

LEICESTER, LEICESTERSHIRE AND RUTLAND

BETTER CARE TOGETHER

**Transformational plan for mental health and wellbeing services for
children and young people**

2015 - 2020

Re-submission. November 2015

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1. Introduction & Vision for 2020

This document sets out Leicester, Leicestershire and Rutland's multi-agency transformational plan to improve the mental health and wellbeing of children and young people up to the age of 25. It is a five year plan, based on the principles set out in Department of Health's Task Force Report, *Future in Mind: Promoting and improving our children and young people's mental health and wellbeing*. Future in Mind offers a framework and resources to improve the mental health wellbeing of all children. This report sets out our joint plan to achieve this.

Our plan reflects what we know about our current services and what children, young people and carers in our area tell us they want.

- We know that we have a strong track record of joint commissioning, partnership and innovation. We also have many examples of excellent and innovative services and many further improvements are underway. However, we also know that the current system is fragmented, lacks transparency and requires a new approach to the use of resource.
- Children and young people have made it clear to us that they want education, information and advice about mental health, access to early, non-stigmatising help, and to be treated with respect by friendly staff, using approaches that we know work.

Our vision is that children will have access to the right help at the right time through all stages of their emotional and mental health development. For this to happen, services such as education, social care, health, police, housing and justice will need to align. We will be required to develop shared priorities, joint commissioning, and improve the interfaces between our agencies so that organisational boundaries are not barriers to care.

In Leicester, Leicestershire and Rutland we are committed to achieving this as part of the programme of work called Better Care Together (BCT). Through BCT we will strengthen the co-commissioning and partnership working across our agencies. We will also determine collectively and transparently how to use our resources effectively and efficiently to deliver the care that is valued by children, young people and their carers.

Mental health has been defined by the World Health Organisation as “*a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.*”¹ It is more than the absence of mental illness or disabilities. In this plan we use the term “mental health and wellbeing” to address all children and young people: those who are healthy and resilient, as well as those with emerging or serious mental health difficulties.

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. There is further work to do to broaden the engagement with schools, colleges and other educational settings. There has been extensive engagement with children, young people and their families and we are particularly grateful to them for sharing their experiences, which have been central to shaping this plan. An “Easy Read” summary of this plan will be published on our local websites in November 2015. We will launch the Transformational Plan in January to March 2016 through a series of engagement events. This plan marks the start of our journey.

“Only by working in partnership, sharing expertise and making best of finite resources can we achieve the improvements in mental health outcomes that we all want to see, and make a reality of the vision”

Sam Gyimah, Department for Education “Future in mind” (2015)

“If you do one thing, just get people who know what they are doing to work together better”.

Young person, Leicester 2015.

¹ Mental health: strengthening our response. World Health Organisation August 2014

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

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

Our vision is that by 2020 our services will be shaped as follows:

<i>Self- care and prevention</i>	<i>Early help and primary care</i>	<i>Specialist care</i>	<i>Urgent care and crisis response</i>
<p><i>All schools and colleges educate about mental health, tackling stigma and building resilience.</i></p> <p><i>Information about children and young people’s mental health is provided through a range of formats including websites, social media, and publications.</i></p> <p><i>Front line staff have access to training and support on mental health issues amongst children and young people</i></p> <p><i>All services provide equality of access and support to all children and young people.</i></p>	<p><i>Early joint assessment for children and young people who might need extra support</i></p> <p><i>High quality low intervention services delivered locally across LLR by range of organisations.</i></p> <p><i>Care navigators who can support children, young people and carers make informed choices to find the right service for them.</i></p> <p><i>Outcome measures are used to assess individual improvements and to plan the development of services</i></p>	<p><i>High quality therapeutic and medical support provided by experienced and qualified staff.</i></p> <p><i>Organisations share information and work together to support the child, young person and their family</i></p> <p><i>Specialist services for children and young people with eating disorders</i></p> <p><i>Specialist services for vulnerable children and young people such as young offenders, Looked After Children and those with learning disabilities</i></p> <p><i>Young people’s views inform the improvement of services</i></p>	<p><i>Services work together to provide intensive out of hours support for children, young people and families at risk of crisis.</i></p> <p><i>Services work swiftly together to support anyone admitted to the Emergency department</i></p> <p><i>Specialist hospital beds are available for those that need them.</i></p>

HEADLINES

There are 250,000 children and young people up to the age of 19 in Leicester, Leicestershire and Rutland. It is a uniquely diverse community with significant variations in economic prosperity, quality of life and health outcomes. 68% of children and young people in Leicester City are from an ethnic minority background. 1100 children and young people in LLR are looked after by a local authority, 32,000 have special educational needs, and 3466 were recorded as victims of crime in 2014/15.

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 our region. Difficulties include Autism Spectrum Disorder, ADHD, anxiety, depression, self-harm, psychosis, obsessive compulsive disorders and eating disorders.

The specialist Child and Adolescent Mental Health Service (CAMHS) 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. About 80 children and young people a year will require specialist treatment in hospital. Often this hospital will be a long way from their home.

Through the five year transformational plan we will do the following:

- Promote mental health and resilience through campaigns in schools and to the general public. The standard will be for the campaign to reach all 250,000 children over the period of five years and ensure that 90% of schools are engaged in supporting the mental health and development of pupils through this plan

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- Provide quick access to a multi-agency assessment and support service for children and young people with emerging or low level mental health needs. The standard is for all children to receive an assessment within four weeks of referral and for 10,000 children and young people per year to receive early help and support services.
 - Improve the access to the specialist CAMHS service to reduce waiting times and improve communication with children, young people and carers. The standard will be that child or young person to wait more than 13 weeks for contact and engagement from CAMHS
 - Establish a specialist community team to support young people with an eating disorder. The standards will be an access time of four weeks from referral to assessment for routine cases, one week for urgent cases. The team will see 100 new cases per year.
 - Establish a multi-agency team that will support families at risk of a crisis due to the mental health or disturbed behaviour of a child or young people. The standard is for the team to operate 7 days a week from 8am-11pm. The team will reduce the number of children and young people presenting at Emergency Department for acute mental health or behavioural problems. No child or young person will stay at the Emergency Department more than 4 hours. No child or young person will be taken to a police cell as a “Place of Safety”.
 - Improve the capacity and capabilities of practitioners to work with children and young people with mental health issues.
 - Standard is to have specialist workforce with clinical skills and experience in Cognitive Behavioural Therapy, Systemic Family Therapy, and Psychodynamic Psychotherapy as core interventions. Targeted and universal practitioners will have training in generic child mental health and have access to support and advice.

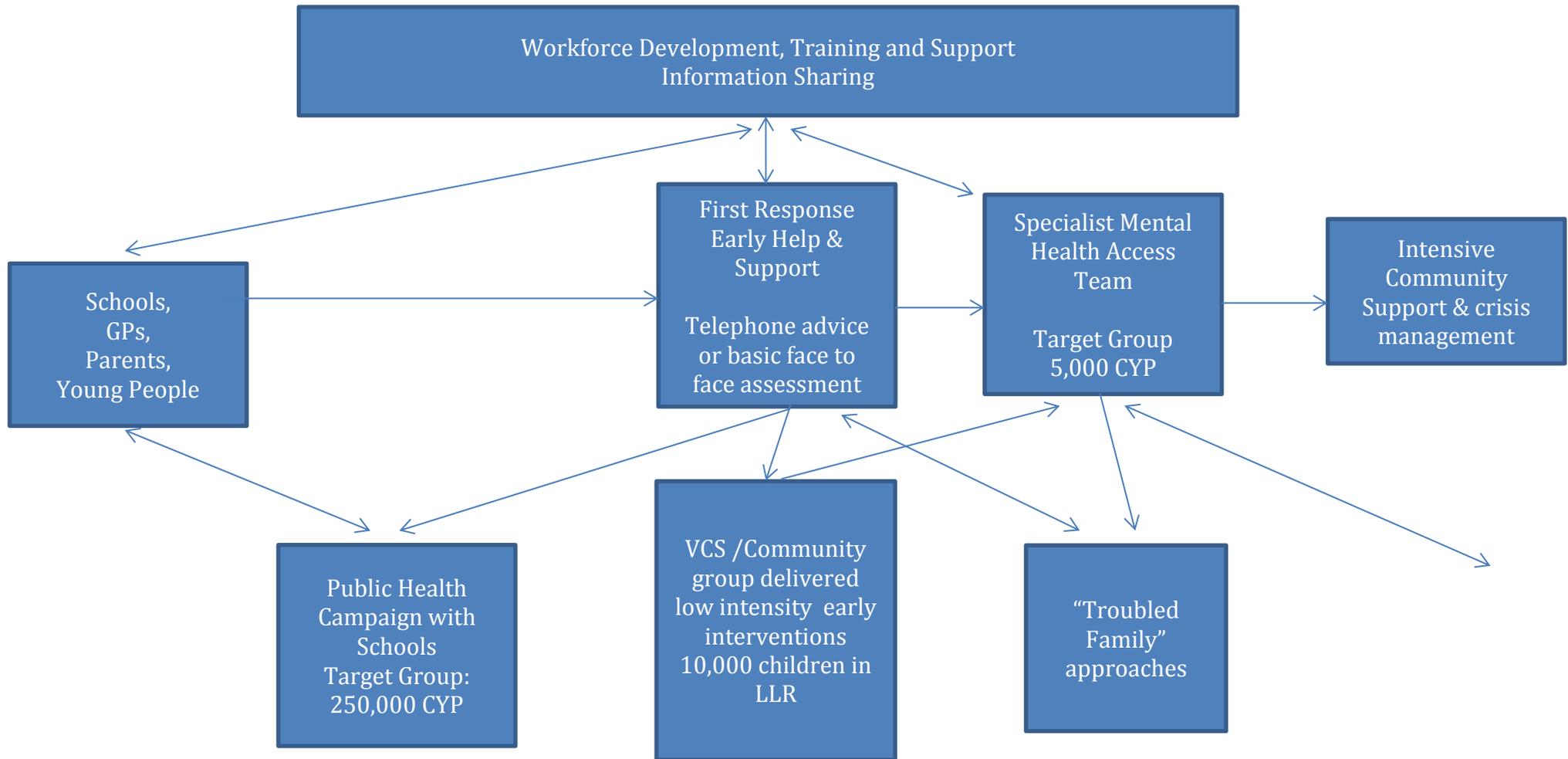
We will measure the success of this plan in the following ways:

