

**Report to Rutland Health and Wellbeing Board**

<b>Subject</b>	<b>Young People's Mental Health Project</b>
<b>Meeting Date</b>	<b>17th November 2015</b>
<b>Report Author</b>	<b>Jennifer Fenelon</b>
<b>Presented by</b>	<b>Ann Williams &amp; Anya Loomes</b>
<b>Paper for:</b>	<b>Note/Approval</b>

**Context, including links to Health & Wellbeing Priorities : Links to Better Care Together Transformational Plan**

This report, prepared by Healthwatch Rutland describes progress since the July meeting of the Health and Well Being Board in addressing the wish of young people across Rutland for early intervention and support with mental health issues.

The report asks the Health and Wellbeing Board to note the extensive progress made since the last report in July 2015

**Financial Implications**

See report for gap in pilot funding and financial implications of the Transformational Plan

**Recommendations**

That the Board

1. Notes the considerable progress being made to implement a trial early intervention model in Rutland and the intention of extending the pilot to primary & secondary settings if successful.
2. If successful ,it is planned that the evaluation be made available across Leicester ,Leicestershire and Rutland
3. It is noted that the LLR Transformational plan has been submitted to DH and that the plan addresses early intervention and awareness as well as secondary and tertiary care (a summary of that plan is attached as an appendix to this report.)

**Comments from the Board**

<b>Strategic Lead</b>	
-----------------------	--

**Risk Assessment**

<b>Time</b>	<b>L/M/H</b>	
<b>Viability</b>	<b>L/M/H</b>	
<b>Finance</b>	<b>L/M/H</b>	
<b>Profile</b>		
<b>Equality &amp; Diversity</b>		
<b>Timeline</b>		
<b>Task</b>	<b>Target Date</b>	<b>Responsibility</b>

## **Report No. 214/2015**

In July 2015 Healthwatch Rutland reported to the Health and Wellbeing Board on the Rutland Young People's Mental Health Project.

Our report described national policy initiatives to address young people's mental health issues and the response required from local health economies as well as national funding being made available to improve young people's mental health.

We also described the work carried out by Healthwatch Rutland supported by Leicester University which articulated the clear wish of young people across the County to de-stigmatised mental health and create early interventional support .

Our young people wished to see integrated arrangements to both support young people at an early stage and signpost them into mainstream CAMHS services where that proved necessary. Our report also described the positive response from organisations across Health, Educational (State and Private), Youth, and voluntary to work together to find solutions.

In conjunction with the Rutland Young People's Council (and a successful "Dragons Den") it then was planned to pilot a prototype early intervention and signposting system which, if successful, could be rolled out to primary and secondary schools.

Recognising that there will be financial constraints everywhere, the objective of the pilot was to produce an effective "support system" by harnessing the existing resources of the many organisations involved, conduct a 6 month pilot and then measure the impact.

This report covers:-

- The Rutland Pilot
- The pilot as part of the LLR BCT Transformational Plan
- Monitoring and Next Steps
- Local and National Recognition and support

### **The Rutland Pilot**

We were delighted that in July 2015, Rutland County College volunteered itself as a pilot site to test the development of a co-ordinated early intervention and support system.

Rutland County Council appointed a part time Project Manager, Steph Logue, Healthwatch Rutland contributed the services of Vice Chair of the Rutland Youth Council, Anya Loomes, and the Healthwatch Young People's Team led by Ann Williams. A Project Board (membership below) and Project Team have worked tirelessly and have included representatives of young people, parents, teachers and the many agencies involved.

### **Membership of Task & Finish Group:**

The Task and Finish Group is chaired by Rutland County Council's (RCC) Early Intervention Health and Wellbeing Development Officer.

