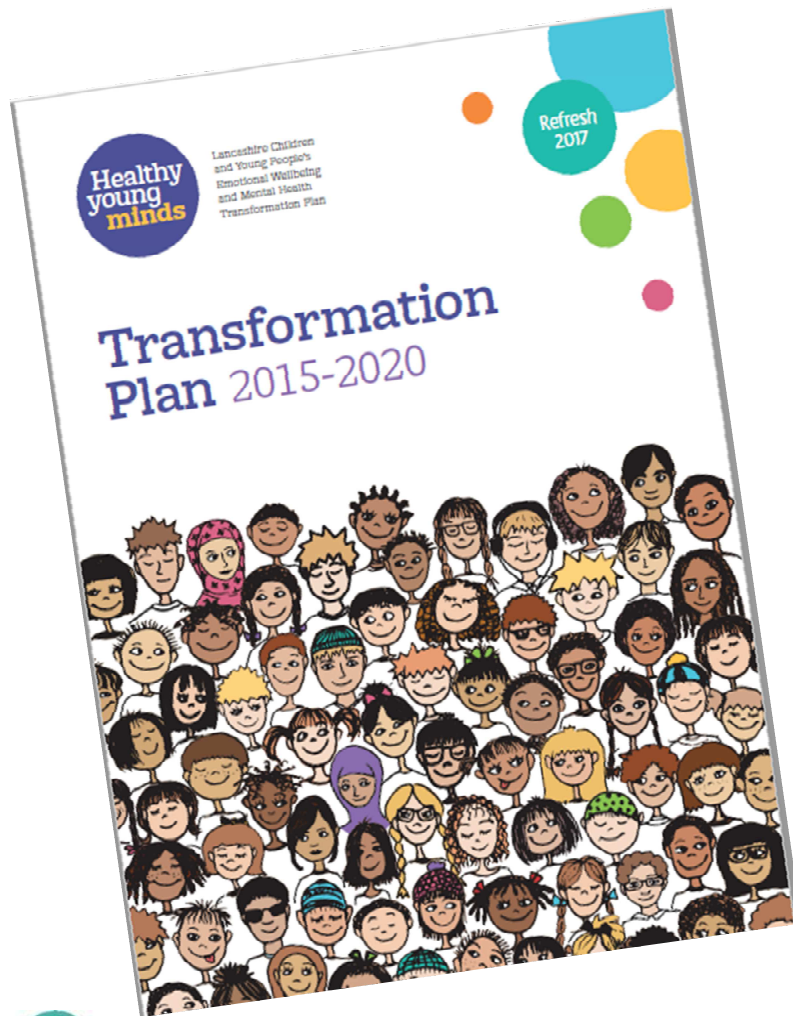


The CYPEWMH Transformation Plan – reminder

- Developed in 2015 in response to local concerns and in line with NHSE guidance
- Co-produced as a pan-Lancashire plan
- Based on engagement with a wide range of stakeholders including children, young people and families
- Signed off by the CCGs and Health and Wellbeing Boards
- Assured by NHSE on December 24th 2015. Published January 2016
- A 5 year plan for fundamental change; 200+ deliverables over 5 work streams



Plan Refresh – Workstreams and Objectives



- Refreshed during Winter/Spring 2018/19
- Now covering Lancashire & South Cumbria
- Based on consultation with a wide range of stakeholders including CYP and families
- Sign off by CCB April 2019
- Sign off by JCCCGs May 2019
- Implementation ongoing



The National Picture...

NHS Long Term Plan noted a modest increase in diagnosable problems since 2004 – from 10.1% to **11.2%** – this overall figure includes concerning rates of mental distress particularly amongst late teenage girls

LGBT 16 to 21-year-olds are four times more likely to have felt depressed, harmed themselves and thought about killing themselves

2017
1 in 8, 5 to 19 year olds had at least one assessed mental health disorder

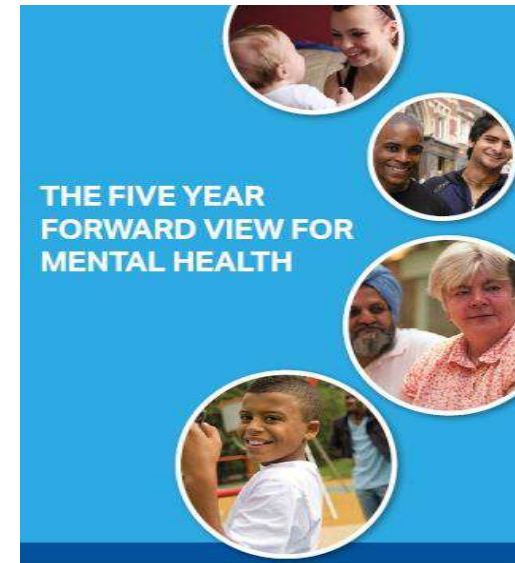
NATIONALLY - the required access target at Q4 2018/19 = 32%

