

Leeds Local Transformation Plan for Children and Young People's Mental Health and Wellbeing

November 2015



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1. Introduction

The Local Transformation Plan 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 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 a "live" document and will be refreshed on an annual basis. The plan will be published on the Leeds CCGs' and the Leeds City Council websites.

2. The Leeds Local Transformation Plan priorities

1. Develop a Primary Prevention Programme for Children and Young People's Emotional and Mental Health
2. Develop and Communicate a Clear Local Offer of Children and Young People's Emotional and Mental Health Support/Services
3. The Development of the MindMate website and further Digital Solutions
4. A Single Point of Access (SPA) is in place for Children and Young People Emotional and Mental Health Services
5. Local Delivery of Early Emotional Help Services
6. Redesign Specialist CAMHS to align with Local and Whole System Model
7. Develop an Evidence Based Community Eating Disorder Service for Children and Young People (CEDS-CYP)
8. Ensure Vulnerable Children and Young People receive the Support and Services needed
9. Strengthen Transition
10. Develop a Shared Quality Framework across the Partnership
11. Crisis Care for Children and Young People
12. Co-commissioning with NHS England

3. The Leeds Approach

Leeds partners' aspiration to become a child friendly city is at the heart of our vision because if we all do what we can to ensure our children and young people are safe, healthy, successful, heard, involved and respected at home, at school, in their communities – and whenever decisions affect them – it sends the right message about how important their welfare is to us and how important they are for our future. (Leeds Children and Young People's Plan, (CYPP) 2015/19)

The Health and Wellbeing Board and Children and Family Trust Board, as evidenced in the recently refreshed Children and Young People Plan (2015/19) recognise the critical importance of the emotional health and wellbeing of children and young people (where it is a key programme). This is further supported by a strong emphasis on achieving the Best Start in life for all children (Leeds Best Start Plan, 2015); this is an important contribution to the effective primary prevention of emotional and mental health problems. (WAVE, 2013¹)

In Leeds, in addition to our effective strategic Partnership Boards we have strong local partnerships. There are 25 clusters based around groups of schools that have membership from Schools, Governors, the Children's Social Work Service, Police, Leeds City Council youth service, Youth Offending Service, Children's Centres, Housing services, Third sector, Health, and local elected members.

Local clusters:

- Enable local settings and services to work effectively together to improve outcomes for children, young people and their families
- Build capacity to improve the delivery of preventative and targeted services to meet local needs, with a particular emphasis on Early help* and additional support
- Promote the CYPP and the ambition of a child friendly city across the locality
- “A well-coordinated locality and cluster approach results in early identification and extensive work with families according to need.” (Ofsted report, March 2015)

*Early help - seeks to offer support quickly to reduce the impact of problems. We aim to make sure that practitioners have “the right conversations, with the right people, at the right time” so that they can identify needs and the right response.

¹ This report was published as an addendum to the Government's vision for the Foundation Years: Supporting Families in the Foundation Years: It is a collaboration between the WAVE Trust and the Department of Education.

4. Some key local facts

- Over 183,000 children and young people live in Leeds
- There are 10,000 births a year
- 16% of children have English as an additional language; 24% are from Black, Minority or Ethnic groups; 20% are eligible for Free School Meals and 18% have special educational needs
- School attendance is at record levels but over 1,000 primary school children and over 2,200 secondary school children still miss over 15% of school time
- Any of the 40+ % of young people not getting 5 good GCSEs has a 1 in four chance of being not in education, employment or training two years later
- Every day in Leeds social workers follow up 10-12 contacts where domestic abuse is a significant factor
- 55% of care leavers are in education, employment or training.
- 76% of our children attend learning settings which are rated as good or better
- Many outcomes are improving but vulnerable groups continue to experience relatively poor outcomes, e.g. children and young people with special educational needs and disability, some ethnic minority groups, those in receipt of free school meals, Children Looked After and Care Leavers, those with English as an additional language and those living in deprived communities.

5. Leeds Children & Young People's Emotional and Mental Health: What do we know?

According to the Public Health England data-profiling tool Leeds benchmarks as close to the national average, or better, for most indicators of risk of children and young people experiencing emotional and mental health needs. However, we benchmark as having slightly more children living in poverty as a percentage of all dependent children (for children under 16 and under 20) and benchmark worse in incidence of teenage pregnancy. Leeds has a higher incident rate for domestic abuse per 1,000 of the population, which is an indicator of increased risk of emotional and mental health needs.

In Leeds the prevalence of mental health and conduct disorders benchmark as just above average, (PHE profiles). However, Public Health England flag some concerns with the data used, recognising that they are estimates based on the ONS survey *Mental health of children and young people in Great Britain (2004)* adjusted for age, sex and socio-economic classification. The planned repeat of the national prevalence survey and introduction of national routine reporting of the Mental Health Services Data Set (MHSDS) will improve this in the future. In the meantime Public Health England advocate reviewing local data to complement the use of the profiles. Local Leeds service data indicates rising demand for emotional and mental health services and lengthening waiting times. Local data also reflects the national rise in referrals relating to self-harm.

6. The Local Review and Developments

This local data and the expressed concern of a number of professionals (GPs, Education and Social Care) and local elected members led to the whole system review of children and young people's emotional and mental health support and service provision in the city during September 2014 through to March 2015. This review reported to the Integrated Commissioning Executive (ICE), the formal commissioning subgroup of the Health and Wellbeing Board.

The 6-month rapid review analysed available local service data; this was not limited to NHS CAMHS but included school cluster services, the Therapeutic Social Work Team (TSWT) and third sector provision, e.g. The Market Place, (TMP). This data provided a crude snapshot of reasons for presenting to services, numbers of referrals, those referrals not accepted and the length of waiting times. Waiting times were particularly problematic in NHS CAMHS and TMP (for their counselling offer). The data therefore supported professional concerns and indicated a building pressure in the system. However, there are many caveats in relation to the data; services collect variable information in terms of presenting needs, activity, quality and outcomes. In addition those services that have information systems do not connect and there is no unique identifier to track pathways of children and young people across services.

The lack of robust and integrated data results in difficulties in pinpointing areas of duplication, gaps and fragmentation in the local system. However, the qualitative feedback from professionals (referrers and providers), Children and Young People and their parents clearly reported such experience. All expressed confusion about what support and services were available and frustration at the difficulty to access that support. Parents, children and young people often struggled to access help and even when accepted for a service faced a long wait. The majority reported that once in a service they were very satisfied.

The fragmented data system compromises the effective commissioning and planning of children and young people's emotional health services, in terms of gathering evidence of local need, pathways, quality of provision and the impact of services. There are national initiatives underway to improve this, and Leeds has also identified improved data collection as a local priority.

