

SCRUTINY PANEL

30 June 2016

FUTURE IN MIND

Report of the Director for People

Strategic Aim:	Meeting the health and wellbeing needs of the community	
Exempt Information	No	
Cabinet Member(s) Responsible:	Mr R Foster, Portfolio Holder for Safeguarding Children and Young People	
Contact Officer(s):	Mel Thwaites Associate Director Children and Families	Mel.Thwaites@leicesterccg.nhs.uk
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Ward Councillors		

DECISION RECOMMENDATIONS

That the Panel:

1. Notes the content of the report

1 PURPOSE OF THE REPORT

- 1.1 To provide an update on the progress and current situation of the Future in Mind – Children and Young People’s Mental Health and Wellbeing Transformation Programme and the expected impact on current services and benefits to children, young people and their families

2 BACKGROUND

- 2.1 The national strategy ‘Future in Mind’ was published in March 2015. It set out a clear direction for local leadership across the system to work together to improve mental health services and outcomes for children and young people. Partners have worked closely since March 2015 to collaborate on the development, shaping and submission of a Transformation Plan to improve children and young people's mental health and wellbeing.

2.2 The agencies and stakeholders that have been involved in shaping this transformation plan include the local and regional commissioners and providers of health services (CCGs, NHS England East Midlands Specialised Commissioning and Health and Justice Commissioning, Leicestershire Partnership Trust), our three local authorities and the Police and Crime Commissioner. There has been strong engagement with Voluntary Action Leicestershire and HealthWatch and with the children, young people and their families.

3 ORGANISATIONAL IMPLICATIONS (OPTIONAL DETERMINED BY SUBJECT – DELETE IF NOT REQUIRED)

3.1 The Governance around the Children and Young People Transformation Programme is robust, ensuring that high detailed business cases are produced that will lead to the development of high quality services; these will provide better care for patients and a good experience of the services for patients, families and carers, as well as excellent value for money.

3.2 **The Commissioning Collaborative** Board is authorised to approve the business case and release the money to begin the implementation stage.

3.3 **The Partnership Steering Group** was established to progress the Transformation Plan via the Women and Children's work stream of Better Care Together. It is co-chaired by the Leicester City CCG Chief Nurse and Leicestershire County Council's Director of Children and Family Services. The role of the group is to discuss, agree and approve progression of the business cases to the Collaborative Commissioning Board (CCB). These partners include:

- Three Leicestershire CCGs
- Three local authorities
- Voluntary Sector Representative organisation
- HealthWatch
- Leicestershire Partnership Trust – giving provider expertise
- Office of the Police and Crime Commissioner

3.4 The Steering Group reports through the Health and Wellbeing Boards Group and contributes to the Better Care Together governance arrangements.

3.5 **Better Care Together / H&W Boards / CCGs** review the progress of the programme to gain assurance that the programme is delivering against the plan.

3.6 **Delivery Groups x5** have been identified to deliver the transformational change as set out in the plan:-

- Promoting Resilience
- Early Help
- Workforce Development
- Health Commissioning
- Communications

4 PROGRESS TO DATE FROM EACH OF THE DELIVERY GROUP PROJECTS

4.1 Eating Disorder Service

There has been an increase in investment to improve the current service. The current investment is £435.000 per year to enable the service to meet local demand of 100 referrals a year, previous budget deliver against 20 per year.

The service is currently on track to deliver against the increase demand.

The new investments delivering an improved service, however commissioners are aware that the providers are not able to deliver a service that is fully meeting the national guidelines , and further investment is being reviewed. Commissioners and providers have undertaken a joint GAP analysis, and are in the process of developing an implementation plan to address the gaps and achieve the wider objectives of access, waiting times and self-referral. The service aims to be fully compliant by 2020. Additional funding for 2016/17 will help to bridge the current gap in services, it will specifically support the development of a self-referral service for Bulimia Nervosa and increase capacity for liaison and inpatient facilities.

4.2 Improving Access

The service has historically not delivered the 13 week access target and has received negative feedback from stakeholders around difficulties in accessing specialist CAMHS services.

The impact of the new model will be to deal with the backlog and current breaches and sustain delivery against the 13 week target. It will also introduce a new CAMHS access system to deliver early multi-disciplinary review and assessment of cases; deliver a structured mental health assessment; improve service user and stakeholders experience of accessing CAMHS.

