

# **Lancashire County Council**

## **Children's Services Scrutiny Committee**

**Wednesday, 26th February, 2020 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston**

### **Agenda**

#### **Part I (Open to Press and Public)**

##### **No. Item**

##### **1. Apologies**

##### **2. Disclosure of Pecuniary and Non-Pecuniary Interests**

Members are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.

##### **3. Minutes from the meeting held on 15 January 2020** (Pages 1 - 6)

##### **4. Child and Adolescent Mental Health Service (CAMHS) Redesign in Lancashire and South Cumbria** (Pages 7 - 76)

##### **5. Work Programme 2019/20** (Pages 77 - 88)

##### **6. Urgent Business**

An item of urgent business may only be considered under this heading where, by reason of special circumstances to be recorded in the Minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Member's intention to raise a matter under this heading.

##### **7. Date of the Next Meeting**

The next meeting of the Children's Services Scrutiny Committee will take place on Tuesday 24 March 2020 at 10:30am in Cabinet Room 'C' (The Duke of Lancaster Room) at the County Hall, Preston.

County Hall  
Preston

L Sales  
Director of Corporate Services

## Lancashire County Council

### Children's Services Scrutiny Committee

**Minutes of the Meeting held on Wednesday, 15th January, 2020 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston**

#### **Present:**

County Councillor Nikki Hennessy (Chair)

#### **County Councillors**

I Brown	J Mein
A Cheetham	E Nash
B Dawson	J Purcell
J Eaton	P Steen
A Gardiner	M Tomlinson

#### **Co-opted members**

Oliver Moores, Youth Council Representative  
Councillor Louise Edge, Children's Partnership Board -  
Hyndburn, Ribble Valley, Rossendale  
Councillor Christine Melia, Children's Partnership  
Board - Chorley, South ribble, West Lancs

County Councillor Nikki Hennessy chaired the meeting in the absence of County Councillor Andrea Kay.

County Councillors Bernard Dawson, Edward Nash PSC and Jenny Purcell replaced County Councillors Lorraine Beavers, David Smith and Andrea Kay respectively.

#### **1. Apologies**

Apologies were received from County Councillor Paul V Greenall.

#### **2. Disclosure of Pecuniary and Non-Pecuniary Interests**

None were disclosed.

#### **3. Minutes from the meeting held on 9 October 2019**

**Resolved:** That the minutes from the meeting held on the 9 October 2019 be confirmed as an accurate record and signed by the Chair.

#### **4. Permanence – Ofsted Focused Visit**

The Chair welcomed Sharon Hubber, Director of Children's Social Care, to the meeting.

The report presented informed the committee that on the 4 November 2019, Ofsted had undertaken a two day focused visit to determine if Lancashire had improved their permanence offer to children and young people. This was not a graded visit but they had provided an overview of the direction of travel on the four recommendations made in 2018.

The outcome of the inspection was that Lancashire had enhanced both the provision and the systems to ensure permanence was seen as a priority for Looked after Children. There was further work to be undertaken but they could see that across the workforce, improvements had taken place.

After the inspection eleven recommendations were made to support Lancashire achieve a Good rating at future inspections. Of those, four recommendations that identified areas which required improvement were directly related to the permanence of children in the care of the local authority. The four areas for improvement were:

Assessments that were of a consistently good standard

Plans that provided detailed actions and timescales to measure progress

Timely and purposeful direct work with children to help them understand their plan

Management oversight that provided a clear rationale for permanence decisions and reduced drift and delay

It was noted that the inspectors had highlighted that there continued to be drift and delay in both revocation and in proceedings that lead to children waiting too long to know where they would be living in the future.

Members enquired what the period of time was between each review because there were concerns that there had to be a permanence plans available after the second review. They were informed that the first review was within fourteen days, the second review was twenty-eight days and the third review was three months.

The committee passed on its thanks to all the officers involved.

**Resolved:** That:

- i. The improvements detailed in the report be noted.
- ii. Review and support of the service be continued to ensure that all children and young people cared for by the county council are provided with the highest level of care and support.
- iii. The four areas for improvement identified in the Ofsted letter be noted and assurances sought on improvements.



- iv. The evidence of improvements included in the 'Getting to Good Plan' be presented to the committee in six months' time.

## **5. Neglect Strategy**

The report presented provided an update to the Children's Services Scrutiny Committee on the implementation of the Neglect Strategy and the partnership working.

A refreshed Multi Agency Neglect Strategy was launched by the Lancashire Safeguarding Children's Board in April 2019. Consultation was undertaken in preparation for this review with key partner agencies and children and young people. The strategy set out what neglect was and the current picture in Lancashire. There were workshops taking place regarding the strategy and more work needed to be done. The strategy was ongoing constantly.

Four key priorities evolved through a partnership working group. These were:

1. Strategic commitment across all partner agencies
2. Improved awareness, understanding and recognition
3. Prevent neglect through early help
4. Improved effectiveness of interventions and reduced impact of neglect

Members felt positive that children were being educated in what neglect was and that children's views were being taken into account.

The committee was informed all front line health professionals that met with children and young people and families on a daily basis were fully trained in the Neglect Strategy Toolkit. However, there was a need to measure how many of these toolkits were being undertaken by these front line health professionals.

It was felt by members that the toolkit should be shared with school teachers as they met children and young people on a daily basis. They were informed that all education teachers had been involved in creating the toolkit and that education had been a part of the whole process. Schools were reported to be really receptive of the toolkit.

The committee enquired how Lancashire County Council worked across the borders with other CCGs. It was noted that there was a lot of joint working with other CCGs and the Children's Services Team was adept and confident about working across borders. Members were informed that county lines (complex safeguarding) remains a priority.

In terms of the Family Safeguarding Model, the Children's Services Team was working to make sure that an infrastructure was in place and awaiting for the Department for Education to confirm. The team was hoping to launch the model in October 2020.

A question was raised in relation to home schooling (Elective Home Education) numbers and how the Neglect Strategy feeds in. It was reported that the Education Scrutiny Committee has this on their work programme and will include Neglect Strategy.

It was highlighted that the voice of the child was really important in Lancashire and social workers were working very hard to make sure children and young people were getting the right services at the right time. There were many forums held in Lancashire where children and young people's voice could be heard.

A question was raised in relation to the reduction of members of the Youth Parliament in Youth Council and how this impacts on 'the voice of the child'. Further information was requested to clarify.

**Resolved:** That:

- i. The progress so far be reviewed.
- ii. Further work to be undertaken across all partners to ensure the Neglect Strategy is well embedded and making a difference be noted.
- iii. A request be made to Education Scrutiny Committee to include the Neglect Strategy as part of any discussions around Elective Home Education.

## **6. Child Poverty**

The report presented provided the Children's Services Scrutiny Committee with a comprehensive presentation on the subject of child poverty.

The committee was informed of the disparity in levels of poverty in Lancashire. Preston was the most deprived and it bordered Ribble Valley which was in twenty percent of the most affluent areas in the country.

The committee received a presentation from Sharon Hubber, Director of Children's Services, on poverty and its impact on the child.

It was reported that there was often a lot of mental health issues with parents of children who were born into poverty. Children could and did overcome the financial and social environment into which they were born but often there were obstacles in their way including exposure to drug and alcohol problems, domestic violence, unemployment and mental health issues. All of this led to stressful environments and behaviours that could have a negative impact on their own mental health and emotional wellbeing.

Some children were born into large families where there were levels of disability. Some were also born into communities that were deprived areas and where there were gangs. It was highlighted that deprived areas had fewer shops and no green areas which led to health issues and an increased mortality rate. There were also fewer social organisations.

Regarding education, some children were not ready for school. Members felt it was vital to educate parents on how important it was for children to receive a good education.

The committee was informed that the Children's Services Team was working with families where three generations were unemployed and therefore those opportunities to see what work did for you were lost. Lancashire County Council had to be ambitious for every child in the county, not just those who did well at school.

It was important to influence change and Lancashire County Council had to be aspirational for all children in Lancashire. It had to encourage the increase of jobs and ensure that higher education was seen to be achievable. In addition, some members expressed concerns that funding was not being provided to those agencies which advise and support vulnerable people on money management.

It was stated that there should be a mix of learning to budget and people having enough money to budget with. People could not be expected to budget without enough money.

The committee enquired how Lancashire County Council could work with local authorities to create jobs in areas of poverty for young people. Also how could Lancashire County Council support parents to be aspirational to their children. Early Years and Early Help was vital for this. It was stated that the Family Safeguarding Model would be a good place to start for growing aspirations.

**Resolved:** That:

- i. The report presented be noted.
- ii. Specific topic areas for further scrutiny be identified.

## **7. Work Programme 2019/20**

The work programme for the Children's Services Scrutiny Committee for the 2019/20 municipal year was presented.

The topics included were identified at the work planning workshop held on 22 July 2019.

Regarding child poverty, it was agreed that the committee would look further into money management and the support from agencies along with the Family Safeguarding Model.

A Suicide Prevention update briefing note would be circulated to the committee members to include links to child poverty.

Regarding child poverty, the committee requested a briefing note on Holiday Hunger and Food Banks. A mapping exercise was suggested on Holiday Hunger

evidence finding. Pupil Premium Funding was also an area that could be considered.

**Resolved:** That;

- i. The report presented be noted.
- ii. A briefing note on Suicide Prevention be circulated to the Children's Services Scrutiny Committee.
- iii. A briefing note on Holiday Hunger and Food Banks be circulated to the Children's Services Scrutiny Committee.

## **8. Urgent Business**

There were no items of Urgent Business.

## **9. Date of the Next Meeting**

The next meeting of the Children's Services Scrutiny Committee will take place on Wednesday 26 February 2020 at 10:30am in Cabinet Room 'C' (The Duke of Lancaster Room) at the County Hall, Preston.

L Sales  
Director of Corporate Services

County Hall  
Preston

## Children's Services Scrutiny Committee

Meeting to be held on Wednesday, 26 February 2020

Electoral Division affected: (All Divisions);
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## Child and Adolescent Mental Health Service (CAMHS) Redesign in Lancashire and South Cumbria

(Appendices 'A' to 'D' refer)

Contact for further information:

Samantha Parker, Tel: 01772 538221, Senior Democratic Services Officer,  
sam.parker@lancashire.gov.uk

### Executive Summary

This report seeks to provide the Children's Services Scrutiny Committee with information on the CAMHS redesign journey in Lancashire and South Cumbria.

### Recommendation

The Children's Services Scrutiny Committee is asked to:

- i. Consider and provide feedback on the Lancashire and South Cumbria CAMHS proposed model of care.
- ii. Note the timescales for final agreement of the fully costed Clinical Model and Transition & Implementation Plan.
- iii. Consider a further review of the Clinical Model and Transition & Implementation Plan at a suitable future meeting date.

### Background and Advice

The Children and Young People's Emotional Wellbeing and Mental Health (CYPEWMH) Transformation Plan for Lancashire (2015-2020) was published in January 2016. This Plan set out the first iteration of a five-year plan for Lancashire to improve the resilience, emotional wellbeing and mental health of children and young people, improving the standard and access of mental health services across Lancashire.

The Plan has been refreshed on an annual basis and in 2018, the Plan was aligned to the wider Integrated Care System geography bringing Lancashire and South Cumbria together as partners. The latest iteration (March 2019) of the Plan can be found at Appendix 'A'.

The presentation document provided (attached at 'Appendix 'B') includes detail on the THRIVE Framework for system change and offers an overview of the CAMHS redesign journey in Lancashire and South Cumbria.

This overview includes information on:

- The case for change
- The approach to the redesign
- Achievements
- Timeline

The original redesign mandate with information on 'what' the model needed to offer is provided at Appendix 'C'.

The THRIVE Framework provides a set of principles for creating resource-efficient communities of mental health and wellbeing support for children, young people and families. The aim is to talk about mental health and mental health support in a common language where mental health needs are defined by children, young people and families with professionals through shared decision making. To provide committee members with additional detail on this framework, information has been provided at Appendix 'D'.

The Children's Services Scrutiny Committee is asked to:

- i. Consider and provide feedback on the Lancashire and South Cumbria CAMHS proposed model of care.
- ii. Note the timescales for final agreement of the fully costed Clinical Model and Transition & Implementation Plan.
- iii. Consider a further review of the Clinical Model and Transition & Implementation Plan at a suitable future meeting date.