LOCALLY – at Q3 YTD 29% (9,665) children accessed NHS funded mental health services in 2018/19



Access Targets

The Five Year Forward View for Mental Health introduced 2 access targets specific to children and young people:



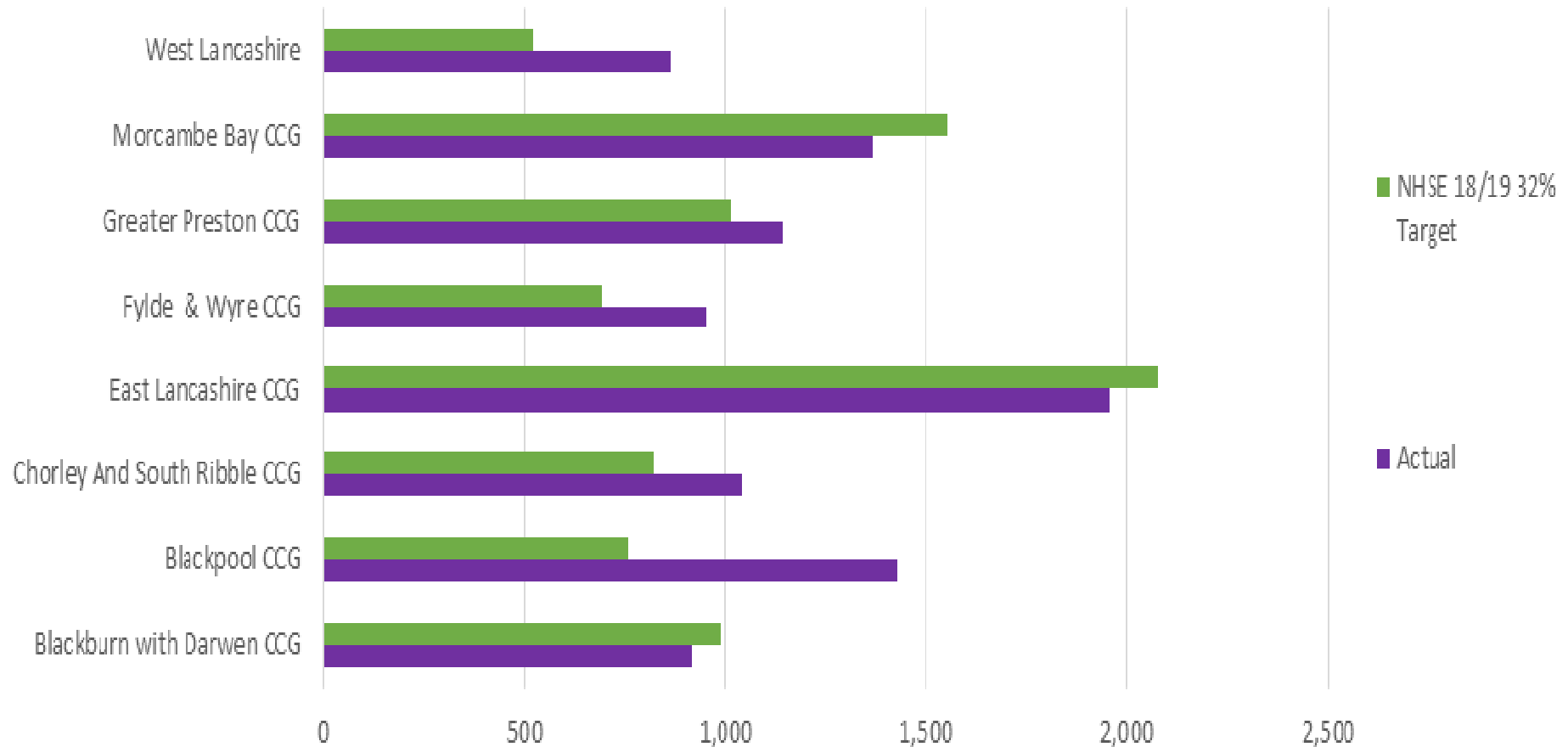
A report from the independent Mental Health Taskforce to the NHS in England
February 2016

- By 2021 at least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.
- By 2021, 95% of Children and Young People with an Eating Disorder to be able to access support in the community within 1 week if urgent and 4 weeks if routine.
- Nationally there are currently no 'waiting time' targets in place



The Local Picture...

