

Leeds Health & Wellbeing Board

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Report of: Steve Walker (Acting Director of Children's Services, Leeds City Council) and Matt Ward (Chief Operating Officer, NHS Leeds South and East CCG)

Report to: The Leeds Health and Wellbeing Board

Date: 20 October 2016

Subject: Future in Mind: Leeds: *A strategy to improve the social, emotional, mental health and wellbeing of children and young people aged 0-25 years*

Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

Future in Mind: Leeds (Appendix 1) is a single overarching strategy, underpinned by the Future in Mind: Leeds Local Transformation Plan (Appendix 2). This strategy brings together the Leeds response to the recommendations from the Department of Health's publication Future in Mind (2015) and its duties within the Children & Family Act (2014), in terms of the SEND requirements for pupils with Social Emotional and Mental Health needs.

The connection of these large programmes of work is an innovative and ambitious approach and whilst challenging is the right thing to do for our children and families. The strategy recognises the pressures on the public purse and how in order to deliver it we need to work together. The strong emphasis on prevention and developing the emotional resilience of children, young people and their families, alongside strengthening access to local early help services makes both economic sense and is the right thing to do for our children and young people. This approach will make best use of the Leeds pound.

Recommendations

The Health and Wellbeing Board is asked to:

- Support, approve and champion the Future in Mind: Leeds strategy and underpinning Local Transformation Plan (LTP). The refresh of our LTP has to be published on NHS Leeds CCGs and council websites by the end of October 2016 (NHS England requirement).
- Recognise and share the achievements to date (detailed in the plan), progressed in the first years of the Future in Mind LTP funding allocations.

- Endorse how the child and young person's voice has been integral in developing the priority work-streams and going forward is embedded in the co-production of their delivery.
- Discuss how they will support the delivery of the vision, the strategy and underpinning plan.
- Advise how they would like to receive future reports of progress and on the frequency of these reports.

1 Purpose of this report

- 1.1 This report sets out our shared and ambitious strategy to transform how we support and improve the emotional and mental health of our children and young people and therefore, ultimately impact on the wellbeing of all of our population.

2 Background information

- 2.1 The mental health of children and young people is a priority within the Joint Health and Wellbeing Strategy (2016-2021) and the Leeds Children and Young People's Plan (2015-2019) and is also integral to the Leeds Sustainability and Transformation Plan (2016-2021).
- 2.2 The commitment of the council is clearly demonstrated with the £45m investment into world-class specialist education provision for children and young people who due to social, emotional and mental health needs require additional support in their learning. The specially designed buildings and the nurturing ethos that informs this provision will significantly improve outcomes of one of the most vulnerable cohorts of children and young people.
- 2.3 The 3 CCGs in Leeds invested the ring-fenced funding allocation received from NHSE, circa £1.5m, to initiate the transformation of social, emotional and mental health support and services, following assurance of our LTP last year. The continued commitment of the CCGs to this critical agenda is demonstrated in the continuation of that investment in 2016/17. NHSE requires a refresh of the LTP to be published by the end of October. The refresh of this plan in Leeds now reflects the strategy and integration of these significant programmes of work.

3 Main issues

- 3.1 Our vision is to develop a culture where talking about feelings and emotions is the norm, where it is acceptable to acknowledge difficulties and ask for help and where those with more serious problems are quickly supported by people with skills to support their needs.
- 3.2 To achieve this in a context of tightening resource and evidence of increasing demand we need to work together in a single approach and to combine and transform our services. The strategy and plan evolves from the already strong relationships across the children's partnership, across health, education, social care and the third sector.

- 3.3 Within the strategy you can find our shared priorities, our shared approach and how we will know we have made a difference to the lives of children and young people in the city. Key strategies and plans that sit alongside this are the Best Start Plan, the Special Educational Needs and Disabilities Strategy and the Mental Health Framework.
- 3.4 Underpinning this strategy is a positive and universal focus on wellbeing. We will build resilient communities to support social, emotional and mental health through a city-wide continuum of support, thereby preventing and reducing the need for specialist interventions. The Future in Mind: Leeds strategy is driven by a relentless focus on the question:

“What is it like to be a child or young person growing up in Leeds and how do we make it better?”

The strategy (is for ages 0-25 years) and incorporates 11 priorities from primary prevention through to specialist provision, from pre-birth, to transition into adult services.

4 Health and Wellbeing Board Governance

- 4.1.1 See attached the governance chart that details working groups and reporting structures (Appendix 3). The key delivery and governance structure for all this work is the Future in Mind Programme Board made up of officers and leads from across the programme of work.

4.2 Consultation and Engagement

- 4.2.1 Listening to the voice of the child and young person and their families is the first and abiding principle. The voice of children, young people and the views of their parents' have strongly informed our key priorities. The task groups continue with this principle in the delivery of the priorities. An example is where young people have led from the start the content, design and language of the MindMate website.

4.3 Equality and Diversity / Cohesion and Integration

- 4.2.1 As reflected in the national Future in Mind (2015) publication there has to be an additional effort in Local Transformation Plans to respond to the needs of certain vulnerable groups of children and young people. In Leeds there is a history of taking such an approach and there are already examples of multi-agency services supporting young people in the youth justice system and care system. A specific priority is to continue to review and check that the needs of vulnerable young people are met. This is supported by the intelligence gathered by the recently commissioned Future in Mind: Leeds Health Needs Assessment (2016), which reports both quantitative data and qualitative intelligence (via focus groups).

4.4 Resources and value for money

4.4.1 There are strong principles underpinning this strategy that will maximise the best use of resource and best value for money; these are listed below:

- Prevention (following the principles of the WAVE report)
- New ways of working to develop emotional resilience and support self help
- Early support/help to prevent escalation
- Evidence based practice
- Use of digital technologies
- Transforming existing services and combining resources across the partnership to prevent duplication
- Noting that getting it right in childhood supports reduced need and demand in adulthood

4.5 Legal Implications, Access to Information and Call In

4.5.1 There are no legal implications from this report. There are no access to information and call-in implications arising from this report.

4.6 Risk Management

4.6.1 The programme board reviews the risks to the delivery of the strategy and LTP every time it meets. The key risks reflect those known nationally, reducing resource but rising demand, rapidly changing policy across education, health and social care, and workforce challenges in recruiting the staff with the right skills. Mitigation is in place and constantly reviewed for all of these areas.