## **Consultations**

NA

## **Implications:**

This item has the following implications, as indicated:

## **Risk management**

NA

## **Local Government (Access to Information) Act 1985**

### **List of Background Papers**

Paper	Date	Contact/Tel
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NA

Reason for inclusion in Part II, if appropriate

NA

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

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Transformation Plan  
2015 – 2020

Refresh March 2019

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 as set out in '**Future in Mind**' – promoting, protecting and improving our children and young people's mental health and wellbeing (2015).<sup>1</sup>

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

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

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

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

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

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<sup>1</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

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

## New National Guidance and Policy

### NHS Long Term Plan (January 2019)<sup>2</sup> - Children & Young People's Mental Health NHS Long Term Plan Priorities

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

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

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

The Plan states that:

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

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<sup>2</sup> <https://www.england.nhs.uk/long-term-plan/>

**waiting time standards** for eating disorder services by 2020/21...**extra investment** will allow us to maintain delivery of the **95% standard** beyond 2020/21. (3.26)

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

## Our Commitment

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

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

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

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

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

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

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

In summary, as part of this review we have:

- developed a new Lancashire & South Cumbria Transformation Plan following boundary changes during 2018 in Morecambe Bay.
- looked at new national requirements and imperatives that have been published since the 2017/18 plan was refreshed, to ensure that this plan reflects these.
- introduced one new 'Principle' to guide our planning and deliver in regard to the needs of vulnerable children and young people.
- identified and celebrated what we have achieved to date.
- updated our objectives and deliverables.
- incorporated our current Performance Dashboard into the plan and included new elements including Self-Harm & Suicide targets along with targets relevant to the Early Intervention Services for Psychosis. This shows how well we are doing in improving experiences and services for children, young people and families. These will be reported quarterly to the Transformation Programme Board.
- introduced 'Our Priorities for 2019/20' and a new section that focuses on our interdependencies with other programmes of work from across the L&SC ICS.
- secured sign-off for our refreshed plan across the health and social care system.

## Principles

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

1. work collaboratively with children, young people, families, carers, partners, providers and wider stakeholders to support them to:
  - a. Shape, influence and drive forward the delivery of our objectives.
  - b. Engage in the co-production of system solutions.
  - c. Identify opportunities to improve efficiency, effectiveness and patient experience.
  - d. Understand how their feedback has informed service development and redesign.
2. draw on the learning from both local and national pilots and evidence based best practice.
3. recognise and respond to the needs of children, young people and families who have protected characteristics. This will include undertaking Equality Impact and Risk Assessments and ensuring that we have due regard to the public sector equality duty (Equality Act, 2010)<sup>3</sup>.
4. represent and respond to the needs of children, young people and families, including those deemed to be at greater risk due to their vulnerability, within our planning, commissioning, service delivery and strategy development.
5. improve services and outcomes for children, young people and families by sharing our performance against national targets through publication of our performance dashboard within the refreshed Transformation Plan and its monitoring via the Transformation Programme Board
6. draw on learning from the Joint Strategic Needs Assessment (JSNA) and other national and local data regarding needs and health inequalities.
7. strive to achieve 'parity of esteem' – valuing mental health equally with physical health, and that this principle will form the foundation of our planning and delivery.
8. seek to achieve a balance between ensuring positive outcomes for children, young people and families whilst at the same time developing services that are both sustainable and affordable.

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<sup>3</sup> A Public Sector Equality Duty Guidance document has been developed.

## **Achievements**

### **What have we achieved in year 1?**

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

### **What have we achieved in year 2?**

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

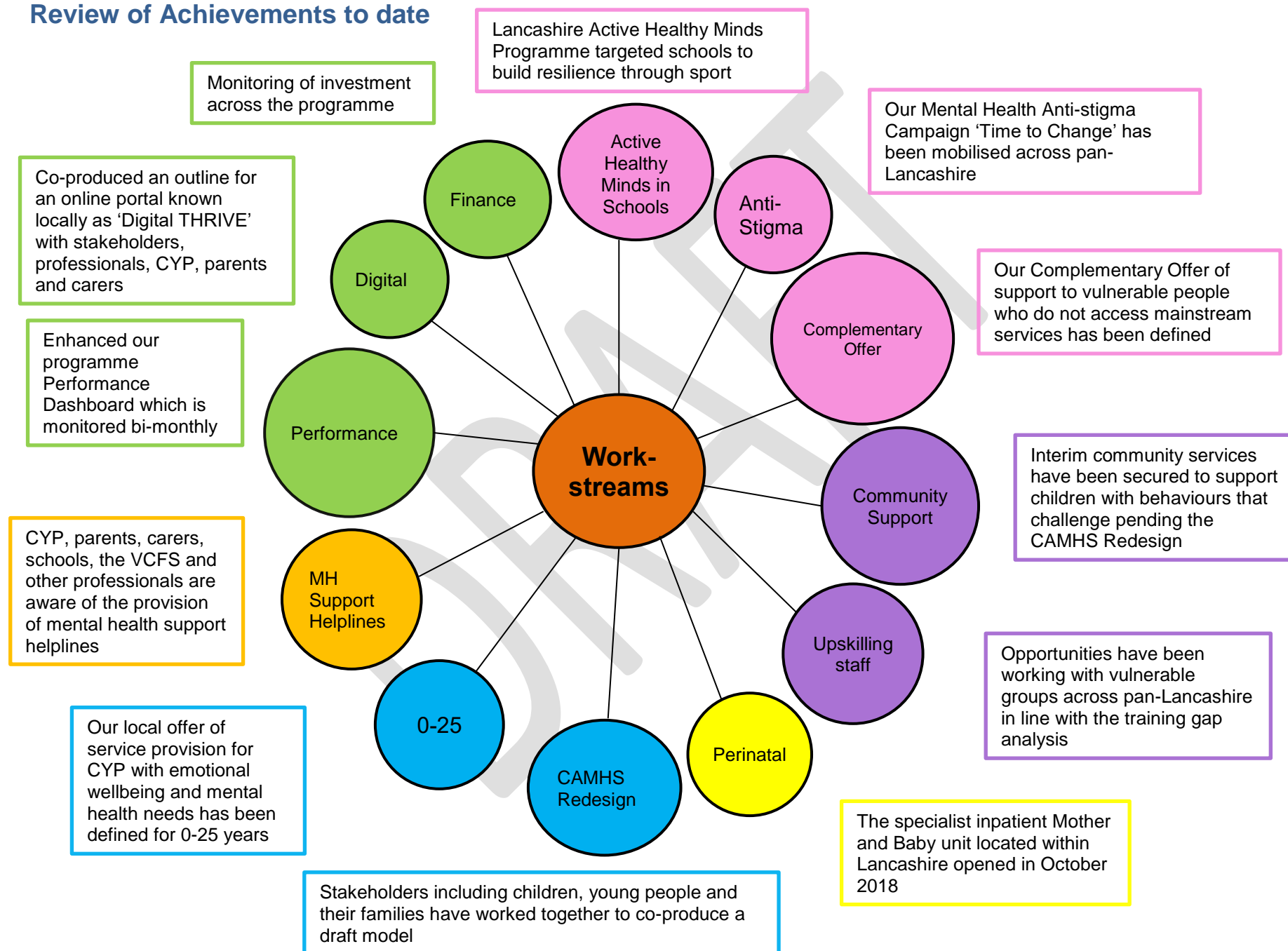
### **What have we achieved in year 3?**

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

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



## Review of Achievements to date





## What are our objectives going forward?

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

### 1. Promoting resilience, prevention and early intervention

Objectives:

1. All Primary Mental Health workers will be trained to deliver '**schools mental health first aid**' one day course.
2. Each team of Primary Mental Health workers will deliver four '**mental health first aid courses**' per year, to a maximum of 16 participants per course.
3. We will have mobilised our '**Complementary Offer**' of support for all children and young people that will wrap support around them and their families to avoid escalation, promote recovery and maintain wellbeing. This will be achieved by:
  - a. developing a 'whole education approach' in supporting children and young people's social and emotional wellbeing in education settings influenced by the Resilience Framework and Resilience Programme.
  - b. working with Local Authorities, Children's Trusts and other key partners to evaluate the minimum early intervention/prevention offer through qualitative and quantitative analysis of the provision.
  - c. delivering a change programme that challenges stigma around mental health and evaluate its impact.
  - d. empowering the community to co-produce and deliver creative approaches and interventions that raises awareness of mental health issues and supports children and young people to become increasingly engaged in their own community.
  - e. developing and delivering a training programme to the wider CYP and family workforce that enables the workforce to contribute to the delivery of the Complementary Offer.
  - f. 'Trauma Informed Practice' informing the development and delivery

of all practice, pathways and interventions and has due regard to policy.

## 2. Improving Access to Effective Support

Objectives:

4. We will have an online portal known locally as '**Digital THRIVE**' offering information, advice, self-help, care pathways and self-referral for children and young people, parents and carers and professionals.
5. We will have '**redesigned the CAMHS**' clinical model in Lancashire and South Cumbria in line with THRIVE delivering in year improvements by March 2020 including:
  - a. out of hours provision within Acute systems
  - b. delivery of the 0-19 service provision
6. We will have developed and agreed a '**risk support approach**' in line with THRIVE informing the delivery of services and supports across the Complementary Offer and the CAMHS Redesign.
7. We will define and deliver specialist inpatient and community intensive support as part of '**Getting More Help**' within THRIVE.
8. We will have mobilised the approved '**redesign of CAMHS**'.
9. We will define and extend our current service models to create a comprehensive offer for '**0-25year olds**' that reaches across mental health services for children, young people and adults providing an integrated approach across health, social care, education and the voluntary sector, in line with the NHS 10 Year Plan (2019).
10. We will have embedded the agreed '**0-19 year eating disorder**' model in South Cumbria by March 2020 and develop a model that support the delivery of an All Age Eating Disorder Service.
11. We will have implemented recommendations from the '**0-19 Eating Disorder Review**' (2019) into the future delivery of the All-age Eating Disorder model across the Lancashire & South Cumbria ICS footprint.

## 3. Ensuring appropriate support and intervention for CYP in Crisis

Objectives:

12. We will have developed a **'Case for Change'** regarding facilities in the community for young people experiencing emotional crisis
13. We will have co-produced and implemented a **'crisis training package'**:
  - a. to support families, carers and residential settings who are caring for young people in crisis
  - b. for mental health professionals to improve their confidence in supporting young people in crisis and to avoid admissions or facilitate discharge

#### 4. Improving Service Quality

Objectives:

14. We will have developed and evaluated against an **'outcomes framework'** to demonstrate the impact of the programme:
  - a. Develop the specification
  - b. Identify key sources of information
  - c. Develop an outcomes framework
  - d. Undertake an evaluation of the programme against the framework
  - e. Report back to the Transformation Programme Board
15. Sustain a culture of **'continual learning and development'**.
16. To work with Health Education England (HEE), Skills for Care (SfC), the L&SC ICS and other relevant agencies to inform **'workforce strategies'** to deliver the right mix of skills, competencies and experience across the workforce.
17. **'Key Performance Indicators'**, incorporating the Mental Health Standard Data Set (MHSDS), national transition CQUIN and CAMHS outcome measures, will be monitored and challenged via the Performance Management Group and reported quarterly to the Transformation Programme Board with recommendations for action.

## Our Priorities

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

1. Develop an online portal known locally as 'Digital Thrive' offering information, advice, self-help, care pathways and a self-referral process (Objective 3)
2. Redesign CAMHS and the Complementary Offer in line with the Thrive model (Objective 2 & 4)
3. Define and deliver appropriate specialist inpatient and community intensive supports as part of 'Getting More Help' within Thrive (Objective 6)

## How will we deliver?

### Governance

The CYPEWMH Transformation Programme sits within the All Age Mental Health portfolio of the Healthier Lancashire & South Cumbria (HL&SC) Integrated Care System (ICS) and as such reports into the HL&SC Portfolio Management Group and the ICS Executive Leadership Team. As part of this wider programme of work to deliver sustainability and transformation across the ICS, CYPEWMH works collaboratively with a number of other complimentary portfolios including Prevention & Population Health, Digital, and Workforce. A copy of the L&SC ICS Governance structure is included at Appendix 7.

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

The Transformation Programme Board has become an effective body working with a range of services and organisations including 4 CAMHS services, 8 Clinical Commissioning Groups (CCGs), 4 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.

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

**The role of the Transformation Programme Board is to:**

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

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

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

**The role of the Commissioning & Finance Group:**

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

Aims of the group are to:

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

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

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

We will:

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

#### **Enablers**

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

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

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

Since 2016, we have effectively engaged with children, young people and our stakeholders to inform our decision making. After working with children and young

people to co-design a visual identity (branding) for the transformation programme, we are now working with children and young people, professionals, carers and family members in order to co-produce a website. We are working with these groups to better understand what they would like from the website, how it will work, what information will be held on the website, how information will be displayed, and the format of the information i.e. using text and/or videos. 2019 will see greater development of the website, shaped by the views and insights obtained from children and young people, professionals, carers and family members.

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

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

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

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

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

In addition, we continue to grow our social media presence via our already established Twitter channel. In 2018 we also saw the launch of our Facebook account which we are

developing and promoting as we move forward, providing wider engagement opportunity for all stakeholders.

