LEICESTER, LEICESTERSHIRE AND RUTLAND

BETTER CARE TOGETHER

Transformation Plan for Mental Health and Wellbeing for children and young people (Oct 2016)

2015 - 2020

CONTENTS

1. Introduction - Transformation Plan for mental health and wellbeing for children and young people (Oct 2016)

The Transformational Plan produced in November 2015 sets out Leicester, Leicestershire and Rutland's (LLR) a multi-agency approach to improve mental health and wellbeing in children and young people (C&YP) up 25. This plan, is based on principles set out in The Department of Health's Task Force Report (Feb 2016): Future in Mind: Promoting and improving our children and young people's mental health and wellbeing.

The Transformational Plan (2015) identified six core schemes of work:

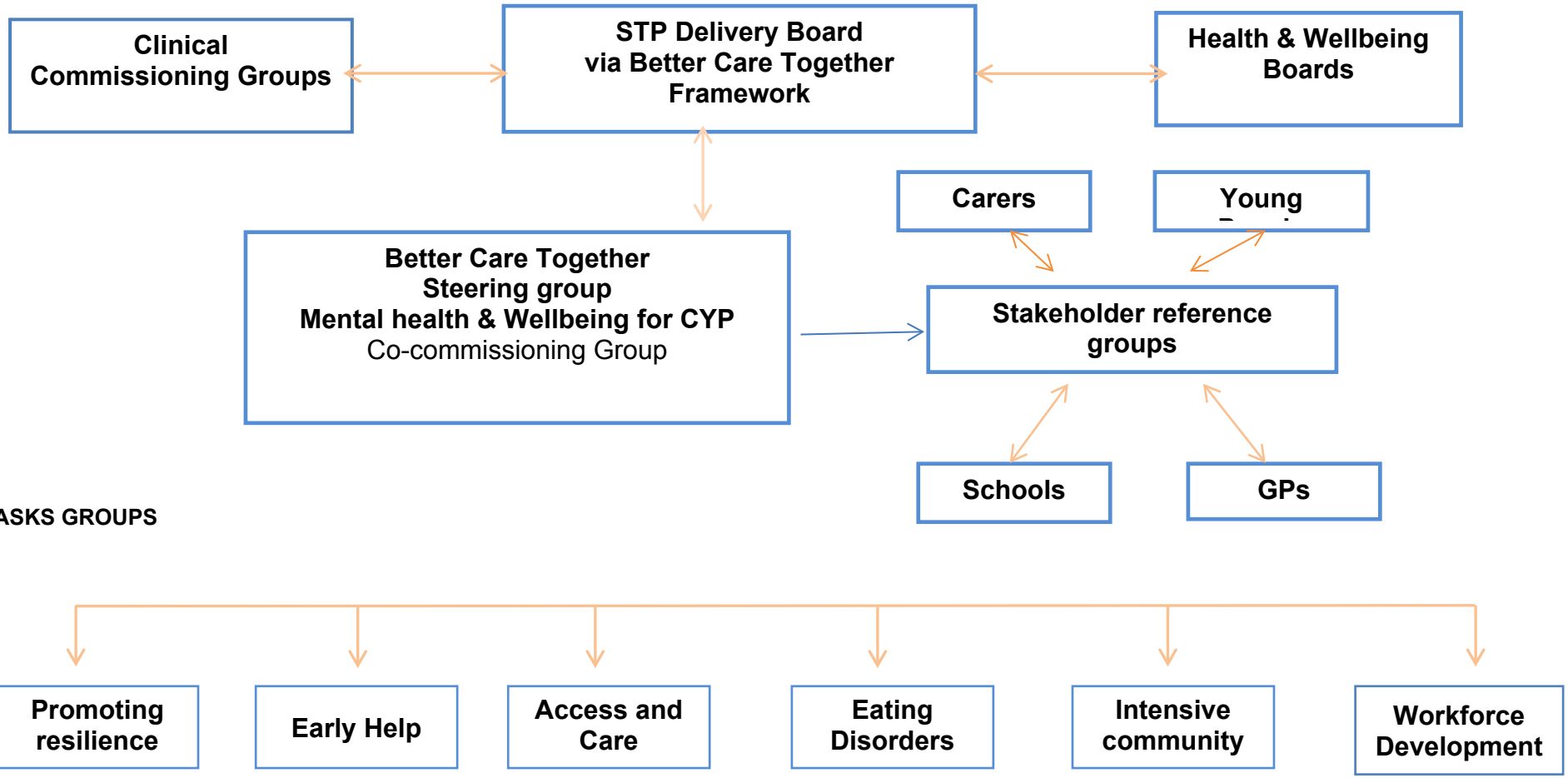
- Improve Resilience
- Enhance Early Help
- Improve access to specialist Children and Adolescent Mental Health Services (CAMHS)
- Enhance the Community Eating Disorder Service
- Develop a Children's Crisis and Home Treatment Service
- Workforce development