5 Conclusions

- 5.1 The first 12 months of delivery of the Leeds Local Transformation Plan is already demonstrating progress against key priorities (as reflected in the refreshed plan).
- 5.2 This strategy and refreshed plan creates even more opportunities to drive forward the transformation we need and to deliver our vision.
- 5.3 The Health and Wellbeing Board is asked to endorse, approve and champion the strategy and LTP and to advise how it would like to receive reports on progress.

6 Recommendations

- 6.1 The Health and Wellbeing Board is asked to:
- Support, approve and champion the Future in Mind: Leeds strategy and underpinning Local Transformation Plan (LTP). The refresh of our LTP has to be published on NHS Leeds CCGs and council websites by the end of October 2016 (NHSE requirement).
 - Recognise and share the achievements to date (detailed in the plan), progressed in the first years of the Future in Mind LTP funding allocations.

- Endorse how the child and young person's voice has been integral in developing the priority work-streams and going forward is embedded in the co-production of their delivery.
- Discuss how they will support the delivery of the vision, the strategy and underpinning plan.
- Advise how they would like to receive future reports of progress and on the frequency of these reports.

7 Appendices

Appendix 1 - Draft Future in Mind Leeds overarching strategy & plan on a page

Appendix 2 - Draft Future in Mind Leeds Local Transformation Plan

Appendix 3 - Draft governance structure

Future in Mind: Leeds

A strategy to improve the social, emotional, mental health and wellbeing of children and young people aged 0 - 25 years



2016 - 2020

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Foreword

Content in development

Introduction

Future in Mind: Leeds

A strategy to improve the social, emotional, mental health and wellbeing of children and young people aged 0 - 25 years

The Leeds ambition is to be the best city in the UK for children and young people to grow up in.

Leeds is becoming a child friendly city and is investing in children and young people to create a compassionate city with a strong economy. The Children and Young People's Plan, 2015-2019, outlines the priorities and obsessions to help achieve the Leeds' ambition.

Our vision for this strategy is to develop a culture where talking about feelings and emotions is the norm, where it is acceptable to acknowledge difficulties and ask for help and where those with more serious problems are quickly supported by people with skills to support their needs.

To do this, a joined-up, city-wide approach is crucial; improving the social, emotional, mental health and well-being of our children and young people can only be achieved by working collaboratively.

This strategy and its implementation plan reflects the commitment of partners in the city to work together to achieve our vision. It is an innovative and adventurous partnership, working across health, education and social care.

Within the strategy, you will find our shared priorities, our shared approach and how we will know we have made a difference to the lives of children, young people and their families in the city.

Underpinning this strategy is a positive and universal focus on wellbeing. We will build resilient communities to support social, emotional and mental health through a city wide continuum of support, thereby preventing and reducing the need for specialist interventions.

This high level strategy is supported by the more detailed implementation plan, which is our Future in Mind: Leeds Local Transformation Plan. Key strategies and plans that sit alongside this are the Best Start Plan, the Special Educational Needs and Disabilities Strategy and the all age Mental Health Framework.

The Future in Mind Leeds strategy is driven by a relentless focus on the question:

“What is it like to be a child or young person growing up in Leeds and how do we make it better?”

Mental Health and Wellbeing

Being in a state of wellbeing means we are able to cope with everyday life, feel good or okay about life most of the time and behave in a way that does not have a negative impact on ourselves or others; this helps us to fulfil our potential.

The World Health Organisation (WHO) defines mental health as a state of comprehensive physical, mental and social wellbeing that accordingly applies at both a personal and collective level. For individuals this would, on a mental health front, involve a state in which one:

“Realises his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, 2001)

A more expanded statement describes mental health as:

“The capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual wellbeing that respects the importance of culture, equity, social justice, interconnections and personal dignity” (N. Joubert and H. Raeburn, 1997).

Children and young people may need support for a limited period, when life events create challenging times. For others there is a need for more sustained help. This may relate to difficulties in a child or young person’s life, for example family breakdown, problems with friendships, or bullying. It may relate to traumatic experiences, e.g. bereavement, abuse, or violence. It could also be associated with having special educational needs (SEN), e.g. autism, or relate to a specific mental health condition, such as anorexia nervosa. Often it is a combination of factors. Research identifies how some vulnerable groups, such as those who have been removed from their birth family and placed in the care of the local authority, are at higher risk of mental ill health.

The most vulnerable groups of children and young people who may be at risk of developing social emotional and/or mental health problems are:

- *Looked after children.*
- *In the justice system.*
- *Excluded from school.*
- *New to the country and particularly asylum seekers.*
- *Living in poverty.*
- *Have special educational needs.*
- *Have experienced trauma.*

Supportive parenting, a secure home life and a positive learning environment in schools are key protective factors in building and protecting mental well-being at this stage of life. Individuals who have a secure and supportive childhood and adolescence and are able to exercise emotional control and social skills, are subsequently better able to deal

with the choices and challenges that they will encounter throughout their life (World Health Organisation, 2012).

Protective factors consist of individual, family and school/community factors, which all interrelate. So for example a good attachment as a baby with your parent, or carer develops your ability to self-regulate your emotions and make friends in childhood. This research is covered in more depth in the Future in Mind: Leeds, Health Needs Assessment (2016) and has informed the priorities of our strategy.

Resilience is a concept that refers to being able to 'bounce back' from adversity or difficult life events. Resilience can be increased by a positive interaction between the protective factors at the individual, family and community level.

This strategy includes initiatives to prevent mental health problems in childhood; it identifies the need for universal support for children and families (early in the life of a child); and recognises the importance of early intervention (early in the life of the problem). The strategy also recognises the need for more targeted services for some vulnerable children and young people and the need for swift access to more specialist help when needed.

Some key local facts

Leeds is an expanding city, with a growing population of over 761,000 people. This population continues to change in size and composition, which creates an incredibly vibrant, diverse city which is welcomed and celebrated. As the second largest local authority, Leeds is consistently updating its services to meet shifts in demand. Some key local facts are

- **186,000** children and young people under 20.
- **253,000** aged 0-25.
- Over **10,000** births a year.
- Of our school-aged children and young people:
 - **16%** have English as an additional language.
 - **29%** are from Black, Asian or Minority Ethnic groups.
 - **19%** are eligible for free school meals.
 - **16%** have Special Educational Needs and/or a Disability.
- School attendance has improved to record levels but over 1,000 primary school children and over 2,200 secondary school children still miss **15%** of school time.
- **20.7%** of children come from 'low income' families, compared to **18.6%** nationally. Of the 28,000 children in Leeds living in poverty, 64% come from a working family.
- **22%** of the Leeds population (167,607) live in the 10% most deprived areas in the country.