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

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

### Interdependencies

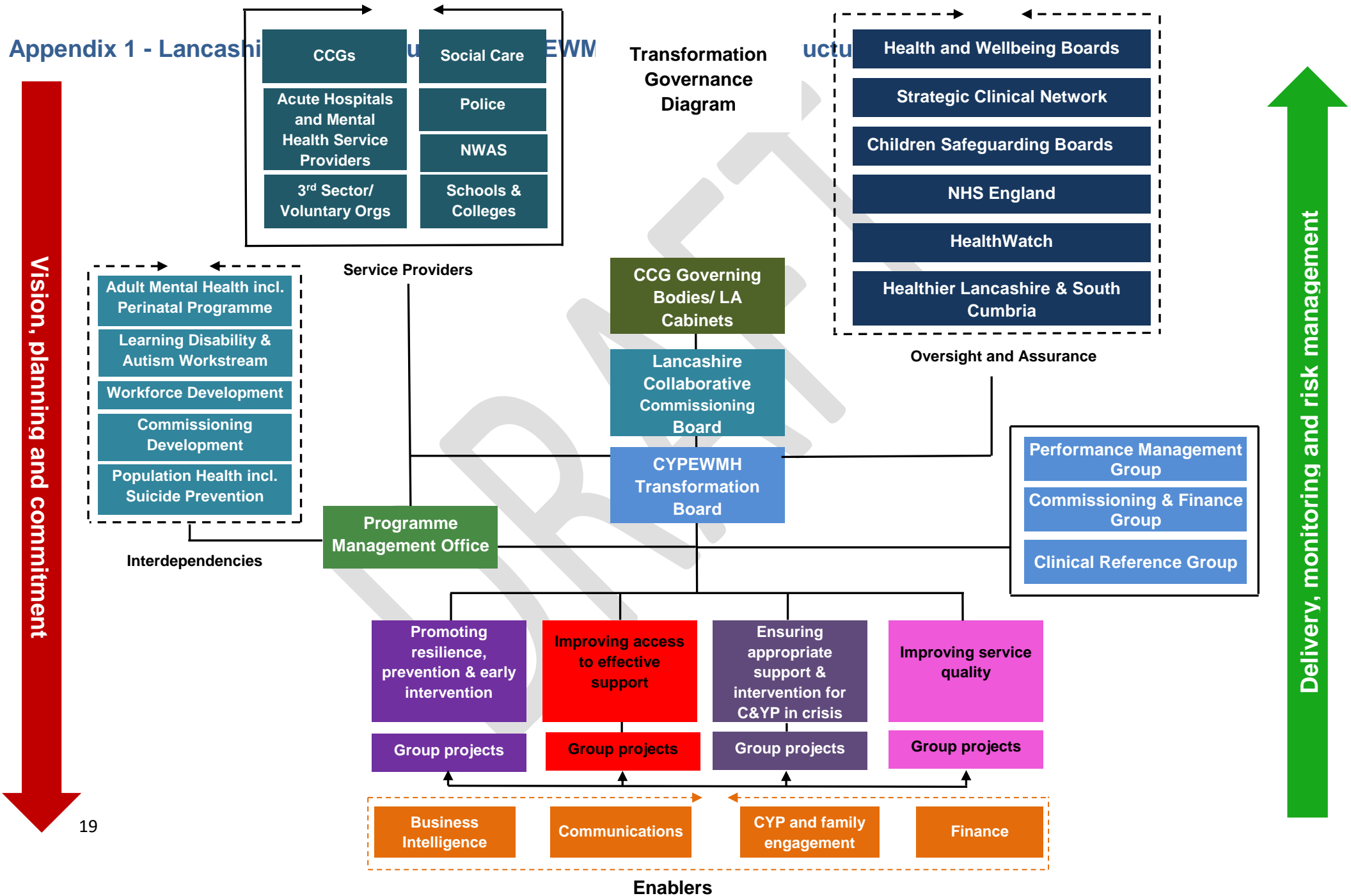
The CYPEWMH Programme is one of a number of key programmes within the Lancashire & South Cumbria Integrated Care System and as such there is value in our being cognisant of their work and vice versa. Consideration of how we can engage in, influence and contribute to their decision making, planning and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

The Programme has identified five key interdependencies:

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



## Appendix 1 - Lancashire



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

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

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

ID	Narrative	Reference
	<p>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.</p> <p><a href="https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf</a></p>	<p>Next Steps on the NHS Five Year Forward View</p>
	<p>Approval of courses for approved mental health professionals</p> <p><a href="http://www.legislation.gov.uk/ukpga/2017/16/contents/enacted">http://www.legislation.gov.uk/ukpga/2017/16/contents/enacted</a></p>	<p>Children &amp; Social Work Act (2017)</p>

## Appendix 3 - Finance

Awaiting final agreement – to be added

DRAFT

## Appendix 4 - Performance

Awaiting final agreement – to be added

DRAFT

## Appendix 5 - Consultation and feedback

To be added

DRAFT

**Appendix 6 – CYPEWMH Transformation Plan Timeline**

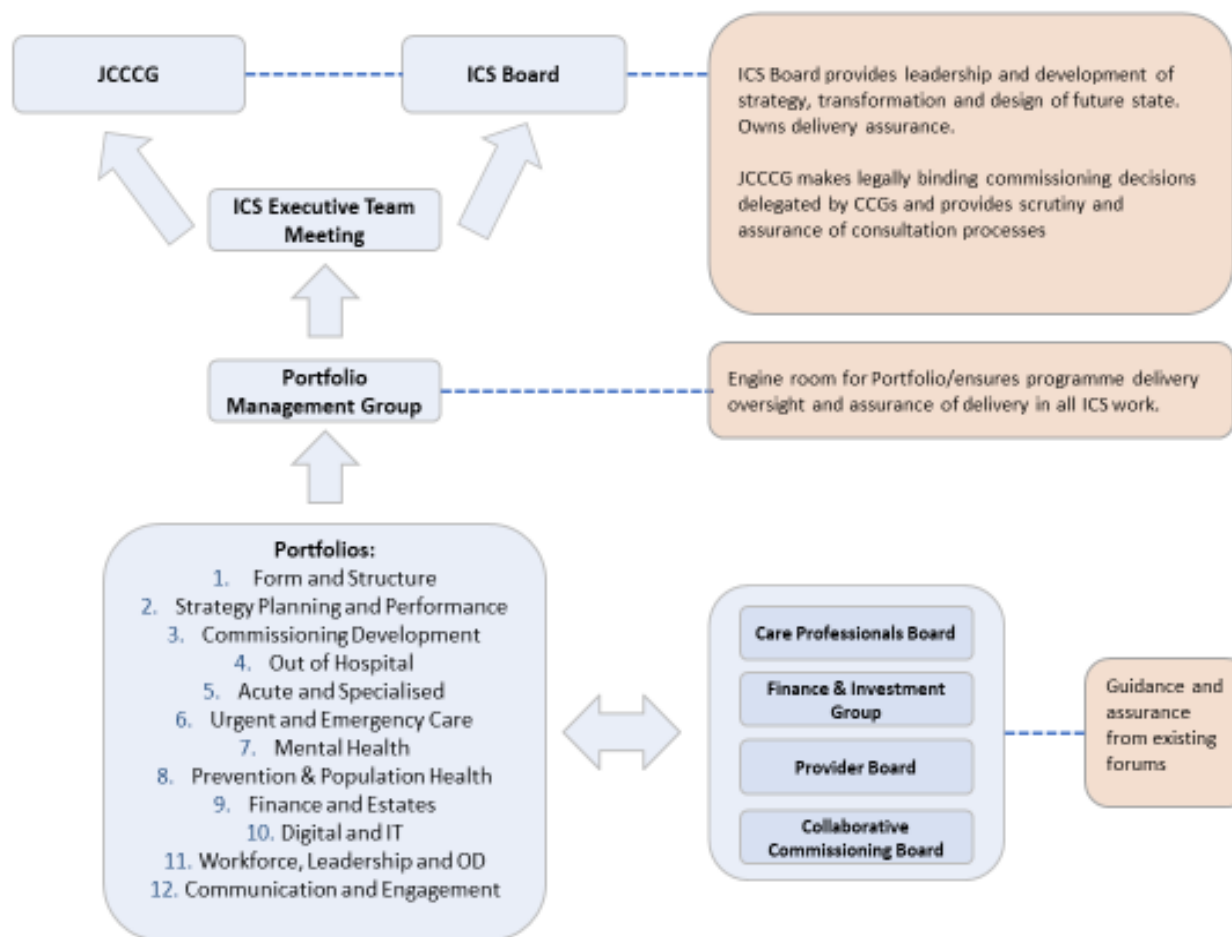
To be added

DRAFT



## Appendix 7 - Lancashire & South Cumbria Integrated Care System Governance Structure 2019

### ICS GOVERNANCE STRUCTURE 2019







Lancashire and South Cumbria  
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Transformation Programme

## Appendix B

# Redesigning CAMHS in Lancashire and South Cumbria in line with THRIVE



@HealthyYM\_LSC

# Overview

- Why are we redesigning CAMHS?
- What is our approach to the redesign?
- What have we achieved so far?
- What is the timeline going forward?



# The Case for Change – why redesign CAMHS?



National Access Target for CAMHS – now 100%



Anticipated Waiting Times Target – 4 weeks



Feedback from stakeholders



Variations - services, outcomes and investment



Delivery of services and achievement of targets on the ICS Footprint



Transformation Plan aspiration to implement THRIVE



Some really good practice that we need to share



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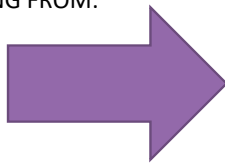
# The THRIVE Framework for system change



THE THRIVE FRAMEWORK FOR SYSTEM CHANGE (WOLPERT, ET AL. 2019) WAS DEVELOPED AS A COLLABORATION BETWEEN THE ANNA FREUD NATIONAL CENTRE FOR CHILDREN AND FAMILIES AND THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST.



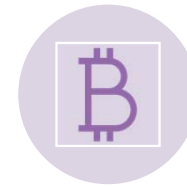
BUILT ON LEARNING FROM:



CHILD OUTCOMES RESEARCH CONSORTIUM (CORC); USE OF PATIENT REPORTED OUTCOME MEASURES TO TRANSFORM PRACTICE:  
[WWW.CORC.UK.NET](http://WWW.CORC.UK.NET)



CHOICE AND PARTNERSHIP APPROACH (CAPA); HOW TO MANAGE FLOW AND EMBED SHARED DECISION MAKING:  
[HTTP://CAPA.CO.UK/](http://CAPA.CO.UK/)

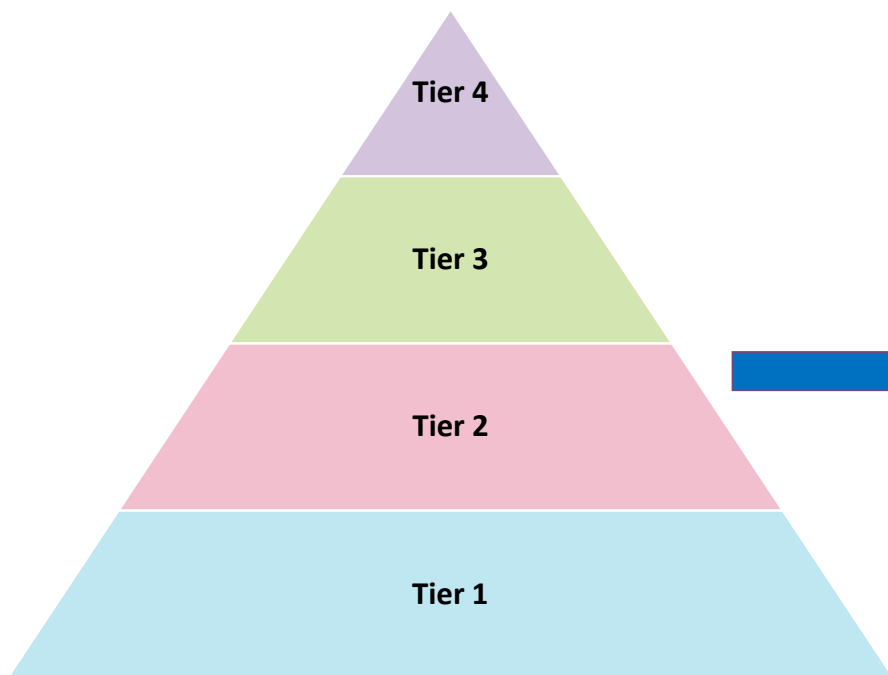


PAYMENT SYSTEMS IN CAMHS DEVELOPMENT; 19 CASE MIX ADJUSTED GROUPINGS:  
[HTTP://PBRCAMHS.ORG/FINAL-REPORT-PUBLISHED/](http://PBRCAMHS.ORG/FINAL-REPORT-PUBLISHED/)



# The Case for Change: Adopting THRIVE

## Current Approach



“...a radical shift in the way that services are conceptualised and potentially delivered”.



“rather than an escalator model this is a conceptual framework that groups children and young people, goal focused, evidence informed.”



