



Rutland County Council

Catmose Oakham Rutland LE15 6HP.

Telephone 01572 722577 Email governance@rutland.gov.uk

Minutes of the **MEETING of the RUTLAND HEALTH AND WELLBEING BOARD** held in the Council Chamber, Catmose, Oakham, Rutland, LE15 6HP on Tuesday, 3rd March, 2020 at 2.00 pm

PRESENT:

Cllr Alan Walters (Chair)
Dr Hilary Fox

Dr Janet Underwood
Tim Sacks
Mike Sandys
Rachel Dewar

Hayley Jackson
Simon Mutsaars
Mel Thwaites
Paul Hindson

Portfolio Holder for Health and Social Care
Clinical Director, Rutland Health Primary Care Network

Chair of Healthwatch Rutland
Chief Operating Officer, ELR CCG
Director of Public Health

Head of Community Health Services,
Leicestershire Partnership Trust

Assistant Director of Strategy & Transformation-LLR
CEO, Citizens Advice Rutland

Associate Director of Children and Families
Chief Executive of the Office of the Police and
Crime Commissioner from Leicestershire

IN ATTENDANCE:

Lyn Harte
Morag Tyler
Elaine Egan-Morriss

Janette Harrison

Simon Down

Resilient Rutland
Project Manager, Resilient Rutland
CAMHS Lead Commissioner and Children and
Young People Whole System Transformation Lead
Designated Nurse, Children and Adult Safeguarding,
LLR Safeguarding Team
Office for the Police and Crime Commissioner

OFFICERS PRESENT:

Karen Kibblewhite
Joanna Morley

Head of Commissioning
Governance Officer

1 APOLOGIES

Apologies were received from Frances Shattock, Mark Andrews and Councillor Sam Harvey. Hayley Jackson attended in place of Frances Shattock.

2 RECORD OF MEETING

Dr. Fox requested that her job title be corrected to reflect her current position as Clinical Director for the Rutland Health Primary Care Network. Subject to this

correction, the minutes of the meeting of the Rutland Health and Wellbeing Board held on 14 January 2020 were confirmed as a correct record and signed by the Chairman.

3 DECLARATIONS OF INTEREST

No declarations of interest were received.

4 PETITIONS, DEPUTATIONS AND QUESTIONS

No petitions, deputations or questions had been received.

5 RESILIENT RUTLAND

A presentation (appended to the minutes) was received from Morag Tyler and Lyn Harte of Resilient Rutland.

During discussion the following points were noted:

- When Resilient Rutland first started out their bid was based on research at the time, however by the time the money finally came through the team wanted to take a different approach.
- Fortunately, the new revised bid had just been approved. This bid had not been guaranteed as the new approach was significantly different to the original bid.
- Resilient Rutland wanted children and young people to be leading the approach and telling the team what they needed.
- Often the approach to mental health was negative and a response to situations that had arisen. In the new model the team had tried to promote a positive proactive approach and were building in family resilience, as well as work within schools.
- Originally the programme had been for three years but it was now for four years to give a better chance of embedding the change.
- The team's work fitted into the wider, bottom third of the pyramid of need which encompassed the majority of children and young people. Resilient Rutland was working closely with RCC and the CAMHS team to look at where the overlaps were and to make sure their work complimented existing practice.
- A 'getting help' section was being added to the Resilient Rutland website and work was also ongoing with RCC to see how signposting to this within the Rutland Information Service could be developed.
- The delay to implementing the project had enabled the Resilient Rutland team to forge better, more positive working relationships with partners.
- Young peoples' voice was at the heart of the project and work was ongoing with primary and secondary schools and the Rutland Youth Council to capture and understand their concerns. The team had also been invited to work with the Rutland Disabled Youth Forum.
- Councillor Alan Walters was pleased that the project had been paused and had given the team time to liaise with and listen to partner organisations.
- Resilient Rutland had been working with the school nursing service as school nurses had been integral to the setting up of the in-school counselling service.
- Mel Thwaites, Associate Director of Children and Families, wanted the joint working that had begun to continue so that the limited resources available for mental health were used in the most effective way and that there was no doubling up of services or initiatives being confused because of mixed messages.

- Morag Tyler from Resilient Rutland had sat on the Trailblazer bid board in order to share information on the work being done.
- Although the money for the project was only for four years, Resilient Rutland were aiming to build in resilience by teaching and developing the young people, their parents and the schools, assets that they would have for life.
- Resilient Rutland had been offered an opportunity to take part in the Head Start national programme. It was hoping to take from it the best practice and learning and bring it back to Rutland.
- All schools had identified strong parental support as one of the most important factors in improving mental health resilience for the young and were looking at ways in which this could be encouraged.

6 CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES

A presentation (appended to the minutes) was received from Janette Harrison, Designated Nurse, Children and Adult Safeguarding, LLR Safeguarding Team, and Elaine Egan-Morriss, CAMHS Lead Commissioner and Children and Young People Whole System Transformation Lead.