The plan was developed as part of the LLR Better Care Together Programme and is referenced in the LLR Sustainable Transformation Plan (STP). It is underpinned by partnership working across health organisations, local authority and public health, voluntary and community sector, schools and youth justice system. This plan has been shaped through extensive engagement with children, young people and their families. Children, young people and their carers have consistently told us that they are worried about bullying, peer and academic pressure and other issues and they would like to have more and easier access to support to help them.

This refresh of the Transformational Plan (2015) outlines the progress in each of the core scheme and demonstrates how the programme has been adapted to deliver the overarching ambition to improve children and young people's mental health and well-being.

2. How we control and manage the transformation (Governance)

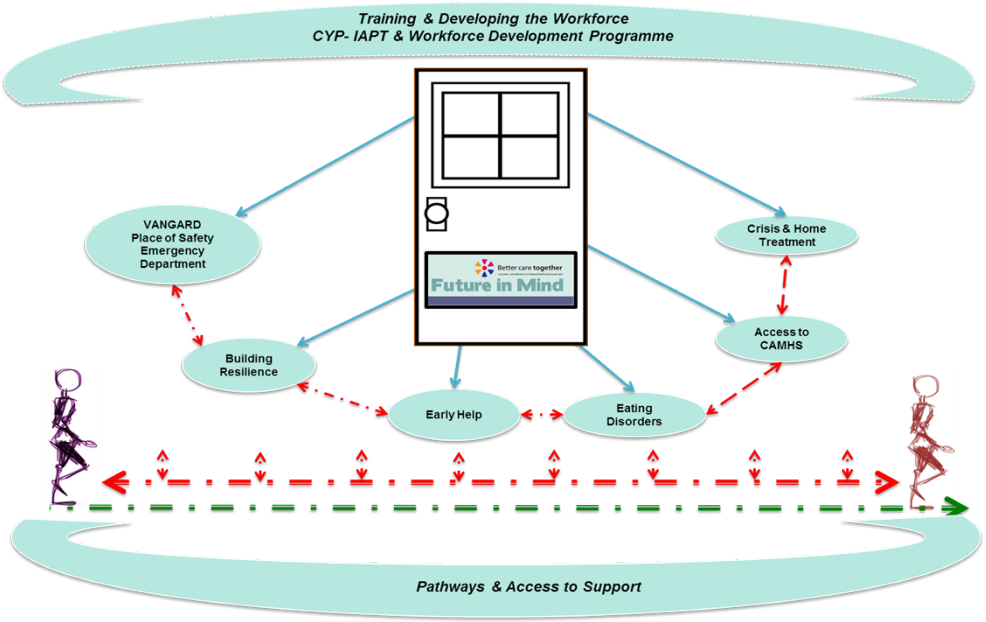
This programme of work is being delivered through Better Care Together (BCT) framework and reports to the STP Delivery Board (System Leadership Group). It is part of the Women and Children's work stream as shown in the diagram below;



A steering group[1] was established with representation from local authorities, voluntary sector, health watch, Office of Police Crime Commissioner (OPCC), health commissioners and providers. The steering group meets monthly it is responsible for the delivery, implementation and monitoring of plan, and delivery of services as agreed in business cases and service specifications. The group is accountable to each organisation's Boards / Governing Bodies and three Health and Wellbeing Boards for the area.