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# The Ask

Providers were asked to collaborate with each other, with VCFS providers and with CCGs to clinically lead the co-production of a core service model for NHS funded CYPEWMH Services (CAMHS) across Lancashire and South Cumbria

## Services in Scope

All NHS funded services (partially or fully) that could or should deliver activity towards the new national CAMHS access target

## Securing the Model

Commissioning of a new care model via direct negotiation (contract variation) with existing providers (through a clear and rigorous commercial roadmap)



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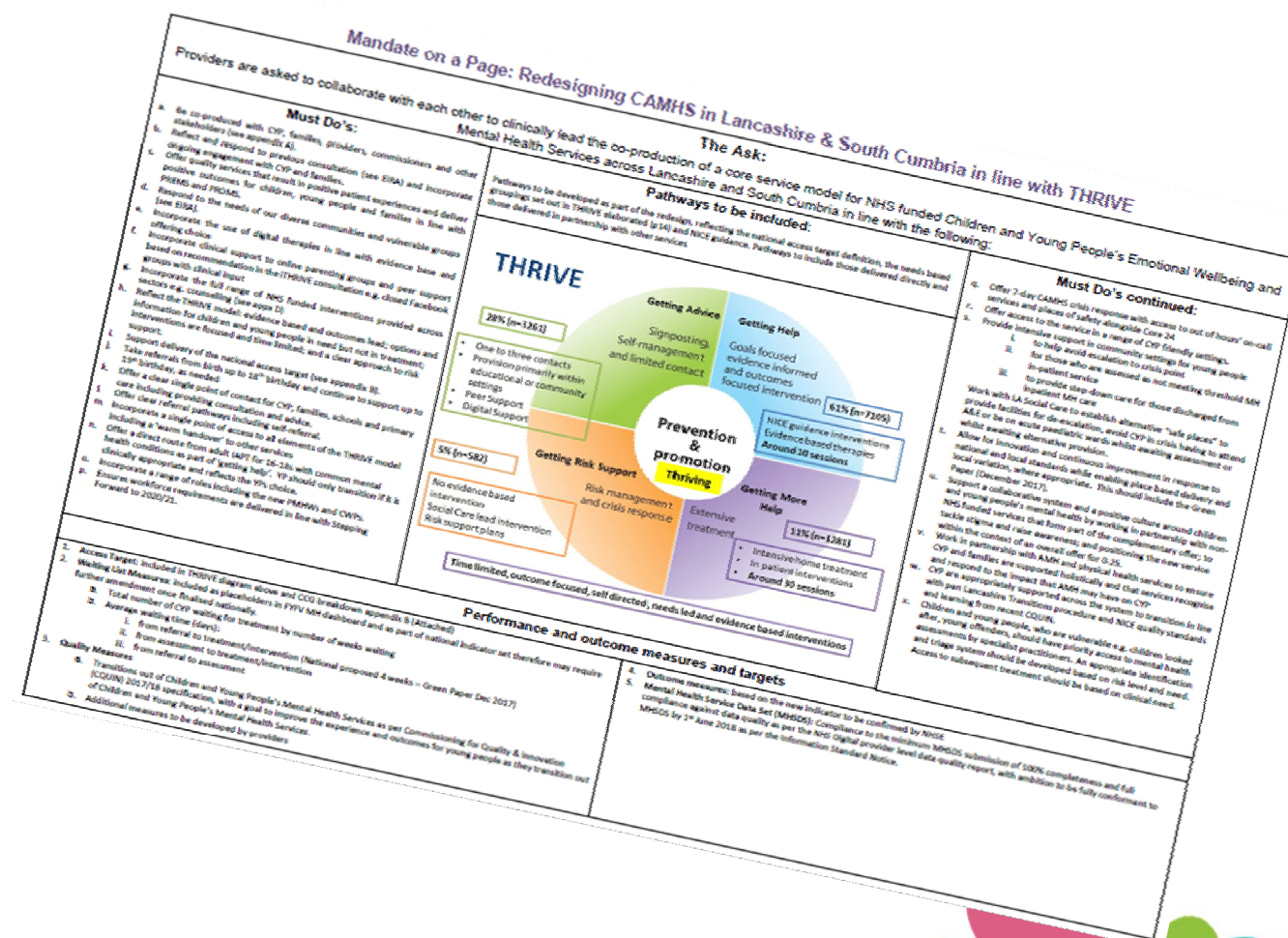




# Mandate on a Page

We gave the Care Partnership team a mandate which told them “what” the model needed to offer

The Care Partnership team were asked to work out “how” and to produce a proposal

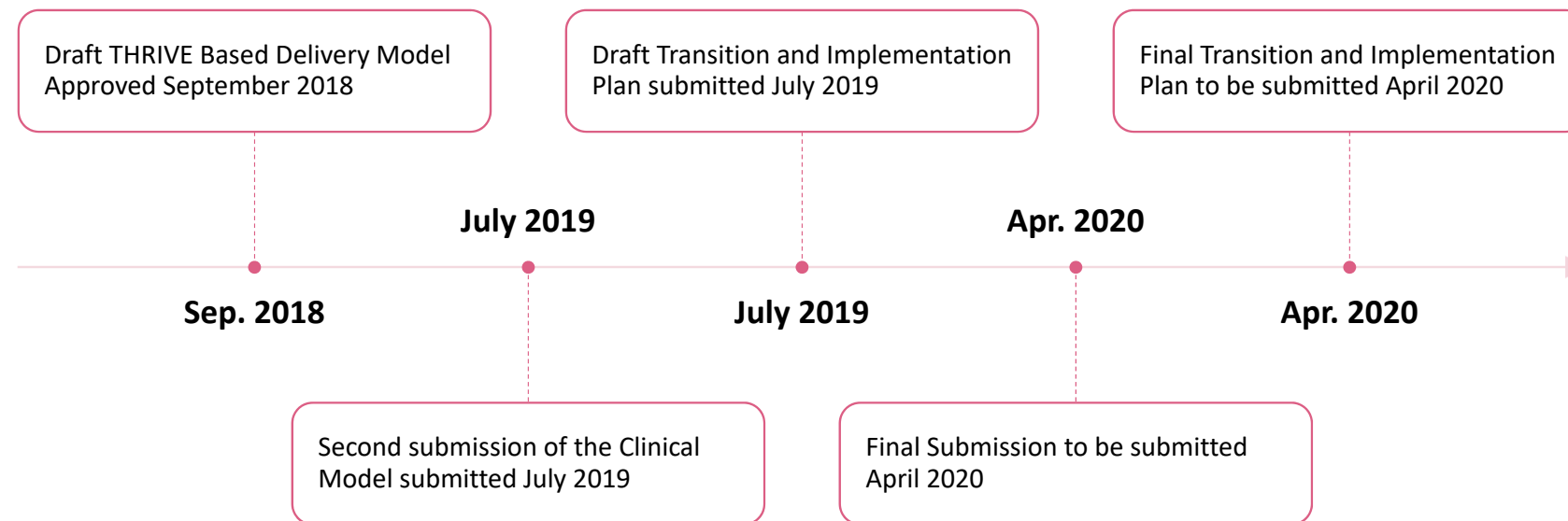


# The Redesign Collaborative Approach

- 8 CCGs
- 4 (now 3) NHS Trusts
- 13 VCFS Providers
- Extensive co-production with children, young people, families, carers and other key stakeholders
- Significant clinical input from front line staff



# The Redesign Journey



# Stages of Redesign



Case for change identified



Care Partnership established with oversight of the programme



Intensive consultation with children and young people and families



Listened to what was said



Established a set of workstreams to redesign services that would be included in the THRIVE Model



Held a series of workshops to inform the individual workstream models



Strong clinical and management engagement throughout the process



Reviewed and implemented robust governance and reporting arrangements





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

## Co-production Methodology:



- Recruitment of CYP, families and carers to join Participation Groups in each ICP – with support & oversight from Health Watch
- CYP and families joined our workshops - We joined existing workshops and CYP forums in our communities
- Wider members joined closed facebook groups and circulated 'live' questions and feedback into the workshops each evening
- Participation Group members met every other week to discuss and reflect on emerging design themes and co-production of solutions
- Members will join our partnership board and embed co-production into the ongoing development and provision of care.





## Stakeholder Engagement

More than 70 individuals from 27 NHS, local authorities, education, police, voluntary and community organisations across Lancashire and South Cumbria have worked together with parents, carers and young people on the redesign:

- We have developed the model together in our workshops
- We have reached out to community groups, networks and existing area forums and used a range of media
- We have surveyed key stakeholder groups to further seek their views & feedback on Children's Emotional Health and Wellbeing services across L&SC including GPs, Healthcare Professionals, CYP, Parents, Education and Teaching Staff
- We have worked directly with schools to gain their feedback and understand more about how we can support mental health and wellbeing in schools within our model



# Feedback from Young People on their Involvement in the Redesign Process

Feedback from the groups about the co-production of the Thrive Model has been incredibly positive and they are keen to stay involved as the redesign is developed and implemented.

“It’s been great getting to talk to more people, knowing you’re not on your own.”

“It’s been good to realise that people with titles are human too! And they admit where things haven’t gone as well for young people as they should have done.”

“It’s been good to hear that services are willing to change”

“It’s helped to hear what the clinical team have had to say when we’ve raised questions”



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





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## Core Recommendations from the Design Process: **CRISIS**

- **Emergency Care/ Crisis Service** offering 1-4 hours, 24 hours or 72 hours response team to support level of unplanned/ emergency care in any setting
- **Intensive Support Service** to deliver short term intensive interventions in any setting to prevent escalation/ admission and return to planned care pathway/ intervention
- **Day Service/ Unit** to provide daily intensive therapy options, to prevent escalation/ admission and which offers MDT and maintains access to education
- **Crisis/ Safety Beds** – Social Care Provision with therapeutic/ clinical interventions wrapped around







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and Mental Health  
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## Core Recommendations from the Design Process:

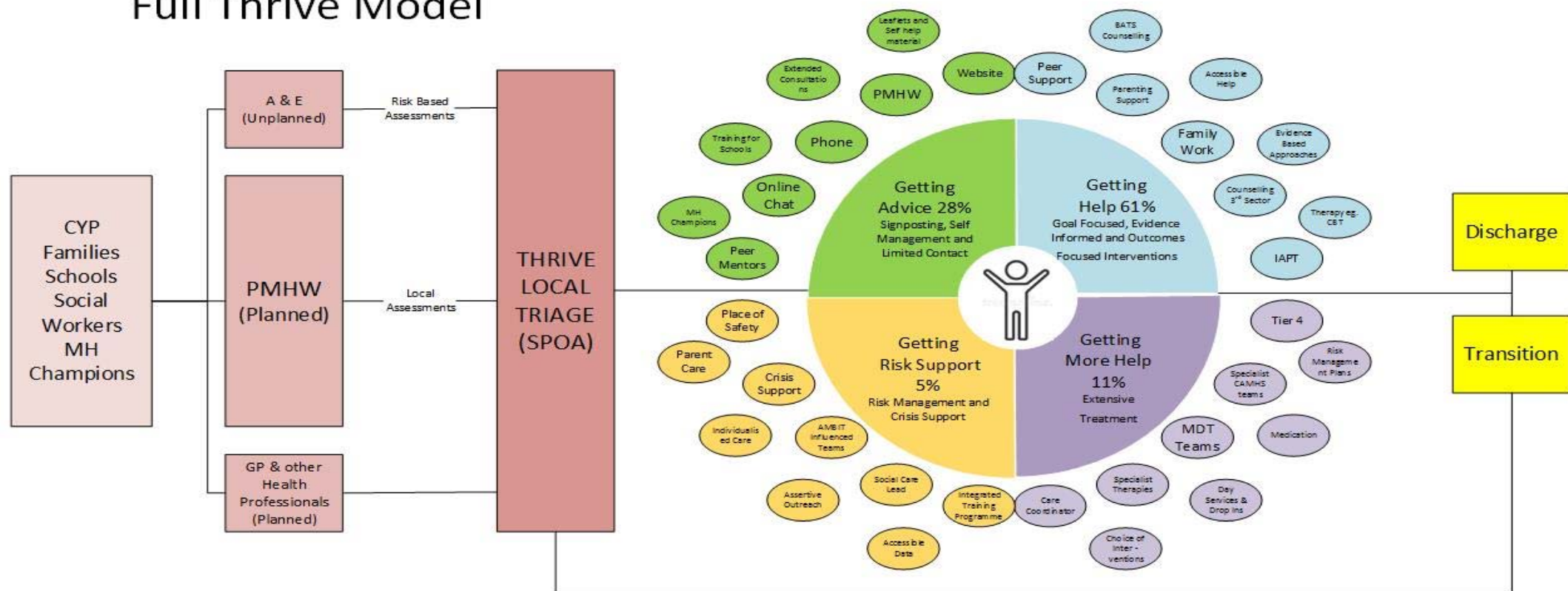
### Risk Support – has to be delivered with Social Care & other stakeholder agencies:

- **Crisis/ Safety Beds** – Recommendations for Social Care Provision with therapeutic/ agency 'in reach'/ wrapped around
- **Panel type approach** with potential for support from 'dynamic risk register' or other shared tools
- Person-centred, trauma-informed practice and **AMBIT** principles under-pinning with training for the whole system
- A **joined up funding process** – so that decisions can be made quickly
- **Shared management plan** that takes into account statutory requirements, shared assessment/screening tool & advance agreement on menu of things that are available within a 'Risk Support' approach to avoid 'stalemate'
- Quick access back to 'Getting Help/Getting More Help' services when the young person is ready



# Care Partnership Set out Core Principles of Access, SPOA, Crisis and Transitions in Phase I:

## Full Thrive Model



← Access Route into Thrive Model → → Thrive Service Model →



# Key Achievements

- Draft **Clinical model** reflects the spirit of THRIVE, a good reflection of the mandate and of the co-production with CYP, families and stakeholders. It provides a **solid foundation for further development** of some key areas.
- Formation of **strong relationships** between the 3 NHS Trusts and VCFS providers – development of trust and keen to explore new ways of collaborating to deliver real change
- Commissioning and provider **roles integrating** – breaking new ground. This is a real test case for new ways of working
- **Staff are committed** to delivery having been heavily engaged throughout the co-production
- **CYP and families are optimistic** about the future – positive feedback from the co-production process so far – a lot of learning which will benefit the next phase and the wider system



# Timeline

## 1 Checkpoint 1: Agreement to proceed

4 NHS CAMHS providers confirmed their commitment to work together and with the 8 CCGs to co-produce with CYP & Families a core clinical model for CAMHS in line with THRIVE.

