

Future in Mind

Promoting, protecting and improving our children & young people's mental health and wellbeing

Leicester, Leicestershire and Rutland Children & Young People's Emotional, Mental Health & Wellbeing Transformation Plan 2018-2020

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1. Future in Mind: Ambition for Leicester, Leicestershire & Rutland

Our ambition is that children & young people will have access to the **right help** at the **right time** through **all stages** of their emotional and mental health development.

For this to happen, we have developed a **whole system approach** to delivering a range of emotional, mental health and wellbeing services that meet **all levels of need**.

We have engaged with children & young people and their families and all stakeholders including education, social care, health, police, housing and justice. We have developed a shared work plan with key priorities and joint commissioning. We have improved the interfaces between our agencies to reduce fragmentation in commissioning and service delivery so that organisational boundaries are not barriers to care.

We continue to monitor progress and implementation of the Transformation Plan through our monthly Future in Mind meetings.



“Better Together

Helping the people of Leicester to have long and healthy lives”

2. Forward

The last year has seen considerable progress in our delivery of a range of services to meet the needs of local children & young people with emotional, mental health and wellbeing needs. We have continued to engage with key stakeholders, including children & young people themselves. We have demonstrated, through our partnership working, the benefits of shared learning and harnessing our efforts towards a shared vision.

The Transformation Plan has moved our focus away from traditional 'tiered' service models to thinking more strategically and identifying shared objectives. Our focus is now on the whole system and bringing together professionals, children, young people and their families to achieve better mental health and wellbeing outcomes. Our progress in implementing the Transformation Plan is provided in this report. A key focus over the remainder of the Future in Mind Programme (until **2020/21**) is continued partnership working and delivering more integration and alignment of services across the pathway. The majority of newly commissioned services are making good progress in delivering high quality support and interventions.

Our existing challenges in achieving system wide transformation and areas which we are developing include:

- Developing stronger strategic links to other reforms such as Transforming Care
- Improving data flow through Mental Health Services Data Set (MHSDS) to triangulate information and improve intelligence on access and care and treatment.
- Increasing the number of schools engaged in Route to Resilience in year 2. In Rutland, a separate resilience programme is being developed which may result in duplication of efforts and schools disengaging in the current commissioned offer.
- To continue to enhance our online counselling offer to meet increased service demand. Current activity is significantly higher than our initial forecasted levels.
- To continue to enhance our Early Intervention Service to ensure workforce capacity can meet service demand. The service is currently dealing with double the caseload, approximately 200 referrals each month.
- To develop the Eating Disorders Service and align this to the wider pathway of services to ensure referrals can be better managed, e.g. referrals can be directed to

Crisis Resolution and Home Treatment or Early Intervention Service when appropriate.

- There are an increasing number of Care and Treatment Reviews (CTRs) and emergency teleconference (Blue Light) meetings taking place for children and young people. Funding has been secured to enable staff to provide intensive home support, on-going help and case management and co-ordination of on-going care.
- To develop our joint commission for ADHD solutions to decrease fragmentation within the service
- Developing an integrated referral management system that provides a central hub for health referrals.
- To continue to work with CAMHS to monitor existing waiting lists and gain assurance around the service improvement action plan
- To identify opportunities for better utilisation of resources and commissioning services to meet levels of need across Leicester, Leicestershire and Rutland.

In 2019/2020, we will develop and commission a Triage and Navigation Service with our partners, which will improve children & young people's access to services, getting them to the right service to meet their needs much quicker. We also anticipate that this service will free up clinician time so their attention can remain focussed on delivering the right care and specialist interventions needed.

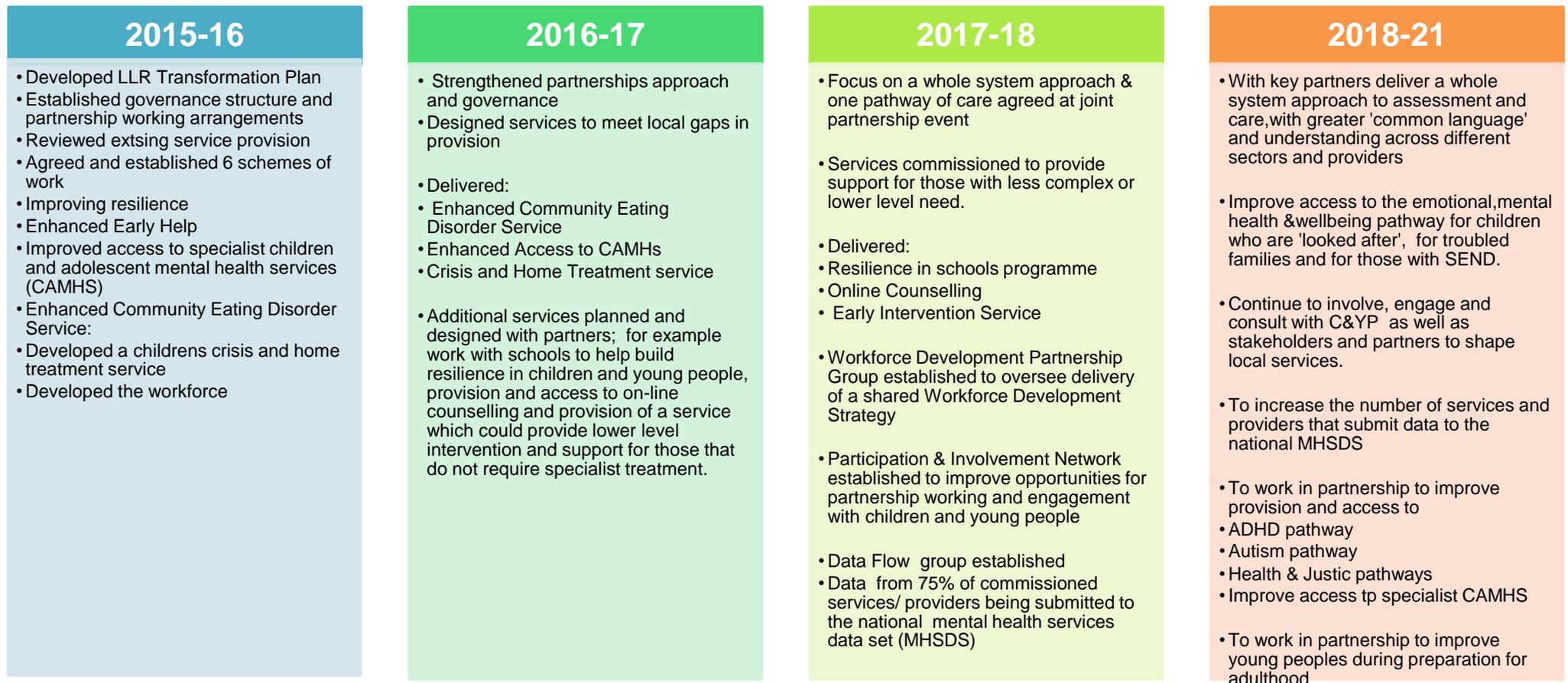
Where there are opportunities to develop our existing service, for example Trailblazer for Mental Health Support Teams in schools or other developmental programmes, we will pursue these. We remain committed to enhancing services within our existing pathway to enable closer working with schools and colleges in the delivery of evidence based interventions.

We continue to explore opportunities to enhance our pathway of services and to utilise resources efficiently. This will contribute to sustainability.

We have started work on our Workforce Development Strategy and are developing plans to increase our workforce capacity and capability in line with national and local targets.

3. Transformation Journey Summary of Progress

Figure 1: Our Transformation Journey so far 2015-2020



Planning & Delivery of the Local Transformation Plan 2015-2020

4. Introduction

The Department of Health's Task Force Report, *"Future in Mind: Promoting and Improving our Children & Young People's Mental Health and Wellbeing"* (DH, 2015) looked at how to make it easier for children & young people to access help and support when needed and to improve how mental health services are organised, commissioned and provided. As a result NHS England (NHSE) published a national ambition for how to transform children & young people's emotional, mental health and wellbeing services.

In 2015, health and care organisations in Leicester, Leicestershire and Rutland (LLR) set out on a five year journey to improve and transform the mental health and wellbeing services for our local children & young people.

Sustainability and Transformation Plans (STPs) were announced in NHS planning guidance published in December 2015. NHS organisations and Local Authorities in different parts of England worked together to develop 'place-based plans' for the future of health and care services in their area. In LLR, draft plans were produced in June 2016 and 'final' plans were submitted in October 2016.

Our LLR Transformation Plan encompasses the 3 Clinical Commissioning Groups and the 3 Local Authority Health and Wellbeing Boards:

- **Leicester City Clinical Commissioning Groups**
<https://hisservicedesk.leicestershire.nhs.uk>
- **West Leicestershire Clinical Commissioning Group**
<https://www.westleicestershireccg.nhs.uk/>
- **East Leicestershire and Rutland Clinical Commissioning Group**
<https://eastleicestershireandrutlandccg.nhs.uk/>
- **Rutland County Council**
<https://www.rutland.gov.uk/>

- **Leicester City Council**
<https://www.leicester.gov.uk/>
- **Leicestershire County Council**
<https://www.leicestershire.gov.uk/>

The Transformation Plan reflects the 5 Year Forward View Plan (5YFVP) for Mental Health Services Principles:

- Co-production with people with lived experience of services, their families and carers
- Working in partnership with local public, private and voluntary sector organisations, recognising the contributions of each to improving mental health and wellbeing
- Identifying needs and intervening at the earliest appropriate opportunity to reduce the likelihood of escalation and distress, and support recovery
- Designing and delivering person-centred care, underpinned by evidence, which supports people to lead fuller, happier lives , and
- Underpinning the commitments through outcome-focused, intelligent and data-driven commissioning.

The Transformation Plan is aligned with the local STP

There is a section for Children & Young People’s Emotional, Mental Health and Wellbeing in the STP, which summarises the ambitions of our Transformation Plan (*Appendix 1 - The Children & Young People’s Emotional, Mental Health and Wellbeing section of the STP*)

5. Governance and Transparency

The Transformation Plan has been developed in partnership with a wide variety of organisations and involved children & young people’s services from across health, local authority, voluntary and community sector, schools and colleges as well as police, contributing throughout the process of planning, implementing, and now the delivery and evaluation of services. The following stakeholders are represented in our Future in Mind (FIM) Steering Group:

- Leicester City Local Authority Director of Children’s Services
- Leicestershire Local Authority, Director of Children’s Services
- Rutland Local Authority Children and Family Services Director

- Leicester City Public Health Consultant
- Leicestershire Public Health Consultant
- Director of Nursing & Quality
- Leicester City CCG Finance Officer
- Leicester City CCG CAMHS and Future in Mind Transformation Lead.
- GP Representative
- Children & young people (through participation & involvement activity)

From April 2018 a revised governance structure that supports the delivery of the next phase of our Transformation Plan was established and is outlined in *Appendix 2a & 2b Future in Mind Governance*.

6. Understanding Local Need

National data demonstrates that **325,000** children & young people were treated through NHS commissioned community services in 2017/18. This is approximately **30.5%** of children & young people with a diagnosable mental health condition.

By **2020/21**, there will be a significant expansion to children & young people's mental health care. At least **70,000** additional children & young people are expected to receive evidence based treatment, representing an increase in access to NHS-funded community services to meet the needs of at least **35%** of those with diagnosable mental health conditions

Our Transformation Plan is designed and built around the needs of our local children, young people and their families across Leicester, Leicestershire & Rutland (LLR) , that have or may develop a range of emotional and wellbeing problems, requiring low level mental health or specialist CAMHS services.

In order to fully understand our local population, triangulation of information and data available from a range of sources was completed and was correlated with feedback from children, young people and their families from across LLR about their experiences of care and preferences for local services to meet their needs.

The following section provides an overview of information which helped partners to better understand the wide range of services offered locally and gaps in provision. This subsequently informed our understanding of local need.

Leicester, Leicestershire and Rutland Population

There are in the region of 250,000 children & young people up to the age of 18 across Leicester, Leicestershire and Rutland (LLR, Census 2011).

Strong links have been shown between mental health problems in children & young people and social disadvantage, with children & young people in the poorest households being three times more likely to have a mental health problem than those growing up in more well-off homes and parental mental illness is associated with increased rates of mental health problems in children & young people with up to 66% of those whose parents have a mental health problem, having mental health difficulties themselves.

Across LLR we know:

- 1 in 10 children & young people will have a mental health disorder
- 1 in 20 children & young people will have a conduct disorders
- Approximately 3000 children & young people will experience emotional disorders
- Approximately 2000 women will experience adjustment disorders and distress (i.e. perinatal mental health).
- 1 in 6 adults will have a mental health disorder

The number of children from diverse and minority populations requires the transformation plan to be culturally aware and services designed and delivered which are accessible and culturally appropriate. Peer and parental support groups for these communities are particularly beneficial.

By increasing the range of services available locally across our pathway, we have made it easier for children & young people to access services. Our objective is to help children & young people develop and build their emotional resilience, therefore reducing the number of children & young people that go on to require specialist interventions but for those that do, to ensure they receive responsive evidence based treatment and interventions.

The tables below provide the trajectories of children & young people with diagnosable conditions that are expected to need access to NHS-funded community services.

Table 1a: National trajectory of children & young people expected to access NHS funded services

	2016	2017	2018	2019	2020
CYP expected to receive treatment in from an NHS-funded community MH service (national)	21,000	35,000	49,000	63,000	70,000
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service (national)	28%	30%	32%	34%	35%

Table 1b: Local trajectory of children & young people expected to access NHS funded services

	2016	2017	2018	2019	2020
CYP expected to receive treatment in Leicester, Leicestershire & Rutland from an NHS-funded community MH service (local trajectory)	4200	4500	5088	5406	5565

Joint Strategic Needs Assessment (JSNA)

Evidence from the local JSNA, (*Appendix 3*) shows that 10% of children & young people under age of 16 have a diagnosable mental disorder and many more have emotional problems which are not recognised. The most common mental health problems are conduct disorders, anxiety and depression and it is known that mental health disorders can cause distress and can have wide-ranging effects including adverse impacts on educational attainment and social relationships, affecting life chances and physical health.

