Humber and North Yorkshire
Health and Care Partnership

HUMBER AND NORTH YORKSHIRE HEALTH & CARE PARTNERSHIP

CHILDREN & YOUNG PEOPLE'S MENTAL HEALTH & EMOTIONAL WELLBEING STRATEGIC PLAN FOR 2021-2024

EXECUTIVE SUMMARY

Humber and North Yorkshire Health and Care Partnership (HNY HCP) Integrated Care System have worked collectively to produce this children and young peoples (CYP) mental health and wellbeing strategic plan 2021-2024. Our Integrated Care System (ICS) brings together organisations that plan, develop, commission, and provide healthcare including mental health and wellbeing across Humber and North Yorkshire as well as wider partners who work with and support Children, Young People and Families. This plan replaces the previous annual local transformation plans that each place was required to produce and submit to NHSE for assurance. The plan is a consolidation of all six place-based plans within our ICS and we are regarding this first iteration as a live document that will continue to be developed and inform plans moving forward including the development of an annual workplan to progress and address the priorities identified within this strategic plan.

As a system we are mindful of the current changes taking place including the further development of integrated Care Systems/Integrated Care Boards, and the current pressures within our system due to the impact of the COVID 19 pandemic. Our intention is to continue to work together to further develop our strategy building a robust forward plan that aligns with the requirements of the NHS Long Term Plan and future emerging national strategies and plans including the new CYP Core 20 plus 5 while reflecting the individual needs of CYP living in our unique and diverse local places.

The NHS Long Term Plan published in January 2019, restated the Government's commitment to deliver the recommendations in the Five Year Forward View for mental health. The plan set out further measures to improve the provision of, and access to mental health services for CYP across the Thrive Framework.

Future in Mind (2015) identified five key themes that are still fundamental to continuing to create a system that properly supports the emotional wellbeing and mental health of all children and young people. The six places in our ICS have worked hard to develop services based on these themes which will continue to be a priority in our future. These themes are:

- ✓ Promoting resilience, prevention, and early intervention
- ✓ Improving access to effective support – moving towards a system without tiers
- ✓ Care for the most vulnerable
- ✓ Accountability and transparency
- ✓ Developing the workforce

Our aim is to improve access to and outcomes from emotional wellbeing support and mental health services for CYP and their families and carers through effective consultation, engagement, and co-production with those with lived experiences as well as with our wider communities and partners in Local Authorities, Health providers, Schools and Colleges, and the Voluntary and Community sector. We will undertake a series of visioning and strategic planning events and a programme of engagement with CYP, families and carers to support this to ensure our forward plans continue to reflect changing and emerging needs as well as those already established. This will include an annual review of workplans to deliver our strategic priorities to identify areas of success as well as ongoing or changing challenges.

Our identified workplan priorities which reflect the NHS Long Term Plan ambitions as well as our ICS wide identified priorities are:

1. Improved prevention and early intervention to help people stay healthy and reduce demand on clinical services.

2. Improved/Expanded access to Mental Health services for those who need them

3. Systems Approach to Trauma Informed Care

4. Effective management of risk

5. Improved engagement and coproduction with CYP

6. Workforce Development

Successful implementation of the plan will result in:

- An improvement in the emotional wellbeing and mental health of all children and young people across the 6 places in our ICS.
- An effective multi-agency whole system approach to working in partnership, promoting good mental health of all children and young people, providing effective early intervention, and meeting the needs of vulnerable children and young people with higher risk of poor mental health as well as those with established or complex problems.
- Tackling health inequalities and barriers to access
- All children, young people and their families will have timely access to local mental health support and care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies.

We are proud to be able to share our achievements and progress, despite the challenges of the pandemic our ICS has continued to work creatively to meet the needs of CYP and their families and carers. We also recognise that we have further to go to meet the mental health needs of all of our communities across our ICS.

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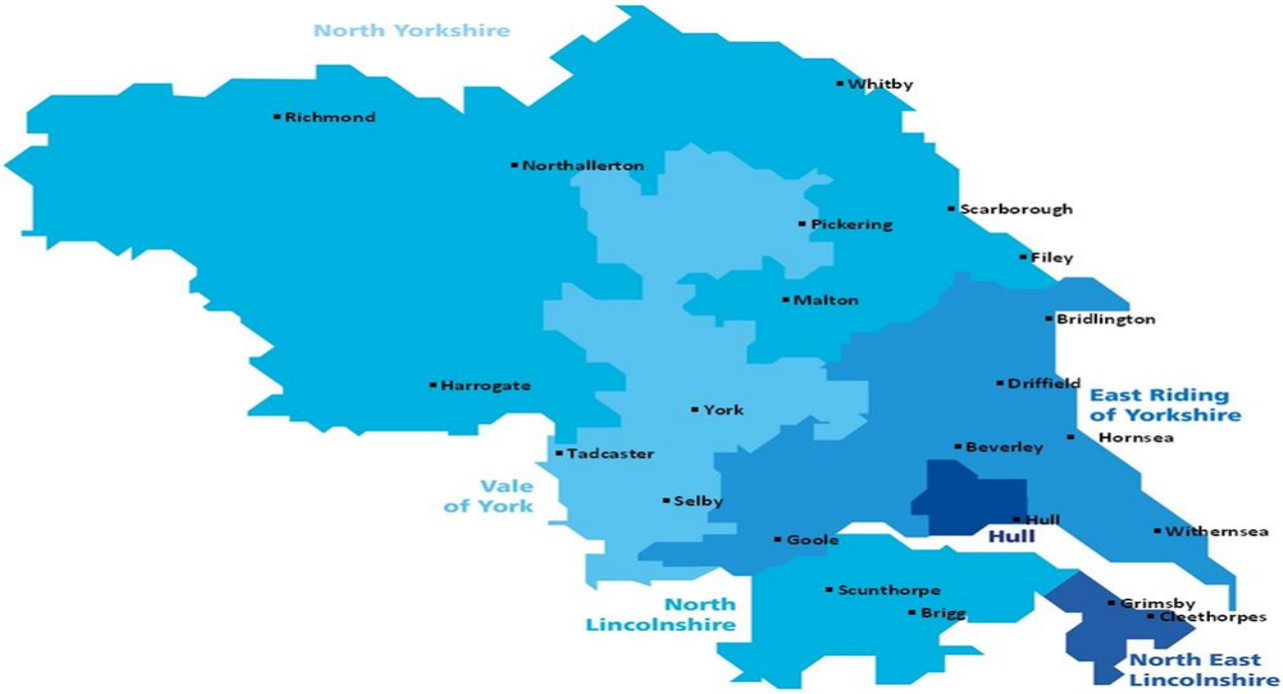


Population estimates:

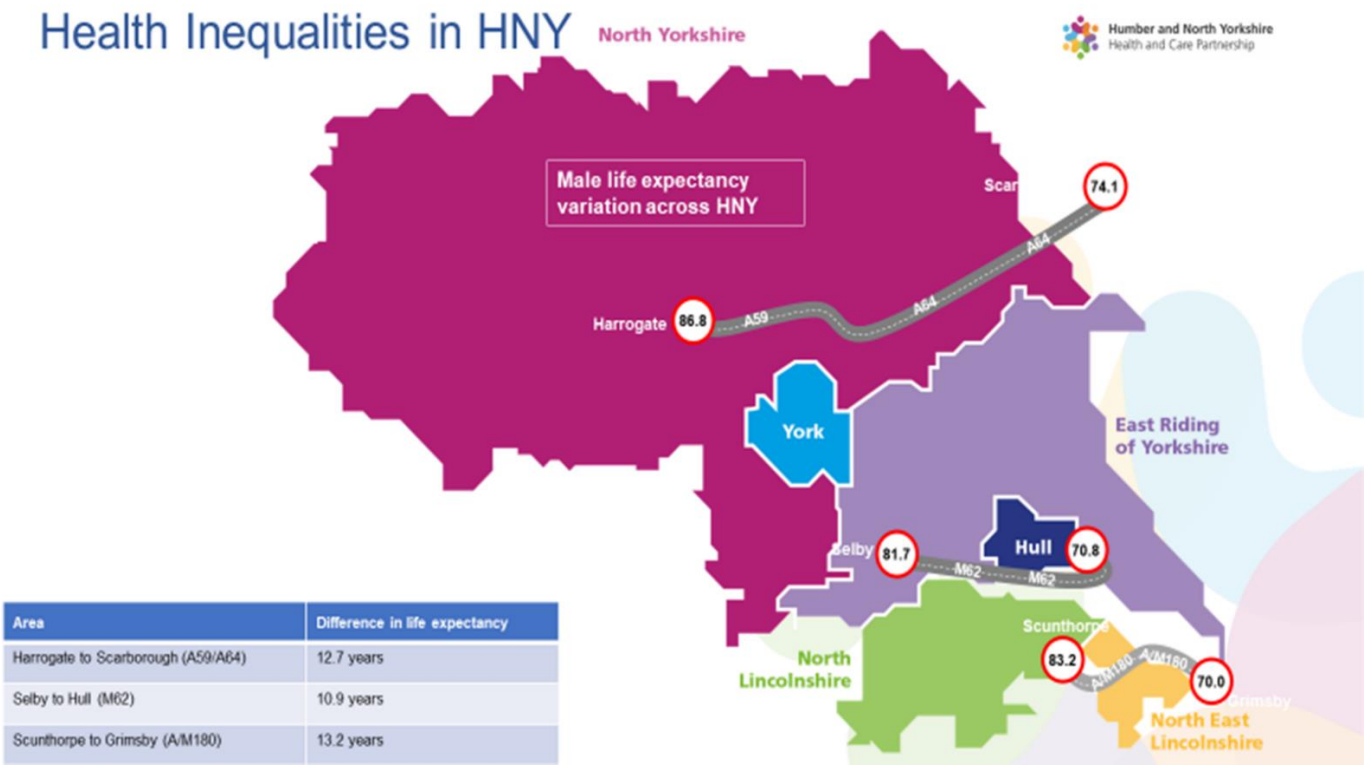
CCG	Total Population*
East Riding of Yorkshire (ERY)	317,404
Hull	260,645
North Lincolnshire (NL)	172,005
North East Lincolnshire (NEL)	159,821
North Yorkshire (NY)	426,821
Vale of York (VY)	362,955
Total	1,699,651

