Integrated Commissioning Executive	
Meeting – 17th March 2015	
Title of Report:	Whole system review of CYP emotional wellbeing and mental health services in Leeds.
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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.

[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.

[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

[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

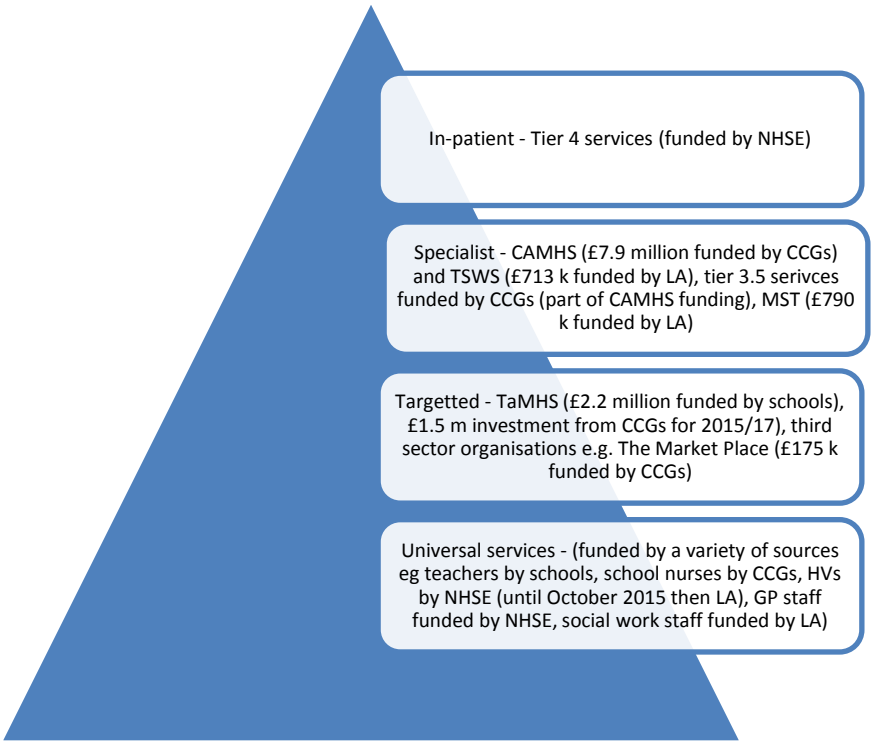
	Guidance	Key Points	Compliance									
			CAMHS	**TSWS**	**The Market Place[11]**	**Aspire**	**Leeds Counselling**	**Relate**	**CAMHS in schools[12]**	**Beck**	**Place to be**	**Early years**
	Recognition and management - 2013 http://www.nice.org.uk/guidance/cg155/chapter/1-recommendations	CAMHS and 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:

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

[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