- 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.
- Hospital admission rates for self-harm and attempted suicide
- The number of young people who attend the Emergency Department due to an acute mental health problem who have to wait more than four hours to be seen by a specialist.
- The number of children and young people who are held in a police cell as a “place of safety”.
- The number of practitioners who receive training in child mental health

PLAN ON A PAGE

ENABLERS	TRANSFORMATION	VALUES
Collaborative Commissioning between health, education, social care and youth justice	A schools-based campaign to promote mental wellbeing and resilience that will reach every child young person and family.	Direct engagement and co-design with young people, parents and carers
A consortium of voluntary, community and public sector providers	Quick access to multi-agency first response, early support and help. A range of high quality early help offers for children young people and families.	Develop the workforce through training, career progression & joint working
Strong open governance and transparency in resource allocation	A single gateway to a community mental health and wellbeing service. Specialist clinical support for vulnerable children and young people.	Ensure equality of access and service for all
Use of evidence based therapeutic help and quality standards	Specialist clinical support for children and young people with eating disorders	Practitioners support each through information sharing, advice and guidance.
Measuring outcomes and impact and using this to shape service developments	Intensive package of support for young people and families at risk of acute mental health problems	Information and choice for children young people and families

CARE PATHWAY FOR CHILDREN AND YOUNG PEOPLE WITH MENTAL HEALTH PROBLEMS



2 Principles and Values

2.1 Engagement with children, young people and families

Children, young people and their families are central to the development of this plan and to the task of transforming services and approaches to mental health. 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. Young people have led a seminar on their experience of self-harm. The CAMHS service recently formed a panel of ex-CAMHS service users to advise the practitioners on how to improve CAMHS. As the transformational plan is developed and implemented, children, young people and families will be part of the governance arrangements and be involved in the delivery of specific initiatives. This will be through involvement in commissioning panels, staff recruitment panels and service user panels. An 'Easy Read' version of the plan will be published on websites.

Young people have told us 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. They want their teachers to be skilled in supporting pupils with mental health issues. They want their parents to also have advice and support. Young people want help to build resilience and to be part of peer support groups. This can include support through social media and the internet. They would like to be able to access support such as counselling and workshops, with choice about when and where they meet.

They would particularly like easier access to advice and support at evening or weekends, perhaps through a phone line or website. They have spoken about their experience of self-harm and eating disorders. Many young people report a positive experience of the care they received. This is often down to forming a strong trusting therapeutic relationship with their worker. Finally they want to be involved in shaping their own care and support plans.

Best Practice

Rutland Health Watch and Rutland Youth Council. Survey of 965 students on mental health concerns.

HealthWatch Rutland and Rutland Youth Council 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)

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.

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 .
- Acknowledge that it is everyone's responsibility and inculcate a better understanding of what is available and how it can be accessed .
- Make sure early intervention and adolescent and child mental wellbeing 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.

2.2 Partnership commissioning and collaborative working

There is a strong commitment from all organisations to work in partnership to secure the transformation in care that young people want. This requires systems co-ordination: to ensure that services work better together, and to jointly plan the development of new services. Future in Mind is the catalyst which presents the opportunity to tackle the issues of fragmented and disjointed planning, and to work collectively towards a shared vision. There are already excellent examples of collaborative commissioning across Leicester, Leicestershire and Rutland. We plan to build on these projects and extend the model of partnership commissioning to the whole pathway. There are fundamental opportunities now for joint commissioning including pooled budgets. We will build on current work, set out below and learn from examples from other services.

- The Young Person's Team which provides mental health assessments and interventions for Looked After Children, young offenders and those who are homeless. We know that these young people are particularly vulnerable to mental health problems. The team is jointly commissioned by CCGs and local authorities. It provides training and guidance for social care staff and foster parents, as well as direct work with young people.
- The Leicester City Early Intervention in Psychology service which provides individual and group work support for children and young people aged up to 19 with issues around anger, anxiety, self-esteem or low mood which do not meet the threshold for a specialist CAMHS intervention. This work is commissioned in partnership between the City CCG and City Council. The service receives clinical supervision from the CAMHS service.
- The Healthy Schools Programme. This is a partnership between the Leicestershire County Public Health and local schools, academies and colleges which takes a whole school approach to improving the health and wellbeing of pupils and students. The programme promotes the link between good health, behaviour and achievement through four key areas: healthy eating; physical activity; personal, social and health education (PSHE); and emotional health and well-being. The programme has recently appointed two healthy school

advisers to support schools to improve pupils' mental/emotional health and wellbeing, delivery of mental health promotion training in schools including positive psychology coaching skills (Youth Mental Health 1st Aid training), suicide & self-harm awareness training.

- The school nursing service has developed specific expertise to support children and young people who self-harm. It has successfully piloted the use of joint posts with the CAMHS service to ensure that all school nurses have skills and confidence in supporting children with mental health issues. The service has also developed an innovative CHATHEALTH application for mobile technology which enables all children to contact the school nursing service at any time on an anonymous basis.
- There is a vibrant, diverse and strong voluntary and community group sector which provides a range of holistic services which support children, young people and their families. These services often work in collaboration to support the whole family.
- Health for Teens and Health for Kids websites which have a range of information and advice for children, young people and parents. These websites have been co-designed with young people and will be developed to contain more self-help information and resources. www.healthforkids.co.uk www.healthforteens.co.uk
- Leicestershire and Leicester City Public Health Teams and LLR CCGs have jointly commissioned an on-line counselling service for young people. This commenced in October 2015. A new service which offers advice, support and access to online counselling for children and young people aged 11-18 in Leicester City, Leicestershire and Rutland. The service, Kooth, offers easily accessible professional support to young people who are experiencing a wide range of emotional and mental health issues. The service will link to existing local services to ensure young people receive the help they need easily and quickly.
- Collaboration between Leicestershire Public Health and Voluntary Sector: Teenage Mediation (<http://www.thebridge-eastmidlands.org.uk/talk2sort>). The talk²sort mediation service works with young people aged 11-19 and families who may be having

problems at home or with their relationships. The service supports people to look at ways of resolving conflict, often working with issues such as arguments, breakdowns in communication and relationships, difficult emotions, mental health problems and concerns around substance misuse.

- CCG and local authority commissioned workshops for young people on protective behaviours and self-esteem. These workshops build resilience and self-worth, and reduce the risk of problems escalating.
- Police, mental health and probation services have worked collaborative to commission and provide the “Mental Health Triage Car” which provides an out-of- hours mobile mental health assessment service for adults and young people. This has led to a 40 % reduction in the Police use of S136 powers, where people are detained by the police for a mental health assessment. ²
- The local authorities and CCGs are actively involved in regional work across the East Midlands. This includes participation in the East Midland Strategic Clinical Network and CAMHS Working Group. We also participated in a regional mapping of readiness to implement the Future in Mind recommendations. We will establish specific links with neighbouring health and social care communities to consider best practice on issues such as eating disorders and crisis and home treatment services
- Joint commissioning from the CCGs and the University Hospitals of Leicester of a Paediatric Psychology service which supports the psychological needs of children and young people with long term or life limiting physical health conditions.

² <http://www.theguardian.com/healthcare-network/2013/nov/13/triage-scheme-police-mental-health>

2.3 Equality and Health Inequalities

All partners affirm their commitment to meet the requirements of the Equality Act 2010, the Human Rights Act 1998 and the Health and Social Care Act 2015. We will ensure that our plans promote services which are accessible to all, free from discrimination or harassment, tackle stigma and promote positive relationships and community cohesion. In particular we will consider the impact for those young children known to be vulnerable to mental disorders. This includes children and young people;

- “looked after” by the local authority,
- living in families with difficulties around mental health or substance misuse,
- involved in anti-social or criminal behavior,
- with physical, sensory or learning disabilities or special educational needs,
- with housing needs,
- victims of neglect or sexual exploitation,
- who are carers for others,
- who are a refugee or asylum seeker
- who are gay or bi-sexual,

Leicester, Leicestershire and Rutland is a particularly diverse area. Leicester City has one of the highest percentage ethnic minority populations in the country, and there are significant levels of poverty. Rutland is one of the most rural counties in England and is relatively affluent. A key aspect of our approach will be to tackle stigma within communities and promote awareness and openness about mental health and developmental difficulties. As this plan is developed it will undergo a full equality impact assessment to ensure that the needs of all children and young people with “protected characteristics”, as well as those who are vulnerable are addressed.