**Data is from 2011 census. 2021 census will be released in late 2022.*

CYP population estimates:

		Hull	*East Riding*	*North Yorkshire*	*York*	*N Lincs*	*N E Lincs*
Age Range	0-4 years	16,883	15,412	29,248	9,538	9,771	9,166
	5-9 years	17,256	18,189	23,495	10,813	10,324	10,260
	10-14 years	15,275	18,721	34,263	10,507	9,343	9,878
	15-19 years	14,055	17,058	31,814	14,086	9,489	8,310
	20-25 years	20,832	17,206	25,606	20,074	9,802	9,856

HNY HCP was established in 2016 and achieved full ICS (Integrated Care System) status in April 2020. The ICB was formally constituted in July 2022. Consisting of more than 1600 square miles. HNY is a diverse geographical patch including rural villages, coastal towns, semi-rural market towns, and urban towns and cities. Due to the rurality of parts of our ICS area, there are poor transport links and people living in many of the more isolated areas must travel to access services. This diversity presents both opportunities and challenges. The life chances of our citizens can also vary significantly across the different six places within our ICS. The visual representation (see below) of the variation of life expectancy for our children shows the impact of variation across place e.g., North Yorkshire is considered an affluent area but with pockets of inequalities masked within overall population statistics which don't always tell the full story. There is action needed across the ICS to address hidden health inequalities which impact on mental health as well as physical health as well as wider outcomes.

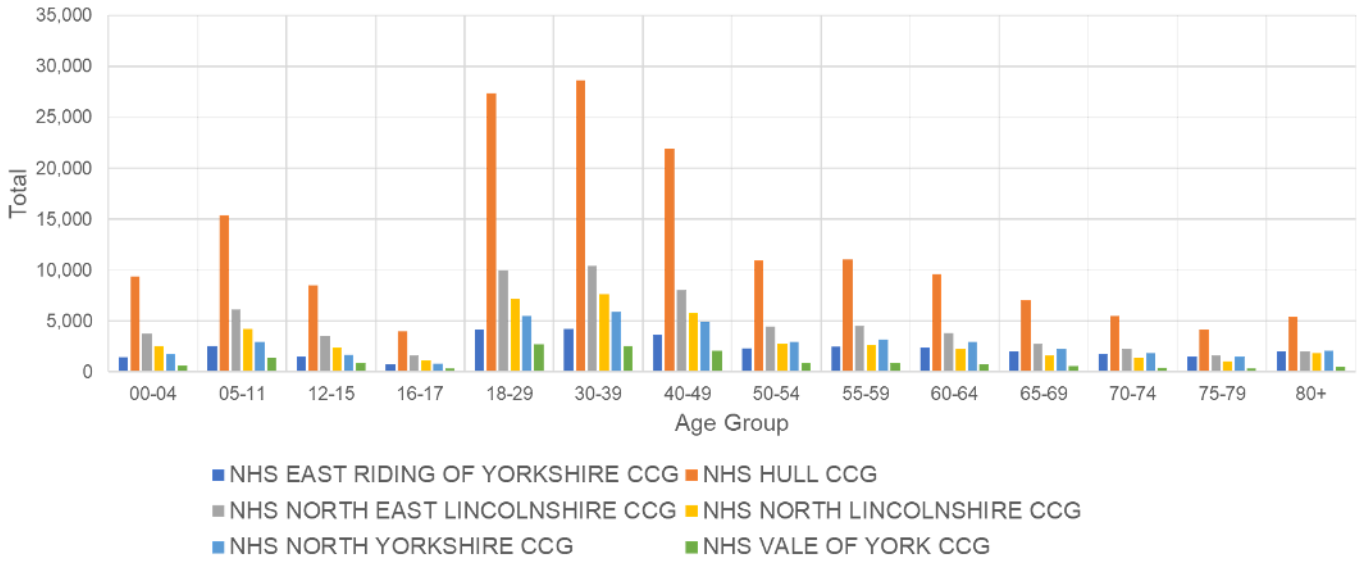


Area	Difference in life expectancy
Harrogate to Scarborough (A59/A64)	12.7 years
Selby to Hull (M62)	10.9 years
Scunthorpe to Grimsby (A/M180)	13.2 years

The diversity of our area can be seen in the differences in deprivation index per place:

Humber and North Yorkshire ICB

Populations Living in the Most Deprived Quintile (IMD 01 and 02) By Place and Age Group

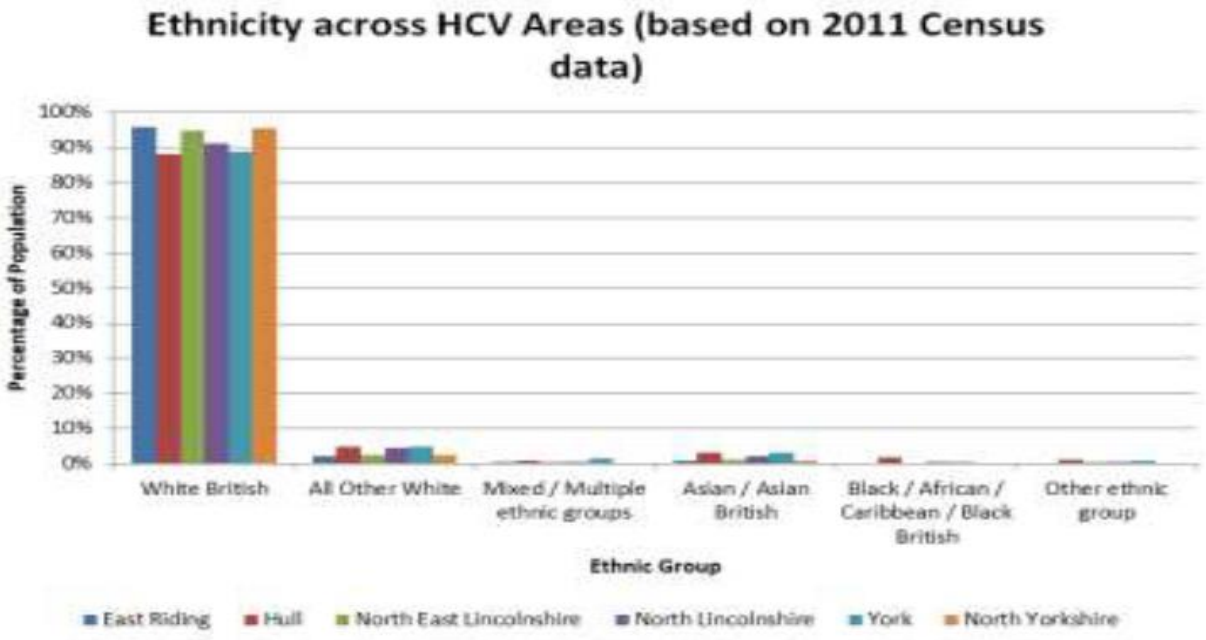


	Hull	East Riding	North Yorkshire	York	N Lincs	N E Lincs
% of children (u16) in relative low income families	33.4%	16.7%	13.7%	12.9%	23.1%	26.2%
Rank (National)	6th	82nd	110th	119th	43rd	27th

N.B. Rates are increasing in all 6 places

Source: Public Health Outcomes Framework - Data - OHID (phe.org.uk)

Ethnic minorities:



This will be updated once the 2021 census information is released in late 2022 as we know that demographics in some areas have changed substantially e.g., in Hull while BAME communities represent approximately 10% of the city's population there are 101 languages spoken by Hull's diverse communities.

Key facts about Children and Young People' Mental Health in HNY:

The national prevalence data shows that one in eight (12.8%) of 5–19-year-olds had at least one mental disorder in 2017 (the most currently available prevalence figures).