3. How we developed the Transformation Pathway

The transformation journey started with engagement events, held between January and March 2016. These enabled us to capture children and service user views. The voice of the child was used to inform pathway development (shown below) and the planned schemes of work



[1] Better Care Together Mental health and wellbeing of children and young people steering group 2015: terms of reference

4. Progress of each scheme of work

Each scheme of work aims to achieve set goals. Implementation and service delivery is overseen by six multi-agency working groups who each hold responsibility for achieving the goals of a scheme. The transformation pathway established through these workstreams will provide appropriate, timely, access to a range of services to meet the needs of children and young people (C&YP), their families and carers. We have developed a range of new referral routes to provide access to services. These include self-referral in to the early help service and on line counselling and enabled direct referral to CAMHS by schools, school nurses and the voluntary sector.

Through collaborative working and monitoring of the whole pathway we will ensure the ease of service, allowing C&YP to be discharged from one service and admitted into another without prolonged waits. We will work with adult mental health services to ensure the smooth transition of C&YP into adult services as necessary.

4.1 Building Resilience - Promote good emotional health and resilience for all children, young people and their families

Young people said that they wanted 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, as well as from websites and social media.

Education services want to offer guidance to pupils, and provide pastoral support and understand when to ask for specialist assistance. Parents, young people and schools were all concerned about the impact of cyber-bullying.

The aim of the resilience scheme is to develop a range of ways for children, young people and carers to find information about mental health support including the use of social media and more traditional communication methods.

We have

- Developed and agreed a resilience service model for the future
- Commenced the procurement process to identify an appropriate service provider to be completed by end of December 2016. The resilience model will be fully operational from December 2017

The Resilience Service Model will build on initiatives already undertaken in some local schools and introduce resilience activity to others. It will support and engage schools and wider partners across LLR to strengthen mental health resilience throughout our schools. Actions will encourage staff and children to promote mental wellbeing and develop self and organisational resilience.

The provider will work with partners to focus on supporting, extending and consolidating existing work and identifying gaps or emerging areas of concern. The work will take into account mental health needs, emerging problems and target gaps in service provision

4.2 Early Help - Development and delivery of co-ordinated, accessible and non-stigmatising early and targeted support for those experiencing emotional distress and the first signs of mental disorders

Young people and carers have said that they want access to help and support quickly and locally, without being stigmatised, they want a say in the kind of help they receive and be encouraged to become resilient and maintain their independence. They also want potentially serious problems to be recognised quickly, and to no longer be told that “they are not ill enough” to get any help.

Organisations such as health, education, youth justice and social care said they want to work together to understand the needs of a young person and decide together with the young person and/or parent what support to offer. We know that a range of public, private and community organisations can provide effective support. Providers and users want their services to be part of a commissioned pathway of support, meeting high quality standards and linked to more specialist services.

We have

- Developed a multi-agency “First Response” service model which will assess the level of distress and risk facing a child, young person or family in order to co-ordinate the right intervention and support.
- Agreed the use of approved risk assessment tools; the Merton Risk Assessment Tool and Signs of Safety.
- Started to build on and develop partnerships with local community groups such as the City of Sanctuary (refugees and asylum seekers) and the Lesbian, Gay, Bi-sexual and Transgender organisations in order to work with children and young people from hard to reach groups .
- Commenced the procurement process, the service will be operational from April 2017.