During discussion the following points were noted:

- The provider network met monthly to discuss new initiatives, partnership working and ultimately what 'good' looked like in terms of mental health and wellbeing for children and wellbeing.
- Access to services had been improved by having robust triage and navigation. LPT had made great progress in reducing assessment waits.
- In Quarter 3 there were 522 new registrations across LLR for the Kooth online counselling service of which 47 were Rutland service users.
- Since October 2019 no children waited more than a year to receive treatment and although this was still not good enough it was an improvement.
- Work was underway to develop a new neurodevelopmental pathway which would be a system wide, extensive piece of work to encompass the number of different assessments children had to have.
- A new long term plan to treat eating disorders was being developed which would look at additional resources so that support could be given over a longer period of time and also so that more preventative work could be done.
- As part of a national pilot project CAMHS would be investigating how to improve the efficiency and effectiveness of the system by looking at the ways of working, the organisational culture and how staff planned, worked and delivered services. If better systems were in place it could mean more people being seen and a subsequent reduction in the waiting list.
- From April, GPs and all stakeholders including those who self-referred would be able to refer directly to the triage and navigation service.
- By September 2020 there would be mental health support teams in school to help with the early identification of need.
- CAMHS staff visited parent forums to take on board their views as they understood that there were some parents who were very anxious about their children having a mental health issue.
- A crisis café operated for young people and their parents so that parents could get help taking the right approach to support their child.
- Dr Fox queried how long the majority of children were waiting once they had been assessed and whether it was more towards the end of the 'within a year' limit.

Nationally the target was 4 weeks but locally the service was a long way off from this. Elaine Egan-Morriss CAMHS Lead Commissioner and Children and Young People Whole System Transformation Lead, confirmed that she would supply the Committee with the specific Rutland data on waiting times.

- Mental health support teams would be attached to the early intervention services so that the service could continue over the school holiday period and could work within the home to include parents.
- Councillor Walters asked how soon children and young people were seen who presented at A&E with a mental health issue.
- The target time to see those children who presented at A&E was within two hours. When patients were discharged they would be referred to crisis in home treatment. As an additional safety net, all children would be followed up within seven days of going home to see if they needed any immediate additional support.
- Success was measured by collecting routine outcome measures. Clinical indicators such as level of depression and anxiety were measured along with evidence from schools such as better behaviour and a reduction in truancy.

ACTION:

Elaine Egan-Morriss CAMHS Lead Commissioner and Children and Young People Whole System Transformation Lead to supply the Committee with the specific Rutland data on waiting times from assessment to receiving treatment.

7 VIOLENCE REDUCTION NETWORK

Report No.53/2020 was received from and introduced by Paul Hindson, Chief Executive of the Office of the Police and Crime Commissioner from Leicestershire. The purpose of the report was to provide the Board with an update on the establishment of a Violence Reduction Network (VRN) for Leicester, Leicestershire and Rutland and a new sub-regional Prevention Board.

During discussion the following points were noted:

- The VRN ensured that prevention was the key rather than taking a crisis approach just looking at the crime once it was committed.
- The VRN was in its early stages so the money that it was accessing was at present only from one year funding streams. However the network was gradually being built up on the assumption that it would be for the long term.
- Work was being done with schools and organisations such as Barnados but the network was keen to align work with other partners working in this field.
- The work of the network was to address a number of harmful behaviours. If the model was appropriate for violence reduction then it might also be appropriate for drug and alcohol misuse.
- It was recognised that many of the issues were related to health issues and not just the criminal world and therefore Mr Hindson felt that there was real benefit in bringing a report on the work that was being done to the Rutland Health and Wellbeing Board.
- Similar work was going on in neighbouring counties.
- There was not a great deal of locality based data but what there was did not identify Rutland as an area of violent crime.

8 DRAFT RUTLAND JOINT HEALTH AND WELLBEING STRATEGY

Report No.52/2020 was received from Mike Sandys, Director of Public Health, the purpose of which was to update the Rutland Health and Wellbeing Board on the work underway to update and renew the Joint Health and Wellbeing Strategy.

During discussion the following points were noted:

- The report was an update on progress since the workshop back in October and the first update in January.
- Although priorities had been agreed, staffing levels had meant that there had not been an opportunity to complete the public engagement piece yet.
- Members were encouraged to comment on the format and the content of the report so far and to email Mike Sandys or Sandra Taylor with their comments. This would be with a view to signing off the report at a later stage.
- Mike Sandys, the Director for Public Health and Tim Sacks, Chief Operating Officer, ELR CCG would liaise so that any engagement events with the public dovetailed.
- The Strategy would be running for the next five years so it needed to be fleshed out with more content such as obesity prevention services.
- Exercise referral and physical activity almost needed a strategy of its own to cover all age groups and different conditions, with a much wider offer for multi-morbidity and prevention.
- Dr Janet Underwood, Chair of Healthwatch Rutland felt that more emphasis should be placed on falls and falls prevention.
- Although the Chairman, Councillor Walters reminded Members that the document needed to remain as an overarching strategy rather than an action plan, some Members felt that there needed to be a happy medium with milestones included so that the public could see what was going to be done in 3, 6 or 12 months' time.

