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SCRUTINY BOARD (HEALTH AND WELL-BEING AND ADULT SOCIAL CARE)

TUESDAY, 24 MARCH 2014

LATE ITEM/SUPPLEMENTARY INFORMATION

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LEEDS CARE GROUP CQC ACTION PLAN AT 19 MARCH 2015

Report	Category	Recommendation	Location and or service	Action ref	Agreed Action	Responsible Director	Responsible Manager/s	Action supported by	Due Date	Latest Progress update	STATUS	Update	Notes
Provider level report	Compliance Action	The provider must ensure that comments and complaints are handled appropriately.	Trust wide	P6a	Complaints – review internal policy documentation.	Anthony Deery	Melanie Hird		02-Mar-15	Complete	Complete		
				P6b	Complaints, Comments, Compliments and Concerns - Review written materials (leaflets, posters) and the Trust website. Raise staff awareness about the correct ways for service users (or those acting on their behalf) to provide feedback.	Anthony Deery	Melanie Hird		02-Mar-15	Complete	Complete		
				P6c	Complaints, Comments, Compliments and Concerns - Information on how to provide feedback to be displayed in all ward / public access areas. Communications team will ensure teams receive any updates to information to be displayed. Create a customer-facing process summary.	Anthony Deery	Melanie Hird		02-Mar-15	Complete	Complete		
				P6d	Complaints, Comments, Compliments and Concerns – Ensure information on how to provide feedback is easily accessible on the Trust website.	Anthony Deery	Melanie Hird		11-Feb-15	Complete	Complete		
				P6e	Complaints - streamline the current process, removing unnecessary bottlenecks and ensuring we adhere to best practice guidance and maintain a robust escalation process. Includes: - Improved investigator allocation process - Named contacts - Severity assessments - Tailored complaint resolution timelines - New 'locally managed' process	Anthony Deery	Melanie Hird		02-Mar-15	Complete	Complete		
				P6f	Complaints – review the telephone feedback process to increase participation in Customer Satisfaction Questionnaires (to promote learning from complainant experiences).	Anthony Deery	Melanie Hird		02-Mar-15	Complete	Complete		
				P6g	Complaints - improve recording and reporting of complaints and outcomes: - Implement the new Datix Web system for recording and monitoring complaints. - Improve reporting to facilitate better thematic analysis.	Anthony Deery	Melanie Hird		02-Mar-15	Complete	Complete		
				P6h	Complaints – improve mechanisms for capturing lessons learnt. Update Complaints Cumulative Action Plan and ensure this is being discussed regularly in the appropriate forums (may require updating the ToR for these forums).	Anthony Deery	Melanie Hird		02-Mar-15	Complete	Complete		

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				P6j	Complaints – review the internal training offered and work with LIHCA to offer training for complaints investigators.	Anthony Deery	Melanie Hird		02-Mar-15	Complete	Complete		
Provider level report	Must do (Compliance at service level)	The provider must ensure that the seating is appropriate at the health based place of safety at the Becklin Centre, Leeds, as this could potentially be used to cause injury.	S136 Becklin	P7a	Furniture: The Trust has ordered replacement furniture for the one room that is not compliant. This new furniture meets the standards required for furniture in the Section 136 suite.	Jill Copeland	Alison Kenyon	Jeanette Lawson Kim Lacey	31-May-15	Complete	Complete	Furniture in place	
				P7b	The Section 136 suite is due to be relocated to another location by the end of May 2015 and this new furniture will be transferred into the new location as part of the move.	Jill Copeland	Alison Kenyon	Jeanette Lawson Kim Lacey	31-May-15		NOT YET DUE	Full refurbishment of Ward 2 – CAU capital scheme including CAMHS to complete end of June 2015	
Provider level report	Must do (Compliance at service level)	The provider must ensure that the ligature points (sink taps and door handles) in the bathroom at the health based place of safety at the Becklin Centre, Leeds are removed.	S136 Becklin	P8a	Fittings including taps and door furniture: Staff have carried out a risk assessment of environmental risks to service user safety at the Section 136 suite and develop management plans for any identified new risk.	Dawn Hanwell	David Furness	Alison Kenyon	immediately	Complete	Complete	This work has commenced as part of the newly established Leeds group looking at ligature points. See CT2	
				P8b	New fittings are being specifically purchased to reduce ligature risk connected with the doors	Dawn Hanwell	David Furness	Alison Kenyon	-	Complete	Complete	Door handles fitted 18/3/15	
				P8c	Work around environmental risks to service users is being carried out under a new Leeds wide ligature risk assessment process	Dawn Hanwell	David Furness	Alison Kenyon	30-Jun-15		NOT YET DUE	Ward 2 – CAU capital scheme including CAMHS complete end June 2015. This will resolve this issue. Update from Mark Powell 19/3/15	
				P8d	The service will move to a new suite by the end of May 2015.	Dawn Hanwell	David Furness	Alison Kenyon	31-May-15		NOT YET DUE		
Provider level report	Must do (Compliance at service level)	The provider must ensure that the patient group directions (PGD) medication at the crisis assessment service – Becklin Centre, Leeds is reviewed and brought in line with the trust policy and legal requirements.	136 Becklin	P9a	Immediate action is that PGD use is suspended until training in place.	Jill Copeland	Alison Kenyon	Jeanette Lawson Elaine Weston	-	complete	Complete		Responsive action plan item 8
				P9b	The use of PGDs will be introduced when training has been delivered to all relevant staff.	Jill Copeland	Alison Kenyon	Jeanette Lawson Elaine Weston	30-Apr-15		NOT YET DUE	Policy will be revised and training delivered - policy and PGDs to next Effective Care Covers CT3b	
				P9c	Local monitoring of training uptake and review regarding documentation and recording all necessary information relating to PGDs.	Jill Copeland	Alison Kenyon	Jeanette Lawson Elaine Weston	-	complete	Complete		Responsive action plan item 8
				P9d	PGDs have been revised and will be sent to the Effective Care Committee for approval.	Jill Copeland	Alison Kenyon	Anthony Deery	31-May-15		NOT YET DUE		
				P9e	The Effective Care Committee will review PGD guidelines annually - add to 2015-16 schedule of work	Jill Copeland	Alison Kenyon	Anthony Deery	31-May-15		NOT YET DUE		

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Provider level report	Must do (Compliance at service level)	The provider must ensure consent to care and treatment is obtained in line with legislation and guidance including the Mental Capacity Act 2005.	Leeds AOT Millfield House Linden House Becklin wards 4 & 5 Asket House	P10a	The Deputy Chief Operating Officer will devise a standardised approach regarding review data, implementation and ensure working.	Anthony Deery	Lynn Parkinson	Alison Kenyon	16-Mar-15		DUE		
				P10c	Establish trust wide group around issues concerning consent and wider MH legislation.	Anthony Deery	Lynn Parkinson	Alison Kenyon	28-Feb-15	Complete	Complete		
				P10d	The Mental Health Legislation Committee will sign off and approve the plan referred to above.(P10a)	Anthony Deery	Lynn Parkinson	Alison Kenyon	21-Mar-15		NOT YET DUE		
				P10e	Immediate reminder to be drafted and sent to all relevant regarding this and other issues raised by the CQC reports.	Anthony Deery	Anthony Deery	-	27-Jan-15	Complete	Complete	Letter sent to ADs, professional leads by Anthony Deery	
Provider level report	Must do (compliance at service level)	The provider must ensure that Ward 5 Newsam Centre undertakes an environmental risk assessment, and acts upon any identified risks, particularly in relation to aspects of the environment which could potentially be used to self-harm. Note becomes an overarching action for P20 and P22	Newsam ward 5 and all Leeds sites	P13a	Completed a ligature risk assessment of all inpatient wards across the Leeds estate.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	-		Complete	Develop a policy: Wendy Beresford LP met with AN discuss roll out training on a broader basis - environmental assessment	
				P13b	Produced a revised Ligature Risk Assessment Procedure.	Anthony Deery	Salli Midgeley		-	complete	Complete		
				P13c	Commissioned an external Patient Safety consultant to undertake a wider environmental risk assessment of all inpatient wards in Leeds.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	28-Feb-15	complete	Complete	To update following AD-LP meeting	
				P13d	Scheduled a programme of environmental risk assessment training to staff	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	30-Apr-15		NOT YET DUE	To update following AD-LP meeting	
Provider level report	Compliance Action	We found ligature points across a number of services in Leeds. These had not all been identified and put onto the risk registers	Leeds Services	P21a	Completed a ligature risk assessment of all inpatient wards across the Leeds estate.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	-	complete	Complete		
				P21b	Produced a revised Ligature Risk Assessment Procedure.	Anthony Deery	Salli Midgeley		-	complete	Complete		
				P21c	Commissioned an external Patient Safety consultant to undertake a wider environmental risk assessment of all inpatient wards in Leeds.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	30/04/15		NOT YET DUE		
				P21d	Scheduled a programme of environmental risk assessment training to staff.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	30/04/15		NOT YET DUE		

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Provider level report	Should do action	The provider should ensure care plans for patients subject to Community Treatment Orders (CTO's) provide sufficient details about the conditions relating to the CTO and ensure consent to treatment forms are regularly reviewed and reflect current medication prescribed to patients in CMHTs.	Leeds AOT Millfield House Linden House	P22	Staff have been reminded and an audit will be undertaken in March to ensure staff are compliant	Jill Copeland	Alison Kenyon	Sue McCartney Alison Gordon Lynn Sutherland Kim Lacey	31-Mar-15		NOT YET DUE		
Provider level report	Should do action	At Peppermill Court, Meadowfields, Worsley Court, The Mount and Bootham Park Hospital ward 6 the provider should ensure the environment is reviewed to ensure staff have clear lines of sight throughout the wards to ensure patients safety.	The Mount	P23a	Completed a ligature risk assessment of all inpatient wards across the Trust	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	-	complete	Complete		
				P23b	Produced a revised Ligature Risk Assessment Procedure.	Anthony Deery	Salli Midgeley		-	complete	Complete		
				P23c	Commissioned an external Patient Safety consultant to undertake a wider environmental risk assessment of all inpatient wards in Leeds.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	30/04/15		NOT YET DUE		
				P23d	Scheduled a programme of environmental risk assessment training to staff.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	30/04/15		NOT YET DUE		
Provider level report	Should do action	The provider should review the processes for checking emergency equipment at the crisis and access service – Bootham Park Hospital, York and the rehabilitation wards across the trust.	Rehabilitation Services	P31b	Set up a review audit to check compliance with policy and ensure evidence of checks is present	Jill Copeland	Lynn Parkinson	Sharron Spendelow Alison Kenyon Judith Barnes	31-Mar-15		NOT YET DUE		
Provider level report	Should do action	The provider should review the systems for informing people how to raise concerns and complaints at the crisis assessment service at the Becklin Centre, Leeds.	CAS and ICS services	P33	Review and issue SU booklet to CAS and ICS service users - (Initial comment for CAS Becklin now Trust wide)	Jill Copeland	Lynn Parkinson	Jeanette Lawson Alison Kenyon	31-Mar-15		NOT YET DUE	The booklet has been reviewed and is waiting approval - Alison Kenyon 10/3/15	Extend to both CAS services and ICS to ensure all service users have access to this guidance.
Provider level report	Should do action	The provider should take action to ensure Millside and Acomb Garth have a system in place to support the physical health needs of patients and incorporate the information within the care planning. Evidence of physical health assessments on admission and continuous monitoring need to be recorded within the care file	Millside (now Asket)	P38a	Develop a system or apply a pre-existing system from another unit. Remind staff that care documents need to include evidence and outcomes of physical health monitoring at admission and continually during a service user's stay in the service.	Jill Copeland	Lynn Parkinson	Alison Kenyon Judith Barnes	31-Mar-15		NOT YET DUE	Millside now at Asket Croft Leeds and York (same action)	
Provider level report	Should do action	The provider should make information available to patients and families regarding the complaints policy and procedure. This information should be displayed on notice boards throughout the wards and in public areas.	Asket Towngate	P41a	Ensure up to date information is made available at these units.	Jill Copeland	Alison Kenyon	Judith Barnes	27-Feb-15	complete	Complete	Information is available - confirmed Alison Kenyon 10/3/15 (LP suggested AK check if Asket has a HotBoard)	
Provider level report	Should do action	The provider should ensure effective monitoring arrangements are in place at Hawthorne ICST for people accessing the building.	WNW ICS	P43	Set up monitoring systems - signing in and out system and admin on reception	Jill Copeland	Alison Kenyon	Lynn Sutherland	27-Feb-15	complete	Complete	Confirmed complete by Alison Kenyon 10/3/15	

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Report	Category	Recommendation	Location and or service	Action ref	Agreed Action	Responsible Director	Responsible Manager/s	Action supported by	Due Date	Latest Progress update	STATUS	Update	Notes
Provider level report	Should do action	The provider should ensure that staff at Hawthorne ICST are using the personal alarm system provided.	WNW ICS	P44	Remind staff of this requirement.	Jill Copeland	Alison Kenyon	Lynn Sutherland	27-Feb-15	complete	Complete	Confirmed complete by Alison Kenyon 10/3/15	
Community based mental health services for adults of Working Age	Area for improvement	The trust should ensure effective monitoring arrangements are in place at Hawthorne ICS for people accessing the building.	WNW ICS	C1	Set up monitoring systems - signing in and out system and admin on reception	Jill Copeland	Alison Kenyon	Lynn Sutherland	27-Feb-15	complete	Complete	Confirmed complete by Alison Kenyon 10/3/15	
Community based mental health services for adults of Working Age	Area for improvement	The trust should ensure staff at Hawthorne ICS are using the personal alarm system provided	WNW ICS	C2	Remind staff of this requirement.	Jill Copeland	Alison Kenyon	Lynn Sutherland	27-Feb-15	Complete	complete	Confirmed complete by Alison Kenyon 10/3/15	
Community based mental health services for adults of Working Age	Area for improvement	The trust should ensure care plans for patients subject to community treatment orders (CTO) provide sufficient details about the conditions relating to the CTO and ensure consent to treatment forms are regularly reviewed and reflect current medication prescribed to patients.	Leeds AOT	C3	Staff have been reminded and an audit will be undertaken in March to ensure staff are compliant	Jill Copeland	Alison Kenyon	Sue McCartney Alison Gordon Lynn Sutherland Kim Lacey	31-Mar-15		NOT YET DUE		
Community based mental health services for adults of Working Age	Area for improvement	The trust should ensure that staff receive mandatory training and appraisals as per trust policy.	All Community services	C4a	Compulsory Training The Associate Directors have given a clear undertaking to meet this revised deadline to have at least 90% of their staff compliant with compulsory training targets	Susan Tyler	Andy Weir Alison Kenyon Wendy Quinn	David Gaunt	30-Jun-15		NOT YET DUE		
				C4b	Appraisals: Staff will receive communication material clarifying key issues regarding appraisals from February 2015. This will cover how appraisals are reported and why carrying out appraisals are important.	Susan Tyler	Maria Warner	David Gaunt	28-Feb-15		DUE	An IT issue has delayed this action. Workforce are exploring a solution to a problem extracting mandatory training performance data to staff.	
				C4c	Appraisals: A poster campaign will run signposting staff to resources available to support appraisal, this will include guidance & training.	Susan Tyler	Maria Warner	David Gaunt	31-Mar-15		NOT YET DUE		
Crisis Teams and Health Based Places of Safety	Compliance Action	The provider must ensure that the seating is appropriate at the health based place of safety at the Becklin Centre, Leeds, as this could potentially be used to cause injury.	S136 Becklin	CT1a	Furniture: The Trust has ordered replacement furniture for the one room that is not compliant. This new furniture meets the standards required for furniture in the Section 136 suite.	Jill Copeland	Alison Kenyon	Jeanette Lawson Kim Lacey	15-Mar-15	complete	Complete		
				CT1b	The Section 136 suite is due to be relocated to another location by the end of May 2015 and this new furniture will be transferred into the new location as part of the move.	Jill Copeland	Alison Kenyon	Jeanette Lawson Kim Lacey	31/05/15	Partial	NOT YET DUE	Full refurbishment of Ward 2 – CAU capital scheme including CAMHS to complete end of June 2015	

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Crisis Teams and Health Based Places of Safety	Compliance Action	The provider must ensure that the ligature points (sink taps and door handles) in the bathroom at the health based place of safety at the Becklin Centre, Leeds are removed.	S136 Becklin	CT2a	Fittings including taps and door furniture: Staff have carried out a risk assessment of environmental risks to service user safety at the Section 136 suite and develop management plans for any identified new risk.	Dawn Hanwell	David Furness	Alison Kenyon	immediately	complete	Complete		
				CT2b	New fittings are being specifically purchased to reduce ligature risk connected with the doors	Dawn Hanwell	David Furness	Alison Kenyon	immediately	complete	Complete	Door handles fitted 18/3/15	
				CT2c	Work around environmental risks to service users is being carried out under a new Leeds wide ligature risk assessment process	Dawn Hanwell	David Furness	Alison Kenyon	30-Jun-15		NOT YET DUE	Ward 2 – CAU capital scheme including CAMHS complete end June 2015. This will resolve this issue. Update from Mark Powell 19/3/15	
				CT2d	The service will move to a new suite by the end of May 2015.	Dawn Hanwell	David Furness	Alison Kenyon	31-May-15		NOT YET DUE		
Crisis Teams and Health Based Places of Safety	Compliance Action	The provider must ensure that the Patient Group Directions (PGD) medication at the crisis and assessment service at the Becklin Centre, Leeds, is reviewed and brought in line with the trust policy and legal requirements.	136 Becklin	CT3a	Immediate action is that PGD use is suspended until training in place.	Jill Copeland	Alison Kenyon	Jeanette Lawson Elaine Weston	-	complete	Complete		
				CT3b	The use of PGDs will be introduced when training has been delivered to all relevant staff.	Jill Copeland	Alison Kenyon	Jeanette Lawson Elaine Weston	30-Apr-15		NOT YET DUE		
				CT3c	Local monitoring of training uptake and review regarding documentation and recording all necessary information relating to PGDs.	Jill Copeland	Alison Kenyon	Jeanette Lawson Elaine Weston	–	Complete	Complete		
				CT3d	PGDs have been revised and will be sent to the Effective Care Committee for approval.	Jill Copeland	Alison Kenyon	Anthony Deery	31-May-15		NOT YET DUE		
				CT3e	The Effective Care Committee will review PGD guidelines annually - add to 2015-16 schedule of work	Jill Copeland	Alison Kenyon	Anthony Deery	31-May-15		NOT YET DUE		
Crisis Teams and Health Based Places of Safety	Should do action	The provider should review the processes for checking emergency equipment and fridge temperatures at the CAS at the Becklin Centre, Leeds.	CAS Becklin	CT4a	A process of daily checks is now in place for the department staff to complete; Pharmacy staff review process is being undertaken correctly	Jill Copeland	Alison Kenyon	Jeanette Lawson Kim Lacey Elaine Weston	-	Complete	Complete		