2.4 Workforce Development

A skilled, confident workforce is key to the successful delivery of all services. Presently, there are 80 full-time equivalent clinical posts within the specialist CAMH service. This is less than the guidelines recommended by the Royal College of Psychiatrists. The CAMH service has established a workforce development plan. This covers issues such as recruitment, leadership development, and training in specific therapeutic approaches such as cognitive behavioural therapy and Interpersonal Psychotherapy.

Other practitioners, in public, voluntary, community and independent sectors, working with children, young people and their families also need understanding and confidence in working with mental health issues. We will provide a programme of training and support for all practitioners, drawing on the expertise of our experienced clinicians. This will include multi-agency face-to-face and online training in child and adolescent mental health case management support, and an advice line.

2.5 Children & Young People's Improving Access to Psychological Therapies Programme (CYP-IAPT)

The three CCGs have applied twice, as part of larger consortia, to join the national CYP-IAPT programme. Unfortunately the consortium bid was unsuccessful on both occasions. Our partnership is therefore not currently part of the programme. There is no local CYP-IAPT training provider within the Midlands and East Region. We are keen to support the Leicestershire Education and Training Board to develop a course.

In the meantime, the workforce development plan for the specialist CAMHS service recognises the need to develop leadership skills, and therapeutic skills in approaches such as CBT, IPT and family therapy. The service is also extending the regular use of clinical outcome measures in line with the CYP-IAPT guidelines. We will invest in IT infrastructure to ensure that our services are well placed to make clinical and planning use of systematic outcome monitoring.

3 National Context

In the past few years there has been a plethora of national reviews and reports with regard to the mental health and wellbeing of children and young people. They have all concluded that the current system of care requires significant improvement. This chapter provides an overview of the most relevant reports and identifies the key findings that we have taken into consideration when creating this Leicester, Leicestershire and Rutland transformational plan.

3.1 Future in Mind (Department of Health 2015)

The Department of Health and NHS England Task Force on CAMHS reported on March 2015. The recommendations from this report will form the basis for government policy through this Parliament. The report, Future in Mind³, found that there was a clear economic, health and moral case for early intervention to promote resilience and prevent escalation to serious mental health concerns. Many health conditions show first signs in childhood, and if left untreated, can develop into conditions that need regular care. 75% of mental health problems in adult life (excluding dementia) start by the age of 18. Early intervention can avoid expensive and longer-term interventions into adulthood.

The report sets out 10 aspirations for the development of services, with an emphasis on promoting resilience, prevention and early intervention. It states that organisations need to dismantle the artificial barriers between services, and plan and commission services together. The objective is easy access to the right support at the right time. This requires a clear joined-up approach with intelligent use of information, accountability and transparency to drive improvements in delivery of care and standards of performance. Care will be provided for the most vulnerable children and young people. Along with this the workforce, both universal and specialist, needs development to enhance capacity and capabilities.

³ Future in Mind: promoting and improving our children and young people's mental health and wellbeing. Dept of Health and NHS England 2015

3.2 Right here, right now CQC report on crisis care for people with mental health problems 2015 & Mental Health Concordat⁴

The recent CQC report found variation in the experience of care for people during a mental health crisis. People raised concerns about delays in receiving support, co-ordination of help from different agencies and attitudes of some staff which were not compassionate or understanding.

The report found that 31% of those under 18 who were detained by the Police under section 126 were taken to a police cell as a Place of Safety. The national target is that no person aged under 18 will be taken to a police cell in future as a place of safety. The Mental Health Concordat requires local agencies to develop co-ordinated support for people of all ages who experience a mental health acute episode or crisis.

3.4 Mental Health and Behaviour in Schools: Advice for School Staff (DfE 2015)⁵

This guide sets out the evidence that in order for pupils to succeed, schools must have a role in supporting them to be resilient and mentally healthy. It advises that schools can promote mental health by having a healthy school approach, committed leadership, access to specialist support, enabling peer support and mentoring, continuous staff development, and work in partnership with children young people and parents. The guide is supported by advice for schools on commissioning emotional support services such as counselling. Schools could do this independently or with other schools, or in partnership with the local authority and CCG.

3.5 Achieving Better Access to Mental Health Services by 2020 (DH 2014)⁶

Achieving Better Access to Mental Health Services by 2020 outlines the first waiting time standards for mental health. This is part of the drive for parity of esteem, where people with mental health conditions can expect the same level of service as those with physical ailments. For 2016 there will

⁴ Right Here, Right Now: help, care and support during a mental health crisis. Care Quality Commission 2015

⁵ Mental Health and behaviour in schools: advice for school staff. Department for Education 2015

⁶ Achieving Better Access to Mental Health Services by 2020. Department of Health / NHS England 2014

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be a national standard that at least 50% of people of all ages referred for early intervention in psychosis will start treatment within two weeks. There will also be requirement for all CCGs to commission specialist community services for children with eating disorders. These children are at high risk of serious illness and mortality. A waiting time standard for access to this specialist service will be set for 2016/17.

3.6 Eating Disorders

There is a specific requirement set out in Achieving Better Access for all CCGs to commission specialist community services for children with eating disorders. Eating disorders such as anorexia nervosa and bulimia nervosa are debilitating mental disorders with high mortality rates⁷. If untreated within the community, it is likely that a young person with an eating disorder will require a long period of hospitalisation to stabilise the medical condition and then treat the underlying psychological condition. NICE clinical guidance recommends family interventions for those with anorexia and cognitive behavioural therapy for children and adolescents with bulimia.⁸ The Department of Health will expect all CCGs to have commissioned such services for their region to be operational from 2016/17. They will be multi-disciplinary teams, providing a range of evidence based interventions. There will be a specific access waiting time target of 4 weeks from referral to commencement of treatment for routine cases, 1 week for urgent cases.

3.7 National review of CAMHS Tier 4 (DH 2014)⁹

This report identified a national shortage of hospital beds for children. It recommended an investment in extra capacity and strong joint working between specialist commissioners and local clinicians to improve the access to hospital and facilitate earlier discharge. The report also found that intensive community support services for children and their families can prevent the need for admission. It is still the case that many young people have to be placed in a hospital far away from their home.

⁷ Guidance for commissioners of eating disorder services: Joint Commissioning Panel for Mental Health

⁸ Eating disorders: core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders: National Institute for Clinical Excellence 2004

⁹ Child and adolescent mental health services (CAMHS) Tier 4 report 2014

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3.8 Children and Family Act 2014 and Children with Special Educational Need or Disability

This Act sets out clear responsibilities for education, health and social care organisations to work together to meet the needs of children and young people up to the age of 25 with Special Educational Needs or Disability (SEND). Each local authority must publish a “local offer” of health social care, education and training services that are available. There must be a single education, health and care health plan for every child which can run up to the age of 25. The young person or their parent can ask for a “personal budget” to choose how elements of their care plan will be met.

Many organisations manage services differently for children and for young adults. There is often a “cut-off” at an age between 16 and 19.

The Act will require services to re-examine these structures and ensure at the very least that there is planned and co-ordinated transition between services. The Act also requires authorities to provide support for young carers and for families post-adoption.

The Winterbourne Review has highlighted specific problems in the long term health and social care residential services for people with learning disabilities. All CCGs have been tasked to develop Transformational Care plans. This plan must also consider the needs of adolescents and young people with learning disabilities and mental health problems, and their transition into adult services.

3.9 Equality Act 2010 & Humans Right Act

The Equality Act requires all public bodies to

- give due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic and those who do not share it;

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- give regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities

The National Joint Commissioning Panel for CAMHS¹⁰ has identified some children as having higher risk factors for emotional distress and mental disorders. It is also accepted that there is stigma attached to mental health problems and illnesses within numerous communities. We will ensure that our plans promote services which are accessible to all, free from discrimination or harassment, tackle stigma and promote positive relationships and community cohesion. In particular we will consider the impact for those young children known to vulnerable to mental disorders.

The Human Rights Act 1998 sets out a number of fundamental rights of all citizens including children and young people. These include:

- freedom from torture and inhumane and degrading treatment
- respect for private and family life
- no punishment without law
- freedom of expression

We will ensure that all services supporting children, young people and their carers adhere to these rights. It will also be important to tackle inequalities in access to health services and in health outcomes.