Since the review an interim reporting mechanism has been developed to enable school clusters to collect and report consistently across the city key data for children and young people accessing cluster emotional and mental health support.

The creation of the SPA will also support increased intelligence of need and provision in the city.

Leeds partners have recently had confirmation that they will be working with CORC (the Child Outcomes Research Consortium) and the EBPU (the Evidence Based Practice Unit associated with the Anna Freud Centre, UCL) to develop cross-sector outcomes and data linkage across services involved in children and young people's mental wellbeing.

6.1 YoungMinds and Youth Watch Report, 2015

A very valuable source of intelligence for the local whole system review was the YoungMinds and Youth Watch consultation, commissioned by the Leeds Scrutiny Board (Adult Social Services, Public Health, NHS). This gathered views on the experience of local CAMHS services from children, young people, parents and professionals. Key messages from the report were:

6.1.1 Access to services

Concern at the length of wait and a specific request for support during a wait, such as self-help, peer support and online support was clearly articulated. Three of the Local Transformation Plan priorities will help improve access to support and services and are listed below:

Priority 3: The development of the MindMate website and digital opportunities;

Priority 4: A Single Point of Access for all referrals

Priority 5: Local delivery of the Early Emotional Help services

And partners are already responding to the messages of the report:

- There has been investment in 2015/16 from CCGs to help increase capacity in both NHS CAMHS (£650k) and the local school cluster offer (£1.5m).
- NHS CAMHS has a new CQUIN² (2015/16 contract) to work to reduce waiting times to their initial consultation clinic appointments and to develop with children, young people and parents, resources to support them whilst they wait.
- The CCGs commissioned the development of a children and young people's emotional and mental health website (the design and content has been led by young people - and expert clinical advice is provided from NHS CAMHS). MindMate (named by the young people), has been 'live' since June 2015 and can be found at mindmate.org.uk

6.1.2 Services need to be more young person friendly

An improvement in staff attitude, in order to develop good trusting relationships and an improved service environment (preferably local and away from traditional clinics) was requested. Flexibility from professionals and choice in approach was also emphasised. The involvement of children and young people in service development was also flagged. This will be addressed through:

² CQUIN is an additional payment on delivery of specified achievements relating to improved quality

Priority 10: Leeds partners will develop a shared quality framework informed by the key principles of the Children, Young People Improving Access to Psychological Therapies programme (CYP IAPT). This will support the use of the best available evidence based interventions, children and young people's participation in service delivery and in service development and for services to work towards goal based outcomes.

And there is already strength in the city to build on:

- Leeds NHS CAMHS is a member of wave 3 CYP IAPT and is already transforming the service along these principles.

6.1.3 Simpler and Easier Referral Process

There was an overwhelming request for a simpler system in Leeds, in order to understand what support is available and how to access it. A number of priorities in the Leeds Local Transformation Plan support this message:

Priority 2: The development of a Clear Local Offer

Priority 3: The development of the MindMate website to publish this offer and how to access it

Priority 4: The establishment of a Single Point of Access (SPA) for referrals for the whole system of support

Priority 6: The Redesign of Specialist CAMHS – to deliver improved join up between specialist CAMHS and local cluster provision

Progress has already been made in these areas:

- The MindMate website is 'live' and sets out the local offer both in text and animation format
- NHS CAMHS has been identified as the host provider of the SPA, and work is well underway to deliver this early in the New Year (2016)

6.1.4 More Early Intervention

There was a compelling request from young people for as much early help as possible. The role of schools is specifically mentioned in the report and the need for staff to receive training. A number of the Leeds Local Transformation Plan priorities will support this:

Priority 1: To develop a Primary Prevention Programme for emotional wellbeing and the actions identified to support this, specifically in its commitment to have emotional health champions in every Children's Centre and school setting and to provide training and support for those working in universal settings

Priority 5: The local delivery of Early Emotional Help cluster services will also support this need.

This builds on good existing programmes:

- Over the last few years the Local Authority, NHS and School Forum created a Joint Innovation Fund that helped roll out early emotional help services (formally known as TaMHS). These services are now in every school cluster in the city. The Joint Innovation Fund, alongside significant investment from school clusters supported this development. This model, recognised in Future in Mind (2015) has been further strengthened by additional investment from many school clusters and the recent new investment by CCGs (£1.5m). The cluster service is a significant element of the Leeds emotional and mental health offer and the recent CCG investment strengthens the co-commissioning model. This will increase capacity in early help and will facilitate a network model of provision, accessible by referral through the SPA. The current providers of the Early Emotional Help service across the 25 clusters are listed below:
 - Northpoint Wellbeing
 - BARCA-Leeds
 - NHS Leeds Community Healthcare: CAMHS in schools
 - Place2B
 - The Beck
 - Relate

An additional commitment is to focus attention on improving further knowledge, confidence and capability in school settings and to reduce the stigma of children and young people's mental health. This will build on work already undertaken in Leeds:

- Integral to the development of the early emotional help offer, there has been a strong programme of support to schools in relation to increasing the confidence of those working in educational settings in responding to emotional health needs. This training and support has been delivered by the Local Authority Healthy and wellbeing Service, supported by Educational Psychologists and with further training available from NHS CAMHS
- The Health and Wellbeing Service has provided comprehensive training to schools which has been informed by the Social and Emotional Aspects of Learning (SEAL) programme
- A third sector organisation Space2 supports a group of young people with lived experience of Mental Health who act as the Leeds Time to Change young people's advisory group – who name themselves 'Shout Out Leeds' and drive the Time to Change Young People's campaign
 - They have been involved in running various workshops as part of local and national initiatives and have developed a viral online presence with films, blogs and tweets in order to enable young people to share ideas, support each other and spread awareness of the campaign

7. Best Start

As referenced earlier Leeds partners place a strong emphasis on all children receiving the Best Start in life. This is seen as integral to priority 1 of the Local Transformation Plan and is worth expanding on:

Priority 1: A Primary Prevention Programme for emotional wellbeing

The evidence base underpinning the importance of achieving the Best Start for all children, as comprehensively set out in the *Wave Report: Conception to Age 2 – the age of opportunity*, (2013) demonstrates how investing from conception to age 2 to support loving, secure and reliable relationships, fosters a child's emotional wellbeing (infant mental health and through childhood to adulthood). Pregnancy is a particularly important period during which the physical and mental wellbeing of the mother can have lifelong impacts on the child.

