

<b>Integrated Commissioning Executive</b>	
<b>Meeting – 2<sup>nd</sup> December 2014</b>	
<b>Title of Report:</b>	Whole system review of C&YP emotional and mental health services in Leeds.
<b>Author(s):</b>	Dr Jane Mischenko, Paul Bollom
<b>Date finalised:</b>	24:11:2014
<b>ICE Lead:</b>	Matt Ward/ Sue Rumbold
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<b>The purpose of this paper is to...</b>	Highlight report for ICE on the progress of the whole system review of C&YP emotional and mental health services in Leeds.
<b>It is recommended that the Integrated Commissioning Executive...</b>	<p>Note the contents of the report (including attached for reference the Scrutiny Board paper that sets out the current provision, strengths and risks in the city and the review project plan).</p> <p>Note progress to date.</p> <p>Note interim recommendations of the review:</p> <ol style="list-style-type: none"> <li>1. Support waiting list initiative (CAMHS)</li> <li>2. Support CCGs to co-commission TaMHS with clusters to increase capacity, and strengthen whole system approach</li> <li>3. Support continuation of TaMHS management support (LA contribution)</li> </ol>
<b>Risks: (to Clinical Commissioning Groups, Local Authority and NHS England)</b>	<p><b>Financial</b></p> <p>The need in the city is more than is commissioned and provided for (nationally and locally recognised).</p> <p>Challenging financial pressures in Local Authority poses risk to services that contribute to emotional and mental health wellbeing (i.e., targeted youth work).</p> <p>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 proposal above will mitigate risk of fragmentation.</p>

## **1.0 Summary**

In September, ICE endorsed the need for a whole system review of C&YP emotional and mental health services in Leeds. This report sets out progress to date, interim recommendations and next steps.

### **1.1 Progress to date:**

- Project management and business intelligence personnel recruited
- Project plan complete
- Joint Steering group established and has met twice to date
- Initial stakeholder engagement undertaken with key providers
- Plans to engage young people, carers and parents completed
- Analysis of data sources undertaken
- Analysis of present activity, capacity and demand commenced
- Identification of current spend in the city undertaken (see Appendix A)
- Applications underway to bring resource into the city (DFE grant and co-commissioning pilots)
- Work underway for partners to support TaMHS SILC pilot

### **1.2 Interim recommendations:**

From the work two issues have been identified which require immediate attention:

- Address waiting times in CAMHS
- Build sustainability of the Early Intervention (TaMHS) cluster model and ensure whole system of services work together through a co-commissioning arrangement with educational clusters. If based on the proviso clusters retain their existing investment, this will increase capacity in the city, and encourage engagement with the whole system model (pathways, data flows and quality measures). This includes the commitment of the LA to continuing to fund the central TaMHS management team.

### **1.3 Next Steps:**

By the end of December the following reports will be produced:

- A refresh of the emotional and mental Health Needs Assessment
- Modelling of the current patient flows through the various emotional and mental health services in Leeds (identifying gaps, barriers and blockages)
- Assessment of current services offered against the evidence base (policy and NICE)
- Benchmarking value and outcomes against available comparators
- Modelling tools for predicting how changes of services may affect demand and capacity will have been considered

- Synthesis of key messages from CYP, parents and carers consultations

And the first workshop will have been held with clinicians and providers of CYP emotional and mental health services in Leeds. Key proposals for testing out and developing are:

- One point of access for GP referrals into whole system
- More effective modelling of specialist CAMHS i.e., alignment with Educational clusters

## **2.0 Main Issues**

### **2.1 Funding**

The picture of funding and delivery for emotional wellbeing services across Leeds is complex (see attached appendix 1 and for further detail see Scrutiny Board paper).

Central Local Authority budgets have historically made a significant contribution to emotional health and wellbeing services in the city. This has been through a combination of joint investments in core NHS delivered CAMHS services and third sector provision. The local authority also resources direct delivery of services supporting emotional health (e.g. MST, Therapeutic Social Work). Continuing reductions in the local authority element of public expenditure will shortly bring forward proposals in children's services of up to £29m of reductions for 2015/16 against a 2014/15 budget of £128m (net expenditure). Likely further reductions will follow in 2016/17 and 2017/18. The budget decision of the council in February for 2015/16 cannot but include profound implications for the shape of early intervention and targeted services for young people and younger children. The impacts on the emotional health and wellbeing work programme are likely to be threefold:-

- i. There will be a strong appetite for rapid redesign and remodelling in partnership with school and health colleagues which acknowledges changing funding flows
- ii. Changes to wider local authority funded provision may reduce capacity for promotion of emotional wellbeing, for instance in youth or careers services
- iii. There may be potential for increase/spike demand as services are remodelled and alternative support is sought for individual young people

Alongside the above changes the increased budgetary delegation to schools seen in the previous 10 years is likely to continue. Although there is a diversity of constitution for schools (e.g. academies, trusts, maintained) and regular changes for national funding policy for schools the consistent direction of travel provides for local decision making at school level. The advent of pupil premium, a substantial grant available to

schools on a per head deprivation basis, provides additional impetus to this. The estimated pupil premium for both phases of education in Leeds is estimated at £32m for 2015. Broad choices in this context are to support and use mechanisms which aggregate commissioning across schools (such as clusters, and at a city scale potentially schools forum). For provider services (LA, NHS and third sector) the implication is an approach (such as trading) which allows/promotes 'bottom up' funding for an increasing proportion of services.