2018/19 Q3 YTD Performance by CCG area- No.'s CYP Accessing



Actual: Total number of individual children and young people aged under 18 receiving treatment by NHS funded community services in the reporting period

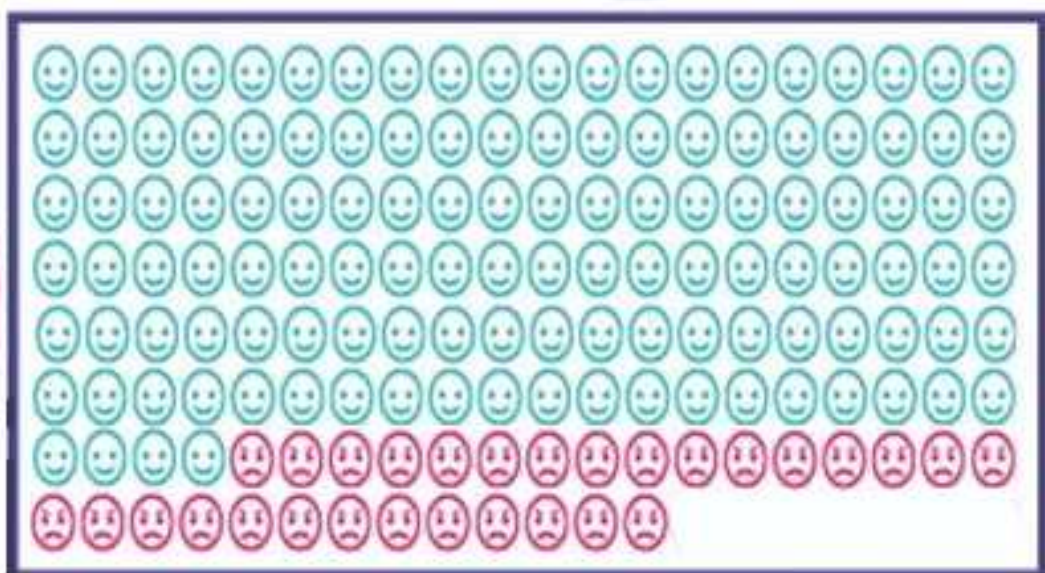


Access for CYP with Eating Disorders Across Lancashire at Q3 YTD 2018/19



Urgent Cases of 29 Children, 14 (48%) seen within 1 week

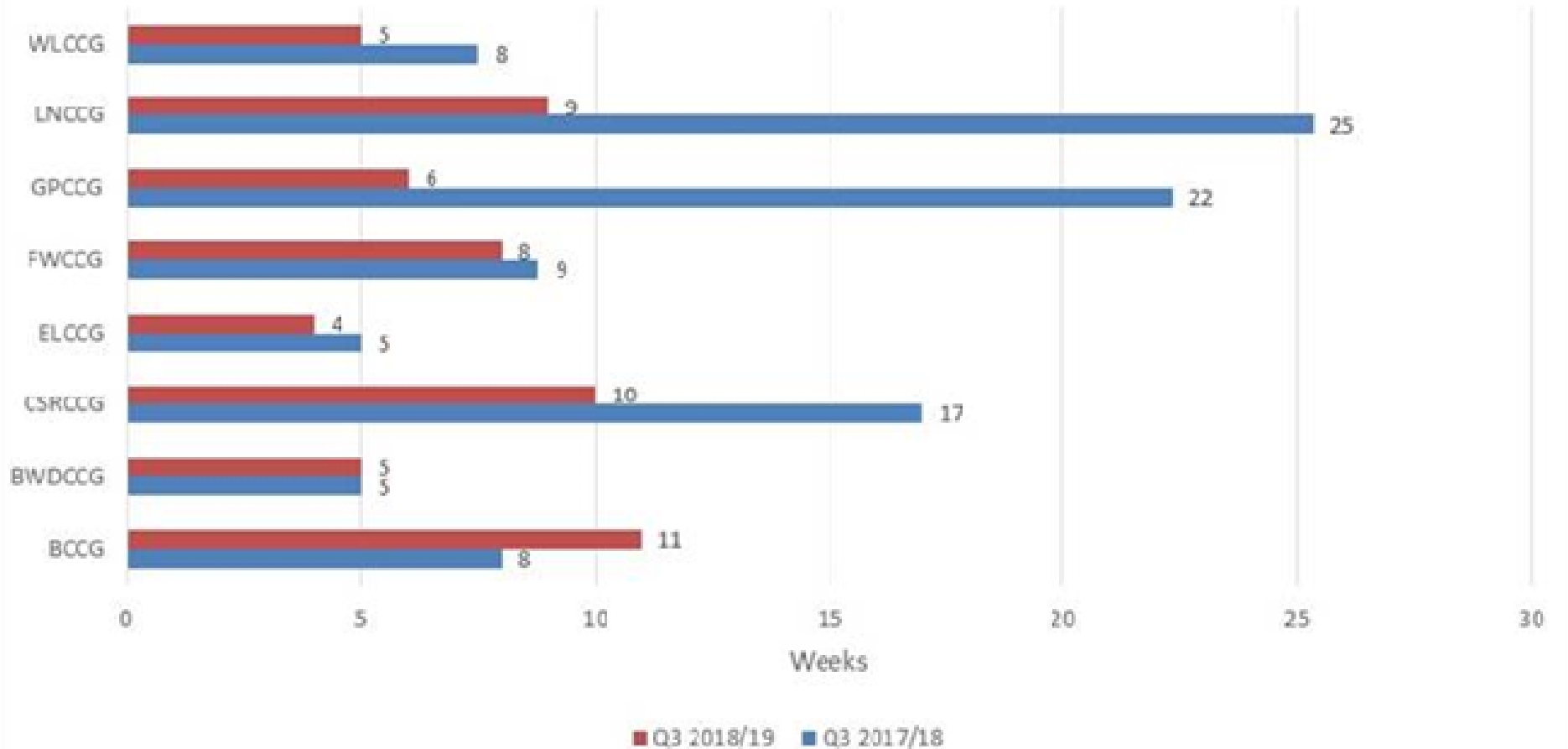
Routine Cases 153 Children and young people 81% (124) seen within 4 weeks