The Leeds Maternity Strategy, launched this year (2015-2020) recognises this and is informed by the recommendations within the WAVE report. In particular perinatal mental health has been identified as a priority for the first year of the strategy's implementation programme. The Leeds Maternity HNA (Erskine, 2015), the increasing evidence of the costs of perinatal mental health problems (Centre for Mental Health and London School of Economics, 2014) and local clinicians and women's feedback identified this area as needing further development. Taken together, perinatal depression, anxiety and psychosis carry a total long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK and nearly three-quarters of this cost relates to the adverse impacts on the child rather than the mother. Perinatal mental illness affects the formation of healthy attachment relationships between mother and baby. A healthy attachment relationship is associated with brain development in an infant and provides the emotional and social bedrock for learning and all future relationships. Depressed mothers are a particularly high-risk group, as when the condition is severe it can interfere with their ability to tune into their baby's signals and provide a nurturing and caregiving environment (Leeds maternity HNA, 2014, citing evidence from the WAVE report, 2013).

The Maternity HNA identified that in any 12-month period 1,533 women in Leeds will experience some form of perinatal mental illness, 315 will experience perinatal OCD and 5 will experience post-partum psychosis. The Leeds health visiting data set indicates that 12% of women received face-to-face or telephone contact for low maternal mood. There is currently no available local data regarding perinatal mental illness during pregnancy, though this is an area the recently formed task group is working on.

Anxiety and depression during pregnancy have a significant negative impact upon the development of the foetus and are associated with behavioural and emotional problems in children.

Areas of progress already achieved in Leeds are:

- 100% of health visitors have undertaken the institute of Health Visitor endorsed e-learning module and have received face-to-face training from the local perinatal mental health specialist team
- More than 50% of midwives have received perinatal mental health training as part of their mandatory training since February 2015; the training has a further 3 months to run and it is expected that all midwives will attend
- A Maternal mood pathway is in place for the Health Visiting (Early Start) service
- A specialist midwife for perinatal mental health has recently been recruited
- Joint clinics are held with perinatal MH specialists and maternity clinicians (obstetricians and midwives)
- Perinatal mental health community teams are in place
- There is local NSPCC group provision for women and their partners with postnatal depression
- Leeds to be part of the DH funded Northern pilot to evaluate the embedding of the Best Beginnings - Baby Buddy mobile phone app; to commence January 2016
- In Leeds the CCGs have funded the inclusion of an additional module specifically focusing on perinatal mental health during the embedding pilot; this will include a series of short clips on the app relating to mental health; some Leeds women are being recruited to participate
- The Leeds resource *Understanding Your Baby booklet*, currently provided to all new parents in Leeds (and also used nationally by the Family Nurse Partnership programme and NSPCC Baby Steps) is to be digitally translated to add to the content of the Best Beginning Baby Buddy app. The booklet particularly focuses on baby bonding, and reading baby cues.
- Partners in Leeds jointly commission an Infant Mental Health Service as a discrete service within NHS CAMHS. This small but expert team is now in its third year and has delivered training to health visitors, midwives, third sector providers, foster carers, social workers, guardians and children centre staff. They also provide supervision, consultation and direct therapy where attachment concerns are significant (for under 2s)

8. A Community Eating Disorder Service for Children and Young People: Priority 7

A number of critical factors support the inclusion of the need to develop an evidence-based community eating disorder service in Leeds for children and young people. These are listed below:

- If a child or young person starts their treatment in a general Child and Adolescent Mental Health Service (CAMHS), they are more likely to be admitted to an inpatient service than those treated in community eating disorder settings within the following year
- This is an example where effective co-commissioning between CCGs and NHS England can result in improved outcomes for children and young people and reduced demand on costly inpatient beds
- The lead clinician for the eating disorder pathway within the local NHS CAMHS has led a review of the Leeds service in light of the evidence base during 2014/15 and shared proposals with the lead commissioner early in 2015
- The opportunity created by the publication *Access and Waiting Time Standard for Children and Young People with an Eating Disorder* and new CCG funding allocations received in October 2015 with a requirement to respond to the guidance

Hence, the development of a Leeds Community Eating Disorder Service is priority 7 within the Local Transformation Plan. A working group has been meeting since July 2015 and progress to date is listed below:

- There is a clear plan to reconfigure the existing three area teams to one citywide service and invest the additional CCG's allocation £425,293 to enhance it: the additional workforce and skill mix have been agreed between the commissioner and provider and recruitment has commenced
- The existing model has three area based teams and a community outreach service that provides intensive support for children and young people vulnerable to admission – this latter service supports a significant cohort of young people with eating disorders
- A collection of approximate numbers of referrals to the current service where eating disorders have been identified, though in the absence of a discrete team this data isn't robust: Approximately 100 young people are identified as having moderate to severe eating disorders
- Waiting time performance indicates the current average wait as 3.4 weeks, though this comes with strong caveats; this captures waits from receipt of referral to initial assessment and not necessarily commencement of treatment
- Robust data collection is integral to the development of the new model
- Treatment delivery is NICE concordant but does not fully meet the new Access and Treatment Standards
- The service will place Leeds as one of the first areas in the UK to adopt Family Based Treatment (FBT) as the main treatment modality for Anorexia Nervosa. A number of the existing workforce has recently trained in this approach.
- Referrals would be via the Single Point of Access with an intention to move to self-referral as soon as possible

- An outline pathway has been developed, informed by the national standards.
- An outline project plan is in place

9. Ensure Vulnerable Children and Young People receive the support and services they need: Priority 8

The Leeds Children and Young People's Plan (2015-19) has a commitment to protect and improve the outcomes of the most vulnerable children and young people in the city. Many children and young people have greater vulnerability to emotional and mental health problems but find it difficult to access support and services: there needs to be a flexible and integrated system to meet their needs (Future in Mind, 2015). There are a number of strengths in Leeds that we can build on as listed below:

- A strong local cluster Early Help offer
- A dedicated Therapeutic Social Work Service (TSWS) for children who are looked after and care leavers
- A model of NHS CAMHS psychologists embedded in the TSWS
- NHS CAMHS staff embedded in the Youth Offending Team
- An award winning and significant Multi Systemic Therapy (MST) service in the city (that provides intensive family and community based treatment programme for young offenders)
- The recently co-commissioned (SILCs and CCGs) targeted mental health service for SILCs (Specialist Inclusion Learning Centres)
- The planned location of the new Single Point of Access (SPA) alongside the Safeguarding Front Door service at Westgate
- The recent pathway for children who are looked after and care leavers to be prioritised for counselling support at The Market Place

However, despite these strengths there is more to do:

- To ensure our services are integrated, evidence based, and flexible to the needs of vulnerable children young people (this includes but is not exclusive to, for children in the care system, children who have experienced trauma, children in the justice system, young asylum seekers and children with learning disabilities)
- To develop an effective consultation and liaison mental health model (FiM, 2015)
- Work to strengthen further access to emotional and mental health support for children with learning disabilities in specialist educational provision
- To ensure pathways from community to inpatient, and back again are effectively co-commissioned with NHS England colleagues

- Recognising that between a third and a half of children in custody have a diagnosable mental health disorder and that 43% on community orders have emotional and mental health needs – working with NHS England colleagues to ensure we support Leeds children and young people across the pathway to receive the support they need, from early help through to specialist CAMHS. Our embedded team of CAMHS nurses within the YOT and our MST service can help support this ambition
- To ensure vulnerable young people are explicitly considered as part of the strengthening Transition work-stream
- During 2015/16 Leeds partners are focusing on reviewing and improving support and services for children who are looked after and care leavers with emotional and mental health needs. The recommendations within Future in Mind (2015) and supplementary chapter focusing on supporting vulnerable groups, alongside the recently published NSPCC guidance, *Achieving emotional wellbeing for looked after children (2015)* will inform the review. A workshop with key partners is planned for December 2015
- To ensure our children who are looked after and are placed out of the Leeds area can access emotional and mental health services, building on the West Yorkshire CCG Healthy Futures programme recommendations

10. Strengthening Transition: Priority 9

The need to strengthen transition arrangements has been identified through the local review and consultation. Parents, professionals and young people mentioned the difficulties of the change to adult services, or the difficulty of accessing services when 17 or over (YoungMinds & Youth Watch, 2015).

There are strengths in the local current offer and developments are already underway:

- There is a small but discrete Transition Service within NHS CAMHS that supports and coordinates transition for young people once those in the service reach 17.5 years
- There is a Transition protocol held between CAMHS and Adult Mental Health Services, which is revised annually and a quarterly interface meeting is held
- This facilitates transition for these young people without them needing to go through further assessment
- There have been developments this year between the transition service and the Yorkshire Clinic for Eating Disorders, the Personality Disorder Clinical Network, Adult ADHD services and Community Links (who manage the local IAPT service 17-21 years). Feedback from young people who have had this service is overwhelmingly positive
- The Therapeutic Social Work Service provides a service up to 21 years
- The Market Place can be accessed for support up to 25 years
- The Local Transition working group, which includes young people, is reviewing the local offer against best practice guidance and is exploring the development of peer support during transition with Leeds MIND

- The working group will be particularly mindful of vulnerable young people and their needs during transition (priority 8)

11. Crisis Care: Priority 11

“The litmus test of any local mental health system is how it responds in a crisis” (Future in Mind, 2015, p46)

Whilst there are strengths in the Leeds system there is still work to do. In Leeds we have:

- An effective protocol between NHS CAMHS and the Leeds Teaching Hospital Trust for responding to young people who present to Emergency Departments with self-harm
- An assessment is undertaken within 4 hours in 95% of cases; this protocol and performance was developed through a local CQUIN³ in 2012
- A dedicated home treatment team that benchmarks well (Yorkshire & Humber review), in terms of reducing inappropriate inpatient admissions and shortening lengths of stay
- Work is underway to respond to deliver the all-age liaison psychiatry services in Leeds A&E Departments and a clear children and young person liaison pathway
- And to ensure children and young people’s needs are addressed as part of the Leeds 136 Multi-Agency Group

12. Co-Commissioning: Priority 12

In order to deliver simple and joined up pathways commissioners of emotional and mental health services need to work together effectively. Leeds partners recognise this; the complex system and resulting fragmentation of the service offer was instrumental in the initiation of the local whole system review. As evidenced in the Local Transformation Plan co-commissioning is in place between the CCGs and school clusters, the SILCs and the Local Authority. In addition there are close relationships between NHS England colleagues strategically via the Yorkshire and Humber SCN CAMHS Steering group and SCN Children and Maternity Commissioners’ Lead Forum.

Local interface meetings between NHS England and local commissioners provide the opportunity to discuss children and young people who are placed out of area in tier 4 provision and NHS England commissioners are involved in local service pathway development and reviews.

³ CQUIN is an additional payment on delivery of specified achievements relating to improved quality

Key areas of focus and opportunity between NHS England and local commissioners currently are:

- The new Community Eating Disorder Service for Children and Young People
- Pathways for young people in the criminal justice system
- Transition between Leeds young people from in patient units back to community services
- Ensuring connection between NHS England commissioned specialist (Mother and Baby Unit) and local maternity and perinatal mental health services

In addition the Leeds NHS CAMHS provision includes a tier 4 unit and whilst clinical care is very good there are concerns about the limitations of the estate. Work is underway to address this. Also, as referenced earlier, the Leeds CCGs commission a very effective intensive Home Treatment Team that significantly reduces the demand on inpatient beds and length of stay.

13. Priorities for Investment

The National Taskforce (Future in Mind, 2015) identified that significant improvements to children and young people's emotional and mental health can be achieved by effective local partnerships. Leeds recognises this and the Local Transformation Plan maximises the use of existing commissioned resource in the city (current investment, workforce and activity is included in appendix 1).

However, nationally and locally it is recognised that children and young people's emotional and mental health services have been historically underfunded and have suffered further over the last few years as public sector budgets have reduced. The additional funding allocated via CCG budgets is essential to be able to meaningfully transform local services, and to reduce the long waiting times. In Leeds the redesign of existing services and the new investment is focused on creating a single Leeds system where children and young people's experience of services and their outcomes are improved. The priorities identified to receive new monies in the first year are listed below and are further detailed in the attached finance trackers with their associated Key Performance Indicators (KPIs). Some of the priorities identified for investment this year are recurrent allocations, such as the community eating disorder service enhancement, whilst others are to pump prime capacity and capability in the children's service workforce.

For investment during 2015/16

- Priority 1: The Primary Prevention Public Health Programme – particularly to further build confidence, capacity and capability in the universal services and settings for emotional literacy, and to support emotional resilience in children and young people.

KPI: For 90% children's centres and schools to have emotional health champions by March 2016

- Priority 3: The development of MindMate and other digital opportunities – this will provide access to information and support the communication of priority 2 (a clear local offer)

KPI: For there to be 3,532 unique views of the MindMate website per month by March 2016

- Priority 4: The creation of the SPA – a critical enabler of the new Leeds system model

KPI: 4,000 referrals per year, for emotional and mental health support and services going via the SPA by March 2017

- Priority 5: to strengthen and enhance the cluster early emotional help offer

KPI: 4000 children and young people receiving short-term early intervention (cluster) support per year by March 2017

- Priority 7: to supplement and enhance the existing community eating disorder service

KPI: 85% of Children and Young People receive NICE concordant treatment by March 2017

- Priority 8: to support vulnerable young people – children who are looked after and care leavers during this year

KPI: 400 Leeds children who are looked after receive emotional and mental health support services by March 2019

As highlighted in the local review there are various measures of activity, quality and outcomes across the provision of children and young people's emotional and mental health services. Partners in Leeds are committed to developing a basket of city-wide key performance measures, which will report to both the CYP EMH programme board and the Children and Family Trust Board. The work with CORC (the Child Outcomes Research Consortium) and the EBPU (the Evidence Based Practice Unit associated with the Anna Freud Centre, UCL) to develop cross-sector outcomes and data linkage across services involved in children and young people's mental wellbeing will support this.