AGREED ACTIONS:

- Karen Kibblewhite would notify Members of the extended timescale and the plans for public engagement.

9 ANY OTHER URGENT BUSINESS

Tim Sachs, Chief Operating Officer for East Leicestershire and Rutland Clinical Commissioning Group updated the Board on:

1. the work being done to identify the expectations of specific bodies, among which are the NHSE&I, the Ministry of Defence and the Armed Forces Covenant Organisation, regarding what is provided for the Armed Forces Community (serving personnel, reservists, dependants, displaced families, veterans, armed forces widows and widowers).

During discussion the following points were noted.

- The briefing note was to update Members before presenting a clearer and more comprehensive document at the next Health and Wellbeing Board meeting.
2. Corona Virus Planning

During discussion the following points were noted:

- There was continued work internally around Corona virus with health bodies across LLR meeting on a daily basis for the last four weeks to monitor the situation and plan for the worst case scenario.
- Partner organisations were revisiting their continuity plans for if the situation got worse.
- Board members were concerned that if GPs and front line staff had to go into isolation that there very quickly needed to be an escalation plan as the guidance in primary care was more about managing patients presenting with symptoms rather than if staff were absent.

10 DATE OF NEXT MEETING

The next meeting of the Rutland Health and Wellbeing Board would be confirmed after the Calendar of Meetings 2020-21 had been approved at Annual Council in May.

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The Chairman declared the meeting closed at 4.02pm

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SUPPORTING YOUNG PEOPLE'S MENTAL HEALTH AND WELL-BEING

**RESILIENT
OUTLAND**



Minute Item 5

A revised approach to our original plan



Reengaged with our stakeholders and listened



Constructive conversations generated various challenges and questions on some of the elements that were included



Extensive research into best practice and other initiatives



External landscape for children's mental health and wellbeing had changed

Timescales

6



Request submitted to Lottery
on 20 Jan.



Formal Lottery approval
received on 19 Feb

Result



A broader project including: Significant support for primaries, staff training, young people led initiatives, creative/sports events and a focus on building family resilience



A co-production approach – a programme we all believe in



Four year programme – better chance to embed change



Improved relationships

Pyramid of need

Acute

High

Moderate

Mild

Universal

In-school counselling
Bereavement support

Whole school approach - ARA

YOUNGMiNDS

Young people
Creative/sports
Communities of Practice
Transition Y6 to Y7
Military families

Training e.g. MHFA
Wider activities
Family resilience
Quiet rooms
Mentoring

School nurse
Signposting
Vulnerability
register
Evaluation tool

Physical resources
ELSA
'Nurture' groups
SENCO support
Crisis fund

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SILENT
TLAND

What we have done so far...

- In-schools counselling to state secondaries
- ELSA training and support network
- ↪ Whole school approach in all secondaries
- Launched website and added getting help section on website
- Primary working group
- Quiet rooms
- Worked with many agencies and researched best practice
- Young people's voice

Sharing our thoughts on mental health and wellbeing:

Draw an outline of a person on your paper 😊

Inside the body write all of the **things** that are a pressure or impact on wellbeing for young people.

Outside your person write down the **effects** of these things on our wellbeing.

On the outside edge of the paper – write down **things we can do** to help: Hint - Schools, Communities, Families, Young People

With thanks to..... **YOUNGMINDS**for sharing this activity.



Trailblazer bid

- LLR CCG has been invited to submit a bid to *NHS* England and Improvement on 16th March for funding as part of the roll out of Trailblazer Mental Health Support Teams (MHST) as per the [Government Green Paper](#).
- ➔ The bid outlines three MHSTs, one of which will be in Rutland/Melton.
- The focus for Rutland will be schools where there are high numbers of children from service families. Schools which have been invited to be part of the bid have already been approached. 8 Primaries and 1 secondary.
- The CCG is now leading on this work and further updates will be given when we hear the outcome of the bid earliest mid April 2020.

**RESILIENT
RUTLAND**



MANY THANKS FOR YOUR TIME

*'It's about our life, our health,
our care, our family and
our community'*



Better care together
Leicester, Leicestershire & Rutland health and social care

Rutland Health and Wellbeing Board

Tuesday 3rd March 2020

Improving the mental health and wellbeing of Rutland's CYP

Elaine Egan Morriss

CAMHS Lead Commissioner and C&YP Whole System
Transformation Lead

19

Minute Item 6



Rutland
County Council

healthwatch



Leicestershire
County Council



National Context

- *Future in Mind* (2013) - a government programme and taskforce to address shortfalls and gaps in the provision of mental health and wellbeing services for Children and Young People
- *Five Year Forward View for Mental Health* (2016) recommended that six NHS arm's length bodies to achieve the ambition of parity of esteem between mental and physical health.
- *The NHS Long Term Plan* (2019) a set of priorities particularly for CYP Mental Health supported by a specific level of national investment with an expectations that local health systems receive and apply an uplift of funding for this purpose (mental health investment standard).