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				CT4b	Set up a review audit to check compliance with policy and ensure evidence of checks is present	Jill Copeland	Lynn Parkinson	Sharron Spendelow Alison Kenyon Judith Barnes	31-Mar-15		NOT YET DUE		
Crisis Teams and Health Based Places of Safety	Should do action	The provider should review the local audit programmes and provide evidence of how shortfalls had been identified and learning had been implemented from audits.	CAS Becklin	CT6	The clinical audit action plan will also be presented and discussed at the Care Group Clinical Audit Group with any cross cutting actions and lessons learned being presented and implemented at the Care Group Clinical Governance Council. All these meetings are minuted to provide the necessary evidence	Jill Copeland	Alison Kenyon	Jeanette Lawson		Complete	Complete	Leeds – completed findings are reported to the clinical governance structures within the care group - Alison Kenyon 18/3/15	
Acute admission wards and psychiatric intensive care units	Compliance Action	The trust must ensure consent to care and treatment is obtained in line with legislation and guidance in accordance with the Mental Health Act, Code of Practice.	Bootham Ward 2 Becklin wards 4 and 5	A2a	The Deputy Chief Operating Officer will devise a standardised approach regarding review data, implementation and ensure working.	Anthony Deery	Lynn Parkinson	Alison Kenyon	16-Mar-15		DUE		
				A2b	Establish trust wide group around issues concerning consent and wider MH legislation.	Anthony Deery	Lynn Parkinson	Alison Kenyon	28-Feb-15	Complete	Complete		
				A2c	The Mental Health Legislation Committee will sign off and approve the plan referred to above. (A2a)	Anthony Deery	Lynn Parkinson	Alison Kenyon	21-Mar-15		NOT YET DUE		
				A2d	Immediate reminder to be drafted and sent to all relevant regarding this and other issues raised by the CQC reports.	Anthony Deery	Anthony Deery	-	27-Jan-15	Complete	Complete	Letter sent to ADs, professional leads by Anthony Deery	
Acute admission wards and psychiatric intensive care units	Must do	The trust must review current ligature risk assessments to make sure all ligature points are identified and managed effectively at the acute admission wards in Leeds.	Becklin Centre wards 1, 3, 4, 5 Newsam ward 4 and PICU	A3a	Completed a ligature risk assessment of all inpatient wards across the Leeds estate.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	-	complete	Complete		
				A3b	Produced a revised Ligature Risk Assessment Procedure.	Anthony Deery	Salli Midgeley		-	complete	Complete		
				A3c	Commissioned an external Patient Safety consultant to undertake a wider environmental risk assessment of all inpatient wards in Leeds.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	30/04/15		NOT YET DUE		
				A3d	Scheduled a programme of environmental risk assessment training to staff.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	30/04/15		NOT YET DUE		
Long stay/rehabilitation mental health wards for working age adults		The provider must ensure that Ward 5 Newsam Centre undertakes an environmental risk assessment, and acts upon any identified risks, particularly in relation to aspects of the environment which could potentially be used to self-harm.		R2a	Completed a ligature risk assessment of all inpatient wards across the Leeds estate.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	-	complete	Complete		Note Newsam 5 and YCPM both identified as priority locations for this assessment
				R2b	Produced a revised Ligature Risk Assessment Procedure.	Anthony Deery	Salli Midgeley		-	complete	Complete		

LEEDS CARE GROUP CQC ACTION PLAN AT 19 MARCH 2015

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	Must do		Newsam Ward 5	R2c	Commissioned an external Patient Safety consultant to undertake a wider environmental risk assessment of all inpatient wards in Leeds.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	30/04/15		NOT YET DUE		
				R2d	Scheduled a programme of environmental risk assessment training to staff.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	30/04/15		NOT YET DUE		
Long stay/rehabilitation mental health wards for working age adults	Should do action	The provider should take action to mitigate the blind spots on the stairwell within ward 5 at Newsam Centre. This stairwell is used for patients to access the garden area.	Newsam Ward 5	R5	Assess the options for resolving this - mirrors etc. and deploy the best solution	Dawn Hanwell	David Furness			complete	Complete	Updated by Mark Powell 19/3/15	Mirrors have been fitted at ward 5 at Newsam Centre
Long stay/rehabilitation mental health wards for working age adults	Should do action	The provider should take action to ensure Millside and Acomb Garth have a system in place to support that the physical health needs of patients and incorporate the information within the care planning. Evidence of physical health assessments on admission and continuous monitoring need to be recorded within the care file	Millside	R6	A comparative review of systems will be carried out looking at developing the most effective arrangements to apply across all rehabilitation services	Jill Copeland	Lynn Parkinson	Alison Kenyon Judith Barnes Steve Dawson	30-Apr-15		NOT YET DUE		
Long stay/rehabilitation mental health wards for working age adults	Should do action	The provider should make information available to patients and families regarding the complaints policy and procedure. This information should be displayed on notice boards throughout the wards.	Millside Towngate	R7	A review by local managers will be carried out across all clinical units in the Trust to ensure notice boards have required complaints information and documents	Jill Copeland	Lynn Parkinson	Alison Kenyon Andy Weir Wendy Quinn	30-Apr-15		NOT YET DUE		**Note**: the original action was for Rehabilitation Services - managers have decided to carry out the action Trust wide

LEEDS SPECIALIST AND LEARNING DISABILITIES CARE GROUP CQC ACTION PLAN AS 19 MARCH 2015

Report	Category	Recommendation	Location and or service	Action ref	Agreed Action	Responsible Director	Responsible Manager/s	Action supported by	Due Date	Latest Progress update	STATUS	Update	Notes
Provider level report	Compliance action	The trust must ensure that their facilities and premises are appropriate for the services being delivered at Bootham hospital and Yorkshire centre for psychological medicine	YCPM ward 40 LGI	P1a	By the end of February 2015 this initial environmental assessment will be complete and contractors will be instructed to remove fixed ligature anchor points and repair other faults that require urgent attention	Dawn Hanwell	Mark Powell	David Furness	28-Feb-15	Partially complete	DUE	Wendy Beresford is working on this week commencing 9/3/15 Work has been prioritised to ensure 31 may 2015 is met.	
				P1b	Carry out an assessed programme of work to make the unit safe.	Dawn Hanwell	Mark Powell	David Furness	31-May-15		NOT YET DUE		
				P1c	A further assessment of the medium to long term solution for Ward 40 will be completed and presented to the Executive Team by the end of June 2015 with a review to making a recommendation the Trust Board about a permanent solution for the future location of this service. The deadline for the permanent solution will be determined through this process	Dawn Hanwell	Mark Powell	David Furness	30-Jun-15		NOT YET DUE		
Provider level report	Must do (Compliance at service level)	The provider must ensure consent to care and treatment is obtained in line with legislation and guidance including the Mental Capacity Act 2005.	Forensic Services	P10a	The Deputy Chief Operating Officer will devise a standardised approach regarding review data, implementation and ensure working.	Anthony Deery	Lynn Parkinson	Alison Kenyon Wendy Quinn	16-Mar-15		DUE		
				P10c	Establish trust wide group around issues concerning consent and wider MH legislation.	Anthony Deery	Lynn Parkinson	Alison Kenyon Wendy Quinn	28-Feb-15	complete	Complete		
				P10d	The Mental Health Legislation Committee will sign off and approve the plan referred to above.	Anthony Deery	Lynn Parkinson	Alison Kenyon Wendy Quinn	21-Mar-15		NOT YET DUE		
				P10e	Immediate reminder to be drafted and sent to all relevant regarding this and other issues raised by the CQC reports.	Anthony Deery	Anthony Deery	-	27-Jan-15	complete	Complete		
Provider level report	Must do	The provider must ensure that the supported living service reports all safeguarding incidents to the national reporting and learning system (NRLS).	SSL service wide	P20a	The Assistant Director of Nursing – Specialist and Learning Disabilities Services will carry out an investigation to identify the reason for non-reporting of the 10 safeguarding incidents via the National Reporting and Learning System (NRLS) to identify any additional control measures required to ensure that the failure to report does not re-occur.	Anthony Deery	Robert Mann	Melanie Hird Andy Weir Peter Johnston	30-Jan-15	complete	Complete		
				P20b	The Trust now ensures that all incidents are now being reported as per the regulatory requirement.	Anthony Deery	Robert Mann	Christine Woodward	27-Feb-15	complete	Complete		
				P20c	The Trust's DATIX system will flag and notify the Safeguarding team when a safeguarding related incident is recorded on Data via the incident reporting process.	Anthony Deery	Melanie Hird	Christine Woodward	27-Feb-15	complete	Complete		

LEEDS SPECIALIST AND LEARNING DISABILITIES CARE GROUP CQC ACTION PLAN AS 19 MARCH 2015

Report	Category	Recommendation	Location and or service	Action ref	Agreed Action	Responsible Director	Responsible Manager/s	Action supported by	Due Date	Latest Progress update	STATUS	Update	Notes
Provider level report	Should do action	The provider should ensure that patients in low secure services have access to timely physical healthcare by ensuring patients are registered with a GP and, for patients at the Newsam Centre ensure that timely medical care is available.	Service wide - GP issue	P29a	Identify a willing GP practice in Leeds to replicate arrangements in place at York	Jill Copeland	Andy Weir	Beverley Hunter	30-Apr-15	not yet due	NOT YET DUE		
			Newsam	P29b	Ensure temporary gap at Newsam covered by locum - done	Jill Copeland	Andy Weir	Beverley Hunter	_	complete	Complete		
Provider level report	Should do action	The provider should ensure that clinicians and staff within low secure services adhere to the MHA and MHA Code of Practice to ensure that: o staff are aware patient mail can only be withheld in very limited circumstances; o there is improved recording of consent and capacity to consent decisions for treatment for mental disorder;	Forensic Service wide	P30a	Formally remind staff	Jill Copeland	Andy Weir	Beverley Hunter	27-Feb-15	complete	Complete	Mail completed	
				P30b	Consider specific training/ refresher training delivered by the MH Act team	Jill Copeland	Andy Weir	Beverley Hunter Gill Walton		Complete	Complete	Andy Weir has considered this and believes that the scheduled MH legislation training will meet the needs of staff	
				P30c	This action is covered under LP action on overarching consent working group (P10a)	Jill Copeland	Lynn Parkinson		16-Mar-15		DUE		
Provider level report	Should do action	The provider should take action to mitigate the blind spots on the stairwell within ward 5 at Newsam Centre. This stairwell is used for patients to access the garden area.	Newsam Wad 5	P37	Assess the options for resolving this - mirrors etc. and deploy the best solution	Dawn Hanwell	David Furness		31-Mar-15		NOT YET DUE		
Acute admission wards and psychiatric intensive care units	Compliance Action	The trust must ensure their facilities and premises are appropriate for the services being delivered.	YCPM, LGI	A1g	By the end of February 2015 this initial environmental assessment will be complete and contractors will be instructed to remove fixed ligature anchor points and repair other faults that require urgent attention	Dawn Hanwell	Mark Powell	David Furness	28-Feb-15		DUE	Wendy Beresford is working on this week commencing 9/3/15 Work has been prioritised to ensure 31 may 2015 is met.	
				A1h	Carry out an assessed programme of work to make the unit safe.	Dawn Hanwell	Mark Powell	David Furness	31-May-15		NOT YET DUE		
				A1j	A further assessment of the medium to long term solution for Ward 40 will be completed and presented to the Executive Team by the end of June 2015 with a review to making a recommendation the Trust Board about a permanent solution for the future location of this service. The deadline for the permanent solution will be determined through this process	Dawn Hanwell	Mark Powell	David Furness	30-Jun-15		NOT YET DUE		
Wards for people with learning disabilities	Must do	Parkside Lodge should improve the supervision of all staff and develop an action plan to address this.	Parkside Lodge	LD1	Develop action plan and implement to improve supervision levels	Jill Copeland	Peter Johnstone	Brian Coupe Simon Chambers	30-Apr-15		NOT YET DUE		
Wards for people with learning disabilities	Must do	3 Woodland Square and Parkside should increase staff attendance at mandatory training and develop an action plan to address this.	3 Woodland Square Parkside Lodge	LD2	Develop action plan and implement to improve mandatory training attendance levels	Jill Copeland	Peter Johnstone	Brian Coupe Simon Chambers	31-Mar-15		NOT YET DUE		

LEEDS SPECIALIST AND LEARNING DISABILITIES CARE GROUP CQC ACTION PLAN AS 19 MARCH 2015

Report	Category	Recommendation	Location and or service	Action ref	Agreed Action	Responsible Director	Responsible Manager/s	Action supported by	Due Date	Latest Progress update	STATUS	Update	Notes
St Mary's Hospital - SSL	Must do	Important events that effect their welfare, health and safety were not reported to the Care Quality Commission including allegations of abuse. Regulation 18 (1) (2)	SSL service wide	**SSL1**	The Assistant Director of Nursing – Specialist and Learning Disabilities Services will carry out an investigation to identify the reason for non-reporting of the 10 safeguarding incidents via the National Reporting and Learning System (NRLS) to identify any additional control measures required to ensure that the failure to report does not re-occur.	Anthony Deery	Robert Mann	Melanie Hird Andy Weir Peter Johnston	30-Jan-15	complete	Complete	see P19	
				SSL2	The Trust now ensures that all incidents are now being reported as per the regulatory requirement.	Anthony Deery	Robert Mann	Christine Woodward	27-Feb-15	complete	Complete		
				SSL3	The Trust's DATIX system will flag and notify the Safeguarding team when a safeguarding related incident is recorded on Data via the incident reporting process.	Anthony Deery	Melanie Hird	Christine Woodward	27-Feb-15	complete	Complete		
Forensic/secure services	Compliance action	The systems for identifying, handling and responding to complaints made by service users were not effective.	Forensics Service wide	**F1a**	A review of the Trust's Complaints policy and procedure including o Improved investigator allocation process o Named contacts o Severity assessments o Tailored complaint resolution timelines o New 'locally managed' process	Anthony Deery	Melanie Hird		31-Mar-15	complete	Complete		
				F1b	A review of written materials (leaflets, posters) and information that will be made available on the Trust website.	Anthony Deery	Melanie Hird		31-Mar-15	complete	Complete		
				F1c	Information on how to complain to be displayed in all ward/public access areas. The Trust's Communications team will ensure teams receive any updates to information to be displayed.	Anthony Deery	Melanie Hird	Oliver Tipper	31-Mar-15	complete	Complete		
				F1d	Ensure information on how to provide feedback is easily accessible in patient and public accessible areas and on the Trust website.	Anthony Deery	Melanie Hird	Oliver Tipper	31-Mar-15	complete	Complete		
				F1e	Review the content of internal training and work with Leeds Independent Health Complaints Advocacy Service to offer training for complaints investigators	Anthony Deery	Melanie Hird		31-Mar-15	complete	Complete		
				F1f	Allocation of additional resource to the central Complaints team. This will provide; o senior support to deliver complaints training and embed the new policy and procedure to provide an enhanced response to complainants. o additional business support and performance management functions	Anthony Deery	Melanie Hird		31-Mar-15	complete	Complete		
				F1g	Review the Trust's telephone feedback process to increase participation in Customer Satisfaction Questionnaires (to promote learning from complainant experiences	Anthony Deery	Melanie Hird		31-Mar-15	complete	Complete		
				F1h	• Improve recording and reporting of complaints and outcomes: o Implement the new Data Web system for recording and monitoring complaints. o Improve reporting to facilitate better thematic analysis	Anthony Deery	Melanie Hird		31-Mar-15	complete	Complete		

LEEDS SPECIALIST AND LEARNING DISABILITIES CARE GROUP CQC ACTION PLAN AS 19 MARCH 2015

Report	Category	Recommendation	Location and or service	Action ref	Agreed Action	Responsible Director	Responsible Manager/s	Action supported by	Due Date	Latest Progress update	STATUS	Update	Notes
Forensic/secure services	Should do action	The trust should continue to address staff vacancy rates and sickness levels and improve the monitoring of its impact on patient care by measuring care and treatment which has been cancelled or curtailed (leave of absence, one to one nursing sessions, activities, access to fresh air).	Forensic Service wide	F3	An activity monitoring system will be set up which will report issues into the Forensic Services Clinical Governance fora.	Jill Copeland	Andy Weir	Beverley Hunter	30-Apr-15		NOT YET DUE		
Forensic/secure services	Should do action	The trust should ensure that patients have access to timely physical healthcare by ensuring patients are registered with a GP and, for patients at the Newsam Centre ensure that timely medical care is available.	Service wide - GP issue Newsam re medical input	F5	The Trust will identify patients and then will aim to identify a Leeds GP practice to take on patients temporarily on to their register.	Jill Copeland	Andy Weir	Beverley Hunter	31-Jul-15		NOT YET DUE		
Forensic/secure services	Should do action	The trust should ensure that clinicians and staff adhere to the MHA and MHA Code of Practice to ensure that: • staff are aware patient mail can only be withheld in very limited circumstances; • there is improved recording of consent and capacity to consent decisions for treatment for mental disorder;	Forensics Service wide	F6a	Formally remind staff	Jill Copeland	Andy Weir	Beverley Hunter	27-Feb-15	complete	Complete		
				F6b	Consider specific training/ refresher training delivered by the MH Act team	Jill Copeland	Andy Weir	Beverley Hunter Gill Walton		Complete	Complete	Andy Weir has considered this and believes that the scheduled MH legislation training will meet the needs of staff	
				F6c	This action is covered under LP action on overarching consent working group (P10a)	Jill Copeland	Lynn Parkinson		16-Mar-15		DUE		

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Leeds CITY COUNCIL

Report author: Steven Courtney

Tel: 24 74707

Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Well-being and Adult Social Care)

Date: 24 March 2015

Subject: Scrutiny Inquiry: Leeds' Child and Adolescent Mental Health Services and Targeted Mental Health in Schools – supplementary information

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. In July 2014, the Scrutiny Board identified Mental Health Services (and in particular Child and Adolescent Mental Health Services (CAMHS)) as areas for more detailed consideration by the Scrutiny Board. The purpose of this report is to present further supplementary information for consideration at the Scrutiny Board meeting on 24 March 2014.

2. The following supplementary information is attached for consideration:

   (a) The report and recommendations presented and agreed at the Integrated Commissioning Executive (ICE) meeting on 17 March 2015,

   (b) Additional information following concerns raised by Leeds Local Medical Committee (LMC) regarding Targeted Mental Health in Schools (TaMHS) services in Leeds.

   (c) Extracts from the *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing* report, including the Executive Summary and key proposals.

   (Please note the full report is available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf).

Recommendations

3. The Scrutiny Board (Health and Wellbeing and Adult Social Care) is asked to:
   a. Consider the information presented and identify any specific matters that require more detailed consideration and/or any further scrutiny activity.

b. Identify any specific matters/ areas for improvement for inclusion within its final inquiry repot.
c. Consider and agree its next steps as part of this Scrutiny Inquiry.