¹⁰ Guidance for commissioners of CAMHS: Joint Commissioning Panel for Mental Health 2013

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3.10 Key findings from the national agenda for the Transformational Plan

The national agenda has highlighted the following key issues that will be addressed within our local transformational plan

- There should be access standards for all services. There will be a national requirement from 2016/17 that at least 50% of children and young people referred for early intervention in psychosis will start treatment within two weeks;
- Local services for children and young people with eating disorders should be commissioned. There will be a national access time standard for this service of 4 weeks for a routine referral and 1 week for an urgent referral from 2017/18.
- Schools should adopt a healthy schools approach and offer emotional support services such as counselling, group work and peer support.
- Intensive community support services should be established that can prevent the need for admission and keep children and young people close to home
- Services for young people with special educational needs and disabilities should be clearly planned with adult services to ensure planned and co-ordinated transition;
- Targeted support should be available to young carers;
- Target support post-adoption;
- A place of safety for children and young people should be available for times of mental health crisis;
- Access to hospital beds should be improved and earlier discharge facilitated
- Some children and young people have higher risk factors and preventative and specialist services should be able to respond to their needs.
- All services should be free from discrimination, harassment and victimization, tackle stigma, and address health inequalities
- All services should promote or protect the rights of the child. In particular, they must adhere to the Humans Rights Act.

4. Level of Need and Local Context

4.1 Children and Young People in Leicester, Leicestershire & Rutland

There are approximately 250,000 children aged up to 18 in Leicester, Leicestershire and Rutland (Census 2011). Leicester City has one of the highest percentage ethnic minority populations of any area in England¹¹. 68% of school children are from a Black or Ethnic Minority background, predominately South Asian. Leicester City Council estimates that the local Somali community comprises about 10,000 people. There are between 6,000 and 8,000 migrants of working age from Poland, Portugal, Slovakia, Latvia and Lithuania, including 1,000 – 2,000 people from the Slovak Roma community. Other new communities include asylum seekers and refugees. There are as many as 150 languages and dialects spoken in Leicester. Approximately 35% of children live in poverty and 64% in total live in families on low income. Poverty and low income levels correlate with poorer child health outcomes. The significant young ethnic minority population requires services to have a strong understanding of cultural norms and experience of discrimination that can impact on emotional health, as well as access to good language support services. The staffing population should reflect the diversity of the communities we serve. The CHIMAT Report¹² on child mental health reported that Leicester had higher levels of childhood obesity, tooth decay and a higher infant mortality rate than the national average. Admission rates to hospital for self-harm for those aged 10-24 have decreased in recent years and are lower than the national average.

Leicester City's Health and Wellbeing strategy 2013-16, "Closing the Gap"¹³ has strategic priorities to improve outcomes for children and young people and to improve mental health and emotional resilience. The focus is on prevention and early intervention. This can help prevent emotional and behavioural difficulties, under-attainment at school, truancy and exclusion, criminal behaviour, drug and alcohol misuse, teenage pregnancy and

¹¹ Leicester Joint Strategic Needs Assessment 2012/ Leicester City Council

¹² Child Health Profile Leicester June 2015: Public Health England

¹³ Closing the Gap: Leicester's Joint Health and Wellbeing Strategy 2013-16. Leicester City Council 2013

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the subsequent need for high cost statutory social care in later life. The strategy also calls for intensive support for families with multiple problems and to tackle discrimination and stigma.

Leicestershire and Rutland are rural and relatively affluent counties. The health of children is generally better than the national average. There are however issues around rural isolation and social or academic pressure that influence mental health. Leicestershire's Health and Wellbeing Strategy 2013-16¹⁴ sets out priorities to “get it right from childhood” and “improving mental health and wellbeing”. It states that one of the most significant challenges to the health of the population is caused by the intergenerational cycle of health inequalities. Targeting families with the greatest overall needs (as per the “Supporting Leicestershire Families” initiative that has been developed in locally) is key to ensuring that the most vulnerable children have the best opportunity for good health and wellbeing throughout their lives. Rutland hosts two military bases with 700 children living there. The Rutland Joint Health and Wellbeing Strategy 2013-16¹⁵ has priorities to support the emotional health and wellbeing of children, young people and their families, and to support vulnerable teenagers make a smooth transition into adulthood.

4.2 Prevalence rates for mental health and developmental conditions

The last national survey of prevalence of mental health conditions in children was conducted in 2003¹⁶. This indicated that, at the time, in an average class of 30 schoolchildren, 3 will have a diagnosable mental health disorder¹⁷. The survey, extrapolated to Leicester, Leicestershire and Rutland indicates that

¹⁴ Leicestershire's Health and Wellbeing Strategy 2013-16. Leicestershire County Council 2012

¹⁵ Rutland Joint Health and Wellbeing Strategy 2013-16. Rutland County Council and East Leicestershire CCG

¹⁶ Green H, McGinnity A, Meltzer H, Ford T, Goodman R (2005). Mental health of children and young people in Great Britain, 2004

¹⁷ YoungMinds Mental Health Statistics.

11,000 children will have a conduct disorder: 6,250 will have anxiety: 1,700 will have diagnosable depression: 2,850 will have severe ADHD.

The specialist CAMH service provides therapeutic and medical interventions to assess and support children with mental health or neurodevelopmental needs. The current case load indicates the spread of conditions that the service supports.

Condition	Number of open cases
Anxiety	360
Conduct	50
Depression	139
Eating Disorder	100
Psychosis	11
Obsessive Compulsive Disorder	23
Self-Harm	78
Stress	70
Neurodevelopmental (ASD and ADHS)	562
Other	261
	1092

Often a child or young person will present with two or more related mental health conditions. Other service such as pediatrics, health visitors, school nurses and educational psychology also provide significant support for children with neurodevelopmental and mental health conditions. Nevertheless the data would suggest that if there are 21,000 children and young people with potential mental health or neurodevelopmental concerns, only one in twenty is receiving specialist assessment and therapeutic support from CAMHS.

4.3 Baseline Workforce Data

The charts below set out workforce data for the specialist CAMHS service including primary mental health, community CAMHS, specialist CAMHS teams and local Tier 4 hospital services.

Role	Grade	WTE
Medical	Consultant	13
	Specialty Doctor	1
Nursing	Qualified	46
	Unqualified	11
OT	Qualified	8
	Apprentice	1
Psychology		22
Therapy		7
Overall Total		109

24% of staff have an ethnic minority background. They range in age from 21-65 with 20% aged over 50. 4/5 of staff are female. There are a wide range of other services, in health, social care, education, youth offending amongst others, which work with children with mental health problems and their families.

4.4 Baseline financial data

The three CCGs fund the specialist CAMHS service to the value of £6.5 million in 2015/16. They also fund under children's services such as Paediatrics, 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 16-25.

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) 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 Commissioner has committed £140,000 per annum to commission emotional support services for child victims 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.

4.5 Vulnerable Children and Young People

There are approximately 1110 Looked after children in Leicester, Leicestershire and Rutland. The numbers have steadily risen over the past five years from 837 in 2010. Most are placed within foster placements. National research, Meltzer et al (2003)¹⁸, showed that 46% of looked after children had a least one psychiatric diagnosis. There are approximately 9,000 children in need. A local health needs assessment has highlighted mental health as a key issue, with access to early support vital.

¹⁸ The mental health of young people looked after by local authorities in England. Meltzer et al (2003)

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For 2014, the proportion of school pupils with Special Educational Needs was 19.6% for Leicester City and 15.6% for Leicestershire County and Rutland. The England average was 17.9%. Children with a learning disability can often present with challenging and difficult behavior, which may also be associated with emotional distress. There is a specialist LD CAMHS service which provides an urgent, seven day a week service to reduce the risk of hospital admission or loss of residential care. This is linked to Transforming Care plans for all people with learning disabilities.

The total number of Children and Young People who were a victim of a crime in 2014/15 across LLR was 3466. Of these the most prevalent crime types were assault, harassment, indecency and theft. It is well documented that young people are at a greater risk of becoming a victim of crime than the general population and that very few young victims go on to report their crime. The Office of the Leicestershire Police and Crime Commissioner has conducted qualitative research with young people and identified a need for therapeutic support for children and young people who are victims of crime and witnesses to crime¹⁹.

Leicestershire County Council's Public Health Department²⁰ carried out a mapping review of mental health and wellbeing support services for children in 2014. This report found high levels of anxiety, more anger, more challenging behavior including violence and more self-harming. Children raise issues of bullying, family separation, domestic abuse and academic pressure as causes of emotional and mental distress. There has also been a rise in issues relating to social media, including cyber-bullying, and internet sites or groups which promote self-harm or eating disorders.

The report found examples of good early intervention and low level support services. These included counselling, self-esteem group work parental support, family mediation. However these are not universally available leading to a patchwork of provision. Such services may not always have links into statutory services such as educational psychology or CAMHS.

¹⁹Children and young people victim service review. Office of the Leicestershire Police and Crime Commissioner / Baker Tilly (2015)

²⁰ Mapping of children and young people's mental health and wellbeing support and services. Leicestershire County Council 2014

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There has been significant pressure on local authority budgets which has led to a reduction of some early help services, either provided directly by the Councils or commissioned by them.

4.6 Role of Schools

Schools have greater responsibility and autonomy for developing pastoral and educational support services. They can utilise pupil premium funding to provide additional emotional health and well-being support to enable those eligible for funding to access learning and improve outcomes. Young people in Rutland have recently stated that they want greater education and discussion about mental health issues at school, to help overcome stigma and discrimination. School teachers want opportunities to develop their skills and expertise in supporting their students, and in accessing specialist help at the right time. Schools have a very important role to play in supporting children and young people to be resilient and mentally healthy.