- For our young people who do not achieve 5 good GCSE's, there is a **1 in 4** chance that they will not be in education, employment or training two years later.
- **92%** of Leeds primary and secondary schools are rated good or better.
- Over the past decade, whilst overall attainment has risen in schools, the performance gap between pupils from more and less advantaged backgrounds in the UK has remained prevalent.
- Leeds has a higher incident rate for domestic abuse per 1,000 of the population.
- In accordance with national reports, Leeds service data indicates a rising demand for services for emotional and mental health needs and a rising presentation at emergency departments of young people who have self-harmed.

The Future in Mind: Leeds, Health Needs Assessment (2016) is a comprehensive document and should be read in conjunction with this strategy. Some of its key findings show the complexity of the picture for the young people of Leeds. The Public Health England Public Health Profiles are a useful resource to give us the estimated prevalence of mental health disorders in 5-16 year olds (2014), including emotional disorders, conduct disorders and hyperkinetic disorders.

Indicator	Period	Data Quality	England	Yorkshire and the Humber	Leeds	Leeds Population Estimates	
						2014	2020
Estimated prevalence of any mental health disorder: % population aged 5-16	2014		9.3*	9.7*	9.5*	9,584	10,752
Estimated prevalence of emotional disorders: % population aged 5-16	2014		3.6*	3.7*	3.7*	3,733	4,188
Estimated prevalence of conduct disorders: % population aged 5-16	2014		5.6*	5.9*	5.8*	5,851	6,564
Estimated prevalence of hyperkinetic disorders: % population aged 5-16	2014		1.5*	1.6*	1.6*	1,614	1,811
Prevalence of potential eating disorders among young people: Estimated number of 16 - 24 year olds	2013		*	-	15604*	184,007	182,292
Prevalence of ADHD among young people: Estimated number of 16 - 24 year olds	2013		*	-	16163*	16,274	16,122
Children who require Tier 3 CAMHS: estimated number of children <17	2012		-	-	2905	2,976	3,214
Children who require Tier 4 CAMHS: estimated number of children <17	2012		-	-	120	123	133
Child admissions for mental health: rate per 100,000 aged 0 - 17 years	2014/15		87.4	69.3	49.2	790	846
Young people hospital admissions for self-harm: rate per 100,000 aged 10 - 24	2010/11 - 12/13		352.3	368.2	450.8	7,446	7,744

There is a much lower rate of CYP admitted for mental health issues compared to the national figure, but a much higher rate of hospital admissions for self-harm.

The picture for Leeds in terms of indicators that serve as protective factors for good mental health and development is not good.

Leeds is lower than the national average for:

- Breast feeding.
- Achieving a good level of attainment at Early Years Foundation Stage.
- Achieving 5 or more A* to C grades at GCSE level which include Maths and English.
- Taking part in an hour of moderate-to-vigorous physical activity per day.

Leeds is higher than the national average for:

- Rates of domestic abuse.
- Self-reported rates of tobacco, cannabis and alcohol use in 15 year olds.
- The number of children who are Looked After.
- Rate of children in need.

The information hides a great variation across Leeds due to its mixed deprivation and populations.

Local Reviews

During 2015, partners in the city reviewed the current system of local support and services for children and young people's mental health and wellbeing. The results of these reviews, which included the significant involvement of children, parents, and professionals has supported the development of the Future in Mind: Leeds strategy, priorities and plan. The key issues identified were:

- A lack of clarity of what support and services are available and how to access them.
- A request from young people to have more local support as early as possible and for teachers to receive relevant training.
- Having to wait too long for some services, such as Child and Adolescent Mental Health Services (CAMHS), without any support or contact whilst you waited.
- Variation in the quality and quantity of support and services available in different parts of the city.
- The lack of a coherent vision and system of connected support and services across the partnership.

- Concern about the quality and range of specialist education provision for those with social, emotional and mental health needs.
- Recognition of some gaps in services, for example joined up support during mental health crisis and support during transition to adult services.
- A lot of unknowns, due to poor connection of data systems and a lack of shared outcome measures.

Strengths were also identified, such as the city-wide cluster offer built from the support of partners to deliver the Targeted Mental Health in Schools (TaMHS) model. Also satisfaction was very high once children and young people were in any of the local services.

National Policy

‘Our children deserve better: programmes and early help for children and young people suggest that this can both change lives and reduce spending incurred in later life due to unmet needs’ (Chief Medical Officer, 2012)

National policy increasingly reflects the importance of improving children and young people’s mental health and wellbeing. A national taskforce led by the Department for Health and NHS England led to the creation of the ‘Future in Mind’ report (March 2015), which resulted in the need for local areas to develop Local Transformation Plans. These received ring-fenced additional funds, with Leeds in receipt of circa £1.5 million. In addition to this:

- NHS England are increasing the number of inpatient beds for those children and young people who need this level of support, which will be beneficial for Yorkshire and the Humber.
- The Education Committee Inquiry (2016) identified how children who are looked-after face significant challenges in getting access to mental health support.
- The Department for Education (DfE) has published guidance for schools such as ‘Mental Health and Behaviour in Schools (2014) and the ‘Blueprint for counselling services, (2015)’.
- The DfE also launched initiatives such as the MindEd website to support professionals to identify signs of mental health problems in children and to get them the support they need.
- The 2014 Children and Families Act introduced reforms to services for children and young people with all kinds of Special Educational Needs and Disabilities (SEND), including mental health needs.

- The term Social, Emotional and Mental Health needs (SEMH) replaced the term behaviour difficulties in the SEN code of practice (2014). The reforms sought to empower families in decision-making about the services they use, and to speed up and simplify access to support.

What will we do?

1. Develop a strong programme of prevention that recognises how the first 1001 days of life impacts on mental health and wellbeing from infancy to adulthood. In Leeds this is delivered through our Best Start Plan.
2. Work with young people, families and schools to build knowledge and skills in emotional resilience and to support self-help.
3. Continue to work across health, education and social care to deliver local early help services for children and young people with emotional and mental health needs who require additional support.
4. Commit to ensuring there is a clear Leeds offer of the support and services available and guidance on how to access these.
5. Deliver a Single Point of Access for referrals that works with the whole Leeds system of mental health services so that we enable children and young people to receive the support they need, as soon as possible.
6. Ensure vulnerable children and young people receive the support and services they need, recognising that this is often through mental health practitioners working alongside education, social care or third sector colleagues in multi-disciplinary teams (current examples in Leeds being The Market Place, the Therapeutic Social Work Service, and Youth Offending Service).
7. Ensure there is a coherent citywide response to children and young people in mental health crisis.
8. Invest in transformation of our specialist education settings to create world class provision.
9. Work with children and young people who have mental health needs as they grow up and support them in their transition into adult support and services.
10. Establish a city-wide Children and Young People's Community Eating Disorder Service in line with national standards and access targets.
11. Improve the quality of our support and services across the partnership through evidence based interventions, increased children and young people participation and shared methods of evidencing outcomes.