The proposals within the JSNAs were informed by a range of data that has been gathered over recent years across each local footprint. Commissioners have worked in partnership with public health colleagues to provide up to date holistic profiles of need. The local information in JSNA is used routinely to inform service improvements and design, (*see appendix 3*) alongside additional public health data, social care data, service provider data including hospital admissions, information and feedback from stakeholders and service users. Local Healthwatch organisations supported engagement activities and have used their contacts with children & young people (including young people's groups) to gain value feedback and consider their experiences of services.

From the Leicestershire JSNA, we know that in an average class (approximately 30 young people aged 15 years):

- 3 could have a mental disorder
- 10 are likely to have witnessed their parents separate
- 1 could have experienced the death of a parent
- 7 are likely to have been bullied
- 6 may be self-harming

In 2015, an estimated 8.7%, of children and young people aged 5-16 years had a mental health disorder in Leicestershire. This equates to nearly 8,000 children. A very small proportion of children with a mental health condition require psychiatric hospital admission. Between 2011 and 2017, the rates for hospital admissions for self-harm for children and young adults, aged 10-24 years has been increasing, both nationally and locally. Leicestershire's rate remains below lower than the England average. Young women are more likely to self-harm than young men. Although there is a strong link between self-harm and suicide there is no local data to report this.

Less than 25% to 35% of children and young people with a diagnosable mental health condition access support. Action is needed across a child and young person's life course and within the wider context of their lives. There needs to be a greater emphasis on mental health promotion, prevention of mental health problems and early intervention. Identifying emotional and mental health problems early will also help to 'break the cycle'. Broadly speaking our approach incorporates both interventions to promote and protect mental health, wellbeing and resilience and interventions to reduce the risk factors for mental illness.

Preventative interventions and strategies address adversity and trauma and particularly prioritise those who have Adverse Childhood Experiences (ACEs). ACEs include: parental separation, domestic violence, sexual assault, mental illness, alcohol abuse/ drug use. For those children who end up requiring support for emotional and mental health issues we have good systems of early identification and we are strengthening coherent referral pathways into support. The JSNA acknowledged a cross-system single point of access for referral is required; this gap in service will be met through the development of the Triage and Navigation Service.

Priorities across our local pathways include strengthening the Future in Mind Programmes, including Kooth (online counselling), Early Intervention, Crisis Support and Eating Disorders Services.

Participation of Children, Young People and Families

Children, young people and their families and carers were involved in developing the Transformation Plan.

Engagement events in 2014, held by Leicestershire County Council's Public Health department and the findings at that time were that a high number of children & young people experienced anxiety, anger, challenging behaviour including violence and self-harming and also raised issues surrounding bullying, family separation, domestic abuse and academic pressure, as causes of emotional and mental distress. The report identified a rising number of issues relating to social media, including cyber-bullying, and internet sites or groups which promote self-harm or eating disorders.

Children and young people have also said that they want to have the confidence to talk about emotional problems openly and without stigma. They want to be able to find information and support from their school, college or youth service, and also from websites and social media. Education services want to offer education and guidance for their pupils, provide pastoral support and know where to access specialist assistance. Parents, young people and schools are all concerned about the impact of cyber-bullying.

Further LLR engagement events occurred during January and March 2016 to capture children and service user views and enable the 'voice of the child' to be central to pathway development and the schemes of work in the transformation plan. At these events a consistent message was that children and young people were worried about bullying, increasingly via social media, peer and academic pressure as well as other issues. Children, young people and their families and carers also clearly expressed that they wanted more information and easier access to help and support.

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An example of the feedback from children & young people:-

“I can get support to help me overcome emotional health and mental health challenges quickly and locally, without being stigmatised. I will have choice about the kind of help I would like. I and those who care for me will be listened to. I will be supported to become resilient and independent. With my consent, services will work together with me and my family to give me the best support. I will be involved in decision to reduce or transfer my care.”

Children & young people’s ambitions for services also included:-

“I can access trusted self-care advice when and where we like including websites, education settings, GPs and children’s centres. I can get support to help me overcome emotional and mental health challenges quickly and locally, without being stigmatised. I will be able to make informed choices about the kind of help I would like.”

In addition to engagement events, Leicestershire County Council’s Public Health Department carried out a, ‘*Mapping Children & Young People’s Mental Health and Wellbeing Support and Services, 2014*’.

As a direct result of service user and stakeholder feedback, the transformation plan was updated in 2016 plan to include:

- The procurement of online counselling (at the request of children & young people)
- The design and procurement of an early intervention service due to an identified gap in therapeutic treatment and intervention for lower level mental health needs that did not meet the CAMHS criteria.

Evolving Minds, an organisation with children & young people's representatives, were instrumental in influencing the development of the crisis resolution and home treatment service. Feedback included:-

'And this is where I got involved in Evolving Minds. Our first meeting was in August 2015 and here I could voice where I felt there needed changes and it was really quite beneficial and liberating. I could now make changes, I could advise, get involved: no longer was I passive, I was very active. So that CAMHS could listen to people like myself, so that future generations don't go through what I went through. I was asked recently: "What if there was a relapse of what I went through 4 years ago? "People asked me: "What would you do? Where would you turn?" Luckily I have an answer for them. Yes, I do know where to turn. Although I went through severe depression and it was a very negative experience, it gave me one positive experience – and that was: it made me who I am now. I know where to get help from if I feel stressed, depressed, anxious, and that's really a key thing. However, there are some people out there who do feel alone and isolated and don't know where to get help. We need to reach out to these people and connect with them and tell them you're not alone and this is where you can get help from if you need it. '

'Looking to the future, I see myself continuing to be involved in trust initiatives such as Evolving Minds – because I really want to pass on my experiences to other people and I want people to realise you're not alone.' – Young Person Representative, Evolving Minds

Time to Change Leicester is part of the programme to challenge stigma and discrimination faced by people with mental health problems. In November 2017 Time to Change Leicester, in partnership with the Leicester City Young People's Council and schools across the city, held an engagement event for children and young people. The purpose of the event was to:

- Improve knowledge, attitudes and behaviour about mental health;
- Encourage children and young people to challenge stigma and discrimination linked to mental health problems;
- Improving the confidence and ability of young people, families and schools to speak openly about their mental health problems

- Improving the social capital of young people with mental health problems by building confidence and encouraging engagement within their local communities;

The team developed packs for schools which included pledge cards and posters. Evidence for the event and literature was taken from the Leicester City Children and Young People's Health and Wellbeing Survey, which included questions on mental wellbeing for young people in Leicester.

Engagement and work with children and young people continues, via identified engagement leads, working directly with children & young people from a diverse range of backgrounds and experience of emotional and mental health needs, is facilitated and captured as a result.

In August 2018 the **Participation and Involvement Network** was launched, which is a forum in which professionals and stakeholders can come together to engage in shaping work, sharing best practice and planning future activities. It also provides opportunities for further feedback on services, the Transformation Plan and care pathways. The network will meet every 6 months.

Tackling Health Inequalities

The LLR CCG's are committed to reducing health inequalities, as set out in their vision and strategies. Consideration has been given to local health inequalities and challenges in both planning and implementation of the transformation plan and completion of equality impact assessments for each stream of work and development.

The following criteria has been agreed and included in service specifications:

- Delivery of services in an anti-discriminatory manner in accordance with the Equality Act 2010 which protects individuals against discrimination on the grounds of age, disability, gender identity, race, pregnancy or maternity, religion or belief, sexual orientation, sex or any other relevant protected characteristic defined under the Equality Act 2010.
- Sensitivity and response to the fact that some patients and communities are often the most vulnerable, and might have different expectations of health services, to the

majority. In particular, they may have difficulty making or keeping appointments and they might have difficulties making their needs understood. There might also be cultural, practical or social barriers that affect their ability to follow treatment regimes. Challenges might be faced in organising systematic follow-up because of age, mobility, lifestyle, mental health and wellbeing, and practical issues such as transport.

- Ensuring that patients, who have information and communication needs arising from their disability, have their needs met by fully implementing the NHS Accessible Information Standard. Guidance and resources for providers can be found at:
<http://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/>
- The provider will ensure that patients whose first language isn't English and who require a language interpreter will be provided with a suitably qualified interpreter in order that their needs are identified and met. Interpreters should be provided on request and booked in advance of an appointment. In urgent cases arrangements should be made to use a telephone interpreting service.
- British Sign Language (BSL) interpreters must be provided on request or where there is an immediate need to communicate with a deaf person. Arrangements should be made where a deaf person may require a BSL interpreter in an urgent medical situation.
- Service providers will comply fully with relevant articles of the Human Rights Act 1998.
- Service providers will ensure that they engage with and report to the Commissioner on all protected characteristics in respect of who is accessing the service, patient experience, complaints and customer satisfaction as a minimum.

Working Together with Partners

In order to deliver a Transformation Plan that addresses the needs of all groups and communities, including those with a known heightened prevalence of mental health problems, we have actively involved all relevant partners in our planning, development, delivery and evaluation of both the individual services and the Transformation Plan.

Partners have been represented at the Steering Group and will be represented, from September 2018, in the Future in Mind Delivery Group. Partner representatives have included:

- **NHS England Specialised Commissioning** - links to specialised commissioning leads via the Regional Future in Mind Group and the Collaborative Commissioning

Group meeting.

- **Local Authority** – the 3 LLR Local Authorities are key members of the Steering Group and associated working groups. Local authorities provide Early Help Services that form part of the emotional health and wellbeing pathway.
- **Local Authority (Children’s Social Care & Education Services) Public Health** is members of the Steering Group and working groups. Public Health commission the 0-19 service, they also provide public health data and lead on and share the findings from local JSNAs.
- **Third sector / Independent** –the third sector has been represented by Voluntary Action LeicesterShire (VAL). A number of third sector organisations delivering services across the pathway, for example
 - **Relate** – Time for You – Early Intervention Service, school counselling, on-line support, family therapy
 - **Centre for Fun and Families** – Route to Resilience programme Early Intervention, and anxiety management group work
 - **Mair Health Ltd** - Route to Resilience programme
 - **ADHD Solutions** - Early Intervention Service, Attention Deficit Hyperactivity Disorder (ADHD) assessment, family support group work, parenting groups
 - **Family Action** – post sexual abuse counselling
 - **Attigo** –Mindfulness
 - **Laura Centre** - Bereavement counselling
- **Youth Justice** – the emotional health and wellbeing pathway of services includes the Young People’s Team. They work in partnership with the Local Authority Youth Offending Service (YOS)
- **Schools & Colleges** – School Lead on the Partnership and Stakeholder Groups, has contributed to the development of the transformation plan
- **Primary Care** – The programme has a dedicated GP clinical lead; part of their role is to communicate with the GPs across LLR, providing regular updates on progress and the services available and enabling GPs feedback on current experience of accessing services as well as the feedback on the intelligence on their patient’s experience of using these services.

A Primary Mental Health Team is commissioned to support professionals, children, young people and their families in primary care.

- **Community Groups** – links to the patient participation groups across our partner organisations and links to the Children & Young People groups delivered by local Healthwatch organisations are in place and maintained.
- **Young People’s Team (Health)** –service provided by Leicestershire Partnership Trust (LPT) providing health input into Looked after Children (LAC), Special Education Needs (SEND), Youth Offenders (YO), Adopted and Fostered children.

7. Local Transformation Plan Development

Our Transformation Plan has continued to evolve and develop through partnership working and learning from experience.

In 2016-17 the pathway identified 6 new and enhanced services to support children & young people with mental health and wellbeing needs. Our focus was on service development and implementation. This included:-

- Developing resilience in schools
- Online Counselling
- Early Intervention
- Enhanced Access to CAMHS (assessment)
- Community Eating Disorder Service
- Crisis resolution and home treatment

At this stage in the programme the new and enhanced services were:-

- Responding to the views of children & young people
- Addressing gaps in the services available
- Responding to the key deliverables in the 5 year forward view

In 2017-18 we were focussed on a more cohesive and system-wide ‘children & young people’s emotional, mental health and wellbeing’ pathway. Services include:-

- Primary Mental Health Teams
- Resilience (including resilience in schools, 0-19 healthy child programmes)
- Online counselling
- Social Care & Early Help (Local Authority Services)

- Early Intervention (working with voluntary sector)
- Specialist Mental Health (working with CAMHS and specialist teams e.g. early psychosis, eating disorders)

In 2018-19 we have continued to build a system-wide 'children & young people's emotional, mental health and wellbeing' pathway. Services include:-

- CCG Commissioned Services
- Local Authority Commissioned Services
- Joint Commissioned Services delivered by Health and Social Care
- Alignment of the Future in Mind Programme to other strategic reforms
- Developing a service model for Triage and Navigation which will be procured in early 2019

Transformation Plan Ambition 2018-2020

8. Collaborative and Place Based Commissioning

The focus of our Transformation Plan is on collaborative working to deliver our shared ambition 'to improve health and care for our local population, through the delivery of safe efficient and effective services that meet the needs of our diverse local population of children and young people' as set out in **Better Care Together**.

The governance structure has been designed to both encourage and enable organisations to collaborate in planning, developing, implementing, evaluating and managing services, using the shared resources available to them. The governance structure identifies the range of meetings where there is cross organisational representation, and the involvements of the STP Board to ensure that joint place based plans are reflected in the STP.

In addition work to develop our community services and capacity to reduce out of area placements, reduce the numbers of admissions, reduce length of stay and support early discharge. To achieve this community services (including inpatient services, A&E and specialist providers for example Forensic CAMHS and SEND support services) will work collaboratively via a Triage and Navigation Service.

The Transformation Plan has evolved to include a range of new and enhanced commissioned services to provide improved access to care and treatment. We have developed referral routes into these services, including: self-referral in to the early intervention service and online counselling; and direct referral to CAMHS by schools, school nurses and the voluntary sector.