Background papers[1]

4. None used

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Integrated Commissioning Executive	
Meeting – 17th March 2015	
Title of Report:	Whole system review of CYP emotional wellbeing and mental health services in Leeds.
Author(s):	Dr Jane Mischenko, Paul Bollom
Date finalised:	10:03:2015
ICE Lead:	Matt Ward/ Sue Rumbold
For further information contact	Jane Mischenko on Jane.Mischenko@nhs.net 0113 8431634
The purpose of this paper is to…	Final report for ICE on the recommendations from the whole system review of CYP emotional wellbeing and mental health services in Leeds.
It is recommended that the Integrated Commissioning Executive…	• Endorse the recommendations of the review • Agree to the next steps outlined in the report • Agree to receive reports of redesign of whole system emotional wellbeing and mental health services • Support the involvement of their organisation in the work of the implementation plan • Agree the route for accountability and reporting for the implementation of the recommendations
Risks: (to Clinical Commissioning Groups, Local Authority and NHS England)	**Financial** The need in the city is more than is commissioned and provided for (recognised national and local position). Challenging financial pressures in Local Authority poses risk to services that contribute to emotional wellbeing and mental health (e.g. targeted youth work). Risk to sustainability of whole TaMHS cluster offer, given competing demands on school funding; however, to date all have continued to invest due to positive outcomes and impact on school attendance and achievement. Co-commissioning initiated within the time frame of this review will help mitigate the risk of fragmentation in the short term.

1.0 Summary

In September, ICE endorsed the need for a whole system review of children and young people (CYP) emotional wellbeing and mental health (EMH) services in Leeds. This report sets out the outcomes from this review setting out key recommendations (and the provenance for these, see appendix 1) and next steps.

1.1 Key points to Note:

- Children, young people, parents and carers' views have strongly informed the recommendations (see appendices 2,3)
- The draft recommendations were tested with young people and had a positive response
- Clinicians and professionals (commissioners and providers) have been consulted throughout the review
- The joint commissioning steering group has been meeting monthly and has reviewed and agreed the recommendations
- Analysis of present activity, capacity and demand for all key commissioned services has been undertaken (see appendix 4)
- Identification of current spend in the city has been undertaken (see appendix 5)
- A brief review of the clinical and economic case for investment in CYP emotional wellbeing and mental health has been undertaken (see appendix 6)
- Local knowledge of prevalence of EMH needs has informed discussions (see appendix 7)
- The national Children and Young People's Mental Health Taskforce is due to report this month; by endorsing and progressing these recommendations Leeds will be in a good place to deliver the ambitions within that publication at a local level

1.2 Review Recommendations:

The recommendations are listed below. These have been mapped against the original issues that led to the review, what young people, parents and carers have told us, the clinical and economic evidence, findings from local data, and what professionals have told us (see appendix 1).

1. The development of a Primary Prevention public health programme supported by each Childrens Centre and school having an EMH champion/contact who has undertaken additional training

2. A clear local offer developed for CYP as primary audience but will have value as a reference for parents and local professionals

3. Development of the MindMate website and of the digital solutions to promote the local offer, promote self-care/resilience and delivery as part of intervention

4. A Single Point of Access (SPA) for referrals into the whole system with proactive communication and support whilst waiting to CYP/Parents

5. Specialist CAMHS – redesigned to have a named professional aligned to each school cluster and embedded within targeted services (for vulnerable groups) – to provide expertise, consultation, supervision and co-working where appropriate

6. To focus on ensuring vulnerable children and young people receive the support and services they need

7. To focus attention on strengthening transition arrangements

8. CYP IAPT principles to inform the quality framework for all commissioning

9. Whole system commissioning framework with clear roles and responsibilities for all partners:[1] Increased development of co-commissioning arrangements between clusters and partners and between NHSE and CCGs

10. Develop and agree a single identifier for children and young people across all the city's services to enable the integration of data

11. HNA refreshed once new national prevalence survey published (2016/17)

1.3 Next Steps:

The recommendations have already been tested with young people, as part of a workshop run by Youngminds and YouthWatch (part of HealthWatch).

A whole system event is planned for 16 March and will inform the development of the implementation plan.

The key proposals to progress at pace:

- A Single Point of Access for GP referrals into the whole system of emotional wellbeing and mental health support (to achieve by September 2015)
- More effective modelling of specialist CAMHS i.e., alignment with Educational clusters

After approval of recommendations and based on the work arising out of the event on the 16th we will develop a detailed implementation plan to progress each recommendation. The plan will include time-scales and identify those involved in the delivery. Project management resource to support this work has been identified for 2015/16 and will be brought on stream in early April.

The implementation plan will consider:

- Outcomes and timescales for work on each recommendation
- The establishment of a programme board/group
- Further engagement and communication plans including consistent involvement of CYP and parents and carers
- Continue co-production with key services, clinicians (including referrers) and CYP and parents and carers

In addition to the key recommendations to deliver a locally coordinated and comprehensive system there will be underpinning needs such as workforce development, further engagement and communication plans.

Main Issues to note:

2.1 What difference the recommendations will make?
By delivering a locally coordinated whole system children and young people will be supported earlier, by the right people, in the right place. More children and young people will be seen and will have an improved experience of accessing support and services. Commissioners will have improved knowledge and assurance of the quality of the whole service offer, as well as use of and impact of the services.

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[1] NHSE; CCGs; LA; Education Clusters; LA Public Health – for the prevention agenda

Children and young people will know what support is available in their city; they will attend schools where staff are emotionally literate and supportive. They will receive early help in a timely manner, with swift access to more specialist support if needed**.**

2.2 Funding

The picture of commissioning, funding and delivery for emotional wellbeing and mental health services across Leeds is complex (see attached appendix 5).
The recommendations will ensure best value for the money that is invested in emotional wellbeing and mental health services: however, the need for these services will remain greater than the service offer. It is currently a national estimate that only one in four children and young people who need a service receive one.

2.3 Analysis of patient flows (Waiting Times)

Early in the review concerns grew about the length of time children and young people were waiting to access specialist CAMHS. Initial work has been undertaken and through this work the number of young people waiting for a consultation clinic in CAMHS services is within 18 weeks. A CQUIN is in development for the contract in 2015/16 to further strengthen this and develop more supportive assistance for CYP on the waiting list.

Further work, through non-recurrent investment by CCGs, will shorten waits for specialist assessment clinics (i.e., ADHD and autism). The ambition is to reduce waiting lists for autism assessment to 12 weeks (in accordance with NICE guidance) by the end of 2015/16.

LCH performance is consistently good for those CYP requiring urgent assessment and intervention.

2.4 Co-commissioning with clusters

An early concern, discussed at ICE, was the risk to the sustainability of the cluster TaMHS offer where increasingly the funding for this offer in the majority came from school/cluster budgets.

An offer from CCGs to co-commission with clusters to enhance the TaMHS offer has been made and all 25 clusters have accepted. This will support the sustainability of the early intervention element of the “Leeds offer”, encourage whole system engagement and the measurement of impact of the redesign proposals across the whole system.

2.5 Scrutiny Review

A parallel review has been running led by the Health and Social Care Scrutiny Panel. They commissioned YoungMinds and YouthWatch to survey key stakeholders including: professionals, providers, commissioners, CYP & Parents, through a questionnaire and focus group work. The evidence taken from various stakeholders has been fed into this review and the final report is attached as an appendix. The team leading the review are working closely with Scrutiny to ensure that the recommendations and implementation plan start to meet the needs identified through this process.

2.6 National Taskforce Report

The national Task Force report is expected to be published in mid-March. We will need to assess the final recommendations of our local EMH review against this. It is expected that there will be significant alignment.

2.0 Recommendations for ICE

The recommendations from the whole system review of C&YP emotional wellbeing and mental health services in Leeds are:

- Endorse the recommendations of the review
- Agree to the next steps outlined in the report
- Agree to receive reports of redesign of whole system emotional wellbeing and mental health services
- Support the involvement of their organisation in the work of the implementation plan
- Agree the route for accountability and reporting for the implementation of the recommendations

Enclosures:

Appendix 1: Report on the Whole System Emotional Wellbeing and Mental Health review
Appendix 2: A synthesis of what children and young people have told us
Appendix 3: Children & young people mental health services report (YoungMinds and YouthWatch)
Appendix 4a: Leeds Business Intelligence (BI) Report Summary
Appendix 4b: CYP Emotional and Mental Health NICE Guidance: Compliance
Appendix 5: Funding Picture for Leeds
Appendix 6: Key Notes: Critical factors for Commissioners to consider in the Children and Young People Emotional and Mental Health Services Review and Redesign Programme

Appendix 1: Report on the Whole System Emotional Wellbeing and Mental Health review

1. The development of a clear primary prevention programme for emotional wellbeing, (emotional literacy and the development of resilience in CYP). To support this public health programme each school and Children's Centre to have an EMH champion.

Recommendation	A clear primary prevention programme for emotional wellbeing. Each school and Children's Centre to have an EMH champion having undertaken additional training
Evidence base and economic case	There is significant evidence that early intervention can reduce the risk of later disorder and therefore improve outcomes and save money[2] Having an identified champion in children centres, and schools /clusters allows training to be targeted and also offers a point of contact for distribution of communication, policies and resources to support such settings. It is envisioned that this role will also offer some advice and guidance to other professionals
The issue	Lack of a coherent prevention plan (primary prevention; development of emotional literacy of workforce and pupils and emotional resilience of pupils)
This is the evidence of extent of this as an issue (local Data)	Rejection rates for services are high implying that people are being referred where their need does not meet the thresholds for services
This is supported by CYP and parents who say	More education about EMH in schools (reduce stigma and improve emotional literacy of pupils and staff) The priority is to intervene early (quote from young person presenting to Scrutiny Board) Train the parents in resilience so they can give better support at home, could include CBT and mindfulness Don't use the word 'mental' when describing services Develop a course about mental distress for parents and carers Encourage social action projects where young people spread positive messages. Provide parents and carers with self-management strategies so they can help their child too
This is supported by professionals who say	GPs and LMC concerned about those who cannot access TaMHS
This is what we've done to date	Perinatal mental health priority in maternity strategy/and children and families portfolio of MH Framework Best Start Plan (co-commissioning of Infant Mental Health Service) Healthy Schools team have undertaken work to develop emotional literacy CCG co-commissioning of TaMHS (Early Intervention)
Next steps	Public Health to lead development of a primary prevention programme to promote emotional literacy and emotional resilience (this has been identified as a priority area by PH colleagues) Early Intervention/prevention programmes informed by evidence base Children Centres to increase access to evidence based parenting programmes Named champions identified, role defined and workforce plan to support created

[2] Fonagy, P, Cottrell, D, Phillips, J, Bevington, D, Glaser, D, and Allison, E. (2014). *What works for whom? A critical review of treatments for children and adolescents* (2nd Ed.). New York, NY: Guildford Press.

2. Clear local offer developed for CYP and Parents

Recommendation	Clear local offer developed for CYP and parents but also useful reference for local professionals
Evidence base and economic case	A clear local offer that is clearly signposted will help CYP and their parents ensure that they are entering the right part of the service. This will also support referring professionals to understand the comprehensiveness of the total local offer and allow them to provide informed advice of the service to be received. This will be supported by the information available on the MindMate web site
The issue	Complexity of commissioning and provision – lack of join up/understanding
This is the evidence of extent of this as an issue (local Data)	GP referral rejection rates are high (at 40.25 % for all 3 CCGs) and GPs report that they refer to CAMHS because they are unaware of the full range of other services available, or if they are accessible to them. TaMHS evaluation shows that some young people access TaMHS who could meet the threshold for other services such as CAMHS. Children who are looked after are often referred to TSWS even though their need could be met by a targeted level service such as TaMHS
This is supported by CYP and parents who say	They struggle to navigate the local system They want personalised and flexible services Services need to also understand parents/carers needs They want a non-judgemental attitude and inviting environment
This is supported by professionals who say	They are not sure where to refer and can't keep a track of all the services on offer (or their changing criteria)
This is what we've done to date	Reviewed current service offers, working with commissioners and providers to understand current activity, criteria and experience
Next steps	Establish a clear local offer, alongside the development of the SPA and service redesign; communicate to all key stakeholders; use MindMate to set out for CYP and parents and carers

3. MindMate website and development of digital solutions

Recommendation	To maximise the opportunity the MindMate website offers, i.e. to publish the local offer and the development of the digital solutions to promote self-care/resilience and delivery as part of intervention (to link to appropriate websites i.e. LCC, Mental Health All age portal)
Evidence base and economic case	Young people use digital sources for their information (Taskforce, 2015). The MindMate web site will offer one source of up to date and relevant information on mental health, self-care and also the services available in Leeds. There is significant research and development underway in the opportunities digital technology can offer; this extends beyond information giving to delivery of services
The issue	Improve access, self-help and efficiency
This is the evidence of extent of this as an issue (local Data)	To date services in Leeds have made little use of digital interventions either to offer support to young people who are waiting, or for those who are in a service
This is supported by CYP and parents who say	Most look up advice on line and find this useful Use different interventions including web technologies

This is supported by professionals who say	They don't know where to send people, or what to offer to young people while they are waiting for a service
This is what we've done to date	We have commissioned the MindMate website We have commissioned a digital innovation lab We have commissioned YoungMinds to ensure these are coproduced with CYP Part of the CQUIN with CAMHS for 2015/16 is to co-produce with young people means of support (which may include digital resources) for the young people and their family while they are waiting for an appointment
Next steps	Progress website and digital innovation lab developments and project plans

4. Single Point of Access

Recommendation	A Single Point of Access (SPA) for referrals into the system – with proactive communication to CYP and parents and carers to support whilst waiting
Evidence base and economic case	A SPA would provide one point in the city for GP referrals (supported by a team from key providers) to ensure that professionals, children, young people and families access the right service. Where there is a choice of service that could meet the need, young people and families will be provided with clear information on waits and the type of therapy available. This will reduce duplication and "hands offs" across the system and shorten overall waits It is anticipated that this approach will be recommended by the national taskforce (Taskforce, 2015)
The issue	Confusion of what services are available and how to access/refer
This is the evidence of extent of this as an issue (local Data)	Waits are long to access some CAMHS and TSWT services and then there are further waits for those requiring more specialist assessment i.e. ADHD/Autism, or specific interventions. Rejection rates for CAMHS stand at 31% for the overall service from all referrers and 40.25% for GP referrals. In the TSWS it has been calculated that a third of casework referrals don't end up in a social work attended consultation
This is supported by CYP and parents who say	Parents don't know how to navigate the local system and feel desperate and frustrated Ensure schools really embed mental health and work much more closely with CAMHS There needs to be early contact with emotional wellbeing and mental health services: this is any intervention, whether it is in school or through a voluntary sector. Getting it right to begin with and then build on the partnership with parents' support to help the child While waiting for services YP report that their condition worsened and in some cases they have attempted suicide
This is supported by professionals who say	They are frustrated by CAMHS referrals being rejected and don't know what service to recommend to young people and their families
This is what we've done to date	Improved waits to CAMHS through a waiting list initiative including access to consultation clinic and also ADHD assessment. Approved a waiting initiative to address ASD assessments within 2015/16. Tested the idea of a SPA with many stakeholders who recognise the opportunities and value of this approach Co-commissioned with clusters to extend the TaMHS offer and ensure that in the future there is universal access to the service for GPs, and for children who attend private schools
Next steps	Progress at pace: a programme to develop and implement a SPA has agreement from key service clinicians – sign up is required

	from all commissioning/ provider partners. There are significant opportunities to integrate this with the Children Services 4th Floor team

5. Redesign of Specialist CAMHS

Recommendation	Specialist CAMHS – redesigned to have a named professional aligned to each school cluster and embedded in targeted services for vulnerable groups i.e. YOT, TSWT, TMktP – to provide swift access to expertise, consultation, supervision and co-working where appropriate
Evidence base and economic case	Evidence where TaMHS is provided by CAMHS in schools that a higher level of support is given in schools and that the transition into the CAMHS service (whilst good across all TaMHS services) is more joined up Local experience that this model maximises capacity and capability of universal and targeted services (i.e. Infant Mental Health Service, TSWT, YOS) Maximises capacity and capability of universal and early intervention services (more cost effective)
The issue	Lack of a citywide consistent, evidence based service joined up offer; gap between TaMHS and CAMHS
This is the evidence of extent of this as an issue (local Data)	GP referral rejection rates are high (at 40.25 % for all 3 CCGs) and this has been supported by GPs who have said that they refer to CAMHS because they are unaware of the full range of other services available. The TaMHS evaluation of the pilots indicates that some young people are attending TaMHS who meet the threshold for other services such as CAMHS. For children who are Looked After they are often referred to TSWS even though the need could be best met by a TaMHS service and potentially be less stigmatising
This is supported by CYP and parents who say	Ensure schools really embed mental health and work much more closely with CAMHS Early contact with CAMHS: this is any intervention, whether in school or through voluntary sector Getting it right to begin with and then build on the partnership with parents' support to help the child There is poor communication between GP, schools and CAMHS Services need to be working together
This is supported by professionals who say	That they know some CYP fall through the gap between TaMHS and specialist services
This is what we've done to date	Co-commissioned with clusters to extend the TaMHS offer and ensure that there is greater access to the service for GPs There are already good local examples of this commissioning model of embedding expertise locally (i.e. TSWT, IMHS, YOS) Co-commissioned the SILC TaMHS offer as a pilot (specialist CAMHS in SILCs for children with more complex needs)
Next steps	To develop the detail of the service model

6. To ensure there is a focus vulnerable children and young people receive the support and services they need

Recommendation	To ensure that vulnerable CYP (identified as children in the care system and care leavers, children with complex needs and disability, children in the youth justice system and CYP belonging to vulnerable BME groups) have access to necessary support
Evidence base and economic case	A consultation and mental health liaison model is recognised as best practice (Taskforce, 2015). This is where consultation and liaison teams advise staff dealing with those with highly complex needs, which include mental health difficulties (such as those who are

	looked after, have been adopted, those with sexually harmful behaviour and those in youth justice system). With fast track to specialist mental health services where needed and proactive follow up of those that do not attend appointments.
The issue	There is a fragmented system with multiple commissioners. The system not is not always joined up, resulting in some young people caught between service offers
This is the evidence of extent of this as an issue (local Data)	Many services in Leeds are offering support but there are long waits, different referral criteria and gaps between services. There is evidence of some young people falling between the gaps in services or deteriorating whilst waiting
This is supported by CYP and parents who say	More targeted consultation needed to hear from CYP in vulnerable groups Poor communication between GP, schools and CAMHS Better communication between inpatient services and community services Services need to be working together
This is supported by professionals who say	That they know some CYP fall through the gap between targeted and specialist services
This is what we've done to date	Co-commissioned with clusters to extend the TaMHS offer and ensure that there is greater access to the service from GPs CAMHS psychologists embedded in TSWT Co-commissioned with SILCs TaMHS in SILC offer for children with complex need Commissioned specific service for care leavers from the Market Place
Next steps	Redesign of specialist CAMHS service offer as described earlier. Review of existing pathways and offers for vulnerable CYP (involving health, education, social care, youth justice and targeted service leaders) and ensure follow best practice and integrated with wider children service offer

