

Scrutiny Inquiry Report Response: The provision of emotional wellbeing and mental health support services for children and young people in Leeds.

Background information

There is recognition nationally, regionally and locally of the need to improve emotional and mental health services for children and young people.

It is worth noting that most mental illnesses become apparent in the teenage years and can become long lasting. It is known that 50% of mental illnesses in adult life (excluding dementia) start before age 15 and 75% by age 18. Getting it right in childhood and then facilitating smooth transitions to adult mental health services is critical.

Following a recent Health Select Committee, established to collect evidence on children and Young Peoples' emotional and mental health services, a National Mental Health and Wellbeing Taskforce was established and published its findings in March 2015 (*Future in Mind, DH, 2015*). There are 49 recommendations within the national report; some of these are for national action.

In Leeds two reviews were carried out during autumn/winter 2014. A commissioner-led whole system review was commissioned by the Integrated Commissioning Executive and the Scrutiny Board also held an inquiry review with a detailed piece of engagement commissioned from YoungMinds and YouthWatch (part of Healthwatch) to seek the views of young people, parents and families and professionals. The recommendations from both reviews fully support the requirements set out in the national report.

2. Main issues

The local reviews clarified some of the challenges within the current commissioning system and identified information on services in Leeds. The picture of commissioning, funding and delivery for emotional and mental health services across Leeds is complex.

Early in the whole system 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 place for 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 (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.

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.

Recommendations of the whole system review

The recommendations will ensure best value of the money that is invested in emotional wellbeing and mental health services; however, it is worth noting that the need for these services will remain greater than the service offer. The national estimate is that only one in four children and young people who need a service receive one.

The recommendations from the review are listed below. These have been mapped against the original issues highlighted at ICE 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 told us (see appendix 1).

1. The development of a Primary Prevention public health programme supported by each Children's 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: 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)

Next Steps

The whole system review has set out a clear programme of work to ensure a whole system coordinated and clear offer. Once delivered this will improve value for money, quality of support and knowledge of delivery and outcomes. There needs to be recognition that whilst enhancing capacity this will not meet all the CYP emotional and mental health need.

A series of workstreams have been set up to meet each of the recommendations. Some work has been prioritised for delivery by September (A clear local offer, The Single Point of Access, the development of the MindMate.org.uk website). The work to achieve these three priorities is well underway.

A Programme Board has been established to oversee the work of the workstreams and will continue to report to ICE and other senior boards including CTFB and the HWBB.

Scrutiny Inquiry Review

The Scrutiny review also made a series of recommendations which are in line with the recommendations of the whole system review. The table below shows how the implementation programme relating to the whole system review can be mapped across to address the recommendations of the Scrutiny Inquiry.

Recommendations	Update
<p>Recommendation 1</p> <p>(a) In order to minimise any potential duplication, at the beginning of each municipal year, all commissioners across Leeds' health and social care economy identify and report to the appropriate Scrutiny Board any specific service areas currently under review and/or planned to be under review in the immediate future.</p> <p>(b) Throughout each municipal year, commissioners across Leeds' health and social care economy ensure the appropriate Scrutiny Board is updated regarding the progress of any current service reviews and appraised of any in-year changes to future areas of review.</p>	<p>The intention to review CYP EMH services had been included as commissioning intentions for 14/15 and was included on the tracker of service reviews/developments compiled for the Scrutiny HSDG. It will be useful to ensure this is the appropriate mechanism to keep the Scrutiny Board informed of service reviews and developments.</p>
<p>Recommendation 2</p> <p>That, as part of the system redesign, commissioners ensure:</p> <p>(a) Any gaps in current provision across TaMHS services and CAMHS are eradicated and that the whole system approach delivers seamless services to meet the emotional wellbeing and mental health needs for children and young people across Leeds.</p> <p>(b) Appropriate 'check-in' arrangements are in place for those children and young people in receipt of a referral who are yet to have their first consultation.</p>	<p>(a) The co-commissioning between CCGs and school clusters will enhance capacity and the development of the Single Point of Access (SPA) will ensure that young people are able to be seen by the relevant service as quickly as possible. The work to develop primary prevention and self-care approaches will also support a reduction in demand and need for services. However, it is recognised that even with this more whole system approach, there will still be children and young people who would benefit from a service who are not able to access one. Significant further investment is needed to be able to eradicate</p>