We are planning to deliver a Triage and Navigation Service which will provide access to all organisations to refer any children & young people with any range of emotional, mental health and wellbeing needs. This service will also accept self-referral from a child, young person or their families and carers.

The transformed pathway includes more focus on resilience and prevention. We have worked closely with Local Authorities and Safeguarding Teams to ensure we have services in place that address the specific needs of those children & young people that have experienced trauma or abuse, those that have had adverse childhood experiences, looked after children, children with learning disability, and children with ADHD and Autism. We have had significant focus on children & young people with SEND. In addition, we have a range of services and interventions that focus on troubled families.

CCG Commissioned Services

Services include:

- Primary Mental Health Team
- Resilience
- Online Counselling
- Early Intervention for Low Level mental health needs
- Children's Early Intervention Psychology Service (CEIPS)
- ADHD Children and Family Treatment and Interventions
- Post sexual abuse counselling
- Specialist CAMHS Treatment
- Early Intervention Psychosis
- Community Eating Disorders
- Crisis & Home Treatment
- Young People's Team
- Liaison Psychiatry
- Assertive Outreach

Services under development:

Central Triage and Navigation Service

Local Authority Services

The Local Authority Services are aligned and work collaboratively across the pathway, including:

- Early Help Services
- 0-19 School Nursing & Health Visiting (Public Health)

Co-Commissioned/Joint Services Delivered By Health & Social Care

Commissioners are leading a Collaborative Commissioning Group, including partners who commission or provide services across health, social care and the voluntary sector, to enable closer working together. The group recognises the interdependencies of strategic reforms and plans such as Transforming Care and SEND that include Learning Disability, Autism and ADHD. As a Group we review the needs of local children & young people, and any national requirements and targets. We have developed shared and aligned action plans to address the identified needs. The plans are 'LEAN', focussed, and reduce duplication. The intention is to deliver efficient and effective partnership working in line with our whole system vision. Examples of these joint plans are:

- Trauma focussed intervention for young offenders (YOS)
- Mistle Project – reducing out of area placements
- Family Support for post adoption and looked after children (LAC)

Services Under development

- Community intensive support complex cases - autism with or without learning disability (Transforming Care Fund)
- Redesigned system wide ADHD pathway

Alignment between Future in Mind, Transforming Care Programme (TCP) and the Special Educational Needs and Disability (SEND) agenda

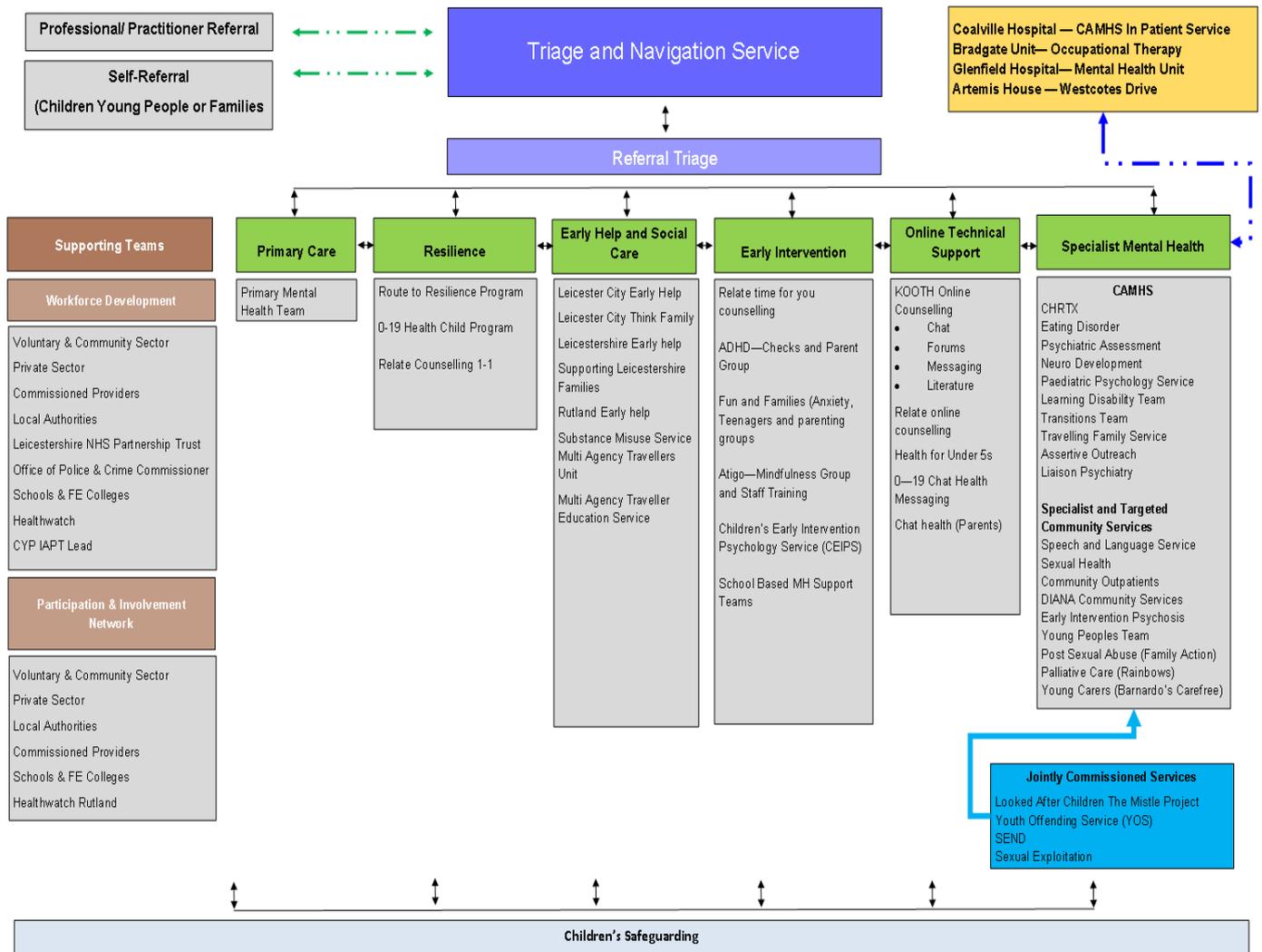
Commissioners across children & young people's services are signed up to a whole system approach in order to deliver a streamlined and holistic service to children, young people and their families, including physical, social emotional mental health and wellbeing.

Using this joined up approach to care planning and delivering, will deliver improved access to the right care that is high quality, efficient, and demonstrates an effective use of resources. The Commissioner for Children and Families, the CAMHS Commissioner, the designated Clinical Officer for SEND and the designated Safeguarding Lead, work collaboratively to identify synergies across work programmes and to identify opportunities for joint working and alignment of approaches. The range of services is continuing to evolve to meet the specific needs identified by our partners, and to address any gaps in

service delivery, developing new models of care, and changing the way we deliver our services, to make a more efficient and effective system wide pathway of services.

Figure 2: LLR Transformation Pathway 2018-20

System Wide Emotional Health Wellbeing Pathway of Services 2019 to 2020



9. Health Commissioned Services

The following section provides a summary of the services available to children & young people across the system wide pathway. Each of the services is delivered according to robust service specifications and report on key quality and performance indicators.

Commissioners monitor the service delivery at monthly finance technical and performance meetings, and Clinical Quality Review Groups.

Route to Resilience

Route to Resilience is a fully-funded year long programme of support from the Route to Resilience Delivery Team and peer support from other schools in the programme. It provides a cohesive structure to integrate and extend participating schools' existing work on character, values and resilience.



Participating schools are grouped into cohorts of ideally 10 to 15, and attend a total of 10 half-day sessions over the course of an academic year. These sessions accommodate schools' existing work on character, values and growth mind-set, whilst sharing a great many practical, effective, innovative and inspirational ideas for use throughout the school. These strategies have been shown to be high-impact and low-workload, creating enthusiasm amongst pupils, parents, and staff alike. Each cohort will also host a live event that involves Wellbeing Education working directly with a class to teach and demonstrate the effect of some of the classroom techniques in building character, motivation and resilience in school.

Four sessions are delivered by the Centre for Fun and Families Ltd for school staff that interacts with parents. These sessions will inform and equip school staff with the necessary skills and materials to plan and deliver two parent / carer engagement activities. The events the schools choose to run will focus on the delivery of information about their school's resilience work, and encourage the use of techniques and character words as a shared home / school vocabulary to better support resilience at home. Each cohort will also host a live event that involves the Centre for Fun and Families Ltd working directly

with a group of parents / carers to demonstrate the effect of some of the event techniques in building character, motivation and resilience at home.

So far, we have worked with **106 schools in the 2017/18** academic year and are set to work with **114 schools in the 2018/19** academic year. The 2019/20 academic year is the last opportunity to get involved so if you want your school to participate contact the team and get signed up early, visit www.routetoresilience.co.uk

Table 2: Total schools participating in R2R year 1 & year 2

	Schools Engaged 2017-18 (Year 1)	Schools Signed Up for 2018-19 (Year 2)
Leicester City	11	38
Leicestershire	94	69
Rutland	1	7
Faith Schools	41	34
Total	106	114

Online Counselling

During our involvement and engagement activities, children & young people told us they wanted easy access to services and for us to transform services using current technology.



Kooth, from Xenzone, is an online counselling and emotional well-being platform for children & young people, accessible through mobile, tablet and desktop and free at the point of use. Kooth is able to break down barriers and stigma associated with accessing mental and emotional well-being support by offering a digital platform.

Kooth provides:

- Early support and intervention, especially for the most vulnerable children & young people
- Immediate & easy access to meet their needs
- Online chat & forums
- Online confidential counselling

Following Commissioner led performance reviews, which identified an increase in service demand, the CCG agreed to increase the funding over the next year (2018-19) by an additional £30K to support the additional hours of workers in chat messaging and online counselling. Total new budget allocated £120K.

Table 3: Kooth Q1 Activity 2018-19

Quarter 1 Activity (April-June 2018)	Total	Total New registrations July 2018	Total
New registrations	623	Leicester	44
Log-ins to website	4519	Leicestershire	132
Messages to Counsellors	2207	Rutland	5
Chat Sessions	297		

A total of 7646 contacts were received in Q1.

446 Children & Young People sent & received 2207 messages, 86% were returning log ins. 163 CYP participated in Chat.

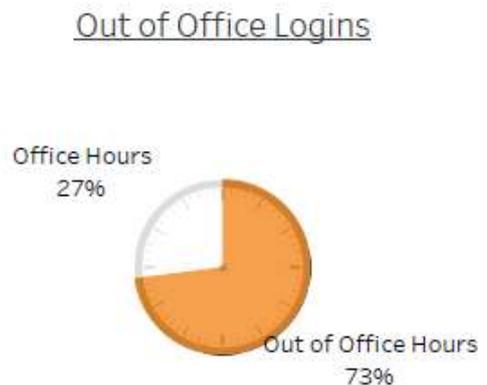
Figure 3: Kooth Online Counselling LLR Annual Review 2017-18

3002 young people registered with Kooth in the last year, 2017-18, of which 43% were under the age of 15 years



BME

487 YP of new registrations identified as BME (16%)



Note: Office hours are 9am - 5pm weekdays

Chat Health

Chat Health is a service for young people, parents/ carers, and families to seek advice from a Public Health Nurse (Health Visitor or School Nurse) via text messaging.

The Chat Health texting service was launched in March 2014 as an additional medium for teenagers to contact a Public Health Nurse (School Nurse). Having this service available enables young people to text a question to a Public Health Nurse and receive an answer back within 24hours (Monday-Friday). It is confidential and most texts sent in are anonymous.

In October 2016 the Chat Health Parent line was launched for all parents of children aged 0-19 years, and is run in the same way as the teen service and manned by Public Health Nurses (Health Visitors and School Nurses).

Early Intervention Service

The Early Intervention Service supports children & young people who present with low level mental health needs, which impact on their daily lives but do not meet the Children and Adolescent Mental Health Service (CAMHS) criteria and cannot be met by universal services.



For example, children who suffer from:

- Low mood
- Self-harm
- Anger management issues
- Anxiety
- Academic stress and school transitions
- Family relationships issues
- Coping with their illness or someone close
- Bullying (including social media)
- Loneliness and rural isolation

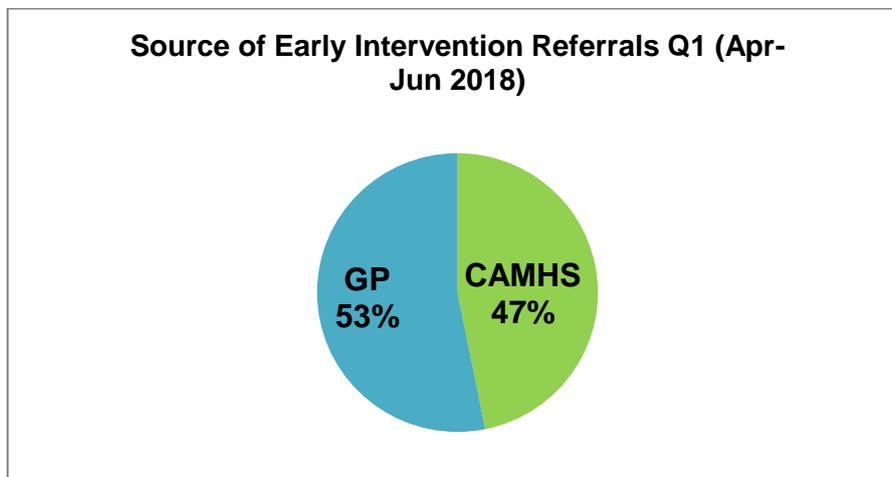
The service is delivered by a group of third sector providers led by Relate Leicestershire - Time for You. Professionals work in partnership to deliver advice, help and support. All interventions will be based on the assessed need of each young person.

Children & young people who do not meet the criteria for the service will be referred to an appropriate service across the pathway.