A recent Chief Medical Officer's report²¹ highlighted '*Promoting physical and mental health in schools creates a virtuous cycle reinforcing children's attainment and achievement that in turn improves their wellbeing, enabling children to thrive and achieve their full potential.*' In Leicestershire the Leicestershire Healthy Schools Programme provides a framework for a coordinated and effective approach to the planning and delivery of health and wellbeing improvement in schools. The programme operates a whole school approach to education and health improvement in schools ensuring that the whole community is involved in the process.

²¹ Annual Report of the Chief Medical Officer 2013, Public Mental Health Priorities: Investing in the Evidence

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4.7 Role of the Voluntary and Community Sector

Voluntary Action Leicestershire (VAL) holds a database and public directory of voluntary and community sector (VCS) organisations for Leicester, Leicestershire & Rutland (LLR). These groups cover a range of services, and just over 450 groups help with emotional health and wellbeing with the main beneficiaries as children, young people and families (CYPF). These groups deliver a range of local community based activities, from, street based art, sport, drama and music, to more specialist support for conditions, such as Attention Deficit Hyperactivity Disorder (ADHD), for the whole family. VCS groups have a strong track record in building strong relationships with families, breaking down barriers, have direct access into families at a community level and have built trust with communities over a number of years. The VCS will have a pivotal role in delivering interventions and preventative projects and services working in consortia and/or in collaboration with statutory partners. There is currently a patchwork provision of commissioned VCS early help and support services that needs coordination and integration as part of a whole system wide local offer for families. This has the potential to reduce pressure on specialist CAMHS and waiting times for access to these services.

4.8 Redesign of Specialist CAMHS

The specialist CAMHS Community Outpatient service has seen an increase in referrals of about 9% per year over the past four years. The main reasons for referral include conduct disorders, family problems, requests for assessment for neurodevelopmental conditions, low self-esteem, self-harm and eating disorders. This has led to significant pressure on the CAMHS teams with increased waiting times for assessment and treatment. Average waiting times for assessment are rising and are currently around 13 weeks. Some children and young people have to wait much longer. Around 30% of referrals are not accepted or redirected as they do not meet the thresholds for a CAMHS intervention. This indicates that work can be done to improve the understanding of the role of the specialist CAMHS service and promote other services that can provide appropriate support.

The service provides a range of therapeutic interventions. Core interventions are Cognitive Behavioural Therapy (CBT), Systemic Family Therapy (SFT) and Psychodynamic Psychotherapy. .

In 2014 the CCGs commissioned an independent review of the CAMHS community outpatient services to examine and address these issues²². The review also considered concerns about joint working with other organisations such as GPs, schools and social care services. The key recommendations from this review centred on the referral and assessment process, clinical leadership , caseload management and advice, information and support for other practitioners and service users.

These recommendations have been adopted into a Service Development Improvement Plan and a redesign of the specialist CAMHS²³ . Key elements of the plan are to manage the current waiting lists to ensure that all children are safe, improve access, tackle low discharge rates, work to agreed quality standards as set by the Royal College of Psychiatrists, and improve engagement with stakeholders.

CAMHS uses the following clinical and patient-centred outcome measures:

- Health of the Nation Outcome Scales for Children and Adolescents (HONOSCA)
- Friends and Family Test (FFT)
- Paediatric Index of Emotional Distress (PI-ED)
- Strengths and Difficulties Questionnaire (SDQ)

²² Review of NHS CAMHS Tier 3 services in Leicester, Leicestershire and Rutland. Tim Jones 2014

²³ CAMHS Service Development and Improvement Plan 2015/16. Children and Families Commissioning Team, West Leics CCG

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There has also been a recent Care Quality Commission inspection of children and families services provided by Leicestershire Partnership Trust (July 2015)^{24 25}. This has recommended a number of areas of CAMHS community and in-patient services which require improvement. These include ensuring staff have regular supervision, training and appraisals; assessing and treating young people in a timely manner; the development of crisis response services; learning from serious incidents; and ensuring service users give consent to treatment and are informed of their rights.

4.9 Crisis and In-patient Care

There have been seven serious incidents involving children known to the CAMHS service over the past two years who have been admitted to an adult in-patient ward or had an extended wait within the Emergency Department at the Royal Infirmary hospital. The CCGs commissioned an independent review into these cases which was conducted by Verita²⁶ and reported in July 2015. The key themes that were highlighted within this review were:

- Develop multi-agency care plans, risk assessments and crisis response plans for children and young people at risk of acute mental health or conduct difficulties
- There should be a clear place of safety for young people under the age of 18
- Commission a crisis response service
- Ensure that there is a clear protocol and procedure for accessing in-patient services which is communicated to all relevant practitioners

Leicester, Leicestershire and Rutland has been selected as one of only eight urgent and emergency care vanguard sites. The Vanguard will create a new alliance-based urgent and emergency care system where all providers work as one network. This will bring together ambulance, NHS111, OOH

²⁴ Leicestershire Partnership Trust: specialist community mental health services for children and young people. Care Quality Commission July 2015

²⁵ Leicestershire Partnership Trust: child and adolescent mental health wards. Care Quality Commission July 2015

²⁶ A thematic review of seven incidents involving Child and Adolescent Mental Health Services. Verita 2015

and Single Point of Access services to ensure that patients get the right care, first time. The Vanguard will also progress work to ensure that there is an all ages crisis response service including children and young people experiencing acute mental distress. A service model has been developed which will include a specialist CAMHs Consultant, nurse, psychologist, child social worker and a substance misuse worker as part of an “all-ages” liaison service. This service will focus on support for children and young people when they attend the Emergency Department and other acute hospital services. This will be a seven day service. Through the Future in Mind transformational fund we will commission multi-agency intensive community and home treatment services. These services will operate extended hours seven days a week, and will provide home visits and intensive work with the young person, their carers and other agencies such as school or social care. The aim will be to reduce and avoid admission to either ED or mental health in-patient units and also support planned discharge from in-patient units.

Children in Leicester, Leicestershire and Rutland who require a period of time in a mental health hospital can access beds commissioned from NHS England. There is a 10-bedded unit within Leicestershire. Young people from LLR may be placed there or at another unit across the Midlands and East region. There are no specialist units in the region for young people with eating disorders or requiring a Psychiatric Intensive Care Unit (PICU). These young people may be placed anywhere in the country. This presents problems in continuity of care and education, difficulties for families and carers in visiting, and can damage the young person’s links with friends and peers. We are keen to see a greater provision of general and specialist beds within the Midlands region. The data for June 2015 shows that 48 young people from LLR were placed in a hospital, 5 of these in eating disorder unit, 8 within a PICU and 4 in Low Secure setting. All 17 requiring a specialist unit are placed outside the East Midlands region.

We are keen to work as part of regional collaborative commissioning arrangements to strengthen the provision of in-patient facilities within our region and ensure that there are good protocols for partnership working between Tier 3 and Tier 4 commissioners and providers.

4.10 Eating Disorders

The CAMHS service is presently not specified to provide a specialist eating disorder service. There has been a significant increase in referrals for this condition from around 40 to 100 per year. These children and young people are supported by the generic community CAMHS team. An eating disorder such as anorexia nervosa can be a particularly serious mental health condition with a risk of severe damage to physical health or mortality. There is a growing evidence base that early access to specialist community based eating disorder service operating to NICE guidelines can improve outcomes and be financially cost-effective by reducing reliance on long-term hospital placements. The CCGs have agreed to commission a specialist community based eating disorder service with the capacity to provide NICE concordat therapeutic interventions for 100 children and young people per year. This multidisciplinary service will consist of 11 staff and will serve an overall population of 1 million. The service will meet the national access standards by 2017/18. These are four weeks from referral to assessment and commencement of treatment for routine cases, and one week from referral to assessment and commencement of treatment for urgent cases. This development will potentially reduce pressure on generic CAMHS. It should also prevent the escalation of eating disorder conditions to critical levels where emergency admission to specialist or paediatric hospital wards is required.

4.11 Key findings impacting on the transformational plan

- Our region has a significant child ethnic minority population and all services will need to be accessible and culturally appropriate. Peer and parental support groups for these communities may be particularly beneficial.
- There has been an increase in young people experiencing anxiety, anger and challenging behaviour and referrals to specialist CAMHS.
- Education services are very important in promoting resilience and good mental health and in commissioning specific pastoral support services

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- There are some excellent and innovative voluntary and community sector providers. There is a patchwork provision of early help and support services. These services need to be integrated within a care pathway and commissioned in a strategic way to ensure that there is consistent and equitable offer to children across the region.
 - The CAMHS service must transform the assessment and treatment process so that help can be offered quicker. It can offer more advice, training and support to other organisations and practitioners. It can make better use of routine outcome measures.
 - Specific community services for children and young people with eating disorders are required.
 - A co-ordinated multi-agency response to children and young people experiencing a mental health crisis is required.
 - There is a need for more generic and specialist hospital beds commissioned in the East Midlands.

5 Transformational Plan for 2020

5.1 Promote good emotional health and resilience for all children, young people and their families

Young people have said that they want to have the confidence to talk about emotional problems openly and without stigma. They want to be able to find information and support from the school, college or youth service, and also from websites and social media. Education services want to offer education and guidance for their pupils, provide pastoral support and know when to ask for specialist assistance. Parents, young people and schools are all concerned about the impact of cyber-bullying.