The work of the review is in parallel to conversations between LSECCG and LCH re CAMHS and how to achieve efficiencies whilst delivering to the service specification and engaging fully in the whole system review and redesign.

## **2.2 Analysis of patient flows (Waiting Times)**

Initial analysis has shown a growing area of concern in relation to waiting times for CAMHS services (see appendix 2); these are unacceptably long and show significant variance in different areas of the city. These waits include access to consultation clinics and more specialist clinics (i.e., autism, ADHD and CBT level 3). LCH performance is good for those CYP requiring urgent assessment and intervention.

LSECCG are working closely with LCH to ensure a waiting list initiative addresses these concerns.

## **3.0 Recommendations**

Note progress of the review to date, project plan and next steps:

- Support waiting list initiative in CAMHS
- Support recommendation for CCG co-commissioning relationship with Education clusters (for TaMHS) and for LA to continue to provide TaMHS management as contribution to whole system.
- Expect end of review report in March 2015

# Outline Project Plan – emotional health and wellbeing (EWB) review



Deliverable

Activity	1st two weeks of October	2nd two weeks of October	1st two weeks of November	2nd two weeks of November	December 2014	January 2015	February 2015	March 2015	April 2015	Post April 2015
Synthesis of existing health needs data	★	Meetings to look at data sources	★	Identification of health needs						
Model current service flows		Describe service capacity and demand	★		Briefing paper for ICE					
Understanding the resource		Analyse current funding streams and total resource available	★		Briefing paper for ICE					
Analysing the evidence base against current service models		Develop evidence based service intervention map	★		Benchmark nationally and regionally		Analyse gaps in current delivery			
Co-design with parents and young people					Provider assessment: against the evidence base					
Develop single service model					Stakeholder event 1	★	Stakeholder event 2	★	Feedback and experience report	
Develop commissioning model					Workshop 1 reference group	★	Workshop 2 for reference group	★	Model agreed	
Project management	★		★						Determine commissioning model	
	★		★						Consider procurement options	
	★		★						End-project review and agreement of next steps	★



= commissioning steering group meeting (dates 6<sup>th</sup> November 9.00 – 10.30, 11<sup>th</sup> December, 2.00-3.30, 20<sup>th</sup> January 2015, 9.00-10.30, 5<sup>th</sup> March, 9.00 – 10.30)



= workshops with young people and parents to co-design service models



= workshops with providers to test out service delivery options



= identification of gaps, and risks (clinical, political, financial).



## **Terms of reference for Joint Commissioning Steering group for Children and Young People's Emotional and Mental Health Services in Leeds**

### **1. Background**

The current multiple commissioning of the services for children and young people's emotional and mental health does not maximise the value of every Leeds pound spent. Whilst there are examples of innovation and excellent teams in the city, there is too much variability and the whole system does not function well together. This therefore introduces inefficiencies, poor experience for children and families as they try to navigate the system and frustration for professionals (those referring into and delivering within the system). This is evidenced by the noise in the local system (from LMC, complaints, Councillors, MPs, GPs, teachers and more recently Scrutiny).

The Integrated Commissioning Executive (ICE) has approved the proposal to redesign and potentially re-commission emotional and mental health services in Leeds (CCG, LA and School cluster commissioning responsibilities). The scope includes increasing the capacity and capability of universal services and settings, to respond and to develop an effective coordinated system to facilitate joined up pathways from universal through to targeted and specialist services, as required.

A key action is to establish a dedicated Joint Commissioning Steering group to oversee the delivery of the programme.

### **2. Principles**

The principles for this piece of work are:

- Co-design with parents and young people
- To encourage the development of a city-wide public health programme to support emotional intelligence and resilience
- To maximise the digital opportunities to enhance self-care, improve access and facilitate flexible service provision
- Further strengthen early intervention (TaMHS); work to ensure a consistent standard of offer and the sustainability of this provision (explore co-commissioning)
- Create one point of access for referrers of children's mental health services
- Develop, integrate and strengthen the local cluster service delivery model (after all this is where the young people are), by redesigning the use of the current specialist CAMHS and Therapeutic Social Work service (training, supervision, swift access to advice, joint working)
- In addition to the local offer, ensure a strong city centre provision (for young people)
- Use the available evidence and champion innovation with robust evaluation
- Ensure best value for every Leeds pound spent
- Align and protect resource; identify commissioning and contracting opportunities to effectively deliver the coordinated system

### **3. Scope**

To redesign and explore commissioning options to deliver a coordinated system of emotional and mental health services for children and young people in Leeds (to include universal, targeted and specialist services).