The Future in Mind: Leeds Local Transformation Plan is the implementation plan underpinning this strategy and should be read alongside it.

Behaviours and cross-cutting themes

Our local reviews, which captured the views of Leeds children, young people, families and professionals, have informed our strategy and plan.

The three behaviours that underpin everything:

- a) We will listen to the voices of children and young people in supporting and planning their care.
- b) We will work restoratively: doing things with children, young people and families instead of to them, for them or doing nothing.
- c) We will regularly check that the support is helping and making a difference.

Cross cutting themes:

- a) We recognise that improving the Social Emotional and Mental Health of children and young people in Leeds needs everyone to play their part.
- b) We will work together to plan and deliver our strategy and make best use of our collective resources to improve the experience and outcomes of children and young people with social emotional mental health and wellbeing support needs.
- c) In direct response to the request from children and young people we will maximise the opportunities digital technologies offer us, whilst safeguarding children and young people from some of the risks the internet poses.

Accountability

To help make this happen we have a Health and Wellbeing Board, Children and Families Trust Board and a Leeds Safeguarding Children Board. They bring key strategic partners together from the main organisations working with children and young people to make sure we are doing what we should to deliver our Children and Young People's Plan and to keep children safe.

We also have strong local partnerships. There are 25 clusters around groups of schools, a Special Inclusive Learning Centre cluster and Area Inclusion Partnerships that have membership from; schools, governors, children's social care, police, Leeds City Council youth service, Youth Offending Service, children's centres, housing services and locally elected members.

Integral to the delivery of the strategy is a clear governance structure, which is included as appendix A.

We recognise the pressures on the public purse and this strategy requires us all to work together to make best use of the Leeds £. Our strong focus on prevention and developing emotional resilience, and our emphasis on supporting staff groups across our educational settings is critical to this. This not only makes economical sense but also improves the experience and outcomes of our children and young people. In addition to this, having our local early help and targeted services as integral to the wider network of services in the city ensures that children and young people in need of specialist help are seen more quickly.

How will we know we've made a difference?

The ambition of the Leeds Children and Young People's Plan is to become the best city for children and young people to grow up in, a "child friendly city" where:

- All children and young people are safe from harm.
- All children and young people do well at all levels of learning and have skills for life.
- All children and young people enjoy healthy lifestyles.
- All children and young people are happy and have fun growing up.
- All children and young people are active citizens.

Alongside these ambitions the Future in Mind: Leeds Local Transformation Plan has a series of indicators that will measure our achievement on each of the priorities. Using these and other key indicators a dashboard is being developed for the Future in Mind: Leeds Programme Board. The Board will use this dashboard to measure the success of the strategy. This will be supported by the local work with the Child Outcomes Research Consortium (CORC). CORC are the UK's leading organisation that collects and uses evidence to improve children and young people's mental health and wellbeing.

Critical to the delivery of this strategy is working with and listening to children and young people and their families. This is reflected across all priorities in the Local Transformation Plan. And finally, ultimately the voice of the child and young person will inform us if we have been successful.

Glossary

A&E: Accident and Emergency department

ACE: Adverse Childhood Experiences

AIP: Area Inclusion Partnerships

AMHS: Adult Mental Health Services

ARMS: At Risk Mental State

BME: Black and ethnic minority

CAMHS: Child and adolescent mental health services

CBT: Cognitive Behavioural Therapy

CBTp: Cognitive Behavioural Therapy for psychosis

CCG: Clinical Commissioning Group

CEDS: Community Eating Disorder Service

CEDS-CYP: Children and Young People's Community Eating Disorder Service

CLA: Children who are looked after

CORC: Child Outcomes Research Consortium

CORE 24: the core 24 hour a day service standards for people experiencing a mental health crisis

CSWS: Children's Social Work Service

CSWS EDT: Children's Social Work Service Emergency Duty Team

CYP: Children and young people

CYP-IAPT: Improving Access to Psychological Therapies for young people

CYPP: Leeds Children and Young People's Plan

DfE: Department for Education

DH: Department of Health

ED: Eating Disorder

EIP: Early Intervention in Psychosis

FE: Further Education

G&S: Guidance and Support multi professional meeting

HOPE: Harnessing Outcomes, Participation and Evidence

HWBB: Health and Wellbeing Board

HNA: Health Needs Assessment

IMHS: Infant Mental Health Service

FiM: Future in Mind

LCC: Leeds City Council

LD: Learning Difficulties

LGBT: Lesbian, gay bisexual and transgender

LTHT: Leeds Teaching Hospitals NHS Trust

LTP: Local Transformation Plan

LYPFT: Leeds and York Partnership NHS Foundation Trust

Mindwell: The adult information portal website

MM: MindMate

MST: Multi-systemic Therapy

MM SPA: Mindmate Single Point of Access

NCCMH: National Collaborating Centre for Mental Health

NEET: Not in education, employment or training

NHS: Nation Health Service

NICE: National Institute of Clinical Excellence

NHSE: NHS England

OMG: One Minute Guides

PHSE: Personal, Social, Health and Economic

PNMH: Perinatal mental health

S136: Section 136 assessment suites

SDQ: Strengths and Difficulties Questionnaire

SEMH: Social, emotional and mental health

SEN: Special educational needs

SEND: Special educational needs and disability

SILC: Specialist Inclusion Learning Centres

SPA: Single Point of Access

STP: Leeds Sustainability and Transformation Plan

TaMHS: Targeted Mental Health in Schools Project

TCP: Transforming Care Programme¹

Tier 4: Inpatient beds for young people

TMP: The Market Place, a city centre based third sector organisation

TSWS: Therapeutic Social Work Servicer

York MBSR: York Mindfulness Based Stress Reduction

YOS: Youth Offending Service

UNICEF: United Nations International Children's Emergency Fund

WHO: World Health Organisation

¹ TCP aims to improve services for people (all age) with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition.