It is important that a prompt local access to ‘First Response’ occurs and that it benefits from the expertise and knowledge of practitioners from various agencies. The services will signpost the young person or family, escalate the case if required, or offer low intensity support and help. This will include offers such as counselling, group work and parental support. But it will also include direct access to specialist mental health services if required. Mental health professionals within co-located with other Early Help service staff will support a team around the professional model

4.3 Access to CAMHS - Single gateway to specialist CAMHS services with clear access standards

The specialist Child and Adolescent Mental Health Services (CAMHS) is experiencing approximately 9% more referrals each year and an increasing number are for urgent situations and complex cases. Young people say they value the quality of care and support they receive from the specialist CAMHS service; they appreciate the therapeutic relationship they can develop with their practitioners and the support offered to their family and carers.

It is recognised that accessing the service can be difficult and there is a perception that a young person will be told that they are “not ill enough” to receive CAMHS help.

We have

- Supported the CAMHS service to pilot a single access team during 2015/2016: The pilot; team received all referrals to the service and made direct contact with both the referrer and the young person and their carers (if appropriate) to understand the presenting issues, offering short term interventions or they were referred to specialist CAMHS services if required.
- Commissioned a full service from 2016/17 onwards.
    - It has locally agreed access waiting time standards and includes engagement with local authority social care access teams to share information (with consent) and to plan joint interventions.
    - It provides a range of evidence based NICE concordat therapies, such as Systemic Family Therapy, Cognitive Behavioural Therapy, Parenting Support and Interpersonal Psychotherapy.
- Enhanced access to CAMHS and the new model is now operational; it has addressed a backlog of referrals and is now meeting the national 13 week target.
- We have an agreed reporting schedule with providers. Providers are currently developing these reports.

4.4 Eating Disorder - Specialist community services for children and young people with eating disorders

NICE clinical guidance recommends family interventions for those with anorexia and cognitive behavioural therapy for children and adolescents with bulimia.[2]

We have

- Invested in a specialist multi-disciplinary community based eating disorders service for children and young people up to the age of 18, for up to 100 new referrals per year. The service will serve a general population of 1 million children and young people.

[2] Eating disorders: core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders: National Institute for Clinical Excellence 2004

We are reviewing further opportunities to enhance the service and enable full compliance with current and future guidance in line with new NICE guidelines planned for publication in 2017.

4.5 Crisis and Home Treatment - Co-ordinated support to prevent crisis and at time of crisis

The current co-ordinated service includes an all age crisis resolution and home treatment service (CRHTx), a designated "Place of Safety" and an all age liaison service. Children, young people and their families as well as some service providers identified a gap in the current crisis and home treatment service.

As a result, the all age Crisis Resolution and Home Treatment Service (CRHT) has been extended to children and young people as well as adults and will be a 24hour -7days a week service. The children's service is aligned to the adult service and the local authority single point of access (referred to as the front door). Referral into the crisis service can be made by a range of organisations including: health services, GPs, early help, schools, police and voluntary sector through a dedicated phone line.

We have

- We have developed an all age liaison service for children and young people as well as adults will support children and young people with acute mental health or behavioural problems arriving at the emergency department. The team will include a CAMHS consultant, CAMHS nurse, child psychologist, family social worker and specialist substance misuse worker. This is set out in the action plan for Leicester, Leicestershire and Rutland to deliver the Mental Health Crisis Care Concordat[3].

- Agreed a phased implementation of the service, phase 1 became operational in September 2016, with 3 staff delivering telephone and face to face assessments for C&YP in crisis.

[3] Crisis Care Concordat for Mental Health: Leicester, Leicestershire and Rutland action plan

4.6 Workforce

To support delivery of the transformation plan a multi-agency group has developed a service model to help improve both the capacity and capabilities of practitioners that work with children and young people with mental health issues.

To meet expected standards a specialist workforce with clinical skills and experience in Cognitive Behavioural Therapy, Systemic Family Therapy, and Psychodynamic Psychotherapy as core interventions is required. These need to be supported by knowledgeable and well trained professionals from the wider children's workforce. Therefore both targeted and universal practitioners will have training in generic child mental health and have access to support and advice.