This includes services directly commissioned and provided by the Leeds CCGs and LA (identified below)

- CAMHS, 3<sup>rd</sup> Sector (e.g., Market Place) and Therapeutic Social Work Service

And influencing the wider service offer (identified below)

- Co-commissioning between CCGs/LA and Clusters
- Co-commissioning between CCGs and NHSE (tier 4)

### **4. Work programme**

The work that will be overseen by the group falls into three categories and is supported by a PMO function.

#### **4.1 What do we know?**

Analyse and synthesise the significant resource of information already held:

- Refresh the HNA;
- Review performance data;
- Review and interrogate national and regional benchmarking reports;
- Review service user feedback,

And

- Model current service user flows; identify gaps, risks and pressure points
- Assess delivery against known evidence (specific interventions and evidence of early intervention)
- Understand the resource: Establish current expenditure, and planned CIPs
- Sense check above reports with clinical/provider reference group

#### **4.2 Redesign informed by stage 1 to deliver a coordinated system**

- Co-design with parents and young people
- Co-design with clinicians/ providers
- Identify and flag gaps, and risks (clinical, political, financial)
- Identify where redesign maximises value of current investment and where any additional resource would add most benefit (impact, sustainability and improved outcomes)

### 4.3 Develop commissioning models

- Determine commissioning models; review opportunities of aligned/pooled resource; explore partnership contracting models and the available levers and incentives to ensure delivery of the redesigned service model
- Agree performance data required to measure impact
- Consider procurement options/approaches

## 5. Timescales

The timescales for achieving each of the three programmes is shown below. A more detailed delivery timetable is attached as a project plan.

Objective	Timescale	Deliverables
Quick analysis	October – December 2014	Report on activity, costs capacity and demand for providers
Stakeholder analysis	November – January 2015	Analysis of the needs of providers, young people and parents and carers
Redesign	January – March 2015	Co-production of new system with young people and parents and carers
Agree Commissioning models	February - March 2015	Options appraisal of commissioning models available to the system.
Final recommendations and sign off	March 2015	Service specifications developed to describe the new system.

The first reporting milestone is 2nd December 2014 when an initial report will go to ICE; this will set out the project deliverables and timescales; and will flag some immediate recommendations for action.

## 6. Meetings

Members are asked to represent the views of their organization and communicate back into the organization/ stakeholder group. Members will check the work of the PMO, support the programme and will help shape the recommendations to go to ICE.

The recommendations will be taken to ICE in the first instance.

The PMO consists of a project manager, business intelligence personnel and, communications and engagement colleagues. The role of the joint commissioning steering group is to oversee the work of this team and ensure the deliverables are fit



for purpose and ensure the delivery of the programme. Whilst timescales and the scope of the project is set by ICE, the detail of the work will be agreed at the steering group.

Meetings will be held every 4 - 6 weeks and will be minuted within two weeks.

## **7. Governance**

The joint commissioning steering group will report to the Integrated Commissioning Executive and also provide updates to the Children's and Families Trust Board via the Commissioning Lead for Children and Maternity Services and Chief Officer of Partnerships. Members of the group will feedback and seek views of stakeholders within their own organisation on any recommendation made by the group.

## **8. Membership**

The group is made up of:

Jane Mischenko	Leeds South and East CCG on behalf of all CCGs
Sue Rumbold	Children's Services, LCC
Matt Ward	Leeds South and East CCG
Helen Haywood	Leeds South and East CCG
Joseph Krasinski	TaMHS
Lisa Oxley	Cluster Lead
Liane Langdon	Leeds North CCG
Sarah Lovell	Leeds South and East CCG
Adele Dempster	Cluster Lead
Paul Bollom	Children's Services, LCC
Sue Robins	Leeds West CCG
Catherine Ward	Public Health
Elaine McShane	Leeds City Council
Jane Williams	Leeds North CCG
Yen Anderson	Leeds North CCG
Ruth Gordon	Project Manager

It is hoped that members will endeavor to attend all meetings. If they are not able to attend they are welcome to send apologies or a nominated deputy. The deputy should be fully briefed and able to contribute on behalf of the key member of the group.

### **Ways of Working**

- The project will put the young person at the heart of all the work

- Young people will be actively involved in relevant parts of the work
- Young people and other key stakeholders will be consulted before recommendations are agreed
- There will be a clinical/provider reference group
- Members of the group will work collaboratively, freely sharing information and ideas

DRAFT



October 2014

# Children and Young People's Mental Health & Wellbeing Taskforce

## Newsletter — Issue 1



## Foreword



**Norman Lamb, Minister of State for Care and Support:** “There is an urgent need to take radical actions to reduce stigma and improve visibility of services so that children and young people can access the highest quality mental health and wellbeing advice and support when they need it. At the centre of this Taskforce will be the views of children, young people, families, and professionals involved in their mental health support. I’m particularly looking forward to hearing these views about what they want CAMHS to be and what we can all do to deliver that vision.”



**Jon Rouse, Co-Chair of Taskforce, Director General, Social Care, Local Government and Care Partnerships at Department of Health :**“This Taskforce is a real opportunity to bring together all of the sectors involved in children & young people’s mental health system, and find ways to achieve the joined up services that children, young people and families deserve. I hope it will help us realise the paradigm shift we need towards a truly child-centred approach, that allows children and young people to effectively source the help and treatment they need, when they need it, where they need it.”



