

**HEALTH AND WELLBEING BOARD: 17 NOVEMBER 2016****REPORT OF LEICESTER CITY CCG****FUTURE IN MIND - MENTAL HEALTH AND WELL BEING  
TRANSFORMATION PROGRAMME****1. Purpose of report**

The purpose of this report is to provide an update on the progress and current position of the Mental Health and Wellbeing Transformational plan delivered through the Future in Mind – Children and Young People’s Mental Health and Wellbeing Transformation Programme

**2. Recommendation**

The Board is requested to note the progress and current position of the Mental Health and Wellbeing Transformational plan delivered through the Future in Mind – Children and Young People’s Mental Health and Wellbeing Transformation Programme

**3. Link to the local Health and Care System**

The Transformation Plan for mental health and wellbeing services for children and young people (Oct 2016), sets out Leicester, Leicestershire and Rutland’s (LLR) multi-agency Transformational Plan to improve the mental health and wellbeing of children and young people (C&YP) up to the age of 25. It is a five year plan, based on the 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 identifies six core schemes of work which will contribute to the transformation programme.

- Improve Resilience
- Enhance Early Help
- Improve access to specialist Children Adult Mental Health Services

(CAMHS)

- Enhance the Community Eating Disorder Service
- Develop a Children's Crisis and Home Treatment Service
- Workforce development

The plan has been 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.

#### **4. The Transformational Pathway**

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

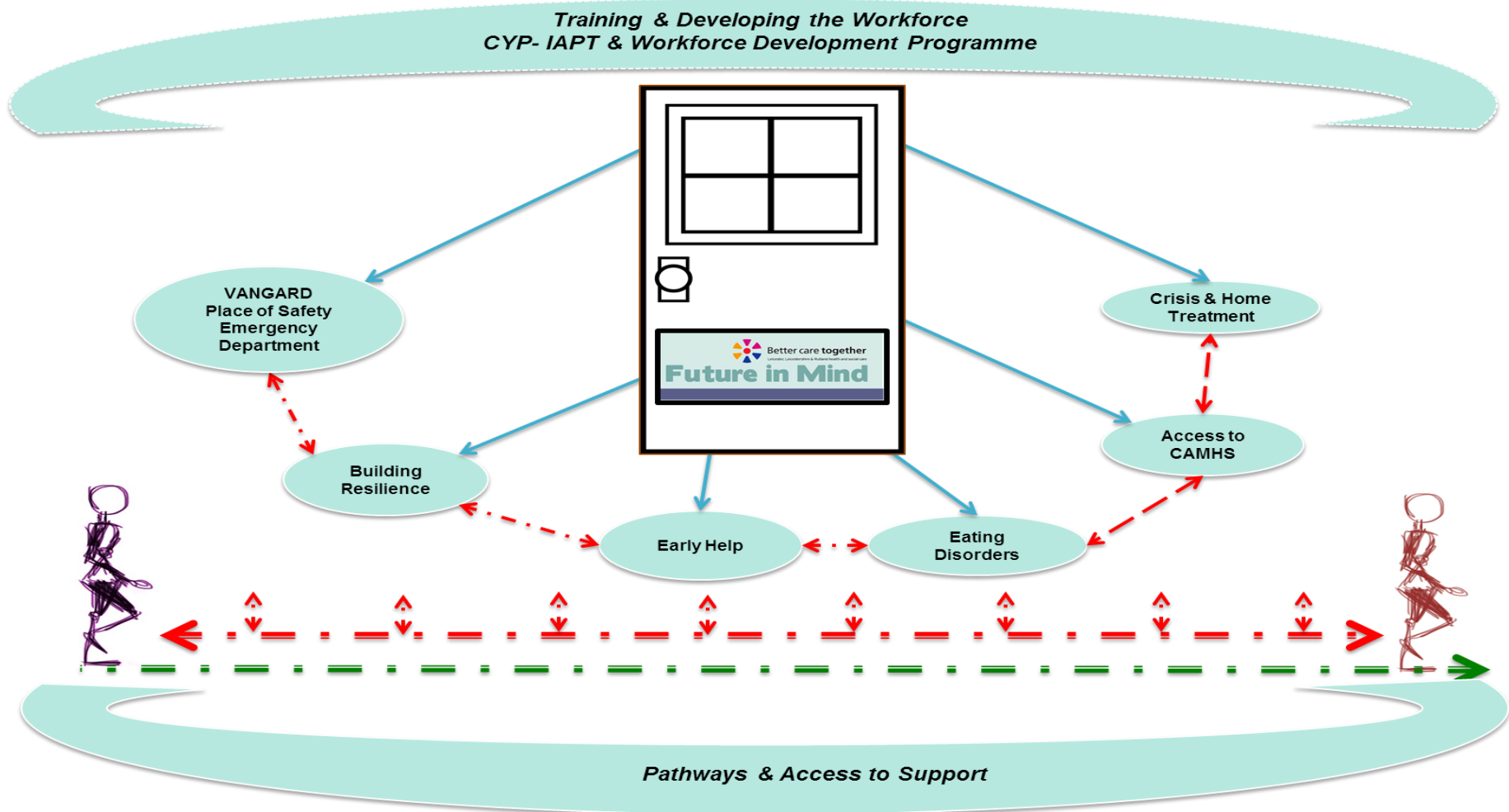
- a reduction in the number of C&YP deteriorating and escalating up the pathway
- a reduction in A&E attendances, in-patient admissions, inpatient facilities, Out of Area placements and Care and Treatment reviews
- a reduction on the length of time from referral to access CAMHS