7. Strengthen transition arrangements

Recommendation	Strengthen transition arrangements
Evidence base and economic case	Transition between children and adult services is known to be poor and this links to poor outcomes and lack of engagement with adult services and a "lost tribe"[3]. "You're Welcome standards" have recognised the needs of children with emotional issues specifically[4] and the recent model service specification[5] sets minimum standard for good transition
The issue	Concern about transitions
This is the evidence of extent of this as an issue (local Data)	Adult services offer a different model to that available in services for children and young people and not all young people transfer to a service from CAMHS and TSWS. There is good practice locally but this needs to be strengthened. A team of two people support transition (from 17.5 years upward) from CAMHS and the inpatient team to adult mental health services. For adult IAPT services 1082 young people aged 17 – 25 entered treatment in 2013/14. This is an increase of 34% in the numbers entering treatment since the previous year. Leeds Survivor Led Crisis Service (DIAL house) report that their biggest cohort of people attending for support is in the 16 – 25 year old age bracket. TSWS offer support for young people who are care leavers up until the age of 25

[3] Lost in Transition?, McDonagh, 2006 available at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1382525/
[4] You're Welcome quality standards available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216350/dh_127632.pdf
[5] Model Specification for Child and Adolescent Mental Health Services: Targeted and Specialist levels (Tiers 2/3)" (NHSE December 2014)

This is supported by CYP and parents who say	Parents and young people want to be involved in decisions Transition should be well planned and happen smoothly Better informed around transition, when and how At 17 young people have reported that their interaction with the GP changes in terms of GPs saying there is no point referring and offering of anti-depressants
This is supported by professionals who say	They "hold onto children" when they know that there are no adult services "Cliff Edge" What about those not in CAMHS at age 17? What about vulnerable groups i.e., care leavers? When the CAMHS transition workers are not involved in a young person's move to adult services the experience is less satisfactory
This is what we've done to date	A protocol has been developed between LCH and LYPFT in order to provide a universal standard for aiding the transition between CAMHS and AMHS. This has been modified following feedback from Young Minds and qualitative interviews undertaken by the Transition Team CCG commissioners of CYP and Adult emotional wellbeing and mental health services have prioritised this as an areas to improve during 2015/16 Initial scoping of the current offer is underway
Next steps	Review and strengthen existing arrangements and work to personalise and strengthen the transfer between CYP services and adult services Be informed by recent NHSE publications Consider commissioning some YP services up to 25

8. CYP IAPT principles to be adopted across the city as the quality framework

Recommendation	CYP IAPT principles to be the quality framework for the cities providers: These are: 1. Use of best evidence based interventions; 2. CYP participation in service delivery/development; 3. Session by session monitoring; 4. Goal based outcomes
Evidence base and economic case	CYP IAPT has been nationally evaluated and endorsed. The quality framework offers a structure to ensure that good quality provision is supported, CYP participation is integral and measurement of impact is consistent
The issue	No explicit quality framework consistently used across the system
This is the evidence of extent of this as an issue (local Data)	There is variable adoption of NICE guidance; there is variable participation of CYP in service development; not all services define goals with CYP, or measure the impact of the service/intervention from CYP feedback The service review has shown that services offer different length waits, different times in service and different discharge routes. Some of this is based on need and the service type but comparison between services is hard
This is supported by CYP and parents who say	They want services that are personalised and flexible Services need to also understand parents/carers needs Services need to deliver a non-judgemental attitude and inviting environment
This is supported by	They are not assured of the consistency or quality of services

professionals who say	
This is what we've done to date	Undertaken a baseline assessment of providers' compliance with relevant NICE guidance. Initiated a waiting list initiative. Co-commissioned with clusters to extend the TaMHS offer and ensure that there is greater access to the service for GPs; the co-commissioning relationship will assist in the development of shared quality standards and measures
Next steps	Integrate the CYP IAPT principles into the commissioning framework and work with commissioners to embed in service specifications, contracts and performance monitoring. Establish a whole system monitoring methodology

9. Whole system commissioning framework

Recommendation	Whole system commissioning framework with clear roles and responsibilities for all partners[6]. To detail co-commissioning arrangements between clusters and CCGs; NHSE and CCGs with robust evaluation of impact across the system
Evidence base and economic case	We will be able to make better use of the Leeds £, ensure early intervention, better join up the system and set clear lines of accountability
The issue	There is a fragmented system with multiple commissioners and a lack of clear lines of accountability. On the ground the system is not always joined up, with some young people lost or shunted between services
This is the evidence of extent of this as an issue (local Data)	There are many services in Leeds offering support but there are long waits for some, different referral criteria and gaps between services. There is evidence of some young people falling between the gaps in services, or deteriorating whilst waiting
This is supported by CYP and parents who say	There is poor communication between GP, schools and CAMHS There needs to be better communication between inpatient services and community services. Services need to be working together
This is supported by professionals who say	That they know some CYP fall through the gap between TaMHS and specialist CAMHS services; they are confused about what is available
This is what we've done to date	Developed these recommendations to act as an initial framework for the whole system commissioning strategy; CCGs are co-commissioning with clusters to extend the TaMHS offer and ensure that there is greater access to the service for GPs, and for children who attend private schools
Next steps	A Programme Board needs to be established to oversee; a clear lead commissioner should be agreed for the city. There should be an exploration of aligning/pooling budgets

10. Establish system of tracking whole system (integrated data report), to include one unique identifier

Recommendation	Develop and agree one identifier for young people across all the city's services to record data; establish a system of tracking the whole system to understand demand and capacity and impact of system changes
Evidence base and economic case	There is no one identifier for all children and young people, meaning we are not able to track each person through the system. Data on activity, waits and outcomes varies from service to service

[6] NHSE; CCGs; LA; Education Clusters; LA Public Health – for the prevention agenda

The issue	Lack of data to track use, need and impact of services (robust data is essential for effective commissioning)
This is the evidence of extent of this as an issue (local Data)	There is no one identifier for all children and young people, meaning we are not able to track each person through the system. Data on activity, waits and outcomes varies from service to service
This is supported by CYP and parents who say	They want services to communicate better
This is supported by professionals who say	They want to know where the young person they have referred is in the system An absence of this compromises effective commissioning of a whole system approach
This is what we've done to date	The different data sources and systems has been mapped as part of the review
Next steps	To agree and use one identifier e.g. NHS number To develop integrated tracking system to enable measurement of impact of investment i.e., into TaMHS and TaMHS SILCs and redesign

11. Refresh HNA

Recommendation	HNA refreshed once new national prevalence survey published (2016/17)
Evidence base and economic case	Understanding the prevalence for Leeds of mental health issues for children and young people will enable us to more effectively match the services commissioned with the level and area of need. It will also support providers to offer a service delivery model that meets the expected needs of the population
The issue	Services are commissioned based on historical need supplemented and enhanced by local data (last national prevalence data was 2004)
This is the evidence of extent of this as an issue (local Data)	Similar to the national picture. CMO has recommended the need for a national prevalence survey
This is supported by CYP and parents who say	N/A
This is supported by professionals who say	Data is critical to effective commissioning
This is what we've done to date	A refreshed HNA with available local data
Next steps	Review and refresh the HNA following publication of the national prevalence survey – expected in 2016/17

Appendix 2 – A synthesis of what children and young people have told us

1. Background

There is national concern about the state of mental health services for children and young people. This is evidenced by: the Chief Medical Officer's report (Our Children Deserve Better: Prevention Pays, 2012), the National Clinical Director for Children highlighting this as a priority in her programme; the establishment earlier this year of a Health Select Committee to review current Children and Adolescent Mental Health Service (CAMHS) provision and in the recent forming of the National Task Force.
Locally, emotional and mental health is recognised by the Integrated Commissioning Executive (ICE), the Transformation Board and the Children's Trust Board as one of the Joint Commissioning priorities for the children's programme. In Leeds there is a complex picture of multiple commissioners and recognising that the local system, despite best efforts, is fragmented and that the money invested in services is not offering the best value for children and young people and their families.
The Integrated Commissioning Executive has supported the whole system approach to re-commissioning services.

2. What should children and young people expect?

Department of Health published best practice guidance "You're Welcome" focusing on quality criteria for young people friendly health services. The document lays out principles that will help health services both in the community and in hospitals 'get it right' and become young people friendly. The quality criteria cover 10 areas:

- **Accessibility** - addresses that services are accessible to young people.
- **Publicity** - addresses the importance of effective publicity in raising awareness of the services available and explaining the extent of confidentiality.
- **Confidentiality and consent** - addresses that they are implemented by staff and understood by service users.
- **Environment** - addresses that the environment, service provision and atmosphere are young people friendly.
- **Staff training, skills, attitudes and values** - addresses the training, skills, attitude and values that staff need to deliver young people friendly services and ensure the needs of young people are met.
- **Joined up working** - addresses some of the ways to ensure effective joined up delivery.
- **Young people's involvement in monitoring and evaluation of patient experience** - addresses the importance of capturing young people's experience of health services as part of service development, monitoring and evaluation.
- **Health issues for young people** - addresses the health needs of young people as they go through the transition into adulthood.
- **Sexual and reproductive health services** - is only applicable to any type of sexual and reproductive health service, provided either in a specialist setting or a more generic setting (GP).
- **Specialist child and adolescent mental health services (CAMHS)** - is only applicable to providers of specialist child and adolescent mental health services for young people or psychological wellbeing and mental health.

The 10 areas reflect the feedback themes received both locally and nationally from both children and young people and parents and carers of where the service and experience could be improved.

3. What do we already know?

There has been a lot of engagement both locally and nationally with children, young people, parents and carers about their views on the current service. Health Watch Leeds and Young Minds Leeds are currently gathering experience from service users, parents and carers and professionals about the local Leeds picture. This data will be available at the end of February. This paper focuses on what young people their families/carers want and need from an emotional health and mental health service rather than listing and theming the problems themselves. Feedback in red is what children and young people have said and in blue is from parents and carers.

Flexible and Accessible Services

- Access to holistic services that improve all aspects of their lives.
- Opportunity to take part in activities that are fun and creative and help them build a range of softer skills such as building friendships.
- Not 9 – 5 or wait until Monday.
- Flexible opening hours.
- Choice of venue, within walking distance of home or something more central for anonymity.
- Drop in services and self-referral.
- Universal service in schools i.e., school nurse so no stigma attached
- Short waiting times.
- Quicker access in crisis or emergency situations.
- Better out of hours and in-patient units easier to access.
- Not having to 'fight' for access.
- Environment which is accessible and friendly.
- Not to be a battle to get an appointment – as will end up having to go to A&E.
- Should be more overlap with schools – When CAMHS has a clear presence in schools this is working well.

Environment

- Friendly and welcoming.
- Relaxed and informal culture, homely.
- Clean and safe.
- Range of services in one building.
- Age appropriate services

Choice and informed consent

- Choice about what kind of therapist they see.
- Be offered a range of treatment options, not just medication.
- Be assured that any information they disclose is treated confidentiality
- Services need to tell young people what their confidentiality policy is
- Confidentiality should not mean exclusion family participation won't compromise confidentiality

Information and Communication

- Have a system in place so they do not have to repeat their story to a number of different practitioners.
- Young people and families need good, up to date information on-line about emotional health and well-being and what the local support options are.
- Local services need to work together and improve communication to ensure there is a shared understanding.
- Better communication between inpatient services and community services.

- Information about CAMHS delivered in schools and articles in young people's magazines, the media and easily accessible leaflets. For example, information about the referral process, what to expect at their first appointment, available interventions, about the different professionals they might see.
- Isolating experience need the opportunity to connect with other parents or access to emotional support is vital.
- Young people and families being central to design.
- Better inclusion in assessments and treatments.
- Better communication of service expectation (waiting and process)
- Provide parents and carers with self management strategies so they can help their child too.
- Early contact with CAMHS: this is any intervention, whether it be in school or through voluntary sector. Getting it right to begin with and then build on the partnership with parents' support to help the child
- Pathway needs to be clear. For example, GP knowledge and referrals.
- Be able to self-refer and when put on a waiting list be informed of how long will we be waiting.
- Support between appointments.
- Information should be shared to relevant people involved to avoid repetition.
- Provide a personalised service: everyone is different.
- Telephone support/mentoring/support groups for people.
- Use different interventions including web technologies.
- Ensure schools really embed mental health and work much more closely with CAMHS.
- Write in plain English.
- Train the parents in resilience so they can give better support at home, could include CBT and mindfulness.
- Young people developing promotional materials.

Relationships

- Important to build a relationship with a practitioner. Continuity of care is crucial to achieve this.
- Staff should be non-judgemental, show empathy and genuine interest in listening, see young people as individuals, be open minded and provide the right help and support.
- Be taken seriously.
- Young people's rights should be taken seriously shouldn't have to 'fight' for them.
- Professional support is needed for families to support young people during treatment especially where there are complex needs or challenging behaviour.
- Increase the skills set of the CAHMS staff to provide them with knowledge on issues such as, anxiety, disorders, ASD, self -harm, eating disorders, trauma, emotional disorders, ADHD, sensory processing disorders, co-morbidity.
- Services need to also understand parents/carers needs.
- Develop peer mentoring scheme or support group.
- We are the experts listen to us.
- Parents and carers should be involved as experts in treatment and decision making.
- Set up active local parent/carer forums or dedicated CAHMS parent groups.
- Young people helping to recruit and select staff.

Stigma

- Don't use the word 'mental' when describing services.
- Ensuring a consistent agenda to tackle stigma and encourage students to look after themselves.
- Better strategies for parents to cope with the impact of stigma and young people attending appointments.
- Develop a course about mental distress for parents and carers.
- Encourage social action projects where young people spread positive messages.

Transition

- Transition should be well planned and happen smoothly
- Better informed around transition, when and how.
- Should suit the person rather than the service.
- Service should focus on their individual needs and when they need it rather than being stuck on a waiting list for CAMHS and then AMHS.
- Want information about their condition and the medication and therapies that are available, so that they can make an informed choice.
- Transition to AMHS joined up so parents and carers are not left picking up the pieces.
- Investing in systems which bring key professionals in AMHS and CAMHS together to address transition.

Inpatient and Emergency Provision

- Easy access.
- High quality service.
- Education to be available whilst on the unit.
- Non-judgemental attitude and environment.

Information has been sourced from the following areas:

National Advisory Council – How many times do we have to tell you – A briefing from the National Advisory Council about what young people think about mental health and mental health services
Department of Health – Quality criteria for young people friendly health services
Young Minds – Parents say – emerging key themes CAMHS and parent participation
Creative Leeds CAMHS Event

Helen Butters
January 2015

Appendix 3: Children & young people mental health services report (YoungMinds and YouthWatch)

Appendix 4a – Leeds Business Intelligence (BI) Report Summary

Background

There is national concern about the state of mental health services for children and young people. This is evidenced by the Chief Medical Officer's report (*Our Children Deserve Better: Prevention Pays, 2012*); that the National Clinical Director for Children highlights this as a priority in her programme; in the establishment last year of a Health Select Committee to review current CAMHS provision and in the recent forming of the National Task Force. This and locally identified concerns led to the agreement by the Integrated Commissioning Executive to undertake a whole system review of CYP emotional wellbeing and mental health services in Leeds.

As part of the review analysis of supporting business intelligence has taken place, including identification of data sources (nationally and regionally), development of the evidence base, gap analysis and supported recommendations. This report is the presentation of this analysis work.

The report will also provide a critical analysis of what the challenges are from a data and information technology (IT) perspective with suggestions on how this can be improved.

Key findings

- Many services in Leeds are offering support to CYP with EMH difficulties
- In some services there are long waits to access the service
- The different services offer varying; lengths of wait, referral criteria, differing therapeutic interventions, and the amount of time spent in services
- There are gaps between services
- Services have made little to date of use of digital interventions either to offer support to young people who are waiting, or who are in a service. There is no known use of technology to offer alternatives to face to face appointments for young people
- There is no one identifier for all children and young people, meaning we are not able to track each person through the system
- Data on activity, waits and outcomes varies from service to service.
- There are variations in wait and activity when compared to regional equivalent services for CAMHS
- There is no robust regional or national benchmarking data available

For each of the City's key emotional wellbeing and mental health services, both specialist and targeted, a short summary is shown below:

CAMHS

- CAMHS receive in the region of 300 referrals per month (276 in November) and this number has been increasing in recent months, particularly for urgent referrals
- In CAMHS waits are long with some young people waiting for initial assessment and then waiting again for specialist assessment/ intervention
- Rejection rates for CAMHS stand at 31% for the overall service from all referrers
- Within the rejected cohort 81% have the reasons for rejection as not meeting thresholds (either labelled as this or as signposted to other services)
- GP rejection rates are higher at 40.25%
- CAMHS quality performance measures (CORE and CH Esq) show generally positive performance in terms of quality once young people are accessing a service with 94% of people reporting satisfaction

TSWS

- TSWS received 533 referrals in 2013/14 but it has been calculated that a third of case work referrals don't end up in a social work attended consultation
- The referrals equate to 37 young people per TSW per annum
- 41% of young people on the TSWS case load have been in the service for over a year
- Waits are in the region of 8-12 weeks from point of referral by a social worker until the young person is seen
- Satisfaction is mainly high with over 60% of young people reporting that the goals they have set have been met and over 90% saying they would recommend the service to a friend

TaMHS

- Across the 25 clusters across the City there is a shared specification and quality requirements for TaMHS services although the offer is adapted to meet local need
- In areas where central funding has ended there has been 100% continuation of a service commissioned by school clusters
- Waits are less than 2 weeks for referral to Guidance and Support panels (who decide what the best service offer is)
- The evaluated TaMHS data shows positive impact in performance measures of mental health improvement and school engagement/ development
- A Strengths and Difficulties Questionnaire (SDQ) assessment of the young person pre and post intervention is completed. Young people, parents and teachers all report and improvement.
- Some young people attending TaMHS would meet the threshold for other services such as CAMHS
- In some clusters, Looked After Children are automatically referred to the TSWS even though the need could be met by a TaMHS service

Early Intervention in Psychosis (Aspire)

- Aspire see small numbers of people but with very intense contact and active follow up
- A CAMHS professional is involved in all CYP under 18
- Waits to an initial offer are within 5 working days
- There are positive outcomes shown for Aspire

The Market Place

- The Market Place offer support to CYP through a range of services
- Young people who have emotional difficulties are offered individual counselling support and those in key groups e.g. care leavers are fast tracked
- Waits are no more than a month
- Activity for these services are 905 young people in 2013/14. Many young people access more than one service offer within the Market Place.
- The service demonstrates improved emotional mental health of service users through monitoring of "MY Plan" goals

IAPT

- For adult IAPT[7] services 1082 young people aged 17 – 25 entered treatment in 2013/14
- This is an increase of 34% in the numbers entering IAPT treatment over the previous year

What we know about need in Leeds

The last national prevalence report is from 2004 but the CMO has recommended commissioning of new one which will report in 2016/17.

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[7] Adult services offer a different model to that available in services for children and young people (CYP IAPT does not create standalone services)

There has been a prevalence analysis by Public Health England8 and this shows:

- Leeds is slightly below the Yorkshire and Humber estimated prevalence for any mental health disorder for ages 5 -16
- Leeds is slightly below the Yorkshire and Humber estimated prevalence for emotional disorder for ages 5 -16
- Leeds is slightly below the Yorkshire and Humber estimated prevalence for conduct disorder for ages 5 -16
- Leeds is slightly below the Yorkshire and Humber estimated prevalence for hyperkinetic disorders for ages 5 -16

Locally data has also shown an increase in referral to the CAMHS service for self-harm in the previous 3 years. In addition to the increasing need there has been a reported increase in the complexity of cases, particularly for self-harm cases.