Table 4: Early Intervention Q1 Activity 2018-19

Quarter 1 Activity (April-June 2018)	Referrals
East	88
West	154
Leicester	177
Rutland	6
Total	425

Figure 4: Q1 Source of Early Intervention Referrals



In Q1 there was an increase in referrals to the Early Intervention Service from CAMHS and GP's. During the quarter a total of 200 children & young people participated in therapeutic group activities and 225 have had counselling.

Recent performance reports show that children & young people referred into the service are assessed and commence treatment within 4 weeks.

Information has been circulated to GPs and CAMHS to ensure referrers are clear on the pathway and know how to refer children & young people to the service.

Child and Adolescent Mental Health Services (CAMHS)

The Child and Adolescent Mental Health Service (CAMHS) help children & young people who have been referred by another healthcare professional. Referrals are made if it's thought the child or young person has emotional and/or behavioural difficulties at a level which requires specialist support.

The primary function of the service is to assess and treat children & young people aged 0-18 with severe, significant or enduring mental health or developmental disorders through the provision of evidence based treatment and interventions.

Enhanced access to CAMHS was developed to ensure children & young people could access treatment to improve their life chances and to minimise the impact of long term health conditions. The enhanced part of the service is focused on streamlining the current access into CAMHS and the introduction of one multidisciplinary team to assess the needs of children & young people.

Commissioners continue to be significantly concerned about the current waiting time from referral to first contact and assessment.

As a result of this, alongside the CQC inspection in February 2017, the providers established improvement board, team to develop an improvement plan. It was estimated that at least 30% of the referrals did not meet the CAMHS criteria.

In November 2017 Commissioners reviewed the access data. The providers were consistently failing to meet the 13 week access target, and the improvement plan was having no impact on the performance of the service. As of August 2018 there was a reported 20 week wait from referral to first contact and assessment. This means, there is a significant risk that children & young people's emotional, mental health and wellbeing may continue to deteriorate whilst they wait for assessment.

The Early Intervention Service was implemented in January 2018 with an aim to divert inappropriate activity away from CAMHS. Commissioners have identified 30% of referrals into CAMHS have been diverted to the Early Intervention service. September 2018

performance data showed that CAMHS were now meeting the 13 week access to assessment target.

Commissioners are continuing to work with CAMHS to monitor sustainability of this improvement.

In November 2018 we are introducing a new joint Quality and Performance Monitoring and Service Improvement Group to oversee operational performance of work streams. This meeting involves commissioners, providers and clinicians across mental health, physical health, the local authorities and the voluntary sector. The aim is to deliver high quality, efficient and effective services that are delivering what children, young people and their families need and to ensure that there are no gaps in service delivery. The Group will monitor performance and quality, and use this information to inform service improvements and were necessary service redesign.

As part of the transformation programme commissioners are planning to review the current CAMHS pathway. Working in partnership with the NHS Improvement Team there will be a review of the current CAMHS offer with an aim to redesign the service were necessary to improve both the efficiency and effectiveness, reduce the waiting list and address any gaps in the system wide service pathway.

Community Eating Disorders

The aim of the Eating Disorders Service is to provide specialist assessment and intervention to young people with eating disorders (e.g. anorexia nervosa, bulimia nervosa and atypical subtypes) and works with young people and their carers to provide interventions to address physical, psychological and social aspects of eating disorders.

The service has been operating since February 2015 and was the first of the services set up as part of Future in Mind programme. The service was originally commissioned to see and treat up to 20 children & young people. Commissioners have since increased funding and to enhance the capacity of the service to see and treat up to 100 children and young people.

Table 5: Eating Disorders Q1 Activity 2018-19

Performance Metric	Total
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Total Referrals	27
% of routine referrals seen within 6 weeks	90.1%
% of urgent referrals seen within 4 weeks	100%

By 2020, 95% of those referred are to start NICE concordant treatment within 4 weeks if the case is routine and 1 week if it is urgent. The Commissioner is working with the provider to improving reporting mechanisms and data to align with national trajectories. A review of the current model is also taking place to reduce waiting times for eating disorders in 2019-2020. The review will identify alternative provision of service for children & young people with disordered eating and low levels of need compared to those who have an eating disorder. Service provision will be extended to 24 hours by the alignment and collaboration of the children's crisis and home treatment service.

Crisis Resolution and Home Treatment (CRHT)

The service is aligned to the Adult Mental Health Crisis and Home Treatment Service, and the All Age Mental Health Triage and Liaison Team. The three services work in collaboration to deliver a 24 hours / 7 days per week service.

The CRHT Service provides comprehensive, multidisciplinary community based rapid assessment and management of mental health crisis for children & young people across Leicester, Leicestershire and Rutland. As part of the crisis management the child or young person and their family can be offered a short term intensive (Home) Treatment Service for up to six weeks. The Intensive Home Treatment Service is available 08:00hrs to 20:00hrs 7 days a week 365 days a year. The interventions provided by the service are intensive, short term and focus on the safety, wellbeing and empowerment of the young person and their family or carers during the period of crisis.

Table 6: CRHT Q1 Activity

Quarter 1 Activity (April-June 2018)	Total	Target/ Threshold	Actual %
Number of referrals to service	426	Increase	100
Number of referrals accepted	426	Increase	100
Number of referrals accepted that received a	101	100%	23.7

telephone assessment within 2 hours			
Number of referrals accepted that had a face to face contact within 24 hours	144	Increase	33.8
Number of referrals allocated to intensive home treatment service	56	Increase	13.1

Commissioners are working with the service to look at further developments within this which could provide support to the eating disorder service, and the Learning Disability Team in terms of dealing with those complex cases where children & young people are not attending school and / or are refusing to engage with services.

The service continues to meet the anticipated National Standards for Crisis Services and Pathways for Children and Young People.

Early Intervention Psychosis (EIP)

The Early Intervention Psychosis (P.I.E.R) Team has been set up to work especially with people who have experienced a first episode of psychosis. They provide all age specialist care for 14 – 65 years, who are in the early phase of psychosis. The service provides NICE recommended treatment and supports the notion that intervention within the “critical period” (first three years of illness) promoting optimum early symptomatic, social and personal recovery. The IRIS (Initiative to Reduce the Impact of Schizophrenia) principles and guidelines are reflected in the team’s clinical practice.

Any children aged 14 -16 years old, will remain under the care of the CAMHS, the medical prescribing will also remain with the CAMHS Psychiatrist. There is a CAMHS Liaison Nurse within the P.I.E.R Team that supports CAMHS in the care and treatment of the 14-16 year. The young person will undergo supported transition into the all age service to be managed by the adult team once they reach the age of 16.

The Team provides monthly performance and quality data through the adult service governance arrangements and to the Commissioners of adult mental health services. The service is monitored at the monthly commissioner led FTP meetings.

100 children were referred into the service over the past 18 months and 31 were accepted for treatment (31%).

The service is monitored against the national standards, which state that 50% of referrals are accepted, assessed and treatment commenced within 2 weeks. The Commissioner has requested a contract variation to include more detailed monthly reporting against the national standard for children and young people's referrals.

The focus locally is on ensuring those deemed not to need this specialist service, are referred onto and receive another appropriate service instead.

Learning Disability Services Assertive Outreach

The CAMHS Learning Disabilities Service works with young people, their families and carers in a variety of settings including outpatient clinics, home, school and community placements or support systems. As part of mental health assessment, diagnostic work and treatment, the team undertakes behavioural assessments and management of challenging behaviour in close collaboration with colleagues in health, social services, education and the voluntary sector. If outpatient work is not sufficient to bring about change in challenging behaviour, the team provides additional work into the family home using the Learning Disability Outreach Service.

The service works alongside the allocated clinician to implement strategies in the family home or residence, and supports parents or carers to achieve positive behavioural change. If a young person has severe mental health problems requiring intensive treatment, the outreach service provides a high level of assessment and treatment work in the community, the family home or residence, as a day patient at Rothesay, work alongside staff in the inpatient adolescent unit or at the LRI to prevent the need for out of area admissions for health care.

The treatment approaches used within out-patients and outreach include:

- Psychiatric medical (pharmacological)
- Family therapy
- Verbal and non-verbal psychological therapies
- Modified CBT
- Applied Behavioural Analysis

- Behavioural, sleep and communication assessment and intervention strategies
- Psychoeducation
- Group and individual therapies

Presenting issues the Outpatient and Outreach Team can respond to include: Behaviour problems, depression, sleep, obsessive compulsive disorder (OCD), ADHD, autistic spectrum disorders with associated learning disability, self-injury, psychosis, attachment problems, mood disorders, anxiety, eating disorders associated with autistic spectrum disorders (ASD) and learning disability i.e. PICA and highly restrictive diets.

The service operates **Monday to Friday 9am to 5pm**, with some flexibility according to patient needs, in a variety of settings, including Rothesay, Special Schools, Westcotes, Orchard Resource Centre, Hawthorn Centre, Community Hospitals and home visits.

Approximately 25% of children and young people accessing the outpatient service will go on to receive outreach services

The delivery of this service is consistent with the transformational programme configured around neighbourhoods and the CCG localities. This service responds in a manner that reduces escalation, minimises duplication and supports related teams to meet the needs of service users; the service is part of a co-ordinated offer integrated at a local level, and delivers elements of integrated care pathways.

Family Action Post Sexual Abuse Counselling

Family Action is a charity that provides a wide range of creative and talking therapeutic interventions for children and young people aged 5-18 who are who are experiencing trauma through abuse or neglect, domestic abuse or loss, or whose adoption is at risk of breakdown because of attachment difficulties.

A social worker or therapist will provide a package of support tailored to meet the child or young person's needs.

Table 7: Family Action Q1 Activity 2018-19

Quarter 1 Activity (April-June 2018)	Referrals
--------------------------------------	-----------

East Leicestershire and Rutland CCG	4
Leicester City CCG	2
West Leicestershire CCG	2
Total	8

At the beginning of Q1 a total of 9 cases were awaiting allocation. A total of 8 new referrals were received during Q1. 75% of cases will have an 8 week wait for allocation. The maximum **waiting time is currently 16 weeks.**

The service continues to receive positive feedback from children, parents and professionals. Below are some examples of feedback received during Q1:

Children:

‘Having a secure support network where I feel safe.’

‘Talking about what happened. Thank you for taking my worries away you have been a life saver.’

Parents:

‘I don’t know where to begin, thank you doesn’t feel enough. You have given me my little girl back, for that I am truly grateful. Thank you from the bottom of my heart. You are worth your weight in gold.’

‘(Worker) has been so understanding, supportive and consistent. My child has been able to learn what happened was not her fault and how to manage her worries. I cannot thank (worker) enough.’

‘I have appreciated the professional support my son has had at school to express his feelings/thoughts.’

Liaison Psychiatry

There is an all age Liaison Psychiatry Service commissioned across LLR based in the A&E department in Leicester City delivering a 24 hour service. The service works closely with the A&E staff and the community CRHT Service.

There is an LLR wide Liaison Psychiatric Working Group led by a national expert in liaison psychiatry. The group is focussed on achieving the 2020/21 ambition of all acute hospitals having mental health crisis and liaison services that can meet the specific needs of people of all ages including children & young people and older adults.

The CAMHS Commissioner is planning to join this group to raise the profile of children & young people and to develop a service that is more aligned to the newly transformed pathway of services, and the transformation planned outcomes.

City Early Intervention Psychology Support (CEIPS)

City Early Intervention Psychology Support Team was set up to offer short term psychological intervention for children & young people aged 0-19 that do not meet the CAMHS criteria.

The focus of the team is to maximise independence through direct interventions with children & young people and their families. The sessions can be offered in the community, health and education settings, including homes, GP surgeries, children's centres and schools. Paired routines outcome measures are recorded to measure the impact of the interventions.

Referrals into the service are through GP's, CAMHS access, pupil referral units and the educational psychology unit. The interventions offered are aimed at addressing:

- Anxiety
- Self esteem
- Anger
- Low Mood
- Social Skills and Emotional Literacy

The interventions were delivered through both one to one and group work sessions. During the period 1 April 2016 – 31 July 2017 a total of 14 workshops were delivered total of 93 students were supported by the CEIPS Team, an additional 57 student received 1-1 session.

During the period 1 April 2017 – 31 March 2018 a total of 13 workshops were delivered A total of 82 individual students were supported by the CEIPS Team, and additional 53 received 1-1 sessions.

CEIPS Individual Outcome Measures

A paired samples t-test was conducted to evaluate the impact of CEIPS involvement. Analysis of results and feedback from children and parents that have had CEIPS involvement will inform the future work of the service, ensuring that therapeutic intervention is beneficial and effective in improving emotional wellbeing. Overall, the results indicate that CEIPS involvement for individuals have a positive impact on reducing emotional wellbeing difficulties of young people within Leicester City.

10. Local Authority Commissioned Services

Early Help

Early Help Services are for children & young people of any age and can be supported from all kinds of services and organisations who work together to support the family.

There is a separate Early Help Service in each of the 3 local authorities, each with differing approaches to ensure full engagement with their local population.

A child or young person can be referred for an Early Help Assessment (EHA) from professionals or practitioners working with them. Referrals must be made to the relevant Early Help Service.

Early Help Leicester City

The Leicester City Council's early help offer brings together a range of services to support children, young people and their families who need some additional help.

Leicester's Strategy for providing early help to children, young people and their families can be found here: <https://www.leicester.gov.uk/media/182061/leicesters-early-help-strategy-support-strengthen-thrive-2016-19.pdf>

Assessment Information is also available at: <https://www.leicester.gov.uk/schools-and-learning/support-for-children-and-young-people/early-help/referral-for-early-help-assessment/>

Early Help Leicestershire

Early Help offers a range of universal and targeted support to help tackle problems for children, young people and their families as soon as possible. Assessment Information is also available at:

<https://www.leicester.gov.uk/schools-and-learning/support-for-children-and-young-people/early-help/referral-for-early-help-assessment/>

Early Help Rutland

The Rutland Children’s Trust through a collaborative partnership approach, supports the development and improvement of services for children & young people 0 – 19 years, including to the age of 25 years for some vulnerable young people. The agreed vision and priorities are set out in the Children, Young People and Families Plan (children & young people) 2016 to 2019. Assessment Information is also available at:

<https://www.rutland.gov.uk/my-services/health-and-family/early-help/>

The Mistle Project

The Mistle Project is a ‘wraparound’ therapeutic service for children & young people between ages 5-18, who are looked after by the Local Authority. The project aims to focus on the complex case management, where the child or young person has experienced multiple placement breakdowns, due to their behaviour. The service offers intensive support and intervention to help to keep the child or young person in their current residence as well as provide advice and support to the staff and carers. The service also provides some post placement psychological work with young people aged 16-20.