References

Future in Mind Leeds, Health Needs Assessment, 2016, can be found at (to be completed once published)

Leeds Best Start Plan, 2015-16 can be found at
<http://democracy.leeds.gov.uk/documents/s126845/10%202%20Best%20Start%20Plan%20ong%20version%20FINAL%20VERSION%20for%20HWB%20Board%204%202%202015.pdf>

Leeds Children and Young People's Plan, 2015-19, can be found at
<http://www.leeds.gov.uk/docs/CYPP.pdf>

Leeds Future in Mind Local Transformation Plan, 2016 – 2020, can be found at (to be completed once published)

Leeds Joint Strategic Needs Assessment, 2015, can be found
at <http://democracy.leeds.gov.uk/documents/s131982/10%201%20JSNA%20May%2007%20draft%20v15.pdf>

Leeds Special Educational Needs and Disabilities Strategy can be found at
http://www.leeds.gov.uk/docs/SENDStrategy2014_2017.pdf

Leeds Sustainability and Transformation Plan, 2016-2021, can be found at (to be completed once published)

World Health Organisation, 2012, can be found
at http://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf

Future in Mind: Leeds 2016-2020



A strategy to improve the social, emotional, mental health and wellbeing of children and young people aged 0 -25 years

Priorities

1. Focus on the first 1001 days
2. Building emotional resilience
3. Early Help services for CYP with SEMH needs
4. Clear and published Local Offer
5. Single Point of Access and swift response
6. Integrated and targeted approach for vulnerable children
7. Children in mental health crisis
8. Create world class specialist education provision
9. Transition to adult services
10. Community Eating Disorder Service
11. Improve the quality of support and services

Vision

Our vision is to develop a culture where talking about feelings and emotions is the norm, where it is acceptable to acknowledge difficulties and ask for help and where those with more serious problems are quickly supported by people with skills to support those needs.

Outcomes

1. Increased number of women identified and receiving perinatal mental health support
2. Schools and Children Centres with MindMate champion accreditation
3. CYP supported through Early Help services
4. Swift access to support
5. Increased attainments of CYP with SEMH
6. Increase in school attendance
7. Increased number of vulnerable groups accessing services (e.g. Children Looked After)
8. Hospital admissions for CYP in crisis reduce
9. Reduction in out of authority education placements
10. Reduction in NEET
11. CYP have improved mental health following support and interventions

Investment

School investment via clusters £1.5 million

Core annual service spend here across partnership: £10.3 million
New investment: LCC £45million for specialist educational buildings
New Investment: NHS CCGs £1.5 million for support and services
Investment in primary prevention £0.5 million
High Needs Block investment to AIP's £6.5million

Cross Cutting Themes

- Listening to the voice of CYP and their families
- We will regularly monitor that support is helping and making a difference
 - Regularly communicate to all stakeholders



Future in Mind: Leeds (Local Transformation Plan, 2016 – 2020)

This plan should be read in conjunction with the Future in Mind Leeds Strategy; this is the implementation plan of that strategy. This plan sets out achievements to date and the key deliverables to be delivered in 2016/17, 2017/18 through to 2018/19 and will be refreshed on an annual basis. This plan is supported by the publication of headline information on spend, activity and workforce for 2014/15 and 2015/16 (Appendix 1).

Priority 1 - Develop a strong programme of prevention that recognises how the first 1001 days of life impacts on mental health and wellbeing from childhood through to adulthood			
Leadership Team	Achievements to Date	Key Deliverables for 2016/17	Key Deliverables for 2017/18 2018/19
Sharon Yellin/ Jane Mischenko/ Andrea Richardson	<p>Joint clinics/ training and protocols between obstetrician, specialist midwife and perinatal mental health (PNMH) psychiatrist in LTHT</p> <p>HNA PNMH completed</p> <p>Additional psychology resource commissioned for 2016/17 as part of Infant Mental Health Service</p> <p>Emotional and Mental Health (MindMate) links in children's centres in place</p> <p>Implementation of Best Beginnings Baby Buddy app (with localised information) as part of Northern impact study</p> <p>Infant Mental Health Service (IMHS) funded by LYPFT to work with Leeds PNMH Mother and Baby unit</p> <p>Inaugural Baby Week (UNICEF) held in Leeds during September</p> <p>Delivery of Leeds Baby Steps programme (targeted perinatal education programme for families with additional needs)</p>	<p>Publish revised PNMH pathway (universal through to specialist) January 2017</p> <p>Anti-stigma campaign (PNMH) finalised and commenced January 2017</p> <p>Digitalise and launch Understanding Your Baby into Baby Buddy app (with Best Beginnings) March 2017</p> <p>Evaluation report of Best Beginnings implementation</p> <p>Target IMHS attachment training to adult mental health professionals</p> <p>Work with MindMate links in children's centres to develop MindMate accredited Champion settings</p>	<p>Workforce development plan to support implementation of PNMH pathway agreed and commenced</p> <p>Re-procurement of 0-19 Healthy Child Pathway services (delivery of priorities within Best Start Plan and PNMH pathway will be integral to this)</p> <p>Revised children's centre offer in the city (MindMate Champion accreditation integral to this)</p> <p>New Models of Care for practices with high levels of vulnerable children and families (safeguarding), aiming to break the intergenerational cycle of ACE**</p>

* ACE: Adverse Childhood Experiences evidenced to impact on whole life outcomes and into the next generation

Priority 1 Continued			
Child and Young People & Parent Voice: Co-production of PNMH pathway and offer with women and families			
Key performance Indicator: Placeholder: Additional number of women receiving specialist perinatal care compared to baseline % of Children's Centres with MindMate Links % of Children's Centres with MindMate Champion accreditation			
Workforce: PNMH workforce development plan IMHS training programme MindMate Champion subsidised training offer Think Family training			
Priority 2 - Work with young people, families and schools to build knowledge and skills in emotional resilience and to support self-help			
Leadership Team	Achievements to Date	Key Deliverables for 2016/17	Key Deliverables for 2017/18 2018/19
Sharon Yellin/ Val Waite/ Ruth Gordon	MindMate website co-produced with young people – provides details of support in the city, (narrative and animations), information and self-help tools – see mindmate.org.uk Parent page of MindMate website (developed with parents and carers) uploaded Emotional and Mental Health (MindMate) Links in all schools School Health Check tool for schools to self-assess if MindMate friendly and able to go for accreditation as MindMate Champion setting completed Feasibility study of Mindfulness in schools programme completed Conference on emotional resilience delivered by Boing Boing and local leaders in Education Psychology held in October (250 front line school and social care staff attended)	Further animations about the services in Leeds added to MindMate website March 2017 New issues pages added to MindMate website i.e., “angry, body image, feeling different” (content reflects MindMate Lessons curriculum content) Anti-Stigma (local Time to Change) plan agreed (co-produced with CYP) and commenced December 2016 (Space2 provider) School assessment visits as part of MindMate Champion accreditation to commence Publication of MindMate Champion subsidised training offer to schools November 2016 Complete content / lesson plans of the MindMate Lessons (PHSE curriculum for social, emotional and mental health) – free to schools March 2017 Test schools for pilot of MindMate Lessons curriculum identified – pilot to commence October 2016	Develop further the self-care/interactive games and tools component of the MindMate website Accreditation of MindMate Champion settings to commence Interactive MindMaze board and digital tool launched in 2017/18 Work with regional NHSE Clinical Network to develop competencies for school workforce Commissioned Evaluation of anti-stigma campaign: reports October 2017 Rollout of MindMate Lessons (PHSE curriculum) across schools to commence. Launch of Trylife play early in 2017/18 York MBSR to produce a Mindfulness in