	<p>the gaps in the service provisions. It is anticipated that there will be some additional funding available to bid for as part of the national 'Future in Mind' implementation. Partners in Leeds will work together to draw down this funding.</p> <p>(b) A process to support young people, and their families, while they are waiting is part of the planned process for the SPA. In addition there is the CQUIN embedded in the contract with LCH to reduce waiting times and support CYP and families while they wait.</p>
<p>Recommendation 3</p> <p>By October 2015, through the Integrated Commissioning Executive, commissioners provide a report on a cluster-by-cluster basis that sets out the level of TaMHS services commissioned across the City; with services mapped against the level of existing demand and expected prevalence.</p>	<p>Work on a clear local offer is being developed and will include cluster level detail. This will be available by the September SPA go live date.</p> <p>The SPA process will allow us to record children and young people using a unique identifier for the first time ever across the whole system of providers and this will allow us to collect information not only about the demand for services but may also identify areas of need where no services presently exist. The SPA will commence in September, as will the enhanced cluster offer. It is suggested that an interim report is developed following 6 months of the new system being in place (mid-March 2016).</p>
<p>Recommendation 4</p> <p>That as part of the whole system approach and redesign, commissioners ensure greater use of on-line support, telecare and, in appropriate circumstances, social media in the provision of emotional wellbeing and mental health services and support for children and young people in Leeds.</p>	<p>Digital development is already identified as a workstream for implementation and is supported by a steering group bringing together a number of digital innovations across the City. A digital solution is part of the SPA process for both self-help and further support whilst waiting. The MindMate.org.uk website went live on the 23rd June. The content and design of the website has been led by young people from the beginning.</p>

<p>Recommendation 5</p> <p>(a) By July 2015, the Integrated Commissioning Executive reconsiders its proposal to review transitional arrangements between children's and adult's mental health services and sets out in clearer terms its proposed timescales and suggested arrangements for involving young people in the review.</p> <p>(b) That the Integrated Commissioning Executive reports the outcome of (a) above to the appropriate Scrutiny Board.</p>	<p>Transition arrangements are being co-ordinated under a workstream chaired jointly by adult mental health and children mental health commissioners. The timescales for the work are in the process of being agreed. As with all workstreams the involvement of young people and their families will be integral to the process of development. The overall programme plan will be monitored by the programme board. We can ensure that feedback from this is reported to ICE and in time to Scrutiny.</p>
<p>Recommendation 6</p> <p>(a) By July 2015, the Integrated Commissioning Executive reviews its agreed recommendations and identifies a clear timeframe for implementation, alongside the associated performance measures that can be used to help demonstrate future progress and improvements.</p> <p>(b) By September 2015, the Integrated Commissioning Executive reports the outcome of the review referred to in (a) above to the appropriate Scrutiny Board, including the baseline position of any identified performance measures.</p>	<p>A programme board has been established to drive forward the delivery of the 11 recommendations of the whole system review, which will report directly to ICE.</p> <p>A programme plan is in development that identifies key work-streams, lead officers and key outputs for the 11 recommendations. The overall programme plan will be monitored by the programme board. We can ensure that feedback from this is reported to ICE and in time to Scrutiny.</p>
<p>Recommendation 7</p> <p>That as part of the whole system approach and redesign, commissioners ensure the continuation of the drop-in facilities and support available to children and young people through 'the Market Place'.</p>	<p>CCGs continue to commission The Market Place and recognise the importance of having a city centre resource.</p>
<p>Recommendation 8</p> <p>(a) That by January 2016, the Integrated Commissioning Executive reviews and reports on the operation of the proposed single point for GP referrals, considering progress against the intended</p>	<p>The SPA is planned for a go live date in September 2015. It will be available to a range of referrers, including paediatricians and school nurses, as well as GPs. Effective data sets are part of the planning</p>

<p>outcomes and associated performance improvement measures.</p> <p>(b) That the review identified in (a) be considered on a whole system and a school cluster level, in order to help identify any systemic and/or local issues where further improvements may be necessary.</p>	<p>process for the SPA. As referenced earlier it is suggested that the first interim report of the impact of changes in the system is in March 2016, so there is meaningful data.</p> <p>Clusters based emotional wellbeing services are an integral part of this process with work underway to develop one data tracking system across the city.</p>
<p>Recommendation 9 That as part of its work schedule for 2015/16, the appropriate Scrutiny Board:</p> <p>(a) Continues to monitor the outcome of Care Quality Commission inspections and the associated improvement plans developed by NHS Trusts in Leeds.</p> <p>(b) Specifically considers and reports on any matter that might suggest an underlying system-wide issue, including those areas identified in this report.</p> <p>(c) Considers and reports on the adequacy of the quality assurance processes across Leeds' Clinical Commissioning Groups and other service commissioners, where appropriate.</p>	