## 3 Checkpoint 3: Outline Clinical Model

Evaluated by panel of representatives from CCG Commissioners and Clinical, Local Authorities, Public health, CYP, Families, Education & VCFS. Feedback to Care Partnership following Board approval.

## 5 Checkpoint 5: Clinical Model and Draft Transition & Implementation Plan submitted and evaluated

Evaluated by panel of representatives from CCG Commissioners and Clinical, Local Authorities, Public health, CYP, Families, Education & VCFS. Feedback to Care Partnership following Board approval.

## 7 Checkpoint 7: Final Clinical Model, T & Plan and FMT submitted and evaluated

Evaluated by panel of representatives from CCG Commissioners and Clinical, Local Authorities & Public health. Board endorsement of Evaluation Panel recommendation to JCCCGs.

Oct 2017

Apr 2018

Aug 2018

July 2019

Sept 2019

April 2020

July 2020

## 2 Checkpoint 2: MOU and Phase 1 Co-production & Engagement Plan agreed

Memorandum of understanding between 4 NHS CAMHS providers signed off by Provider Boards, establishing Care Partnership; Co-production & Engagement Plan signed off by Transformation Programme Board.

## 4 Checkpoint 4: Phase 2 Co-production & Engagement Plan agreed

Phase 2 Co-production & Engagement Plan signed off by Transformation Programme Board.

## 6 Checkpoint 6: Update to CCB

Report to CCB following Checkpoint 5 to update and confirm next steps. Update from CFOs regarding 4 year investment plan in line with MHIS.

## 8 Checkpoint 8: Sign Off

Socialisation of Evaluation Panel Recommendations with CCG Executive's followed by presentation at JCCCGs for agreement of fully costed Clinical Model and Transition & Implementation Plan.





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# Questions?





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

The Ask:

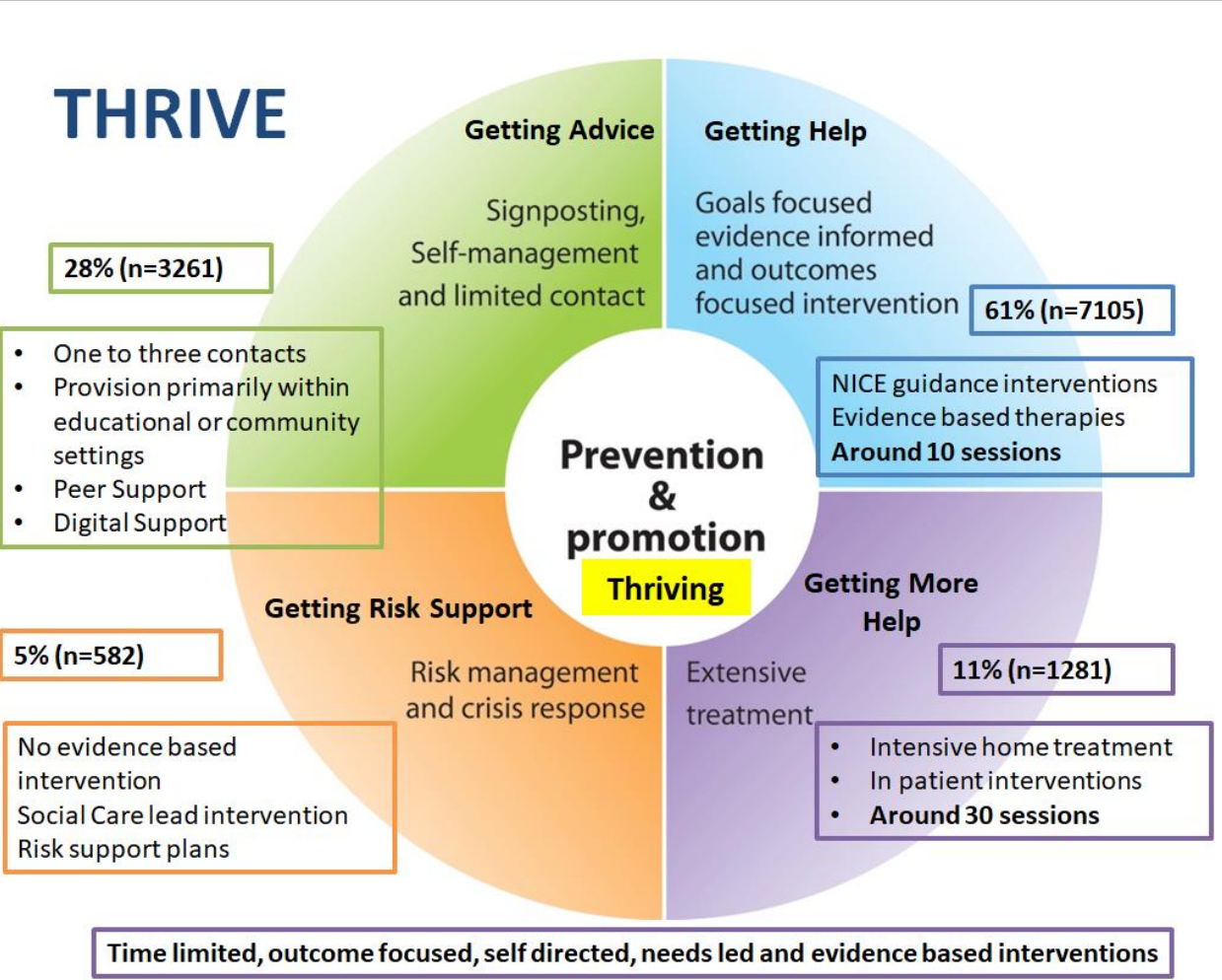
Providers are asked to collaborate with each other to clinically lead the co-production of a core service model for NHS funded Children and Young People’s Emotional Wellbeing and Mental Health Services across Lancashire and South Cumbria in line with the following:

Must Do’s:

- a. Be co-produced with CYP, families, providers, commissioners and other stakeholders (see appendix A).
- b. Reflect and respond to previous consultation (see EIRA) and incorporate ongoing engagement with CYP and families.
- c. Offer quality services that result in positive patient experiences and deliver positive outcomes for children, young people and families in line with PREMS and PROMS.
- d. Respond to the needs of our diverse communities and vulnerable groups (see EIRA).
- e. Incorporate the use of digital therapies in line with evidence base and offering choice
- f. Incorporate clinical support to online parenting groups and peer support based on recommendation in the iTHRIVE consultation e.g. closed Facebook groups with clinical input
- g. Incorporate the full range of NHS funded interventions provided across sectors e.g. counselling (see appx D)
- h. Reflect the THRIVE model: evidence based and outcomes lead; options and information for children and young people in need but not in treatment; interventions are focused and time limited; and a clear approach to risk support.
- i. Support delivery of the national access target (see appendix B).
- j. Take referrals from birth up to 18<sup>th</sup> birthday and continue to support up to 19<sup>th</sup> birthday, as needed
- k. Offer a clear single point of contact for CYP, families, schools and primary care including providing consultation and advice.
- l. Offer clear referral pathways including self-referral.
- m. Incorporate a single point of access to all elements of the THRIVE model including a ‘warm handover’ to other services
- n. Offer a direct route from adult IAPT for 16-18s with common mental health conditions as part of ‘getting help’. YP should only transition if it is clinically appropriate and reflects the YPs choice.
- o. Incorporate a range of roles including the new PMHWs and CWP.
- p. Ensures workforce requirements are delivered in line with Stepping Forward to 2020/21.

Pathways to be included:

Pathways to be developed as part of the redesign, reflecting the national access target definition, 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



Must Do’s continued:

- q. Offer 7-day CAMHS crisis response with access to out of hours’ on-call services and places of safety alongside Core 24
  - r. Offer access to the service in a range of CYP friendly settings.
  - s. Provide intensive support in community settings for young people
    - i. to help avoid escalation to crisis point
    - ii. for those who are assessed as not meeting threshold MH in-patient service
    - iii. to provide step-down care for those discharged from inpatient MH care
- Work with LA Social Care to establish alternative “safe places” to provide facilities for de-escalation, avoid CYP in crisis having to attend A&E or be on acute paediatric wards whilst awaiting assessment or whilst awaiting alternative provision.
- t. Allow for innovation and continuous improvement in response to national and local standards while enabling place based delivery and local variation, where appropriate. This should include the Green Paper (December 2017).
  - u. Support a collaborative system and a positive culture around children and young people’s mental health by working in partnership with non-NHS funded services that form part of the complementary offer; to tackle stigma and raise awareness; and positioning the new service within the context of an overall offer for 0-25.
  - v. Work in partnership with AMH and physical health services to ensure CYP and families are supported holistically and that services recognise and respond to the impact that AMH may have on CYP
  - w. CYP are appropriately supported across the system to transition in line with pan Lancashire Transitions procedure and NICE quality standards and learning from recent CQUIN.
  - x. Children and young people, who are vulnerable e.g. children looked after, young offenders, should have priority access to mental health assessments by specialist practitioners. An appropriate identification and triage system should be developed based on risk level and need. Access to subsequent treatment should be based on clinical need.

Performance and outcome measures and targets

1. **Access Target:** Included in THRIVE diagram above and CCG breakdown appendix B (Attached)

2. **Waiting List Measures:** included as placeholders in FYFV MH dashboard and as part of national indicator set therefore may require further amendment once finalised nationally.
  - a. Total number of CYP waiting for treatment by number of weeks waiting
  - b. Average waiting time (days):
    - i. from referral to treatment/Intervention (National proposed 4 weeks – Green Paper Dec 2017)
    - ii. from assessment to treatment/intervention
    - iii. from referral to assessment

3. **Quality Measures**
  - a. Transitions out of Children and Young People’s Mental Health Services as per Commissioning for Quality & innovation (CQUIN) 2017/18 specification, with a goal to improve the experience and outcomes for young people as they transition out of Children and Young People’s Mental Health Services.
  - b. Additional measures to be developed by providers
4. **Outcome measures:** based on the new indicator to be confirmed by NHSE

5. **Mental Health Service Data Set (MHSDS):** Compliance to the minimum MHSDS submission of 100% completeness and full compliance against data quality as per the NHS Digital provider level data quality report, with ambition to be fully conformant to MHSDS by 1<sup>st</sup> June 2018 as per the Information Standard Notice.





# THRIVE Framework

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for system change



An essential framework for communities who are supporting the mental health and wellbeing of children, young people and families

# THRIVE Framework for system change

## Authors

Prof Miranda Wolpert  
Dr Rita Harris  
Dr Sally Hodges  
Dr Peter Fuggle  
Dr Rachel James  
Dr Andy Wiener  
Dr Caroline McKenna  
Dr Duncan Law  
Dr Ann York  
Dr Melanie Jones  
Prof Peter Fonagy  
Dr Isobel Fleming  
Dr Simon Munk

## Editors

Charlotte Payne & Ellen Perry

## Designer

Charlotte Payne

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Fuggle, P., James, R., Wiener, A.,  
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## Disclaimer

All ideas in this paper and related to this framework are independent of any organisational affiliations, committee membership or other official capacities of any of the authors, other than their roles with the Anna Freud National Centre for Children and Families and The Tavistock and Portman NHS Foundation Trust.

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# What is the THRIVE Framework?

The THRIVE Framework provides a set of principles for creating coherent and resource-efficient communities of mental health and wellbeing support for children, young people and families.