What is needed to improve collection of BI as we move forward to implementation?

The processes for data recording and reporting across the whole domain of CYP emotional wellbeing and mental health services are currently inconsistent. This makes analysis of the information along pathways difficult as information needs to be drawn from a variety of sources. Generally these are not recorded in a standard manner as they have been designed for bespoke IT platforms and so interoperability is also an issue.

The advent of the national CAMHS dataset is welcomed as this is designed to be nationally reportable, albeit it only provides part of the whole system view. However, these data will only be useful approximately 12-18 months after implementation which is scheduled later in 2015.

Sharing of information is paramount if we are to support the direct care of children and young people's emotional health and wellbeing and evidence the impact of the whole system redesign. It is suggested that this is improved particularly in the light of the published Caldicott[9] Guidelines as there are significant changes to the confidentiality requirements for NHS providers, the independent sector and other information intermediaries[10] regarding direct care. This will significantly support these recommendations.

Data and Services reviewed
Data was obtained for the following services

- CAMHS
- TSWS
- TaMHS
- Aspire
- The Market Place

And other data to support the work was identified from

- Yorkshire and Humber SCN (Y&H) CAMHS Benchmarking report
- Children and Young People Emotional Health & Well Being Needs Assessment (2012)
- Ad Hoc reports i.e. A&E Attendances for Deliberate Self Harm (DSH)
- Data for adult IAPT services
- Data relating to educational needs collated from the School Census
- Public Health England profiles

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[8] http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh
[9] Caldicott 2 Review Report http://caldicott2.dh.gov.uk/
[10] Health and Social Care Act 2012 – Information Strategy http://informationstrategy.dh.gov.uk/

Appendix 4b – CYP Emotional and Mental Health NICE Guidance: Compliance

Methodology
Across Leeds key emotional wellbeing and mental health providers were asked to self-assess against the NICE Guidance considered relevant for their service. Providers of early years support were also contacted. The responses to this are shown below.

Key Results

- Across the City we have had confirmation that all NICE guidelines are met.
- Across the City we have had confirmation that all NICE guidelines are met by key provider specialist services except for number 11 relating to antisocial behaviour.
- Because of the services that we asked we haven't got complete confidence from this work that numbers 3, 4 and 5 are met in all universal services.
- Many services have commented on each section and some have noted that as they are not health organisations and so may operate to a different evidence base.

	Guidance	Key Points	Compliance									
			CAMHS	TSWS	The Market Place[11]	Aspire	Leeds Counselling	Relate	CAMHS in schools[12]	Beck	Place to be	Early years
1	Depression in children and young people: Identification and management in primary, community and secondary care - 2005 http://www.nice.org.uk/guidance/CG28/chapter/patient-centred-care	Relevant for TaMHS, CAMHS, TSWS and TMP	Yes	Yes	Partial	N/A	Yes - 90%	Yes	Yes	Yes	Yes	N/A
2.	**Psychosis and schizophrenia in children and young people:**	Relevant for specialist	Yes	N/A	Partial	Yes	N/A	N/A	Yes	N/A	No	N/A

[11] Due to the alternative role of The Market Place (TMP) we have a different philosophy around working directly with parents, carers and families. By definition we are not an educational or medical establishment, and as such do not diagnose or work directly with medication or physical interventions. We do however provide an evidenced approach to working in a holistic, young-person centred way, with a wide range of complex presenting issues. We also have policies and procedures in place to support staff and work.
[12] As in CAMHS

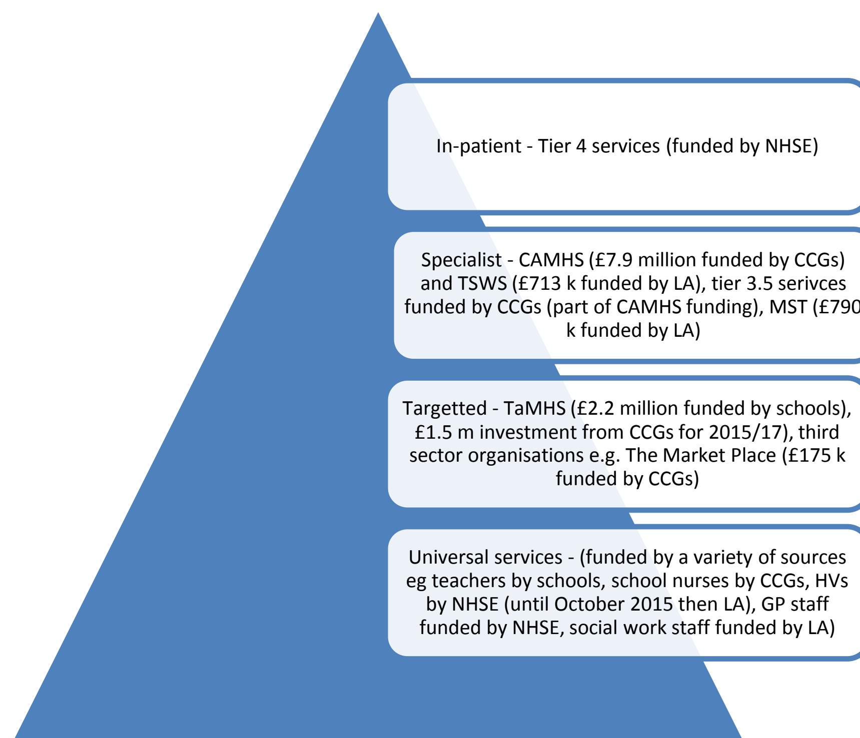
	Guidance	Key Points	Compliance									
			CAMHS	TSWS	The Market Place[11]	Aspire	Leeds Counselling	Relate	CAMHS in schools[12]	Beck	Place to be	Early years
	Recognition and management - 2013 http://www.nice.org.uk/guidance/cg155/chapter/1-recommendations	CAMHS and Aspire										
3. 4. 5.	**Social and emotional wellbeing: early years – 2012** http://www.nice.org.uk/guidance/ph12 **Social and emotional wellbeing in primary education – 2008** http://www.nice.org.uk/guidance/ph12 **Social and emotional wellbeing in secondary education - 2009** http://www.nice.org.uk/guidance/ph20	PH guidance – Relevant for Early Years and Educational settings	N/A	N/A	Partial (in secondary education)	N/A	N/A	N/A	N/A	N/A N/A Yes	Yes	Partial
6.	**Social anxiety disorder: recognition, assessment and treatment – 2013** (includes section focussing on treatment for children and young people) http://www.nice.org.uk/guidance/cg159/ifp/chapter/treatment-for-children-and-young-people	Relevant for TaMHS, CAMHS , TSWS and TMP	Yes	Yes	Partial	N/A	Yes- 80%	Partial	Yes	Partial	Yes	N/A
7.	QS Self-harm CG16 (specific to CYP see link below) http://www.nice.org.uk/guidance	For Acute settings and CAMHS. CAMHS to	Yes	Partial	Partial	N/A	Yes- 90%	N/A	Yes	N/A	Yes	N/A

	Guidance	Key Points	Compliance									
			CAMHS	TSWS	The Market Place[11]	Aspire	Leeds Counselling	Relate	CAMHS in schools[12]	Beck	Place to be	Early years
	/cg16/chapter/1-guidance#/special-issues-for-children-and-young-people-under-16-years	complete										
8.	QS Attention Deficit Hyperactivity Disorder	Relevant for TaMHS, CAMHS, TSWS, and TMP	Yes	Partial	Partial	N/A	Yes	Yes	Yes	N/A	Yes	N/A
9.	QS Autism CG128 Autism diagnosis in children and young people	Relevant for CAMHS, TSWS, and Educational Psychology service[13]	Yes	Yes	Partial	N/A	N/A	N/A	Yes	N/A	No	N/A
10.	CG31: OCD http://www.nice.org.uk/guidance/cg31	Relevant for CAMHS	Yes	N/A	Partial	N/A	N/A	N/A	Yes	N/A	No	N/A
11.	QS59 Antisocial behaviour and conduct disorders in children and young people pathway CG158 Antisocial behaviour and conduct disorders in children and young people: recognition, intervention and management	Schools, TaMHS, TSWS, CAMHS	Partial	Yes	Partial	N/A	Partial	Yes	Partial	Yes	Yes	N/A
12.	CG9 Eating disorder	Relevant for CAMHS	Yes	N/A	Partial	N/A	N/A	N/A	Yes	N/A	Yes	N/A

[13] Education Psychology team are part of the multi-disciplinary team that contributes to the process as a whole to meet the guidelines.

	Guidance	Key Points	Compliance									
			CAMHS	TSWS	The Market Place[11]	Aspire	Leeds Counselling	Relate	CAMHS in schools[12]	Beck	Place to be	Early years
13.	CG78 Borderline personality disorder	Relevant for CAMHS, TSWS and TMP	Yes	Partial	Partial	N/A	N/A	N/A	Yes	N/A	No	N/A
14.	CG185 Bipolar disorder https://www.nice.org.uk/guidance/CG185	Relevant for CAMHS and Aspire	Yes	N/A	Partial	Yes	N/A	N/A	Yes	N/A	No	N/A

Appendix 5 – Funding Picture for Leeds



Other areas of spend:

Area	Spend
Training and resources for universal staff	£23 k from public health
Support for young people to tackle discrimination	£27.5 k from public health (including £20 k to The Market Place for men's self-harm work)
Targeted youth work services[14]	£455 from the Local Authority, with £108 of this to The Market Place (for targeted youth support and drop in services). Because of budgetary challenges there is a risk of reduction in funding for this funding
Adult IAPT service	£6.5 million from CCGs as total citywide spend for adult IAPT - the service sees young people from the age of 15 with no upper age limit
Early Intervention in Psychosis	£1.4 million from CCGs as total citywide spend on Early Intervention in Psychosis – the service sees young people from the age of 14 - 35

Although this work is not directly delivering emotional wellbeing services its role in inclusion and supporting access to other services is key in the overall pathway.

Appendix 6 - Key Notes: Critical factors for Commissioners to consider in the Children and Young People Emotional and Mental Health Services Review and Redesign Programme

Authors: Jane Mischenko and Catherine Ward
This summary provides key factors for senior leaders and commissioners to use in the review and redesign of the emotional and mental services in Leeds. These critical pointers are drawn from sources that focus on both the clinical and economic evidence (see footnotes for main references).
Nearly 10% of children aged 5-16 in this country suffer from a clinically diagnosable mental health condition, but only a minority receive any form of effective intervention. This is both damaging and costly, immediately for the child and family but further down the line in terms of impact into adulthood.[15]
This paper is subdivided into three areas of focus:

- Early Intervention and Prevention
- The Economic Case
- A Quality Framework

Early Intervention and Prevention
Prevention in mental health starts before birth; there is a strong link between parental (particularly maternal) mental health and children's mental health. Therefore it is critical to look after maternal mental health during and following pregnancy. According to a recent report maternal perinatal depression, anxiety and psychosis carry a long-term cost to society of about £8.1 billion each year. Nearly three-quarters of this cost (72%) relates to adverse impacts to the child rather than the mother. *Leeds CCGs have identified perinatal mental health as a key priority for 2015/16.*
There is significant evidence that early intervention can reduce the risk of later disorder and therefore improve outcomes and save money[16]. There is strong, reliable evidence on the effectiveness and cost effectiveness of pre-school language curricula to enhance school readiness, early literacy and parenting programmes to improve children's behaviour, as well as parent-child therapy and home visiting programmes, such as FNP (CYP IAPT Commissioning Guidance, 2014). These are areas that are receiving a focus in Leeds: 'Priority 7' within the Leeds Health and Wellbeing Strategy is focused on population approaches to improve mental health and wellbeing, taking a whole life-course approach from birth to older age. It includes specific programmes including the significance of pregnancy and the first two years of an infant's life, which is integral to the Best Start Plan and Leeds Children and Young People Plan.
Children exposed to frequent and persistent bullying have higher rates of psychiatric disorder, and bullying is associated with higher rates of anxiety, depression and self-harm in adulthood. 'Whole-school-based' interventions are more effective than curriculum-based interventions or behavioural and social skills training. In Leeds this is supported in many ways through, for example, the Healthy Schools framework which enables schools to match their provision to best practice Ofsted requirements and the TaMHS school self review which enables schools to assess their practice against evidence based whole school and targeted approaches. Consultant support and training enables effective action planning and development of these approaches.
The B-CAMHS surveys of mental health of children and adolescents[17] [18]show all forms of mental disorder are associated with an increased risk of disruption to education and school absence: this is

[15] Investing in children's mental health: a review of evidence on the costs and benefits of increased service provision (CentreForum's Mental Health Commission, 2015)
[16]Fonagy, P, Cottrell, D, Phillips, J, Bevington, D, Glaser, D, & Allison, E. (2014). *What works for whom? A critical review of treatments for children and adolescents* (2nd Ed.). New York, NY: Guildford Press.
[17] ONS: The mental health of children and adolescents in GB, 1999

recognised by partners in Leeds as evidenced by the development of the city-wide TaMHS offer. Research on the longer-term consequences of mental health problems in childhood adolescence[19] has found associations with poorer educational attainment and poorer employment prospects, including the probability of 'not being in education, employment or training' (NEET). Conduct disorder and Attention Deficit Hyperactivity Disorder (ADHD) are both associated with an increased risk of offending and teenage pregnancy.
Embedded mental health support in schools (i.e., TaMHS) has evidenced improved outcomes in relation to behavioural difficulties and this model is perceived as very acceptable to children and teachers. This is referenced in the CYP IAPT commissioning guidance and we also have strong local Leeds evidence that this is the case.
The potential of schools as direct funders of interventions brings opportunities to further strengthen and develop preventative and early intervention work, but it is essential that the chosen programme(s) has an evidence base, or is rigorously evaluated.

The economic case
The utilisation of evidence-based interventions that are available may return costs by up to 35% and reduce duration of treatment by 43% (CMO report)[i].
A recent publication summarises the value for money and effectiveness of interventions for children and young peoples' emotional and mental health problems; a key message in the document is that for all the most common mental health conditions (anxiety, depression and Attention Deficit Hyperactivity Disorder, ADHD) there are interventions that both improve outcomes and are good value for money.[20]

Key programmes and benefit: cost ratios are set out in the following tables. For more detail follow the link below:

http://www.centreformentalhealth.org.uk/pdfs/investing_in_childrens_mental_health.pdf

Summary of Interventions for conduct disorder

Condition	Name of intervention	Age range targeted	Cost per child	Benefit: cost ratio
Conduct disorder in the early years				
	Family Nurse Partnership	< 2 years	£7560	2:1
	Group parenting programme	3-12	£1200	3:1
	Individual parenting programme (e.g. Parent Child Interaction Therapy)	2-14 Years	£1800	2:1
	School-based interventions (e.g. Good Behaviour Game)	6-8 years	£108	27:1
	Whole-school anti-bullying intervention	School-age	£75	14:1
Conduct disorder in adolescence				
	Aggression Replacement Therapy	12-18 years	£1260	22:1
	Functional Family Therapy	11-18 years	£2555	12:1
	Multi-systemic therapy	12-17 years	£9730	2:1
	Multi-dimensional treatment fostering	12-18	£7820	3:1

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[18] Mental Health of children and young people in GP, 2004 A survey carried out by ONS on behalf of DH and the Scottish Executive.
[19] Annual Report of the Chief Medical Office, 2012, Our Children deserve better: Prevention Pays.
[20] Investing in children's mental health: a review of evidence on the costs and benefits of increased service provision (CentreForum's Mental Health Commission, 2015)

Summary of Interventions for anxiety disorders

Intervention	Age range targeted	Cost per child	Benefit: cost ratio
Group cognitive behavioural therapy for children	5 - 18	£252	31:1
Group cognitive behavioural therapy via parents	5 - 18 (typically 10)	£175	10:1

Summary of Interventions for depression

Intervention	Age range targeted	Cost per child	Benefit: cost ratio
Group cognitive behavioural therapy	12 – 18	£229	32:1
Individual cognitive behavioural therapy	12 – 18	£2,061	2:1

Summary of Interventions for ADHD

Intervention	Age range targeted	Cost per child	Benefit: cost ratio
Group parent training (e.g. Incredible Years)	2-12	£1,211	1.4:1
Multi-modal therapy	School-age	£1,495	2:1

There are some areas where there is insufficient evidence to make recommendations (self-harm, Eating Disorders and Autistic Spectrum Disorders

Quality Framework
As highlighted above there is a wide range of well-evidenced interventions[21] that can be used to treat children and young people with mental health disorders effectively.
Commissioners across the system need to ensure providers deliver evidence-based interventions with fidelity, have received sufficient and appropriate training and have access to supervision; they also need to adopt the routine use of outcome monitoring.
NICE interventions deliver a response and recovery rate of 50-75% across common mental and behavioural disorders of children and young people that are moderate to severe and up to 80% for milder presentations (CYP IAPT guidance).
It is recommended that the whole system of Leeds commissioners and providers of emotional and mental health services work towards adopting the principles of the CYP IAPT Programme Quality Framework, standards and metrics. This will enhance the implementation of NICE evidence base interventions across the system, establish routine outcome monitoring, patient experience monitoring and ensures meaningful participation with CYP and parents.
The current CYP IAPT programme provides training and support in the NICE approved approaches (Leeds CAMHS is part of wave 3 of CYP IAPT); parent training for parents of 3-8 year olds with behavioural problems, (CBT) and Interpersonal therapy for adolescents with depression (IPT-A); and Systemic Family Practice (SFP) for adolescents with depression, conduct problems and early disorders and who self-harm.

[i] Whilst acknowledging there are a number of areas where knowledge is insufficient to inform practice and there needs to be strong evaluation.

[21] http://www.nice.org.uk/guidance/lifestyle-and-wellbeing/mental-health-and-wellbeing

TaMHS Evidence Paper

Scrutiny 24 3 15

Glossary

C&YP – Children and Young People
DfE – Department for Education
GP – General Practitioner
TaMHS – Targeted Mental health in Schools

Additional information regarding the concern raised at scrutiny re TaMHS via the Leeds Medical Committee and Councillor Flynn

Variability in TaMHS Commissioning City Wide

This appears to be around 2 separate issues:

1. Local cluster commissioning leading to a different offer in each cluster.

As outlined previously TaMHS is embedded in local cluster, multi professional, school facing services with a 2 year, joint funded (87% schools funding), setup and support phase that has built over time from a pilot in 2008 into a city wide service in 2014[1]. The model relies on clusters of schools being the commissioners of the service as we found this creates a stronger model of ownership, sustainability and re investment without affecting quality outcomes. It is this model that leads to a variation in commissioned providers around the city and differences in capacity as different clusters receive different levels of funding and thus money to commission local services. Each service provider, however, has set requirements around evidence based provision and set reporting outcomes built into contracts for consistency and transparent quality assurance. The original pilot model used solely CAMHS as a provider (as well as commissioning a nationally well-established Place2Be[2] model in South Leeds for comparison), intending to lead to 'one service'. For a range of reasons this was found quickly to be an unsuccessful approach so we changed to, the more effective, range of locally commissioned providers embedded in cluster multi professional teams.