This includes:

- One in Twelve (8.1%) had an emotional disorder e.g., anxiety, depression/low mood.
- One in Twenty (4.6%) had a Behavioural (conduct) disorder.
- One in Fifty (2.1%) had a less common disorder e.g., Autistic Spectrum disorder, eating disorder, etc

- One in Sixty (1.6%) had a Hyperactivity disorder.

Prevalence is increasing both nationally and locally.

Poor mental health is cumulative, and the impacts can begin in pregnancy and in early years:

- One in Eighteen (5.5%) 2–4-year-olds has a mental health disorder.
- One in Ten (9.5%) 5–10-year-olds has a mental health disorder.
- One in Seven (14.4%) 11–16-year-olds has a mental disorder.
- One in six (16.9%) 17–19-year-olds has a mental health disorder.

The most common in early years and primary school is behavioural disorders. The most common in secondary school and post 16 is emotional disorders.

Rates of mental health conditions increase with age and there are marked gender differences e.g., older girls are more likely to experience emotional disorders than boys

The number of Children and Young People (CYP) aged 5-16years with a probable mental disorder rose from 11% in 2017 to 17% in 2021 [all mental health conditions]. Source: NHS Digital

The number of CYP requiring urgent treatment for an eating disorder almost doubled in 2020/21 compared to the year before.

Referrals to CYP community mental health services continue to be higher at present than pre-pandemic 2019/20 levels.

Based on current trends it's projected that mental health problems will increase 63% by 2030 unless action is taken to intervene early.

The prevalence of mental ill health is higher amongst vulnerable groups of children and young people:

- Children living with a parent with poor mental health (young carers) are the most at-risk group
- LGBT+ young people are more likely to have a diagnosable mental health problem (34.9% compared to 13.2%)
- Mental health problems are more common in children living in lower income households (9% compared to 4.1%)
- Over a third of 5–19-year-olds with a mental health problem (35.6%) were also recognised as having special educational needs
- School exclusions are more common in children with a mental health difficulty (6.8%) than those without (0.5%)

Other risk factors include living in poor housing, being in or leaving care, being a young carer, being a teenage parent, being NEET or experiencing bullying or bereavement.

Vulnerable population groups – Indirect Mental Health need

Indicator Name (by Local Authority)	Period	England	Yorkshire & Humber region	North Yorkshire	York	East Riding of Yorkshire	Kingston upon Hull	North Lincolnshire	North East Lincolnshire
% of low-income families with a child aged under 16	2016	17.0	19.7	9.8	10.3	12.2	27.4	18.7	26.0
% Free school meal uptake among all school age pupils	2018	13.5	15.5	8.1	7.4	11.7	22.3	13.7	15.8
Children in care (rate per 10,000 aged <18 yrs)	2020	67	77	38	72	54	151	65	166
Children leaving care (rate per 10,000 aged <18 yrs)	2017/18	25	24	16	19	15	40	27	30
% of young people (16-17 yrs.) not in education, employment, training (NEET)	2019	5.5	5.6	8.8	3.5	4.6	5.8	4.3	6.5
Children in the youth justice system (rate per 100,000)	2020	169	185	185	104	91	162	146	151

Data source: Fingertips tool, Office for Health Improvement and Disparities (https://fingertips.phe.org.uk/)

The indicators are all taken from the same source and should be viewed as contextual based on the timeliness of the reporting of these (shown in the date column). Each area has been compared to the England and Yorkshire and Humber regional data, and where possible statistical significance has been calculated, based on one of the rating colour schemes above.

Domestic Abuse

Indicator Name (by Police Force)	Period	England and Wales	Yorkshire and the Humber	North Yorkshire	Humberside
Domestic abuse-related incidents and crimes recorded by the police (total)	2020/21	1459663	152897	12061	26802
Domestic abuse-related incidents and crimes (rate per 1,000 population)	2020/21	24.4	27.7	14.5	28.7

The above DA data is for all ages and is not CYP specific. However, it estimated that one in seven (14.2%) children and young people under the age of 18 will have lived with domestic violence at some point in their childhood.

Vulnerable population groups (1)– Direct Mental Health need

Indicator Name (by Local Authority)	Period	England	Yorkshire & Humber region	North Yorkshire	York	East Riding of Yorkshire	Kingston upon Hull	North Lincolnshire	North East Lincolnshire
Postpartum psychosis: Estimated no. of women	2017/18	984	94.43	8.28	2.81	4.40	5.20	2.54	2.79
Severe depressive illness in perinatal period: Estimated no. of women	2017/18	14766	1416.4	124.2	42.1	65.9	78.1	38.1	41.9
Mild-moderate depressive illness and anxiety in perinatal period (lower estimate)	2017/18	73828	7082	621	210	330	390	191	209
Estimated number of children & young people w/ mental disorders (aged 5-17)	2017/18	n/a	n/a	10755	3214	5762	4676	3208	3000
Estimated prevalence of emotional disorders (% population aged 5-16)	2015	3.6	3.7	3.3	3.4	3.5	4.2	3.8	4.0
Hospital admissions as a result of self-harm - rate per 100,000 aged 10-24 years	2019/20	439	412	450	349	370	345	209	348
% of Looked after children whose emotional wellbeing is a concern	2019/20	37	40	38	42	41	38	42	33
Learning disability prevalence (% of school age pupils)	2017	5.6	5.8	4.6	4.9	6.4	6.3	6.7	7.0
Children with autism known to schools (rate per 1000)	2020	18	16	16	16	9	15	14	11

Data source: Fingertips tool, Office for Health Improvement and Disparities (https://fingertips.phe.org.uk/)

The indicators are all taken from the same source and should be viewed as contextual based on the timeliness of the reporting of these (shown in the date column). Each organisation has been compared to the England and Yorkshire and Humber regional data, and where possible statistical significance has been calculated, based on one of the rating colour schemes above.

Our partnership:

The mental health needs of CYP living in our six places are met through a range of services and organisations. Some of these are formally commissioned as mental health services by the Placed based HCP (formerly known as Clinical Commissioning Group's (CCG's)), Local Authorities including Public Health, and the HNY Specialist Provider (Inpatients) Collaborative. Interventions and support are also offered through a wide range of statutory and non-statutory agencies such as early help services, youth services, schools and colleges, and voluntary and community organisations.

Thrive Framework:

The THRIVE Framework for system change (Wolpert et al., 2019) is an integrated, person centred and needs led approach to delivering mental health services for children, young people and their families that was developed by a collaboration of authors from the Anna Freud

National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust. The Thrive Framework is used across all 6 places within our ICS.

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.

Effective support requires strong joint working across all our partners in line with the Thrive principles to ensure CYP and their families can access the right advice, support, and interventions when they need it to deliver improved outcomes. HNY ICS is working together across the range of commissioners and providers within the 6 places to ensure that mental health and emotional wellbeing of CYP is both a priority and a responsibility for all partners. Over the past five years leadership in each place, supported by the HNY ICS, has produced an annual refresh of the Local Transformation Plan ensuring the priorities of Future in Mind have been implemented.

HNY has an established a regular CYP's mental health steering group that is well attended by commissioners, providers, local authorities (children's services and public health), and the voluntary and community sector from all 6 places representing all 4 quadrants of the Thrive Framework. This meeting has developed much more significantly recently due to the impact of the pandemic, the changes to CCG's and the development of geographical partnerships. A commitment has been made to take an ICS wide approach to the NHSE requirement to develop a CYPMH Strategic Plan which will align with HNY wider ICS plans and priorities of which Mental Health is one, as well as based on needs of local populations and will be assured by the HNY governance structure.

The development of the HNY Specialist Provider (Inpatients) Collaborative (PC) has also brought together local leadership and relationships across the ICS to focus on those CYP with the highest levels of need. The successful PC business case which was submitted to NHSE specialised commissioning was a local leadership effort and plans have been agreed across the ICS to work together to reduce the variation in pathways and work together to prevent admission to inpatient units where possible by ensuring robust and effective community support works much closer with inpatient provision.

Community and voluntary organisations, parent and carer forums, and youth participation and engagement groups are a valuable element of our local leadership and although we have some good representation, we must build on and strengthen this further to ensure effective engagement, co-production and community involvement is an integral part local leadership and service development and improvement. To aid this we have recruited a CYP engagement and coproduction manager who will work with a wide range of partners at place to ensure a more joined up approach to this work, maximising resources and reducing duplication. This manager will also recruit and support young people with lived experience to form advisory group(s) to our ICS wide CYP Mental Health Steering Group and our CYP Trauma Informed Care (TIC) Alliance.

Our CYP TIC Alliance will provide strategic direction and support to delivery of our ICS wide Trauma Informed Care programme which is one of 10 national Vanguard programmes. The strategic alliance (and its operational health and justice steering group) will work in parallel with the overall CYP Mental Health Steering group to deliver systems change across the partnership for improving a Trauma Informed Care approach to complement the provision of services mapped across the Thrive framework. This programme forms a substantive part of our work programme and is captured in more detail in the workplans which accompany this Strategic plan.

