



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

Education and Children's Services Scrutiny Committee

16 December 2020

 @CYPEWMH1



Overview

- Emerging Evidence of Impact
- Our Response
- THRIVE Redesign
- Plans Moving Forward



Emerging Evidence of Impact

- Mental health difficulties such as anxiety and depression have markedly increased.
- Feelings of panic, stress, fear and fatigue amid uncertainty and a lack of control among young people are also widespread.
- Disruption to young people's 'sense of control' and 'sense of meaning' has contributed to growing stress and anxiety.
- Concerns about returning to schools and colleges.
- Family dynamics, learning and education, financial stressors, social isolation and loneliness are all stressors contributing to poor mental health during the pandemic
- However, for some, the pandemic has had positive mental health impacts due to a sense of support and potentially reduced stressors, such as social pressures at school.



Emerging Evidence of Impact

- Children and young people with pre-existing health and education needs, such as anxiety, Attention Deficit Hyperactivity Disorder (ADHD), and special educational needs are experiencing an increase in symptoms and compromised access to support due to limited capacity of a range of services.
- Children and young people with pre-existing social care needs, such as young people experiencing homelessness, children in care, young carers, and young people experiencing poverty are, on the whole, struggling more due to reduced support systems and further financial impacts of the pandemic.
- Children and young people from black and minority ethnic backgrounds are disproportionately affected by the coronavirus as they and their parents and carers are both more likely to be key workers, and more likely to work in shut-down sectors. They therefore have greater likelihood of exposure to the virus whilst also being more likely to experience loss of household income. As a result, the mental health impact for these young people is exacerbated.



Emerging Evidence of Impact

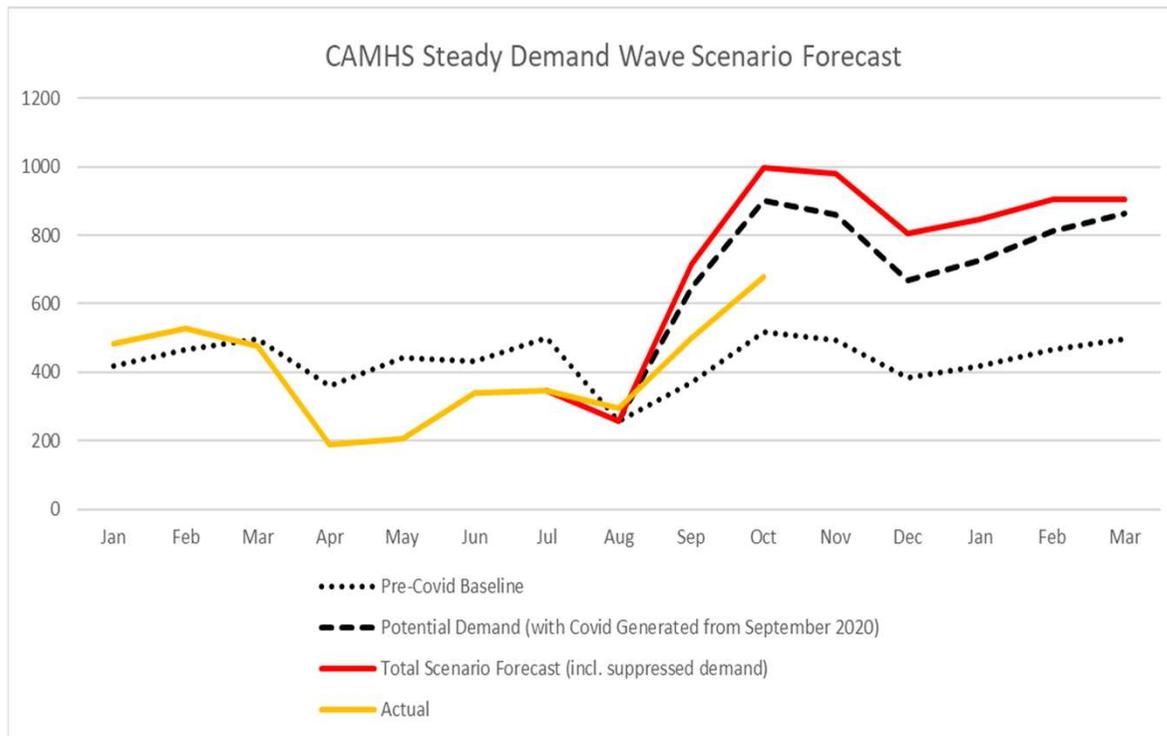
Child Action North West Partnership Early Help Service has provided a focus on younger children

