

You Said, We Did

EIRA Findings		
Comment from	You said	We did
CYP & families in East Lancashire	More community/school based appointments	We have based our Primary Mental Health Workers within community and school settings to ensure that access to school and community based appointments is quicker and easier. Our plan envisages growth in the number of these roles that will allow us to continue to improve access to care and support in schools, communities and other locality based settings which are best placed for children, young peoples and their families.
	Happy to attend appointments at Burnley Hospital	We will ensure that appointments continue within our existing bases for those who prefer this
	Shorter waiting times are needed	We have worked to improve our waiting times across the region. We will continue to work on improving our waiting times. Our plan supports additional roles within schools, communities and clinics that will allow us to see more people more quickly. By increasing support to Getting Advice more quickly we can 'stabilise' provision of appointments for CYP Getting Support, and better manage secondary waiting times to other elements of our service offer.
	Environment in which services are accessed need improving	In some parts of the region, we have already found better locations in the community from which to provide our services. Our plan for the future includes a commitment to review our estate within our communities and neighbourhoods and to find the best local bases from which we can deliver our services, which are clinically appropriate to the level of care required – this could include cafés, leisure centres or other community spaces. We will continue to work with CYP and their families/carers to understand more about what changes could be made to improve our care settings.

You Said, We Did

	Those delivering the service need to listen more to CYP and parents/carers and give more/better feedback	We will include service user representation as a core part of our governance model across Lancashire and South Cumbria. We will develop a Mental Health Partnership Board that will ensure we govern our services in an inclusive way. Within our services we are looking at ways to both receive and give better feedback from/to CYP, families, carers and other stakeholders to ensure that all voices are heard and obtain a response including the methods and media we use to do this When giving feedback, we will endeavour to offer this in the way that is preferred or most appropriate to the CYP/family/carer to ensure they get timely information that is easy to understand.
	A 24 hour helpline would be useful	We will support the creation of a comprehensive digital offer for Lancashire and South Cumbria which will offer 24 hour online access to a wealth of information about the Lancashire and South Cumbria Emotional Health & Wellbeing and Mental Health Services, including clear signposting to help and telephone numbers for Crisis response, local teams, GP information, VCFS sector information etc. We will work together across the region to consider how we can offer consistent clinical support across a 24 hour period.
	Need to provide a continuity of service up to 18	All providers have committed to increase service inclusion age up to age 19 where already in services in line with THRIVE.
CYP & families in Blackpool	More community/school based appointments	We based our Primary Mental Health Workers within community and school settings to ensure that access to school and community based appointments is quicker and easier. Our plan supports a growth in the number of these roles that will allow us to continue to improve access to care and support in schools, communities and other locality based settings which are best placed for children, young peoples and their families.
	Happy to attend appointments at the health centre	We will ensure that appointments continue within our existing bases for those who prefer this

You Said, We Did

	Shorter waiting times are needed	We have worked to improve our Waiting Times across the region. We will continue to work on improving our waiting times. Our plan supports additional roles within schools, communities and clinics which will allow us to see more people more quickly. By increasing support to Getting Advice more quickly we can 'stabilise' provision of appointments for CYP Getting Support, and better manage secondary waiting times to other elements of our service offer.
	Need to look at the appointments process to improve the service	<p>We aim to develop a person centred Access Policy which is flexible to the needs of children and their families and which offers responsive and flexible appointment processes where necessary. We will continue to listen to feedback to understand how this can work better. .</p> <p>We are keen for as many CYP to access our range of services as needed and have therefore taken steps to open up access.. Access to services in the new model can be done through:</p> <ul style="list-style-type: none"> • The PMHW • The website • The SPA (hub) <p>We understand that some people will prefer to access our services in different ways so we are not omitting contact through our locality teams (current CAMHS teams), schools and GPs.</p>
CYP & families in West and North Lancashire, Greater Preston, Chorley & South Ribble	Shorter waiting times are needed	<p>We have worked to improve our Waiting Times across the region. We will continue to work on improving our waiting times. Our plan supports additional roles within schools, communities and clinics which will allow us to see more people more quickly. By increasing support to Getting Advice more quickly we can 'stabilise' provision of appointments for CYP Getting Support, and better manage secondary waiting times to other elements of our service offer.</p> <p>We are also working to offer other therapies and services while a CYP is on a waiting list to prevent any further escalation and reduce risk.</p>

You Said, We Did

and Fylde & Wyre	Look at the therapies used and offer more choice	We will review the current therapy offer available within our existing services then work within each geographical area to ensure equitable access to appropriate therapeutic intervention is made available. We will use our Clinical Senate to govern the quality and equity of the clinical offer across Lancashire and South Cumbria.
	More feedback required on progress made	We will include service user representation as a core part of our governance model across Lancashire and South Cumbria. We will develop a Mental Health Partnership Board which will ensure we govern our services in an inclusive way. Within our services we are looking at ways to both receive and give better feedback from/to CYP, families, carers and other stakeholders to ensure that all voices are heard and obtain a response including the methods and media we use to do this. When giving feedback, we will endeavour to offer this in the way that is preferred or most appropriate to the CYP/family/carer to ensure they get timely information that is easy to understand.
	More community/school based appointments	We based our Primary Mental Health Workers within community and school settings to ensure that access to school and community based appointments is quicker and easier. Our plan supports a growth in the number of these roles that will allow us to continue to improve access to care and support in schools, communities and other locality based settings which are best placed for children, young peoples and their families.
	Happy to attend appointments at CAMHS venues	We will ensure that appointments continue within our existing bases for those who prefer this

You Said, We Did

	<p>More emphasis on prevention, resilience, awareness and inclusion</p>	<p>The THRIVE model will link with other organisations who offer early help and prevention to ensure that support for prevention and resilience is available at every opportunity.</p> <p>Our THRIVE model supports getting advice and information as early as possible and in as many ways as possible. Our digital offer and website will house an 'information repository' for CYP for parents, carers, teachers GPs and signposting to other useful services. . The PMHW role is crucial in preventing escalation, promoting resilience and inclusion to reduce stigma and raising awareness. The PMHW role will be present in the community (schools, colleges, GP practices etc) and will be key to providing instant advice, help and support when it is needed and cascading training to other place based providers of support to the CYP.</p>
<p>Wider engagement with CYP & families</p>	<p>Better information required to navigate the mental health services system</p>	<p>Our Communications and Engagement plan will describe our strategy for informing our stakeholders in how they can access and navigate services. We will spread awareness of the new model and share information on how to access services across the entire ICS footprint. We will engage with CYP, parents, carers, GPs, A&E liaison, schools, colleges, other health partners, other VCFS partners, local authorities and other stakeholders as needed to ensure they understand how and where help can be sought.</p> <p>We will train our workforce and other delivery partners on the new model (e.g. how to refer, where to go for help etc.), and ways that people can access help, support and guidance.</p>
	<p>Crisis criteria is too high</p>	<p>Our THRIVE model will ensure that CYP can access help when and where this is needed in response to the assessed level of need whilst recognising the individual service users presentation, perceived level of need and level of distress. We will work across the partnership to ensure that there is standardisation of service criteria and assessment in response to presentation and levels of risk. It is our aim that CYP do not wait until they hit a 'threshold' for a particular service but rather that they receive timely support as early as possible to avoid escalations and decrease risk.</p>

You Said, We Did

	24 hour crisis centre/safe space is needed	We will work together across the region to ensure that YP can access an appropriate safe place when in crisis. We will consider how we can offer consistent support across a 24 hour period.
	Staying well requires sufficient support and not withdrawing this too quickly	Our THRIVE model will aim to support CYP at the appropriate level of need – this will include lower levels of interventional support where these are required to stay well. In addition we will work in localities to ensure that place based support is available and that the ‘complementary’ offer wraps seamlessly around the commissioned THRIVE model to support CYP to stay well and to re-access services easily where appropriate.
	Access to support groups would be helpful	Our Thrive model will consider the availability of peer support groups for CYP (in line with their feedback from our co-production events) and to do similar for parents/carers. This option needs further exploration in terms of delivery methods and media for access building on existing successful group which will continue to operate.
	‘IAPT’ is not understood	We will ensure that our services are described using clear and easy to understand language and will continue to work with CYP in the production of materials for information. .
LGBT	More mental health support as part of gender reassignment pathway	The THRIVE model will ensure it incorporates the identified pathways for Gender reassignment and that Emotional health / Mental health support is embedded in the offer. In each area this support will be more robustly described, including what to expect and how this is provided.
	Have a more holistic approach when an individual is suffering with both mental health and gender identity issues	As above there will be regular joint working and information sharing between the CYP EHWP providers and Gender identity services/clinics.