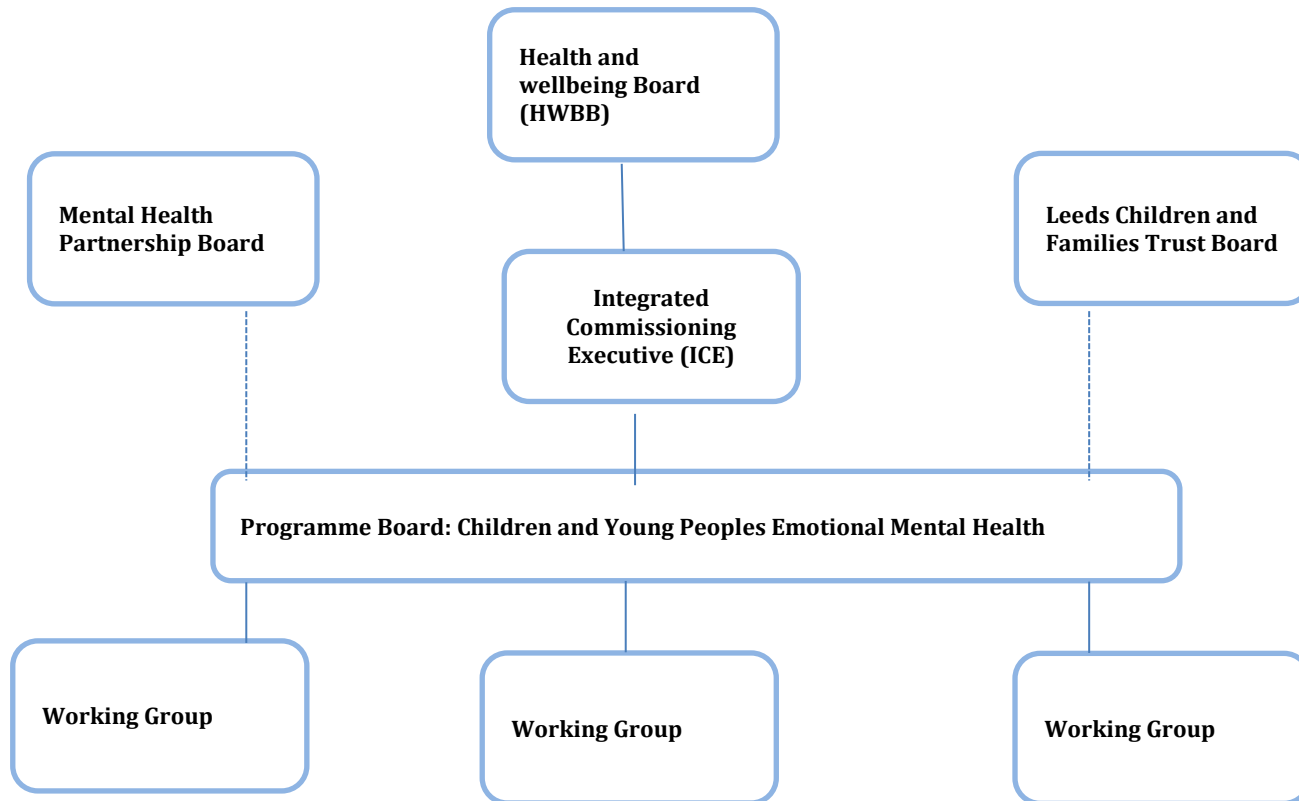
14. Governance

The Leeds Local Transformation Plan integrates the local priorities from our whole system review and the *Future in Mind* (2015) recommendations. There is an established Programme Board to oversee the delivery of the Local Transformation Plan; this reports to ICE and in turn to the HWBB.

The commissioning of Children and Families health services is led by NHS Leeds South & East CCG on behalf of the three Leeds CCGs. Leeds South & East CCG is also the lead commissioner for the Leeds partnership for the *Future in Mind* Local Transformation Plan. This partnership includes the three CCGs, the City Council (Children's Services and Public Health), 25 school clusters, local FE colleges, and providers of emotional and mental health services (Statutory and third sector). This Local Transformation Plan is for the Leeds partnership. Key relationships are held with NHS England specialist commissioners to ensure effective co-commissioning.

The plan should be read alongside Annex 1 (high level summary); Annex 2 (Self-assessment checklist for the assurance process); the CAMHS Assurance Data Collection Template – Tracker Sheet) and the supporting Baseline information (Activity, investment and workforce sheets). For each of the priorities within the LTP there will be a working group and detailed project plan; many have already commenced.

The diagram on the next page sets out the governance and reporting structures:



15. Leeds Action Plan

No.	Action	Timescale	Led by	Outcomes
Priority 1: Primary Prevention Programme for CYP EMH				
1.1	<p>Public Health colleagues are developing a clear programme to support the primary prevention agenda for children and young people's emotional wellbeing.</p> <p>Producing and delivering evidence-based programmes of intervention and support that build CYP resilience and promote emotional wellbeing and positive mental health.</p> <p>Building on existing work undertaken as part of establishing the citywide TaMHS offer in the city.</p>	Programme plan to be completed December 2015	Leeds City Council (Public Health): Michelle Kane	<p>Programme to bring together key partners to promote CYP's mental health at individual, family and community levels.</p> <p>CYP have the best start in life, are resilient and achieve their full potential.</p> <p>Leeds has a positive open culture to emotional and mental health needs.</p> <p>A skilled, confident universal workforce able to have routine conversations about emotional and mental health needs, including self-harm, suicide and bereavement.</p> <p>Well informed parents/carers, confident to support CYP at home.</p> <p>CYP aware of how to look after their own mental wellbeing and easily access support when required.</p>
1.2	Every school and Children Centre to have an identified EMH Champion	Named contacts identified by end March 2016	Leeds City Council (H&WS): Joe Krasinski	<p>This will enable effective communication channels with education colleagues in the city and will provide a means to promote relevant training programmes and resources</p> <p>Network of champions established to maintain learning and share good practice</p>