- Half of all the referrals into the current Emotional Health & Wellbeing commission request individual support for primary aged children.
- In comparison to previous year's referrals for children aged 4-11 there has been;
 - An increase of 8% referrals received.
 - 50% increase in general enquiries for service to support children with emotional health and wellbeing issues (via email and telephone)
 - 30% increase in referrals for support around Emotional Regulation
 - 63% increase in Low Mood

Evidence of pressures in school workforce as a result of COVID



Emerging Evidence of Impact



- Forecast presents Reasonable Worst Case scenario
- Assumes that Covid-generated (illness-related impact and socio-economic impact) will present to services
- Assumes all suppressed demand (demand which would always have occurred but was suppressed by lockdown) will emerge
- September & October demand on Lancashire and South Cumbria Care Foundation Trust (LSCFT) Child and Adolescent Mental Health Services (CAMHS) was 46.0% higher than same period in 2019
- Gap between actual and potential demand suggests unmet need

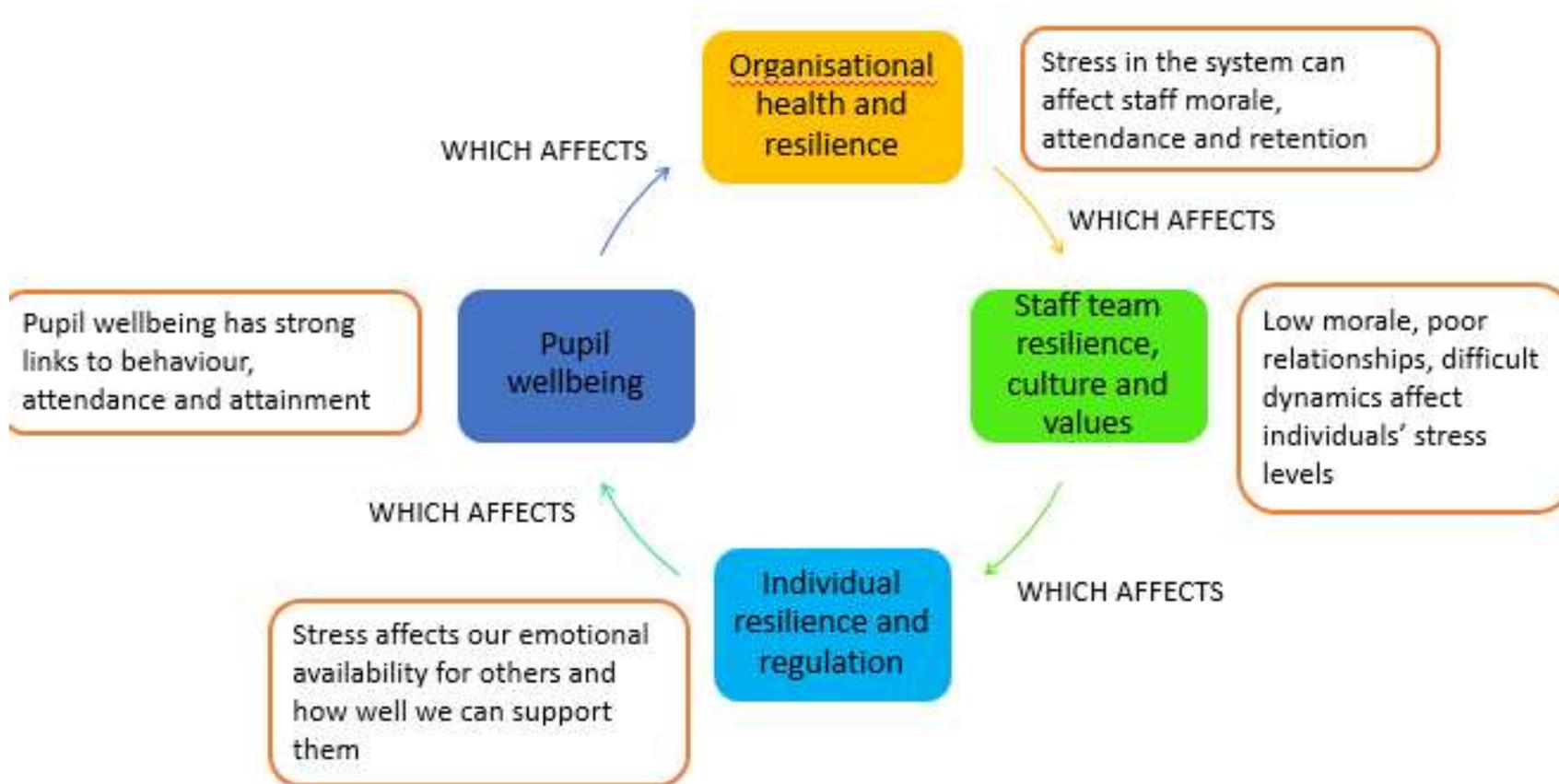


Our Response

- Lancashire and South Cumbria Healthy Young Minds Website expanded to include COVID-19 specific resources
- School Improvement Teams developed guidance promoting positive emotional wellbeing and mental health
- Team Around the School approach continued
- Child Action North West Partnership continued to work with young people but much moved online – increasing offer to primary age children