You Said, We Did

	<p>Need to address the gap in service that is experienced when someone is experiencing mental health crisis but not meeting the criteria for AMHS</p>	<p>A key part of the Thrive model is to ensure that Emotional Health & Wellbeing Services across Lancashire and South Cumbria accept CYP up to age 18 as part of all pathways. This will therefore be included in the model.</p> <p>We are looking to work closer with Adult Mental Health to address the gaps in services between AMH and our service provision.</p>
	<p>Increase the awareness of LGBT and LGBT issues with health care staff and the emergency services with a view to making services LGBT friendly and welcoming</p>	<p>As part of awareness raising on a number of issues (including LGBT+ issues), we are working to enhance the Getting Advice quadrant to ensure as much information as possible, and in as many ways as possible, is available on emotional health & wellbeing and mental health issues. We are planning to create and maintain an ICS wide website that will house an 'information repository' of information, help, support and advice on issues, not just for CYP but for parents, carers, teachers GPs etc. We envisage that this website will also signpost individuals on to other services (eg VCFS sector services) that they may find useful.</p> <p>We also see the PMHW role as crucial in preventing escalation, promoting resilience and inclusion to reduce stigma and raising awareness. The PMHW role will be present in the community (schools, colleges, GP practices etc) and will be key to raising awareness of mental health issues (including LGTB issues) and providing instant advice, help and support when it is needed.</p> <p>We are also planning education and training to our staff (NHS and VCFS providers) and to schools, colleges, GPs, other health partners etc, , where possible, on the new model (eg how to refer, where to go for help etc) and ways that people can access help, support and guidance.</p>

You Said, We Did

	<p>Increase the specialism of LGBT in services</p>	<p>We will ensure that there is an LGBT+ awareness champion in each provider locality.</p> <p>We will ensure that, where possible, the workforce represents community. We will provide mandatory training for our staff in:</p> <p>Cultural diversity, LGBT+ and equality</p> <p>We will ensure our services have achieved appropriate LGBT+ quality mark.</p>
	<p>Utilise more of the voluntary sector in terms of improving outcomes via outreach work, and providing insight</p>	<p>It is part of our Thrive model that we have included the VCFS in the delivery of our offer. The VCFS will play a crucial part in service delivery in all aspects of the Thrive model. The next phase of planning and modelling will determine what each respective organisation will provide in terms of the offer.</p>
<p>South Asian Community</p>	<p>Have a variety of ways to access support for mental health problems</p>	<p>We are keen for as many CYP to access the service as needed and have therefore taken steps to open up access to our service. Access to services in the new model can be done through:</p> <ul style="list-style-type: none"> • The PMHW • The website • The SPA (hub) <p>We understand that some people will prefer to access our services in different ways so we are not omitting contact through our locality teams (current CAMHS teams), schools and GPs. We will take proactive steps to ensure that our services are inclusive to all parts of the community and be responsive to the access needs of specific groups.</p>
	<p>Would like to have face to face help at a general community venue and regular access to a support worker</p>	<p>The PMHW role will be present in the community (schools, colleges, GP practices etc.) and will be key to raising awareness of mental health issues and providing instant advice, help and support when it is needed.</p> <p>In addition we are currently working with NHSE on the development of new roles e.g. wellbeing practitioners and Mental Health Support Workers. These roles will be community based to support the wider work force.</p>

You Said, We Did

	<p>Access to help and support in an individual's first language</p>	<p>We will ensure that when possible, the workforce represents community to support a diverse understanding of all of our service users' needs. This will include ensuring (wherever possible) that our workforce is multi-lingual and that materials are offered in an appropriate form and that interpreter services are made available</p>
	<p>Would like specific interventions to tackle issues with drugs, improve life skills/confidence and increase awareness around mental health to remove stigma</p>	<p>Our services will be based within Community and Neighbourhood settings where place based care from a range of services can be accessed. Emotional and Mental Health and Wellbeing services will form part of this neighbourhood offer but will also aim to work seamlessly with other services within the community to ensure support is person centred as far as possible e.g. substance misuse and alcohol services.</p>
	<p>It would be beneficial to see someone of the same gender and ethnicity, when receiving help, to facilitate a better understanding of cultural related issues</p>	<p>We will ensure that when possible, the workforce represents community to support a diverse understanding of all of our service users' needs and we will work to accommodate specific requests relating to preferences</p> <p>We will provide mandatory training for our staff in:</p> <ul style="list-style-type: none"> • Cultural diversity, LGBT+ and equality
	<p>'IAPT' as a term is not understood/user friendly</p>	<p>We will ensure that we describe our services using clear and easy to understand language and will continue to work with CYP in the production of materials for information. .</p>

You Said, We Did

Children & Young People	Professionals require knowledge & skills so CYP feel listened to and taken seriously	<p>We currently provide services via a highly skilled and trained workforce and we recognise that in order to adapt to the THRIVE based model of care our workforce will be required to grow and adapt accordingly. We will continue to ensure that all staff have the appropriate level of training and skill required to fulfil their roles across the full spectrum of care - from offering advice and guidance through to delivery of NICE compliant interventions for the most complex care.</p> <p>We will require new roles, an increase in the current numbers of practitioners and appropriate training and education to ensure that our staff have the qualifications, knowledge, skill, confidence and experience to undertake their role.</p> <p>We will ensure that CYP are integral to our recruitment processes on an ongoing basis.</p>
	Use schools/colleges for CYP to receive advice on mental health	<p>We based our Primary Mental Health Workers within community and school settings to ensure that access to school and community based appointments is quicker and easier. Our plan supports a growth in the number of these roles which will allow us to continue to improve access to care and support in schools, communities and other locality based settings which are best placed for children, young peoples and their families.</p> <p>Primary Mental Health Workers will cascade training to other staff within school and community based settings to support them to offer better onward advice and for Emotional Well Being and Mental Health Issues.</p>
	Provide information with vital numbers on a credit card sized card to all students	<p>We are looking at ways that we can share information so will be working with CYP further on this to ensure they can access information in a way and at a time that suits them. If preference is for cards with information, we can accommodate this and design them with CYP</p>
	Need to do more pre-planning for crisis	<p>Our model recognises the requirement to ensure a clear 'Plan of Care' and a named co-ordinator to be in place to support the CYP through their THRIVE journey. We will continue to co-produce with CYP to ensure this plan and process is fit for purpose and provides a clear pathway/plan including in the event of a Crisis.</p>

You Said, We Did

	<p>A&E is not always the most appropriate place to go when in a crisis</p>	<p>We are committed to providing safe places for CYP who are in crisis to access and will continue discussions with AMH and other services to provide an alternative to the emergency department whenever possible and where clinically appropriate.</p>
	<p>Need clear information on how to access help when in crisis, especially when out of hours</p>	<p>Access to services in the new model will be through:</p> <ul style="list-style-type: none"> • The PMHW • The website • The SPA (hub) <p>We will ensure that we clearly articulate how to access services when in crisis via our existing access/ entry routes, including the website, via comprehensive stakeholder engagement and via ongoing publicity regarding the services.</p> <p>CYP with an existing plan of care should have clear information on how to access services in a crisis.</p>
	<p>'IAPT' as a term is not understood/user friendly</p>	<p>We will ensure that CYP and their families understand the offer "Improving Access to Psychological Therapies" and that we describe our services using clear and easy to understand language and will continue to work with CYP in the production of materials for information.</p>
	<p>Have a specialist Autism health service</p>	<p>A number of services are out of scope of this redesign, including ASD diagnostic services. However, we plan to work as closely as possible with these services in order to provide a holistic emotional wellbeing and mental health service. Dialogues with out of scope services will commence in the next phase of this programme to ascertain how this can be best achieved.</p>
	<p>Need to have support services in place that meet the needs of CYP</p>	<p>It is our plan to ensure that help and support can be accessed in a variety of ways, so CYP can get help, support or a service should they require it, regardless of their level of need. It is our aim that CYP do not wait until they hit a threshold for a service in order to receive help; rather that they get as much support as they need as early as possible to avoid escalations and decrease risk.</p>