We expect that there will be an initial increase in activity as we meet unmet need, that this will then Plateau and start to decrease We anticipate a gradual reduction and stabilisation over the 3 year period.

To measure the anticipated reductions outlined above, key performance, quality indicators and clinical outcomes providers will be expected to deliver have been included in each scheme of work service specifications. Information and data will be captured by providers and reported in accordance with an agreed reporting schedule and will be monitored by the programme steering group.

The information will be captured and presented in the emotional health and well-being dashboard; this is a method of presenting information in a table/chart for ease of interpretation and progress monitoring. The development of the dashboard has and the performance indicators in the reporting schedule will be finalised once the schemes become operational.

The transformation journey started with engagement events, between January and March 2016, which enabled us to capture the views of children and service users. The voice of the child was used to inform the development of the pathway ( shown below) and identified six schemes of work that the plan should focus on.



## 5. Progress of each scheme of work

Each scheme of work has an established multi-agency working group and is working towards delivery of each service.

### 5.1 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.

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 services, to include the use of social media and more traditional communication methods. It will deliver support and engagement with schools and wider partners to will compliment work already underway across LLR to strengthen mental health resilience in schools, as it is recognised schools are at different stages of development.

**Current Position : This service is currently going through a procurement process and is expected to commence December 2016**

### .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, that they want to have a choice about 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 no longer be told that “they are not ill enough” to get 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. They want their services to be part of a commissioned pathway of support, meeting high quality standards and linked to more specialist services.

**Current position; - We are currently procuring the service that will be operational from April 2017 to deliver**

- a multi-agency “First Response” service 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.
- use an approved risk assessment tools; the Merton Risk Assessment Tool and Signs of Safety.
- build on and develop partnerships with local community groups such as the City of Sanctuary (refugees and asylum seekers), the Lesbian, Gay, Bi-sexual and Transgender in order to work with children and young people from hard to reach groups .

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.

### **5.3 Access to CAMHS - Single gateway to specialist CAMHS services with clear access standards**

The CAMHS service is experiencing a rising number of referrals (about 9% per year) and an increasing number are for urgent situations and complex. 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.

**Current position; -**

- The CAMHS service piloted a single access team during 2015/2016 and successfully reduced the backlog of C&YP waiting to access CAMHS. LPT are now achieving the 13 week Access target.
- A full service has been commissioned 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.

#### 5.4 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.<sup>1</sup>

##### **Current position; -**

- Commissioned 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 has been commissioned in 2015.16. The service will serve a general population of 1 million.

We will consider further opportunities to enhance the service and enable full compliance with current and future guidance as new NICE guidelines planned for publication in 2017, to include developing pathways for self-referral and operate 7 days a week in order to reduce the number of crisis and acute cases.

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

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<sup>1</sup> Eating disorders: core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders: National Institute for Clinical Excellence 2004

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.

**Current position; -**

- The all age Crisis Resolution and Home Treatment Service (CRHT) has begun a phased implementation over a 3 year period, to will deliver a 24hour per day seven day a week service: The children’s service is aligned to the adult service and the local authority single point of access (referred to front door). Referral into the crisis service is open to a range of organisations including; health services, GPs, early help, schools, police and voluntary sector.
- University Hospitals of Leicester will provide the designated “Place of Safety” as required under Section 136 of the Mental Health Act 1983 (funded by Parity of Esteem). It will be in the new emergency department when opens 2017.
- An all age liaison service is now operational and 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<sup>2</sup>.

## 5.6 Workforce

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

**Current position; -**

We are currently undertaking a training needs analysis across LLR, including Health , Social care and the voluntary Sector., this will be completed by March 2017.

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<sup>2</sup> Crisis Care Concordat for Mental Health: Leicester, Leicestershire and Rutland action plan

## 6. 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;