- Kooth provided free access to online support and counselling for young people 10-18 years of age
- Lancashire Emotional Health in Schools and Colleges Service – additional resources and support to workforce



Support to the school and college workforce



Targets

Access Target

- NHS Long Term Plan sets out a target of 100% by the end of the plan's ten-year period
- Currently achieving 44% performance against the 37% National Access Target for CAMHS

Waiting Time Target

- We are anticipating a waiting times target of 4 weeks to be introduced for CAMHS which will place increased pressure on services
- Waiting times are currently between 2 weeks and 14 weeks



Our Response

- Self-referrals to the Child and Adolescent Mental Health Services (CAMHS) across Lancashire and South Cumbria
- All-Age Mental Health Crisis Line available 24 hours a day, 7 days a week, staffed by trained mental health professionals
- ‘Safe Space’ pathway implemented to ensure that children and young people presenting out of hours at Accident and Emergency are not placed in a paediatric bed inappropriately.
- Child and Adolescent Mental Health Services (CAMHS) 0-19 service provision fully implemented
- Real time surveillance data used as part of the approach to suicide prevention, with an intelligence led approach to communications using social media, and through partner agencies, targeted on high risk locations.
- The Children's Safeguarding Assurance Partnership has included a focus on children and young people's mental health and has key role in providing assurance moving forward.