On average over 2018/19 Q3 period for Lancashire (Excludes CPFT)



Average Waiting Times RTT by CCG
Q3 2017/18 Vs. Q3 2018/19



Primary Mental Health Workers



What is the value of the Primary Mental Health Worker?

- PMHWs can reach a large number of children with low-level mental health problems who might not otherwise receive the services they need.
- They ensure children receive help in school-based, non-stigmatising and familiar environments.
- They can act as an effective screening process for CAMHS, leading to a reduction in referrals.
- They provide a crucial role in directing children and young people to the most appropriate services, preventing delays and avoiding inappropriate alternatives.



Primary Mental Health Workers also...

- Promote the awareness and importance of emotional health and wellbeing for CYP and families
- Provide point of contact between specialist CAMHS, primary and community services
- Provide evidenced based direct therapeutic work with CYP, parents or carers
- Support access to appropriate local services
- Offer consultation, liaison, advice, joint working, direct and indirect intervention if appropriate at an early stage
- Have excellent links with services
- Deliver training and build capacity and capability within community services
- Support schools to identify and address emotional and mental health difficulties

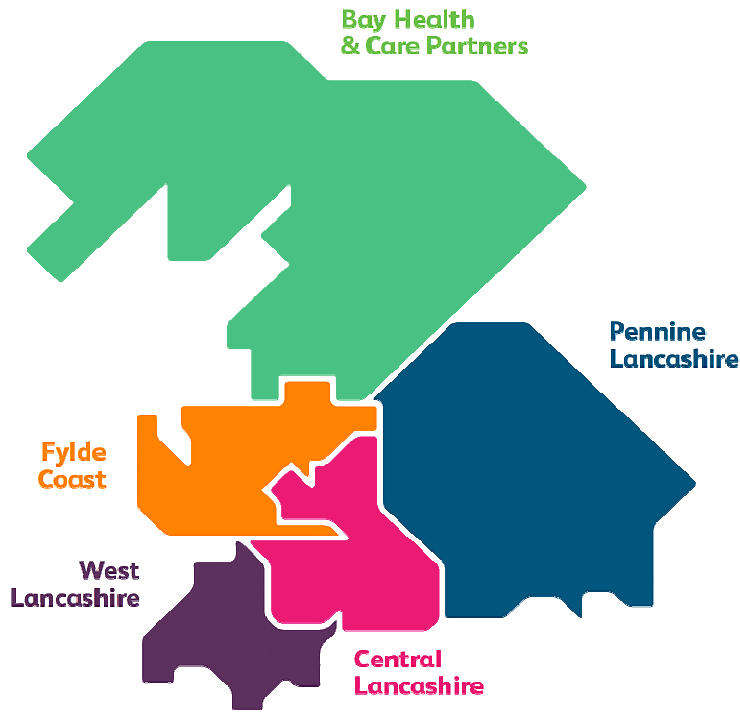


Primary Mental Health Worker across Lancashire and South Cumbria ICS

Bay Health & Care Partners
- 4 PMHWs (3 in Lancashire North and 1 in South Cumbria)

Fylde Coast
- 5 PMHWs (3 in Blackpool; 2 in Fylde and Wyre)

West Lancashire
- 1 PMHW



Pennine Lancashire
- 5 PMHWs

Central Lancashire
- 2 PMHWs (1 in Greater Preston; 1 in Chorley and South Ribble)



Feedback...