COVID AND MENTAL HEALTH

The long-term impact of the pandemic on CYP's mental health is yet to be fully quantified. Nationally and across HNY ICS it is widely acknowledged that there has been an increase in the need and acuity for mental health support across the Thrive Framework. This plan reflects developments that have been delivered through 2020/21 and recognises the extraordinary impact that the COVID 19 pandemic has had on Children and Young People and Families lives as well as on staff, service delivery, restrictions, and demand for all levels of support.

At the very start of the pandemic, we saw a suppressed demand on services, which was a likely consequence of restrictions in place at the time and uncertainty from people about their own safety if they needed to attend appointments. However, referrals have steadily increased again and HNY, as with the national picture, has seen a large increase in demand for services on a range of issues including anxiety (including school avoidance related anxiety), low mood, self-harm, suicidal ideation and eating disorders along with increased acuity in presentation. It is evident that CYP who have previously not been in contact with services are presenting in crisis and with acute needs.

There has been a lot of research, consultation and engagement with Children and Young People nationally and across HNY to better understand the impact of the pandemic on CYP mental health both during lockdowns and as we emerge from the pandemic as part of learning to live with covid and the so called "new normal".

In a national survey by **Young Minds** was carried out with 2,438 young people aged 13-25, between 26th January and 12th February 2021 and showed:

- **75% of respondents agreed that they have found the last lockdown harder to cope with than the previous ones**. (14% said it was easier, 11% said it was the same)
- **67% believed that the pandemic will have a long-term negative effect on their mental health**. This includes young people who had been bereaved or undergone traumatic experiences during the pandemic, who were concerned about whether friendships would recover, or who were worried about the loss of education or their prospects of finding work. (19% neither agreed nor disagreed, 14% disagreed)
- **79% of respondents agreed that their mental health would start to improve when most restrictions were lifted,** but some expressed caution about restrictions being lifted too quickly and the prospect of future lockdowns.

The survey also highlighted significant gaps in mental health support. While professionals in the NHS, schools and charities have worked around the clock to adapt and improve services, the reality is that many CYP felt they had not received the level of support they needed in a timely way. This is partly for technological reasons. As in previous research, there were mixed feelings about virtual and digital support: practically and emotionally, this is not a form of help that works or is accessible for everyone. Any future provision must recognise the value of face-to-face interaction alongside virtual and digital forms of support. HNY has undertaken consultation and engagement with CYP and families to better understand how digital access can be improved but also the barriers to accessing this form of support with recommendations produced by CYP which are now being actioned across the ICS.

The national research also identified other barriers to support about long waiting times, including hidden waiting times, where initial support is followed by delays; about school counselling ending abruptly; about young people losing faith in the system after poor experiences etc. There is also a worrying stigma about seeking mental health support, with many young people concerned about being a burden on services. While the NHS is providing mental health support to more children and young people than ever before, the research suggests a significant level of unmet need and also more work is needed to evidence outcomes and not just outputs.
Covid Impact On Young People With Mental Health Needs | Young Minds

A review by the **Mental Health Foundation** of a range of study's undertaken also found that the impact of the pandemic on CYP mental health included both direct and indirect impacts.

Direct impacts on children and young people's mental health and wellbeing – the evidence on the direct impact of lockdowns on mental health and wellbeing of children and young people yields mixed findings, with some studies indicating an increased likelihood of PTSD symptoms in quarantined children. Overall, studies point to increased levels of distress, worry and anxiety. Some likely reasons include increased feelings of loneliness and worries about school and the future.

Impacts within the family context – the evidence on the mental health and wellbeing impacts for parents/ carers points to family contexts where the experiences of lockdown may have been particularly difficult for children and young people. These groups include families where parents/carers are key workers, are younger, or have a history of mental health/physical health conditions. More generally, those families within disadvantaged communities, BAME groups, and those affected by violence are more likely to be negatively affected by lockdowns.

Impacts within the context of education – the evidence reviewed suggests that many of the worries and anxieties children and young people have been experiencing relate to returning to school, missing school, and the future. Moreover, some evidence suggests that engagement with the curriculum has been disrupted for many children and young people, including those without sufficient digital access, physical space, and other resources to support their learning.

MHF Scotland Impacts of Lockdown.pdf (mentalhealth.org.uk)

OHID (Office of Health Improvement and Disparity – formerly Public Health England) has also undertaken a study in 2020 and in 2021 following up on their 2017 study on CYP Mental Health.

Overall, the results reinforce the significant increases in probable mental disorders in children and young people. However there appears to be substantial variation in symptoms across individuals over time. While 39.2% of those aged 6 to 16 years in 2021 and 52.5% of 17- to 23-year-olds had experienced deterioration in mental health since 2017, 21.8% of 6- to 16-year-olds and 15.2% of 17- to 23-year-olds had experienced improvement.

Findings from this report suggest that other factors often associated with poorer mental health and wellbeing continue to be a significant concern for many children and young people. In particular, the report finds that the proportion of children and young people with possible eating

problems increased across all age ranges between 2017 and 2021, from 6.7% to 13.0% in 11- to 16-year-olds and from 44.6% to 58.2% in 17- to 19-year-olds. Rates were higher in girls than boys across all age groups and were highest in young women aged 17 to 23 years, of whom about three quarters (76.4% of 17- to 19-year-olds and 75.9% of 20- to 23-year-olds) screened positive for possible eating problems. Further, in 2021, problems with sleep on 3 or more nights of the previous 7 affected over a quarter of 6- to 10-year-olds, over a third of 11- to 16-year-olds, and over half of 17- to 23-year-olds.

Which population groups appear to be disproportionally affected?

Special Educational Needs (and Disabilities) (SEND)

Overall, from March 2020 to February 2021 families have reported that the pandemic has negatively affected the health and wellbeing of their children with SEND, in particular, their behaviour, emotions and mental health. Parents/carers of children with SEND were asked about their child's wellbeing. They reported high anxiety, social isolation and were unhappy in the January to March 2021 Lockdown (references 20 to 22). Parents and carers of children with SEND have also continued to report considerably higher levels of behavioural, emotional, and attentional difficulties than those of children without in this same time period. In January 2021, more children with SEND than children without were identified as having possible/probable mental disorders.

However, the lockdown period from January 2021 to February 2021 appeared to have been beneficial to some pupils with SEND. Some parents/carers reported their children were better motivated, engaged and were responding well to working flexibly and independently. Moreover, some parents/carers stated that their child was less stressed during lockdown because they had not been to school and had been enjoying spending more time with their parents.

Gender

Evidence from across the pandemic indicates that boys and girls have had different mental health and wellbeing challenges. One recent study found that overall (throughout the pandemic up to March 2021), parents/carers of school aged children reported higher symptoms of behavioural and attentional difficulties for boys than girls. However, girls had higher levels of emotional difficulties than boys (all aged 4 to 17). From May to November 2020, girls aged 6 to 18 reported higher anxiety and poorer wellbeing than boys. It is important to note that these gender differences are fairly typical, and as this study does not have pre-pandemic data, it is not possible to determine whether this is a change during the pandemic or a continuation of pre-pandemic patterns.

Disadvantaged

During the pandemic, some disadvantaged young people and children, such as children in care or those who are disadvantaged financially, have reported poorer mental health and wellbeing including anxiety and loneliness (references 2 to 3, 8, 15, 24). Parents/carers from households with lower annual incomes reported their children having higher levels of symptoms of behavioural, emotional and attentional difficulties than those with higher annual income throughout the pandemic. As lockdown progressed between February and March 2021 parents/carers from higher income households reported decreases in symptoms of behavioural, emotional and attentional difficulties whereas there was relatively little change for

those from lower income households. There is evidence that children with a probable mental health disorder were more likely to live in a household that had fallen behind with payments.

Pre-existing mental health needs

There is evidence to suggest that some young people with pre-existing mental health needs have found the return to school difficult. Some secondary aged pupils had struggled with pre-existing mental health issues during the lockdown and this continued into the return to school in Autumn 2020 (references 18 to 27). There is qualitative evidence that the stress around going back was a trigger for some young people who started to self-harm again or have suicidal thoughts.

A study using 2 waves of data collected between January 2018 and March 2019, and May 2020, finds that young people (aged 17 to 19) identified as having emotional difficulties or high symptom levels pre-pandemic also reported experiencing higher levels of stress, conflict, loneliness, and lower levels of perceived social support than other young people early in the pandemic. In the pre-pandemic data, more girls were experiencing emotional problems than boys, indicating that they may have experienced more challenges during the early pandemic.

There is a range of data collected at different points across the pandemic from non-representative samples of children and young people with a history of mental health needs. This data indicates a range of challenges for this population, with respondents reporting increasing challenges for their mental health over the course of the pandemic. In particular respondents have indicated challenges with accessing support for their mental health needs. Recent data, collected between January and February 2021, reported that almost half of those who felt they needed mental health support during the pandemic had either not accessed or not looked for any support. Barriers to seeking support included concerns about seeking that help, for example being aware of how many people were struggling and worrying about overstretched services. Respondents also reported concerns about what family and friends might think if they sought support and it was hard to seek support without others finding out, or that they felt too busy due to education or work pressures. However, there were also barriers around the types of support available, such as concerns about only having access to online or telephone support. There was also reporting of barriers such as long waiting lists, having been discouraged from receiving further support from GPs because of waiting lists and high thresholds, and lack of money to fund private support when respondents felt they would not be able to access NHS support (references 25 to 28).