CAMHS THRIVE Redesign Journey

Case for change agreed and options appraisal completed June 2017

The Mandate, the ask to providers and the THRIVE based model

The forming of the Care Partnership

Design process, co production and stakeholder engagement

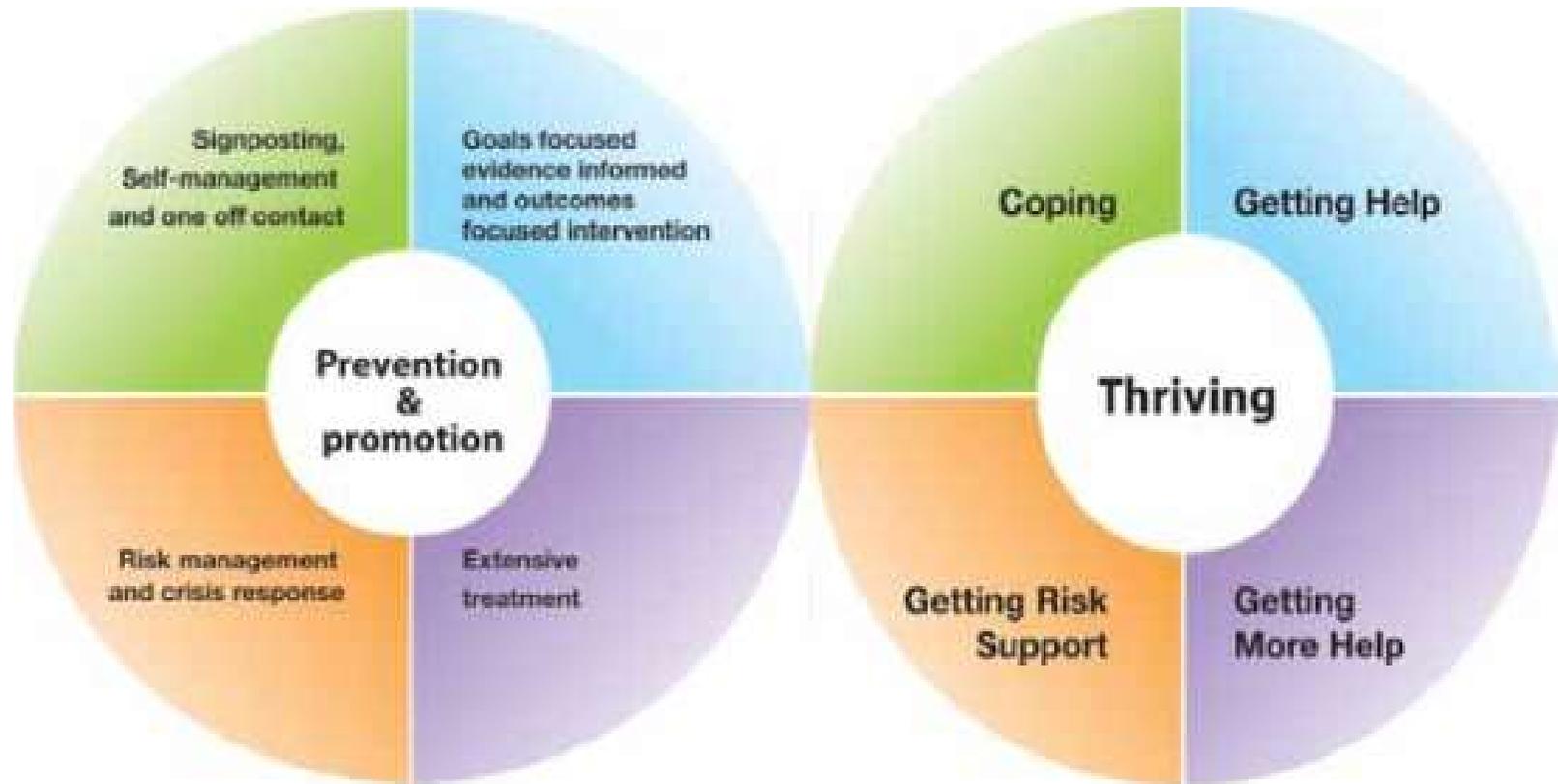
Submission timeline

Collaborative Commissioning Board (CCB) and Joint Committee of Clinical Commissioning Groups (JCCB) approval and recommendations