- *'Referrals have been made to CAMHS and to the CWP's for our pupils, supported by the PMHW, which has led to improved, joined up working and improved outcomes'*

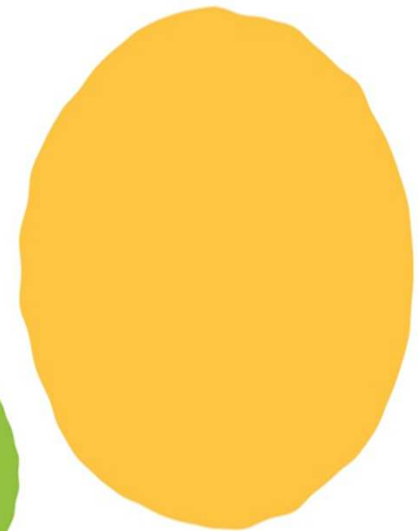
Primary School Deputy Headteacher

- *'I just felt the need to comment that these sessions have been very useful and very successful and were certainly something that we wanted to continue into the future'*

Deputy Headteacher



Youth Mental Health First Aid



Youth Mental Health First Aid England



- The government has committed to fund over 3,000 places on the Youth MHFA One Day course over three years, so that by 2020 at least one person in every state secondary school in England has MHFA skills.
- Across Lancashire **49** secondary schools have completed the Youth MHFA One Day course with MHFA England (26 in Lancashire; 6 in Blackpool, 17 in Blackburn with Darwen)



Aims of Youth Mental Health First Aid

- To preserve life where a young person may be in danger to themselves or others
- To provide help to prevent the mental health problem developing into a more serious state
- To promote the recovery of good mental health
- To provide comfort to a young person experiencing a mental health problem
- To raise awareness of mental health in the community
- To reduce stigma and discrimination



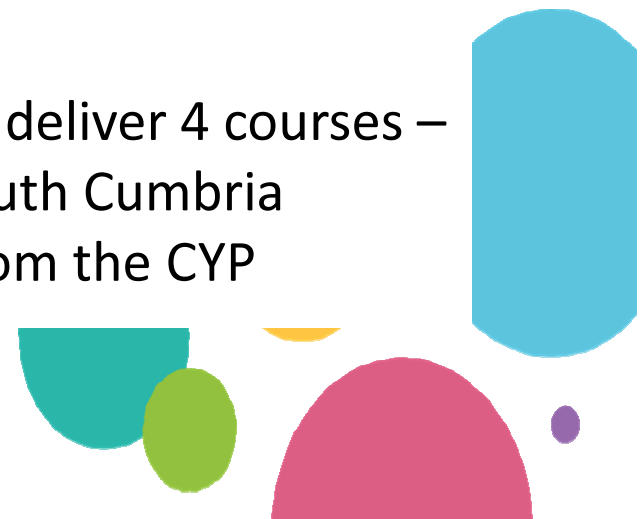
Delivery of Youth Mental Health First Aid

- Primary Mental Health Workers (PMHWs) were commissioned in 2017 to completed the 7 day instructor training (as delivered by MHFA) – this enabled them to deliver the 2 day Youth Mental Health First Aid (YMHFA) course.
- Those PMHWs who are fully accredited to deliver the 2 course are now completing the ‘Champions’ training which enables them to deliver YMHFA as a 1 day course
- Lancashire County Council Public Health also commissions a VCFS organisation to deliver training and MHFA are currently commissioned by the DfE to deliver the one day course to all state secondary schools.
- PAC training which LCC PH commission. PAC deliver YMHFA across the County within the community. The service offers a 1 day course and a 2 day course.



Delivery of Youth Mental Health First Aid by PMHWs – 2017 - 2019

- 26 courses delivered
- 357 participants
- 12 further Course to be delivered by end March 2019
- 99% of participants reported an improvement in their **personal confidence** of how best to support others with a mental health issue after the course
- 99% of participants reported an improvement in their **knowledge and understanding** of how best to support others with a mental health issue after the course
- For **2019/20** each PMHW team will be asked to deliver 4 courses – meaning 24 courses across the Lancashire & South Cumbria footprint with a potential of 384 participants from the CYP workforce.



Feedback on YMHFA

Like the emphasis on listening to young people

Excellent course, very informative – I gained a lot of knowledge particularly understanding my boundaries which made me feel more confident and less overwhelmed

Excellent course – great having the opportunity to talk to others

What a great input delivered by two experienced knowledgeable trainers. Fast paced. Lots of thought provoking ideas and knowledge departed upon us. I will never forget it. My confidence and skills have increased no end. Looking forward to further MHFA courses.

Self care of people attending the course was addressed well. The direction of the correct terms and language was very helpful and had a positive impact in the room.