Black, Asian, and Minority Ethnic (BAME)

Some evidence suggests that children and young people from Black, Asian and Minority Ethnic (BAME) backgrounds have experienced a higher rate of mental health and wellbeing concerns during the pandemic (references 5 to 11). Other studies have not found differences in overall psychological wellbeing, subjective wellbeing and difficulties for children by ethnic groups (references 1, 8, 29). However, it is important to note that this may be due to small sample sizes and the combining of ethnic groups potentially masking differences between them.

Lesbian, Gay, Bisexual, and Transgender (LGBT+)

In a study conducted between December 2020 and January 2021, a greater proportion of LGTB+ respondents (aged 11 to 18) reported that their mental health had worsened since the

start of the pandemic, compared to non LGBT+ respondents. LGBT+ respondents were also more likely to report mental health challenges such as anxiety disorder, depression and panic attacks, and suicidal thoughts and feelings. Without a pre-pandemic baseline for comparison, it is not possible to know if the greater reporting of mental health challenges by LGBT+ respondents is an indication of specific pandemic impacts, or a continuation of pre-pandemic patterns. LGBT+ respondents have also experienced feeling lonely/separated from people and experienced tension in the place they live more than non-LGBT+ respondents during the lockdown restrictions.

Children and young people - GOV.UK (www.gov.uk)

Similar findings were found in place-based surveys across HNY such as the one undertaken in Hull CV19 Survey Results — How Are You Feeling?

All of this suggests that the impact of the pandemic on CYP mental health will be long lasting and enduring beyond the ending of formal restrictions.

Throughout the pandemic mental health and wider services working with CYP adapted to try to ensure they continued to deliver much needed support for CYP. This included:

- Increased provision of self-care support online
- Support to schools to enable CYP to discuss worries and the impact of covid of their emotional wellbeing through PSHE and additional resources as well as additional training for schools' staff.
- Additional support to vulnerable groups e.g., LAC in children's homes.
- Mental health services quicky moved to delivering interventions on digital platforms where appropriate and clinically safe to do so.
- Face to Face appointments adhering to required restrictions and infection control measures also continue where necessary
- An anonymous online counselling platform was commissioned to cover the period of the pandemic

Moving forward it's important that the learning from the pandemic in terms of adaptations to services are built upon the ensure a blended offer of face to face and digital provision moving forward which responds to the digital age children and young people a living in whilst recognising that access to online support is still a barrier for some e.g., digital poverty. HNY will be undertaking further consultation and engagement with CYP and families in 2022 to further shape the digital offer and ensure adaptations are appropriate and meet need as part of a blended offer of online and face to face support.

OUR ACHIEVEMENTS

- ✓ Effective partnership working across place and HNY wide to share learning and jointly develop provision to meet need
- ✓ Successful system wide EOI to implement the Keyworker service for CYP as an early adopter site
- ✓ Health and Justice Framework for Integrated Care (CYP Trauma Informed Care) – successful system wide EOI
- ✓ Developing a system wide Trauma Informed Approach for CYP
- ✓ Delivery of Mental Health Support Teams in schools waves 1-4 – 5 operational teams

- ✓ MHST team non-competitive approach to site selection (wave 5-10 additional 11 teams)
- ✓ Collaborative approach to funding an anonymous online counselling platform to support CYP throughout the pandemic to provide additional support when face to face support was limited
- ✓ Strong relationships with VCS and wider partners
- ✓ Provider collaborative went live on 1st Oct 2021
- ✓ HNY clinical assemblies – regular events are attended by a wide range of clinicians and partners from across the ICS
- ✓ Successful autism in schools EOI in North East Lincs
- ✓ Formalised DSR process and established admission avoidance hub

OUR SHARED CHALLENGES:

- ➢ HNY have some of the highest prevalence of CYP with mental health disorders with prevalence exceeding capacity to meet need across the Thrive Framework
- ➢ High levels of health inequalities and factors which impact of CYP mental health e.g., looked after children, NEETs etc as well as high levels of poverty and deprivation as well as the challenge of large rural areas in parts of the ICS and inconsistent digital access (due to poor provision of broadband or digital poverty or both)
- ➢ Unprecedented increased pressure across the Thrive framework due to impact of the Covid pandemic with increased referrals in early intervention services as well as CAMHS, Eating Disorder services and Crisis service.
- ➢ Increase in acuity and complexity in both community and inpatient settings remains higher than previous years
- ➢ High number of referrals coming to CAMHS Single Point of Access/Front door that are more suited for other services highlights a lack of clarity of thresholds/criteria for referrers
- ➢ Quality of referral information often poor causing delays in triage and assessment and therefore in access to appropriate services
- ➢ Changes in presenting needs: increase in CYP not attending school due to anxiety, increase in CYP with ACES/trauma and increase in identification of Arfid (Avoidant/restrictive food intake disorder) which isn't currently included in commissioned services specifications.
- ➢ Levels of staff sickness and wellbeing impacting on service capacity and delivery
- ➢ Challenges in recruitment and retention of staff with relevant skills and competencies: vacancies at all levels across the system as well as significant staff movement leaving significant gaps in services
- ➢ Eating disorder service pressures including lack of sufficient specialist eating disorder inpatient beds and increased pressure on acute paediatric departments as well as increased numbers and level of acuity in those being supported by community-based eating disorder services.
- ➢ Funding – non recurrent/short term pots of funding provided at short notice with inadequate planning time before delivery must commence creates further challenges in the system in the longer term
- ➢ Demand for CAMHS in-patient services continues to be high regionally and nationally particularly for CYP with a diagnosed eating disorder
- ➢ Pressure on Emergency Department and Paediatric beds due to high level of needs and limited inpatient access.
- ➢ The need for out of area placements continues due to lack of capacity locally (often due to these places being occupied by CYP from other areas or lack of appropriate provision e.g., Inpatient Eating Disorders provision).

- Effective Transition pathways
- Age-appropriate evidence-based delivery to meet need – not just adult model applied to CYP
- Joining up the system to provide whole family approach to good mental health
- Meaningful Coproduction with children, young people, and families – not tokenism
- Balancing HNY wide delivery with place-based needs
- Effective performance frameworks that work at place and across ICS to evidence outputs as well as outcomes and impact

OPPORTUNITIES

HNY ICS has several forums that bring together partners from all the organisations working to improve the mental health and wellbeing of CYP in our footprint. We recognise this gives us opportunities to jointly plan and establish services on a wider scale as well as develop solutions for some of the shared challenges that are experienced in each place. Over the last year work has been undertaken to broaden membership of the CYP Steering group to be more representative of all aspects of the Thrive Framework e.g., in partnership with place based Public Health Teams who are leading on prevention concordat work. The priorities identified in this plan are also being embedded in wider plans e.g., the work of the Children and Young People's Alliance which covers a wide range of CYP health issues.

In addition, when opportunities arise to submit an expression of interest (EOI) to NHSE for additional funding we are committed to developing a system wide approach when appropriate. Our strong partnership approach has enabled us to be successful in two significant expressions of interest recently which are both priorities within the NHS Long Term Plan, and enable us to work together delivering services across the ICS:

Opportunities include:

- **Health and Justice Framework for Integrated Care (now known as the CYP Trauma Informed Care programme)** aims to address the NHS Long Term Plan commitment to invest in additional support for the most vulnerable CYP who have complex needs and can be described as presenting with high risk, high harm behaviours and high vulnerability. The framework for integrated care is the response to this commitment. The intention is to support and strengthen community services for these CYP whose complex needs are not currently being met. The offer aims to build trauma informed care and a formulation driven whole system approach to provided integrated support. More information can be found here

HNY CYP Trauma Informed Care Progra

- **Improved access to Perinatal support** aims to address the NHS Long Term Plan commitment to provide effective Perinatal support to families to ensure children and young people have the best start in life. More information can be found here:

Perinatal Mental Health.pdf

- **Development of the Specialist Inpatient Provider Collaborative** which is a key aspect of the NHS Mental Health Implementation Plan. The Provider Collaborative is an NHS led group of providers of specialised mental health, learning disability and autism services who have agreed to work together to improve the care pathway for their local population. They will do this by taking responsibility for the budget and pathway for their given population. Humber and North Yorkshire ICS Provider Collaborative assumed the delegated commissioning responsibilities from NHSE for the 3 elements: adult secure, CYP inpatient, and adult eating disorder inpatients. There are established workstreams in all 3 areas that include partners from across the system which gives us increased opportunities to work collaboratively to improve outcomes for CYP in HCV. More information can be found here:

  HCV Provider Collaborative.pdf

- **Roll out of Mental Health Support Teams across our ICS –** Humber and North Yorkshire ICS was successful in waves 1-4 to receive funding for 7 MHST's which are currently delivering well to improve early intervention and prevention. We decided to take a non-competitive ICS partnership approach to site selection decision for waves 5-10, basing our decision making on achieving equitable coverage, addressing inequalities and high deprivation. Our joint approach through the Humber and North Yorkshire CYP Mental Health steering group supports a strong shared learning approach enabling new teams to benefit from the learning of earlier teams. We will continue to review this to ensure we respond to place based need. This allocation will provide us with 40% coverage

Place	ALLOCATION IN WAVES 1-4	Allocation in waves 5-10	Total number of teams at end of wave 10	Provider
North Yorkshire:	1	3	4 (TBC)	TEWV
York:	1	2	3 (TBC)	TEWV
North East Lincs	3		3 (TBC)	Compass
North Lincs		2	2 (TBC)	RDASH
East Riding of Yorkshire		3	3 (TBC)	Humber FT
Hull	2	1	3 (TBC)	Humber FT

N.B Final allocation figures for wave 9 and 10 will be agreed by NHSE to the ICS in 22/23.