This roll out has grown over time in phases due to evidenced outcomes (attached) which includes C&YP opinion and case studies. These outcomes have been chosen to measure improvement in mental health, user opinion and also the requirements of the commissioners (schools) and are quite comprehensive compared to other services. The evaluations have been commended for this by Schools' Forum and have led to both reinvestment by schools but also the seed funding from School's Forum, Children's Services and NHS Leeds. Every school cluster has re commissioned TaMHS after the 2 year joint funding stage from their own budgets (100% schools' funding).

In addition the TaMHS Leeds project has been recognised as effective practice by the (now defunct) National CAMHS support team (2010) and the DfE (2011) as well as being referred to as good practice in the upcoming reports by both Public Health England (Promoting children and young people's emotional health and wellbeing) and the Children and young people's mental health and

[1] http://www.schoolwellbeing.co.uk/pages/tamhs-leeds
[2] http://www.theplace2be.org.uk/

well-being taskforce. It is this overall evidence that demonstrates TaMHS is effective at providing a specialist mental health in-reach service that is embedded in local clusters, school facing, early intervention (plus more) and short term in nature.

This leads to a well sustained, locally owned setup that is different from a centrally commissioned, traditional service. There are many advantages to this offer including local ownership and capacity building, being part of the action focused nature of the clusters and sustainability. It is from this growth that the service has come on the wider GP radar as a source of mental health support for C&YP.

The current waiting times city wide (from TaMHS practitioner perspective) vary from cluster to cluster. The shortest time is no waiting list, the longest is 4 months with an average typically quoted of 8 weeks.

This issue of variability in provision was addressed at the LMC meeting on 29 1 15.

LMC response dated 25 2 15 stated "no comprehensive service is yet in place. The GP pilot scheme is operating in certain areas of Leeds and you informed us that it is working well" which leads to:

2. GP referral access.

This issue appears to have been mixed in with issue 1 but the GP access to TaMHS that Dr Sathiyaseelan refers largely to in his letter has been in the small pilot stage[3] and will soon be a city wide pilot expansion thanks to CCG investment of £1.5 million. This is on top of the £2.2 million overall investment in school early intervention mental health support this financial year.

Dr Sathiyaseelan is correct that 'no comprehensive service is yet in place' due to the pilot nature of the phase but the school facing service has been available to all clusters since November 2013. This next stage of direct GP referral will make a difference in providing a service to all C&YP of school age in Leeds. It appears the LMC's concerns re variability in the TaMHS service is based on both this current lack of access to all GPs and also the commissioning model outlined above. Dr Sathiyaseelan said in the meeting on 29 1 15 that he felt reassured by the TaMHS, school facing, service, but this has not been documented in his letter dated 25 2 15.

A summary of key findings from the GP pilot areas has now been collated and can be found in Appendix 1. This includes C&YP opinion. Overall it is very positive, while being clear about the challenges moving forward which include:

- Quality and variability of referral info
- Referral going to the correct place e.g. correct cluster, CAMHS or TaMHS
- Ensuring consent is sought and clarified to patient.
- Clarity of process and services
- School transition times are a time of heightened anxiety for C&YP

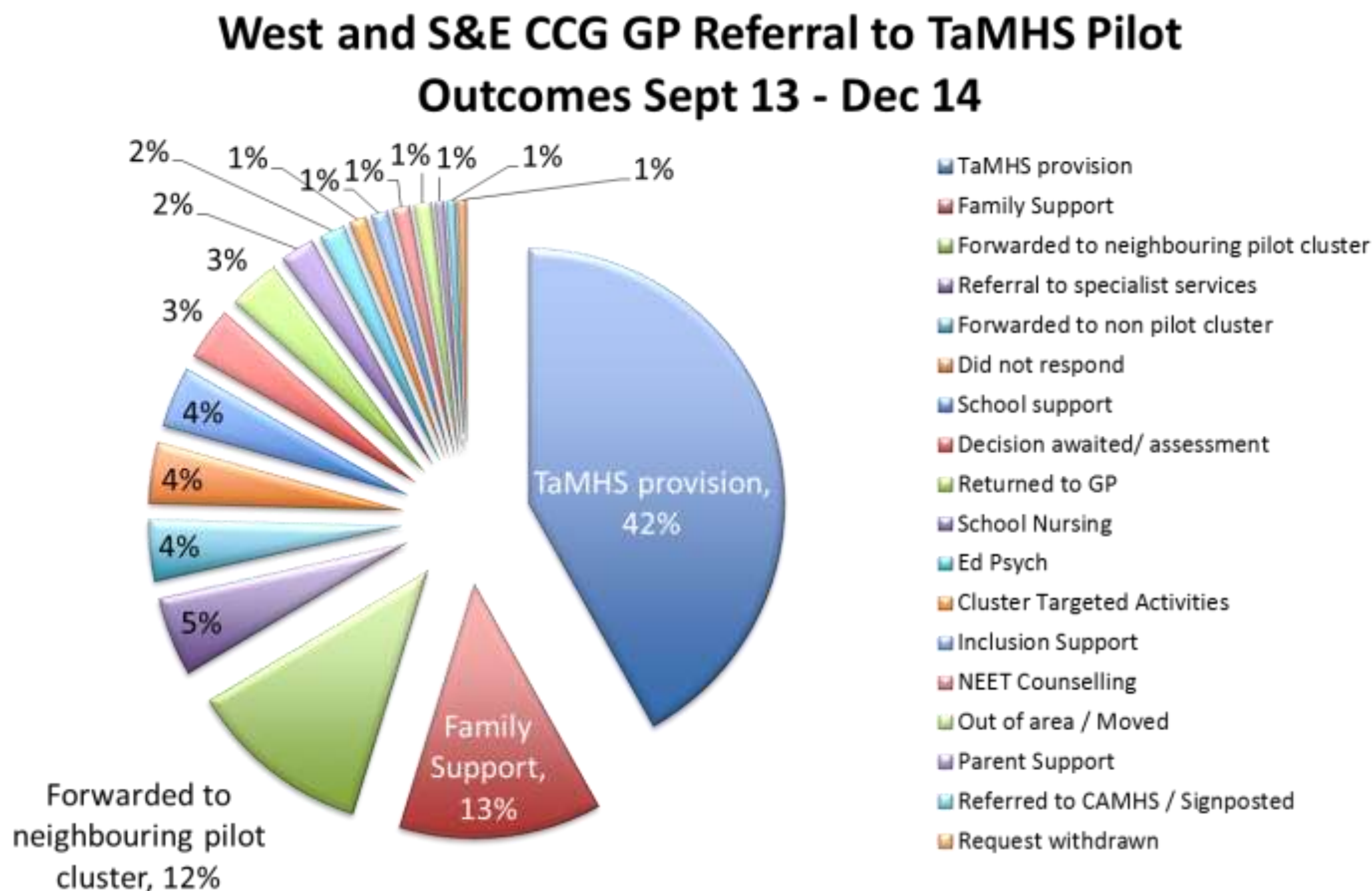
[3] Brigshaw, Temple Newsam Halton (From September 2013. Joint funded by TaMHS and S&E CCG), Bramley, Aireborough and Pudsey (from September 2014) funded by West CCG.

It is clear from this and from the recent Healthwatch report that, despite much time spent with individual schools and GP practices about TaMHS that a continued, consistent communications programme should be continued and widened[4]. The key recommendations of the Emotional and Mental health review to develop a Single Point of Access and associated communications programme in line with publicising a local offer should help resolve many of these issues.

Appendix 1

Collation of the 2 GP referral pilot areas

TaMHS / cluster Emotional Wellbeing and Mental Health support is the most likely outcome from a GP referral (but there are multiple other outcomes too as the referral is into the cluster Guidance and Support team)



Overall Mental Health Assessment (SDQ) improvements

- Average improvement of 6 points (higher than average)

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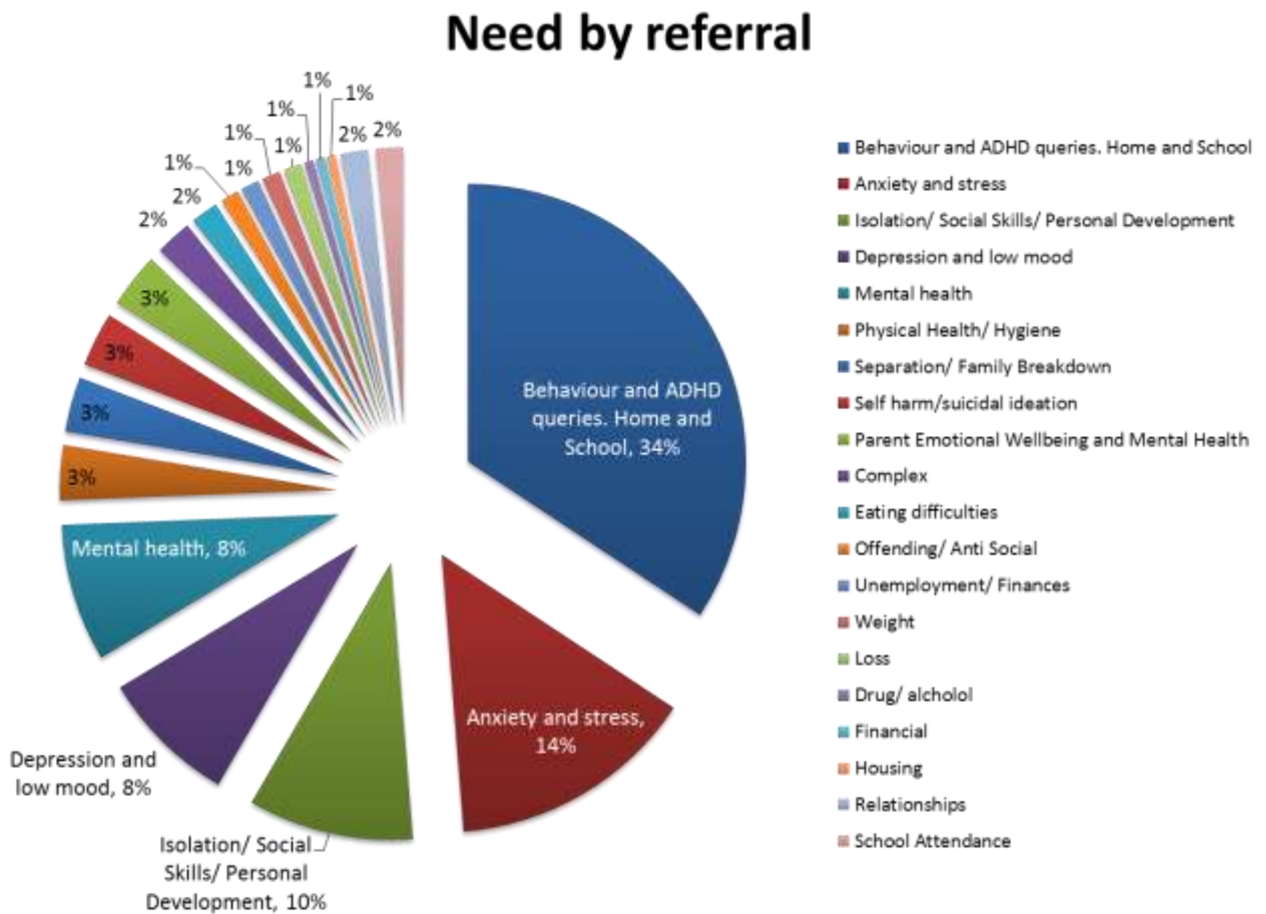
[4] This is recommended by Geraldine Strathdee, National Clinical Director for Mental Health, NHS England. Aiming for a 20% spend of total budget on a communications strategy

There is a broad range of need at referral



Unedited sample of C&YP feedback:

- *'I feel like someone wanted to listen to me, understand me, understand where I was coming from. I had a voice in my sessions which I never have at home or at school.'*
- *'The treatment was fantastic. I can't rate it highly enough, it helped meeting someone, talking, I was made comfortable.'*
- *'The support and reassurance was helpful. Also the personality and actions that made me relax more. We couldn't have done anything better, and I would definitely recommend counselling to a friend who's struggling emotionally.'*
- *'It was helpful talking about my problems and worries'*
- *BH thought that he had been treated "Very well" and said he had felt "incredibly comfortable."*
- *He had found counselling good and helpful, that "nothing could have been better for me".*
- *When asked what was good about the sessions, he said, " I felt comfortable, I could be honest, and was never judged".*
- *When asked if he would recommend counselling to a friend who was struggling emotionally, he said "Certainly, it really helped me, and I'm sure it can help others too."*

- *I liked playing hide and seek, marbles, and drawing. We played nice. We couldn't have done much better, we could have done better pictures.*
- *The support and reassurance was helpful. Also, the personality and actions that made me relax more. We couldn't have done anything better, and I would definitely recommend counselling to a friend who's struggling emotionally.*

Case Studies

1

Reason for original referral

Anger and behaviour issues reported to be seen by child at home, parents requesting support and strategies having been to GP and received feedback that it did not meet criteria for CAMHS. GP recommended that parenting support and advice in the first instance would be helpful.

What long term outcome is agreed between parents, child and agencies?

For R to be able to manage angry or anxious feelings and emotions without throwing, shouting or screaming. The challenging behaviour is seen particularly at home. Parents to feel they have a range of strategies and approaches to enable a calmer interaction and in particular feel there is a more positive relationship between R and her mum.

Date of original referral: *27-Aug-14*

Date of allocation to Parent Support: *01-Oct-14*

What support has been offered?

- *R is part of a nurture group in school*
- *Allocation to Family Support Outreach Worker – # home visits have taken place offering advice, guidance and strategies. Worker has met with both parents and child and observed R in school and at home.*
- *Management of routines, tasks and bedtime/dressing/washing, etc – advice and strategies suggested – using reward charts and approaches.*
- *Promotion of play activities and approaches to provide more opportunities for relaxed interaction – rather than homework or music practice – that are areas of both strength but possible pressure and trigger points.*
- *To promote the strengths and areas of success, as well as to highlight where R has persisted with tasks despite making a mistake and managed her anxious/feelings of failure in a calmer and less destructive manner.*

How has the situation improved?

- *Parents report that it has become easier to get her to do things – basic routines are improving and doing when asked.*
- *R has been less inclined to throw things and there have been very few incidents of this since Christmas apart from once with the violin bow more recently in a moment of frustration during a home music practice.*
- *Intensity of emotion has decreased. Parents report that they feel they are managing the situation better and this has made a difference to the outcomes of potential issues that previously could have escalated.*
- *School remains a positive place and experience for R with her coming across as a good role model to others in the nurture group, having a solid group of 2-3 friends with whom she*

plays. R enjoys music and is proud of her violin playing and the improvement she has shown with persistence and practice.

What continue to be the challenges?

There are still potential flashpoints and issues when R can become frustrated or unpleasant, saying things that upset her parents, particularly towards mum. This tends to be in response to requests to tidy up/go to the toilet/get dressed. R also displays some frustration and a low level of personal ownership when she makes a mistake, does not get things right or feels that she is not able to do something she believes she can do. Mum feels that beneath the anger and frustration shown remains a level of anxiety over getting things right and a personal expectation to be perfect.

At this stage, it was agreed that R's name would be included on the TaMHS waiting list – but this would only be offered if having persisted with the parenting and school based strategies – there was still felt to be a therapeutic need that required short term one:one counselling.

2

Dear Dr.

Re: TAMHS (Targeted Mental Health in Schools) counselling referral for M (Dob:)

Thank you for your referral dated 24th June 2014. ("feels anxious when there is a discussion of menses/blood and other bodily fluids. Anxiety episodes can be associated with symptoms such as nausea, dizziness etc.")

M has attended 9 sessions of counselling in school from 8th September to 17th November.

I met initially with R (mum) who described M as a sensitive and fearful child with a good imagination. Particular fears included;

- *being alone upstairs and would routinely request for someone in the family to go with her to the bathroom and a particular fear about the bathroom cupboard*
- *the book "Room on a broom" which had given her nightmares and was removed from the home*
- *body parts (not wishing to think or talk about internal body parts in particular) – any mention of bones, blood etc would make M feel highly anxious and there have been occasional incidents at school where M has had to be removed from class.*

Mum reported symptoms of her anxiety to include:

"feels queasy and faint and goes white and clammy if anyone mentions blood, guts, heart or any other organ….has to leave science class when they learn about such things….doesn't like the veins in her eyes…vomited in class when they talked about the menstrual cycle….fainted when I put moisturiser on a bit of sunburn"

In all other respects M is a happy, healthy, confident girl achieving well academically, with a close circle of friends and enjoying many out-of-school activities.

