

Report for the Scrutiny Board: The Local Transformation Plan for Children and Young People’s Emotional and Mental Health and Wellbeing

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Introduction

The Leeds Local Transformation Plan (LTP) is a five-year strategic plan to deliver whole system change to children and young people’s emotional and mental health support and service provision in the city. The plan had to be submitted to NHS England and be assured in order for Leeds as a city to receive new national funding. In November the Leeds plan was submitted and assured. This has brought circa £1.5m into the city. The LTP is informed by the local reviews initiated by ICE and Scrutiny as well as national requirements set out in the *Future in Mind (2015)* publication. It incorporates priorities from primary prevention through to specialist provision and focuses on improving both children and young people’s experience and outcomes. The plan is published on all three Leeds CCG and council websites and is included as an appendix. There has been significant work during 2015/16 to progress the priorities within the plan. The purpose of this paper is to update Scrutiny on these developments and to report against each of the recommendations within last year’s Scrutiny report.

In addition there is an addendum describing the current state of waiting times in the city and actions underway to reduce these.

Scrutiny Inquiry Review

The Scrutiny review made a series of recommendations. The table below sets out the recommendations of the Scrutiny Inquiry and provides an update on developments as a result of the development and assurance of the Local Transformation Plan.

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.</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>(a) Key LTP areas that support this are:</p> <ul style="list-style-type: none"> • The Single Point of Access (known as the MindMate SPA) launched this month – this facilitates more effective navigation across the whole system. (LTP 4) • The co-commissioning arrangement between CCGs and school clusters has enhanced resource into this early intervention element of the city provision; from this investment we will be receiving reports on current demand and the impact of the cluster service offer (formally known as TaMHS). (LTP 5) • The work to develop primary prevention and self-care approaches will, overtime support a reduction in demand and need for services. (LTP 1) • Additional national investment from the assurance of the LTP (circa £1.5m) will support the delivery of the Leeds ambitions

<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>resulting from the Scrutiny and Local review.</p> <p>(b) Significant work has been progressed by LCH as part of the CAMHS CQUIN to communicate with and support CYP and families whilst on the waiting list. (LTP 4) This includes the identification and development and promotion of self-help resources.</p> <p>These resources also inform the content of the MindMate website.</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>The commissioned SPA service has developed a comprehensive understanding of CYP emotional and mental health services across the city. The SPA delivery model includes cluster representation to ensure this is kept up to date and referrals are guided to the appropriate service.</p> <p>The data collected by SPA coupled with the reports received from clusters will provide useful intelligence about needs, demand and capacity and impact across the system.</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>MindMate.org.uk officially launched September 2015 – there has been a significant media campaign to raise awareness in the city. This provides information of the local offer and information and self-help resources. This is stage 1 – there are plans for further developments to maximise the opportunities digital technologies offer. (LTP3)</p> <p>In addition a digital innovation lab commenced in 2015 – young people have been meeting to review existing resources and identify gaps for development. Recently commissioners agreed to fund the development</p>

	<p>of an app that the young people had identified as needed. This Leeds development has been referenced in a key note speech by the National Clinical Director for Mental Health.</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>This is a clear priority within the LTP. There is an established working group involving adult and CYP mental health commissioners and providers, and young people who have experienced transition between CYP and adult mental health services. A report with recommendations is due to come to the Programme Board in April 2016. (LTP 9)</p> <p>The governance for the LTP is provided within the LTP publication. There is an established programme board with senior representation from across the system. This reports to ICE and in turn the Health & Wellbeing Board. The Children and Families Trust Board is also kept informed of developments and progress. This report provides Scrutiny with an update on the LTP and how this aligns with the Scrutiny Report recommendations.</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>The Local Transformation Plan has the priorities, timescales and key performance metrics within it. This could only be developed in full once the national guidance was received in August 2015. As stated earlier the LTP was completed, submitted and assured in November 2015.</p> <p>Trackers have to be submitted on a quarterly basis to NHS England. The trackers provide information on where the new money is intended to be spent (2015/16) to support CYP emotional and mental health and each spend area has a key performance metric. These areas and metrics are summarised in the LTP. The quarterly reports to NHS</p>

	England provides information as to progress against the planned spend and delivery of the metrics alongside a narrative document.
<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>	Partners continue to commission The Market Place and recognise the importance of having a city centre resource.
<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 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>(a) The SPA launched In January 2016 and is hosted by LCH and the model includes CAMHS and cluster practitioners. It will be available to a range of referrers, including FE colleges, paediatricians and school nurses, as well as GPs. The programme board will receive regular updates on the progress, demand and delivery of the new SPA.</p> <p>(b) The development of a whole system model covering all provision in the city is a key principle within the LTP. The co-commissioning of school clusters and the SPA contributes to gathering data to understand the demand and impact of services in the city.</p> <p>In addition the city has been successful in a bid to become part of a national pilot to develop shared outcomes and data linkages.</p>
<p>Recommendation 9</p> <p>That as part of its work schedule for 2015/16, the appropriate Scrutiny</p>	