There will be an implementation plan, and KPIs to ensure robust monitoring of the service and delivery against the plan by commissioners.

The business case has been completed, presented at the Steering Group on 23rd May 2016 , and the Commissioning Collaborative Board met 26th May 2016 and approved the release of the money to deliver the service.

The enhanced model will be implemented from June 1st

4.3 Crisis Resolution and Home Treatment

The development of a Crisis Resolution Home Treatment Service (CRHTS) commissioned by the three clinical commissioning groups is aligned to Leicester, Leicestershire and Rutland's Children and Family Services. The service would provide both emergency assessments and intensive home treatment for children and young people, additional social work capacity within 'front door' services that will enable LLR to jointly visit and undertake the holistic assessment with the clinician.

The proposed Crisis Resolution and Home Treatment Model will enable the delivery of a 24hr/7 day service for children and young people referred in crisis. It will:

- be aligned to and developed in collaboration with the Adult CRHTs
- be aligned to the current social care front door, located in Leicester City, Leicester County and Rutland.
- be aligned to Leicester, Leicestershire and Rutland's Children and Family Services Departments
- address the gap in the current service provision, where a need has been identified
- enable an expertise led service with flexibility across the age range to be delivered .

The aim of the service is to provide a comprehensive, multidisciplinary community based rapid assessment and treatment service for young people presenting in Leicester, Leicestershire and Rutland with severe mental illness, behavioural problems, deliberate self-harm (excluding those requiring physical intervention following overdose or cutting), or escalating risk (due to multiple factors including potential self-harm), where without such intervention, hospital admission or residential placement would be required. It will reduce attendance at A&E, reduce admissions and support earlier discharge from in-patient units.

The service will support the efforts to ensure that children and young people are safe and living in families where they can achieve their potential and have their health, well-being and life chances improved within thriving communities

The business case is in the final draft stage and currently being reviewed by all partners. It is anticipated that there will be a final discussion at the Delivery Group in June for presentation at the June Steering Group meeting to agree progression to the CCB in June for final approval and release of money .

4.4 Early Help

The business case has been completed and will be presented at the Steering Group on 23rd May 2016 to agree progression to Commissioning Collaborative Board in June 2016 for final approval and release of money in June 2016.

The project aims to deliver the key Early Help Actions from the LLR Better Care Together - Transformational Plan for Mental Health and Wellbeing Services for Children and Young People 2015 – 2020:

Early Help Actions are as follows:

1. 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 be easily accessible for young people and carers; it will 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 targeted early help offers.
2. To identify services that are already in place and to commission a new or enhanced range of low-intensity early help offers in the community that build resilience, and prevent escalation to more serious or longer term mental health problems.

3. Provide and publicise a clear local offer across localities of mental health and well-being services for children and families

The Early Help Project will adhere to the Key Principles identified in the Transformation Plan, including;

- Listening to the voice and lived experience of children young people and carers.
- Ensuring equality of access to information, advice and services for all.
- Commissioning and establishing services, or addressing gaps in services, which are welcoming and accessible to all, particularly those with “protected characteristics” or specific vulnerabilities.
- Using evidence based interventions and good practice, setting quality standards and using outcome measures for all services.
- Collaborative commissioning and partnership working. This may include pooling of budgets and secondment opportunities for staff across organisations.
- Sharing of information and learning between organisations.
- Open governance and transparency in decision making. The delivery plan and regular reports will be available for public scrutiny.

4.5 Resilience

This scheme will promote and protect children and young people’s mental health. It harnesses and utilises resources across the whole system to tackle stigma, facilitate engagement, and integrate programs to support mental health, well-being and resilience.

The business case is under development with all key stakeholder involvement. A Commissioner task and finish group is set up to finalise the business case that will be presented to the Steering Group on 23rd May, to agree progression to CCB. Presentation at the Commissioning Collaborative Board is proposed for July for final approval and release of money

4.6 Training and Development

The aim of this scheme is to deliver a skilled and confident workforce through a programme of training and support, thus:

- reducing the number of children referred into CAMHS
- improving services to provide high quality care addressing needs of patients and carers
- improving patient, families and carer experience

The business case, QIA, EIA, and Finance template are completed and is to be reviewed by all partner organisations. Final discussion will take place at the Delivery Group in June before presentation to the Steering Group in June to agree progression to the Commissioning Collaborative Board in June 2016 for final approval and release of money.