You Said, We Did

Parents & Carers	Need support for and communication with the whole family (not just CYP)	As part of the Thrive model we will work with families to ensure that we plan care in the most appropriate and inclusive way for all of the family members who are affected. We are looking at ways to improve communication both from/to CYP, families, carers and other stakeholders to ensure that all voices are heard and they obtain a response.
	Professionals working together need to communicate with each other	It is our ambition that by working as one service, all NHS and VCFS providers will work closer together and improve communication between organisations. We aim to use common methods of communication and sharing information between professionals wherever possible and to increase the use of multi-disciplinary meetings to effectively plan care and to ensure our services are technologically enabled to efficiently communicate. Work will be undertaken with IG leads to determine appropriate governance for sharing of information.
	Reduce the waiting time for diagnosis of autism, attention deficit hyperactivity disorder (ADHD) etc	We understand that ASD diagnostic services are out of scope for this redesign, however we will endeavour to work closely with colleagues where there is also an identified mental health need. We are also seeking to do more work on prevention, awareness raising and inclusion. By undertaking more in the Getting Advice quadrant, we are expecting that this will ease pressures on the services in other quadrants and will reduce waiting lists and times. We are also working to offer other therapies and services while a CYP is on a waiting list to prevent any further escalation and reduce risk.
	Build and maintain partnerships with other sectors/organisations to provide support services e.g. leisure centres	We will work in community settings and neighbourhoods to deliver our services and will work collaboratively with all other sectors/ support services operating within the neighbourhood to ensure the best offer of support can be provided in the most appropriate location. Where appropriate this may include using community spaces e.g. leisure centres, youth centres, schools for the delivery of support or interventions.

You Said, We Did

	<p>Need a more robust transition to adult mental health services</p>	<p>Where a CYP in the getting help or getting more help quadrant is transitioning to adult services, a transition worker will become a key point of contact working with the care co-ordinator to ensure the development of positive relationships with key staff from the receiving (adult) services and to facilitate a smooth, seamless transition of care.</p> <p>The role of the transition worker within the locality Thrive partnership is to support care co-ordinators to ensure that young people's transition to adult services is timely, collaborative and young person centred.</p> <p>The transition worker will ensure that the transition process is supportive by developing positive relationships with key staff from the receiving (adult) services that will help to facilitate a smooth, seamless transition in line with the transition SOP and escalate to senior managers where there are concerns, in line with the agreed escalation process.</p> <p>The transition worker will have a system for collecting and collating data relating to transitions, including how many young people have undergone transition and where they have transitioned to.</p> <p>The transition worker will also provide information for senior leaders and commissioners regarding the quality of transition, the experience of young people and identify any challenges that require further action.</p>
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You Said, We Did

	<p>More awareness in the community around autism, ADHD and special needs</p>	<p>We are working to 'front load' the Getting Advice quadrant to ensure as much information as possible, and in as many ways as possible, is available on emotional health & wellbeing and mental health issues, including autism, ADHD and special needs.</p> <p>We are planning to create and maintain an ICS wide website that will house an 'information repository' of information, help, support and advice on issues, not just for CYP but for parents, carers, teachers GPs etc.</p> <p>We envisage that this website will also signpost individuals on to other services (e.g. VCFS sector services) that they may find useful.</p> <p>We also see the PMHW role as crucial in preventing escalation, promoting resilience and inclusion to reduce stigma and raising awareness. The PMHW role will be present in the community (schools, colleges, GP practices etc.) and will be key to raising awareness of mental health issues and providing instant advice, help and support when it is needed.</p> <p>We are also planning education and training to our staff (NHS and VCFS providers) and to schools, colleges, GPs, other health partners etc., where possible, on the new model (e.g. how to refer, where to go for help etc.) and ways that people can access help, support and guidance.</p>
	<p>To have a clear line of contact at times of crisis</p>	<p>We will ensure that we offer clear communications on access to services in a Crisis scenario via our existing access/ entry routes, including the website, via comprehensive stakeholder engagement and via ongoing publicity regarding the services.</p> <p>Our model recognises the requirement to ensure a clear 'Plan of Care' and a named co-ordinator to be in place to support the CYP through their THRIVE journey. We will continue to co-produce with CYP to ensure this plan and process is fit for purpose and provides a clear pathway/plan including in the event of a Crisis.</p> <p>CYP with an existing plan of care should have clear information on how to access services in a crisis.</p>

You Said, We Did

	To address the gap in service for when in crisis but not meeting the criteria for AMHS	A key part of the Thrive model is to ensure that Emotional Health & Wellbeing Services across Lancashire and South Cumbria accept CYP up to age 18 as part of all pathways. This will therefore be included in the model. We are looking to work closer with Adult Mental Health to address the gaps in services between AMH and our service provision.
	To have an alert on the police force's record system so that the child/young person's additional needs are known	We will co-produce crisis pathways with other partners (including police) and seek to facilitate change in the systems used by other partners involved in supporting the CYP as far as practicably possible.
	To have ongoing contact with mental health services for ad hoc support and advice	We have based Primary Mental Health Workers into community and school settings to ensure that timely advice and support is necessary and can be offered on the basis of assessed need, whether ad- hoc, short term or longer term. We have taken steps to open up access to our service. Access to services in the new model can be done through: <ul style="list-style-type: none"> • The PMHW • The website • The SPA (hub) Our THRIVE model will aim to support CYP at the appropriate level of need – this will include lower levels of interventional support where these are required to stay well. In addition we will work in localities to ensure that place based support is available and that the 'complementary' offer wraps seamlessly around the commissioned THRIVE model to support CYP to stay well and to re-access services easily where appropriate.
	To have access to strategies around managing behaviour and specialised cognitive behavioural therapy (CBT)	Where possible, we will provide suitable information on our website to be easily accessed 24 hours a day and when needed. PMHWs will cascade training to other staff in community and school based settings. The model supports easier and timely access to needs based assessment to identify where specialist therapeutic intervention is required.

You Said, We Did

	<p>To increase the awareness and knowledge of autism amongst people who come into contact with children and young people</p>	<p>As part of awareness raising on a number of themes/issues/disorders/conditions (including autism), we are working to 'front load' the Getting Advice quadrant to ensure as much information as possible, and in as many ways as possible, is available on emotional health & wellbeing and mental health issues. We are planning to create and maintain an ICS wide website that will house an 'information repository' of information, help, support and advice on issues, not just for CYP but for parents, carers, teachers GPs etc. We envisage that this website will also signpost individuals on to other services (e.g. VCFS sector services) that they may find useful.</p> <p>We also see the PMHW role as crucial in preventing escalation, promoting resilience and inclusion to reduce stigma and raising awareness. The PMHW role will be present in the community (schools, colleges, GP practices etc.) and will be key to raising awareness of mental health issues (including autism) and providing instant advice, help and support when it is needed.</p> <p>We are also planning education and training to our staff (NHS and VCFS providers) and to schools, colleges, GPs, other health partners etc., where possible, on the new model (e.g. how to refer, where to go for help etc.) and ways that people can access help, support and guidance.</p>
	<p>To have the option of working with CAMHS beyond the young person's 16th birthday</p>	<p>A key part of the Thrive model is to ensure that Emotional Health & Wellbeing Services across Lancashire and South Cumbria accept CYP up to age 18 as part of all pathways.</p>

You Said, We Did

Workforce Co-Production Event		
Comment from	You said	We did
Staff from all 4 NHS providers and NCompass	<p>Staff retention:</p> <ul style="list-style-type: none"> • Staff need to feel valued – investment in staff • Career Development needs to be improved i.e. secondments • Temporary Fixed Term Contracts are not attractive • Funding issues seem to prevent investment in staff • There is insufficient attraction for new staff • There needs to be a culture change • Apprenticeships should be explored • Needs to be Equality and Parity of Grades • Needs to be skill set led • Lack of opportunity for progression 	<p>We are taking on board all comments and feedback given to us at the staff session and this will become part of our workforce plan, in line with Stepping Forward to 20/21.</p> <p>Further information regarding our initial plans for workforce have been given in response to question p but the detail of our workforce plans will be given in the final submission.</p> <p>We are aware that there needs to be room for progression and upskilling so will be conscious of this in our design.</p>

You Said, We Did

	Bureaucracy is stifling innovation	It is our ambition to give staff the freedom to work by allowing them to improve and innovate in their roles. We will do this by creating a culture of support and empowerment so staff members feel they have the means to innovate and make changes as needed (within the legislative constraints of the service).
	Needs to be a culture to encourage autonomy, trust and empowerment	As above, it is our intention to create a culture of autonomy, trust and empowerment so staff feel enabled to make the right decisions at the right time.
	Should acknowledge geographical differences	We are moving to a unified model that aims to deliver a consistent emotional health & wellbeing and mental health service across Lancashire and South Cumbria. However, we are mindful that geographical differences may mean that there might have to be some variation to how we deliver and of the work force issues that affect different geographies within the large and diverse geographical footprint covered by the partnership. We will develop work force plans which account for this variation and strategy to mitigate/ manage this as far as practicably possible.
	Use the services of Third Sector/Voluntary Services – could provide good services at lower costs and deflect from A&E	Our model for Thrive will utilise the VCFS and we see them as a key part of the delivery of our services. We have and will continue to work closely with the VCFS in the design and delivery of our model, ensuring they are 'at the table' with us as a partner throughout.
	Need to address the needs in crisis support	We are working to provide a robust crisis support offer that meets the needs of CYP and their families/carers both in the home (or other community venues) and within hospital. It is our ambition to work closely with emergency departments, Core 24 and other partners to deliver a supportive, timely and caring crisis support offer. Further information on this offer will be finalised in the final submission.