- **Development of a HNY Keyworker Service** which will address the NHS Long Term Plan commitment that 'by 2023/24 children and young people with a learning disability, autism or both with the most complex needs will have a designated keyworker, implementing the recommendation made by Dame Christine Lenehan. Initially,

keyworker support will be provided to children and young people who are inpatients or at risk of being admitted to hospital. More information can be found here:

HCV keyworker service.pdf

Other shared opportunities:

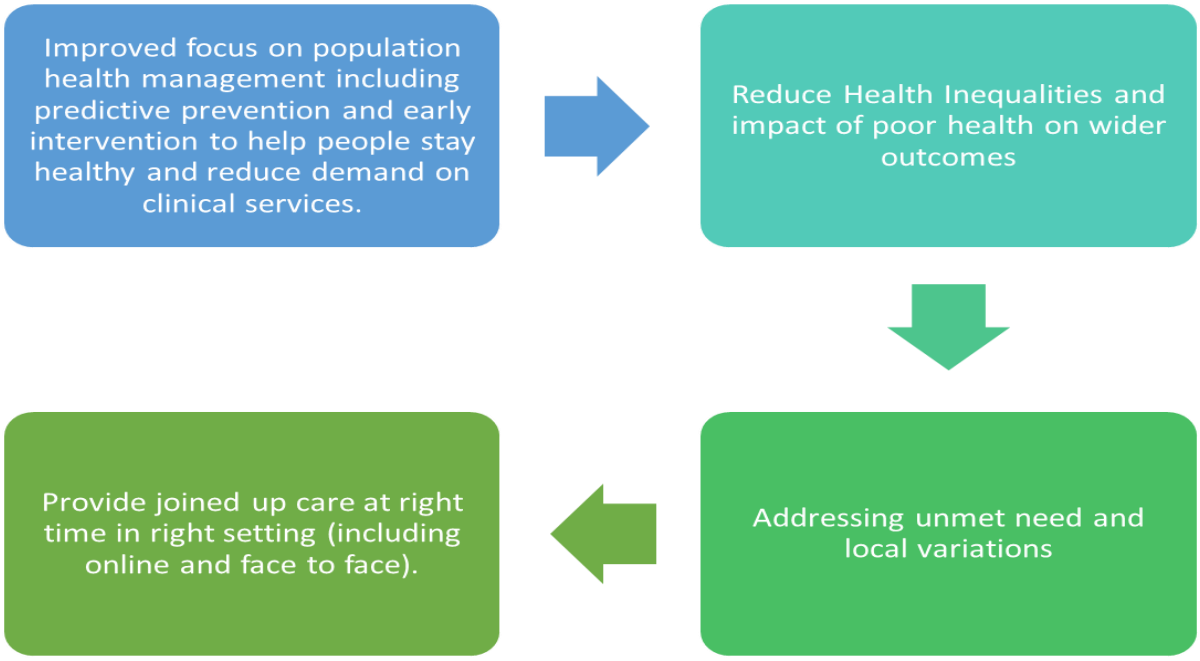
We have also identified the following themes which we recognise will improve system integrated working and outcomes for CYP and we will continue to explore these opportunities in our system planning:

- Develop whole pathways, removing barriers that separate teams, and services
- Creating in reach/outreach capacity between crisis, intensive home treatment and inpatient units
- Transition – thinking about whole life course approach to pathways
- Work with Primary Care Network's to develop primary care offer
- Greater integration of the CAMHS front door with Local Authorities and VCS
- Comprehensive joined up 24/7 helpline and online support
- Training programme at ICS level which compliments place-based training offers for clinical and non-mental health staff working across the system to support CYP and Families
- Development of regional specialisms i.e., sensory processing
- Improved access to and delivery of digital interventions
- Addressing Health inequalities
- Develop and implement a multi-agency recruitment strategy to address workforce challenges
- Development of a truly integrated single point of access across multi-agencies
- Shared learning from network of established and developing MHST's
- Standardised performance and activity – ICS wide CYP performance dashboard
- Working in partnership to embed CYP Mental Health as a priority in new emerging models of care e.g. Family Hubs.
- Agreed commitment to embed the THRIVE model

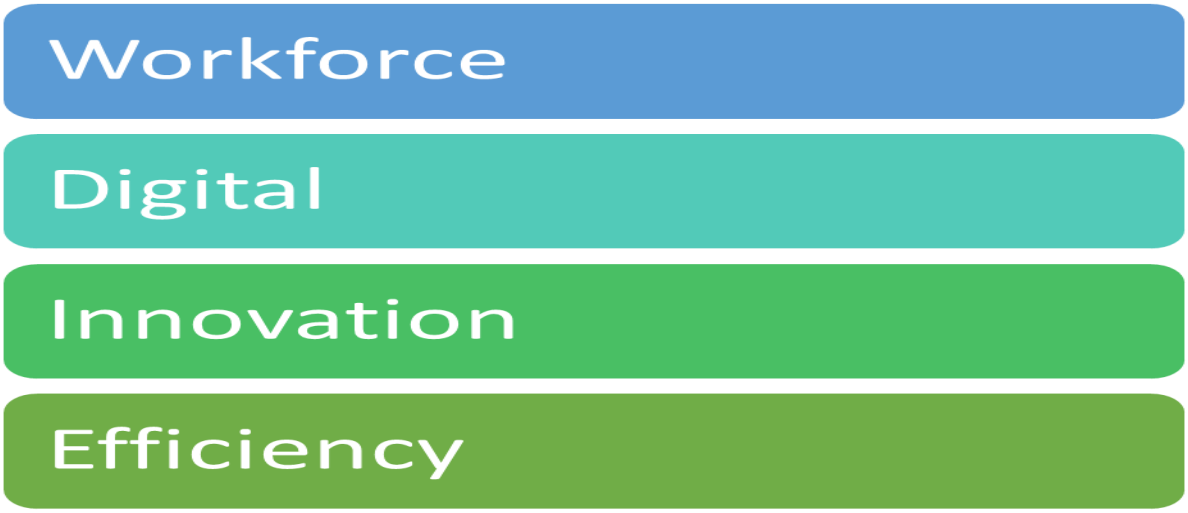
OUR PRIORITIES

Delivering the requirements of the NHS National Long-Term Plan (LTP)

Overarching themes:



With a Specific System Focus on:



To successfully address the following:

Additional HNY Priorities which build on and compliment the priorities of the NHS LTP

SUMMARY OF HNY PRIORITIES:

1. improved prevention and early intervention to help people stay healthy and reduce demand on clinical services.
2. Improved/Expanded access to Mental Health services for those who need them
3. Systems Approach to Trauma Informed Care
4. Effective management of risk
5. Improved engagement and coproduction with CYP
6. Workforce Development

Please see the workplan which accompanies this Strategic plan for more details of actions to address these priorities.

KEY FINDINGS FROM PLACE BASED REVIEWS

The sections below provide a high-level summary of information from our six places with a focus on challenges, gaps, strengths, and place-based priorities.