Membership includes:

- Health & Wellbeing Development Officer (RCC)
- Two Young People's representatives
- A parent representative
- A member of Healthwatch
- Inclusion Development Worker - Mental Health
- Children's Community Liaison Nurse
- Director of sixth form – Rutland County College or Student Manager
- Principal Educational Psychologist

## Report No. 214/2015

This group has moved mountains over the summer holiday to ensure the project was launched on 7th October 2015 to coincide with the new academic year. Strands already in place include:

- Awareness training in mental health for teaching staff
- Awareness training in mental health for parents
- A young people's mental health forum within the school
- Development of a resources library
- A " Drop in Centre " as the focal point of the project staffed by a mental health trained school nurse one day a week \* as the focus of support but with access to the resources of many agencies and the ability to signpost young people into mainstream services if required.
- Because the project is focussing upon using existing resources well, resilience training which was requested by the young people was not included on the grounds that it would require funding.( See later for developments)
- A survey of young people at the college has been carried out to establish a baseline against which progress will be measured.
- The pilot project will run for 6 months until the end of March 2016

Note \* Because Rutland County Council is a sixth form college, it is not eligible for a school nurse and this aspect of the project is consequently not yet funded. We are hopeful that the funding of this aspect of the project will be resolved and the project able to achieve its intended results.

### **The Pilot as part of the LLR BCT Transformational Plan.**

Dr Tim O'Neill and Dr Ann Williams have been invited to join the Leicester, Leicestershire and Rutland (LLR) Young People's Transformational Planning Group. Its task has been to prepare and oversee implementation of plans to secure and spend the considerable national funding coming to LLR to implement "Future in Mind". The LLR project plan has been submitted and approval is awaited. Awareness raising and early intervention are part of the submission (a summary of the Transformational Plan is attached as an appendix).

### **Monitoring of progress**

Arrangements are being agreed to monitor the progress of the pilot and its evaluation. A monitoring group is being identified and it is planned to include representatives of primary and secondary schools to share in the learning. It is intended that in this way there will be joint ownership of the project as it widens next year. Councillor Richard Foster, portfolio holder for Safeguarding Children and Young People, has agreed to chair this group.

### **Next Steps**

It is clear already that awareness raising and resilience training will remain key issues and the following additional initiatives may help address these gaps.

- *Awareness Raising* .Leicester University has already been hugely supportive of the project and provided academic rigour. It is hoped that the university will be able to provide support to the Transformational plan and to the awareness raising component .Discussions are underway.
- *Resilience Training* . Discussions are advanced with a major charitable organisation to support a resilience programme led by national experts as part of the possible stage two roll out in Rutland

### **Local and National Recognition and support**

Because it is both grounded upon the views of young people and, as a result, developing at great speed, the project is attracting considerable national interest.

## **Report No. 214/2015**

Healthwatch England is planning to develop a film of the project work and thus both share the learning across England and reassure DH and politicians that monies can be effectively spent.

### **For discussion & decision**

The Health and Wellbeing Board is asked to note the considerable progress made to date and to endorse the next steps set out above.

It is hoped that the nurse funding for the project will be resolved shortly and the pilot able to carry on as planned.

**TRANSFORMING MENTAL HEALTH AND WELLBEING SERVICES FOR CHILDREN  
AND YOUNG PEOPLE**

Draft: to be published November 2015

A wide range of organisations are involved in commissioning and delivering services that promote and support the mental health and wellbeing of children and young people. They range from universal children's services such as health visitors, schools and colleges, through to early support services for young people facing emotional or developmental difficulties, and specialist psychiatric support for those with significant and enduring mental health problems. Other services such as the police, the justice system and housing may encounter children and young people with mental health difficulties.

These services need to work better together to ensure that the needs of the child or young person are kept paramount. This will involve commissioning new services together, pooling resources and sharing information to work jointly with a young person and their family.

#### Why we need to change

Children, young people and carers have told us that they are worried about a range of issues that affect their mental health and wellbeing. These include academic pressure, peer pressure, family breakdown, sexual exploitation and cyber-bullying. They would like more support in school or through confidential help-lines and websites. Parents have told us of the "battle" to access specialist support and young people being told that they are "not ill enough" to get help. They also report having to repeat their story many times to different practitioners and that organisations do not always know what each other are doing.