We have:

- Recruited staff onto the CYP IAPT programme
- Commenced a training needs analysis, to be completed by Jan 2017.
- The training needs analysis findings will be shared across the partnership and will lead to the development of a mental health and wellbeing workforce training offer for the children and young people's workforce with a clear coordinated training offer.

5. How we will know the Transformation Plan is making a difference to children and young people's mental health and well-being?

The pathway and identified schemes of work will provide access to a range of services to meet the individual needs of the children and young people (C&YP) and we will know they are receiving the right service at the right time by:

- a reduction in A&E attendances, in-patient admissions, inpatient facilities, out of area placements and care and treatment reviews
- a reduction on the length of time from referral to access CAMHS
- C&YP who are able to recognise when they need help and are able to access it

- A reduction on the length of time from referral to treatment

6. Measuring the Impact of Change

Performance will be monitored through our contracting teams, assessing delivery of services in terms of activity as well as measurement against quality indicators and clinical outcomes as described in the service specifications. We want to be assured that the service being delivered is making a difference to C&YP and their families and that we are able to measure the impact of this change. This will be will be captured and presented in the emotional health and well-being dashboard to include;

1. Reduction in CYP attendance a A&E presenting with non-physical needs
2. Reduction in in-patient admissions to CAU or Paediatric ward of C&YP with a mental Health need.
3. Reduction in admissions / reduced length of stay to the CAMHs Ward.
4. Reduction in CYP Tier 4 placements OOA
5. East CCG Reduction on OOA placements complex care - shared funding (Speak to Noelle)
6. Reduction in patients referred back to GP following CAMHS assessment
7. Numbers accessing early help
8. Numbers accessing CAMHs
9. Numbers accessing CRHTx
10. Increasing number of schools accessing the resilience programme
11. Service user led, local annual, feedback and patient satisfaction survey.

LLR will be agreeing the details of the national CQUIN focusing on transition from Children to Adult services. This will be reported and monitored on a quarterly basis and will be linked to the Children and Young Peoples pathway.

7. Workforce: staffing levels and skill mix

The workforce relevant to this plan is comprised of staff working in a wide range of services across the system, including those supporting parents, those working in community groups, those in universal services (such as schools), those in targeted services and services for specific groups of children (such as the children's centre programme or specialist voluntary organisations) and those working in specialist CAMHS.

One of the aims of the Future in Mind Programme is to increase the number of staff across the partnership by,1,700 by 2020 to meet the additional demand for services. The current local specialist CAMHS workforce has 80 whole-time equivalent clinical posts within this specialist service which is less than recommended by the Royal College of Psychiatrists

The chart shows the workforce data for the specialist CAMHS service including primary mental health, community CAMHS, specialist CAMHS teams as well as local hospital (tier 4) services.

Role	Grade	WTE 15/16	WTE 16/17	Additional staff 2016/17		
Medical	Consultant	13	14.55			
	Specialty Doctor	1				
Nursing	Qualified	46	53.20	X3 CRHTx	X1 Liaison service	X6 Early help
	Unqualified	11	21.20			
OT	Qualified	8	23.13			
	Apprentice	1	1.00			
Psychology		22	25.44			
Therapy		7	7.13			
Overall Total		109	145.65			

Data tells us that the CAMHS has

- 24% of staff are from an ethnic minority background.
- 80% are female
- A staff age range from 21-65yrs ; with 20% aged over 50.

Further work to undertake a whole system analysis of the workforce available across services in LLR is required.

We need to be certain that the existing and new workforce is suitably skilled and confident, capable of delivering the new models of care that we are developing through the transformational programme. Therefore we are taking a whole systems approach to recruitment and retention and training and development of all staff delivering care across the C&YP pathway.

The CAMH service has established a workforce development plan which covers recruitment, leadership development, and training in specific therapeutic approaches such as cognitive behavioural therapy and interpersonal psychotherapy, this will be complemented by a programme of training and support for all practitioners across the system; it will be open to health, social care, public health, police, school staff and the voluntary and community sector.