**Martin McShane, Co-Chair of Taskforce, NHS England's Director for Long-Term Conditions :** “The Taskforce has the potential to play a crucial role by identifying actionable steps that will overcome barriers and make use of system levers to create fundamental change for children and young people’s mental health services. I am particularly interested in its views on how we can move towards a robust and effective data framework and measurement to underpin quality services across the system.”

## News and Updates

### Inaugural Taskforce Meeting — 24th September

The members of the Taskforce came together for the first time on 24th September to begin to identify the priority areas which need to be worked on.

After a welcome from the co-chairs, Martin McShane and Jon Rouse, the meeting was mostly made up of discussions in small groups covering topics such as: how this Taskforce will work together; how it will be different to other Taskforces; the group’s vision for CAMHS; what needs to change for this vision to be achieved; which of these should be the priorities for the Taskforce; and what members want to contribute.

Members expressed pleasure in their feedback on the meeting about the pace and energy of the meeting and the range of members they had met, especially our younger representatives and those from other sectors.



## Engagement of Children & Young People

Absolutely central to informing the recommendations of the Taskforce will be the views of children and young people, and the families that support them. We are setting up a project to gather these views, and will feed them into the Taskforce as they emerge.

We are also planning a wider engagement of professionals from across the country to bring in the creative ideas of those who work closer to the ground, and who will be key to delivering the recommendations.

## Co-commissioning Pilots

Alongside the work of the Taskforce, Norman Lamb announced on 14 October that we will be inviting expressions of interest for co-commissioning projects, asking local areas to submit proposals outlining how they might go further with collaborative joint commissioning arrangements for children's mental health services.

We want to support projects spanning health, social care, education and the voluntary sector and are seeking ideas on how the learning from this can be applied across the country.

This work will be closely linked into the work of the Taskforce and Taskforce members can expect to hear more about progress in future meetings. Expressions of interest will be sought by NHS England in the next week .

## Recent Developments

- Jon Rouse visited Leeds CAMHS on 8 Oct, where he got the chance to engage with children and young people directly about the services there. He was particularly interested to hear about the great work happening there on transitions – useful learning for the Taskforce.
- Norman Lamb MP spoke at the CYP IAPT conference on 14 October, where he announced the co-commissioning projects that will be running alongside the Taskforce.
- Flora Goldhill spoke at Maudsley Learning's Mental Health of Children and Young People Conference on 23 October about the work the Department of Health has done so far in this area and what more we still have to do – including the opportunity the Taskforce creates to make some real progress.
- To mark World Mental Health Day on 10 October, the Secretary of State for Education, Nicky Morgan, published a joint article with the charity Place2Be highlighting her passion for improving provision and ending stigma around mental health. She emphasised the importance of working across government to ensure that health, schools and social services are more joined up and ensure that every child gets the support they need.
- The Department for Education launched a new round of government grant funding for voluntary and community groups totalling £25million on 16 October, which for the first time includes a specific focus on mental health projects. More information can be found at <https://online.contractsfinder.businesslink.gov.uk> or [ContractFinder website](#)

## Future Events

- Norman Lamb and Jon Rouse will both be speaking at the NCAS Conference, which is being held on the 29th—31st October. If you're attending, then listen out for more information about the Taskforce.
- We will be celebrating the Children's Commissioner's 'Takeover Day' a couple of days early, as young people 'takeover' the Children's Health and Wellbeing Partnership meeting on 19 November – including a session led by them on Mental Health.



## What next?

### Next Taskforce Meeting — 4th November

The focus of the second Taskforce meeting will be on the work of the four Task & Finish Groups which have been set up to address the principle themes which emerged from the first meeting.

**Data and Standards:** the **information** to underpin decision making within the system and to drive up the quality of provision. This group will consider what data we have and what data we need to improve and inform decision making within the system. It will also look at standards of care, to see what standards are already in place and whether these are fit for purpose.

**Prevention and access:** The objective of the Access and Prevention Task and Finish Group is to identify ways of improving access to timely, effective and evidence-based support for children and young people whatever their mental health needs. This covers both GP and school access points; and ranges from prevention and resilience building interventions to first point of contact services (e.g. Youth Information Advisory and Counselling Services and online services) to crisis care support and transition. It includes addressing such issues as the stigma associated with mental health services, branding issues and identity.

**A co-ordinated system:** sectors working together to **commission and deliver services** which meet the needs of young people across the care pathway. This group will look at the way in which the system is funded, perverse incentives, the barriers which prevent appropriate commissioning and how we can address these, commissioning capability across the care pathway and how this could be improved, referral thresholds and pressures on various parts of the system.

**Vulnerable groups and Inequalities:** a system which works for our most vulnerable children and young people. This group will work with Groups 1, 2 and 3 to ensure that the needs of all children and young people are considered and addressed, including children who have mental health needs as a result of childhood sexual exploitation or abuse, adopted and looked after children, children with learning disabilities, children in contact with the youth justice system (and other specific groups which are identified).