Our partnership will commission and deliver a public health campaign on mental health and resilience. A key element of this will be to form partnership with education settings to develop and deliver age appropriate education on mental health problems. We will also review the current approaches and resources that are being used to address the misuse of social media, including cyber-bullying and sexual exploitation. The best practice approaches will then be shared across educational settings.

Our partnership will develop a range of ways for children, young people and carers to find out about mental health and the range of services that can help this. This will be through utilising social media and more traditional communication methods. It will involve building on current best practice and innovation.

The financial investment in this work will come initially from the transformational plan and from public health departments. The partnership will also engage with schools to release direct funding contribution. Indicative funding would be £200,000 from the transformation plan. This will be used to establish new school liaison posts and to commission a comprehensive health promotion campaign.

The Standards for this work will include:

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- the number and proportion of schools which engage in the programme,
 - a survey of young people about their attitudes, experience and awareness of mental health issues.

5.2 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 to have a choice about the kind of help they receive and be encouraged to become resilience 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 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.

Our partnership will commission a multi-agency “First Response” service which will assess the level of distress and risk facing a child, young person or family, and co-ordinate the right intervention and support. The service will set thresholds using the Merton Risk Assessment Tool and Signs of Safety. It is important that there is quick local access to this first response, 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.

There will be specific aspects of this work that will focus on services for children and young people from “hard to reach” communities. This will be achieved through building on and developing partnerships with local community groups such as the City of Sanctuary (refugees and asylum seekers), the Lesbian, Gay, Bi-sexual and Transgender.

There will be financial contributions from local authorities, CCGs and the OPCC to supplement and support transformational plan investment in this approach. Indicative funding would be £460,000 from the transformational fund with matched funding (or work in kind) from local commissioning partners. The funding will be used to enhance early help capacity and to commission a range of community –based short term interventions.

The standards for the service will include

- The number of young people and / or carers who are assessed within four weeks of a referral.
- The number of children young people and carers who participate in programmes of early support.
- Improvements in Strengths and Difficulties Questionnaire rating for CYP participating in the programmes
- The proportion of CYP completing early help programmes who require further specialist CAMHS support.

5.3 Single gateway to specialist CAMHS services with clear access standards

Young people value the quality of care and support they receive from the specialist CAMHS service. They have said that they appreciate the therapeutic relationship they can develop with their practitioners and the support offered to their family and carers. However, it remains difficult to access the service quickly and there is a perception that a young person will be told that they are “not ill enough” to receive CAMHS help. The CAMHS service is experiencing a rising number of referrals (up about 9% per year) and increasing these are for complex or urgent situations.

The CAMHS service will pilot establishing a single access team. This team will receive all referrals to the service and will make direct contact with the referrer, the young person and the carers (if appropriate) to understand the presenting issues. It will offer short term interventions or ensure that the young person can access the specialist CAMHS services if required. The pilot service will run during 2015/16 with the aim of commissioning a full service to operate from 2016/17 onwards. There will be locally agreed access waiting time standards There will be strong engagement with local authority social care access teams to share information (with consent) and to plan joint interventions.

The service will also provide a set range of evidence based NICE concordat therapies. This will include Systemic Family Therapy, Cognitive Behavioural Therapy, Parenting Support and Interpersonal Psychotherapy. These will be specified clearly within contract documentation.

The indicative financial commitment would be £50,000 from the transformational fund. There will also be support through the existing CCG funding of the CAMH Service.

The standards for this service will be for all children and young people will receive an assessment within 13 weeks of referral.

5.4 Specialist support for vulnerable children and young people with mental health problems

The CCGs and local authorities will review and consider expanding the specialist therapeutic support that is available for children and young people who are particularly vulnerable. This includes looked after children, those at risk of offending, those with learning disabilities, those with a family of mental health problems, those who have been exposed to sexual exploitation and children who are refugees or asylum seekers. It is known that these children and young people are more likely to require psychological support and would benefit from swift access to services which are skilled and experienced in responding to their needs.

Through Parity of Esteem we will focus on providing a dedicated and swift response to young people with a first episode of psychosis. This will ensure that we meet the national access standard that people with first episode psychosis will be assessed and commence treatment within two weeks of referral.

The indicative financial commitment would be £50,000 from the transformational fund, and £288,000 from Parity of Esteem. This will be used to enhance clinical capacity within these specialist teams.

The standard for this service will be that all children and young people will receive specialist psychological support within 13 weeks of referral.

5.5 Systematic use of outcome measurement to drive clinical and service improvement

Our partnership will strengthen the use of outcome measures. These will be used both to inform clinical practice for individuals, and also to improve the overall design of services. Measures will include HONOSCA, PI_ED, Friend and Family Tests, Outcome Star, Strengths and Difficulties Questionnaire, and Signs of Safety. A range of measures are set out in the guidance for the Children and Young People's Improving Access to

Psychological Therapies programme (CYP-IAPT) and the Child Outcomes Research Consortium (CORC). We will prepare for the Mental Health Service Minimum Data Set (MHSMDS). This work will involve ensuring that data systems are in place to record, analyse and report on the outcome measures. It will also involve developing information sharing protocols between organisations.

The LLR CAMHS services are presently not part of the National CYP-IAPT programme. There is not a training provider for the Midlands region. However, the partnership is keen to support the Local Education and Training Board to develop provision locally. Non-recurrent transformational funding will be used to support this.

The standards for this service

- All commissioned services will use both clinical and patient centred outcome measures. These measures will inform clinical practice and service planning
- All commissioned services will have data sharing agreements and protocols in place.

5.6 Specialist community services for children and young people with eating disorders

Eating disorders such as anorexia nervosa and bulimia nervosa are debilitating mental disorders with high mortality rates²⁷. There has been an increasing prevalence of eating disorders amongst children and young people with the number of referrals to CAMHS increasing from an average of 40 a year in 2011 to over 100 in 2014/15. If untreated within the community, it is likely that a young person with an eating disorder will require a long

²⁷ Guidance for commissioners of eating disorder services: Joint Commissioning Panel for Mental Health

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period of hospitalisation to stabilise the medical condition and then treat the underlying psychological condition. NICE clinical guidance recommends family interventions for those with anorexia and cognitive behavioural therapy for children and adolescents with bulimia.²⁸ The Clinical Commissioning Groups have therefore decided to invest in the commissioning of a specialist multi-disciplinary community based eating disorders service for children and young people up to the age of 18. The service will deliver NICE concordant treatments for up to 100 new referrals per year. It will serve a general population of 1 million. It will operate to the national access and waiting time standards so that all routine cases will be assessed within 4 weeks and urgent cases within 1 week of referral. Over the period of this transformational plan there will be the opportunity to further enhance the service to meet all aspects of the national guidance (2015)²⁹ and respond to new NICE guidelines which are due in 2017. This will include developing pathways for self-referral and to ensure that the service can operate 7 days-a –week. The potential benefits of this investment include reductions in admissions and length of stay in specialist hospital settings. It will also have the potential to reduce the number of crisis and acute cases.

Indicative financial contribution: £440,000 from the transformational fund. This will be used to fund seven new posts within the service. These posts will have a role in outreach and advice to other practitioners as well as direct patient care.

The Standards for this service will be

- All routine referrals will be seen within 4 weeks of referral
- All urgent referrals will be seen within 1 week of referral

²⁸ Eating disorders: core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders: National Institute for Clinical Excellence 2004

²⁹ Access and Waiting time standards for child and young people's eating disorder services, NHS England 2015

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5.7 Co-ordinated support to prevent crisis and at time of crisis

There is also a need to develop specific support for children and young people, and their carers experiencing a crisis situation due to significant behavioural or mental health disorders. This may include a young person being violent, using threatening behaviour towards themselves or others, or facing a life-threatening condition. In these situations, an urgent assessment or intervention may be required and the young person may need to be taken to a safe and calming environment where, in time, a full assessment can be undertaken. There is also a requirement to establish a designated “Place of Safety” as required under Section 136 of the Mental Health Act 1983. This Place of Safety should never be a police cell. The CCGs, in partnership with the local authorities, will commission an intensive community support service which will operate beyond normal office hours and offer home or community based assessments and interventions. The team will also liaise with NHS England and Tier 4 providers to facilitate planned admission and discharge.

This team will consist of a CAMHS Consultant, CAMHS nurses and social workers.

Through the Vanguard Programme, the CCGs will also commission enhanced all-age liaison psychiatry services. This 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 Concordat³⁰.

³⁰ Crisis Care Concordat for Mental Health: Leicester, Leicestershire and Rutland action plan

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Indicative funding would be £500,000 from the transformational plan and £250,000 from the Vanguard programme. This would be used to establish the new service teams.

The standards for these services will be:

No child or young person will wait more than 4 hours in the emergency department.

No child or young person will be placed in a police cell as a place of safety

The intensive community support service will operate 7 days-a-week

5.8 Workforce Development

We have established a workforce development plan for the specialist CAMHS service. This focusses on succession plan and recruitment and the development of leadership and specific therapeutic skills. The plan recognised the need to develop skills and experience in therapies such as cognitive behavioural therapy, psychodynamic psychotherapy and family therapy. It is also important to have a workforce that is balanced in terms of age and gender and is ethnically diverse to reflect the profile of the children and families we work with.