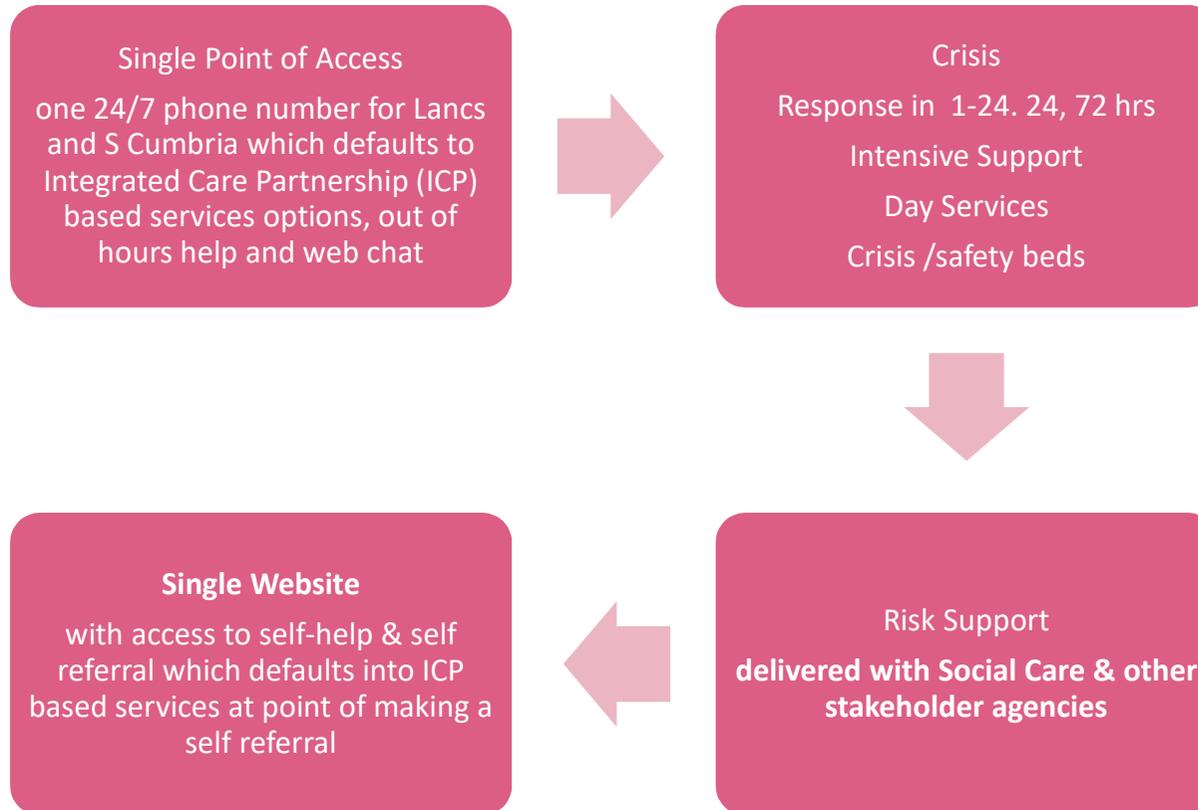
Planning for implementation and transition



The THRIVE Model



Key recommendations from the design process



THRIVE Accelerated

The Care Partnership began to align elements of the redesign project the Command and Control process and accelerate aspects of the THRIVE model that support children & young people to access services for routine and crisis care during the pandemic.

CAMHS providers and partners quickly adapted operating models to provide additional telephone support, and online digital therapeutic interventions for groups and individuals with face to face appointments offered where necessary. Children & young people with highest levels of risk were prioritised.

Self referral implemented in August 2020 via the Healthy Young Minds Website.

Website resources have been reviewed and enhanced for children & young people carers and health professionals

Recruitment process is underway to recruit to a strategic lead to work across the Integrated Care System in supporting children and young people at most risk

The Care Partnership is working towards implementation of a Single Point of Access for children and young people due to commence Q4/Q1 2020/21

In September the model completed the last stage of the redesign and the evaluation panel approved the model and subsequent ratification followed via CCB and JCCCG (October/November 20)



Plans Moving Forward

- Ensuring sufficient resource to meet demand.
- Implementation of the NHS funded Child and Adolescent Mental Health Service (CAMHS) THRIVE service redesign.
- Mental health support for children and young people embedded in schools and colleges
- Meeting new national waiting time standards for all children and young people who need specialist mental health services.
- Investing in early and appropriate interventions, to prevent escalation in to crisis
- Greater focus on the longer term development of digital services.
- Co-production with children and young people, including of primary age and those in more vulnerable groups

Whole system approach across partners



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