All four groups will call upon further expertise from the other groups and from non-Taskforce members.

Details will also be provided at this meeting about the timescales for each task and finish group to feed into the main Taskforce report.

Further meetings of the Taskforce will be held on 4th November 2014, 13th January 2015 and 3rd March 2015.

## Get in touch

If you wish to contact the Taskforce Secretariat you can:

- Email us at [CYPMHTaskForce@dh.gsi.gov.uk](mailto:CYPMHTaskForce@dh.gsi.gov.uk)
- Tweet us at @DHChildHealth

**Stay up to date with the Taskforce by following @DHChildHealth and feed in your views by tweeting with #CYPMHTaskforce**





# Taskforce Membership

## Children & Young People's Mental Health & Wellbeing Taskforce Membership List

Name	Job Title/Location
Jon Rouse	DH Taskforce Co-Chair
Martin McShane	NHS England Taskforce Co-Chair
<b>Members</b>	
Pru Allington Smith	Consultant Psychiatrist in Learning Disability, Coventry & Warwickshire NHS Trust
Matthew Ashton	Director of Public Health, Knowsley (Liverpool)
Maggie Atkinson	Childrens Commissioner for England
Mick Atkinson	Head of Commissioning Place2Be
Sue Bailey	Chair of Children & Young People's Mental Health Coalition
Laurence Baldwin	Mental Health Nurse
David Behan	Chief Executive, Care Quality Commission
Jonny Benjamin	Expert by Experience
Anna Bradley	Chair of Healthwatch England
Sarah Brennan	Chief Executive of Young Minds
Sally Burlington	Head of Programmes at the Local Government Association
Prof Mick Cooper	Prof of Counselling, CYP IAPT National Advisor for Counselling, University of Roehampton
Cheryl Coppel	Chief Executive of London Borough of Havering
Jacqueline Cornish	National Clinical Director for Children, Young People & Transition to Adulthood at NHSE
Karen Cromarty	Senior Lead Advisor for Children & Young People, British Association for Counselling & Psychotherapy
Margaret Cudmore	Vice Chair of the Independent Mental Health Service Alliance
Rebecca Cotton	Director of Mental Health Policy, NHS Confederation
Max Davie	Community Paediatrician
Eustace DeSousa	Deputy Director, National Team for Children, Young People & Families at Public Health England
Keith Douglas	Managing Director NHS South Commissioning Support Unit
Julia Faulconbridge	Consultant Clinical Psychologist (Children, Young People and Families) - British Psychological Society
Peter Fonagy	National Clinical Lead CYP & IAPT and Chief Executive of the Anna Freud Centre
Charlotte Gatherer	CYP & IAPT Young Sessional Worker
Vivienne Griffin	Director of Social Services, Wolverhampton
Flora Goldhill	Director Children, Families & Social Inclusion, Department of Health
Ann Gross	Director of Special Needs and Children's Services Strategy at Department for Education
Sharon Gray	Head Teacher, Netherfield Primary School
Nick Hindley	Forensic Psychiatrist, Oxfordshire NHS Health Foundation
Peter Hindley	Consultant child and adolescent psychiatrist, Guys and St Thomas' NHS Trust
Matthew Hopkinson	Assistant Director, 0-25 SEN and Disability Unit, DfE
Paul Jenkins	Chief Executive, Tavistock & Portman NHS Foundation Trust
Max Jones	Director of Programme & Service Delivery - Health & Social Care Information Centre
Stephanie Lamb	General Practitioner, Royal College General Practitioners
Warren Larkin	Clinical Director, Children & Families Network, Consultant Clinical Psychologist, Lancashire Early Intervention Service
John Lees	Associate Director of Commissioning, Birmingham South Central Clinical Commissioning Group
Christine Lenehan	Director of Council for Disabled Children & Co-Chair of Child Health Outcomes Forum
Sarah Jane Marsh	Chief Executive of Birmingham Children's Hospital
Nick Mcgruer	Deputy Director for Health, Disability and Employment Directorate - Department of Work & Pensions
Paul Melody	Social Media, Communications Expert
Karl Mittlestadt	Youth Justice Board
Jane Mischenko	Lead Commissioner for Children, Leeds Clinical Commissioning Group
Paul Mitchell	Clinical Nurse Specialist, Youth Justice Board
Margaret Murphy	Consultant Psychiatrist, Tier 4 CAMHS Clinical Reference Group
Kath Murphy	Specialist Services, NHS England
Wendy Nicholson	Public Health Nursing at Department of Health
Alison O'Sullivan	Vice President of the Association of Directors of Children's Services
Nick Page	Chief Executive of Solihull Metropolitan Borough Council
Claire Phillips	Deputy Director of Children & Young Peoples Health & Wellbeing at Department of Health
Kathryn Pugh	Children & Young People's Improving Access to Psychological Therapies (CYP IAPT) Programme Lead
Sandeep Ranote (Dr)	CAMHS Psychiatrist, Lead for Specialist Clinical Networks, NHS England
Barbara Rayment	Director at Youth Access
Emma Rigby	Chief Executive of the Association for Young People's Health
Wendy Russell	Head of Operations and Development at Health Education England
Eileen Scott	Expert by Experience
Anne Spence	Policy Lead C&YP MH Taskforce at the Department of Health
Dawn Taylor	Deputy Director - Children & Young People's Mental Health DfE
Isabelle Trowler	Chief Social Worker
Teresa Tunnadine	Head Teacher at Compton Secondary School
Karen Turner	Head of Delivery, Parity & Esteem, NHS England
Kate Ward	Policy Lead C&YP MH Taskforce at the Department of Health
Jon Wilson	Norfolk Youth Service
Miranda Wolpert	Director of the CAMHS Evidence based Practice Unit, National Advisor on data for CYP IAPT Programme
Kevin Woods	Looked after Children and Adoption Policy, DfE