York summary

Challenges and gaps

• Changes in presenting needs:
  ○ Growing school refusal, either due to ASC, especially with co-morbid ADHD or due to anxiety.
  ○ Increase in CYP not attending school due to anxiety
  ○ Increase in children with ACE/trauma
  ○ Increase in ASC referrals/assessments
• Ongoing challenges to reduce waiting times for mental health services as levels of need and complexity increase
• Quality/appropriateness of referrals to CAMHS e.g., Number of referrals coming to CAMHS SPA that are more suited for other services – 40% signpost elsewhere, high number with minimal or missing information causing delays in triage
• Access to prevention/early intervention offer e.g., for eating disorders
• Lack of home treatment service to reduce need for escalation to inpatient units
• Access to specialist intervention for vulnerable populations varies
• No bespoke LAC CAMHS pathway
• Differences in service provision and commissioning arrangements are historical and require further transformation
• VCS and other partner services have had their resources reduced placing additional pressure on secondary CAMHS
• Prioritisation of MHIS affects funding available for development of new services e.g., day care as alternative to inpatient for ED, and primary care based offer as diversion from CAMHS
• No funding identified for 18-25 to date
• Recruitment difficulties at all clinical levels across the system, e.g., Ed Psych/psychology/psychiatry
• Inpatient beds and CMHTs not within an integrated model and therefore CYP on paediatric wards due to lack of MH inpatient beds which is not safe/appropriate.
• New emerging challenges e.g., AFRID

Strengths and opportunities
• Embedding the Thrive Framework across multi-agency partners • Embedded School Wellbeing Service providing Early Help and Signposting for schools with direct liaison between CAMHS and schools and improved communication routes including good signposting to Voluntary and Independent Sector including York MIND, ASK. • CAMHS worker embedded in YJS • MASH/MAST Pilot – CAMHS worker embedded discussing potential referrals to ensure children and young people receive the right service • CYP lead Mental Health Champion schemes in places in majority of secondary schools • Mentoring offer via The Island for children at edge of care age 8+ • Established MHST joint project board with North Yorkshire which has oversight of existing MHST and development of further teams. • Good outcomes from community eating disorder service including low rereferral rates • Access and waiting times slowly improving • Enhanced community offer that could deliver supported eating plans in the home

- Good joint crisis service with North Yorks which CQC complimented on the excellent care documentation of crisis team
- Development of a 'safe haven' for YP
- Good development of digital approaches to compliment face to face provision
- Good examples of CYP consultation and coproduction e.g., MHST, Young Adults/transition - Draft co-production plan, awaiting Trust wide approval for synergy.

Place based priorities:

- Improve prevention and early intervention offer by developing pathways and increase training and awareness for wider stakeholders to support lower-level mental health presentations.
- Improve pathways for vulnerable young people e.g., LAC, edge of care.
- Single gateway into all services: reduce fragmentation and enable early identification of appropriate response within Thrive model
- Develop the voluntary sector offer
- Enhance provision for young adults (originally 16-25, but based on feedback, now on a needs led basis).
- Review of the step-down arrangements from Crisis particularly after serious self-harm or risk of suicide
- New suicide prevention pathway in development and advice line for families and schools for escalating cases of self-harm or suicidal ideation or following a suicide attempt. This should include direct working with families to problem solve and risk assess significant cases (in partnership with North Yorks)
- Improved clarity of thresholds/pathways for professionals as well as CYP and parents.

North Yorkshire summary:

Challenges and gaps:

- Changes in presenting needs:
  - Growing school refusal, either due to ASC, especially with co-morbid ADHD or due to anxiety.
  - Increase in CYP not attending school due to anxiety
  - Increase in children with ACE/trauma
  - Increase in ASC referrals/assessments
- Ongoing challenges to reduce waiting times for mental health services as levels of need increase across the system as well as levels of acuity
- Referral challenges including referrals coming into the wrong services, poor quality referrals, system navigation due to a complex landscape with differences in provision
- Access to specialist intervention for vulnerable populations varies
- Inconsistent offer for CYP who are LAC or on the edge of care
- Covid has impacted on ability to deliver Multi family therapy (MFT)
- Inpatient bed challenges – Inpatients and CMHTs are not within an integrated model which may result in YP who need inpatient admission but there is no access to a bed. This leads to YP in a home or paediatric environment which is not safe/inappropriate.
- Recruitment and retention of appropriately skilled staff
- No funding identified for 18-25 yr. old support

- New emerging challenges e.g., AFRID

Strengths and opportunities:

- Collaborative work being undertaken by the Social Emotional and Mental Health (SEMH) Strategic Group and Whole Pathway Commissioning Group for CYP MH working closely with place based multi-agency partners to develop whole pathway commissioning
- NYCC and NY CCG jointly commissioning an early intervention service for CYP MH to improve access
- NYCCG and NYCC are jointly developing a communications plan for CYP SEMH in conjunction with partners from NYSCP to improve system working and referral pathways.
- Partners are exploring options to develop a joined-up recruitment campaign to address recruitment challenges.
- Support for the development of a truly integrated single point of access across multi agencies
- Closer working with education to look at assisted self-referrals, which include all the necessary information required to indicate whether a specialist assessment is needed
- Closer working with primary care colleagues around referral information. This will include, for example, attending protected learning events
- Developed the 'Go- To' website co-produced with young people
- Mental Health Support Teams (3 Teams)
- Close working with York to establish joint priorities
- Closer working between CAMH's and adult mental health including mixing workforce
- MAST Pilot – pilot project linking the NY Multi Agency Screening Team with the CAMHS Single Point of Access (SPA). Services jointly discuss potential referrals to ensure young people receive the right service.
- EHWB Locality groups – multi agency delivery groups established across NY to improve understanding across the system and clarify partners roles and responsibilities.
- Good training offer for non-mental health staff e.g., schools
- Improved Self harm and suicidal ideation pathway
- Strong engagement and coproduction with CYP

Place based priorities:

- Explore further joint commissioning opportunities
- Increased emphasis on early intervention and prevention
- Clear and improved communication across the system including development of comms plan
- Improve pathways for vulnerable young people e.g., LAC, edge of care.
- Single gateway into all services: reduce fragmentation and enable early identification of appropriate response within Thrive model
- Refining transition arrangements to support a needs led, not an age led service
- Whole pathway commissioning (in partnership with York)
- Improved clarity of thresholds/pathways for professionals as well as CYP and parents.

North Lincolnshire Summary:

Challenges and gaps:
• Embedding the Thrive Framework across multi-agency partners. • Ongoing challenges to reduce waiting times for mental health services as levels of need increase • Access to out of hours – currently being reviewed • Availability of intensive /bespoke community support to prevent inpatient admission or to facilitate early discharge • Complex case management between health and local authority • Access to the required range of psychological therapies can be challenging in a small place-based service • Limited VCS infrastructure/provision on CYP mental health • Number of neuro-diverse CYP presenting at CAMHS with a mental health need • Workforce development of mental health staff on neurodiversity • Workforce development for non-mental health staff to improve prevention e.g., Gaps in training for school staff and parents in relation to suicide prevention • New emerging challenges e.g., AFRID
Strengths and opportunities:
• Implementation of the Thrive framework • CAMHS community provider has undertaken a review of service and structure with local success to recruit to new roles • A reduction in waiting times or access to services locally • Expansion of eating disorder service due to increased demand • Urgent and intensive home treatment provision • Pathways for vulnerable young people e.g., LAC, YJS • Trauma pathway in place • Introduction of e-clinics for CYP, parents and carers and professionals. • Re-design of learning disability provision • Development of integrated neurodiversity pathway with local authority • Joint working to support enhanced community care packages to reduce admission • Good engagement and coproduction with CYP e.g., Positive Steps Group take a lead on engagement for children's mental health and emotional wellbeing. CAMHS are looking at strengthening co-production with the introduction of new Engagement Participation Workers across the care group. Development of co-production is a key objective within the local Emotional Health and Wellbeing Plan and is a local priority for strengthening.
Place based priorities:
• Emotional Health and Wellbeing Plan is one of the 4 Children's Trust Shine the Light Priorities • Refresh of the Thrive Model and Pathways • Review and improve performance reporting including improving and measuring Outcomes and Quality Measures and developing a multi-agency emotional health and wellbeing and mental health dashboard • Improve prevention and early intervention offer by developing pathways and increase training and awareness for wider stakeholders to support lower-level mental health presentations. • Phase 2 of CAMHS service improvement programme

- Strengthening psychological therapies pathway to deliver a broader range of interventions
- Improve pathways for key issues e.g., anxiety, self-harm etc.
- Enhanced case management for complex cases and those requiring intensive home treatment
- Implement two MHST's in wave 5 and 7
- Development of formulation-based model as part of the One Family Approach
- Implement revised out-of-hours structure
- Post diagnostic neurodiversity and mental health support
- Implement 18 – 25-year pilot
- Increase delivery of multi-family therapy to support those most at risk of admission
- Reviewing Suicide prevention plan
- Improved Children, Young People, Family & Stakeholder Engagement
- Support with wider voluntary sector development.

North East Lincolnshire Summary:

Challenges and gaps:

- Embedding the Thrive Framework across multi-agency partners.
- Ongoing challenges to reduce waiting times for mental health services as levels of need increase across the system as well as levels of acuity
- Need to improve clarity of offer including thresholds/pathways for professionals as well as CYP and parents.
- No separate Eating Disorder service so increase in referrals/need has put pressure on core camhs service
- Small geographical area with limited funding to transform services
- Recruitment of appropriately qualified staff due to geography.
- North East Lincolnshire does not have a YP 136 suite, therefore A&E is considered the place of safety therefore unable to avoid using A&E for assessments out of hours.
- Workforce development for non-mental health staff to improve prevention
- Funding for eating disorder training to increase competencies of staff particularly in new areas (e.g., ARFID)
- New emerging challenges e.g., AFRID
- Access to inpatient provision

Strengths and opportunities:

- Implementation of the Thrive framework
- Good evidence of outcomes for CYP in service e.g., case studies
- Good joint working between CAMHS and MHST (separate providers)
- Health and Justice Test and Learn Pilot site
- Full coverage of MHST
- Effective 24/7 Crisis and Home treatment team.
- Good working relationship between Crisis service and the local hospital, and they work together to prevent tier 4 admissions.
- The service rarely have tier 4 admissions.