We have commissioned an independent review into the specialist CAMHS (Child and Adolescent Mental Health Services) and mapped the community based services which currently provide emotional help and support to children young people and carers. We have also looked at the Joint Strategic Needs Assessments for Leicester, Leicestershire and Rutland which tells us about our local population and prevalence rates for different conditions. We have commissioned a report into a number of serious incidents where as partner agencies, we struggled to provide the right care at the right time for children and young people experiencing acute behavioural or mental health problems. We have also analysed the number and type of hospital beds we need for children with a severe mental health problem such as an eating disorder or psychosis.

This analysis tells us that there is an increasing prevalence of mental health and developmental difficulties such as autism spectrum disorder, ADHD, self-harm and eating disorders. The referrals to the special CAMHS service have gone up 9% per year over the past four years, and it can take a long time to get support from this service. Average waiting time for an assessment from CAMHS is now over 13 weeks. There are some really exciting and innovative community based early support projects such as parental training, self-esteem workshops, school anti-bullying projects and parent led support groups. However these are inequitably spread across the region. These services are all commissioned separately and the standard and quality of therapeutic care can vary.

The reports recommend that we commission two new services: a specialist community based service for children with an eating disorder, and a crisis and home treatment team that will support families experiencing acute difficulties and when the child may need to be admitted to hospital. We should also aim to have more hospital beds available closer to home.

The reports also show that whilst 24% of people in our area are under the age of 20, only 6% of health spending on mental health services is for this age group. We probably spend less on specialist mental health services for children than other comparable areas. There is significant pressure on local authority budgets.

**Report No. 214/2015**

The Department of Health and NHS England have issued a new strategic plan called Future in Mind. This calls for a transformation of services to meet the mental health needs of children and young people. Key elements of Future in Mind include:

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

The plan is to give additional funding to Clinical Commissioning Groups (CCGs) who can demonstrate through a Transformational Plan that they will take action to address these issues. In total, the three CCGs in our region will receive £1.87 million. This will be used alongside existing funds from local commissioners to implement the plan.

How we plan to improve mental health and wellbeing services for children and young people through Better Care Together

We have decided to use the Better Care Together framework to prepare, develop and implement our transformational plan for children and young people’s mental health. This is because the essence of our approach required organisations to work strongly together to meet the needs of the child or young person. We therefore need to make joint decisions about our priorities, the outcomes we aim to achieve and how we will use our funding and other resources.

There will be one transformational plan covering Leicester, Leicestershire and Rutland. Key partners will be the three CCGs, the three Health and Wellbeing Boards, the three local authorities, the Office for the Police and Crime Commissioner, the voluntary sector, schools colleges and GPs. Children and young people will be central to our plans. The key strands of the plan will be as follows:

<p>Health promotion</p>	<p>A campaign to promote mental health and resilience for children and families.</p> <p>This will be led and commissioned by Public Health Departments and involve close work with education providers, GPs and other universal settings. It will utilise social media and other innovative methods to engage with young people. It will also provide accessible information about how to find extra support.</p>
<p>Early Help</p>	<p>To establish a multi-agency first response and early help service that would respond to concerns about the emotional health and development of children and young people. The service would accept referrals from a range of sources including self-referrals from parents, carers and young people. It would offer a first assessment, guidance and advice, and choice of early help offers.</p> <p>To commission a range of low–intensity early help offers that build resilience and prevent escalation to more serious or longer term mental health problems.</p> <p>This will be a collaborative commissioning arrangement between CCGs and local authorities, utilising a range of providers including third sector and community groups.</p>