We will recommission a child mental health training and development programme. This will build on our successful approach of ensuring that local specialist practitioners deliver the training to other practitioners such as children's centre staff, social workers, police officers and school teachers.

Indicative funding would be £70,000 from Future in Mind. This would be used to commission a programme of training.

6 Governance and Transparency

This transformational plan presents a significant challenge to all partner organisations. But the vision is clear and the determination to make these changes now is set. The programme will require strong governance and management to ensure that it delivers against the objectives, and remains transparent and open to scrutiny and review. This is why we have decided to embed the Future in Mind Transformational Plan within the Better Care Together (BCT) Programme Framework. This approach offers the benefit of greater engagement with a wide range of stakeholders as well the potential to make links with other workstreams such as adult mental health and urgent care.

The programme will be led by the BCT Delivery Board which is accountable to the Boards of the three CCGs and three Health and Wellbeing Boards for the area. It will be part of the Women and Children's Workstream, and be jointly led by the Director of Children's Services at Leicestershire County Council and the Director of Nursing at Leicester City CCG. A Steering Group³¹ has already been established with representation from local authorities, voluntary sector, Healthwatch, the OPCC and health commissioners and providers. This steering group will have responsibility for joint commissioning of services, utilising Future in Mind and existing budget allocations.

There is a programme lead officer, who will be supported by additional project officers responsible for delivering key aspects of the programme. Task groups are being established to manage each element of the programme. These task groups will be responsible for delivery and will receive regular reports against the key standards and Key Performance Indicators for their services. There will also be specific stakeholder reference groups for schools, GPs, parent/ carers, and young people. These groups will hold the overall programme to account, and ensure that it remains focussed on what local children, young people and carers have said that they want. The structure is set out in the diagram below.

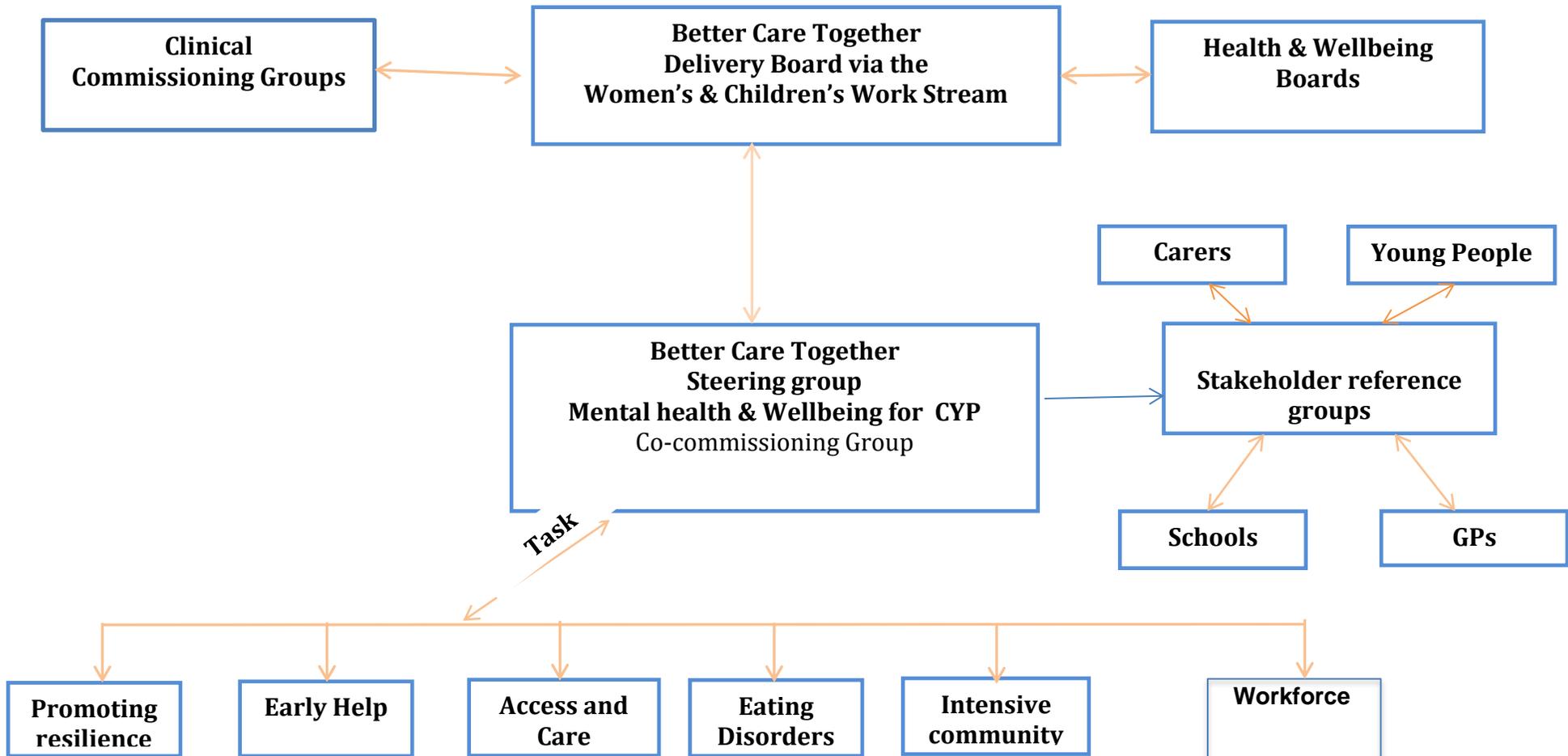
An "easy read" summary of the plan will be published on the websites for each CCG and Health and Wellbeing Board in December 2015.

³¹ Better Care Together Mental health and wellbeing of children and young people steering group 2015: terms of reference

Leicester, Leicestershire and Rutland: Mental Health and Wellbeing for Children and Young People Transformational Plan 2015 – 2020

Resubmission November 2015

Governance Framework Mental Health & Wellbeing for Children and Young People



7 Indicative Financial Allocations

The three CCGs for Leicester, Leicestershire and Rutland will receive a total of £1,870,000 recurrent funding on assurance of the transformational plan. Funding had also been allocated from Parity of Esteem to meet access standards for early psychosis (£280,000) and from the Vanguard to enhance liaison psychiatry services (est. £250,000). 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. These contributions are being finalised and have not been included in the financial trackers or plans set out below. However we have a clear approach that the Future in Mind funding is a catalyst for partner agencies to contribute to the overall transformational of services. **Future in Mind funding will not be used as a replacement for core funding of services.**

The proposed financial allocations and commitments are set out in Annex 1. This specifically covers the use of resources for the remainder of the 2015/16 financial year. The focus is on establishing the work programmes for each of the task groups. There will also be opportunities for non-recurrent investment to address issues such as IT modernisation or waiting list backlogs. A Section 75 Partnership Agreement will also be set up between the CCGs and local authorities to ensure that the funds are ring-fenced for investment in mental health services for children and young people.

Summary funding allocations

Priority	Funding	Contributions	
		Future in Mind	Other
Programme Management	£ 100,000	£ 100,000	
Eating Disorders	£ 440,000	£ 440,000	
Crisis Support and Intensive Community Support	£ 750,000	£ 500,000	Vanguard £250,000
CAMHS Access Team	£ 388,000	£ 100,000	Parity of Esteem £288,000
Early Help	£ 460,000	£ 460,000	
Public Health and engagement with schools	£ 200,000	£ 200,000	
Workforce development	£ 70,000	£ 70,000	
Total	£2,408,000	£1,870,000	£538,000

Details are set out in Annex 1.

8 Implementation Plan 2015-17

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.

The implementation plan will form the work programme of the BCT Steering Group for children and young people's mental health and wellbeing. It will be closely managed and reviewed to ensure that there is progress in all areas.

IMPLEMENTATION PLAN 2015-2017

Future in Mind Aspiration 1. Improved public awareness and understanding, where people think and feel differently about mental health issues for children and young people, where there is less fear and where stigma and discrimination are tackled			
Where we want to get to: <i>My family and I are able to look after my emotional and mental wellbeing and development day to day. I learn about mental health and how to protect myself at school or college. I am confident in talking about issues which affect my mental health. I know how to access information and advice when I need it.</i>			
Action	Lead	Outcomes	Timescale
1a) Commission implement and evaluate a public health campaign on mental health and resilience for children and young people	Directors of Public Health	An annual programme of public health campaigns that raise awareness and promote resilience	Commission Dec 2015 Launch April 2016 Review Dec 2016 Re-commission April 2017
1b) Commission programmes of work within schools and colleges to raise awareness of mental health issues	Directors of Public Health	Programmes of work within schools to raise awareness on mental health issues	Commission Dec 2015 Launch April 2016 Review Dec 2016 Re-commission April 2017
1c) Review current approaches and resources to social media bullying and sexual exploitation	Directors of Public Health in partnership with schools and police	Identify current best practice and share across schools and colleges	Review March 2016 Disseminate May 2017

Future in Mind Aspiration 2. Meet the national and local waiting time standards for access to community mental health services for children and young people

Where we want to get to:

I will be helped by a specialist team quickly if my mental health problems are serious