11. Jointly Commissioned Services (Health and Social Care)

Young People’s Team

The Young People’s Team is jointly commissioned by health and social care to provide enhanced specialist treatment, support and advice to vulnerable children & young people who have been subject to trauma or abuse, adverse childhood experiences and neglect. This covers all children & young people including:

- Adopted
- Looked After
- Young Offenders – (Youth Justice Service)

- Homeless
- Learning disabilities
- Isolated communities

The work with these groups is extended to:

- Non Leicester, Leicestershire and Rutland placed children & young people, their families and carers
- Staff working with the vulnerable groups

Youth Offending Service (YOS)

Mental health services for young people known to Youth Offending Services are delivered by the Young People's Team. The service aims improve and develop the following pathways for vulnerable children & young people and to impact positively. The aim of the project includes:

- Children & young people at risk of receiving Health & Justice commissioned provision (secure settings)
- Children & young people returning to the community from secure settings
- Children & young people who have been in contact with the paediatric sexual assault referral centre (SARC)

It is a multi-disciplinary team (consisting of Psychiatrist, Clinical Psychologists, Community Psychiatric Nurses and Primary Mental Health Workers) commissioned to provide mental health assessment and interventions to children & young people. The team has considerable expertise into the impact of adverse childhood experiences in the development and maintenance of emotional, social, and interpersonal difficulties that can be significant risk factors for all aspects of health and social functioning. Currently the team has two Community Psychiatric Nurses who provide specialist input into the Youth Offending Teams (YOTs) across LLR to enable rapid access to specialist CAMHS assessment and intervention (within 10 working days for routine cases).

A successful bid for additional funding to increase capacity within Leicestershire Partnership Trust CAMHS Children & Young People's Team, Liaison and Diversion Service was achieved and the plan is to develop an integrated care pathway that will offer specialist trauma focused interventions, for example, trauma focused eye movement

desensitising and reprocessing as well as cognitive behavioural therapy (CBT or EMDR). There is currently no specialist provision for children & young people who do not meet this threshold of need for specialist CAMHS, for example young people identified as high risk due to adverse childhood experiences but who are “sub-clinical” in presentation.

Service access would be further enhanced by the additional capacity for joint case working with Youth Offending Team Case Managers, enabling an assertive outreach model to be employed for those children & young people who are more difficult to reach.

The new clinical care pathway will identify, using existing assessment processes (Liaison and Diversion Screening Assessment and YOT Asset Plus) the appropriate interventions or onward referral that is required by a child or young person. Those children & young people with trauma related concerns will receive a full mental health assessment to inform what intervention is needed. The workers will then develop a detailed care plan identifying the appropriate treatment including interventions.

The team will develop a bespoke training package and provide training to the Youth Offending Teams, to enable a shared approach to therapeutic evidence based interventions.

The service will deliver the following outputs:

- Screen and assess all children & young people in the aforementioned cohort
- Create integrated care plans that will follow the child or young person
- Create integrated care pathways across multi-agencies
- Create additional referral routes to appropriate services for continuing care
- Increase the number of children & young accessing therapeutic interventions
- Increase the knowledge and skills of Youth Offending staff

Family Post Adoption Support Service

The Post Adoption Support Service provides additional resource to support carers of fostered and adopted children. The family attend regular workshops where they can access family support workers and make contact with a worker if problems arise with the child. The service includes the family being assessed by a social worker alongside advice by clinicians. There is also a helpline that parents can access by being known to the service.

12. Services in Development

Autism with or without a Learning Disability – Health Commission

There are an increasing number of Care and Treatment Reviews (CTRs) and emergency teleconference (Blue Light) meetings taking place for children and young people: 30 undertaken across LLR between April 2017 and March 2018; this has highlighted a significant number of complex children with autism, some with learning disabilities, each presenting with immediate and intensive support and intervention needs. Often the child or young person is placed in temporary accommodation whilst searching for the most appropriate placement which may mean going out of area.

Funding has been secured to enable staff to provide intensive home support, on-going help and case management and co-ordination of on-going care.

The service will deliver:

- Intensive home support to children & young people with a diagnosis of mild to severe learning disability with or without autism.
- Immediate assessment
- Support to keep the child, young person and their families in the community
- Therapeutic evidence based practice
- Arrangements for longer term support or an intervention to prevent further relapses
- Case management and co-ordination of on-going care
- Access to positive behaviour support

The aim of the intensive support team is to:

- maintain the safety of the child, young person and their families whilst maintaining them in the home setting
- De-escalate the intense crisis situation
- Undertake short term intensive support
- Assess to identify the most appropriate longer term input/support
- Co-ordinate the future plan of care involving all identified organisations and professionals

- Develop and maintain a "watch" list - young people who have had previous admissions as a result of family crisis and burn out; families on the edge of crisis that are identified at risk
- Provide family and parental support

Outcomes have been identified to meet the STP, the Transformation Plan and the outcomes identified by children & young people through the patient forums and the FIM engagement plan. Outcomes will form part of the 'Children & Young People's Emotional Health and Wellbeing dashboard'. This will provide an evidence base if a difference has been made as a result of our planned delivery, including:

- Reduced number of admissions
- Reduced length of stay
- Reduction in OOA placements
- Removed children & young people attendance at A&E where there is no physical need
- Prevented children & young people suicides
- Reduction in CTR and blue light meetings
- Improve the quality, efficiency and outcome of the CTRs
- Quick access to intensive support (within 2 hours)
- Improved co-ordination of care, delivering efficient and effective care by reducing the number of agencies involved where there is duplication of effort.
- Children & young people feel supported and have improved quality of life

ADHD – Health and Social Care Joint Commission

ADHD Solutions is a Community Interest Company set up to provide information, help and support for children, young people, and adults with ADHD - Attention Deficit Hyperactivity Disorder - their families and anyone who supports them or works with them.

As part of our Collaborative Commissioning Group, we reviewed the ADHD pathway across health and social care.

The CCG has a commission with ADHD Solutions through the Early Intervention Service for low level mental health needs and the 3 Local Authorities have commissions with ADHD Solutions for support to both children & young people and their families.

There is agreement that a jointly commissioned service with a shared service specification would reduce fragmentation in the service provision across LLR and will deliver a service to support children & young people who present with diagnosed and undiagnosed Attention Deficit Hyperactivity Disorder (ADHD), provide parental support, advice and training sessions, and provide assessment to pre-diagnosis of ADHD.

This service will commence in September 2018 with reporting from October 2018. The service provider will:

- Deliver a program of activity, assessment and interventions on behalf of LLR, to ensure the recommendations in the NICE guidance are followed for ADHD and remain NICE Compliant.
- Provide a full range of ADHD services to meet the needs of children & young people and their families, including parent support, confidential telephone line, information and guidance, training and coaching in LLR
- Provide assessments via Qb checks, detailed assessments and written reports to pre diagnose ADHD
- Provide a referral system to ensure children & young people can step up or step down with appropriate timescales and a parenting network to enable families to continue to access the service for further support
- Provide advice and information at times of children's transition
- Provide evidence based shared goal based outcomes to meet the requirements of the local authorities and health
- Provide and flow data to the National Mental Health Services Data Set.

ADHD Multiagency Integrated Model of Care

We are working in partnership with all stakeholders to undertake a review of the current ADHD services across mental health, physical health, early intervention as well as support and voluntary sector organisations. Our aim to redesign the current ADHD pathway to deliver a system wide ADHD Service - improving access to the right care to meet individual needs.

Triage and Navigation Service

All stakeholders are agreed that there is an opportunity to improve access to timely triage of referrals and onward coordination of referrals to the most appropriate service - by moving this away from the current specialist service provider and developing providing a dedicated, stand- alone triage and navigation service. The service is aimed at:

1. Reducing the number of referrals into CAMHS by at least 30% to enable Specialist CAMHS practitioners to focus on those children & young people requiring CAMHS assessment and treatment
2. Supporting professionals, families, carers, children, and young people to navigate across the pathway to gain timely access to the right care that meets their needs (emotional, lower level mental health and wellbeing)

The new triage and navigation service will have capacity to triage for between 400 and 500 children & young people each month, as well as deliver one to one a professional helpline.

The Service would be clinically led and deliver:

- Collaboration across providers to deliver a shared service pathway
- Increased access to social, emotional, mental health and wellbeing service
- Improved patient experiences and outcomes
- Reduction in waiting times to both assessment and treatment
- Integrated self-referral routes (a national NHSE requirement by 2020)
- Increased range of services available to meet the presenting level of need through integrated approach to care delivery
- professional helpline to provide information, support and advice
- A directory of services with easy routes into each service depending on need
- Improved equity of access and a reduction in variation
- More appropriate utilisation of workforce capacity
- More efficient use of funding to maximise value for money

Commissioners have co-produced the model with partner organisations including C&YP. The procurement process will commence in November 2018 and the expected service start date is June 2019.

13. Managing Transition into Adult Services

‘Transition’ and ‘transitioning’ in the context of young people’s mental health, means the transfer of young people out of Children, Young People Mental Health Services (CYPMHS) to other services (adult mental health services or otherwise), or being discharged, as a consequence of reaching a certain age according to local commissioning arrangements. The age of transition varies locally, with young people in most areas transitioning at 18 years, but others at 16 or at a needs-based or condition-specific time.

The transition from children and young people into adult services will be supported by our focus on collaborative joint working and planning. It will take into account different responsibilities for sending and receiving providers. The impact of performance by either provider will be shared across the pathway. All providers subject to the CQUIN will be assessed against the achievement of an indicator specific to sending or receiving providers. Through this mechanism, the CQUIN is designed to incentivise all parties to contribute to better transitions for young people. Where there are a number of providers fulfilling the sending or receiving role for a given locality, their contribution to overall performance for that locality should be weighted in line with their respective levels of commissioned activity for that locality.

In addition we aim to provide support and advice to families regarding their transition through the new ‘Triage, Assessment and Navigation Centre’.

We are currently working together across LLR to improve supporting children and young people transitioning to adult services. Both City and County Local Authorities have established working groups to implement their Transition Strategy. We are aligning the Future in Mind work programmes to the NICE Guidance 2016 to ensure providers work collaboratively to meet the NICE Quality Standard for transition.

14. Alignment with iThrive

The iThrive principles have been embedded within the local pathway which delivers services to children & young people with emotional, mental health and wellbeing needs; this encourages the use of a common language about levels of support needs for a child or young person presenting with, or known to have an emotional, mental health or wellbeing concern, thus leading to improvement in service delivery and more positive experience of those accessing the pathway services.

Figure 5: FIM mapped with the iThrive Model

iThrive in our Local Pathway

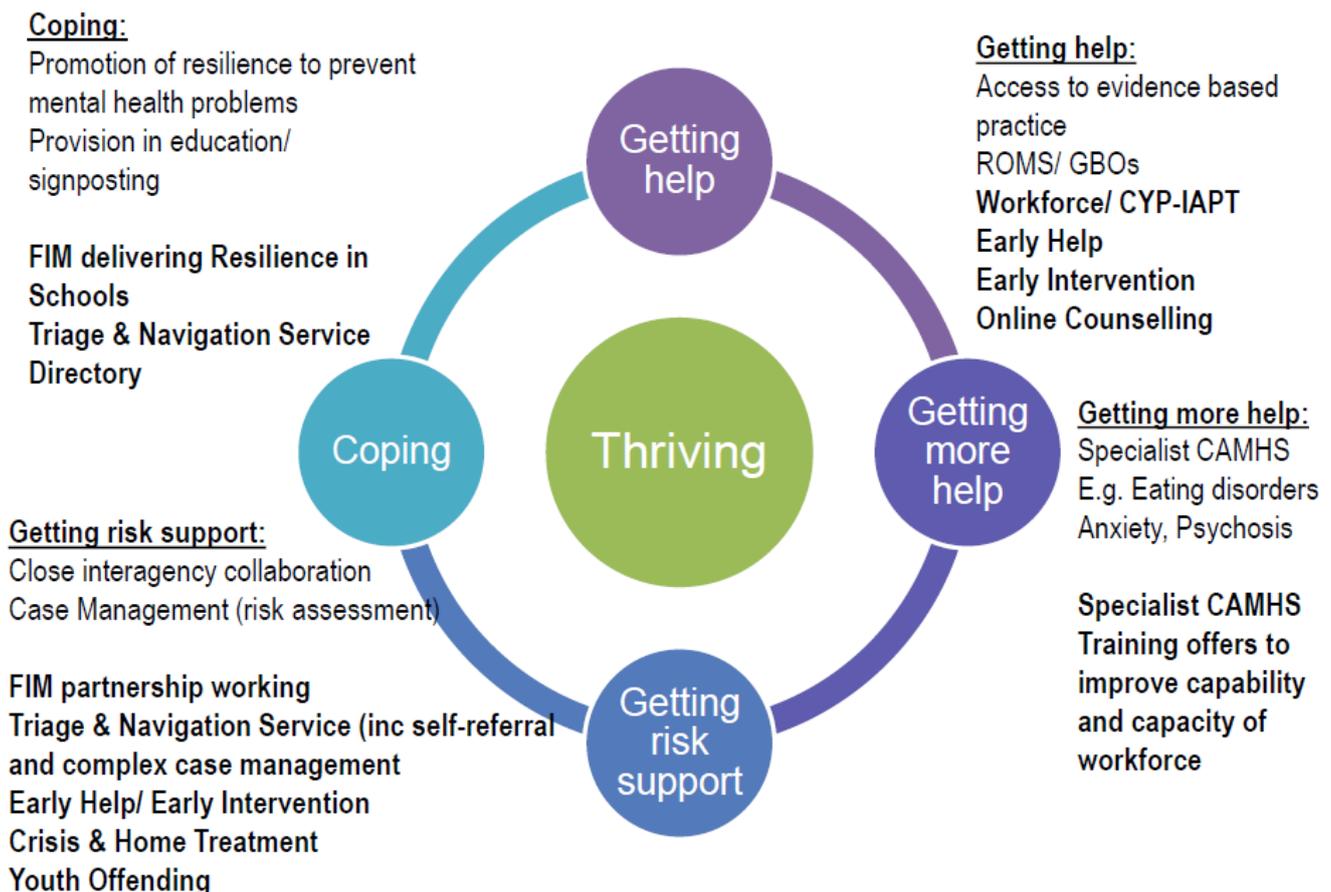


Table 8: iThrive Principles and how we are meeting this through our local transformation plan and pathway of services