Following advice offered to mum:

- *Parents had been avoiding exposing M to fear triggers in the hope of reassuring and minimising fear and anxiety. Explained how this was very likely to be compounding and exacerbating fear and recommended that feared objects or places should not be avoided and to encourage and invite questions and curiosity.*

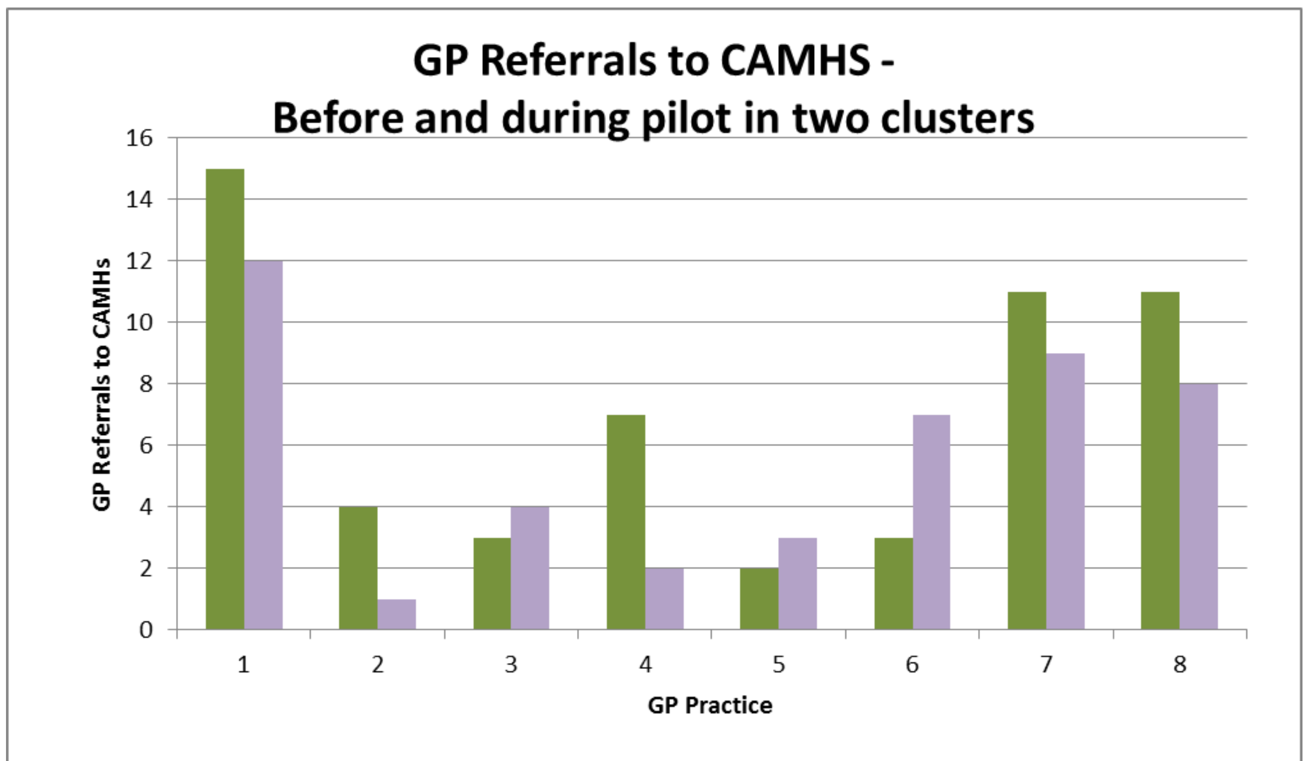
- *Offering opportunities for exposure eg. Inviting Martha to help with cooking to minimise her fear of raw meat.*
- *Reinforce and explain difference between irrational thoughts and reality.*

M identified the fears listed above and explained how this distressed her greatly because she felt she was different from others and wanted to be 'normal'. We discussed strategies for exposing herself to her 'fears' where M was very proactive and creative in coming up with ideas.
Together we devised strategies for exposure to feared things which M appeared to handle easily and without apparent anxiety allowing us to consider other 'underlying' issues such as a fear of drawing attention to herself and being 'told off'. We considered the impact of imminent puberty and feelings around this but was not felt to be a significant factor in her anxiety episodes. This did allow M opportunity to explore her emotional responses in a much wider context which was helpful to her. It is likely that M's 'phobias' were a way of externalising and managing some difficult emotions. Once she had an opportunity to explore, question and challenge these she was able to feel much less frightened.
Relevant feedback was also offered to M's teacher in order to support her in class when there is likely to be 'trigger' discussions or topics.
Outcomes:
The strengths and difficulties questionnaire was given to mum at the start of counselling at again at the end of counselling. SDQ (parent) pre score = 7 ; follow up score = 3 (-5 decrease within the normal range).
Feedback from mum: Counselling had helped 'a lot' particularly with being happier, more settled, less worried and better able to communicate. "M enjoyed meeting each week with Rachael and she can talk openly about body parts and internal organs now."
Feedback from Martha: "It has helped me with my problems and worries"
Given the positive outcomes above the family are not seeking any further help and support at this stage.

GP feedback

- *As a practice we have found this service extremely valuable for our patients and received good feedback from patients that have accessed the service.*
- *Very useful service for GP's*
- *Patients are seen quickly*
- *Positive feedback from children to GP's*
- *None of the children referred have disengaged*
- *There seem to be less need for GP referrals into the service - because the schools know they can refer.*
- *Less workload for us as the schools seem to be using the service*
- *Please can we have up to date leaflets re the service.*
- *Please continue with the service as very positive that schools know they can refer.*
- *Not had any dealings with the service but am aware of it should I need to use it.*

Early signs CAMHS referrals may reduce



Known Issues

- Quality and variability of referral info
- Referral going to the correct place e.g. correct cluster, CAMHS or TaMHS
- Ensuring consent is sought and clarified to patient.
- Clarity of process and services
- School transition times are a time of heightened anxiety for C&YP

Department of Health

NHS England

Future in mind

Promoting, protecting and improving our children and young people's mental health and wellbeing

Extract from Future in Mind - full report available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

NHS England Publication Gateway Ref. No 02939

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www.gov.uk/dh

Extract from Future in Mind - full report available at
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

Your future in mind – an open letter to children and young people

A few months ago, we were asked by the Government to work out what needs to be done to improve children and young people's mental health and wellbeing. Growing up is meant to be one of the very best times in anyone's life but it can also be tough. There are many pressures and some young people, such as looked-after children and those leaving care, are exposed to situations and experiences that can make them particularly vulnerable.

Experiencing mental health concerns is not unusual. At least one in four of the population experience problems at some point in their lives. Over half of mental health problems in adult life (excluding dementia) start by the age of 14 and seventy-five per cent by age 18. Although mental health issues are relatively common, it is often the case that children and young people don't get the help they need as quickly as they should. As a result, mental health difficulties such as anxiety, low mood, depression, conduct disorders and eating disorders can stop some young people achieving what they want in life and making a full contribution to society.

We were asked to work together and see how your mental health and wellbeing could best be supported to give you the best start in life.

That means we want to help you acquire the resilience and skills you need when life throws up challenges. We want you to know what to do for yourself if you are troubled by emotions or problems with your mental health. That includes knowing when and how to ask for help and, when you do, to receive high quality care. We want services to be able to respond quickly, to offer support and, where necessary, treatment that we know works, to help you stay or get back on track. We believe that asking people who use services what they think about what happens now is vital. They are the ones who know what needs to change. So our first thought was to ask you – children, young people and those who care for you – how things could work better.

We also knew that lots of good work had been done in the past, so we looked at previous reports and reviewed all the evidence we have. We asked a group of people with a mix of experience and expertise that included young people, parents, people working in schools, in the voluntary sector, and in services as well as people who work for the Government to come together as a 'Taskforce' to help look at all the information we have and think about how we could improve.

What we have come up with is a vision that we hope reflects what you as well as your parents, carers and professionals told us was needed, with ideas about how to make it happen.

We have set out the vision by describing how we think the system should work for young people. The report lays out a map of how we could make those ambitions a reality. In this report, we tell you what we think can change now, but also what we think will take more time. Not all the changes can be made straight away, some are longer term ambitions. But we believe substantial

Extract from Future in Mind - full report available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

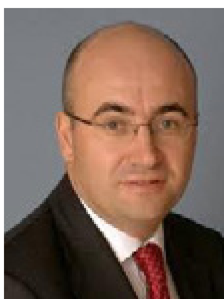
progress can be made over the next five years if we act now to make children and young people's mental health a priority.

Do let us know what you think about this report. You can add your comments to our blogs (see links below) and also share your opinions on Twitter using **#youngmentalhealth**.

And finally let's remember that there is one change that we can all contribute to. We can all look out for those children and young people who might be struggling right now. We can confront bullying and we can make it OK to admit that you are struggling with your mental health. We can end stigma. And we can support our friends in their treatment and recovery.

Let's make a start.

Dr Martin McShane, NHS England



Jon Rouse, Department of Health

Useful links:

Taskforce website: www.gov.uk/government/groups/children-and-young-peoples-mental-health-and-well-being-taskforce

Jon Rouse's blog: https://jonrouse.blog.gov.uk/

Dr Martin McShane's blog: www.england.nhs.uk/category/publications/blogs/martin-mcshane

Extract from Future in Mind - full report available at
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

Our vision for children and young people's mental health

You have goals and ambitions you want to achieve. We want you to grow up to be confident and resilient so you can develop and fulfil these goals and make a contribution to society. To do this we must make sure:

Your parents and carers get the help they need to support you through your childhood and into adult life. Other adults such as GPs, midwives, health visitors, teachers and other people who work in schools, should understand emotional and mental health in children and young people, and know what to do and where to go if they are worried about you or those who care for you.

If you are having difficulty, you shouldn't have to wait until you are really sick to get help, and those around you should be understanding. Asking for help shouldn't be embarrassing or difficult and you should know what to do and where to go.

When you need help, you want to find it easily and to be able to trust it. To make sure this happens, we need to make sure that:

There are websites and apps that you know you can trust and use to help yourself and find out information on how to get more help.

You have a choice about where you can get advice and support from a welcoming place. You might want to go somewhere familiar, such as your school or your doctor. Or you might want to go to a drop-in centre, or access the help you need online. But wherever you go, the advice and support you are offered should be based on the best evidence about what works. All the professionals you meet should treat you as a whole person, considering your physical and mental health needs together.

You are experts in your care and want to be involved in how mental health services are delivered and developed, not just to you and those who support you, but to all the children, young people and families in your area. To do this we must make sure that:

All services give you the opportunity to set your own treatment goals and will monitor with you how things are going. If things aren't going well, the team providing your care will work with you to make changes to achieve your goals. You have the opportunity to shape the services you receive. That means listening to your experience of your care, how this fits with your life and how you would like services to work with you. It means giving you and those who care for you the opportunity to feedback and make suggestions about the way services are provided. Services should tell you what happened as a result.

When you need help, you want it to meet your needs as an individual and be delivered by people who care about what happens to you. This means that:

You should only have to tell your story once, to someone who is dedicated to helping you, and you shouldn't have to repeat it to lots of different people. All the services in your area should work together so you get the support you need at the right time and in the right place.

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

If you have a crisis, you should get extra help straightaway, whatever time of day or night it is. You should be in a safe place where a team will work with you to figure out what needs to happen next to help you in the best possible way.

If you need to go to hospital, it should be on a ward with people around your age and near to your home. If you need something very specialised, then you and your family should be told why you need to travel further, and the service should stay in touch to get you home as soon as possible. And while you are in hospital, we should ensure you can keep up with your education as much as you can.

Throughout your care, there are likely to be changes so that you get the right care at the right time. You'll have the opportunity to make informed choices about your treatment and care. You'll keep getting help until you're confident that you're well enough to no longer need it.

If you need help at home, your care team will visit and work with you and your family at home to reduce the need for you to go into hospital. If you do need to go in to hospital, the team should stay in touch and help you to get home quickly.

If you need to move from one service to another, you'll be involved in conversations to prepare you for this and to agree exactly what is happening and when. You'll make the move when you feel ready for it. If you have to move from one area to another, the people responsible for your care will sort this out and involve you, so that you do not have to start from scratch.

You'll keep getting help until you're confident that you're well enough to no longer need it, even if sometimes you can't or don't want to attend appointments. If you don't keep your appointments, someone should get in touch to find out what they can do to help, not just leave you to it.

You want to know that, whatever your circumstances, you get the best possible care, support and treatment when you need it. You'll be able to get help wherever you are in the country, and the help you get where you live won't be worse than if you lived somewhere else. To make this happen we will need to make sure:

The people responsible for organising and delivering services to you know which services to provide to best help you and other children, young people and families in your community. The people who fund and provide your service should be dedicated to offering the best mental health services possible, and will be honest and open about how they do that as well as about how they are working to improve it.

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

1. Executive summary and key proposals

1.1 The Children and Young People's Mental Health and Wellbeing Taskforce[1] was established in September 2014 to consider ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people's mental health services are organised, commissioned and provided.

1.2 Key themes emerged which now provide the structure of this report. Within these themes, we have brought together core principles and requirements which we consider to be fundamental to creating a system that properly supports the emotional wellbeing and mental health of children and young people.

1.3 **In summary, the themes are:**

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

The case for change

1.4 Mental health problems cause distress to individuals and all those who care for them. One in ten children needs support or treatment for mental health problems. These range from short spells of depression or anxiety through to severe and persistent conditions that can isolate, disrupt and frighten those who experience them. Mental health problems in young people can result in lower educational attainment (for example, children with conduct disorder are twice as likely as other children to leave school with no qualifications) and are strongly associated with behaviours that pose a risk to their health, such as smoking, drug and alcohol abuse and risky sexual behaviour.

1.5 The economic case for investment is strong. 75% of mental health problems in adult life (excluding dementia) start by the age of 18. Failure to support children and young people with mental health needs costs lives and money. Early intervention avoids young people falling into crisis and avoids expensive and longer term interventions in adulthood. There is a compelling moral, social and economic case for change. We set this out in full in **Chapter 3.**

1.6 Evidence presented to the Taskforce also underlined the complexity and severity of the current set of challenges facing child and adolescent mental health services. These include:

i. **Significant gaps in data and information and delays in the development of payment and other incentive systems.** These are all critical to driving change in a co-ordinated way.

1 *Children and Young People's Mental Health and Wellbeing Taskforce: Terms of Reference.* Available at: www.gov.uk/government/groups/children-and-young-peoples-mental-health-and-well-being-taskforce

Extract from Future in Mind - full report available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

ii. **The treatment gap.** The last UK epidemiological study[2] suggested that, at that time, less than 25% – 35% of those with a diagnosable mental health condition accessed support. There is emerging evidence of a rising need in key groups such as the increasing rates of young women with emotional problems and young people presenting with self-harm.

iii. **Difficulties in access.** Data from the NHS benchmarking network and recent audits reveal increases in referrals and waiting times, with providers reporting increased complexity and severity of presenting problems.

iv. **Complexity of current commissioning arrangements.** A lack of clear leadership and accountability arrangements for children's mental health across agencies including CCGs and local authorities, with the potential for children and young people to fall though the net has been highlighted in numerous reports.[3]

v. **Access to crisis, out of hours and liaison psychiatry services are variable** and in some parts of the country, there is no designated health place of safety recorded by the CQC for under-18s.

vi. **Specific issues facing highly vulnerable groups of** children and young people and their families who may find it particularly difficult to access appropriate services.

1.7 These issues are addressed in considering the key themes that form the basis of this report and the proposals it makes.

Making it happen

1.8 The Taskforce firmly believes that the best mental health care and support must involve children, young people and those who care for them in making choices about what they regard as key priorities, so that evidence-based treatments are provided that meet their goals and address their priorities. These need to be offered in ways they find acceptable, accessible and useful.

1.9 Providers must monitor, and commissioners must consider, the extent to which the interventions available fit with the stated preferences of young people and parents/carers so that provision can be shaped increasingly around what matters to them. Services need to be outcomes-focused, simple and easy to access, based on best evidence, and built around the needs of children, young people and their families rather than defined in terms of organisational boundaries.

1.10 Delivering this means making some real changes across the whole system. It means the NHS, public health, local authorities, social care, schools and youth justice sectors working together to:

- **Place the emphasis on building resilience, promoting good mental health, prevention and early intervention** (Chapter 4)

2 Green H, McGinnity A, Meltzer H, Ford T, Goodman R (2005). *Mental health of children and young people in Great Britain, 2004*. A survey carried out by the Office for National Statistics on behalf of the Department of Health and the Scottish Executive. Basingstoke: Palgrave Macmillan.

3 National CAMHS Review (2008). *Children and young people in mind: the final report of the National CAMHS Review*. National CAMHS Review; HM Government (2011). *No Health Without Mental Health: A cross-government mental health outcomes strategy for people of all ages.* London: Department of Health; Department of Health (2012). *Annual Report of the Chief Medical Officer 2012*. London: Department of Health; CAMHS Tier 4 Report Steering Group (2014). *CAMHS Tier 4 Report*. London: NHS England.

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- **Simplify structures and improve access**: by dismantling artificial barriers between services by making sure that those bodies that plan and pay for services work together, and ensuring that children and young people have easy access to the right support from the right service (Chapter 5).
- **Deliver a clear joined up approach**: linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable (Chapter 6), so people do not fall between gaps.
- **Harness the power of information**: to drive improvements in the delivery of care, and standards of performance, and ensure we have a much better understanding of how to get the best outcomes for children, young people and families/carers and value from our investment (Chapter 7).
- **Sustain a culture of continuous evidence-based service improvement** delivered by a workforce with the right mix of skills, competencies and experience (Chapter 8).
- **Make the right investments**: to be clear about how resources are being used in each area, what is being spent, and to equip all those who plan and pay for services for their local population with the evidence they need to make good investment decisions in partnerships with children and young people, their families and professionals. Such an approach will also enable better judgements to be made about the overall adequacy of investment (Chapter 9).

1.11 In some parts of the country, effective partnerships are already meeting many of the expectations set out in this report. However, this is by no means universal, consistent or equitable.

A National ambition

1.12 This report sets out a clear national ambition in the form of key proposals to transform the design and delivery of a local offer of services for children and young people with mental health needs. **Many of these are cost-neutral, requiring a different way of doing business rather than further significant investment.**

1.13 **There are a number of proposals in this report which require critical decisions, for example, on investment and on local service redesign, which will need explicit support from the next government, in the context of what we know will be a very tight Spending Review.** We are realistic in this respect. At both national and local level, decisions will need to be taken on whether to deliver early intervention through an 'invest to save' approach and/or targeted reprioritisation, recognising that it will take time to secure an economic return for the nation.

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The Government's aspirations are that by 2020 we would wish to see: *(The numbers in brackets refer to the proposals in and at the end of each chapter)*

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.** This would be delivered by:
   - a hard hitting anti-stigma campaign which raises awareness and promotes improved attitudes to children and young people affected by mental health difficulties. This would build on the success of the existing Time to Change campaign; (3)
   - with additional funding, we could also empower young people to self-care through increased availability of new quality assured apps and digital tools. (5)
2. **In every part of the country, children and young people having timely access to clinically effective mental health support when they need it.** With additional funding, this would be delivered by:
   - a five year programme to develop a comprehensive set of access and waiting times standards that bring the same rigour to mental health as is seen in physical health. (17)
3. **A step change in how care is delivered moving away from a system defined in terms of the services organisations provide (the 'tiered' model) towards one built around the needs of children, young people and their families.** This will ensure children and young people have easy access to the right support from the right service at the right time. This could be delivered by:
   - joining up services locally through collaborative commissioning approaches between CCGs, local authorities and other partners, enabling all areas to accelerate service transformation; (48)
   - having lead commissioning arrangements in every area for children and young people's mental health and wellbeing services, responsible for developing a single integrated plan. We envisage that in most cases the CCG would establish lead commissioning arrangements working in close collaboration with local authorities. We also recognise the need for flexibility to allow different models to develop to suit local circumstances and would not want to cut across alternative arrangements; (30)

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- transitions from children's services based on the needs of the young person, rather than a particular age. (15)

4. **Increased use of evidence-based treatments with services rigorously focused on outcomes.** With additional funding, this would be delivered by:
   - building on the success of the CYP IAPT transformation programme and rolling it out to the rest of the country. (44)
5. **Making mental health support more visible and easily accessible for children and young people.** With additional funding, this would be delivered by:
   - every area having 'one-stop-shop' services, which provide mental health support and advice to children and young people in the community, in an accessible and welcoming environment. This would build on and harness the vital contribution of the voluntary sector; (16)
   - improving communications, referrals and access to support through every area having named points of contact in specialist mental health services and schools. This would include integrating mental health specialists directly into schools and GP practices. (16)
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.** This would be delivered by:
   - ensuring the support and intervention for young people being planned in the Mental Health Crisis Care Concordat are implemented; (12)
   - no young person under the age of 18 being detained in a police cell as a place of safety; (19)
   - implementing clear evidence-based pathways for community-based care, including intensive home treatment where appropriate, to avoid unnecessary admissions to inpatient care. (13)
7. **Improving access for parents to evidence-based programmes of intervention and support to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour.** With additional funding, this would be delivered by:
   - enhancing existing maternal, perinatal and early years health services and parenting programmes. (4)
8. **A better offer for the most vulnerable children and young people, making it easier for them to access the support that they need when, and where they need it.** This would include:
   - ensuring those who have been sexually abused and/or exploited receive a comprehensive assessment and referral to the services that they need, including specialist mental health services. (24)
9. **Improved transparency and accountability across the whole system, to drive further improvements in outcomes.** This would be delivered by:
   - development of a robust set of metrics covering access, waiting times and outcomes to allow benchmarking of local services at national level; (36)
   - clearer information about the levels of investment made by those who

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commission children and young people's mental health services; (38)

- subject to decisions taken by future governments, a commitment to a prevalence survey for children and young people's mental health and wellbeing, which is repeated every five years. (39)

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 for those who need it.**

Local Transformation Plans

1.14 Delivering the national ambition will require local leadership and ownership. We therefore propose the development and agreement of **Transformation Plans for Children and Young People's Mental Health and Wellbeing** which will clearly articulate the local offer. These Plans should cover the whole spectrum of services for children and young people's mental health and wellbeing from health promotion and prevention work, to support and interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services.