Actions	Lead	Outcomes	Timescales
2a) Commission, implement and deliver a new "Access team" for CAMHS.	CAMHS Commissioner	No child or young person will have to wait more than 13 weeks from referral to access CAMHS	Pilot August 2015 Review Jan 2016 Commission Feb 2016 Implement April 2016
2b) Implement the enhancement of the specialist service for people with first episode psychosis	Director of FYPC Services, LPT	All children and young people with a first episode of psychosis will receive specialist therapeutic support within two weeks of referral.	Enhance service 2015/16 Achieve standard April 2016
2c) Commission, implement and deliver a community based eating disorder service for children and young people	CAMHS Commissioner	All children and young people with an eating disorder will receive NICE Concordat specialist support within 4 weeks of referral	Commission Sept 2015 Service commences April 2016. Standard met 2017/18

Future in Mind Aspiration 3 A step change in how care is delivered moving away from a system defined by organisations, “a tiered model” to one based around needs of children and their families

Where we want to get to

I can get support to help me overcome emotional and mental health challenges quickly and locally, without being stigmatised. I will have choice about the kind of help I would like. I and those who care for me will be listened to. I will be supported to become resilient and independent. With my consent, services will work together with me and my family to give me the best support. I will be involved in decisions to reduce or transfer my care

Actions	Lead	Outcomes	Timescales
3a) Develop and implement a multi-agency “first response” service young people and families with mental health needs	Director of Children’s Services, Local Authorities	All children and young people with mental health needs can access help quickly and easily.	Develop model Dec 2015 Implementation from April 2016 onwards Review and develop 2017/18 onwards
3b) Commission and implement a collaboration of early help mental health support services.	Director of Children Services, Local Authorities	There are a range of quality assured low intensity interventions available to children, young people and families	Develop commissioning model by January 2016 Implement June 2016
3c) improve the support for young people transferring from child to adult services	CAMHS Commissioner	Every young person has a care plan covering age 16-19	Audit February 2016 Include in specs for April 2016

Future in Mind Aspiration 4 Increased use of evidence based treatments with services focusing on outcomes

Where we want to get to:

I will receive support which is safe, reliable and tested. I will be involved in setting my own treatment goals and deciding if I am getting better

Actions	Lead	Outcomes	Timescales
4a) Review the range of therapeutic interventions against best practice guidelines evidence base and specifications.	CAMHS Commissioner	A clear offer of accurate assessment and therapeutic interventions is set out in specifications and information to other agencies, children, young people and carers	A programme of reviews is conducted during 2016/17 Specifications revised April 2017
4b) Commission, implement and monitor the use of routine outcome measures to inform clinical decisions and service developments	CAMHS Commissioner	All commissioned services use clinical and service user outcome measures.	April 2017
4c) Support the development of a regional CYP-IAPT training programme	CAMHS Commissioner	The CAMHS service will be part of the national programme, using CYP_IAPT outcome measures	Through 2016/17

Future in Mind Aspiration 5 Making mental health support more visible and easily accessible for children and young people and their families

Where we want to get to:

I can access trusted self-care advice when and where we like including websites, education settings, GPs and children's centres. I can get support to help me overcome emotional and mental health challenges quickly and locally, without being stigmatised. I will be able to make informed choices about the kind of help I would like.

Actions	Lead	Outcomes	Timescales
5a) Develop and make available information and advice services including social media, mobile communication and face-to-face.	Directors of Public Health	A range of ways for all children, young people and carers (including those with protected characteristics) to find information and advice about mental health issues.	Map needs March 2016 Develop service April 2016 Fully implement April 2017
5b) Provide and publicise a clear local offer of services for children their families including mental health and wellbeing services	Directors of Children's Services.	"Local offer" and Directory of services prepared and publicised annually	March 2016 and annually
5c) Ensure first response mental health services are easily accessible for all young people and carers.	Director of Children's services.	Young people and carers can access help and support quickly and locally ,	Develop model Dec 2015 Implementation from April 2016 onwards

Future In Mind Aspiration 6 Improved care for children and young people in crisis, so they are treated in the right place at the right time and as close to home as possible

Where we want to get to:

I will be helped by a specialist team quickly if my mental health or behavioural problems are serious. Organisations will work together to support me. I will be seen promptly if I attend the Emergency Department. I will not be judged by staff for my mental health problems. I will be able to access a bed within a reasonable distance from home. I will be supported to return home safely as soon as possible.

Actions	Lead	Outcomes	Timescales
6a) Commission and implement a multi-agency intensive community support and home treatment and crisis response service	CAMHS Commissioner	Children and their carers are supported during times of crisis. Less inappropriate use of the emergency services and ED	Develop model Nov 2015 Commission December 2015 Commence April 2016
6b) Create a designated place of safety for children and young people detained by the Police under sections 135 and 136 of the Mental Health Act 1983.	CCG Mental health Commissioning Lead	There will be a designated place where the police can take a child or young person with possible mental health problems	Report on options Oct 2015 Agree and set up place of Safety. July 2016
6c) Implement clear multi-agency protocols to co-ordinate services to support children and their families in a mental health crisis	CAMHS Commissioner	Organisations work swiftly together to support child and family during mental health crisis	Autumn 2015 and then reviewed on three monthly basis.
6d) Through the Vanguard Programme commission an enhanced all ages liaison psychiatry service	CAMHS Commissioner	Direct and swift psychological support for children and young people at Emergency Dept.	Develop model Nov 2015 Commission December 2015 Commence April 2016

Aspiration 7 Improved access for parents and carers to evidence based programmes of intervention and support to strengthen attachment between carer and child, avoid early trauma, build resilience, and improve behaviour

Where we want to get to:

All parents and carers, particularly those vulnerable to mental health problems, have access to effective programmes of intervention and support. Perinatal support and advice is available for all parents

Actions	Lead	Outcomes	Timescales
7a) Ensure that the health visitor service deliver perinatal mental health advice and support.	Directors of Public Health	All new parents receive advice and support around their mental health	Review spec Jan 2016 Implement April 2016
7b) Commission and implement range of parental support programmes across all regions and ages	Directors of Children's Services	Parents will receive appropriate support.	Review current services by Dec 2015 for commissioning for April 2016
7c) Commission and implement attachment training and trauma recognition training for schools and children's centres	Directors of Children's Services	School and children's centre staff understand attachment and trauma	Commission March 2016 Commence training October 2016

Future in Mind Aspiration 8 A better offer for the most vulnerable children, making it easier for them to access support they need when and where they need it

Where we want to get to:

I can get high quality support to help me overcome emotional and mental health challenges quickly and locally, without being stigmatised. I will be able to make informed choices about the kind of help I would like. I and those who care for me will be listened to. I will be supported to become resilient and independent. I and my carers will be helped to navigate the system and services. I am involved in peer support groups and community networks in my area.

Actions	Lead	Outcomes	Timescales
8a) Review and if necessary enhance capacity of specialist services (YPT and LDT) support looked after children, young offenders and children with learning disabilities	CAMHS Commissioner	Identify where additional capacity is needed to support vulnerable children	Review in Nov 2016 Commission enhanced capacity for April 2017
8b) Commission and establish peer support networks for vulnerable children (e.g. young carers, gay and lesbian young people, young refugees and asylum seekers)	Director of Children's services	Vulnerable children and young people have access to facilitated peer support networks.	Commission services to commence April 2016
8c) Ensure that issues of equality and diversity and human rights are addressed within all commissioned services.	CCG and Local Authority Commissioners	Ensure that all services are accessible, do not discriminate on irrelevant considerations and promote diversity and respect	June 2016

Aspiration 9 Improved transparency and accountability across the whole system, to drive further improvements in outcomes

Where we want to get to:

I am confident in talking about issues which affect my mental health. My views and experience will help to improve care for others

Actions	Lead	Outcomes	Timescales
9a) Establish a unified approach to capture and respond to the views and experiences of children, young people, and carers. Use this to shape commissioning plans	CAMHS Commissioner	Strategic plans have been directly influenced by the views and experience of children young people and carers	June 2017
9b) Establish a specific stakeholder group including children, young people and carers to develop and evaluate the transformational plan	CAMHS Commissioner	Stakeholder Group influences and informs the transformational plan.	First meeting December 2015
9c) Publish the Transformational Plan on websites and report on progress at regular intervals.	MD for each CCG	Plan is available for public scrutiny	Publish December 2015

Aspiration 10 Professionals who work with children and young people are trained in child development and mental health and understand what can be done to provide help and support those who need it

Where we want to get to:

I can get high quality support to help me overcome emotional and mental health challenges quickly and locally, without being stigmatised. I and those who care for me will be listened to. With my consent, services will work together with me and my family to give us the best support. There will be a skilled, experienced and knowledgeable workforce across all organisations who have access to training and advice on child mental health and how to access specialist support

Actions	Lead	Outcomes	Timescales
10a) Develop a child mental health training strategy and commission a partnership training programme . This will include the MINDEd online programme.	Chair of Workforce task group	A child mental health training strategy and programme is in place which all practitioners can access	Review Autumn 2015 re-commission to start in April 2016
10b) increase capacity of front-line practitioners by offering specialist support	Director of FYPC	Front-line practitioners have greater confidence and skills to support children and young people with mental	Ongoing

Thank you for reading our plan

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