Lancashire Emotional Support to Schools Service



Emotional Health and Wellbeing Service

LANCASHIRE EMOTIONAL HEALTH IN SCHOOLS SERVICE

WHAT WE OFFER

Training sessions for school staff on children's mental health

Full day training sessions for school staff

Advice, consultation and support for staff

In school sessions for staff teams

Self-care training for staff

Anxiety & stressbusting sessions for pupils

Practical, skills-focused training includes:

- Assessing and understanding mental health
- Supporting young people with anxiety
- Using attachment theory in interventions
- Communicating with pupils who are distressed
- Supporting pupils with low mood

Lancaster University

Training and Awareness Raising

Funded by:

ADDITIONALLY FROM SEPTEMBER 2018

Extending training to Year 6 primary staff and colleges

Information and support around transitions and exam stress

Supporting communication and collaboration via a virtual network of school staff

Partnerships with:

Positive Action in the Community and Thomas Whitham Sixth Form

Reflective practice sessions for school staff

Support to establish peer mentoring schemes

Online learning and resources for school staff

'Train the Trainer' resources and support for whole school approaches

Wellbeing workshops and information for school staff and pupils

Evidence-based training on Adverse Childhood Experiences and self-management skills

Workshops and information sessions for parents

Positive Action in the Community and Thomas Whitham Sixth Form

MORE INFORMATION

<p>All our work is free of charge for schools and colleges in Lancashire</p>	<p>Our training is designed to be relevant and useable in school settings</p>
<p>Delivered by a team of clinical psychologists working at Lancaster University with experience of working in CAMHS settings</p>	<p>Training programmes are published each term. Bespoke training and in-school sessions can be arranged</p>
<p>We evaluate all our work, and our outcomes and feedback show that our training is valued by schools, and makes a difference</p>	<p>From September 2018, training bookings can be made via the PAC website: http://www.p-a-c.org.uk/training</p>

For more information & how to access the service, contact Richard Slinger, LEHSS lead: r.slinger@lancaster.ac.uk

www.lehss.co.uk

<https://lehss.eventbrite.co.uk>

Follow us: @LancsEHSchools

facebook.com/lancashireemotionalhealth

Delivery from start of new contract May 2018; 2 year contract; 4 clinical psychologists

Schools to date;

Primary Contact	Secondary Contact	Colleges Contact
25%	58%	38%

In addition to the core contract, this contract offers the added value of being able to utilise Lancaster University and their building.

Providing on-site training as opposed to the school environment has been welcomed, taking school staff out of their everyday environment to focus on training. Next steps:

- Looking to utilise iTHRIVE to create a platform where school staff can ask peers for support
- The team is also currently developing a peer support package for school and staff

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

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Emotional Health and Wellbeing Service

- Commissioned service providing support for children, young people and families with low level emotional health and wellbeing needs at level 2, 3 and 4 of the continuum of need
- Delivered within both an individual and family context and includes a range of approaches including specialist early help counselling provision
- Access to the service is through a referral to the Lancashire County Council Children and Family Wellbeing (CFW) Service
- Delivered countywide by the Child Action North West Partnership



Emotional Health and Wellbeing Service: Activity

Emotional Health and Wellbeing Service – 2018/19 Activity Quarters 1 to 3

	Burnley	Chorley	Fylde	Hyndburn	Lancaster	Pendle	Preston	Ribble Valley	Rosendale	South Ribble	West Lancs	Wyre	Lancashire Total
Total Number of Requests for Support progressed	112	75	66	110	138	47	184	77	58	99	139	45	1150
Total available capacity	164	144	103	149	182	156	220	98	116	134	164	133	1763
Capacity Remaining	52	69	37	39	44	109	36	21	58	35	25	88	613
% capacity used	68%	52%	64%	74%	76%	30%	84%	79%	50%	74%	85%	34%	65%

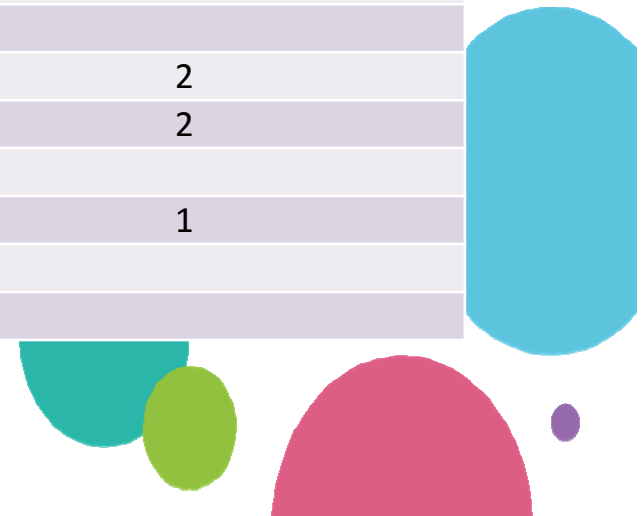
- 1,360 requests for support. 210 cases not progressed - Cases of older children who refuse consent or disengage with the service.
- 241 cases at level 3 and 4 of the Lancashire Continuum of need
- 1,119 at level 2 (early support)