- All YP in contact with crisis service are supported with direct interventions and signposting. This has been very successful, there has been a significant reduction in complaints, good feedback and improved outcomes for families
- Work collaboratively with local agencies including police to support YP in crisis
- Implementing NEL suicide prevention action plan
- Upskilling the workforce to recognise suicide through Suicide prevention training
- Identifying CYP through Realtime surveillance that have been bereaved by suicide to ensure access to appropriate support
- Autism in schools project being delivered
- Good engagement and coproduction with CYP

Place based priorities:

- Improved information, advice, and guidance:
  - Ensure professionals, parents and young people are aware of the offer locally
  - Liaise with educational settings to share the offer regularly (e.g., hold workshops)
  - Improve pathways to ensure CYP get the right support, at the right time
- Establish provider network meetings:
  - Regular provider catch-up meetings to look at current issues and solutions
  - Development of working relationships between Providers
- Review of local service provision:
  - Finalise engagement and consultation with key partners to look at what is working well and the key challenges etc.
  - Present key themes and areas of focus to senior leadership
  - Develop action plans to look at short-, medium- and long-term goals to meet needs of CYP
- Enhancement of the eating disorder service locally to meet the increase in demand for support for eating disorders locally:
  - Work closely with local services to support physical health issues, admission into hospital and transition to adult services
  - Produce an action plan to demonstrate service priorities and demonstrate progress made
  - Work alongside educational settings and other key professionals to ensure they recognised the signs and symptoms of an eating disorder to identify emerging issues earlier
- Explore with Children's Social Care 'Specialised Foster Carer Role' to support CYP in an emotional crisis but do not have presenting Mental Health Needs
- Introduction of 16-25 workers into Adult Services but jointly supported with Children's MH services. These workers will target YP who present with complex needs including emerging personality disorder to support transition between services and ensure that YP do not fall through the gap in provision.
- Suicide prevention
  - Undertake a deep dive into local cases of Self-harm, attempted suicide, and death by suicide to identify themes and develop local actions for service improvement
  - Revisit the critical incidence protocol with a suicide focus
  - Finalise NEL Suicide Prevention Strategy and Action Plan

East Riding of Yorkshire Summary:

Challenges and gaps:
• Embedding the Thrive Framework across multi-agency partners. • Ongoing challenges to reduce waiting times for mental health services as levels of need and acuity increase • Lack of sufficient access to inpatient beds • Non recurrent funding used in ongoing services • Workforce development for non-mental health staff to improve prevention and early intervention • Access to day facilities which potentially would stop inpatient admissions. • Access to Safe Space for CYP who don't meet criteria for inpatients. • New emerging challenges e.g., AFRID • Current investment may not cover the increased activity needed due to increased cases and acuity of eating disorders during the pandemic. ER does not have any local CYP Eating Disorder beds • A clear mapping of pathways available which describes the criteria for accessing services and how services are configured to provide a continuum of support (i.e., a graduated response of support) • Large rural area - Not been enough mobile support available by skilled professionals to meet with young people where they are at a time that they need it.
Strengths and opportunities:
• Established a full Children and Young People Home Intensive Treatment (HiT) service • Increased the effectiveness and scope of the existing 24/7 crisis response service. • Enhanced therapeutic engagement between young people and community services to develop resilience in the young person and the system around them which will reduce the risk of future crisis • Reduced admissions to in-patient services and reduction in occupied bed days. • Increased capacity in eating disorder service to meet increasing need. • Contact point Specialist Nurse has provided virtual support to East Yorkshire Safeguarding and Partnership Hub to support the team in referrals that have mental health or emotional health needs. • Smash Groupwork support in some secondary schools • ERYC Child Well-being Practitioners (CWP) support CYP with low-moderate anxiety and depression, low mood, and low-moderate behavioural problems, • Strengthening of relationships between 0-19 with the Smash groupwork & Early Intervention Leads in the ERY schools prevents services working in silos and ensures that young people are appropriately referred, • 'No Harm Done' theatre based educational plays delivered in a number of secondary schools to Years 8 & 9 pupils, teachers and school nurses increasing awareness of the implications of self-harm and the signs of suicidal intentions. • Healthy Minds in East Riding (3-year campaign) in progress. Launched in Oct 2020. The campaign aims to reduce stigma and increase help seeking behaviour and promote wellbeing and positive self-help. • The ERYC Educational Psychology Service provides psychological advice to help promote the emotional wellbeing of young people. • Eating disorder service working with the paediatric team at Hull University Teaching Hospital (HUTH) providing in reach and training and developed joint clinics for the complex patients that are open to both services.

- Good engagement and coproduction with CYP - ERVAS has recently been successful with 3 years of funding to grow youth voice in the East Riding and will be leading on this work with partners, helping to establish an East Riding Youth Council, Youth Parliament and coordinating existing youth voice work.

Place based priorities:

- Emotional Health and Wellbeing is a priority for CYP Board
- Mental Health and Suicide Prevention worker will review current services and needs to set actions going forward.
- SMASH groupwork - Develop model at locality level as the programme is not currently available in all secondary schools and not commissioned for primary schools or electively home-educated children,
- Mental Health Support Teams (MHST). The ERY will be implementing 2 x Mental Health Support Teams in wave 7 (2022/23),
- MHEW service to train staff in hight intensity CBT to reduce pressure on CAMHS
- A clear mapping of pathways/services against Thrive Framework available which describes the criteria/thresholds for accessing services and how services are configured to provide a continuum of support (i.e., a graduated response of support)
- Improve and enhance workforce development and training for non-mental health staff to improve low level support
- Planning events to develop forward plan.

Hull Summary:

Challenges and gaps:

- Ongoing challenges to reduce waiting times for mental health services as levels of need and acuity increase
- Lack of sufficient access to inpatient beds leading to pressure on paediatric beds
- Non recurrent funding used in ongoing services
- Ongoing challenges to reduce waiting times for mental health services as levels of need and acuity increase
- Prevalence is substantially higher than capacity to meet need.
- New emerging challenges e.g., AFRID, anxiety-based school refusal
- End of current HeadStart Hull Funding for prevention and early intervention which delivers much of the “Getting Advice and Getting Help aspects Thrive
- Lack of consistent offer to vulnerable groups e.g., NEETS, risk of homelessness, transition (16-25), those with social care involvement but not LAC

Strengths and opportunities:

- Coproduced local website for CYP, Parents and carers and professionals – www.howareyoufeeling.org.uk
- Citywide delivery of standardised PSHE programme (Jigsaw) which is compliant with DfE statutory guidance and Ofsted Criteria. Additional packs developed for special schools and alternative providers. PSHE lead provides ongoing support and training to all schools
- Comprehensive workforce development and training offer for non-mental health professionals working with CYP to provide low level support
- Whole school/whole organisational approach in place and recognised as national best practice.
- Range of early intervention support (getting help) with good outcomes

- Prevention concordat in place
- Suicide prevention plan in place
- LAC pathway in place
- Multi agency MDT process in place to improve quicker access to right service first time.
- Citywide strategy for CYP voice and influence and good range of CYP engagement and coproduction work.
- Development of MHST
- Rapid needs assessment completed
- Consultation and engagement with BAME communities to improve access and reduce stigma
- Thrive strategic and operational group well established
- Established a Children and Young People Home Intensive Treatment (HiT) service
- Increased capacity in eating disorder service to meet increasing need including commissioning VCS (SEED) to improve prevention and early intervention.
- Completed task and finish group on needs of vulnerable 16–25-year-olds.

Place based priorities:

- Emotional Health and Wellbeing is a priority for CYP Board
- Review of contact point (camhs front door) and crisis provision
- Review of Thrive provision and mapping of forward offer
- Development of Trauma informed city
- Development of Thrive forward plan
- Clear Thresholds guidance for referrers for all services.
- Improve support for those discharged from inpatients/community eating disorder service/CAMHS (step down)
- Develop whole system pathway for eating disorders with SEED/CAMHS ED service
- Establish Safe Space provision
- Development of Transition pathway for 16–25-year-olds
- Development of Thrive performance framework

HNY HCP SUPPORT REQUIREMENTS FROM NHSE& I AND CLINICAL NETWORKS

- ✓ Collaborative approach to financial support for initiatives including improved forward planning of emerging funding opportunities and longer-term funding for test and learn/pilot projects etc
- ✓ Joint learning from best practise to enable systems thinking and approaches
- ✓ Improved support on new and emerging issues e.g., ARFID
- ✓ Addressing Health inequalities
- ✓ Funding based on prevalence/levels of need
- ✓ Workforce – recruitment and retention
- ✓ Clear thresholds for services

This Strategic plan will be reviewed annually and the workplan refreshed each autumn to ensure we are able to evidence the impact our work is making to improve access, outcomes and experience for Children and Young People and their families who need mental health support and services across our ICS.