No.	Action	Timescale	Led by	Outcomes
Priority 1: Primary Prevention Programme for CYP EMH				
1.3	Training programme established for champions	Initial offer published end April 2016	Council (H&WS)/ Leeds CCGs (joint post): Joe Krasinski	<p>Menu of flexible training options developed for universal settings staff.</p> <p>Increased understanding of impact of pupil resilience on wellbeing and academic attainment</p> <p>Increased emotional literacy in settings where CYP spend a significant length of time</p> <p>Staff feel increased confidence to support CYP with emotional and mental health needs</p>
1.4	<p>Local campaign to reduce the stigma of CYP with EMH needs is in place</p> <p><i>Campaign will be based on 'social contact' model as has strongest evidence base for challenging stigma and will include a digital campaign</i></p>	Campaign commences January 2016	Leeds City Council (Public Health): Charlotte Hanson	<p>Leeds CYP have requested social action projects, where young people spread positive messages.</p> <p>Conversations about emotional and mental health needs are normalised in family, children centres, schools and FE college settings.</p> <p>Increased understanding in the city and normalisation of emotional and mental health needs</p>
1.5	<p>Review and improve the perinatal mental health offer in Leeds</p> <p><i>(Key work-stream of recently launched Maternity Strategy and Leeds Best Start Plan</i></p>	Recommendations produced September 2016	Leeds CCGs: Jane Mischenko & Jane Williams	<p>There will be a clear Leeds offer for perinatal mental health from mild to moderate through to more severe presentation.</p> <p>Staff will be skilled in responding to emotional and mental health needs and confident of pathways to additional support</p> <p>Women and families will feel supported into recovery</p>

No.	Action	Timescale	Led by	Outcomes
Priority 2: Develop and Communicate a Clear Offer for CYP EMH				
2.1	Leeds CCGs working on behalf of partners in the city will produce and publish a clear offer of support and services available across the city <i>To be published on the MindMate website (see 3.1) with clear links to the LCC 'Local Offer' and adult mental health portal</i>	Published September 2015	Leeds CCGs: Ruth Gordon	CYP, parents and carers and referrers in the city can easily access information on the local offer

No.	Action	Timescale	Led by	Outcomes
Priority 3: The Development of the MindMate website and Digital Solutions				
3.1	A website for CYP emotional and mental health is co-designed and website developer procured with CYP <i>Whilst primarily for CYP, also has tabs for parents/carers and professionals</i>	Achieved – Phase 1 published July 2015	Leeds CCGs: Jane Mischenko/ Ruth Gordon	Young person friendly, trusted website becomes source of accessing local Leeds information and resources for self-care
3.2	Media campaign to promote MindMate	September 2015 launch	Leeds CCGs: Jane Mischenko	Young people, parents and professionals know of the website
3.2	Media campaign to promote MindMate	September 2015 launch	Leeds CCGs: Jane Mischenko	Young people, parents and professionals know of the website

No.	Action	Timescale	Led by	Outcomes
Priority 3: The Development of the MindMate website and Digital Solutions				
3.3	Animation of Local Offer is produced with young people and embedded on the MindMate website	October 2015	Leeds CCGs: Ruth Gordon	Accessible information for CYP is available
3.4	Phase 2: MindMate development (increase self-care guidance, tools and interactive ability, i.e., blogs, videos)	Phase 2 plan produced December 2015 to progress in 2016/17	Leeds CCGs: Ruth Gordon	MindMate becomes integral part of Leeds offer
3.5	Launch Leeds Digital Innovation Lab (DIL) of CYP reviewing digital tools and developing ideas	Achieved – launched April 2015	Leeds CCGs: Jane Mischenko/ Victoria Betton	Any websites, or apps promoted on MindMate will have been reviewed by Leeds CYP (DIL members) and Leeds digital solutions /tools will have been co-produced with Leeds CYP First Leeds app prototype to be developed by March 2016.
3.6	Explore further digital opportunities with CYP and providers of EMH services, particularly online access to therapy, or tools integrated into therapeutic support	2017/18	Leeds CCGs: Jane Mischenko/ Victoria Betton	

No.	Action	Timescale	Led by	Outcomes
Priority 4: A Single Point of Access (SPA) is in place for CYP EMH				
4.1	A Single Point of Access (SPA) is established in the city for CYP EMH services	Autumn 2015	Leeds CCGs: Ruth Gordon; LCH: Nick Wood	GPs, and other referrers will be able to refer children and young people to the whole system of emotional and mental health services via one point of access

No.	Action	Timescale	Led by	Outcomes
Priority 4: A Single Point of Access (SPA) is in place for CYP EMH				
	<i>This will sit in West Gate, alongside the Children's Services Front Door for children in need/safeguarding</i>			CYP and families will receive timely support by the right person/service Increased knowledge in the city of CYP emotional and mental health needs, demand and flow across pathways
4.2	Communication plan for key stakeholders in place	December 2015	Leeds CCGs: Ruth Gordon/ Zoe Ward	Key referrers are clear about the SPA and how to utilise it
4.3	Development of offer of support for CYP and families whilst they wait to be seen <i>Links to delivery of 2015/16 CAMHS CQUIN⁴ & more effective alignment between CAMHS and School cluster support</i>	April 2016	Leeds CCGs: Ruth Gordon/ LCH Lydia Burfield	CYP and their parents/carers feel informed and supported while they wait for their first assessment/intervention
4.4	Establishment of GP/ referrer consultation telephone line via SPA – week days between morning and afternoon surgeries	2016/17	Leeds CCGs: Ruth Gordon/ Dr Helen Haywood/ LCH: Nick Wood	Swift access to advice for primary care to specialist mental health expertise

⁴ The CAMHS CQUIN has 2 key elements; one is on reducing the waiting times for the initial consultation (target 12 weeks), the second is to work in co-production with CYP and parents to ensure meaningful information and support is in place whilst on the waiting list

No.	Action	Timescale	Led by	Outcomes
Priority 4: A Single Point of Access (SPA) is in place for CYP EMH				
4.5	Exploration of feasibility of opening SPA to self-referrals – <i>CYP with Eating Disorder to be early cohort</i>	2016/17	Leeds CCGs: Ruth Gordon/ Dr Helen Haywood/ LCH: Nick Wood	Improved access for CYP and families