Some additional members, not shown on this list, have also been appointed to task and finish groups to ensure a full range of expert advice is included.



## CHILDRENS COMMISSIONING MEETING W/C 27.10.14

### CAMHS WAITING LISTS INFORMATION (as of 21/10/2014)

#### 1. Consultation Clinics by wedge

WEDGE	CONSULTATION CLINIC	TOTAL
East	Mean = 10 weeks ; Median = 10 (range 1 - 25 weeks)	68
West	Mean = 12 weeks; Median = 12 (range 1 - 30 weeks)	88
South	Mean = 7 weeks ; Median = 6 (range 2 - 19 weeks)	57
TOTAL WAITING		213
TOTAL WAITING OVER 19 WEEKS		19 (9%)

#### 2. Autistic spectrum assessments by wedge

WEDGE	AUTISM ASSESSMENTS	TOTAL
East	(range 1 – 39 weeks)	37
West	(range 1 – 44 weeks)	34
South	(range 2 – 38 weeks)	25
TOTAL WAITING		96
Mean = 19 weeks; Median = 18 weeks		

#### 3. Attention Deficit Hyperactivity Disorder Assessments by wedge

WEDGE	AUTISM ASSESSMENTS	TOTAL
East	(range 4 – 46 weeks)	24
West	(range 1 – 31 weeks)	14
South	(range 4 – 19 weeks)	9
TOTAL WAITING		47
Mean = 19.5 weeks; Median = 19 weeks		

#### 4. Number of under 5s waiting for any type of assessment

WEDGE	UNDER 5 YEARS	WAIT TIME
East	none	none
West	2	10 and 16 weeks
South	1	9 weeks

## 5. Waiting list information by CCG

CCG	Consultation Clinic		ASD		ADHD		CBT (Level 3)	
	Waiting (N)	Range (weeks)	Waiting (N)	Range (weeks)	Waiting (N)	Range (weeks)	Waiting (N)	Range (weeks)
WEST	96	1 - 32	38	4 - 44	17	1 - 31	13	1 - 35
NORTH	46	2 - 24	21	2 - 39	12	4 - 43	6	3 - 34
SOUTH/EAST	61	1 - 18	37	1 - 38	18	4 - 46	0	N/A
Total numbers waiting and Overall Waiting range	203	1 - 32	96	1 - 44	47	1 - 46	19	1 - 35

Integrated Commissioning Executive		D
Meeting – 2 <sup>nd</sup> September 2014		
Title of Report:	Emotional and Mental Health Services in Leeds: Proposed implementation of local authority funding changes in emotional health and wellbeing services.	
Author(s):	Jane Mischenko/ Paul Bollom	
Date finalised:	11 August 2014	
ICE Lead:	Matt Ward/ Nigel Richardson	
For further information contact	Jane Mischenko – 0113 8431634 Paul Bollom – 0113 2243952	
The purpose of this paper is to...	Share the proposals for changes to the CAMHS and Therapeutic Social Work Team (TSWT) services as part of 2014/15 budget actions.	
It is recommended that the Integrated Commissioning Executive...	That the Integrated Commissioning Executive notes and supports the proposals alongside the accompanying paper for future direction for emotional health and wellbeing services for children and young people.	
Risks: (to Clinical Commissioning Groups, Local Authority and NHS England)	Risk of unplanned or disruptive service change if local authority does not achieve planned budget strategy.	

## 1.0 Summary

### Purpose of this report

- 1.1 The purpose of this report is to provide detail on recommended changes to the commissioning of CAMHS services by the local authority and changes to its internal delivery of the TSWT service to secure agreed budget strategy.

## 2.0 Background information

- 2.1 The local authority budget settlement requires a reduction of approximately £18m to be made against the 13/14 children's services budget. The budget actions agreed to deliver this planned reduction included a proposal to

reduce expenditure on emotional health and wellbeing provision by £500K without comment on how this was to be achieved.