You Said, We Did

	Need to do more early intervention and prevention work	Our model recognises the need to offer information, advice and support at the earliest opportunity to support CYP to get early help and how to build greater resilience. Greater presence in school and community settings along with visibility on digital media will support the improvement of timely access to help. We also see the PMHW role as crucial in preventing escalation, promoting resilience and inclusion to reduce stigma and raising awareness. We are also planning education and training to our staff (NHS and VCFS providers) and to schools, colleges, GPs, other health partners etc., where possible, on the new model (e.g. how to refer, where to go for help etc.) and ways that people can access help, support and guidance. We will work with other place based providers and local authority on prevention opportunities.
	Use flexible working to meet the needs of CYP and families	We will create a culture of empowerment and trust for our workforce that will enable them to work flexibly to meet the needs of CYP and families.
	Need to ensure we have correct and appropriate clinic facilities	Part of our work in the next phase will be to look at our environments and estates where we deliver services to CYP and families/carers to ensure they appropriate and CYP friendly. This is in line with increasing the age range to 18 and general improvements that fit with our model.
	Need to build more resilience and encourage self-management in CYP and families	We will be looking in more detail at therapies and help offered and will look to identify ways to build resilience and move towards self-management as part of this. We are also hopeful that increasing the Getting Advice offer will mean that CYP and families/carers will feel more empowered to 'help themselves' by having a range of help and advice options easily available to them.
	Need to move to person-centred healthcare	Our model demonstrates that we have CYP and their families/carers at the heart of our services and are committed to make the changes required to deliver a service that meets their needs. We are committed to working in partnership with other support services and offering options on choice of care, means to access support and help and, as far as possible, our staff who will deliver this care.
Crisis Co-Production Event		
Comment from	You said	We did

You Said, We Did

CYP	Define what crisis is	Feedback from our co-production events told us that CYP feel that they should be able to tell us when they are in crisis, rather than having a definition imposed on them. As such, in the next phase of co-production, we will be working with CYP, parents, carers, other professionals etc. again to work on and agree these definitions.
	Improve communication about what crisis is (communicate to schools, colleges, youth clubs, public transport etc) and where to go to for help for those in crisis	As stated previously, we are looking to incorporate new roles (PMHW for example) to do more work on prevention, awareness and inclusion.
	Provide training on crisis to help and equip peers, parents teacher (schools and colleges) public etc to help those in crisis, and where to go to for help for those in crisis	We are working to provide a robust crisis support offer that meets the needs of CYP and their families/carers both in the home (or other community venues) and within hospital. It is our ambition to work closely with emergency departments, Core 24, CYP, families and Carers and other partners to deliver a supportive, timely and caring crisis support offer. We will continue to co-produce the Crisis offer and submit further information on this in the final submission.
	Tackle and reduce waiting times and Offer interim solutions for those who are waiting	<p>We have worked to improve our Waiting Times across the region. We will continue to work on improving our waiting times. Our plan supports additional roles within schools, communities and clinics which will allow us to see more people more quickly. By increasing support to Getting Advice more quickly we can 'stabilise' provision of appointments for clients Getting Support, and better manage secondary waiting times to other elements of our service offer.</p> <p>We are also working to offer other therapies and services while a CYP is on a waiting list to prevent any further escalation and reduce risk.</p>

You Said, We Did

	Offer DBT	As part of our modelling work, and in line with the mandate, we are looking to standardise our offer so, regardless of geography, any accessing the service in Lancashire and South Cumbria will get equity of service. Part of this will mean looking at therapies offered (in line with evidence base and success rate) to amend (where needed) the therapies we offer. Further work to agree and approve the list of therapies to be offered will be undertaken in the next stage of the programme including appropriate provision of DBT.
	Offer a range of approaches, and tailor these to the needs of the child or young person (sport as an intervention)	We are working with our VCFS partners to determine the approaches we use in our model. As with looking at the different therapies offered, we will be discussing the range of approaches and interventions we can use across the footprint that is appropriate for CYP whilst still being flexible and offering them choice.
Parent/Carer	Provide support in young person/child's home	We are looking to extend our community offer to offer help and support in a way that meets the need of CYP and their family/carer(s) including within the most appropriate setting. We will continue to co-produce our community pathways with CYP.
	Offer support (tools, techniques) for the extended family while the child or young person is in crisis	We are working to provide a robust crisis support offer that meets the needs of CYP and their families/carers both in the home (or other community venues) and within hospital. It is our ambition to work closely with A&E departments, Core 24, CYP, families and Carers and other partners to deliver a supportive, timely and caring crisis support offer. We will continue to co-produce the Crisis offer and submit further information on this in the final submission.

You Said, We Did

Whole Group (CYP, Parent, carers, other stakeholders)	<p><i>Culture change:</i> Inclusive Person centred Informal, comfortable, less clinical Mental health discussions feel normal C&YP being taken seriously, listened to Less focus on criteria Consider the location of services, accessible, user friendly</p>	<p>We are committed to culture change as part of this transformation work to ensure our services are inclusive, person centred, informal or formal where required and that our estates and environments are fit for purpose. It is key that CYP feel they are listened to and that any discussions on mental health are taken seriously. To do this, we will create a culture of support and empowerment so staff members feel they have the means to innovate and make changes as needed (within the legislative constraints of the service).</p>
	<p>Trained staff</p>	<p>We currently provide services via a highly skilled and trained workforce and we recognise that in order to adapt to the THRIVE based model of care our workforce will be required to grow and adapt accordingly. We will continue to ensure that all staff have the appropriate level of training and skill required to fulfil their roles across the full spectrum of care - from offering advice and guidance through to delivery of NICE compliant interventions for the most complex care.</p> <p>We will require new roles, an increase in the current numbers of practitioners and appropriate training and education to ensure that our staff have the qualifications, knowledge, skill, confidence and experience to undertake their role and we will articulate this in our work force - training and education plan.</p>
	<p>Availability of longer term support, with the same professional, following crisis</p>	<p>As part of our crisis response model, we are looking to ensure a robust package of care will be in place that will provide longer term support following crisis. Wherever possible, we will ensure continuity of care remains with the CYP to deliver their care.</p>

You Said, We Did

	<p>More integrated with the third (voluntary community and faith) sector, primary care, and education</p>	<p>It is our ambition that the Lancashire and South Cumbria Emotional Wellbeing and Mental Health service work as one service, across the footprint and across organisations (including NHS and NHS funded VCFS). We will also work closely with partners in other organisations who may be excluded from the scope of the NHS redesign mandate (e.g. social care, A&E etc.), but whom are pivotal to the provision of an integrated service offer , Wherever possible, we will work as one service or integrate systems to provide comprehensive mental health support.</p>
	<p>Ensure all relevant services are joined up and integrated to offer the child or young person consistent and coherent care regardless of where you live and not having to tell your story repeated times</p>	<p>As above, we are planning (wherever possible) to work as one service across the footprint with better and more joined up ways of working with organisations both in and out of scope of this transformation. We will do this to prevent CYP from 'bouncing around' in the system and to provide seamless, quality care. Wherever possible, we will ensure that CYP only have to tell their story once; as such, we are beginning discussions around how data sharing can be made easier, whilst still protecting an individual's right to privacy.</p>
	<p>Early intervention (health, education, social media) and access to support to build resilience</p>	<p>Our model recognises the need to offer information, advice and support at the earliest opportunity to support CYP to get early help and how to build greater resilience. Greater presence in school and community settings along with visibility on Digital media will support the improvement of timely access to help. We also see the PMHW role as crucial in preventing escalation, promoting resilience and inclusion to reduce stigma and raising awareness.</p> <p>We are also planning education and training to our staff (NHS and VCFS providers) and to schools, colleges, GPs, other health partners etc., where possible, on the new model (e.g. how to refer, where to go for help etc.) and ways that people can access help, support and guidance. We will work with other place based providers and local authority on prevention opportunities.</p>