The training programme will be provided through the Children & Young People's Improving Access to Psychological Therapies Programme (CYP-IAPT) as LLR is part of the East Midlands Collaborative aimed at supporting the delivery of the CYP IAPT programme.
There are 3 routes available for training

1. IAPT programme
2. Psychological wellbeing practitioners
3. Recruit to train

Recruitment to these courses is underway with staff from specialist services and partnership organisations

7. Finance

The three CCGs fund the specialist CAMH service to the value of £6.5 million in 2015/16. They also fund other children's services such as paediatric, disabled children's services and speech and language therapy which also work with many children and young people who will have associated neurodevelopmental or mental health conditions. Adult mental health services (which receive CCG funding of £80million per year) also support young people aged 16-25years.

Local Authority Children's and Early Help services are funded at around £25million per annum. This includes a range of specialist services (such as Educational Psychology, Disabled Children's Services) and generic child and family services.

NHS England (East Midlands) estimates an annual cost of £3.5 million per year on hospital and specialist services for children and young people from Leicester, Leicestershire and Rutland.

The Office for the Police and Crime Commissioner has committed £140,000 per annum to commission emotional support services for a child that is a victim of crime as a contribution to a partnership approach.

There is a commitment from the partners to this plan to deploy existing budgets alongside the Transformational Plan funding to jointly address the issues facing our local communities.

7.2 Financial Allocations 2016/2017

In 2016 - 2017 the three CCGs for Leicester, Leicestershire and Rutland have set aside a total of £2.055m for the transformational plan.
In August 2016 an additional £0.466m (non-recurrent) was awarded by NHSE to accelerate the implementation of the Liaison & CRHT service, plus an additional allocation of £0.519m has also been received for Eating Disorders. Further additional funds of £0.431m has now been awarded non-recurrently to support a reduction in waiting times.

There are also other funding streams from the CCGs, local authorities, public health and the Office for the Police and Crime Commissioner that will contribute to the overall transformation. We have a clear view that the Future in Mind funding is a catalyst for partner agencies to contribute to the overall transformational of mental health services for C&YP.

Priority	Funding (£m) 2015/16			Funding (£m) 2016/17		
	Total Funding	Funding Sources		Total Funding	Funding Sources	
		FIM	Other		Baseline	Other
Eating Disorders	0.440	0.440		0.519		0.519
Programme Management	0.100	0.100		0.100	0.100	
Children's CRHTx	0.966	0.500	0.250	0.966	0.500	0.466
Improving Access to CAMHS	0.100	0.100	0.288	0.196	0.196	
Early Help	0.460	0.460		0.460	0.460	
Public Help and Engagement	0.200	0.200		0.200	0.200	
Workforce Development	0.142	0.070		0.070	0.070	
CAMHS Interventions	0	0		0.529	0.529	
Waiting Times	0	0		0.431	0	0.431
Total	**2.408**	**1.870**	**0.538**	**3.471**	**2.055**	**1.416**

8. The Implementation Plan 2015-2017

The Implementation Plan for 2015-17 set out below is based on the aspirations set out in Future in Mind. It is the first stage of our journey to transform the mental health and wellbeing of children and young people by 2020.

Each objective aims to be SMART: to be clear, measurable, to a deadline and with a clear accountable officer. There are identified leads for each objective, although all will require strong partnership working.

Future in Mind - implementation plan				
REF	**Action**	**Task Owner**	**16/17**	**status**
Improve Access to Children and Young peoples services -				
	Sign off business case at CCB	MT/EEM	June	
	Write Service Specification and Contract variation		July	
	Identify and agree key performance and quality indicators	EEM	July	
	Present case at competition and procurement panel - for procurement regulations	MT/EEM	July	
	Agree Reporting Schedule	EEM/AM	Aug	
	Agree timeline for recruitment of staff and implementation of the new service model	EEM/AM	Sept	
	Commence recruitment	CM/CT	Oct	
	Commence population of dashboard	EEM	Nov	
	Complete phase 1 of service	EEM /AM	Jan 17	
	Full service delivery	EEM / AM	April 17	
Deliver an all age 24/7 Crisis & Home Treatment service	Release of accelerator money from NHS E	GW	July	
	Write Service Specification	EEM	Oct	
	Identify and agree key performance and quality indicators	EEM /AM	July	
	Agree Reporting Schedule	EEM	Aug	
	Agree timeline for recruitment of staff and implementation of the new service model	EEM /AM		
	Begin phase 1 of the implementation	EEM	Sept - March17	
	Agree Implementation plan for delivery of full service over 3 years	AM	Dec17	
Eating Disorders	Agree Monitoring of Service Spec	AE/EEM	June16	
	Agree Reporting Schedule	AE/EEM	Aug 16	