**What does good look like
in terms of mental health and wellbeing for
children and young people?**

Partnership working to develop cross system , planning, delivery and monitoring of emotional, mental health and wellbeing services, aligning all work programmes to Future in Mind, Transforming Care, Special Educational Needs and Disability (SEND),in line with the NHS Long Term Plan.

CYP to get timely access to the right help, at the right time, throughout all stages of their emotional, mental health and wellbeing development.

2

Evidence of improved access to early intervention MH & wellbeing support for CYP local population, robust triage & navigation service & delivery of safe efficient and effective services that meet the needs of our Rutland's CYP ; reducing the numbers of admissions and length of stay in inpatient beds.

What does the local pathway look like for Children and Young People?

What improvements have we seen in CYP MH Services in 2019/20?

In the last year there has been considerable progress in our delivery of a range of services and bringing together a whole system to meet the needs of local CYP.

Development of a local partnership network of which Rutland providers play a key part,

Reduction in the number of C&YP attending Accident & Emergency Department (A&E) where there is no physical need,

CYP people attending A&E are followed up within 7 days by the CRHYX service,

Reduction in the length of stay in the CAMHS in-patient unit,

Reduction in OOAP

The Early Intervention Service (EI) is achieving the four week national access aspiration for approximately two hundred CYP per month

Increased access to on-line support via Kooth (average 47 new registrations per quarter for Rutland)

Feedback on Improvements in CAMHS

The trust had significantly reduced waiting times and the total numbers of children and young people waiting for assessments. The trust had reviewed existing systems and processes identified improvements and implemented changes. Funding had been secured for increased staff with specialist skills. There had been a change in leadership and a review of key performance indicators (KPIs) with commissioners. The trust had developed new processes and redesigned and improved data validation.” (CQC. June 2019)

PT have made great progress on reducing assessment waits and waiting list management is strong.... There is a strong culture of demand and capacity planning support service development but this is in need of a refresh and could be better integrated into routine operational decision making” (NHSE/I - IST June 2019).

Spend on CYP Mental Health and Wellbeing - NHS

Additional budget allocation invested in developing new and enhancing services:-

New Services

Crisis and Home treatment

Early intervention

On line support and Counselling

Triage and Navigation

Route to resilience in schools

Enhanced Services

Eating Disorder

Youth Justice – Adverse Childhood experience

Potential Services

Mental Health Support Teams in Schools (bid to NHSE/I in March 2020)

New Early Intervention Service

Receiving between 200 – 300 referrals per month across LLR (14 from Rutland per month; approximately 168 referrals from Rutland CYP per annum)

C&YP assessed and commence treatment within 4 weeks

Reduced numbers referred into CAMHS by 30% - 50%

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Good partnership working between Primary Mental Health Team

- a. Advice
- b. Support
- c. Seamless transfer between services

Delivering training for parents

Kooth Online Counselling – Snap shot of data for Rutland Service users

In Quarter 3 there were 522 new registrations across LLR of
those 47 were Rutland service users (9%)

Rutland Data for Jan 2020:

There were 14 new registrations (10 female, 3 male and 1
gender fluid)