It aims to talk about mental health and mental health support in a common language that everyone understands.

The Framework is needs-led. This means that mental health needs are defined by children, young people and families alongside professionals through shared decision making. Needs are not based on severity, diagnosis or health care pathways.

The THRIVE framework is for:

- **all** children and young people aged 0–25 within a specified locality
- **all** families and carers of children and young people aged 0–25 within a specified locality
- **any** professionals who seek to promote mental health awareness and help children and young people with mental health and wellbeing needs or those at risk of mental health difficulties (whether staff in educational settings, social care, voluntary or health sectors or others).

## The story so far

Since its creation, the THRIVE Framework has been extensively implemented across England. It has been the basis for service transformation plans in many child and adolescent mental health services.

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

There are three existing iterations of the Framework. Each includes further detail than the last while the fundamental ideas of the Framework are unchanged.

1. **THRIVE: The AFC-Tavistock Model for CAMHS** (2014).

2. **THRIVE Elaborated** (2015). Included more details of the work on case mix adjustment to underpin a new payment system for child mental health services that influenced the development of the Framework.

3. **THRIVE Elaborated: Second Edition** (2016). Included a new foreword emphasising the multi-agency and multi-sector scope of the Framework.

Image by Myles Tan from Unsplash



# The THRIVE Framework

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

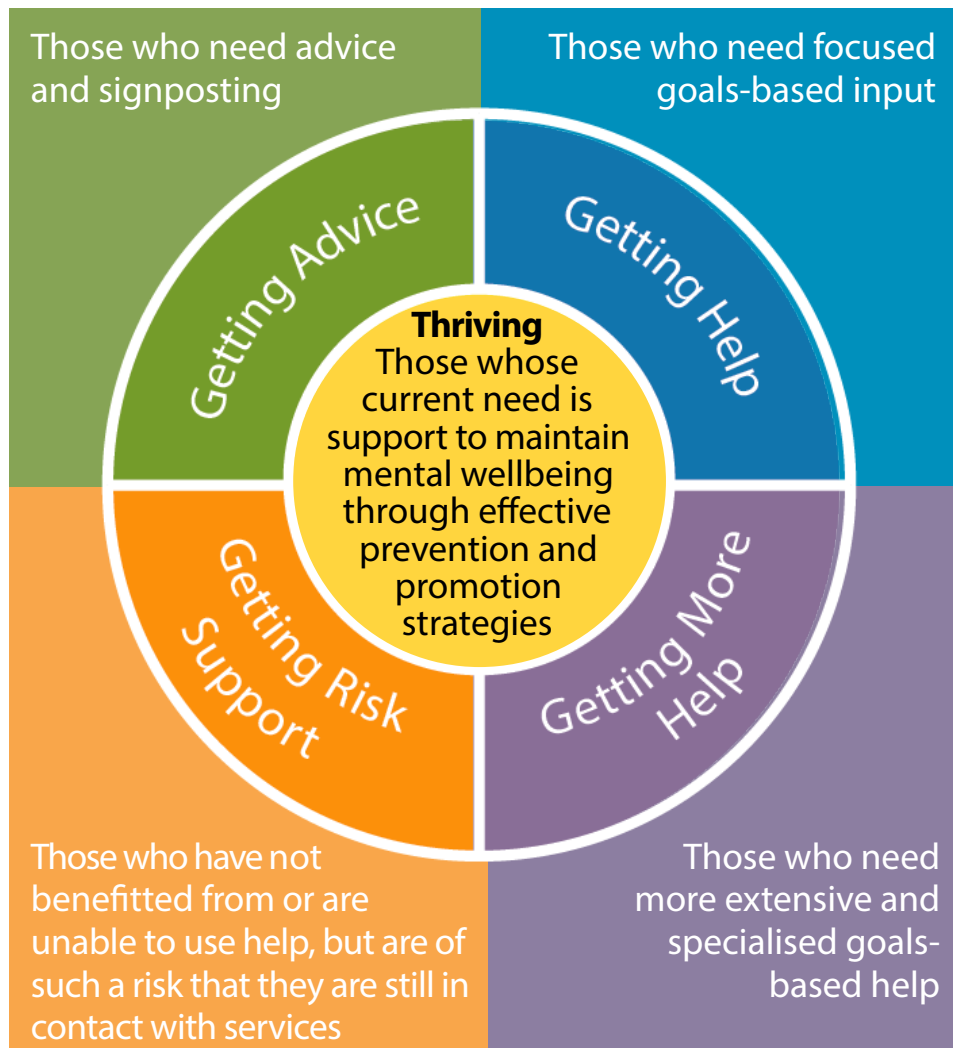


Image by Kendra Kamp from Unsplash





## Thriving

Those whose current need is support in maintaining mental wellbeing through effective prevention and promotion strategies

Around 80% of children at any one time are experiencing the normal ups and downs of life but do not need individualised advice or support around their mental health issues. They are considered to be in the *Thriving* group.

They may however benefit from prevention and promotion and communities implementing the THRIVE Framework should consider how best to support such initiatives at a system level.

Within this grouping are children and young people who are particularly vulnerable due to a range of social factors such as poverty, poor education, abuse or neglect; environmental factors including injustice, discrimination, and social and gender inequalities; and individual factors such as experience of abuse, a learning disability, or physical health problems.

Particular care may need to be taken by the system to try to systematically address the issues that put these children at risk and to ensure these groups have access to prevention and promotion strategies that meet their needs.

Within this grouping are children, young people and families adjusting to life circumstances, with mild or temporary difficulties, where the best intervention is within the community with the possible addition of self-support.

This group may also include, however, those with chronic, fluctuating or ongoing severe difficulties, for which they are choosing to manage their own health and/or are on the road to recovery.



## Getting Advice

Those who need advice and signposting

This group includes both those with mild or temporary difficulties AND those with fluctuating or ongoing severe difficulties, who are managing their own health and not wanting goals-based specialist input.

Information is shared such that it empowers young people and families to find the best ways of supporting their mental health and wellbeing.





## Getting Help

Those who need  
focused goals-  
based input

This group comprises those who need specific interventions focused on agreed mental health outcomes.

An intervention is any form of help related to a mental health need in which a paid-for professional takes responsibility for input directly with a specified individual or group.

The professional may not necessarily be a trained mental health provider, but may be a range of people who can provide targeted, outcomes-focused help to address the specific mental health issue.

Interventions are characterised by an explicit shared understanding from the outset of:

- what a successful outcome would look like
- how likely this is to occur by a specific date
- what would happen if this was not achieved.

Emphasis is placed on ending an intervention if it is felt not to be working or if the gains no longer outweigh the costs or potential harm.

This grouping comprises those children, young people and families who would benefit from focused, evidence-based help and support, with clear aims, and criteria for assessing whether these aims have been achieved.



## Getting More Help

Those who need more  
extensive and specialised  
goals-based help

This is not conceptually different from *Getting Help*. It is a separate needs-based grouping only because need for extensive resource allocation for a small number of individuals may require particular attention and coordination from those providing services across the locality.

It is for each community to determine the resource allocation threshold that defines *Getting More Help* from *Getting Help*.

There are no hard and fast rules as to who needs *More Help* but the following are frequent indicators:

- the child or young person is completely unable to participate age appropriately in daily activities in at least one context (e.g. school, home, with peers)
- they may even be unable to function in all domains (e.g. staying at home or in bed all day without taking part in social activities)
- they need constant supervision (due to their level of difficulties they are no longer managing self-care) and experience distress on a daily basis.

This grouping also comprises those children, young people and families who would benefit from focused, evidence-based interventions, with clear aims, and criteria for assessing whether these aims have been achieved.

It encompasses those young people and families who would benefit from extensive intervention.

This grouping might include children with a range of overlapping needs that mean they may require greater input, such as the coexistence of autistic spectrum disorder (ASD), major trauma or broken attachments.





## Getting Risk Support

Those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services

The aim of specifying a category of *Getting Risk Support* is for all partners to be clear that what is being provided is managing risk ONLY.

It is important to note that there are likely to be risk management aspects in all groupings. However, in the context of high concerns but lack of therapeutic progress for those in this group, risk management is the sole focus.

Children or young people in this grouping may have some or many of the difficulties outlined in *Getting Help* or *Getting More Help* above BUT, despite extensive input, they or their family are currently unable to make use of help, more help or advice AND they remain a risk to self or others.

Children, young people and families in this grouping are likely to have contact with multiple-agency input such as from social services and youth justice.

This grouping comprises those children, young people and families who are currently unable to benefit from evidence-based treatment but remain a significant concern and risk.

This group might include children and young people who routinely go into crisis but are not able to make use of help offered, or where help offered has not been able to make a difference; who self-harm; or who have emerging personality disorders or ongoing issues that have not yet responded to interventions.

Image by mentatdgt from Pexels

## Why is the THRIVE Framework important?

Implementing the THRIVE Framework is anticipated to result in:

- Improved functioning and life chances of all children, young people and their families in the area.
- Children, young people and families being more empowered to manage their own mental health and make the best use of the resources available, including managing any ongoing mental health issues.
- Children, young people and families feeling more involved in decision making about the help and support they receive.
- Children and young people's mental health needs being identified and appropriately responded to earlier.
- Professionals supporting children, young people and families reporting more positive experiences of partnership working.
- Improvement in access to appropriate mental health help and support: reduction in waiting times for specialist mental health and wellbeing help (fewer inappropriate referrals and discharges) across the system.
- Increased engagement and attendance across the system (greater opportunities for support to be provided within the community where appropriate and preferred).
- Reduction in children and young people passed from one place to the other via inter-agency referrals (greater inter-agency understanding and vision of what can be helpful in supporting children and young people's mental health and wellbeing).
- Greater openness and a shared understanding between all target groups about when to end help.
- Shared outcome framework understood by all target groups.



## The THRIVE Framework Principles

The THRIVE Framework Principles are the basis for all support options provided by those implementing the THRIVE Framework. They should be embedded in everything the service or community does.

### 1. Common Language

Common conceptual framework (five needs-based groupings: *Thriving, Getting Advice, Getting Help, Getting More Help, Getting Risk Support*) shared across all target groups.

### 2. Needs-Led

Approach based on meeting need, not diagnosis or severity. Explicit about the definition of need (at any one point, what the plan is and everyone's role within that plan). Fundamental to this is a common understanding of the definitions of needs-based groupings across the local system.

### 3. Shared Decision Making

Voice of children, young people and families is central. Shared decision-making processes are core to the selection of the needs-based groupings for a given child or young person.

### 4. Proactive Prevention and Promotion

Enabling the whole community in supporting mental health and wellbeing. Proactively working with the most vulnerable groups. Particular emphasis on how to help children, young people and their communities build on their own strengths including safety planning where relevant.

### 5. Partnership Working

Effective cross-sector working, with shared responsibility, accountability, and mutual respect based on the five needs-based groupings.

### 6. Outcome-Informed

Clarity and transparency from outset about children and young people's goals, measurement of progress movement and action plans, with explicit discussions if goals are not achieved.

- Discuss the limits and ending of interventions.
- Differentiate treatment and risk management.
- Consider full range of options including self or community approaches.

### 7. Reducing Stigma

Ensuring mental health and wellbeing is everyone's business including all target groups.

### 8. Accessibility

Advice, help and risk support available in a timely way for the child, young person or family, where they are and in their community.



# What does it look like in practice?

## The THRIVE Framework Indicators and Case Examples

The THRIVE Framework Indicators are the basis for all support options provided by those implementing the THRIVE Framework. They should be embedded in everything the service or community does.

### 1. Cross-sector working based on a common language built around the five needs-based groupings is supported

#### TOP TIPS

- Use a common language to understand need.
- Encourage shared knowledge and learning and therefore a greater overview of different forms of help and approaches to support mental health.
- Ensure a high level of respect for colleagues in other sectors.
- Place confidence in each sector in supporting mental health.
- All professionals in the system to be supported appropriately including appropriate information sharing across target groups.
- Ensure use of THRIVE language: needs-based groupings.
- An implementation team may be crucial.

#### RESOURCES

See p.24 for further details

1. CASCADE Framework
2. Current View Tool
3. Summer School
4. i-THRIVE Academy Module: Getting advice: assessment and signposting
5. Choice and Partnership Approach (CAPA)



#### Cross-sector Network Meetings in relation to supporting children and young people with eating disorders, Greater Manchester, 2018

//

The three teams meet for quarterly Network Meetings focused on data sharing, engagement in case discussion forums and reflective practice, and continued professional development. Once these services form mature networks, they plan to have quarterly case-study opportunities where young people and families can talk about their experiences and for the families to participate in the co-development of the pathway.

Meetings are attended by the specialist community eating disorder teams, BEAT from the voluntary community sector, representatives from cluster schools who have engaged with BEAT, commissioners, Greater Manchester Digital, and young people and families.