You Said, We Did

	Full assessment offered	We will agree a standardised approach to assessment, diagnosis and use of outcome measures to be implemented across the Lancashire and South Cumbria footprint by delivery partners and with monitored compliance processes supported by the MHMDS.
	Involve children and young people in the planning of services	We have trained children and young people, families and carers to co-produce and have held 6 targeted events to date to support the draft model development. We will continue to co-produce with CYP during the design and transition phase and will embed ongoing service user involvement into our governance structures moving forward.
	Improve pathway for C&YP with suspected autism spectrum disorders/conditions	A number of services are out of scope of this redesign, including ASD diagnosis services. However, we plan to work as closely as possible with these services with the ambition of providing a holistic emotional health & wellbeing and mental health service as we can. Dialogues with out of scope services will commence in the next phase of this programme to ascertain what can be done.
	Specific help to build resilience	Our model recognises the need to offer information, advice and support at the earliest opportunity to support CYP to get early help and how to build greater resilience. Greater presence in school and community settings along with visibility on digital media will support the improvement of timely access to help. We also see the PMHW role as crucial in preventing escalation, promoting resilience and inclusion to reduce stigma and raising awareness. We will cascade education and training to staff schools, colleges, GPs, other health partners etc., where possible, on the new model (e.g. how to refer, where to go for help etc.) and ways that people can access help, support and guidance. We will work with other place based providers and local authority on prevention and resilience building opportunities.
	Single point of access	In our model, we have encompassed a single point of access, the Thrive Local Triage. This is the 'hub' that will process all requests for help, support or referrals in each locality. Appendix 11 diagram 4 shows how this will operate.
Access Co-Production Event		
Comment from	You said	We did

You Said, We Did

<p>Whole Group (CYP, Parent, carers, other stakeholders)</p>	<p>CAMHS needs to define what it does and promote it more</p>	<p>We will promote and offer information on our service to spread awareness and we will articulate this within our Co-Production and Engagement Plan. We will utilise all available media to raise awareness of our services and how CYP can access early/ timely help and support online or within their communities.</p> <p>We will ensure that all services within the THRIVE offer define what they do.</p> <p>We will continue to engage with CYP, parents, carers, GPs, A&E liaison, schools, colleges, other health partners, other VCFS partners, local authorities and other stakeholders as needed to ensure they understand how and where help can be sought and that we promote the service in the best and most accessible/ far reaching ways.</p>
	<p>Improve schools understanding of mental health, knowledge of services and improve teachers understanding of mental health</p>	<p>We have based Primary Mental Health Workers into community and school settings to ensure that staff also have access to guidance and advice from the PMHW. The PMHW role is critical to offering cascade training to other staff within schools to allow the widest range of advice and support to be offered to CYP.</p>
	<p>We need to publicise good schools</p>	<p>Where a particular school has an exemplary record of working with mental health issues, we will endeavour to share this learning (via the PMHW) and take this to other schools as best practice wherever possible.</p>
	<p>We need one website that provides clear information on how to access services</p>	<p>We are looking to create and develop a ICS wide website that will hold a wealth of information about the Lancashire and South Cumbria Emotional Health & Wellbeing and Mental Health Services, including telephone numbers for Crisis response, local teams, GP information, VCFS sector information etc.</p>

You Said, We Did

	<p>People (parents, families, school/college teachers, services, need to be able to sign post children and young people to available services</p>	<p>In conjunction with the website and supported by PMHWs, we are planning to spread awareness of the new model and share information on how to access services across the entire ICS footprint. We understand that individuals will need an awareness and understanding of where to go to get help and support so we are planning to share this as soon as possible. We plan to engage with CYP, parents, carers, GPs, A&E liaison, schools, colleges, other health partners, other VCFS partners, local authorities and other stakeholders as needed to ensure they understand how and where help can be sought.</p>
	<p>Locations for services need to be easy to access, accessible (town centre) and neutral</p>	<p>Part of our work in the next phase will be to look at our environments and estates where we deliver services to CYP and families/carers to ensure they appropriate and CYP friendly. This is in line with increasing the age range to 18 and to ensure they are accessible to CYP and their families/carer(s). Wherever possible/clinically appropriate, we will ensure services are available as locally as possible to the CYP and the development of a neighbourhood presence/approach within localities will be a key feature to ensuring an accessible service. This will include appointments in schools, colleges and other community settings</p>
	<p>Make self-referral easier</p>	<p>We have included means to self-refer into the new model. This can be done via the SPA (Thrive Local Triage – hub), into an existing team or via the PMHW. We have created a range a ways to self-refer to make it easy for individuals to find a method that suits them.</p>
	<p>Reduce waiting times</p>	<p>Our model seeks to increase capacity in community and school based settings to allow more accessible and timely access to care and to reduce waiting times to access services.</p> <p>By increasing capacity for primary access we aim to also 'stabilise' flow into other pathways to ensure that secondary waits are appropriate. We will also consider appropriate interventions while a CYP is on a waiting list to prevent any further escalation and reduce risk.</p>

You Said, We Did

	<p>Options to access services should be made available, and where possible children and young people should be given the choice</p>	<p>We are keen for as many CYP to access the service as needed and have therefore taken steps to open up access to our service. Access to services in the new model can be done through:</p> <ul style="list-style-type: none"> • The PMHW • The website • The SPA (hub) <p>We understand that some people will prefer to access our services in different ways so we are not omitting contact through our locality teams (current CAMHS teams), schools and GPs.</p>
	<p>Raise awareness about mental health and relevant health and other services available, including self-help, third sector and support groups</p>	<p>We will promote and offer information on our service to spread awareness and we will articulate this within our Co-Production and Engagement Plan. We will utilise all available media methodologies available to raise awareness of our services and how CYP can access early/ timely help and support online or within their communities.</p> <p>We will work with community partners and local authorities to ensure wider services have adequate awareness on availability and accessibility.</p> <p>We will continue to engage with CYP, parents, carers, GPs, A&E liaison, schools, colleges, other health partners, other VCFS partners, local authorities and other stakeholders as needed to ensure they understand how and where help can be sought and that we promote the services in the best and most accessible/ far reaching ways.</p>
	<p>Have a defined key worker or care navigator</p>	<p>Our model recognises the requirement for a named person to co-ordinate the THRIVE plan of care. We will ensure, wherever possible, that CYP have continuity of care throughout their THRIVE journey.</p>
	<p>Change the name of CAMHS</p>	<p>We are planning to hold further co-production sessions with CYP, parents, carers etc. to look at terms, names, language etc. and will raise the name of CAMHS there. Any new name options will be required to reflect range of the THRIVE offer.</p>

You Said, We Did

	<p>While waiting to be seen are there other services, such as the voluntary sector that could provide interim help/support</p>	<p>We are looking to incorporate new roles (PMHW for example) to do more work on prevention, awareness and inclusion. We are also working to offer other therapies and services while a CYP is on a waiting list to prevent any further escalation and reduce risk.</p>
	<p>Appointments should be more flexible, and there should be no quick discharge (if appts not available?)</p>	<p>We based our Primary Mental Health Workers within community and school settings to ensure that access to appointments is quicker and easier. Our plan supports a growth in the number of these roles which will allow us to continue to improve access to care and support greater flexibility of access to appointments in a range of settings which are best placed for children, young peoples and their families. Wherever clinically appropriate we will seek innovative options for offering appointments in the community – this may include leisure centres, cafés or other community spaces.</p> <p>We are keen for as many CYP to access the service as needed and have therefore taken steps to open up access to our service. Access to services in the new model can be done through:</p> <ul style="list-style-type: none"> • The PMHW • The website • The SPA (hub) <p>We understand that some people will prefer to access our services in different ways so we are not omitting contact through our locality teams (current CAMHS teams), schools and GPs.</p>
	<p>Care plan should be flexible and the goal should focus on strengths</p>	<p>We will work with all partners in development and implementation of care plans, how these may be flexibly structured to meet the range of need and how to focus goal setting. Individual strengths will always be acknowledged.</p>
	<p>Once discharged, individuals should know what support is available, and what will happen next</p>	<p>We will ensure that, when discharged, CYP have a discharge plan that clearly sets out, amongst other things, what support is available to them. This will be explained to the CYP and their family/carer(s) prior to discharge to ensure they understand what support is available and what to do should they need further help.</p>