148 logins to the service

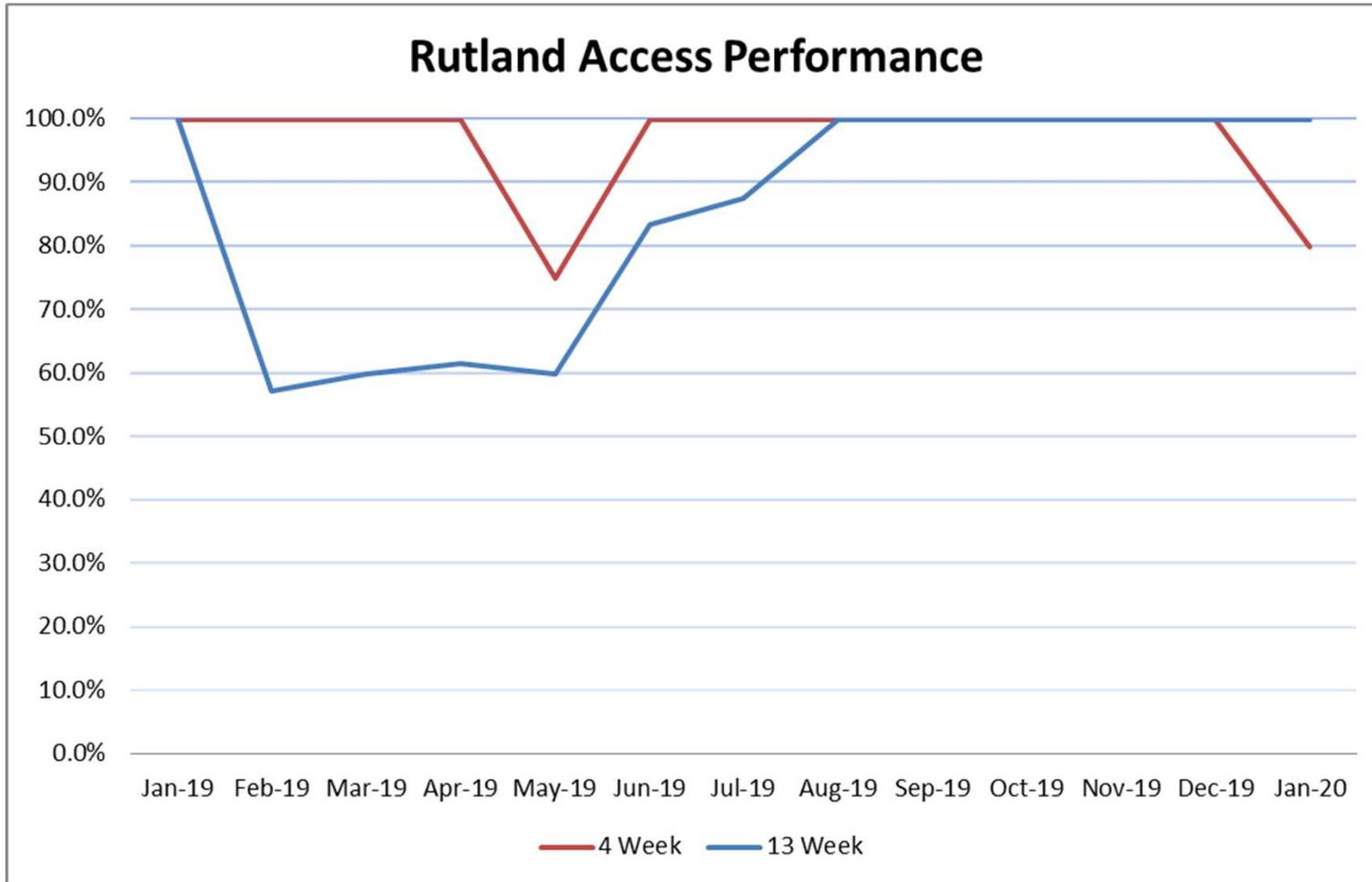
25 active service users

12 read key articles, 11 used messaging service, 6

participated in online forums, 2 used the chat function

Specialist CAMHS Impact Data for Rutland's Children & Young People

Impact – CAMHS Access -Rutland only (based on patients residence at initial referral)



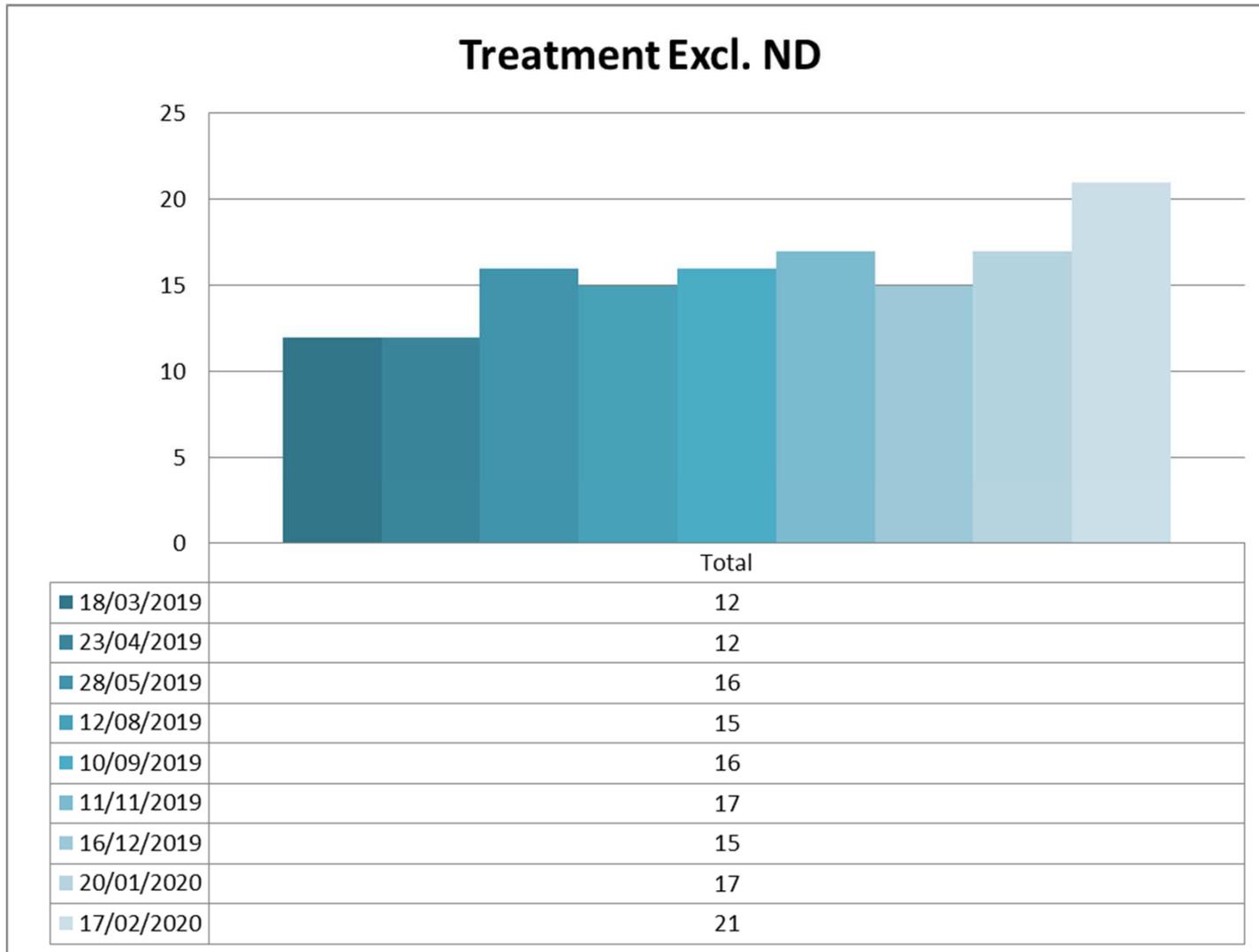
Impact – CAMHS Crisis Rutland only (based on patients residence at initial referral)

Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Complete Waiters	1	2	1	2	N/A	2	6	4	3	4
Performance (%)	0%	100%	0%	100%	N/A	100%	50%	100%	67%	75%

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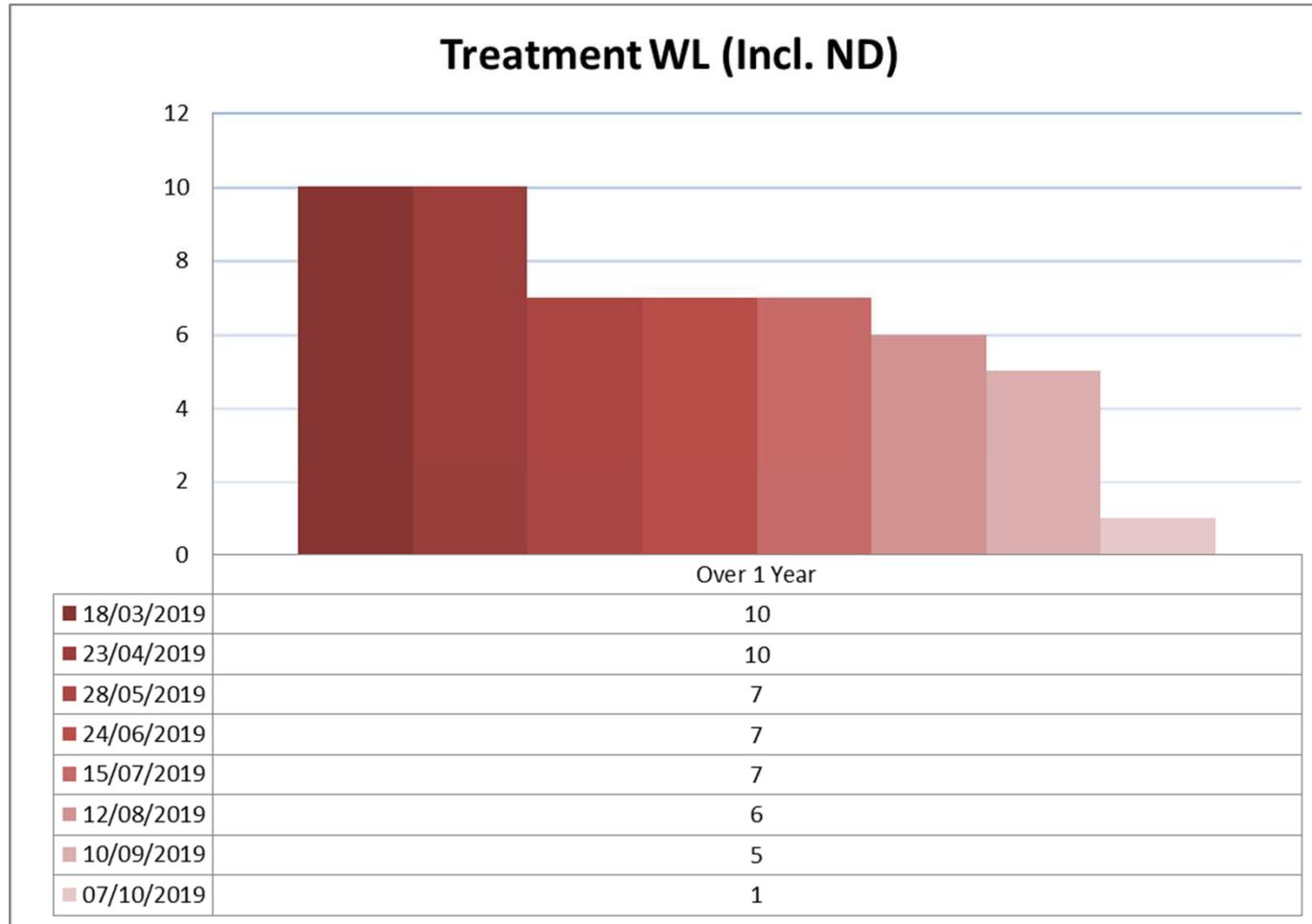
24 Hr F2F Performance