There is a system-wide approach to service delivery, continuous improvement, relationship development and capacity building, and improving the service users' experience by ensuring equitable access and improved outcomes."

*Dr Sandeep Ranote, Greater Manchester CAMHS*



#### Ensuring working relationships between all staff levels, Camden, 2018

//

A lot of work needs to be carried out to integrate levels and ensure there are working relationships between the different levels of management, alongside consistent messages being promoted across all levels.

In Camden, 'Systemic Champions' ensure sustainability and are representative of all parts of the service and different levels, so it isn't just social workers, it also includes senior practitioners and senior managers. There are extended management meetings, providing senior practitioners with forums to present their work. It's important to provide such mechanisms for different levels of staff to come together to share and work collaboratively to embed the model."

*Paul Dugmore and Karen Partridge, Tavistock and Portman NHS Foundation Trust*



## 2. Mental wellbeing, early intervention and help are prioritised

### TOP TIPS

- Focus on active prevention and health promotion strategies.
- Support children, young people, parents and carers to have conversations around mental health with professionals (e.g. GPs, health visitors, teachers, youth workers, sports coaches, spiritual leaders, social workers) with whom they already have a relationship.
- Facilitate early help seeking and collaborative intervention strategies that consider professional, self-help and community interventions.

### RESOURCES

See p.24 for further details

1. Self-care webpages
2. On My Mind
3. Talking Mental Health
4. Mentally Healthy Schools
5. We all have mental health

Image by Thiago Cerqueira from Unsplash



### A THRIVE-like radio station, Manchester, 2017

//

Unity Radio broadcasts music, debates and discussions to the Manchester region and is available online to everyone. One of its core aims is to promote the overall wellbeing of young people. Radio production projects are used as a platform to support young people to express their views and share their learning on important topics.

It contributes to health and wellbeing promotion for young people who are Thriving by raising awareness and knowledge of risky behaviours and engaging them in positive, confidence-building projects.

It uses the resources and expertise available in the community to support young people. Unity staff members know about other local services and resources that they can effectively signpost young people to.

Unity Radio also provides a form of early intervention to young people who may be at risk of developing further problems down the road. If we work with a young person who has previously gone missing, we work to create diversionary activities to prevent that young person reaching a crisis in the future.

Unity could also play a valuable role for children and young people who are considered to be Getting Risk Support. For example, there may be a young person who is currently unable to benefit from further interventions available in traditional CAMHS but who may still benefit from being involved in Unity Radio."

*Lee Dinsdale, Director of Unity Radio*



### The Social Mediation and Self-Help (SMASH) Programme, Humber, 2017

//

SMASH is a group-based programme which takes referrals from schools of 10–16-year-olds who may be at risk of developing mental health problems. SMASH aims to build self-esteem and resilience and provide young people with strategies to cope with everyday stresses, negative feelings and issues that young people may be faced with at school, at home or online.

SMASH sessions consist of unique activities delivered through closed group circles, using restorative practice, conflict resolution, elements of talking therapies and CBT. 'SMASH graduates' are invited back to provide peer support for the latest intake on the programme, have a say during the recruitment and training of new SMASH practitioners, and can co-produce session content.

An evaluation of SMASH found evidence of increased self-confidence, self-esteem and emotional resilience as a result of the programme. The report suggests that there was some evidence for a reduction in need for specialist mental health intervention for the SMASH graduates."

*Emma Train-Sullivan and Peter Flanagan, Humber NHS Foundation Trust*



### 3. Children, young people and families are involved in shared decision making around their own mental health and wellbeing

#### TOP TIPS

- Prioritise shared decision making in contact with service providers.
- Prioritise active participation of children and young people and families in designing services.
- Build all interventions around collaboratively agreed goals and monitor outcomes in relation to these goals.
- Discuss criteria for ending treatment from the outset and review pros and cons of treatment throughout.

#### RESOURCES

*See p.24 for further details*

1. i-THRIVE Grids
2. Next Steps Cards
3. i-THRIVE Academy modules: Shared decision making and When to stop treatment
4. Routine outcome measures in services (CORC)
5. Goals in Therapy
6. Choice and Partnership Approach (CAPA)



#### **i-THRIVE Grids, a paper-based decision aid, London, 2018**

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The i-THRIVE Grids are paper-based decision aids co-produced with young people, parents, and mental health professionals. To date, eight one-page grids have been developed covering low mood, self-harm, ADHD, and generalised anxiety. Five of the grids have received endorsement from NICE as of June 2018.

Decision aids like the i-THRIVE Grids have been shown to increase the likelihood that patients have better knowledge of options and outcomes, feel more comfortable with the choice they make about treatment or care, and have an improved perception of involvement in shared decision making.

However, it is important that healthcare professionals are trained to use these tools to ensure that they are being used in accordance with best practice in shared decision making."

*Rosa Town, i-THRIVE Programme*



#### **Designing a needs-based approach to CAMHS, East Cheshire, 2016**

//

Fundamentally, [our participatory approach to building our model started] with the young person's voice, so we commissioned an organisation to work in our local schools and local community to use the THRIVE Framework as a basis to determine what our young people think and feel, what should be included as sources of support in the future and what works well now.

Our Young Advisors (aged 15–24, who show community leaders how to engage young people in community life, local decision-making and improving services) supported this and developed similar suggestions, but focused specifically on linking with young people who had already been supported by mental health services in Cheshire. In this way, we considered both how to keep our young people resilient as well as supporting them to recover."

*Emma Leigh MBE, NHS Eastern Cheshire Clinical Commissioning Group*





#### 4. Everyone in the system is empowered to have an active role around their own mental health and wellbeing

##### TOP TIPS

- Emphasise the range of self and community approaches that do not involve professional input that can be considered.
- Emphasise a model of fluctuating mental health needs.
- Have clear plans in place for help (intervention plans) e.g. cross-sector THRIVE/support plans to be used by professionals for management of risk and crises.
- Support a shift in thinking from the assumption that specialised mental health services are the only way of helping those with mental health needs amongst school, social care and others.
- Share the accountability and responsibility when managing risk.

##### RESOURCES

*See p.24 for further details*

1. i-THRIVE Academy modules: Assessment, Signposting and Risk Support; Getting Advice; Shared Decision Making; Risk Support; When to stop treatment; i-THRIVE Grids
2. CASCADE Framework
3. Mentally Healthy Schools
4. Talking Mental Health
5. We all have mental health
6. Wellbeing Measurement for Schools
7. Adaptive Mentalization-Based Integrative Treatment (AMBIT)



##### **Cross-sector risk management training, Central Manchester, 2016**

//

Underpinning the entire effort is a system that works to ensure that staff in all localities are equipped with strong and robust training around risk management, and systems are in place to escalate risk cases."

*Dr Paul Wallis, Central Manchester University Hospital Foundation NHS Trust*



##### **Cross-sector approach to managing the wellbeing of looked after children, Haringey, 2017**

//

First Step is a fast track psychological health screening and assessment service for Haringey's looked after children and young people. The team consists of three experienced clinicians who are notified by the local authority of all new children and young people who enter the care system.

Once notified, First Step contacts the foster carer to complete a Strengths and Difficulties Questionnaire (SDQ), a measure that assesses the psychological needs of the child, which is then completed on an annual basis to monitor any changes over time.

Where an elevated psychological need has been identified, a reflective consultation is set up between First Step and the individual's social worker. They discuss the child's experiences and their emotional needs at that point in time and determine whether a referral to other services, including child and adolescent mental health services (CAMHS), is indicated.

Up to six further face-to-face sessions are offered to the child and their Key Adult Network which consists of professionals involved in the child's daily life, for example: the social worker, a teacher, carer and sometimes the birth parent. These 'open-dialogue' sessions are intended to create a rich picture of the child's experiences and emotional needs. The outcome is the creation of a tailored, multi-agency plan of approach for the child that ensures more emotionally sensitive involvement to meet their needs."

*Wendy Lobatto, First Step Haringey*





## Developing integrated provision in line with THRIVE Framework Principles, Haringey, 2019

//

The London Borough of Haringey and NHS Haringey Clinical Commissioning Group are developing integrated provision in line with THRIVE Framework Principles and have been awarded funding from Health Education England for three Children's Wellbeing Practitioners (CWPs) to provide low intensity emotional wellbeing support for children, families and staff at Seven Sisters Primary School.

	Current successes	Priorities for taking forward
Thriving	<ul style="list-style-type: none"> <li>Talking and drawing intervention</li> <li>Free 15-hour nursery places for 2-year-olds</li> <li>Strong whole school wellbeing ethos</li> </ul>	<ul style="list-style-type: none"> <li>Improve links with adult mental health provision and integrated borough-wide support for parents</li> <li>Improve communication and feedback between external agencies and school</li> </ul>
Getting Advice	<ul style="list-style-type: none"> <li>Hope in Tottenham: child and family mentor, school counselling service, building strength in communities</li> <li>Antenatal appointments on school site</li> <li>Links with Mind to support parents/carers</li> </ul>	<ul style="list-style-type: none"> <li>Engage families with family support provision improving links with adult mental health provision and integrated borough-wide support for parents</li> <li>Promote engagement with CWPs and workshops to children, young people, parents and carers</li> <li>Building capacity to support emotional health and wellbeing in the classroom for parents</li> <li>Citizens Advice Bureau skilling up staff regarding housing advice and benefits</li> </ul>
Getting Help	<ul style="list-style-type: none"> <li>CWP workshops for parents</li> <li>Home-Start: Haringey befriending for families with children up to 12 years old</li> <li>Police Community Support Officer: advice from named officer, Operation Christmas Tree</li> </ul>	<ul style="list-style-type: none"> <li>Develop pilots with CWPs</li> <li>Promote greater family integration into school community</li> <li>Improve links with adult mental health provision and integrated borough-wide support for parents</li> <li>Targeted interventions delivered through SENCO and inclusions team</li> <li>CWPs to train on the needs of children, young people and families</li> <li>Financial implications of school education psychologist support</li> <li>CWP parenting groups</li> </ul>

Getting More Help	<ul style="list-style-type: none"> <li>Full time safeguarding lead</li> <li>School clothing and food banks</li> <li>First Step: mental health and wellbeing assessment</li> </ul>	<ul style="list-style-type: none"> <li>Clarify Homes for Haringey's support for families with complex needs</li> <li>Improving links with adult mental health provision and integrated borough-wide support for parents</li> <li>Support family engagement with services outside school</li> <li>Support external agencies to engage with families in school</li> <li>Support engagement with Engine Room intervention: a neuroplasticity intervention with health mentor</li> </ul>
Getting Risk Support	<ul style="list-style-type: none"> <li>Change of provision where needed: bespoke response according to need</li> <li>Trusted adult identified by the young person for very vulnerable children</li> <li>Good relationships with community resources, e.g. Police, Gangs Unit</li> </ul>	<ul style="list-style-type: none"> <li>Improve links with adult mental health provision and integrated borough-wide support for parents</li> <li>Engage with wider support systems to reduce risk of exclusion</li> <li>Develop systems to manage health and social care crises</li> <li>Build capacity for parental support for emotional wellbeing in the classroom</li> <li>Work with wider system to maintain educational and home placement</li> </ul>

Next steps: two pilot projects will be led by CWPs to support the emotional health and wellbeing of the children, young people and parents/carers at the school, and to build emotional health and wellbeing capacity within school staff.

- Two groups over six weekly sessions for:
  - Parents/carers, to help them support school readiness and manage challenging behaviour.
  - Year 6 pupils, to support them with anxiety management strategies for SATs exams.
- Termly school-wide teacher one-to-ones to promote emotionally friendly classrooms and build teacher capacity to signpost to appropriate support, including the CWPs.

*Emma Murray and Tara Welch, Seven Sisters Primary School*



## Influencing factors to consider

- Resources available to support cross-sector approaches in the locality
- Stressors in the locality
- Leadership
- Cross-sector working more generally
- Staff turnover
- Professional and service protectionism
- Changes in resources to services
- Ability to track for unintended consequences
- Environmental factors impacting on mental health e.g. social deprivation, levels of adverse childhood events
- Public/local/political perception that specialist mental health care is always needed, or inpatient care is better than community care
- Changes in government strategy that are more or less aligned with THRIVE Framework Principles



Image by Fraser Cottrell from Unsplash



## What does the THRIVE Framework mean for children, young people and families?

A young person or family struggling with their mental health in an area implementing THRIVE would experience:

- No 'wrong door', meaning anyone a young person talked to about their mental health, whether they were a teacher, a GP or the school lunchtime assistant, would be able to provide them with support or signpost them to available support options.
- Whoever was helping a young person with their mental health would know the best ways to ask for their views about what was important to them and what they wanted to be different, so that there was genuine shared decision making about ways of helping.
- Signposting to things the young person, their family and friends could do to support the mental health needs of the young person who was struggling, including accessing community groups and resources such as drama, sport and volunteering.
- Whoever was giving a young person more specialized mental health help would support the young person to evaluate their progress towards their goals and to check that what was being tried was helping.
- Supportive but transparent conversations about what different treatments were likely to lead to, including their limitations.