You Said, We Did

	More use of telephone access/face to face for triaging and prioritising	It is our intention that the Thrive Local Triage SPA (Hub) will utilise telephone triaging to enable faster triage. Face-to-face will still be utilised when it is deemed appropriate.
	Weekend service availability	We will provide a 7 day service so this will include weekend appointments and clinics.
	Helpline out of hours	<p>We will create an ICS wide website that will hold a wealth of information about the Lancashire and South Cumbria Emotional Health & Wellbeing and Mental Health Services, including telephone numbers for Crisis response, local teams, GP information, VCFS sector information etc. We will ensure that help and support is available out of hours.</p> <p>We will work together across the region to consider how we can offer consistent support across a 24 hour period.</p>
	Better/improved digital support	Our model seeks to improve access to early advice and support - to ensure as much information as possible is available to those who need it - in as many ways as possible. We will create and maintain an ICS wide website that will house an 'information repository' of information, help, support and advice on issues, not just for CYP but for parents, carers, teachers GPs etc. We envisage that the website will also signpost individuals on to other services (e.g. VCFS sector services) that they may find useful.
	Option for online appointments	Part of the modelling work that has taken place has been to look at existing arrangements for making appointments and improve this. It is our ambition to streamline/ improve the appointments process where possible and further work to look at this will be undertaken in the next phase of the programme, including online appointments.

You Said, We Did

	<p>Support for children and young people to take account of parent/carer/family needs (ie literacy, language issues)</p>	<p>It is our ambition that our model will support to both CYP and their family/carer(s) to provide a holistic approach to care. We will develop care plans in a format that is appropriate to the CYP and their family. We will ensure all our staff have adequate awareness and training for:</p> <ul style="list-style-type: none"> • Cultural diversity, LGBT+ and equality • IT and social media • Safeguarding, mental health legislation, mental capacity, age appropriate information sharing and other appropriate courses that will enable staff to deliver quality assessments safely
Transition Co-Production Event		
Comment from	You said	We did
<p>Whole Group (CYP, Parent, carers, other stakeholders)</p>	<p>Communication and information about transition to children and young people, and their families/carers to enable them to navigate this transition and make the right choices</p>	<p>Where a CYP in the getting help or getting more help quadrant is transitioning to adult services, a transition worker will become a key point of contact working with the care co-ordinator to ensure the development of positive relationships with key staff from the receiving (adult) services and to facilitate a smooth, seamless transition of care.</p> <p>The role of the transition worker within the locality Thrive partnership is to support care co-ordinators to ensure that young people's transition to adult services is timely, collaborative and young person centred.</p> <p>The transition worker will ensure that the transition process is supportive by developing positive relationships with key staff from the receiving (adult) services that will help to facilitate a smooth, seamless transition in line with the transition SOP and escalate to senior managers where there are concerns, in line with the agreed escalation process.</p> <p>The transition worker will have a system for collecting and collating data relating to transitions, including how many young people have undergone transition and where they have transitioned to.</p> <p>The transition worker will also provide information for senior leaders and commissioners regarding the quality of transition, the experience of young people and identify any challenges that require further action.</p>

You Said, We Did

	<p>Adult services have long waiting times, so the transition from CAMHS to adult services is stymied before it starts – can we improve this?</p>	<p>The role of transition worker will ensure that the transition process is supportive by developing positive relationships with key staff from the receiving (adult) services that will help to facilitate a smooth, seamless transition in line with the transition SOP and escalate to senior managers where there are concerns, in line with the agreed escalation process.</p> <p>Where CYP are transitioning into AMH, we will ensure this is started in a timely manner to avoid longer waits. WE will work closely with AMH on this process to reduce waiting times wherever possible.</p>
	<p>Consider a support worker/care navigator/case worker etc. to help children and young people transition from CAMHS to adult services</p>	<p>Where a CYP in the getting help or getting more help quadrant is transitioning to adult services, a transition worker will become a key point of contact working with the care co-ordinator to ensure the development of positive relationships with key staff from the receiving (adult) services and to facilitate a smooth, seamless transition of care.</p> <p>The role of the transition worker within the locality Thrive partnership is to support care co-ordinators to ensure that young people’s transition to adult services is timely, collaborative and young person centred.</p> <p>The transition worker will ensure that the transition process is supportive by developing positive relationships with key staff from the receiving (adult) services that will help to facilitate a smooth, seamless transition in line with the transition SOP and escalate to senior managers where there are concerns, in line with the agreed escalation process.</p> <p>The transition worker will have a system for collecting and collating data relating to transitions, including how many young people have undergone transition and where they have transitioned to.</p> <p>The transition worker will also provide information for senior leaders and commissioners regarding the quality of transition, the experience of young people and identify any challenges that require further action.</p>

You Said, We Did

	Consider support and information for parents and families before, during and after the transition	As above, the transition worker will ensure that CYP and parents/carer(s) are fully informed about the transition process and AMH services and will provide them with the necessary information and documentation to support them in the move.
	Think about the age at which transition happens and be flexible and clear enough to deal with different levels of maturity (i.e.: 16+ on paediatric wards isn't appropriate, 18 is an arbitrary cut off for CAMHS and is a major life transition too, adult services don't want to work with 16 year olds) – 0-19 feels right	A key part of the Thrive model is to ensure that Emotional Health & Wellbeing Services across Lancashire and South Cumbria accept CYP up to age 18 as part of all pathways. This will therefore be included in the model.
	Train staff in adult services (health/social care) in receiving and treating 16-18 year olds	We will consider the training needs of staff across all areas of our model, including the specific requirements of caring for 16-19 year olds.
	Each GP should have a link to obtain support and advice in this period	Transition/ discharge planning will need to be developed in partnership with GPs.
	Consider digital (portable) records to aid the transition	The Care Partnership would like to utilise an electronic record that can be shared between partners who are involved in the care of the YP. We understand the constraints of this ambition (time, costs and IG) but will look into this further in the next phase of the transformation.

You Said, We Did

	Adult and CAMHS services need to communicate and be more joined up to enable smooth transition for those who do (a follow up call from CAMHS to AMS was suggested as one idea)	We are looking to work closer with Adult Mental Health to address the gaps in services between AMH and our service provision. The Transition Worker is a key component to facilitating a more joined up service as they will be able to provide the help and support needed between services.
	ADHD services – there is a 2 year wait between CAMHS and adult services	We are aware of the waits for AMS so we are looking to work closer with Adult Mental Health to address the gaps in services between AMH and our service provision.
	Involve families, carers etc before, during and after transition as this may help ease the transition	The transition worker will ensure that CYP and parents/carer(s) are fully informed about the transition process and AMH services and will provide them with the necessary information and documentation to support them in the move.
	Ensure services are integrated, consistent and coherent to ensure smooth transition.	As above, we will work closely with AMH to make sure transitions are smooth and consistent for the CYP and their family/carer(s), providing them with help, support and information via the services and the Transition Worker.
Digital Co-Production Event		
Comment from	You said	We did
Whole Group (CYP,	Single point of access – extend to digital forms of access	<p>We are keen for as many CYP to access the service as needed and have therefore taken steps to open up access to our service. Access to services in the new model can be done through:</p> <ul style="list-style-type: none"> • The PMHW • The website • The SPA (hub) <p>This is the 'hub' that will process all requests for help, support or referrals in each locality. Appendix 11 diagram 4 shows how this will operate. The Hub will accept digital forms of self-referral.</p>

You Said, We Did

<p>Parent, carers, other stakeholders)</p>	<p>Needs to be education about what apps/digital media is available, and what is reliable as a source of information (context of children and young people mental health)</p>	<p>We will work with ORCHA (Organisation for the Review of Health Applications) to share a repository of trusted, tested, reliable information including apps, websites etc.</p>
	<p>Recognition that the NHS uses text and email but it's not always reliable</p>	<p>We will be looking into this issue further to ascertain why this is not reliable. We need to understand what this means and decide how to correct it going forward (assuming that we continue to use text and email)</p>
	<p>Also need to recognise that for some – digital solutions are a barrier not a solution (don't assume that digital is the only solution) – don't replace face to face with online/digital</p>	<p>We will be mindful that a digital offer should not exclude any CYP, family, carer etc. As such, we will ensure that the digital offer complements a face to face offer and will not replace it.</p>
	<p>Create a digital resource pack/website (ie online information including videos and reliable sources of information, tools and guides to self- help/care including patient stories to help people) including E-resources for conditions, symptoms and treatments, directory of services</p>	<p>Our model supports the principle of offering as much information as possible, and in as many ways as possible. Through the THRIVE Digital offer and our website we aim to create and maintain an ICS wide 'information repository' of information, help, support and advice on issues, not just for CYP but for parents, carers, teachers GPs etc. We envisage that this website will also signpost individuals on to other services (eg VCFS sector services) that they may find useful.</p>