- 2.2 Broadly Tier 3 arrangements in Leeds consist of two core provisions. The Leeds Community Health (LCH) provided Child and Adolescent Mental Health Service (CAMHS) team and local authority employed and delivered Therapeutic Social Work Team (TSWT).
- 2.3 Local authority investment in CAMHS is valued at the 13/14 outturn as circa £450K and in the TSWT £680K. The local authority investment in CAMHS is complicated by being a mixture of staff effectively seconded into CAMHS (but employed by the local authority) alongside conventional contracts with LCH which cover management posts, staff training and some specialist service delivery.
- 2.4 Commissioners in the local authority and CCGs have worked together to enable 2014/15 to be a transitional year to effectively support a managed process.
- 2.5 Given the constraints to make jointly agreed recommendations in a timely way in readiness for 2015/16 consultation has focused on the two services noted above drawing on clinical, commissioning and service planning expertise to bring forward proposals, which address the need for efficiencies. The process has run alongside the efficiencies programme driven from within LCH to meet organisational budget constraints. A workshop between both teams supported by provider management and independently facilitated produced an options appraisal contained at Appendix A.

### **3.0 Main issues**

- 3.1 The following principles have been adopted in considering options for funding reductions.
  - Minimising impact on provision by working smarter across both services, reducing duplication and seeking new opportunities to fund areas of work
  - A focus on service delivery rather than historical arrangements or current employment arrangements
  - Deliverability within the time frame whilst minimising impact on staff in post
- 3.2 A small steering group consisting of senior leadership in LCH/CAMHS and the LCC Social Work Service with the relevant commissioners from the local authority and Leeds CCG's has considered the options. The following are recommended for implementation with savings indicated in brackets.
- 3.3 **Traded Training**

3.3.1 The current training arrangements offer free multi-agency training to staff working in schools and in the VCFS sector. This training has been valued in supporting core skills development in the identification and support of common mental health presentations.

3.3.2 The preferred proposal is to cease offering training from CAMHS on a free to trainee basis and request CAMHS to consider trading training (£54K). Training will continue to be offered from the Infant Mental Health model, which has a separate funding stream.

### 3.4 **'Seconded Staff' and Therapeutic Social Work Team Vacancies**

3.4.1 Currently 4.5 Leeds City Council employed staff deliver part of the CAMHS provision managed and directed by CAMHS managers. There is one administrative team member also provided to CAMHS. Two vacancies are current on the TSWT structure.

3.4.2 The preferred proposal is to end the arrangement where a compliment of staff are provided to CAMHS but employed by the local authority (£140K). The local authority will put in place a small contract with LCH for continued support of the TSWT with clinical psychologist expertise and support for targeted mental health needs. The TSWT will remove the current vacant posts from its structure or otherwise reduce its staffing by a value of £80K. The net effect on staff currently employed by the local authority is that a small number will TUPE to the CAMHS service and the remainder will be redeployed within CSW posts.

### 3.5 **Staff Managers**

3.5.1 The current contracts for management staff for two area CAMHS teams in light of the above will be reduced as staff management requirements are reduced

3.5.2 The proposal is to cease the management contracts (£106K pa) from April 2015.

### 3.6 **Adoption Support**

3.6.1 CAMHS provides support to families on their adoption of a child. This support is also provided in part through an external contract Leeds City Council holds and through the TSWT.

3.6.2 The preferred proposal is that adoption support is provided through the TSWT and adoption teams in LCC and is no longer a requirement for CAMHS (£40K saving)

### 3.7 **CAMHS Speech and Language Therapy**

3.7.1 A contract arrangement is in place for £50K which supports the Speech and Language Therapy provision. The broad view is that the previous refocusing of additional SLT commissioning from the local authority to schools based



commissioning should encompass this contract. Further work however will be undertaken as to the impact of ceasing this arrangement.

#### **4.0 Recommendations**

ICE are recommended to:

- Note and support proposals above in progressing the required £500k saving.
- Consider these changes in conjunction with a commitment to transform EHWP services.

Integrated Commissioning Executive		E
Meeting – 2 <sup>nd</sup> September 2014		
Title of Report:	Emotional and Mental Health Services in Leeds: The case for whole system change	
Author(s):	Jane Mischenko/ Paul Bollom	
Date finalised:	11 August 2014	
ICE Lead:	Matt Ward/ Nigel Richardson	
For further information contact	Jane Mischenko – 0113 8431634 Paul Bollom – 0113 2243977	
The purpose of this paper is to...	The paper presents the case to jointly redesign and re-commission the whole system of children’s emotional and mental health services in Leeds (tiers 1-3).	
It is recommended that the Integrated Commissioning Executive...	That the Integrated Commissioning Executive supports the whole system approach to re-commissioning services and to provide PMO support to deliver the proposal at pace and scale.	
Risks: (to Clinical Commissioning Groups, Local Authority and NHS England)	Inadequate and ineffective emotional and mental health services at tier 2 and 3 increase demand for tier 4 services (NHS England); this ultimately increases demand on adult mental health services (CCGs) and impacts on a child or young person’s educational attainment and subsequent employment prospects (LA)	

## 1.0 Summary

### Purpose of this report

- 1.1 One of the Leeds Joint Health and Wellbeing Strategy's key priorities is to *'Improve people's mental health and wellbeing'*
- 1.2 Emotional and Mental Health is recognised by ICE, the Transformation Board and the Children's Trust Board as one of the Joint Commissioning priorities for the children's programme.