Sometimes, different attempts to help are not effective for extremely troubled young people who have multiple problems. In this set of circumstances where there are ongoing concerns about potential harm to the young person, the THRIVE Framework makes sure that a plan is in place to help manage the risk of harm drawing on people the young person felt closest to.



## Resources

AMBIT Training Programme	The Adaptive Mentalization-Based Integrative Treatment (AMBIT) approach provides tools for putting mentalization to use in work with clients, team colleagues and wider inter-agency networks. <a href="http://annafreud.org">annafreud.org</a>
CASCADE Framework	A tool to bring schools, colleges and mental health specialists together to embed integrated working. <a href="http://annafreud.org">annafreud.org</a>
Child Outcomes Research Consortium (CORC)	The UK's leading organisation that supports services to collect and use evidence to improve children and young people's mental health and wellbeing. <a href="http://corc.uk.net">corc.uk.net</a>
Choice and Partnership Approach (CAPA)	Continuous service improvement model that combines personalised care and collaborative practice with service users with processes to develop and deploy workforce skills in smooth, efficient pathways. <a href="http://capa.co.uk">capa.co.uk</a>
Current View Tool	An assessment tool that rates a number of children and young people's presenting problems, complexity and contextual problems and school, work or training difficulties. <a href="http://ucl.ac.uk/ebpu">ucl.ac.uk/ebpu</a>
Goals in Therapy	A website dedicated to the use of goals, goal-orientated practice and goal-based outcomes (GBOs), in psychological therapies, counselling and psychotherapy. <a href="http://goals-in-therapy.com">goals-in-therapy.com</a>
i-THRIVE	A programme working with CCGs, NHS trusts and local authorities across the country to implement the THRIVE Framework. <a href="http://implementingthrive.org">implementingthrive.org</a>
i-THRIVE Academy Modules	THRIVE Framework practice development modules available for sites to purchase: 1. Shared Decision Making, 2. Getting Advice, 3. When to Stop Treatment, 4. Risk Support, 5. i-THRIVE Grids <a href="http://implementingthrive.org/ithrive-academy">implementingthrive.org/ithrive-academy</a>

i-THRIVE Grids	Paper-based decision aids co-produced with young people, parents and mental health professionals to facilitate conversation around treatment or care. <a href="http://implementingthrive.org">implementingthrive.org</a>
Wellbeing	Support for education providers to understand the needs of their pupils and monitor the impact of the support they provide. <a href="http://corc.uk.net">corc.uk.net</a>
Mentally Healthy Schools	A website bringing together quality-assured information, advice and resources to help primary schools understand and promote children's mental health and wellbeing. <a href="http://mentallyhealthyschools.org.uk">mentallyhealthyschools.org.uk</a>
Next Steps Cards	A unique goal-based outcome tool designed to support health and education professionals to promote the mental health and wellbeing of children and young people. <a href="http://nextstepcards.co.uk">nextstepcards.co.uk</a>
On My Mind	A set of webpages developed by young people to empower 11–25s to make informed choices about their mental health and wellbeing. <a href="http://annafreud.org/on-my-mind">annafreud.org/on-my-mind</a>
Self-Care Webpages	Developed by young people, this site provides a list of self-care activities young people use to help themselves look after their mental health and wellbeing. <a href="http://annafreud.org/on-my-mind/self-care">annafreud.org/on-my-mind/self-care</a>
Talking Mental Health	An animation and teacher toolkit for primary schools designed to begin conversations in the classroom about mental health, talking and listening. <a href="http://youtu.be/nCrjevx3-Js">youtu.be/nCrjevx3-Js</a>
We all have mental health	An animation and teacher toolkit for secondary schools about mental health and seeking support. <a href="http://youtu.be/DxIDKZHW3-E">youtu.be/DxIDKZHW3-E</a>
Schools in Mind Network	A free network for school staff which shares research, events and training on children and young people's mental health. <a href="http://annafreud.org/schoolsinmind">annafreud.org/schoolsinmind</a>
Summer School: Leadership Training	Training led by world-leading experts for leaders or aspiring leaders in child mental health settings who are looking to transform what they can offer young people and families. <a href="http://annafreud.org/training">annafreud.org/training</a>





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## **Children's Services Scrutiny Committee**

Meeting to be held on Wednesday, 26 February 2020

Electoral Division affected: (All Divisions);
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## **Work Programme 2019/20**

(Appendix 'A' refers)

Contact for further information:

Samantha Parker, Tel: (01772) 538221, Senior Democratic Services Officer,

sam.parker@lancashire.gov.uk

### **Executive Summary**

The work programme for the Children's Services Scrutiny Committee is attached at Appendix 'A'.

The topics included were identified at the work planning workshop held on 25 July 2019.

### **Recommendation**

The Children's Services Scrutiny Committee is asked to:

- i. Note and comment on the report and work programme;
- ii. Discuss and confirm topics for the next meeting and reasons for scrutiny.

### **Background and Advice**

A statement of the work to be undertaken and considered by the Children's Services Scrutiny Committee for the 2019/20 municipal year is set out at Appendix 'A'.

The work programme will be presented to each meeting for consideration and includes topics to be discussed at committee meetings, events, task groups, rapporteur work, briefing notes and training for members.

Members are requested to note and comment on the report and to discuss and confirm topics for the next meeting and reasons for scrutiny.

### **Consultations**

NA

**Implications:**

This item has the following implications, as indicated:

**Risk management**

This report has no significant risk implications.

**Local Government (Access to Information) Act 1985  
List of Background Papers**

Paper	Date	Contact/Tel
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NA

Reason for inclusion in Part II, if appropriate

NA

## Children's Services Scrutiny Committee Work Programme 2019/20

The Children's Services Scrutiny Committee Work Programme details the planned activity to be undertaken over the forthcoming municipal year through scheduled Committee meetings, task group, events and through use of the 'rapporteur' model.

The items on the work programme are determined by the Committee following the work programming session at the start of the municipal year in line with the Overview and Scrutiny Committees terms of reference detailed in the County Councils Constitution. This includes provision for the rights of County Councillors to ask for any matter to be considered by the Committee or to call-in decisions.

Coordination of the work programme activity is undertaken by the Chair and Deputy Chair of all of the Scrutiny Committees to avoid potential duplication.

In addition to the terms of reference outlined in the [Constitution](#) (Part 2 Article 5) for all Overview and Scrutiny Committees, the Children's Services Scrutiny Committee will:

- Scrutinise matters relating to services for Children and Young People delivered by the authority and other relevant partners
- Review and scrutinise any matter relating to the planning, provision and operation of the health service in the area and make reports and recommendations to NHS bodies as appropriate
- Invite interested parties when reviewing any matter relating to the planning, provision and operation of the health service in the area, to comment on the matter and take account of relevant information available, particularly that provided by the Local Healthwatch
- Review and scrutinise any local services planned or provided by other agencies which contribute towards the health improvement and the reduction of health inequalities in Lancashire and to make recommendations to those agencies, as appropriate
- Take steps to reach agreement with NHS body, in the case of contested NHS proposals for substantial service changes
- Refer a matter to the relevant Secretary of State in the case of contested NHS proposals for substantial service changes where agreement cannot be reached with the NHS
- Refer to the relevant Secretary of State any NHS proposal which the Committee feels has been the subject of inadequate consultation

- Scrutinise the social care services provided or commissioned by NHS bodies exercising local authority functions under Section 31 of the Health Act 1999
- Draw up a forward programme of health scrutiny in consultation with other local authorities, NHS partners, the Local Healthwatch and other key stakeholders
- Acknowledge within 20 working days to referrals on relevant matters from the Local Healthwatch or Local Healthwatch contractor, and to keep the referrer informed of any action taken in relation to the matter
- Require the Chief Executives of local NHS bodies to attend before the Committee to answer questions, and to invite the chairs and non-executive directors of local NHS bodies to appear before the Committee to give evidence
- Invite any officer of any NHS body to attend before the Committee to answer questions or give evidence

The Work Programme will be submitted to and agreed by the Scrutiny Committees at each meeting and will be published with each agenda.

The dates are indicative of when the Children's Services Scrutiny Committee will review the item, however they may need to be rescheduled and new items added as required.

Topic	Purpose	Lead Officers/ Organisation	Proposed Date(s)	Recommendations	Progress
<b>Committee Meetings</b>					
Lancashire SEND Partnership Improvement Plan	Progress update on the Improvement Programme and Plan as requested at the meeting of the committee on 13 May 2019	Sally Richardson Samantha Jones (LPCF) Hilary Fordham (Health) Ajay Sethi	3 July 2019	An update to be provided on the speech and language services, the progress of actions delayed and progress of the 12 areas set out in the WSoA	To be reported to Education Scrutiny Committee at 29 Oct 2019 meeting
Children and Families Partnership Arrangements	Progress update on the review of current partnership arrangements	Dave Carr Rob Dobson (Burnley BC)	3 July 2019	Noted	NA
Youth Offending Team (YOT)	Inspection outcomes and action plan	Head of Fostering, Adoption, Residential and YOT	9 Oct 2019	A briefing note be provided to committee members in March 2020 on the post inspection action plan progress.	Added to work programme

Participation Strategy	Enhancing participation practice – new draft strategic framework	Strategy Lead for Participation Youth Council representative Head of Policy, Information and Commissioning (Start Well)	9 Oct 2019	<p>Details of the network of participation champions when identified be circulated to all councillors to assist with supporting a 'culture of participation'.</p> <p>A progress report be provided to a future meeting of the committee.</p> <p>Information on the questionnaire to schools be circulated to committee members to support generating responses.</p>	<p>Awaiting details</p> <p>Added to WP</p> <p>Awaiting details</p>
Child Poverty	Holiday hunger and food banks Poverty and knife crime Impact of Universal Credit Housing and housing conditions	Director of Children's Social Care Partners TBC Business Intelligence	15 Jan 2020	A briefing note on Holiday Hunger and Food Banks be circulated to the Children's Services Scrutiny Committee.	
Permanence	Overview of Permanence and the new Permanence plan	Director of Children's Social Care Head of Children's Social Care	15 Jan 2020	The evidence of improvements included in the 'Getting to Good Plan' be presented to the committee in six months' time	



Neglect Strategy	Update on implementation of strategy and partnership working	Director of Children's Social Care	15 Jan 2020	A request be made to Education Scrutiny Committee to include the Neglect Strategy as part of any discussions around Elective Home Education.	Included on ESC work programme
CAMHS	Update on progress of service redesign programme for Lancashire and South Cumbria	Sally Nightingale Head of Policy, Information and Commissioning (Start Well)	26 Feb 2020		
Children's Health	Update on current data/trends on children's health including: <ul style="list-style-type: none"> <li>• Childhood obesity trailblazer programme</li> <li>• Childhood immunisations**</li> <li>• Dental health inc Orthodontic Service procurement</li> </ul>	Ruksana Sardar-Akram	24 March 2020		
Area Safeguarding Arrangements	Future focus and plans	Director of Children's Social Care	23 Apr 2020		
Adoption Service	Review of new Regional Adoption Agency – update on implementation plan for new Pan Lancashire arrangements	Head of Fostering, Adoption, Residential and YOT	23 Apr 2020		

Looked After Children	Update on Independent Reviewing Officer (IRO) service annual report priority to improve the quality of IRO challenge in respect of quality of care plans and drift and delay with a focus on improving outcomes for the child. Ensuring that challenge is evident and effective	Head of Safeguarding, Inspection and Audit	23 Apr 2020		
Participation Strategy	Update on progress of the strategy implementation	Strategy Lead for Participation Head of Policy, Information and Commissioning (Start Well)	TBC		
0-19 Healthy Child Programme	Virgin Care contract review of service provision	Health	TBC		
<b>Briefing Notes</b>					
Road Safety	Update on Lancashire road safety data following release of national data	TBC			
Domestic Abuse	Update following conclusion of the cabinet working group	TBC			
Suicide Prevention	Data update at district level and bereavement support work undertaken. Links to child poverty, safeguarding and social media for school age children	Head of Health, Equity, Welfare and Partnerships			

Independent Visitors	Update on recruitment and strategy to increase diversity	TBC			
YOT	Action plan progress post inspection	Barbara Bath	March 2020		
Child Poverty	Information on holiday hunger and food banks – where is provision – what are districts doing?	Scrutiny Officer			
<b>Proposed Information Sessions (BSB's)</b>					
Inspection outcomes	Inspection outcomes across children's services	Director of Children's Social Care	TBC		
<b>Reports for Review</b>					
LSCB Annual Report					
IRO Annual Report					
LGO Annual Complaints Review					
Lancashire Getting to Good Plan					

**Potential topics:**

- Road safety
- Independent children's homes
- Peer review outcomes
- Family Safeguarding Model – end 2020/early 2021
- Child poverty – money management and support from agencies
- Getting to Good plan – Sept 2020