Emotional Health and Wellbeing Service: Access

- In 2017/18 the service experienced lengthy waiting times
- 2018/19 contract included a requirement to maintain waiting times under 4 weeks.
- To date, the new waiting time target has been exceeded throughout the 2018/19 contract with the maximum waiting time at the end of Quarter 3 at 2 weeks

Qtr 3 2018/19	Total Number of cases on Waiting list	Number of weeks cases expected to be on waiting list
Burnley	1	2
Chorley	0	0
Fylde	2	2
Hyndburn	0	
Lancaster	0	
Pendle	1	2
Preston	0	
Ribble Valley	2	2
Rossendale	1	2
South Ribble	0	
West Lancs	1	1
Wyre	0	
Lancashire Total	8	



Emotional Health and Wellbeing Service: Outcomes

- At the end of Quarter 3 the service had **completed** interventions with 564 children and young people.
- **97%** of cases demonstrated a positive distance travelled using the My Star assessment tool.
- **98.4%** of all closed referrals have demonstrated a reduced level of need and no cases have been stepped up to Children's Social Care for support.

"thank you, he has improved massively" - mum.

"the counsellor was excellent, professional, patient and reliable at all times" - School Pastoral Manager

"The play therapy has been really beneficial and helped the pupil. They are more happy and confident" - School.

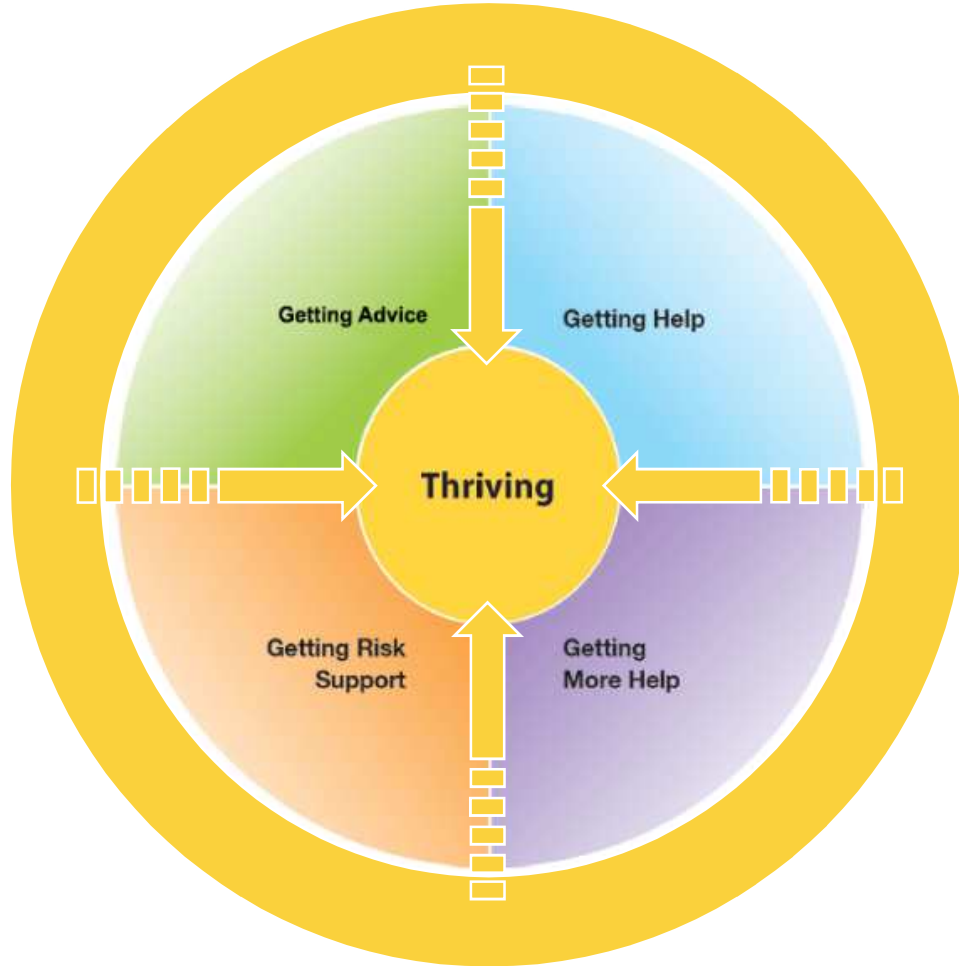
"..this enabled him to talk about his thoughts and feelings. CANW are a vital service which enable troubled children to get the relevant support they need." - Referring agency



The Complementary Offer



What is the complementary offer?