You Said, We Did

	<p>Offer increase digital access for people about mental health services (including related services, such as VCFS, self help and support groups, and mental health and wellbeing for resilience)</p>	<p>We are planning to create and maintain an ICS wide website that will house an 'information repository' of information, help, support and advice on issues, not just for CYP but for parents, carers, teachers GPs etc. We envisage that this website will also signpost individuals on to other services (e.g. VCFS sector services) that they may find useful.</p> <p>We are keen for as many CYP to access the service as needed and have therefore taken steps to open up access to our service. Access to services in the new model can be done through:</p> <ul style="list-style-type: none"> • The PMHW • The website • The SPA (hub) <p>We understand that some people will prefer to access our services in different ways so we are not omitting contact through our locality teams (current CAMHS teams), schools and GPs.</p>
	<p>Use digital technology to reduce stigma</p>	<p>We will use all available and appropriate media to convey information and raise awareness. We will be running further co-production events in the next phase of this programme and will be working with CYP, families, carers, other stakeholders to look at reducing stigma, amongst other key areas of feedback.</p>
	<p>Make appointments available online</p>	<p>Part of the modelling work that has taken place has been to look at existing arrangements for making appointments and improve this. It is our ambition to streamline/ improve the appointments process where possible and further work to look at this will be undertaken in the next phase of the programme, including online appointments.</p>
	<p>Can the service be offered online, with blog/vlogs from staff about self- care etc.</p>	<p>We will be looking into different ways of presenting help and information both face to face and online and will consider all ideas raised. We will consider options for developing digital based support and/therapies where this is viable and safe to do so.</p>

You Said, We Did

	Consider a flexible range of options from text to skype as well as face to face, and phone.	As above, we will be looking into a variety of ways to communicate, contact, share information, guidance, advice and hold sessions as is possible to meet the needs of CYP and their families/carer(s).
	Some sort of online chat for out of hours or similar resource	We are looking into different means to deliver an out of hours service to ensure that it is easy to access and convenient for CYP and families/carer(s). Further work will continue on this in the next phase of the programme.
	Use social media to promote services, reduce stigma and signpost	We will be running further co-production events in the next phrase of this programme and will be working with CYP, families, carers, other stakeholders to look at reducing stigma, using social media and signposting.
	Use video more (patients, staff, other services)	We will look at ways that CYP would like us to share information, advice etc. through further co-production in the next phase to ensure that, should we utilise video more, CYP get the content they need.
	Can apps be offered on prescription? A CAMHS app? But also recognise that for many young people apps consume memory/storage so cross refer with online web platform	As mentioned above, we will be looking into different ways of presenting help and information both face to face and online and will consider all ideas raised. Linking apps and prescriptions would require detailed planning, resource and funding so this could be a longer term investment.
Stigma Co-Production Event		
Comment from	You said	We did
Whole Group (CYP,	Use media/PR/social media to promote positive stories that work to reduce stigma by changing attitudes	We will be running further co-production events in the next phrase of this programme and will be working with CYP, families, carers, other stakeholders to look at reducing stigma, using social media and promoting positive stories. We feel that working with CYP to create this content would be beneficial rather than professionals only creating this.

You Said, We Did

<p>Parent, carers, other stakeholders)</p>	<p>Produce videos to promote on social media, and online to promote positive stories that work to reduce stigma by changing attitudes</p>	<p>As above, we will be running further co-production events in the next phase of this programme and will be working with CYP, families, carers, other stakeholders to look at reducing stigma, using social media and promoting positive stories. We feel that working with CYP to create this content would be beneficial rather than professionals only creating this.</p>
	<p>Train and educate professionals and related institutions – teachers, GPs, A&E, inpatient hospital staff, police – about child and adolescent mental health with a focus on reducing stigma</p>	<p>We are planning education and training to our staff (NHS and VCFS providers) and to schools, colleges, GPs, other health partners etc., where possible, on the new model (e.g. how to refer, where to go for help etc.) and ways that people can access help, support and guidance. Part of this information sharing/training will have a focus on reducing stigma.</p>
	<p>Create or set up a support network amongst children and young people, families and carers to tackle stigma</p>	<p>We are looking into a number of ways that support can be provided moving forward and one of these ways will be looking at the best ways to create and maintain support networks for CYP, families and carers. These means of support will look to provide help and information, reducing stigma and a means to share positive experiences.</p>

You Said, We Did

	<p>Create resources including self-help guides and information that works to reduce stigma and that can be promoted on social media/online as well as paper versions</p>	<p>We are looking to create and develop an ICS wide website that will hold a wealth of information about the Lancashire and South Cumbria Emotional Health & Wellbeing and Mental Health Services, including telephone numbers for Crisis response, local teams, GP information, VCFS sector information etc.</p> <p>This ICS wide website that will house an 'information repository' of information, help, support and advice on issues, not just for CYP but for parents, carers, teachers GPs etc. We envisage that this website will also signpost individuals on to other services (e.g. VCFS sector services) that they may find useful.</p> <p>We also see the PMHW role as crucial in preventing escalation, promoting resilience and inclusion to reduce stigma and raising awareness. The PMHW role will be present in the community (schools, colleges, GP practices etc.) and will be key to raising awareness of mental health issues and providing instant advice, help and support when it is needed.</p> <p>We will engage in the upcoming CYP Time to Change campaign.</p>
	<p>CAMHS service and staff to consider their use of language to make it more inclusive and less stigmatising</p>	<p>We will provide mandatory training for our staff in:</p> <ul style="list-style-type: none"> • Cultural diversity, LGBT+ and equality • IT and social media • Safeguarding, mental health legislation, mental capacity, age appropriate information sharing and other appropriate courses that will enable staff to deliver quality assessments safely <p>We will work with CYP to understand what makes them feel stigmatised and will endeavour to make changes (including language used) to reduce this wherever possible.</p>
	<p>Run an ongoing campaign (using much of the above) to tackle stigma in the wider population</p>	<p>We are working with our communications experts to look at different campaigns we can run as part of this programme. We are anticipating further information from CYP on reducing stigma in the next phase of co-production and will use this information in our campaigns.</p>

Barrow 'One-Stop Shop' Co-Production Event

(this reflected many of the points from other groups so what is articulated here is any additional themes, or points)

You Said, We Did

Comment from	You said	We did
Whole Group (CYP, Parent, carers, other stakeholders)	There is a value in mental health awareness events, and networking	We are working with our communications experts to look at different campaigns and events we can run as part of this programme. We are anticipating further information from CYP in the next phase of co-production and will use this information in our campaigns and events.
	Parents need support, both professional and peer support	We are looking into a number of ways that support can be provided moving forward for CYP and parents and carers. These means of support will look to provide help and information, reducing stigma and a means to share positive experiences. During the next wave of co-production, we will address support and the best way to provide this. We will continue to utilise existing services such as local carers centre and family support offers.
	Children and young people can benefit from peer support	As above, we are looking into a number of ways that support can be provided moving forward for CYP and parents and carers. These means of support will look to provide help and information, reducing stigma and a means to share positive experiences. During the next wave of co-production, we will address support and the best way to provide this.
	There needs to be clarity about the model of care, particularly so that children and young people, families and carers can understand which tier they are on and what they can expect	As part of our modelling work, and in line with the mandate, we are looking to standardise our offer so, regardless of geography, any accessing the service in Lancashire and South Cumbria will get equity of service. Part of this will comprise sharing help and information with CYP, parents, carers and other stakeholders (GPs, Police, A&E, Education, Social Care etc.) on how our new model will work e.g., moving away from the tiered model. We will do this through the ICS wide website and PMHW and other front line staff sharing information.
	Ensuring continuity of care is vital (particularly continuity of psychiatrist)	We will ensure, where possible, that CYP have continuity in care and retain the same named worker where possible.