<p>Board:</p> <ul style="list-style-type: none"> (a) Continues to monitor the outcome of Care Quality Commission inspections and the associated improvement plans developed by NHS Trusts in Leeds. (b) Specifically considers and reports on any matter that might suggest an underlying system-wide issue, including those areas identified in this report. (c) Considers and reports on the adequacy of the quality assurance processes across Leeds' Clinical Commissioning Groups and other service commissioners, where appropriate. 	
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Waiting List Update

Concerns with growing waiting times in CAMHS, the complexity of the provision and referral mechanisms of emotional and mental health services across the city led to the Leeds reviews referred to earlier in the report. As described above good progress has been made redesigning the whole system and in achieving new resource for the city. The new additional investment has been targeted at both the prevention agenda and to the enhancement of CYP EMH services.

However, during the summer period waiting times for specialist NHS CAMHS in Leeds increased, this is despite the CQUIN in place this year to reduce waiting times for the consultation clinics (first point of contact) and the non-recurrent investment to support additional capacity for autism assessments.

The section briefly summarises the current position, the context that contributed to this and importantly work underway to reduce waiting times in CAMHS.

Background

The current increase in the length of waiting times can be tracked back to economic challenges in the service during 2014/15; the LCH internal CIP¹ target, coupled with the LA disinvestment of £0.5m from CAMHS resulted in a significant reduction in the CAMHS workforce. This equated to a loss of 13.4 wte clinical and admin staff (19% of the workforce in the service).

A further challenge is the requirement for CAMHS to engage in the CYP IAPT programme, which results in a small number of clinical staff undertaking a period of intensive training for 12 months and the difficulties the service has had in recruiting backfill.

In 2015/16 the CCGs invested £300k to reduce the impact of the disinvestment. However, the workforce was already depleted and LCH have struggled to recruit to the positions this investment provided for. Recruitment has been prolonged and only completed (mid-November 2015).

The CCGs also invested non-recurrently £350k to support additional capacity – subcontracted from an external provider to provide additional capacity in the system for autism assessments. These additional assessments have been procured from another provider and deliverer; however, CAMHS delivery stalled recently due to capacity and demand.

A CQUIN was agreed for CAMHS in 2015/16 to both reduce waiting times for the consultation clinic to 12 weeks and to establish a programme of support for CYP and parents whilst they wait.

The delay in recruiting staff back into the system coupled with increasing demand in some areas, such as self-harm presentation at A&E resulted in the worsening position.

However, this position is now improving as the newly recruited workforce is utilised to this end.

¹ CIP – cost improvement (efficiency target)

Waiting Time Actions & Performance

Actions to Reduce Waiting Times

In response to the commissioners' CQUIN LCH has put in place a number of actions to turn the curve of CAMHS waiting times (focusing initially on reducing waits for consultation clinic appointments):

1. Additional management and operational capacity to support service-wide development of more efficient systems and processes, governance and accountability
2. A taskforce established, which meets weekly
3. Robust capacity and demand exercise to identify improved access to the service (modelling of numbers of additional appointments needed per week to deliver to target (of 12 weeks wait)
4. Triage (on-going) of all waiting lists and allocation of clinical capacity to ensure YP with highest risk are prioritised
5. Merging of consultation clinic waiting lists to ensure equal waits across the city (now achieved)
6. Centralisation of systems and processes to improve efficiency, transparency and access
7. Deployment of recently recruited staff and mobilisation of staff to address clinics where the waits are the longest

The service provides weekly update reports to the lead commissioner (currently a dashboard of progress against the consultation clinic target but to be expanded for more pathways) and there are a face-to-face meetings between the Head of Service and lead commissioner on a monthly basis.

Table 1 illustrates the number of young people waiting and both the median wait and longest duration of the wait for a consultation clinic appointment and an autism assessment. It can be seen that there is improvement in waiting times for consultation clinics over the last few of months as a result of the measures described above. Based on existing methods and modelling it is expected that the 12 week waiting target will be met by the end of March. The service is also increasing the number of autism clinics in recognition of the need to significantly reduce the length of waiting times for this pathway.

		01-Apr-13	01-Apr-14	01-Apr-15	22-Oct-15	15-Jan-16
Consultation Clinic	Number of waiters	244	362	281	388	266
	Longest Wait (weeks)	22.7	22.1	22.3	44.3	48.4
	Median wait time (weeks)	3.9	6.9	6.1	18.9	11.4
Autistic Spectrum Disorder Assessment	Number of waiters	94	64	89	132	145
	Longest Wait (weeks)	60.4	35.6	46.0	64.4	65.4
	Median wait time (weeks)	17.2	14.6	14.1	29.1	26.6