No.	Action	Timescale	Led by	Outcomes
Priority 5: Local Delivery of Early Emotional Help Services				
5.1	Citywide EMH Early Help (TaMHS model) available in all 25 school clusters via Innovation partnership funding	Achieved	Leeds CCGs/ LCC: Joe Krasinski with school clusters	Local and accessible early help/ intervention is available in school clusters (<i>identified as critical by Leeds CYP</i>) School staff are confident of accessing advice/support and a service for pupils CYP are supported local to their community Improved emotional wellbeing Coherent early intervention service available across the city
5.2	Co-commissioning pilot initiated between 25 school clusters and Leeds CCGs Evaluation 6-monthly reports; commences April 2016	SLAs signed; enhanced capacity in school cluster Emotional & Additional capacity from Autumn 2015	Leeds CCGs: Joe Krasinski	Enhancement to school cluster offer for CYP EMH adds to capacity and enables GPs to be able to refer to this critical element of the Leeds offer via the SPA More CYP able to access support in timely manner and in local setting Commissioners able to test impact of investing in early intervention service to inform future system investment

No.	Action	Timescale	Led by	Outcomes
Priority 6: Redesign Specialist NHS CAMHS to align with local and whole system model				
6.1	<p>Named CAMHS contact /link for every school cluster and SILC cluster in place</p> <p>Named contact role specification in place</p>	April 2016	Leeds CCGs: Jane Mischenko/ Ashley Wyatt	<p>Effective whole system of CYP EMH services; strong relationships between key partners and flexibility of support to move beyond rigid tier model</p> <p>Support CYP waiting for CAMHS appointment via cluster offer</p> <p>Better mutual understanding between clusters and NHS CAMHS, and greater exchange of information between providers of service</p> <p>Cluster specific small bite training sessions (i.e., Eating Disorders and Self-Harm)</p> <p>Smooth transition/ fast track from cluster to CAMHS when appropriate</p>

No.	Action	Timescale	Led by	Outcomes
Priority 7: Develop Evidence-based Community Eating Disorder for CYP (CEDS-CYP)				
7.1	<p>Progress baseline assessment of current CEDS-CYP service provision:</p> <ul style="list-style-type: none"> • Existing workforce (numbers, skill mix & competencies) • Current referral numbers • Current performance (quality & waiting times) <p>Identify key gaps in current service model</p>	September 2015	Leeds CCGs: Jane Mischenko/ LCH: Dr Dave Scott	Ensure informed enhancement and redesign of the current service provision

No.	Action	Timescale	Led by	Outcomes
Priority 7: Develop Evidence-based Community Eating Disorder for CYP (CEDS-CYP)				
7.2	Identify key additional workforce requirements for Leeds CEDS-CYP and prioritise recruitment	Commence recruitment October 2015	Leeds CCGs: Jane Mischenko/ LCH Dr Dave Scott	Ensure capacity and expertise in place as soon as possible to enhance and transform service
7.3	Undergo initial consultation and ensure continuous engagement of CYP and their families in Leeds, (who have experienced Eating Disorders) to inform service transformation	January 2016	Leeds CCGs: Jane Mischenko/LCH: Hannah Beal	Assurance of service model responsive to needs of Leeds CYP & Families Opportunity to identify CYP & Families interested in becoming involved in co-production of CEDS-CYP Opportunity to engage CYP in blogs/online forums for MindMate
7.4	Develop detailed project plan to transform existing service into new Leeds CEDS-CYP <i>To include recruitment, workforce⁵ developments, clinical protocols within service and with paediatric medicine, inpatient provision and transition arrangements</i>	January 2016	Leeds CCGs: Ashley Wyatt/ LCH: Dr Dave Scott	Clear plan to deliver transformation, ensure Leeds CYP receive NICE concordant care and receive support within access and waiting time standards once introduced CYP access timely help CYP can self-refer There is 7 day access to support
7.5	Develop training programme for primary care and school located staff groups	Initial programme in place March 2016	Leeds CCGs: Joe Krasinski/ Dr Helen Hayward	Increased awareness of importance of early identification and support for CYP with eating disorders

⁵ Adopting and adapting the recruitment and retention policy in place in LCH

No.	Action	Timescale	Led by	Outcomes
Priority 8: Ensure Vulnerable CYP receive the support and services they need				
8.1	<p>Priority for 2015/16 is to review the current offer of support to CYP in the care system and for Care Leavers</p> <p><i>Current offer includes dedicated Therapeutic Social Work Service, with embedded CAMHS psychologists. In addition current pilot in a couple of clusters of enhanced local offer for children in the care system</i></p> <p><i>Care leavers have dedicated fast track into counselling with The Market Place</i></p>	<p>Workshop December 2015</p> <p>Report end March 2016</p>	<p>Leeds CCGs Jane Mischenko/ Leeds City Council: Rob Murray</p>	<p>Joined up pathways and planning to meet Leeds CYP emotional and mental health needs (for those in the care system)</p> <p>Staff in residential and educational settings with CYP in the care system feel supported and equipped</p> <p>Staff in residential and educational settings with CYP in the care system understand where to access additional services</p> <p>CYP can easily access support and services</p>
8.2	<p>Work under way across West Yorkshire 'Healthy Futures' Programme to develop a service for children in the care system placed out of area and requiring EMH support/service</p>	<p>Model agreed April 2016</p>	<p>Healthy Futures Programme: Project Manager Cara Pursall/ Leeds CCGs: Jane Mischenko</p>	<p>CYP in the care system who are placed out of area currently struggle to access emotional and mental health services. This programme will address this gap in West Yorkshire and assure CCG commissioners of the quality and access to services.</p> <p>One of the most vulnerable cohorts of CYP will have their EMH needs recognised and supported</p>
8.3	<p>Brief review of current models in Leeds with</p>	<p>Report March 2016</p>	<p>Leeds CCGs: Ashley Wyatt</p>	<p>Strengthen and ensure models are integral to new whole system model. Identify service offers requiring further review.</p>

No.	Action	Timescale	Led by	Outcomes
Priority 8: Ensure Vulnerable CYP receive the support and services they need				
	<p>embedded CAMHS staff, or where consultation is undertaken by CAMHS - for services that support cohorts of vulnerable CYP.</p> <p><i>(TSWS, TMP, CSE team, YOT, SEND⁶)</i></p>	to determine priority area(s) for action in 2016/17		<p>CYP with additional needs and vulnerabilities receive wrap around care</p> <p>CYP with additional needs and vulnerabilities have fast track access to specialist mental health support when needed</p>
8.4	<p>Brief review of current models in Leeds with embedded CAMHS staff, or where consultation is undertaken by CAMHS - for services that support cohorts of vulnerable CYP.</p> <p><i>(TSWS, TMP, CSE team, YOT, SEND⁷)</i></p>	Report March 2016 to determine priority area(s) for action in 2016/17	Leeds CCGs: Ashley Wyatt	<p>Strengthen and ensure models are integral to new whole system model. Identify service offers requiring further review.</p> <p>CYP with additional needs and vulnerabilities receive wrap around care</p> <p>CYP with additional needs and vulnerabilities have fast track access to specialist mental health support when needed</p>
8.5	Co-commissioning 2-year pilot between SILCs (Specialist Inclusion Learning Centres) in Leeds and the	Commence September 2015	Leeds CCGs: Joe Krasinski/ SILCs: Michelle Wilman	<p>Specialist mental health services commissioned to provide family, professional and CYP support within the SILC setting</p> <p>Families & CYP have accessible support in a learning setting</p>