1.15 In terms of local leadership, we anticipate that the lead commissioner, in most cases the Clinical Commissioning Group, would draw up the Plans, working closely with Health and Wellbeing Board partners including local authorities. All these partners have an important role to play in ensuring that services are jointly commissioned in a way that promotes effective joint working and establishes clear pathways. Lead commissioners should ensure that schools are given the opportunity to contribute to the development of Transformation Plans.

1.16 To support this, NHS England will make a specific contribution by prioritising the further investment in children and young people's mental health announced in the Autumn Statement 2014 in those areas that can demonstrate robust action planning through the publication of local Transformation Plans.

1.17 What is included in the Plan should reflect the national ambition and principles set out in this report and be decided at a local level in collaboration with children, young people and their families as well as providers and commissioners. Key elements will include commitments to:

Transparency

- A requirement for local commissioning agencies to give an annual declaration of their current investment and the needs of the local population with regards to the full range of provision for children and young people's mental health and wellbeing.
- A requirement for providers to declare what services they already provide, including staff numbers, skills and roles, waiting times and access to information.

Service transformation

- A requirement for all partners, commissioners or providers, to sign up to a series of agreed principles covering: the range and choice of treatments and interventions available; collaborative practice with children, young people and families and involving schools; the use of evidence-based interventions; and regular feedback of outcome monitoring to children, young people and families and in supervision.

Monitoring improvement

- Development of a shared action plan and a commitment to review, monitor

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and track improvements towards the Government's aspirations set out in this Report, including children and young people having timely access to effective support when they need it.

Next steps in 2015/16

1.18 **At a national level, we will play our part to deliver the ambition by:**

- delivering waiting times standards for Early Intervention in Psychosis by April 2016;
- continuing development of new access and waiting times standards for Eating Disorder;
- commissioning a new national prevalence survey of child and adolescent mental health;
- implementing the Child and Adolescent Mental Health Services Minimum Dataset, which will include the new CYP IAPT dataset;
- continuing to focus on case management for inpatient services for children and young people, building on the response to NHS England's Child and Adolescent Mental Health Services (CAMHS) Tier 4 Report;[4]
- testing clear access routes between schools and specialist services for mental health by extending the recently established co-commissioning pilots to more areas;
- improving children's access to timely support from the right service through developing a joint training programme to support lead contacts in mental health services and schools. This will be commissioned by NHS England and the Department for Education and tested in 15 areas in 2015/16. DfE will also support work to develop approaches in children's services to improve mental health support for vulnerable children;
- improving public awareness and understanding of children's mental health issues, through continuing the existing anti-stigma campaign led by Time to Change and approaches piloted in 2014/15 to promote a broader national conversation;
- encouraging schools to continue to develop whole school approaches to promoting mental health and wellbeing through a new counselling strategy for schools, alongside the Department for Education's other work on character and resilience and PSHE.

1.19 **In the medium to longer term, the Taskforce would like a future government to consider formalising at least some parts of this national ambition to ensure consistency of practice across the country.** This would also give a more precise meaning to what is meant by the existing statutory duties in respect of parity of esteem between physical and mental health, as they apply to children and young people.

[4] CAMHS Tier 4 Report Steering Group (2014). *CAMHS Tier 4 Report*. London: NHS England.

Extract from Future in Mind - full report available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

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Report author: Steven Courtney
Tel: 24 74707

Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Well-being and Adult Social Care)

Date: 24 March 2015

Subject: Investing in Specialised Commissioning – public consultation

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. In January 2015, NHS England launched a 3-month public consultation about how it will prioritise investment in specialised services and treatments in the future.

2. Currently, NHS England directly commissions around 145 specialised services and in order to ensure the maximum number of patients benefit from new innovative treatments coming on stream, choices need to be made about which of these to fund.

3. In carrying out the public consultation, NHS England aims to ensure the principles and process for making future funding decisions are well informed, evidence-led and in line with the expectations of patients and the public.

4. The consultation relates to the process for prioritising specialist treatments and services that will be routinely available for groups of patients on the NHS. It should be noted that clinicians, on behalf of their patients, will continue to be able to make a request (an Individual Funding Request) to NHS England for treatment that is not routinely available.

5. In addition, it should be noted that at the time of the launch of this consultation NHS England stated it was also undertaking an engagement exercise to seek views on which specialised services should be prioritised for 'service reviews' as part of a rolling programme of reviewing how each specialised service is delivered. As part of this process NHS England planned to write to all providers of specialised services, Clinical Reference Groups and associated patient groups to seek their views on where to concentrate efforts over next 12 – 24 months. At the time of writing this report, the outcome of such engagement activity is not yet known.

6. Nonetheless, the primary purpose of this report is to help members consider the consultation on prioritising investment in specialised services. The full consultation document is appended to this report.

7. Representatives from NHS England. local CCGs and Leeds Teaching Hospitals NHS Trust have been invited to attend the meeting.

8. The consultation was launched in late January 2015 and will close on 27 April 2015 and the Scrutiny Board is asked to consider how it may wish to respond to this consultation ahead of the deadline.

Recommendations

9. The Scrutiny Board (Health and Wellbeing and Adult Social Care) is asked to:
    a. Consider the information presented and identify how it may wish to respond to the consultation around Investing in Specialised Commissioning ahead of the 27 April 2015 deadline.
    b. Identify any specific matters that warrant further scrutiny activity and/or additional action.

Background papers[1]

10. None used

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

NHS England

Consultation Guide

Investing in Specialised Services

NHS England INFORMATION READER BOX		
Directorate		
Medical	**Commissioning Operations**	Patients and Information
Nursing	Trans. & Corp. Ops.	Commissioning Strategy
Finance		

Publications Gateway Reference:	**02834**
Document Purpose	Consultations
Document Name	Investing in specialised services - consultation guide
Author	Specialised Commissioning
Publication Date	27 January 2015
Target Audience	CCG Clinical Leaders, CCG Accountable Officers, CSU Managing Directors, Care Trust CEs, Foundation Trust CEs , Medical Directors, Directors of PH, Directors of Nursing, Local Authority CEs, Directors of Adult SSs, NHS England Regional Directors, NHS England Area Directors, NHS Trust Board Chairs, Special HA CEs, Directors of Finance, Allied Health Professionals, Communications Leads, Emergency Care Leads, Directors of Children's Services, NHS Trust CEs,
Additional Circulation List	Other interested organisations including patient groups and associations, regulators, Royal Colleges, Clinical Reference Groups, Health Overview and Scrutiny Committees, Health and Wellbeing Boards, MPs, think tanks, AHSNs, Clinical Senates and trade unions
Description	This is a public consultation document on the proposed principles and processes by which NHS England will make future decisions on investment in specialised services.
Cross Reference	N/A
Superseded Docs (if applicable)	Ethical Framework for Priority Setting and Resource Evaluation NHSCB/CP/01
Action Required	Responses to the consultation should be made as stated in this guide
Timing / Deadlines (if applicable)	**This consultation runs for 90 days from 27th Jan 2015**
Contact Details for further information	Fraser Woodward Interim Head of Communications and Engagement Specialised Commissioning england.boffice_speccom@nhs.net

Document Status

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Investing in Specialised Services

Consultation Guide

Version number: 1

First published: 27 January 2015

Prepared by: Specialised Commissioning, NHS England

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given 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 (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

Introduction

1 Before April 2013, commissioning specialised services for the population of England was largely the responsibility of Primary Care Trusts. They acted together in geographical groupings to cover populations of a size more suited for the planning and commissioning of services that typically involve relatively few service providers, relatively small numbers of patients and sometimes unpredictably high costs.

2 From April 2013, NHS England became responsible for commissioning specialised services as defined in Schedule 4 to the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing rules) Regulations 2012. Commissioning these services at a national level brought the opportunity to achieve a greater consistency and quality of care, through the implementation of national service specifications and clinical policies.

3 NHS England's specialised services portfolio currently costs about £14bn each year, with pressure for substantial growth in activity and costs year on year.

4 This consultation document therefore sets out a proposed set of principles which will underpin the future decision making process for investment in specialised services. It also outlines the process that NHS England will use to make these decisions.

Why we are consulting

5 NHS England is committed to ensuring all patients have access to consistent high quality, effective, efficient services that represent value for money, meet the needs of our diverse populations and are sustainable in the longer term.

6 In conducting a full public consultation, NHS England is seeking to ensure that the principles and process for making decisions on investing in specialised services are well informed, evidence-led and in line with the expectations of patients and the public.

7 NHS England seeks to comply with the best practice consultation principles issued by the Cabinet Office in 2012[1].

8 NHS England seeks to remain open, engaged and transparent throughout the process for discharging its responsibilities for the direct commissioning of specific health services.

9 NHS England is committed to promoting equality and reducing health inequalities throughout the health service. Consultation provides the opportunity to gain information about any potential impact on health

[1] They are available in full here: www.gov.uk/government/uploads/system/uploads/attachment_data/file/60937/Consultation-Principles.pdf

inequalities which might arise as a result of new or changed processes for making decisions about health services that are directly commissioned by NHS England. This information will feed into an Equality and Health Inequalities Analysis on this programme of work.

Scope of the consultation

10 The principles and process set out in this consultation applies only to the specialised acute and mental health services that are directly commissioned by NHS England.

11 Processes for making decisions about the health services that are directly commissioned by Clinical Commissioning Groups[2] are outside the scope of this consultation. This reflects the separation of commissioning responsibilities across NHS England and Clinical Commissioning Groups. Primary care services, public health services, health and justice services and health services for the armed forces are also outside of the scope of this consultation.

Background to the proposals

12 In making decisions about which specialised services to commission and for whom, NHS England's current process has three key elements.

13 The first element is an ethical framework and set of generic commissioning policies[3] . These were adopted on an interim basis when NHS England took on responsibility for commissioning specialist services and are now due for review. The ethical framework will be superseded by the principles set out in this consultation document. The generic commissioning policies are currently being reviewed and may be subject to a separate consultation.

14 The second element is an advisory structure of service-specific Clinical Reference Groups which develop the service specifications and clinical policies to be applied in commissioning each service.

15 The third element is the Clinical Priorities Advisory Group which makes recommendations to NHS England about which treatments and services should be commissioned including priorities for investment.

16 Given that the ethical framework and generic policies were adopted on an interim basis and in the light of a year's experience, in April 2014 work commenced on reviewing our approach to ensure that it is transparent in its

[2] Services that are commissioned by Clinical Commissioning Groups can broadly be described as the majority of services that are delivered in hospitals (such as maternity services; elective care; and urgent and emergency care) and out-of-hours care in general practice. NHS England directly commissions only a small number of services in hospitals – those that are deemed to be 'specialised' services for rarer and more complex conditions

[3] The interim ethical framework and generic policies are available at http://www.england.nhs.uk/commissioning/policies/gp/

criteria and fair in its processes. The work has been shaped with the following in mind:

a) The duty to take investment decisions that are efficient, effective and economically sound, and enable the commissioning of high quality, safe and sustainable services, within the resources available;

b) Our commitment to acting with openness and transparency;

c) The need to make decisions about relative priorities across the whole of the specialised services portfolio; and,

d) The need to meet the needs of our diverse population and reduce inequalities with the resources available.

17 The work has also sought to build on our commitment to good practice with a focus on:

a) Clarifying the principles which will underpin commissioning decisions;

b) Adopting appropriate and transparent procedures;

c) Determining the point in the process where prioritisation assessment is to occur;

d) Ensuring timely publication of work plans, decision outcomes, and consultation materials; and,

e) Developing further the inclusive engagement of patients and the public in the formation of policy proposals.

Proposed principles which underpin decision-making

18 NHS England has developed a set of proposed principles in partnership with individual patients, patient group representatives, clinicians, commissioners and other stakeholders. A workshop in April 2014 distilled a fresh approach and a reference group was formed to guide and challenge the work[4]. A series of patient and public engagement events contributed to developing the content of the proposed principles to underpin decision-making.

19 The proposed principles fall into four categories:

(i) General principles as to prioritisation:

NHS England will:

a) follow its normal good practice in making prioritisation decisions in a transparent way, documenting the outcomes at all stages of the process;

b) involve the diversity of stakeholders including the public in the development of proposals and take appropriate account of their views; and,

[4] More details on the engagement process undertaken so far can be found at http://www.england.nhs.uk/commissioning/policies/gp/ethical-framework/

c) take into account all relevant guidance.

(ii) Does the treatment or intervention work?

NHS England will normally only accord priority to treatments or interventions where:

a) there is adequate and clinically reliable evidence to demonstrate clinical effectiveness;
b) there is a deliverable and measurable benefit to patients; and,
c) they offer equal or greater benefit than other forms of care already in NHS use.

NHS England will not confer higher priority to a treatment or intervention solely on the basis it is the only one available.

(iii) Is the treatment or intervention fair and equitable?

NHS England:

a) may accord priority to treatments or interventions for rare conditions even where there is limited published evidence on clinical effectiveness, recognising that the rarity of the condition may make such data unavailable;
b) will only prioritise treatments or interventions where these can be offered to all patients within the same patient group (other than for clinical contra-indication).
c) will accord priority to treatments or interventions that are likely to reduce health inequalities, and will have regard to any relevant broader equality issues.
d) will take into account evidence of the impact of any prioritisation decisions on the wider health and care system, including societal impact.
e) will seek to advance parity between mental and physical health.

(iv) Is the treatment or intervention a reasonable cost to the public?

NHS England will:

a) prioritise those treatments and interventions that demonstrate the greatest value for money; and
b) only commission for those prioritised treatments and interventions that are affordable within its relevant budget, and those that enable resources to be released for reinvestment.

Proposed process for making decisions

20 In prioritising treatments and interventions for the future financial year, NHS England will observe the following sequence.

a) **First Order**. Service investment for NICE Technology Appraisals and the appraisals undertaken as part of the Highly Specialised Technologies Programme. The estimated budget impact for NICE recommended treatments in 2015/16 is in the region of £270m. The decision for this first order is non-discretionary; NHS England is required to fund these NICE appraisals even in the absence of any allocated budget capacity.

b) **Second Order**. There are NHS Constitution delivery requirements which affect specialised services. These include for example the 18-week wait referral to treatment time, and the 14/62-day cancer targets. Most of these requirements are aggregated from local needs analysis building a national investment plan.

c) **Third Order**. Developments to support national service strategies. These may be pre-existing, such as increasing access to transplantation, or nationally or locally defined strategic change. Consideration is given to what treatments and services are provided, to whom and to what level of quality.

d) **Fourth Order**. All other specialised services developments.

21 The Cancer Drugs Fund currently remains outside these arrangements.

22 From the work done since April 2014 to review our current process and practice, we have identified the need to test and develop treatments and interventions that might be commissioned typically using five stages:

a) **Scanning:** coordinated at a Clinical Reference Group level. There are two published outputs from this stage – the list of potential clinical policies that are identified as ‘Not being routinely commissioned’ and the list of potential service specifications for commissioning.

b) **Planning:** where the National Programmes of Care, who coordinate the work of the CRGs into strategic groupings such as cancer, consider the proposals and select the ones that most fit the programme’s strategic priorities. This will create an Annual Work Programme.

c) **Building the clinical case:** where the Clinical Reference Group works with stakeholders, including patients and the public, to define the clinical proposal. An independent review of clinical evidence will usually be commissioned. Finally, a Clinical Appraisal Panel will form a view whether a clinical case is made.

d) **Impact analysis and consultation:** where NHS England will develop, using the defined clinical criteria, a service impact analysis and hence a financial impact analysis. This will result in a final policy or service

specification that can be considered for commissioning. The scale and duration of consultation will then be defined.

e) **Governance:** where the Clinical Priorities Advisory Group assures the Board that the process has been completed and recommends a priority order of commissioning. The NHS England Board approves the prioritisation. Commissioning against the priorities will be overseen by the Specialised Commissioning Committee[5].

23 Embedded within the process are a number of places where decisions will be made. Each of these will be defined as 'Decision Making Events' and detail the elements such as who makes the decision, how the decision is made, and how the decisions are communicated.

24 One of the components under consideration to aid decision-making is the formation of a scorecard methodology. As part of the process for developing a prioritisation framework for specialised commissioning, NHS England will explore in 2015 the extent to which a 'scorecard' would be an appropriate tool to deploy in the proposed prioritisation process. If as a result of this further work a scorecard is considered ready for inclusion in the decision making processes in future years, then a specific consultation will be undertaken before introduction. The prototype scorecard developed and tested earlier this year will not be used in the 2015/16 commissioning round.

Consultation questions

25 NHS England would like to hear your views on the following questions, which can be answered via the online survey:

a) The Principles

Q1. Do you have any comments on the principles (listed in paragraph 19 above) that we have proposed to underpin the process for making investment decisions about specialised services?

Q2. Are there any other principles that you think NHS England should adopt as part of its process for making investment decisions about specialised services?

b) The Process

Q3. Do you have any comments on the proposed process (described above in paragraphs 20 – 24) for making investment decisions about specialised services?

Q4. Are there any additional stages in the process that we should consider introducing?

[5] A sub-committee of the NHS England Board

Q5. Are there any additional stages in the process, where engagement with patients and the public should take place?

c) Reducing inequalities

Q6. Please provide any comments that you may have about the potential impact on equality and health inequalities which might arise as a result of the principles and process that we have described?

d) Other

Q7. Are there any other considerations that you think we should take into account when developing the principles and process for investing in specialised services?

e) Service reviews

Q8. As well as hearing your views on which treatments and services NHS England should prioritise for investment, we are also keen to hear your views on NHS England's rolling programme of service reviews on how specialised services are delivered. If you have any views on which services should be prioritised for a service review in 2015/16, please tell us.

f) Declaration

Before completing the survey you must declare any financial or other interests in any specialised services. For example, if you are responding on behalf of a voluntary organisation and your organisation received any funding within the last two years (including sponsorship or grants) from companies that manufacture drugs or treatments used in the treatment of specialised services, you must declare this. If you are a commercial supplier to the NHS of specialised services this should also be specified.

Collating feedback and next steps

26 The consultation is open to everyone and will run for three months from the date of issue.

27 All feedback received via the online consultation will be collated and summarised and a report of the consultation findings will be considered by the Specialised Commissioning Committee and the NHS England Board.

28 NHS England will publish a report outlining the key themes of the consultation findings on its website.