	Populate Dashboard - Key Performance and Quality Indicators	AE/EEM	Nov16	
	Undertake gap analysis	AE/EEM	July16	
	Membership of Regional Eating Disorder Group	AE/EEM	July 16	
	Agree actions to address gap	AE/EEM	Nov16	
	Develop RAP	AE/EEM	Dec16	
IAPT	Recruit 5 mth support officer	MT/EEM/H	Nov 16	
	Allocation of staff onto leadership programme	EEM	Jan16	
	Share CIAPT across partners	EEM	Oct 16	
	Agree request for placement onto training	EEM	Nov	
	Submit applications to NHSE	EEM	Nov	
	Monitor staff attendance	EEM	Nov	
	Manage backfill	EEM	Nov-March	
	Create whole system staffing number base line and projection plan to increase staffing	EEM	Feb16	
Early Help	Sign off business case at CCB	MT/EEM/BC	Aug	
	Present case at competition and procurement panel - for procurement regulations	MT/ EEM/BC	Nov 16	
	Commence procurement process	EEM /KG	Oct – Jan 17	
	Write Service Specification	EEM/BC	Oct 16	
	Identify and agree key performance and quality indicators	EEM/BC	Oct 16	
	Undertake marketing event	TR	Oct 16	
	Agree Reporting Schedule	BC/EEM	Aug 16	
	Agree timeline for recruitment of staff and implementation of the new service model	BC/EEM	Aug 16	
	Commence population of dashboard	BC/EEM	Jan16	
Resilience	Sign off business case at CCB	MMC/MT/EEM	Aug	
	Present case at competition and procurement panel - for procurement regulations	KG	Oct	
	Commence procurement process	KG / P	OCt	
	Commission implement a public health campaign on mental health and resilience for CYP	MMC/MT/EEM	Nov 15	
	Evaluate public Health Campaign	MMC/MT/EEM	Jan16	
	Write Service Specification	MMC/MT/EEM	Oct16	
	Identify and agree key performance and quality indicators	MMC/MT/EEM	Aug16	
	Present case at competition and procurement panel - for procurement regulations	MMC/MT/EEM	Nov 16	
	Agree Reporting Schedule	MMC/MT/EEM	Nov16	
	Agree timeline for recruitment of staff and implementation of the new service model	MMC/MT/EEM	Nov 16	
	Commence population of dashboard	MMC/MT/EEM	Jan16	
improving access to therapies	Review of current service	AM/CT	Sept16	
	Design service model	AM/CT	Oct16	
	Agree way forward	AM/CT	Nov16	
Early implementer of	Presentation from researchers and clinicians	Nott's /LPT	Oct16	

evidence based practice for assessment of ADHD	Agree way forward	Nott's /LPT	Nov16	
	Agree model	Nott's /LPT	Nov 16	
	Agree evaluation	Nott's /LPT	Dec16	
Developing the workforce	Recruit 5 month Lead	LM	Oct - March	
	Undertake training needs analysis	LM	Nov - Dec	
	Undertake marketing event	LM / VAL	Jan 17	
	Produce report	LM	Feb 17	

9. Appendix 1: Transformation plan for mental health and wellbeing services for children and young people (Oct 2015)

Please double click the icon below to open the 2015 plan.

November 2015 CYP Mental Health Transfo