⁶ Therapeutic Social Work, The Market Place, Child Sexual Exploitation, Youth Offending Team, Special Educational Needs

⁷ Therapeutic Social Work, The Market Place, Child Sexual Exploitation, Youth Offending Team, Special Educational Needs

No.	Action	Timescale	Led by	Outcomes
Priority 8: Ensure Vulnerable CYP receive the support and services they need				
	Leeds CCGs <i>(Supporting CYP with SEND)</i>			Education and pastoral staff have access to training, supervision to increase their confidence and capability to respond to EMH needs Effective supervision arrangements and fast track pathways between specialist CAMHS and the SILC EMH cluster
8.6	The review referenced in 8.3 will identify how the current offer of embedded CAMHS staff works in the local YOT and any requirements for improvement to ensure expert supervision and swift access to specialist help.	Commence 2016/17	Leeds CCGs: Jane Mischenko/ LCC Andy Peaden	Ensure best use and support of embedded CAMHS YOT workers. This vulnerable cohort of CYP with complex needs have access to swift and comprehensive CAMHS offer
8.7	Liaison and Diversion service is in place that will include effective liaison between police, youth justice, substance misuse, mental health and children's social work service	Commence 2016/17	Leeds CCGs: Jane Mischenko/ LCC: Andy Peaden	Effective Liaison and Diversion service response for CYP at the point of arrest. CYP and families receive emotional and mental health support required as early as possible
8.8	Ensure effective transition between secure accommodation to the community where emotional and mental health needs identified.	Commence 2016/17	Leeds CCGs: Jane Mischenko/ NHSE Debi Hemingway/ LCC Andy	CYP are supported through transition during a time of significant risk. Clear referral and liaison pathways Access to specialist forensic CAMHS for those CYP needing this

No.	Action	Timescale	Led by	Outcomes
Priority 8: Ensure Vulnerable CYP receive the support and services they need				
	Access to forensic CAMHS secured when needed		Peaden	
8.9	<p>Ensure effective pathways of support available for CYP at risk of CSE</p> <p><i>Current Leeds pilot underway of MDT team to support CYP at risk of/experiencing CSE</i></p>	2016/17	Leeds CCGs: Jane Mischenko; LCC:	Effective supervision arrangements and fast track pathways to appropriate mental health support/ services are in place

No.	Action	Timescale	Led by	Outcomes
Priority 9: Strengthen Transition				
9.1	<p>Map current transition arrangements and review effectiveness against CYP feedback and NHSE Service specification (2014).</p> <p>Identify opportunities to add to capacity and comprehensiveness of the offer in Leeds</p> <p><i>CYP service users to help review and co-produce improved service offer/experience</i></p>	Report March 2016	Leeds CCGs: Ruth Gordon/ Jenny Thornton	CYP fully involved in planning for transition from CYP services (at individual level and in service developments)

No.	Action	Timescale	Led by	Outcomes
Priority 9: Strengthen Transition				
9.2	Enhance role and capacity of CAMHS Transition workforce <i>Currently small team within NHS CAMHS for CYP in service to be case managed through transition</i>	2016/17	Leeds CCGs: Ruth Gordon/ Jenny Thornton	There will be clear shared protocols in place between children and adult mental health services CYP have and identified key worker to support through transition
9.3	Review opportunities for future commissioning of services from adolescence into young adulthood <i>The existing flexible provision in the city is EIPS, TMP, Dial House and the TSWs⁸</i>	2016/17	Leeds CCGs: Ruth Gordon/ Jenny Thornton	Commissioned services will respond to CYP emotional and mental health needs and development stage, rather than an arbitrary chronologically determined cut off.

No.	Action	Timescale	Led by	Outcomes
Priority 10: Develop Shared Quality Framework based on CYP-IAPT principles				
10.1	The co-production of a shared framework for Quality across Education, Health and Social Care Partners via <i>Informed by principles of CYP IAPT: Leeds NHS CAMHS is a</i>	Completed September 2017	Leeds CCGs: Jane Mischenko / Ashley Wyatt	CYP routinely involved in decisions concerning individual care and service development across the system Outcome measures are agreed to measure quality and impact of services across the system Where available the evidence base informs commissioning and

⁸ Early Intervention Service for Psychosis; The Market Place; Dial House (Leeds Survivor Led Crisis Service; Therapeutic Social Work Service (for children in Care and Care Leavers)

No.	Action	Timescale	Led by	Outcomes
Priority 10: Develop Shared Quality Framework based on CYP-IAPT principles				
	<i>member of wave 3 of CYP IAPT and is already developing these principles within their service</i>			service delivery

No.	Action	Timescale	Led by	Outcomes
Priority 11: Crisis Care for CYP				
11.1	Develop and agreed a Crisis Care Concordat approach for CYP	April 2016	Leeds CCGs: Rachel McClusky/ Jane Mischenko	Ensure children and young people in crisis receive a timely and appropriate response
11.2	Review CYP needs and support as part of S136 Multi-Agency Group, to include an effective partnership response	April 2016	Leeds CCGs: Rachel McClusky/ Jane Mischenko	Effective partnership arrangements in place for CYP in crisis
11.3	Ensure CYP are integral to Leeds' response to all-age Liaison Psychiatry Service guidance	November 2015	Leeds CCGs: Rachel McClusky/ Jane Mischenko	Clear and swift support in place for CYP in crisis

No.	Action	Timescale	Led by	Outcomes
Priority 12: Co-commissioning with NHS England				
12.1	<p>Close liaison with the Yorkshire & Humber Mental Health Specialised Commissioning Team across all key pathways as integral to the LTP, specifically for:</p> <ul style="list-style-type: none"> • The Community Eating Disorder service • The intensive outreach service/ co-commissioning of tier 4 services 	On going	<p>Leeds CCGs: Jane Mischenko/ NHSE: Louise Davies & Rita Thomas</p>	<p>Effective whole system pathways.</p> <p>CYP are supported in their home and local community wherever possible; fewer CYP need to be admitted.</p> <p>When CYP have to be admitted this is planned, for as short a period possible with effective transition between community and inpatient support.</p>