Thrive Principle	How we are meeting this
Strategic or Organisation Level	
Mental Health Policy is inter-agency	A local children & young people's Transformation Plan has been developed in partnership across providers & commissioners of services from health, Las Vol sector as well as CHILDREN & YOUNG PEOPLE & families & carers .
All agencies are involved in commissioning care	We work with colleagues in education, health, social care & third sector organisations commissioning the best services to meet the needs of our local children & young people
Contracting of services & performance management is informed by quality improvement information	We have regular contract quality & performance meetings with commissioned providers. Monitoring against the keys quality & performance indicators
Population level preference data is used to support commissioning decision	We use local intelligence, demographics & information from each locality (Leicester, Leicestershire & Rutland). We involve partners & stakeholders from each locality in decision making & shaping local services
There is a comprehensive network of community providers	Joint working through the FIM Delivery Network Group & the Workforce Development Partnership Group.
There is effective integration between services & agencies involved in a young person's care leading to a better experience of care	A triage & navigation service is planned for April 2019, moving to a more integrated way of working across the services and agencies.
Service Level	
Quality improvement data is used to inform decisions & involves multi-agency review	FIM team work with the CCG Quality Teams to review provider quality reporting in compliance with the quality schedule
Care is provided using the Thrive framework	See diagram which describes how we currently deliver the Thrive approach as part of our existing pathway
There is a focus on strengths & family resources wherever possible	We think about the whole family in our approaches & interventions. We deliver parent & carer programmes & ensure their participation & involvement.
Appropriate evidence-based practice is available	Service specifications indicate evidence based practice to be delivered. We participate in CYP-IAPT & are undertaking a review of our local workforce to improve capability & capacity
Individual Level	
Shared decision making is at the heart of all decisions	We have shared decision making through ROMS & GBOs within care planning
All staff, children & young people & families are clear about which needs group they are working within for any one person at any one time & this is explicit to all & the parameters for getting help & reasons for ending help.	This will be achieved through the central enhanced triage & navigation process. For more complex or high risk cases, expert clinical leads will be identified as the named professional who will also build trust with families & keep them well-informed. A service directory will be developed & maintained.
Outcome data is used to inform individual practice with the purpose of improving quality	We developed a ROMs task and finish group to establish ROMS/GBOs across providers
Any intervention would involve explicit agreement from the beginning about the goal being worked toward & the likely time frame. There is a plan for what happens if the goal is not achieved	We have developed a shared approach to goal based outcome measures across the partnership. Including development of standardised templates.
The most experienced practitioners are involved in Advice & Signposting	A key part of the triage & navigation service will be delivered by trained clinical practitioner. To ensures children and young people receive high quality clinical effective triage & navigation to the appropriate service to meet individual needs
All children & young people & families getting Risk Support have documented, multi-agency plans which set out the support they will received from relevant agencies	For complex or high risk cases a senior clinical practitioner will convene a multi-disciplinary meeting to agree the care plan & interventions needed including risk assessment of cases.

15. Workforce and Children and Young People Improving access to Psychological Therapies (CYP IAPT)

One of the aims of the Future in Mind Programme is to increase the number of staff across the partnership by 2020 to meet the additional demand for services. The table below shows our workforce data over the past 3 years.

Table 9: Staff numbers (WTE equivalents) 2015-2018

**Youth Offenders, P.I.E.R and Liaison Mental Health Sets are excluded from this data set as this is reported to NHSE through other routes e.g. Health Justice Data*

Role	WTE 15/16	WTE 16/17	WTE 17/18
CAMHS	109	193.57	193.57
CEIPS			4
CRHTx		3	10
Resilience			4.5
Kooth Online Counselling			4
Early Intervention			11.5
Early Help (Wellbeing Practitioners)			8
CYP IAPT		10	14
The Bridge (Mediation Support)			3
Family Action (Post Sexual Abuse)			-
Rainbows (Bereavement)			-
	109	206.57	252.57

Workforce development is planned for delivery throughout 2018-19. We are committed to developing the workforce across LLR to deliver local, regional and national priorities for both the Future in Mind and the CYP IAPT Programme **and have employed a Workforce CYP IAPT Lead to facilitate this over the next 12 months.**

In 2017-18 we developed a workforce development business case which identified our plans to develop a multi-agency Workforce Development Strategy. The strategy identifies a plan to increase the numbers of staff working across the whole pathway, improving the skill, knowledge and competency of the workforce, and increasing access to evidence based practice, to address all levels of need. Our local target is to grow the workforce by

57, we have seen some natural growth to our workforce numbers in the acquisition and commissioning of services across the local pathway.

The first draft of the Workforce Development Strategy has been developed and is currently going through consultation with the Workforce Development Partnership Group, including feedback from C&YP and partners. We are also supporting partners to develop local workforce plans, which describes the workforce, skills, vacancies, and any challenges e.g. to recruitment and retention of staff.

We have close working relationships with the NHSE Lead for the All Age Workforce Strategy to ensure quality of datasets are improved and that reporting accurately reflects growth in our workforce for 2019-2020.

Improving Access to Psychological Therapies (CYP IAPT)

CYP IAPT is a change program delivered by NHS England in partnership with Health Education England **to increase the capacity and capability of mental health workforce.**

Our ambition over the next five years is to continue to improve and to demonstrate outcomes for C&YP with mental health problems. This requires effective, evidence-based, outcome focussed Child and Adolescent Mental Health Services, developed in collaboration with children, young people and families. This includes delivering improved access and waiting times, reduced numbers of children requiring inpatient care, development of a fully trained and competent workforce, and self-referral across the system. To facilitate this we are members of the Midlands Learning Collaborative and attend the regional meetings.

In accordance with the **CYP** IAPT principles, we **have established a** local Workforce Development Partnership Group to ensure sustainable implementation **of the programme** and continued quality improvement across Leicester, Leicestershire and Rutland with our partners. The membership of this group includes providers of emotional, mental health and wellbeing services: Local Authority Children's Early Help Service Leads, Healthwatch, Public Health, Leicestershire Partnership NHS Trust, and Leads from the Voluntary and Community Sector.

We are committed to developing our own practice alongside our partners to share the journey together. This includes sharing ideas and knowledge for service development, training and pooling resources to share supervisors.

Table 10: CYP IAPT Funding Allocation

CYP IAPT					
Allocation 16/17	£439,000.00	Allocation 17/18	£82,000.00	Allocation 18/19	£97,000

We have consistently put forward staff on behalf of our partners that have attended interviews but have been declined places due to 'not meeting criteria'. We are disappointed that these, for example from the voluntary sector providers we have commissioned as part of our Transformation Plan, have not been able to take up training opportunities through the collaborative. We have staff from across our partnership undertaking CYP IAPT training and have recruited additional staff from across health and social care onto CYP IAPT courses.

Table 11: Numbers of staff undertaken CYP IAPT Training

	Cognitive Based Therapy	Systemic Family Practice practitioner	Enhanced Evidence Based Practice	Supervision
2016/17	1	2	4	3
2018/19	3	1	6	4
2019/2020	0	0	0	2
2020/2021	Figures to be confirmed			

We have recruited a further 14 staff onto CYP IAPT training posts in 2018/19. We secured 10 places for 2019-2020 CYP IAPT training intake however providers have been unable to participate in the Recruit to Train programme as they have been unable to secure funding beyond the initial training period for posts.

We have planned workforce growth in 2019 by 12 WTE posts. This is because 10 Wellbeing Practitioners Roles are being recruited to by Local Authorities and 2 places

have been confirmed for the PG Certificate in Leadership Training. We are reviewing future training needs as part of the workforce development work programme.

16. Developing Workforce Training & Development

During August 2018, a short training needs survey was completed in order to achieve the following:-

- Insight into training needs across the LLR workforce
- Insight into current training and development undertaken for different professionals working with children & young people who have social, emotional, mental health and wellbeing needs
- Emerging trends or themes for consideration by the partnership in local workforce planning

63 people responded to the survey. The survey findings were presented and discussed at the Workforce Development Partnership Group Meeting in August 2018 and decision reached that a multi-agency approach to developing a shared training programme is adopted as a sustainable offer of training and development for the pathway workforce. We therefore intend to develop a training and development framework across all partner organisations reflecting the full range of training across all levels of staff.

Training courses and development opportunities shared across the partnership will equip staff with the appropriate skill, knowledge and competency to deliver evidence based practice to their specific client group (i.e. resilience, early help, early intervention or specialists CAMHS).

The programme of training will include shared delivery by partners covering:

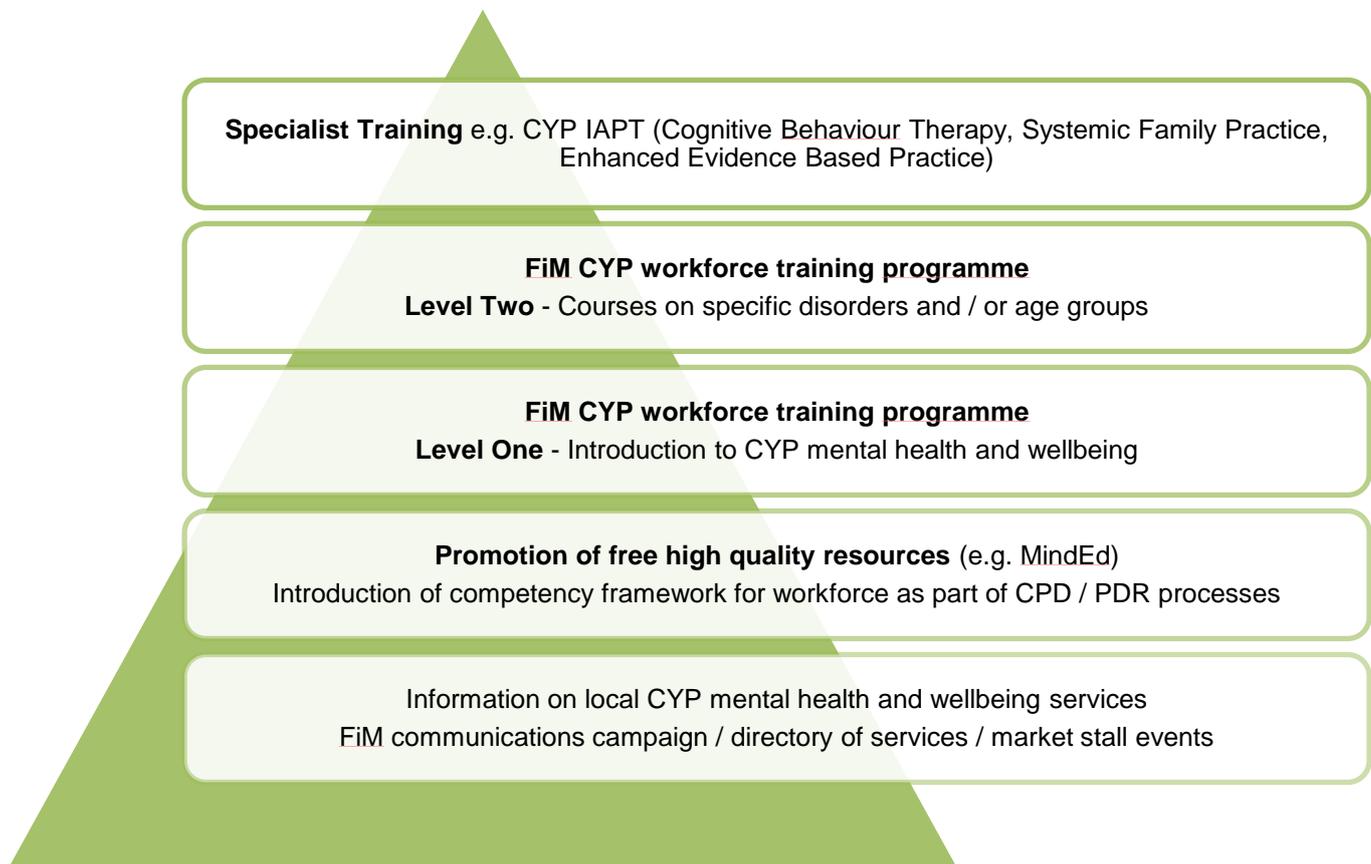
- Universal Training (which is free and can be accessed by all). This will be promoted through a directory of training offers and through communications
- Level 1 option – an introduction to children & young people’s emotional, mental health and wellbeing, which will include information on the pathway of services

- Level 2 option – a series of workshops or topics to help develop skills and competencies in a specific area e.g. relationships, communication, anxiety, basic counselling, patient experience, involvement & participation
- Specialist option – a series of more expert workshops co-produced and delivered by clinicians and practitioners e.g. eating disorders, self-harm, substance misuse

Workforce planning workshops were facilitated on 3 and 25 October 2018. We are supporting partner organisations to develop workforce plans that are aligned to the national and local workforce plans, the multi-agency workforce strategy and proposed training and development program. This will enable the workforce to support a wide spectrum of emotional, mental health and wellbeing difficulties across the local area.