5 CHILDREN, YOUNG PEOPLE AND FAMILY INVOLVEMENT

- 5.1 Children, young people and their families have been central to the development of this plan and to the task of transforming services and approaches to mental health.
- 5.2 There have been specific engagement events to discuss experiences of mental health problems, and ideas for improving services. This has included engagement with youth parliament representatives, young people's council, youth police commissioners, looked after children and parents and carers.
- 5.3 Young people have led a seminar on their experience of self-harm. The CAMHS service formed a panel of ex-CAMHS service users to advise the practitioners on how to improve CAMHS
- 5.4 Young people informed the programme deliver groups they want:
- To be taught about mental health issues within schools and for schools to promote an open culture where they are encouraged to talk about mental health issues;
 - their teachers to be skilled in supporting pupils with mental health issues;
 - their parents to also have advice and support;
 - help to build resilience and to be part of peer support groups. This can include support through social media and the internet;
 - to be able to access support such as counselling and workshops, with choice about when and where they meet;
 - to be involved in shaping their own care and support plans.
- 5.5 Best Practice Rutland Health Watch and Rutland Youth Council, undertook a survey of 965 students on mental health concerns.carried out a series of engagement events with pupils in local schools to talk about concerns and issues facing young people. The most striking findings came about through a session held with Rutland's Youth Council. A series of concerns (life out of school; drugs and alcohol; transport; sexual health; mental health) were identified and then classified in order of urgency. It was discovered that the overwhelming problem was that of mental health (stress, depression, eating disorders, self-harm)
- 5.6 The Youth Team then prepared a questionnaire concerning the problems of mental health, advised by a team from the University of Leicester. Three schools were selected for the survey and meetings were conducted in assemblies and tutorials to explain the aims.
- 5.7 965 young people attending 3 schools and colleges in Rutland, in Year 9 (26%), Year 10 (28%), Year 11 (21%) and Year 12&13 (25%) completed the survey. The findings were shared at number of workshops with partner agencies and with the

school children themselves. The workshops were led and facilitated by young people from the Youth Council. The recommendations included:

- Create a culture where mental health is not taboo. End the stigma.
- Focus on prevention and coping strategies.
- Include mental health on the educational curriculum
- Increase the number of counsellors in school or someone to talk to when needed.
- Student/staff forums to monitor and discuss ongoing areas of concern with peer mentoring.
- Better understanding of what is available and how it can be accessed.
- Make sure early intervention is properly funded and provided.
- Publicise appropriate websites much more widely
- Educate parents, pupils and staff together to ensure that the stigma is ended and these issues can be spoken about honestly and without fear.

6 LAUNCH EVENT

- 6.1 A launch event for the Future In Mind Transformational Plan for Leicester, Leicestershire and Rutland took place on Thursday 14th April. This involved children and young people and members from all the partner organisations. It was a great success with very positive feedback from the people who attended.

7 CONCLUSION AND NEXT STEPLS

- 7.1 Next steps include:

- a. Develop a service specification and a contract variation for the newly approved Access model;
- b. Continued work to develop the business cases on the remaining schemes ;
- c. Undertake a process mapping workshop to identify the alignment of all of the schemes within the programme and identify any gaps in service

- 7.2 The children and Young people Mental Health and Well Being Transformation work continues to progress and is monitored through robust governance procedures. The Eating Disorder service is in operation and the Improved Access has had the money released to begin implementation. The funding for the other schemes will be released once there is confidence amongst the partners there is evidence of a scheme that will deliver outcomes that will improve the quality and efficiency of the services delivered and provide benefits to service users and their families.

8 BACKGROUND PAPERS (IF NOT STATE 'THERE ARE NO ADDITIONAL BACKGROUND PAPERS TO THE REPORT')

- 8.1 There are no additional background papers to the report

9 APPENDICES (SIMPLY STATE IF THERE ARE NO APPENDICES)

- 9.1 No appendices...

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