You Said, We Did

	<p>Online and digital support is important particularly for the periods when not receiving care/services – particularly for resilience/self help</p>	<p>We are looking to create and develop an ICS wide website that will hold a wealth of information about the Lancashire and South Cumbria Emotional Health & Wellbeing and Mental Health Services, including telephone numbers for Crisis response, local teams, GP information, VCFS sector information, resilience, self-help and support etc.</p> <p>This ICS wide website that will house an 'information repository' of information, help, support and advice on issues, not just for CYP but for parents, carers, teachers GPs etc. We envisage that this website will also signpost individuals on to other services (e.g. VCFS sector services) that they may find useful.</p> <p>We also see the PMHW role as crucial in preventing escalation, promoting resilience and inclusion to reduce stigma and raising awareness. The PMHW role will be present in the community (schools, colleges, GP practices etc.) and will be key to raising awareness of mental health issues and providing instant advice, help and support when it is needed.</p>
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You Said, We Did

	<p>Need more staff and psychiatrists, and they need to remain – as consistency of staff is important</p>	<p>We recognise that the workforce model will need to change to develop this model and be fit for the future, across both NHS and VCFS providers. Our workforce will need to be provided in the right numbers, working out of the right places and with access to the right tools, systems and processes to support the delivery of high quality care and support to CYP.</p> <p>We will require new roles, an increase in the current numbers of practitioners and appropriate education to support their development and to support a Thrive approach to care. The model recognises that the ‘right person’ will have the knowledge, skill, confidence, experience and competence to give their professional opinion as to what is the best course of action for that young person.</p> <p>We recognise that significant further work is required to develop a detailed workforce model and associated organisational development plan. As part of the next phase of work we will undertake detailed demand and capacity modelling to determine, based on need, the workforce requirements to support the delivery of Thrive across L&SC. We will then consider how these workforce development requirements will be deployed to best effect across the L&SC footprint including the provision of services within each neighbourhood/locality and those which would operate across the Care Partnership.</p>
	<p>Stigmatisation needs to be tackled (see stigma section)</p>	<p>As per our responses in the stigma section, we are planning a variety of ways to address and tackle stigma, including further co-production, campaigns, addressing training, language used and terms used.</p>
	<p>In hospital care is great, but there needs to be support when discharged, at home (including online as well as face to face)</p>	<p>We are looking to extend our community offer to offer help and support in a way that meets the need of CYP and their family/carer(s). Further information about our community offer will be given in the final submission.</p> <p>We will ensure that, when discharged, CYP have a discharge plan that clearly sets out, amongst other things, what support is available to them. This will be explained to the CYP and their family/carer(s) prior to discharge to ensure they understand what support is available and what to do should they need other help.</p>

You Said, We Did

	<p>On discharge from hospital, home, information needs to be given to children and young people in a form, and using content that makes sense to them and their families</p>	<p>As above, we will ensure that, when discharged, CYP have a discharge plan that clearly sets out, amongst other things, what support is available to them. This will be explained to the CYP and their family/carer(s) prior to discharge to ensure they understand what support is available and what to do should they need further help.</p>
	<p>Interface between CAMHS and AMHS needs to be stronger, with greater, closer working</p>	<p>A key part of the Thrive model is to ensure that Emotional Health & Wellbeing Services across Lancashire and South Cumbria accept CYP up to age 18 as part of all pathways. This will therefore be included in the model.</p> <p>We are looking to work closer with Adult Mental Health to address the gaps in services between AMH and our service provision. This will include closer working to ensure smooth transitions.</p>
	<p>There needs to be an emphasis on early intervention in adult services for those who have left CAMHS</p>	<p>As above, we are looking to work closer with Adult Mental Health to address the gaps in services between AMH and our service provision. This will include closer working to ensure smooth transitions.</p>
	<p>Non-engagement with services is an important issue – we need to do more to improve this</p>	<p>We will be looking to address a number of issues, such as non-engagement, through campaigns and information sharing going forward. It is our ambition that by increasing access to services, expanding how CYP access services and communication methods, non-engagement will decrease as we will be delivering a service that CYP and families/carers want in a way that suits them.</p>
	<p>Services for people with eating disorders and other conditions that are not treated or for which there is no service are equally important</p>	<p>A number of services are out of scope of this redesign, including Eating Disorder services. However, we plan to work as closely as possible with these services with the ambition of providing a holistic emotional health & wellbeing and mental health service as we can. Dialogues with out of scope services will commence in the next phase of this programme to ascertain what can be done.</p>

You Said, We Did

	Single point of access should result in a single, seamless service once the service is accessed, throughout and on discharge	In our model, we have encompassed a single point of access, the Thrive Local Triage. This is the 'hub' that will process all requests for help, support or referrals in each locality. Appendix 11 diagram 4 shows how this will operate.
Care of the Most Vulnerable Co-Production Event		
Comment from	You said	We did
Whole Group (CYP, Parent, carers, other stakeholders)	We need a better, clearer definition of vulnerable/vulnerability	We are planning to hold further co-production sessions with CYP, parents, carers etc. to look at terms, names, language, definitions etc. and will raise vulnerability there.
	We need services and organisations to join up better and work together to offer a more integrated and connected service that feels like "one service" and as such support needs to be better coordinated	It is our ambition that the Lancashire and South Cumbria Emotional Health & Wellbeing and Mental Health service work as one service, across the footprint and across organisations. We will work closely with partners is other organisations excluded from the mandate (e.g. social care, A&E etc.) to do what is possible to provide a holistic approach to care. Wherever possible, we will work as one service to provide comprehensive mental health support. We plan imminently to train staff in the AMBIT approach to team based therapy/ interventions. This training will be offered to Social Care and other relevant partners to ensure an effective support system can be offered to CYP who are hard to reach or have complex needs which cannot be met via other services.
	NHS services need to be aware of other services (including VCFS, self-help, support networks etc.) and be able to sign post children and young people, family and carers to these	It is part of our Thrive model that we have included the VCFS in the delivery of our offer. The VCFS will play a crucial part in service delivery in all aspects of the Thrive model. The next phase of planning and modelling will determine what each respective organisation (including VCFS and other services) will provide in terms of the offer.

You Said, We Did

	<p>It is crucial that children and young people, and their families and carers feel listened to and supported</p>	<p>We are committed to valuing any feedback given to us by CYP and their families/carers as part of this transformation work to ensure our services are inclusive, person centred, informal or formal where required and that our estates and environments are fit for purpose. It is key that CYP feel they are listened to and that any discussions on mental health are taken seriously. To do this, we will create a culture of support and empowerment so staff members feel they have the means to innovate and make changes as needed (within the legislative constraints of the service). Our services will be person focussed and empathetic.</p>
	<p>Information to support the care of the most vulnerable (recognising the need for clearer definitions) needs to be easily accessible, and readily available in a variety of formats and channels</p>	<p>Our model will ensure as much information as possible, in as many ways as possible, is available on emotional health & wellbeing and mental health issues. We are planning to create and maintain an ICS wide website that will house an 'information repository' of information, help, support and advice on issues, not just for CYP but for parents, carers, teachers GPs etc. We envisage that this website will also signpost individuals on to other services (e.g. VCFS sector services) that they may find useful.</p> <p>We also see the PMHW role as crucial in preventing escalation, promoting resilience and inclusion to reduce stigma and raising awareness. The PMHW role will be present in the community (schools, colleges, GP practices etc.) and will be key to raising awareness of mental health issues and providing instant advice, help and support when it is needed.</p> <p>We are also planning education and training to our staff (NHS and VCFS providers) and to schools, colleges, GPs, other health partners etc., where possible, on the new model (e.g. how to refer, where to go for help etc.) and ways that people can access help, support and guidance.</p>
	<p>The service offer for people are who most vulnerable needs to be consistent, offering continuity of care</p>	<p>Our model will support the most vulnerable by ensuring they have timely access to the right and help and support in a way that meets their needs. Wherever possible, we will ensure that CYP have the same named worker throughout their care to provide continuity and stability.</p>

You Said, We Did

NB, in our response, we use the catch all term LGBT+ to include people of diverse sexual orientations and/or gender identities. When discussing people whose sexual orientation includes some same sex attraction LGB is used as an abbreviation of lesbian, gay or bisexual. When discussing people whose gender identity or gender expression is different from their assigned sex we use the term trans. This includes those who identify as a binary gender and those who do not conform to binary gender identities.

LGBT+ is used when issues could be pertinent to people who are LGBT, or trans, or both; and also encompasses people who may be questioning their sexual orientation or gender identity.

We have used the language given to us in the findings from the EIRA and feedback from our co-production session and have not changed this to reflect the statement above.