Everything that does not feature within the CAMHS re-design 'Must Do Mandate'. In fact it is anything related to Emotional Wellbeing not commissioned by CCG's. It is huge, it is everything !!



Mandate on a Page: Complementary Offer - Redesigning CAMHS in Lancashire & South Cumbria in line with THRIVE

The Ask: Service areas are asked to collaborate with the Children and Young People's Programme to be actively involved in the co-production of a Complementary Offer of support for vulnerable people who do not access mainstream services to wrap around children, young people & families to avoid escalation, recover earlier and maintain wellbeing supporting the model for NHS funded Children and Young People's Emotional Wellbeing and Mental Health Services across Lancashire and South Cumbria in line with the following:

<p>Must Do's:</p> <p>Develop a "whole education approach" in supporting children and young people's social and emotional wellbeing in education settings. The approach should include the developments relating to the Resilience Framework and Resilience Programme outlined in priorities 2 & 3 of the Transformation Plan</p> <p>Get assurances that there is a wider minimum early intervention / prevention offer available and clearly articulated that supports parents, carers and families to strengthen resilience and emotional well-being in children, young people and the family setting.</p> <p>Make the case for change, encourage social activism and create a social revolution to challenge stigma around mental health</p>	<p>Pathways to be included: Pathways and services to be developed as part of the complementary offer to support the redesign of CAMHS, reflecting the available evidence based guidance, the needs based groupings set out in THRIVE elaborated (p14) and NICE guidance. Pathways to include those delivered directly and those delivered in partnership with other services, incorporating the use of digital information, services and therapies in line with evidence base and offering choice</p> <div data-bbox="840 438 1400 965" data-label="Diagram"> </div>	<p>Must Do's:</p> <p>Empower the community to work collectively to co-produce provision, tackle mental health, create healthy communities and help each other. Ensure third sector are involved along with digital solutions</p> <p>Get assurances that there is a breadth of training provision available to the wider CYP and family workforce in order to deliver a minimum emotional health and well-being early / intervention / prevention offer that is clearly articulated and supports children & young people to strengthen resilience and emotional well-being</p> <p>Ensure that where possible all practice, delivery, pathways and interventions are informed by robust evidence, puts trauma informed practice at the heart of what it</p>
<p>Performance and outcome measures</p>		
<p>Outcome measures:</p> <p>Resilience Indicators</p> <p>In year 6 & 9:</p> <ul style="list-style-type: none"> • % of cyp with an adult they can talk to • % of cyp that have been recently bullied • % of cyp that are lonely • % of CYP that are optimistic about the future (year 9) • % of cyp that self-harm (year 9) 	<p>Framework Outcome Measures:</p> <p>NICE guidance – PH40 social & emotional well-being in Early Years; PH20 social and emotional well-being for CYP in primary school settings; PH12 social and emotional well-being for CYP in secondary school settings</p> <p>Public Health Outcomes framework</p> <p>Common Assessment Framework</p> <p>Resilience Framework</p> <p>Health Needs Assessment</p> <p>Additional measures to be developed by CYP programme in partnership with service areas</p>	

What is our aim?

- To develop a Complementary Offer of support for all children, young people & families who do not access mainstream services.
- To design wrap around services to avoid escalation, promote early recovery and maintain wellbeing.
- To support the model for NHS funded Children and Young People's Emotional Wellbeing and Mental Health Services across Lancashire and South Cumbria.



Next Steps Phase 1 – 3-6 months

- Develop and secure agreement for the Project Initiation Document (PID) to capture and record the information needed to correctly define and plan the programme of work for Complementary Offer. The PID will expand on the Project Mandate and state what the project is aiming and planning to achieve. It will clearly articulate the scope of the work involved. Timescale for completion 30th April 2019
- Develop a project plan in order to define the resources and time required to deliver the scope of the work detailed in the PID. Timescale for completion 30th April 2019
- Schools event on 3rd April at Park Hall - To ensure the programme is actively connecting and linking with schools in a systematic and co-ordinated way across Lancashire and South Cumbria in order to gain consistent and positive outcomes for our children and young people in relation to their emotional health and well-being.



Funding



Funding Ambitions

- The NHS in Lancashire invests £16.5 million in CAMHS
 - Core Investment = £11.6 million
 - Transformation funding = £4.9 million
- In February 2019, Collaborative Commissioning Board recognised the need for additional investment taking account of:
 - Historical variations
 - 0-19yrs
 - CAMHS Redesign
 - Affordability
- Chief Finance Officers tasked with developing a 3-4year investment plan in conjunction with Commissioners and Providers





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



Thank You