Priority 2 – continued			
Leadership Team	Achievements to Date	Key Deliverables for 2016/17	Key Deliverables for 2017/18 2018/19
	<p>Children’s Social Care established Family Group Conferencing</p> <p>Restorative approaches being used to engage with families to come up with solutions to problems</p>	<p>“Fix This” a one woman play and workshop to raise awareness and coping strategies for self-harm to tour 20 schools in autumn term</p> <p>An adapted version of the ‘Headspace’ course targeting parents to improve whole family wellbeing to be piloted via 4 primary schools – commencing September 2016. Delivered by Oblong (Impact on CYP emotional wellbeing will be by pre and post SDQ)</p>	<p>Schools programme (co-produced with 5 primary schools, a SILC and FE college and 2 secondary schools) by July 2017</p> <p>Mindfulness in Schools pilot reports March 2018</p>
<p>Child and Young People’s Voice:</p> <p>Content, design and development of MindMate website led from the start by CYP</p> <p>CYP integral to development of MindMate self help tools and games</p> <p>MindMate Lessons (curriculum) content informed by what CYP said was critical</p> <p>‘Fix This’ play developed in consultation with CYP</p> <p>Content of anti-stigma campaigns to be led by CYP</p>			
<p>Key Performance Indicators:</p> <p>Number of MindMate website visits</p> <p>Placeholder: MindMate website indicator – linked to use of self help tools/resources</p> <p>% of schools with MindMate links</p> <p>% of schools to achieve MindMate Champion accreditation</p>			
<p>Workforce:</p> <p>MindMate Champions programme</p> <p>Resource pack of practical tools to promote resilience to be produced</p>			

Priority 3 - Continue to work across health, education and social care to deliver local early help services for children and young people with emotional and mental health needs who require additional support			
Leadership Team	Achievements to Date	Key Deliverables for 2016/17	Key Deliverables for 2017/18 2018/19
Jane Mischenko/ Val Waite/ Siobhan/ Sal Tariq	<p>25 school clusters in place across the city and all have an early help offer, commissioned from a range of NHS and 3rd sector providers for CYP with SEMH needs.</p> <p>Pilot of CCG contributing additional funds to school cluster offer commenced 2015/16</p> <p>Database for reporting of SEMH needs and service activity in school clusters developed</p> <p>First report (6-months of data) delivered to programme board September 2016</p> <p>Agreed pilot sites for testing school cluster/ CAMHS liaison models September 2016</p> <p>Provider Network established across the whole system – first meeting September 2016</p> <p>Established the SEMH Pathways Panel to support improved learning pathways for children and young people at risk of exclusion</p>	<p>12 months data from school clusters due October 2016. Report to Programme Board due January 2017</p> <p>Review most effective mechanism to ensure sustainable early help offer by March 2017</p> <p>Pilot of rapid access to counselling at The Market Place (city centre 3rd sector provision) report March 2017</p> <p>Develop a city-wide partnership approach to alternative educational provision for SEMH in Leeds</p> <p>Strengthen the relationship between clusters and Area Inclusion Partnerships to improve the core offer of targeted support for children, young people and families</p> <p>Early Support teams to be led by social workers to provide coordinated support for children, young people and their families</p> <p>Children's Social Care to review services for adolescents</p>	<p>Clear commissioning framework for NHS, LCC and schools in the city to deliver early help offer (will need to be agile in recognition of changing and variable forms of school networks) June 2017</p> <p>Joint commissioning of The Market Place by NHS and LCC for youth work and counselling provision from April 2017</p> <p>Review protected groups and ensure early help offer in Leeds accessible and acceptable for them – address if inequity</p> <p>Pilot of social workers in clusters</p>
Children and Young People Voice: Consultation of CYP in Leeds by Youthwatch and Young Minds identified need for local accessible services 2015			
Key Performance Indicators: Spend on CYP mental health by NHS, LCC and schools Numbers of CYP accessing early help mental health service (defined as from qualified mental health practitioner – cluster and third sector) Numbers of CYP starting treatment in NHS funded community CAMHS Reduction in % of CYP excluded from school (permanent and fixed term exclusions)			

Priority 3– continued			
Leadership Team	Achievements to Date	Key Deliverables for 2016/17	Key Deliverables for 2017/18 2018/19
<p>Improvement in Attendance</p> <p>Improvement in Achievement</p> <p>Placeholder: increased % alternative provision categorised as good or outstanding</p> <p>Placeholder:% of key protected groups accessing early help service and education measures as above (i.e. Children who are Looked After, BME, CYP in youth justice system, LGBT)</p> <p>Workforce: SEMH Pathway Panel briefings for schools and targeted services</p>			
Priority 4 - Commit to ensuring there is a clear Leeds Offer of the support and services available and guidance on how to access these			
Leadership Team	Achievements to Date	Key Deliverables for 2016/17	Key Deliverables for 2017/18 2018/19
Barbara Newton/ Ruth Gordon/ Chris Sutton	<p>Single Leeds strategy (Future in Mind Leeds) incorporating requirements of Future in Mind (DH) and SEND/ SEMH (DfE) and refreshed LTP is the plan that drives the delivery of this</p> <p>The current Leeds offer of available support and services and how to access these is published as part of the SEND LCC Local Offer and is integral to the MindMate website</p> <p>Easy to understand animations of services are available on the MindMate website</p>	<p>Communication Plan agreed at Programme Board, March 2017</p> <p>One Minute Guides available for professionals on support and services on offer and how to access, March 2017</p>	Local Offer reviewed and updated at least annually
<p>Children and Young People Voice:</p> <p>Consultation with CYP by Youthwatch and Young Minds (2015) informed priorities of Local Offer</p> <p>Common Room supported to work with CYP to have CYP version of Future in Mind Leeds Strategy</p>			
Key Performance Indicators:			
<p>Workforce:</p> <p>Strategy launch and briefings</p> <p>Cascade of One Minute Guides</p> <p>Quarterly Newsletter to health, education and social care staff</p>			