The Workforce Development Partnership Group will also be aligned to the Local Workforce Action Board/ Group to ensure there is appropriate crossover ensuring children and young people’s emotional, mental health and wellbeing workforce is considered in wider STP workforce strategy and planning and to avoid duplication of work.

Figure 6: Proposed Training Model



17. Participation and Involvement

The view about services and experience of local children, young people and their families, provides valuable feedback and insight into the impact of the transformation programme and is fundamental to achieve a meaningful evaluation process.

Further events are planned to take place, across LLR, in November 2018. Volunteers from children & young people groups are being recruited to support the development and the delivery of these events.

As it can be difficult to communicate and share the details of new and different services and whole system transformational changes that have occurred, to all organisations, professionals, as well as the children, young people and their families, the programme have developed literature and monthly updates to help with sharing the updates and reduce any misunderstandings about what is available and how to access them; this will also improve when the Triage and Navigation service is in place in 2019 .

An example of how children and young people have contributed can be seen below (figure 12) as they developed the service information sheet which has been adopted and shared across the LLR partnership with all stakeholders.

In addition, in August 2018 the Partner Participation and Involvement Network was launched to share information, good practice, involvement tools and planned events or work with children & young people, their families or carers.

It is a virtual network which will provide regular communications to partners and promote shared practice and shared learning. The network will meet every 6 months.

Figure 7: Services Information (created with stakeholders and young people)

Anyone can contact services for help and advice. **In an emergency please call 999**

Children & Young People's Emotional, Mental Health & Wellbeing Services
Leicester, Leicestershire & Rutland

Where can I get help?	Resilience 0-19 healthy child programmes provided by professionals 	Early Help (is in each area) Youth & Family Support Welfare Education Connexions Advice Children Centres Youth Offending	Early Intervention Relate Counselling Support ADHD Solutions, ADHD family support/parenting groups Centres for Fun & Families offer group work to help with anxiety	Online Counselling Anonymous online help & support for Young People Chat & Forums Messaging Information & advice Parent/Carers help	Specialist Mental Health Services Help for children & young people with emotional & behavioural difficulties that need specialist support
We work with...	0-19		5-18	11-19	Any age
Refer...	Referrals need to be made by Professionals working with Children & Families		Only GPs and CAMHS can refer	Young People can access service directly	Referrals need to be made by a Healthcare Professional
Getting In Touch With Us	Visit our website www.leicspart.nhs.uk Text ChatHealth Leicester 07520615381 Leicestershire & Rutland 07520615382	<ul style="list-style-type: none"> Leicester 0116 454 1004 Leicestershire 0116 3050005 Rutland www.rutland.gov.uk/education_and_learning/family_information_service 01572 722577 	 the relationship people 0116 2543011	Kooth.com 	Speak to your GP, School Nurse or a Social Worker  BRIGHTENING THE FUTURE

Version 1.2 August 2018 developed by The Future In Mind Team

18. Mental Health Services Data Set (MHSDS)

All providers commissioned under an NHS Contract are required to flow data onto the national mental health services data set (MHSDS) and is therefore specified in individual contracts.

A partnership working group has been established to focus on improving the quality of the data submitted and to offer support to providers on how to submit the required data onto the MHSDS.

Initially only CAMHS were providing (flowing) data, but since June 2018 this has extended to a further 3 providers. The data shows that approximately 7% more children and young people have received evidence based treatment: the number previously recorded was 3204, rising to 3474 by June 2018.

The online counselling providers are prepared to submit data and will commence to flow data from October 2018; the remaining service providers are attending regional and local events in August and September with an aim for them to be submitting/ flowing data by December 2018.

We are actively working with North East Clinical Support (NECS) to offer support to providers to flow data through MHSDS. On 7 September 2018, the Commissioner facilitated a local data workshop and the following providers are progressing plans to ensure their systems are able to flow data:

- Early Intervention Service (Relate)
- Route to Resilience (Fun and Families)
- ADHD Solutions (Relate)
- Bernados (may be national flow of data)
- Rainbows
- Family Action (Post Sexual Abuse Counselling)
- City Early Intervention Psychology Service (CEIPS)
- Kooth Online Counselling (Nationally should be flowing data by October 2018)

From information collected so far, some services have some of the building blocks in place to enable reporting such as ODS numbers, ICO registration, SIRO's and HSCN's, but not all. Where these building blocks are missing NECS will support the services to address these via the required submissions/registrations.

It is anticipated that all of the services above will be flowing data by December 2018.

19. Impact and Outcomes

Monitoring the impact and outcomes of both the individual services and the whole programme has commenced and will be focus for the next phase of the programme.

An emotional, mental health and wellbeing programme dashboard has been developed to help monitor and capture the implementation of the plan and impact of the services; it reflects pre-determined outcomes of the transformation programme (**Appendix 6**). It is recognised that the longer-term benefits and outcomes of the pathway and individual services will not be realised or evident immediately but the dashboard is designed to capture and demonstrate progress. We are working with providers to review the data sources for the dashboard to influence both the collection and provision of more accurate. Meetings also take place with the emergency department, local NHS commissioning support unit and CAMHS provider data team. We are on track to publish outcomes data through the Mental Health Services Dataset by April 2019.

Routines Outcome Measures (ROMS)

Training has been provided to all of partners to support the development and adoption of Routine Outcome Measures (ROMS) which enable services to capture the and consistently measure the impact their service has on children and young people. Development of ROMS is continuing, advocated by the Workforce Development Partnership Group. Individual services will be reporting against their outcome measures as outlined in the reporting schedules within each contract. There is a national requirement for services to flow monthly data to MHSDS from April 2019; compliance with this outcome metric will be monitored through provider contract meetings.

The Workforce Development Partnership Group has also developed and agreed to capture a system -wide Goal Based Outcome (GBO) approach; it will require all services to submit the joint data twice a year in order to identify the outcomes and impact of the transformation programme.

20. Finance – Budget Allocation

Over the past 3 years the CCG's have invested £2million in transforming children and young people's mental health and wellbeing services across LLR.

The table below shows the baseline in 2015/16 and the actual spends in 2016/17 and 2017/18 and the projected spend for the remaining 2 years of the programme.

Prior to the Future in Mind additional funding allocation in 2015/16, the only allocated budget for children and young people's mental health and been for the eating disorder service and CAMHS; the allocated fund for this programme enhanced these two services and has been used to establish the new services described in this plan.

Table 12: Budget Allocation

	2015/16	2016/17	2017/18	2018/19	2019/20
Future in Mind Schemes:					
Eating Disorders	£440,000	£514,000	£444,787	£444,787	£444,787
Programme Management	£100,000	£100,000	£97,844	£100,438	£100,438
Crisis Support & Intensive Community Support	£750,000	£966,000	£983,000	£983,000	£983,000
CAMHS Access	£388,000	£235,750	£192,267	£192,267	£192,267
KOOTH - Online Counselling	£100,000	£98,000	£90,000	£90,000	£90,000
Early Intervention - Face to Face Counselling	£360,000	£362,000	£362,000	£360,000	£360,000
Resilience	£200,000	£200,000	£200,000	£200,000	£200,000
Workforce development	£70,000	£70,000	£128,889	£128,889	£128,889
Allocation	£2,408,000	£2,545,750	£2,498,787	£2,499,381	£2,499,381
ACTUAL spend	£1,583,000	£1,907,092	£2,185,745	£2,451,434	£2,499,381
Variance	-£825,000	-£638,658	-£313,042	-£47,947	£0

The Future in Mind programme has established new and enhanced services, which will continue to be funded from NHS allocations. Future opportunities for joint commissioning of different services will be explored.

21. Sustainability

The transformation journey will continue beyond 2020/21 to ensure safe, efficient, and effective services to meet the needs of our local children & young people. Both new and enhanced services are currently contracted up to 2021 with an option of extending this for a further year. This provides the opportunity to review and revise services across the pathway based on our evaluation, and feedback from children & young people and their families.

We will continue to invest the full children & young people baseline budget allocation on delivering a range of services that meets all levels of need, and continues to deliver high quality, efficient and effective services.

Our plan includes:

- Performance monitoring (Monthly)
- Identifying risks and mitigating actions (Monthly)
- Reporting through our governance structure
- Aligning to the STP through reporting to the STP steering Group
- There is an STP reporting process through the project management office the captures all the relevant data relating the Transformation Plan.

22. Risks

We hold a risk register, which identifies our risks and mitigating actions, progress against these risks are reviewed on a monthly basis by the FIM steering group. Our current risks include:

Table 13: Risks and Controls

Risk Description	Control Measures
<p>1. Failure to deliver system wide local transformation for children & young people's emotional, mental health and wellbeing that includes a full range of high quality, efficient and effective services that meet all levels of need. This may result in an increase in inappropriate referrals to specialist CAMHS, causing a bottleneck effect in the pathway and uncoordinated resources. Children and young people's mental may deteriorate if they do not access the right service to meet their needs at the right time. This will cause inadequate patient experiences and impact quality of care provision</p>	<p>Commissioner Steering Group Local Transformation Plan/ Workplan & Action Plan 75% providers submit data (MHSDS) FIM Operational Delivery Group Directory of Services</p>
<p>2. Inability to deliver enhanced CAMHS access service to meet 13 week RTT, caused by poor staffing levels and poor systems and processes to triage. Impact of non-delivery on wider pathway. This may lead to inadequate patient experiences, a failure to protect children & young people from serious harm (including self-harm and suicide), loss of stakeholder confidence and a breach of CQC conditions, post inspection in February.</p>	<p>CAMHS Improvement Plan Commissioner Review CAMHS pathway including:</p> <ul style="list-style-type: none"> • CAMHS point of access • Primary Mental Health Team • Young People's Team • Psychiatric opinion • Psychology assessment • Neuro developmental pathways • Depression and Anxiety
<p>3. A central management system is not in place to effectively and consistently assess the needs of children & young people, triage referrals and facilitate onwards coordination to the appropriate service to meet their individual needs. This may leads to inappropriate referrals to Specialist CAMHS and access difficulties to services across the whole system pathway for children & young people's emotional, mental health and wellbeing.</p>	<p>Development of Triage and Navigation Service Procurement to begin in October/November 2018</p>

<p>4. There is a risk that we do not deliver planned activity levels which may result in a loss in transformation funding from NHS England. May also impact sustainability of programme beyond 2020-21</p>	<p>Commissioner Steering Group Local Transformation Plan/ Workplan & Action Plan 75% providers submit data (MHSDS) FIM Operational Delivery Group</p>
<p>5. Failure to meet the NHS England national workforce targets. The LLR target 2018-19 is to increase the number of professionals working with children & young people who have emotional, mental health and wellbeing needs by 57.</p>	<p>Workforce Development Partnership Group CYP IAPT participation Midlands Learning Collaborative Development of local workforce plans</p>
<p>6. There is a reliance on information submitted by providers and this data is not consistently to a high standard in all services. Not all services are flowing data to the Mental Health Services Data Set to achieve triangulation of information and data. Potential for poor quality in the services that are commissioned by the CCG.</p>	<p>75% of providers submitting data MHSDS Provider contract and performance meetings Quality monitoring</p>
<p>7. Ability to collate feedback and C&YP views on services, and plans</p>	<p>Developing closers links with CCG Communication Team Work with partners to gather feedback Engagement events (FIM & Better Care Together)</p>

Appendix 1: C&YP Emotional Mental Health & Wellbeing Section of the STP – Children & Maternity Workstream