## Report No. 214/2015

Access to specialist help	<p>To establish a single gateway to additional help for those with enduring difficulties or at risk of significant harm to self or others.</p> <p>There would be a dedicated multi-agency access team which would accept and assess referrals to specialist CAMHS and other specialist services, maintaining communication with the referring agency and the young person / carer.</p> <p>The Specialist CAMHS service would offer clear evidence based therapies, and report on the outcomes for children in their care. It would support young people moving on to adult services.</p>
Specialist community interventions for children with eating disorders	<p>Establish a specialist community eating disorder service with the capacity to receive 100 new referrals a year and meet the national access standards that all assessments are completed within 4 weeks of referral. This will provide NICE concordant interventions for children and young people with eating disorders, a serious and potentially life-threatening condition.</p>
Intensive / crisis support	<p>Commission an intensive multi-agency “out of hours” and home treatment services for those experiencing acute behavioural or mental health difficulties and at risk of serious harm to self or others.</p> <p>Ensure there is a designated “Place of Safety” for a person under the age of 18.</p>
Workforce Development	<p>Recruit and develop a specialist CAMHS workforce that is skilled and experienced in delivering evidence based therapies (such as CBT, Family Therapy and Interpersonal therapy) and in using clinical outcomes.</p> <p>Develop all practitioners working with children, young people and their carers to have an understanding and skills in supporting children with mental health issues.</p> <p>This will be achieved through face to face and on-line training, case work support and opportunities for secondment and joint working.</p>

The plan will be developed and implemented with core values and standards.

- Listening to the voice of children young people and carers, and designing services to meet their requirements.
- Ensuring equality of access to information, advice and services for all. Commissioning and establishing services which are welcoming and accessible to all, particularly those with “protected characteristics” or specific vulnerabilities.
- Using evidence based interventions, setting quality standards and using outcome measures for all services.

## Report No. 214/2015

- Collaborative commissioning and partnership working. This will include pooling of budgets and secondment of staff across organisations.
- Sharing of information and learning between organisations.
- Open governance and transparency in decision making. This plan and regular reports will be available for public scrutiny.

What will be benefits be for children, young people and their carers?

Our vision is that by 2020, every child and young person in Leicester, Leicester and Rutland will be able to affirm the following:

Self- care and prevention	Early help and primary care	Specialist care	Urgent care and crisis response
<p>My family and I are able to look after my emotional and mental wellbeing and development day to day.</p> <p>I learn about mental health and how to protect myself at school or college.</p> <p>We can access trusted self-care advice when and where we like including websites, education settings, GPs and children's centres</p> <p>My parents / carers have access to support and guidance</p> <p>I am confident in talking about issues which affect my mental health</p>	<p>I can get high quality support to help me overcome emotional and mental health challenges quickly and locally, without being stigmatised.</p> <p>I will be able to make informed choices about the kind of help I would like.</p> <p>I and those who care for me will be listened to.</p> <p>I will be supported to become resilient and independent.</p> <p>I and my carers will be helped to navigate the system and services.</p> <p>I am involved in peer support groups and community networks in my area.</p>	<p>I will be helped by a specialist team quickly if my mental health problems are serious</p> <p>I will receive support which is safe, reliable and tested.</p> <p>I will be involved in setting my own treatment goals and deciding if I am getting better.</p> <p>With my consent, services will work together to support me and my carers.</p> <p>I will be involved in decisions to transfer or reduce my care.</p> <p>My views and experience will help to improve care for others</p>	<p>I can access intensive support from a range of organisations working together.</p> <p>I will be seen promptly if I attend the Emergency Department</p> <p>I will not be judged by staff for my mental health problems.</p> <p>I will be kept as safe as possible during a crisis.</p> <p>I will be able to access a bed within a reasonable distance from home</p> <p>I will be supported to return home safely as soon as possible.</p>

Baseline data and key performance indicators

There are 250,000 children and young people up to the age of 19 in Leicester, Leicestershire and Rutland



## **Report No. 214/2015**

It is estimated that 1 in 10 school children will have a diagnosable mental health or neurodevelopmental condition. This equates to approximately 19,000 school children in Leicester, Leicestershire and Rutland.

The Specialist CAMH Service supports about 3,500 children and young people per year.

The average waiting time for an assessment by the specialist CAMH Service is 13 weeks from referral.

Through this transformational plan we will monitor the following performance indicators:

- A survey of what children and young people understand about mental health and how they feel about their own health.
- The number of educational settings that are part of this plan, and are working to improve understanding on mental health and support their students.
- The number of children, young people, parents and carers who access early support and interventions.
- How children, young people parents and carers rate this support.
- The number of children and young people assessed by the specialist CAMH service.
- How long it takes from a referral to CAMHs to seeing a practitioner.
- How long it takes to see a specialist if you have an eating disorder or psychosis.