Priority 5 - Deliver a Single Point of Access (SPA) to include assessment and an initial response for referrals that works with the whole Leeds system of mental health services to enable children and young people to receive the support they need, as soon as possible			
Leadership Team	Achievements to Date	Key Deliverables for 2016/17	Key Deliverables for 2017/18 2018/19
Jane Mischenko /Nick Wood	<p>The 'MindMate SPA' as a whole system referral management system was launched in January 2016</p> <p>Monthly reports are received on the number of CYP referred through the SPA, and of the end service destination</p> <p>Mitigation additional funds were provided to The Market Place and to clusters receiving high numbers of referrals September 2016</p>	<p>Embed systems for the MindMate SPA and ensure that there are effective operational relationships for referral management</p> <p>Develop the future model: with a potential to include an assessment and initial response function to routine referrals, as integral to the SPA redesign. Develop and agree this revised service model (in co-production with key stakeholders across the system). March 2017</p>	<p>Embed and evaluate new service model throughout 2017/18</p> <p>Ensure restorative approach/ health coaching model is integral the whole system of support and service delivery</p>
<p>Children and Young People Voice: The SPA was created in direct response to reports by CYP and their families of difficulty of navigating the system to get support CYP and Parents will be involved in the development of the future model</p>			
<p>Key Performance Indicators:</p> <p>Placeholder: Numbers managed by SPA (new model) without requiring further service response</p> <p>Placeholder: CYP requiring further service (early help or CAMHS, etc) accessing right service swiftly (detail to be developed)</p>			
<p>Workforce:</p> <p>Restorative Practice training and Health Coaching programme</p>			
Priority 6 - Using an integrated approach to ensure vulnerable children and young people receive the support and services they need			
Leadership Team	Achievements to Date	Key Deliverables for 2016/17	Key Deliverables for 2017/18 2018/19
Sal Tariq/ Jane Mischenko/ Barbara Newton	<p>Specialist CAMHS psychologist integrated into Therapeutic Social Work Service (dedicated team for children with a child protection plan and who are in the care system)</p> <p>Training (8 x SafeTALK courses and 1 x applied Suicide Intervention Skills Training – ASSIST) is commissioned from Community Links for delivery to key foster carers, children's homes residential staff and YOS staff. 129 had attended at last report (September 2016)</p> <p>Residential course with support re emotional and mental health delivered for care leavers and</p>	<p>Develop clear criteria for fast tracking from TSWS to CAMHS</p> <p>In direct response to CYP request a film is being created to hear voice of children in care/ care leavers. This will be used as workforce training tool for staff across health, education and social care – complete by March 2017</p> <p>Review cost and feasibility of extended remit of TSWS to provide support for Leeds Looked After Children placed out of area (March 2017)</p>	<p>Commission and extend remit of TSWS during 2017/18 if feasibility study results are positive.</p> <p>Work with regional colleagues in Centre of Excellence bid to secure post adoption therapeutic support</p> <p>As part of all age Transforming Care Programme (TCP) work to develop a dynamic register of CYP with LD and or autism and mental health needs at risk of admission to an acute bed</p>

Priority 6– continued			
Leadership Team	Achievements to Date	Key Deliverables for 2016/17	Key Deliverables for 2017/18 2018/19
	<p>evaluated well</p> <p>The Market Place commissioned to specifically offer support to care leavers from 2015/16</p> <p>Embedded CAMHS nurses (4) within YOS team. Work taken place within 2016 to enable fast track to specialist CAMHS support if required</p> <p>Leeds MST supports chronic and violent offenders working in their system of homes and families, schools and teachers, neighbourhoods and friends.</p> <p>CCG co-commissioning 2-year pilot of targeted mental health support in place with SILC cluster commenced in 2016/17</p>	<p>Ensure clear pathways of local emotional and mental health support as part of CYP SARC pathway</p> <p>As part of HNA focus groups were held (by Common Room) with key vulnerable groups (Gypsy/Traveller group, Youth Muslim forum and LGBT group) Report to be published October 2016</p>	<p>In addition develop effective transition pathway as part of TCP; embed and deliver Community Treatment Reviews as required and deliver early support and intervention of CYP and their families (detailed in Leeds TCP)</p> <p>Pilot emotional and mental health support for unaccompanied asylum seekers who are children, utilising art/therapy approach</p> <p>A focus on transforming outcomes for young people who offend (or are at risk of doing so), who have special educational needs, through supporting professionals to bring about a culture and behaviour change around effective SEND joint working</p> <p>Work with NHSE to explore transfer of commissioning of secure CAMHS Outreach Service from NHSE to CCGs (with funding stream to support)</p>
<p>Children and Young People Voice:</p> <p>Targeted focus groups held in 2016 with vulnerable CYP as part of the Future in Mind HNA</p> <p>CYP in the care system part of workshop December 2015 to improve support for children who are looked after and care leavers</p>			
<p>Key Performance Indicators:</p> <p>Placeholder: Increased % of vulnerable groups accessing services (CLA, YOS, LD)</p>			
<p>Workforce:</p> <p>Film of CYP in the care system for use in workforce development</p> <p>Safe TALK training</p> <p>ASSIST training</p>			