- 1.3 In a recent joint commissioning workshop with partners and key stakeholders there was agreement of the need to completely redesign and re-commission the Leeds service model.
- 1.4 This paper sets out the case for this ambitious transformation of local children and young people's mental health services and the request for programme management officer support, to progress this at pace and scale.

## **2.0 Background information**

- 2.1 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 and in the establishment earlier this year of a Health Select Committee to review current CAMHS provision.
- 2.2 In Leeds there is a complex picture of multiple commissioners (NHS England; CCGs; LA; and 24 School Clusters) that has led to a local system that despite best efforts is fragmented, with too many entry points (referral pathways); and too many hand offs (between a complex picture of service provision). This is confusing and frustrating for children, young people, parents and professionals.
- 2.3 The current economic situation has posed further challenge as partners have identified savings required within children's mental health spend but where this has been done to different timescales and therefore without meaningful consideration of the impact on the whole system i.e., LA disinvestment of £0.5m and LCH CIP plans of £822k in 2014/15.
- 2.4 However, there are also real strengths in Leeds provision. We now have an early intervention service (TaMHS) in every school cluster; this was seed funded by NHS, LA and School Forum partners in the city and is evaluating well in relation to improving outcomes; there has been the establishment of local pilots, where GPs can directly refer to this service. Leeds has also invested in the evidenced based model MST (Leeds is an award winning team).
- 2.5 Whilst the proposal is to redesign and re-commission the tier 1, 2 and 3 services (CCG, LA and School cluster commissioning responsibilities), there is recognition on the need to work with NHS England commissioning colleagues. The demand and delivery of tier 4 in-patient services is significantly impacted upon by the effectiveness of the local commissioned service and there are opportunities to work to co-commission the interface between tier 3 and 4 services that can provide intensive wrap around support and prevent the need for admission.
- 2.6 There is significant national and local evidence of the expressed needs of young people in relation to emotional and mental health support; we need to

respond to these clear messages. We have identified a local network of young people to help co-design the local service model.

### **3.0 Main issues**

#### ***The rationale for change***

- 3.1 The current situation summarised above does not maximise the value of every Leeds pound spent on children and young people's emotional and mental health. Whilst there are examples of innovation and excellent teams in the city, there is too much variability and the whole system does not function well together. This therefore introduces inefficiencies, poor experience for children and families as they try to navigate the system and frustration for professionals (those referring into and delivering within the system). This is evidenced by the noise in the local system (LMC, complaints, councillors, MPs, GP's, teachers).

#### ***What we need to do***

- 3.2 Through joint commissioning workshops and a review of what service users consistently tell us there are some key principles that need to be integrated into the redesign:
- Co-design with parents and young people
  - Develop a city-wide public health programme to support emotional intelligence and resilience
  - Maximise the digital opportunities to enhance self-care, improve access and facilitate flexible service provision
  - Further strengthen early intervention (TaMHS); work to ensure a consistent standard of offer and the sustainability of this provision (joint commissioning)
  - Create one point of access for referrers of children's mental health services
  - Develop, integrate and strengthen the local cluster service delivery model (after all this is where the young people are), by redesigning the use of the current specialist CAMHS and Therapeutic Social Work service (training, supervision, swift access to advice, joint working)
  - In addition to the local offer, ensure a strong city centre provision (for young people)
  - Use the available evidence and champion innovation with robust evaluation
  - Align and protect resource; identify commissioning and contracting opportunities to effectively deliver the whole system model

- 3.5 Proposed key actions to progress:

- Establish a dedicated joint commissioning group to oversee the delivery of the programme
- Identify programme management support to ensure timely delivery (programme manager, project officer support, access to business intelligence and contracting expertise)
- Key work-streams are set out below – these are to progress simultaneously

#### *Quick analysis*

- Synthesise the significant resource we already hold of existing information (HNA, performance and national and local benchmarking reports, service user feedback, complaints, and outputs from stakeholder engagement)
- Model current service user flows; identify gaps, pressure points
- Understand the resource: Establish current expenditure, and planned CIPs

#### *Redesign*

- Co-design with parents and young people
- Describe single service model, adopting principles set out above and working with key stakeholders
- Identify and flag any gaps, and risks (clinical, political, financial)
- Identify where redesign can maximise value of current investment and where any additional resource would add most benefit (impact and improved outcomes)

#### *Commissioning model*

- Determine commissioning model; review opportunities of aligned/pooled resource; explore partnership contracting models and the available levers and incentives to ensure delivery of the redesigned service model
- Consider procurement options/ approaches

## **4.0 Recommendations**

- 4.1 Members of ICE are asked to receive and support the recommendation to redesign and re-commission emotional and mental health services in Leeds.
- 4.2 In order to deliver this critical work at pace members of ICE are asked to support non-recurrent funding to provide a PMO function for 12 months, to include a programme manager, project officer and access to critical support functions, such as business intelligence and contracting expertise.
- 4.3 It is anticipated, if this is supported – that the redesigned service model and proposals of mechanisms to jointly commission and procure this, could be reported back to ICE by the end of 2014/15; this is dependent on speedy

establishment of the PMO resource. Re-procurement or implementation is anticipated to occur during 2015/16.