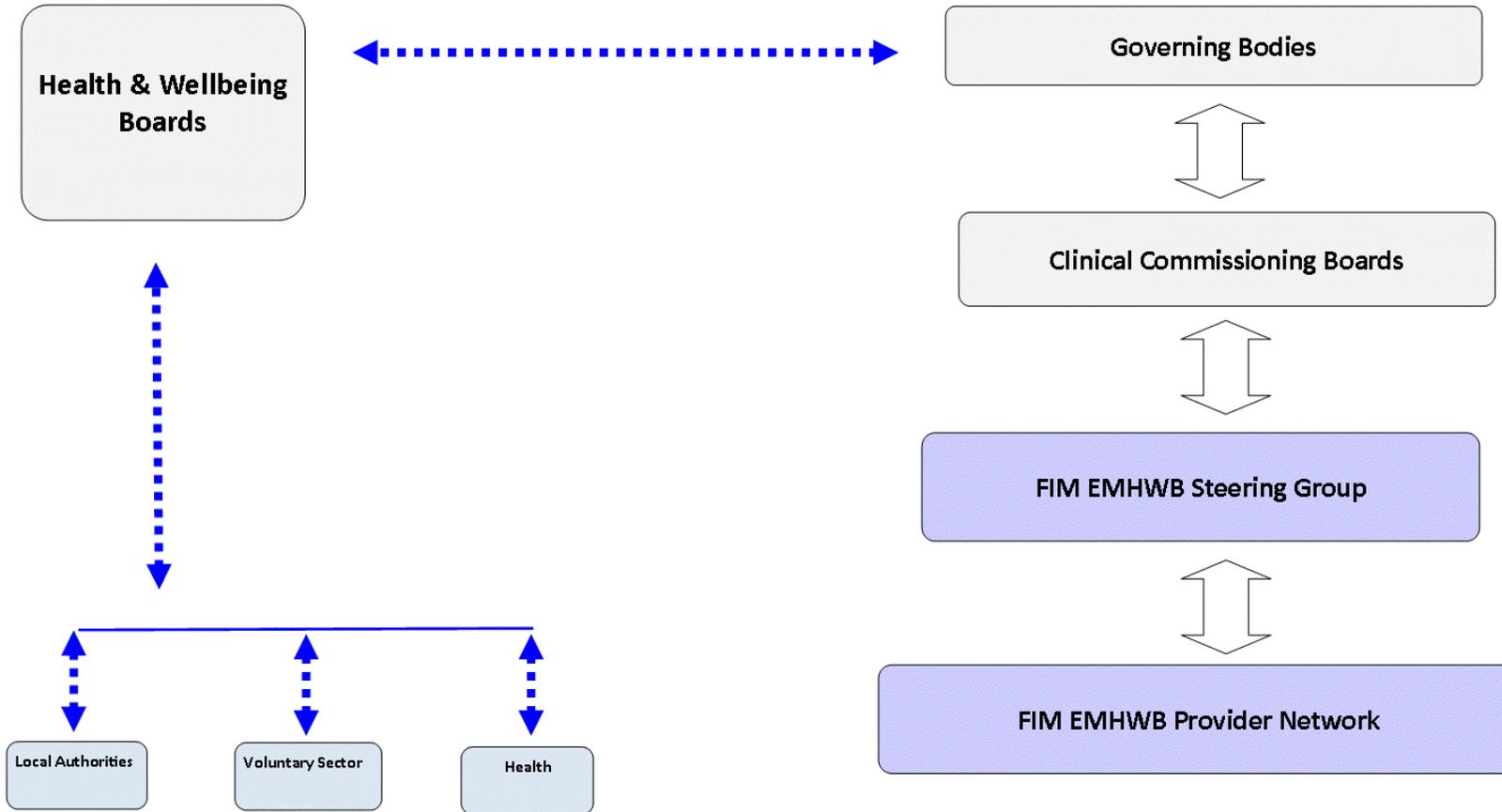
<p>We will collaborate with our partners to develop a shared focus and vision to transform children & young people's services. We will monitor the impact of our Transformation Plan with an aim to:-</p> <ul style="list-style-type: none"> • Reduce in C&YP attendance at A&E when there is no physical need • Increase the number of C&YP receiving evidence based treatment & intervention • Reduce in in-patient admissions to children admission unit when there is no physical need • Reduce out of area placements • Reduce Length of Stay on inpatient ward • Increase the numbers of staff across the emotional health and wellbeing services • Increase CYP IAPT training available across LLR 	
<p>Development of a whole system shared care model</p> <p>The delivery a system wide children & young people emotional, mental health and wellbeing pathway of services</p>	<p>We will offer a range of services to meet all aspects of children & young people's emotional health and wellbeing:-</p> <p>Developing Resilience in Schools - Delivering active learning sessions in schools, for staff, children & parents</p> <p>New On Line Counselling - Provides a safe and reliable digital support service for young people, including online counselling, messaging and online chat direct to qualified counsellors.</p> <p>New Early Intervention - Provides a range of low to moderate evidence base interventions that do not meet the criteria for a CAMHS service.</p> <p>Enhanced Access to CAMHS Assessment – delivering assessment triage , signposting and care navigation to ensure that children, young people and their families are supported and early intervention is prioritised</p> <p>Community Eating Disorder – works with all children & young people up until the age of 18 with anorexia nervosa (AN), bulimia nervosa (BN) and similar 'a-typical' disorders of clinical severity</p> <p>Crisis Resolution and Home Treatment –Provides a comprehensive, community based rapid assessment and treatment service for C&Y P with severe mental illness, and associated behavioral problems, deliberate self-harm or escalating risk.</p>
<p>Improving Access to Evidence Based Practice</p> <p>Development of a triage & navigation service offering a single point of Access for emotional health and wellbeing</p> <p>We will develop a training & development strategy with all partner organisations. We will train & develop our staff using the CYP IAPT principles, increasing the skill and knowledge & increase the number of staff working across the service pathway</p>	<p>Stakeholders are aware of the services that are available & how to access them</p> <p>Receiving the right care at the right time</p> <p>Reduced wait times to assessment and treatment</p> <p>Increased staffing levels</p> <p>Increase range of evidence based practice</p> <p>Children & young people and families feel supported and have a positive experience with improved mental health and wellbeing</p>
<p>Communication, Engagement and Evaluation</p> <p>Raising knowledge & understand of the new transformed services with both providers & users of the services</p>	<p>We will plan and deliver a communication and engagement plan with the support of children & young people.</p> <p>We will work through the Partnership Delivery Group to support joint working and collaboration of partners to deliver seamless access to services</p>
<p>Improve outcomes for children & young people</p>	<p>We will work with our children & young people to gain their feedback on the services and ensure they and their families and carers have a positive experience of care</p>

Appendix 2a: Future in Mind Governance

Group/Board	Summary of Roles & Responsibilities
Leicester, Leicestershire & Rutland (LLR) Health & Wellbeing Board	A formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government. They have a statutory duty, with clinical commissioning groups (CCGs), to produce a joint strategic needs assessment and a joint health and wellbeing strategy for the local population.
Leicester, Leicestershire & Rutland Clinical commissioning Groups Governing Bodies	Work to 'ensure that the organisation fulfils its overall purpose, achieves its intended outcomes for service users, and operates in an effective, efficient and ethical manner' - The governing body must ensure the sustainable success of the organisation over the longer term. For CCGs this means that the governing body must take account of the longer term consequences in setting the business model and strategy.
LLR C&YP Emotional Health & Wellbeing Executive	The group monitors and drives the collaborative working of all partners to ensure the delivery of an integrated pathway that delivers the transformation of C&YP services as laid out in the 2017/18 Transformation Plan.
LLR C&YP Emotional Health & Wellbeing Delivery Group	The C&YP Emotional, Mental Health and Wellbeing Partnership Delivery Group will support and deliver the children & young people's emotional, mental health and wellbeing pathway. It includes a range of providers and agencies.
LLR workforce Development Partnership Group	The Group has been established to work with a range of partners to ensure a whole system approach to increasing the skills of the workforce (including evidence based practice) and to increase capacity of workforce.
Regional CYP IAPT	A group working through Clinical Networks, linking and coordinating with other regional partners including Local Authorities, CYP IAPT . Collaborative and Learning Education & Training Boards to support system-wide transformation at a local level.
LLR Mental Health Partnership Board	The Mental Health Partnership Board (MHPB) will report to the Joint Commissioning Board and will report to and operate within the framework provided by the Health & Wellbeing Board (HWB). The Board has been set a series of six objectives by the Government No Health Without Mental Health, to which two more have been added locally. These are: i) More people to have good mental health ii) More people with mental health problems will recover iii) More people with mental health problems will have good physical health iv) More people will have a positive experience of care and support v) Fewer people will suffer avoidable harm vi) Fewer people will experience stigma and discrimination vii) More carers will feel supported and valued viii) More people will have equality of access to opportunities and services
Children's Clinical Services Sub Group	The Group ensures the implementation of the BCT programme for Children's services across LLR linking with the MH&WB sub group.
Early Help Strategic Partnership Board	Board is overseen by the Chair of Leicester's Children's Trust Board, identifying and delivering support to children & young people as early as possible.
Local Safeguarding Children's Board	Provides current policies, procedures and guidance covering work in the area of safeguarding and promoting the welfare of children. Safeguarding and promoting the welfare of children includes protecting children from harm. Ensuring that work to protect children is properly coordinated and effective remains a primary goal of Leicester Safeguarding Children Board.

Appendix 2b: Future in Mind Governance

Future in Mind Children, Young People Emotional, Mental Health & Wellbeing Governance 2018—2020



Appendix 3: Joint Strategic Needs Assessments (JSNAs)

<p>Leicester City Council JSNA</p>	<p> cyp-jsna-april-2017 Leicester City Council</p>
<p>Rutland JSNA</p>	<p> Rutland Joint Strategic Needs Asse</p>
<p>Leicestershire JSNA</p>	<p> JSNA Leicestershire Childrens Chapter.pd</p>

Appendix 4: Early Intervention Service Referral Criteria



Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

Leicester, Leicestershire & Rutland Early Intervention Service
Tel: 0116 254 3011

The service is a collaboration of organisations working together to deliver support to children and young people who present with low to moderate mental health needs, which impact on their daily lives but do not meet the Children and Adolescent Mental Health Service (CAMHS) criteria and cannot be met by universal services.

<p>Time for You 5-18 Years old</p>		<p>Children & young people counselling, family therapy, protective behaviours group workshops, yoga, mindfulness and other complimentary interventions</p>
<p>ADHD Support 5-18 Years Old</p>		<p>ADHD Young People and Family Support provides for children and young people and their parents. Including QB Check for ADHD (Initial Assessment), ADHD behaviour and Parenting</p>
<p>Mindfulness Workshops 5-18 Years old</p>		<p>Group mindfulness workshops, for children using innovative techniques to provide the tools to practice mindfulness, to use both at school and at home.</p>
<p>Improving Mental Health Workshops 11-16 Years old</p>		<p>Supporting young people and their families who are struggling to maintain positive mental health through group workshops.</p>

These services will be aligned and delivered in partnership with other providers working across the Children and Young People's Emotional, Mental Health and Wellbeing Pathway.

More details about all the services can be found by calling the [Early Intervention Service](#) and discussing the needs of the patients/alternatively continue to the referral process overleaf.
Tel: 0116 254 3011

Appendix 5 Anticipated National Standards for Crisis Services and Pathways for Children and Young People

In line with the anticipated national standards the work will assess the nature and extent to which areas are planning for and delivering:

- Planning and development processes that in the design of services, pathways and models of operation:
 - Involve the full participation of children, young people and carers
 - Provide for a 'joined up' multi-agency involvement and offer, involving NHS providers, local authorities and the Police
 - Provide for enhanced skills and confidence of staff in different settings to respond to and support children and young people at times of crisis
- Twenty four hours a day, seven days a week provision for children and young people requiring urgent or emergency mental health care:
 - Advice, support and triage
 - Comprehensive assessment
 - Crisis support interventions. These to be provided by trained, competent and experienced C&YP mental health staff
- Arrangements in place that ensure:
 - Telephone calls to the crisis service are answered within two minutes
 - Responses to referrals are made within one hour of referral
 - Assessments are undertaken and being actioned within four hours of referral
 - For those that need it further assessment care and support is provided within 24 hours of referral
- Provision that:
 - Enables self-referral
 - Enables assessments to be undertaken in a variety of locations
 - Undertakes assessments at home or as close to home as possible
 - Enhances the capacity of services to manage crisis episodes outside of acute hospital settings, including for example intensive community and home based support and interventions and family outreach support

Appendix 6: Outcomes Dashboard

Children and Families Mental Health & Wellbeing Transformational Dashboard - OUTCOMES 2018/19								
Outcomes		Target / Threshold	2017_18 Outturn	Apr-18	May-18	Jun-18	2018/19 YTD	Monthly Average (RAG v Target)
Reduction in CYP attendance at A&E presenting with mental health diagnosis- Primary MH Condition as Diagnosis 1 (UHL Only)	ELR	reduction on baseline	Indicator under review to capture accurate data for children needing medical intervention	0			0	0
	LC			0			0	0
	WL			0			0	0
MH01a People in contact with mental health services aged 0 to 18 at the end of the Reporting Period (National data includes people aged 0-18 in touch with ANY MH service not just CYP specific)	ELR	Increase on baseline	14825 av 1255 per month	1255	1270		2525	1263
	LC		13868 av 1155 per month	1190	1205		2395	1198
	WL		18150 av 1512 per month	1500	1540		3040	1520
Reduction in in-patient admissions to CAU with MH needs (Primary Diagnosis - showing spells where the mental health codes were a primary diagnosis)	UHL	baseline reduction	Indicator under review to capture accurate data for children needing medical intervention				0	0
Reduction in CYP Tier 4 (mental health inpatients starting in month) placements Out Of Area All placements other than Ward 3 Coalville- Patient Count	NHSE performance data	baseline reduction	35 av 2.9 per month	2	1	0	9	3.0
Reduction in Length of Stay on CYP Tier 4 inpatients placement Out of Area (Total Bed Days on all placements other than Ward 3 Coalville)	NHSE performance data	baseline reduction	8418 av 701.5 per month	212	88	283	583	194.3
Reduction in Length of Stay on CYP Tier 4 inpatients placement on Ward 3 Coalville (Total Bed Days on Ward 3 Coalville)	NHSE performance data	baseline reduction	14458 av 1204.8 per month	640	459	325	1432	477.2
Friends and Family Test Score for IPT Percentage Recommending		At or above average national level of 89% (proxy)	Average 93%	91%	92%	96%	N/A	93%
Evaluation and Engagement; Improvement in feedback from service users				(Annual Reporting in January)				
Evaluation and Engagement; Primary Care Feedback- GPs feel informed of the outcome of their referrals				(Annual Reporting in January)				
CYP01 People in contact with children and young people's mental health services at the end of the Reporting Period (National data includes people of any age in contact with a specific CYP MH service)	ELR	Increase on baseline	av 1129 per month	1088	1080		2180	1095
	LC		av 1026 per month	1000	1020		2020	1010
	WL		av 1350 per month	1300	1340		2640	1320

Appendix 7: Transformation Work Plan Timeline

Key Activities	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Transformation Plan Review and Update/Understanding local needs/ Gaps in Service/ Enablers for Transformation	→		FM Governance	Update Due						
Governance Framework Established (Pathway & Meetings Set Up)	→			FM Delivery Group						
Communications – monthly progress summary/ report (Plan on a Page)	→									
Participation & Involvement Network (Meetings and Develop Workplan)		→								
Workforce Development Strategy (inc CYP IAPT)	→									
Increase the numbers of staff delivering emotional, mental health and wellbeing services for children and young people (target 57)	→									
Specialist Access to CAMHS – complete review against national guidance	→									
Eating Disorders – develop a local service that meets National Guidance	→									
Crisis & Home Treatment – improving quality of data reporting	→									
Trailblazer– Developing Mental Health Leads in schools across LLR by 2021. All schools to be engaged in programme by year 3.	→		Bid Due							
Kooth Online Counselling – investing additional funding to expand service	→									
Early Intervention – Developing research into impact of perinatal interventions	→									
Contracts & Performance Monitoring (Monthly/Quarterly)	→									
Working with partners to develop Triage and Navigation Service (Launch by June 2019)	→									
All age early intervention psychosis service – Completing contract variation	→									
Health & Justice –services for vulnerable groups (2 yr non-recurrent funding)	→									
Collaborative Based Commissioning – Joint Commissioning Meetings established	→									
Improve service for looked after children (Mistle Project Commenced June 2018)	→									
Deliver integration of pathway and map against iTHRIVE	→									