Impact – Treatment Rutland only



Impact – Rutland Over 1 Year Waiters (currently residing in Rutland)

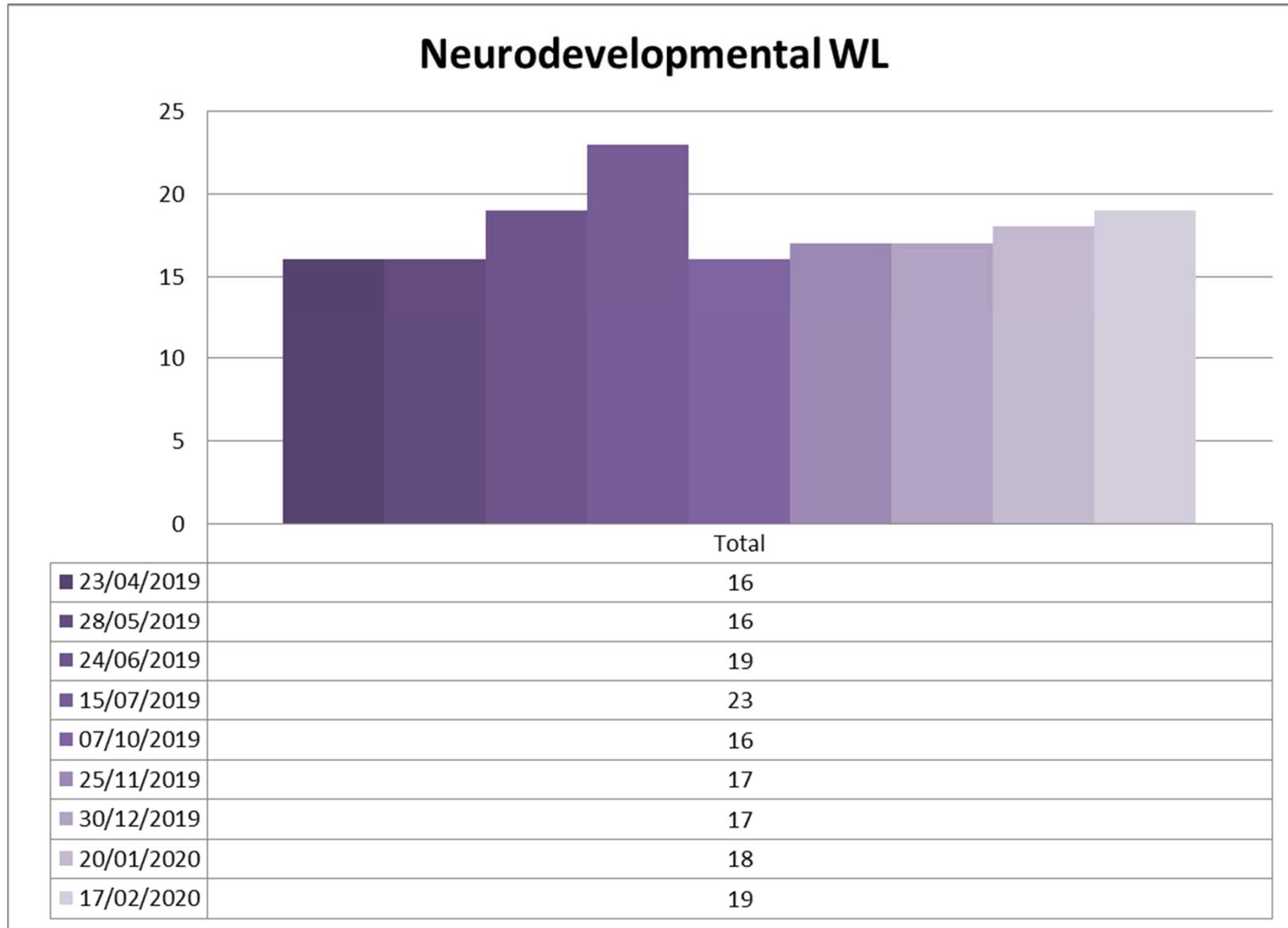
34



No patients over
1 year post
October 2019

Impact – Rutland ND Waiting List

35



Key Messages

- Strong progress on reducing the time that CYP are waiting to access CAMHS and receive treatment
- Effective oversight to ensure grip and pace on maintaining progress against ND trajectory
- System level CYP Strategy and resource to deliver the NHS Long Term Plan

Medium term improvements for CYP Mental Health

April 2020 - implementation of the Triage and Navigation Service

- Faster access to the right care
- Introduction of self referral
- Improved Multi disciplinary / organisational working

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September 2020 – development of Mental Health Support Teams in Schools

- Early identification of need
- Improved access to low level interventions
- Improved wellbeing (self-reported)
- Improved knowledge and better use of services in the pathway
- School staff reporting they feel more supported
- Improved school attendance
- Improved behaviour in schools

CYP Specialist CAMHS Mental Health Priorities

Neurodevelopmental Pathway

Work is underway to develop a new Neurodevelopmental Pathway with a separate service specification and budget line that can focus specifically on this vulnerable cohort of CYP by April 2020

CAMHS Out-Patients

A business case for further investment into the CAMHS Out Patient service has been developed and is being presented at the Quality and Performance meeting in January 2020

Eating Disorders

A short term plan was developed and agreed which aims to reduce the number of CYP waiting to be seen and reduce the length of time they wait for routine appointments.

A long term plan is in development to add additional resource to enable the service to meet the national targets for ED and match the service delivery model to the national service specification.

Forward Plan for CAMHS

- Complete implementation of full scheduling of all staff
- Monitoring to ensure optimisation
- Fully implement revised group work offer
- Secure the finance & workforce for 2020/21 - Key Risk
- Support system-wide strategy for Long Term Plan implementation
– Key Risk
- Secure improved CAMHS estate

Long Term Plan Requirement – Mental Health - (LLR STP 2019)

<p>Increasing access for C&YP accessing NHS funded services by 2023/24</p>	<p>Over the last two years we have undertaken considerable work to transform the services offered to children and young people. Working with wider partners we also introduced early intervention, expanded capacity in core services and redesigned specialised crisis services. By February 2020 we would have fully implemented the new triage and navigation service which will improve timely access to the right care for C&YP</p> <p>This will enable us to achieve National Target of 34% of patients accessing Mental Health services (n: 7237) in 2019/20 and 35% (n: 7450) in 2020/21.</p>
<p>Achievement of 95% C&YP ED standard in 2020/21</p>	<p>To achieve this we are undertaking a full review of the current Eating Disorder (ED) service including the service model demand and capacity. The new model will be designed to meet the specific needs of users, including introducing early intervention for C&YP with disordered eating and recovery services to enable sustained improvement. The aim is that the redesigned service will enable the national standard to be achieved.</p>
<p>Comprehensive 0-25 support offer by 2023/24</p>	<p>We will design and implement integrated pathways of care that supports the physical and emotional needs of our C&YP. These include Scoping an adolescent's specific service for 18 – 25yrs. This will be outcome based, person-centred and offer age appropriate care. In particular we are working on flexible approaches for young people transitioning from children to adult's services. This involves assessing and agreeing an appropriate age for transition between the ages of 18-25; ensuring a smooth transition into adult services for physiotherapy, mental health, occupational therapy and speech and language therapy.</p>
<p>Mental Health Support Teams to cover between 1/4 and 1/5 of the country by 2023/24</p>	<p>We are planning to make a bid to become one of the next "Trailblazer" sites in 2020/21. In the meantime we are reviewing the current services commissioned in schools to deliver more targeted work in 2019/20.</p>
<p>100% coverage of 24/7 crisis provision</p>	<p>From 2016 LLR has been delivering a CHRTX service which can be accessed through NHS111, GPs, schools and EI. All C&YP experiencing crisis have access to crisis care 24 hours a day, seven days a week.</p> <p>From 2019, we are beginning to see a reduction in the number of C&YP attending A&E where there is no physical need, as well as a reduction in the length of stay on our CAMHS in-patient unit. However we recognise there are still a number of C&YP attending A&E with no physical need a high number of these have LD and or Autism and we recognise a current gap in services to meet the needs of this group of patients.</p> <p>By 2020 our ambition is to introduce intensive home support in addition to the home treatment service we currently deliver and to undertake research into the development of a "Safe Place" for de-escalation and a crisis café for C&YP, to be delivered, depending on findings, by 2021.</p>
<p>Workforce development</p>	<p>See Table 4, Page 37 – Long Term quality Improvement Plan April 2020 – March 2021</p>