Priority 7 - Ensure there is a coherent citywide response to children and young people in mental health crisis			
Leadership Team	Achievements to Date	Key Deliverables for 2016/17	Key Deliverables for 2017/18 2018/19
Jane Mischenko/ Sal Tariq/ Jane Williams	<p>As part of CORE 24 work pump priming is supporting new posts - Specialist Practitioners in liaison psychiatry are working in emergency departments (out of hours) with all-age (16+)</p> <p>CAMHS continue to deliver a four hour response to those young people presenting in emergency department in crisis (self-harm/ psychosis)</p> <p>Section 136 Suite for CYP opened in Leeds 2016</p> <p>2 years since a CYP has been held in a police cell when in mental health crisis in Leeds</p> <p>Key event held with stakeholders (across emergency services, health, education and social care) to initiate work-stream to review and improve whole system response to CYP in mental health crisis September 2016</p> <p>All age EIP service in Leeds for ages 14-65 seen within 2 weeks of referral and receiving a package of care. Work undertaken with regional clinical network to benchmark service against NICE recommended treatment and standards (current absence of sufficient CBTp and ARMS service)</p> <p>Leeds is a relatively low user of inpatient Tier 4 beds, facilitated through the on-going investment in the outreach team, as part of the core CAMHS offer</p>	<p>Working group to commence review of whole system offer early in 2017: Key components which will be informed by the soon to be published NCCMH national guidance are:</p> <ul style="list-style-type: none"> • Data pack (of needs, activity and performance) • Co-produced with CYP and parents • Swift access to mental health assessment and handover (in and out of normal hours) • Effective integration/use of all existing resource (CSWS EDT, AMHS, Police response, CAMHS self-harm rota and intensive outreach team) to create the service model • Explore safe haven provision (alternative to A&E) • Ensure all practitioners aware of local pathway <p>Staff training programme in place for EIP service</p>	<p>Continue to work across the whole system to ensure that there is an effective and compassionate response to young people in mental health crisis 24 hours a day – working group to make recommendations to Programme Board by September 2017</p> <p>Further development of EIP service to deliver access to CBTp and ARMS service</p>
<p>Child and Young People Voice: Co-production with CYP and their families will be integral to the work-stream to improve the response in the city to CYP in crisis</p>			

Priority 7 – continued			
Key Performance Indicators: Hospital admissions for self-harm rate per 100,000 0-17 (inclusive) Number of CYP s136 detentions taken to police cell as a place of safety Number of CYP held in suite 136 in mental health crisis Number of CYP admitted to paediatric bed in mental health crisis Placeholder: Number of CYP in adult in-patient wards Placeholder: Number of CYP bed days in adult in-patient wards Number of CYP in tier 4 bed per CYP population Number of CYP bed days in tier 4			
Workforce: Training and protocols in place between CAMHS and acute paediatric settings (A&E and paediatric wards) Training and protocols in development between new A&E mental health practitioners (core24) and CAMHS Further workforce development plan to be integral to final report of the review EIP training programme			
Priority 8 - Invest in transformation of our specialist education settings to create world class provision.			
Leadership Team	Achievements to Date	Key Deliverables for 2016/17	Key Deliverables for 2017/18 2018/19
Andrew Eastwood/ Barbara Newton/ Viv Buckland	LCC committed to invest £45 million into new buildings for specialist SEMH places Converted specialist SEMH provision to the Springwell Academy Leeds	Start the building projects in creating capacity of 340 specialist SEMH places in Leeds (4-19yrs provision) Increased primary school capacity October 2016	Complete the building projects in creating capacity of 340 specialist SEMH places in Leeds Site completion by: East: January 2018 South: April 2018 North: September 2018
Child and Young People Voice:			
Key Performance Indicators: Reduction in CYP being placed out of authority for education Improved attendance at Specialist provision Improved educational progress			
Workforce:			

Priority 9 - Work with children and young people who have mental health needs as they grow up and to support their transition into adult support and services			
Leadership Team	Achievements to Date	Key Deliverables for 2016/17	Key Deliverables for 2017/18 2018/19
Jane Mischenko/ Jane Williams/ Barbara Newton/ Sal Tariq	<p>Small CAMHS transition team in place for case management of CYP into adult support and services</p> <p>Engagement with young people on “what great looks like” for services 17+</p> <p>CYP panel (16 plus) in place and advising MindMate website content for young adults</p> <p>Workshop held at FE Colleges event to map pathways to support and promote MindMate website and resources</p> <p>Commissioned a play on transition from primary to secondary school</p> <p>Pilot in the student medical practice supporting university students, with mental health liaison workers delivering early intervention support</p> <p>The Market Place and Leeds Mind part of national pilot testing out peer to peer support model (led by young adult with life experience)</p> <p>Report received by Programme Board on peer to peer support models and use of digital media</p>	<p>Young Adults page developed with MindMate 16 plus panel to support transition with young people and linked to adult MindWell portal November 2016</p> <p>Tour and evaluate the play (on transitions between primary and secondary schools)</p> <p>Determine model of peer to peer support for young people in Leeds, March 2017</p> <p>Adult mental health services to establish a young people champions</p> <p>SEMH Pathway Panel to ensure transition points are well managed and tracked to support children to continue to make progress</p> <p>To work on pathway for young people at the point of transition who are in Tier 4 beds, to create a protocol to support those in most urgent need of care (Working with adult and children commissioners, including NHSE as commissioner of Tier 4 beds)</p>	<p>Identify mechanisms to increase the flexibility of the pathways between CAMHS and adult mental health services for the transition of young people between services</p> <p>Increase the range of options available to young people in primary care for mental health support</p>
Child and Young People Voice: MindMate page for young adults developed by CYP CYP members of the transition task and finish group A Young Person is key in the leadership of the testing of the THRU peer support model			
Key Performance Indicators: Reduction in CYP NEET Numbers of CYP supported by the CAMHS transition team to adult service support Numbers of CYP champions in Adult Mental Health Services			
Workforce: Training programme for Young People Champions in adult mental health services MindMate Links training and accreditation will support this agenda			

Priority 10 - Establish a city-wide Community Eating Disorder Service in line with national standards and access targets			
Leadership Team	Achievements to Date	Key Deliverables for 2016/17	Key Deliverables for 2017/18 2018/19
Nick Wood	<p>The service model, pathway and funding is agreed for a Leeds service commissioned by the 3 Leeds CCGs</p> <p>Children and young people are receiving the agreed pathway of care</p> <p>Recruitment is complete and staff co-located</p> <p>Experienced and interested paediatricians within the acute trust are identified</p> <p>The provider is reporting into the national baseline data collection process</p> <p>Both parents and CYP are involved in the service development</p> <p>An interim service specification is in place</p> <p>A training programme for universal settings, such as school-based staff, is underway</p>	<p>Embed the pathways for young people to, and within the Community Eating Disorder Service</p> <p>Secure sustainable base for the service</p> <p>Offer training to universal staff to support identification and response to people with suspected eating disorder including primary care</p> <p>50% of staff in CEDS to commence training to be accredited in Family Based Therapy March 2017</p> <p>Transition pathways agreed with adult mental health providers of Eating Disorder Services, March 2017</p>	<p>Ensure that the Community Eating Disorder Service meets national standards and access targets</p> <p>Work to optimise impact of CEDS-CYP to reduce crisis and inpatient admissions (and monitor the same)</p>
Child and Young People Voice: CYP involved in recruitment of CEDS-CYP staff CYP and parents involved in development of the service CYP informed content of MindMate website on body image			
Key Performance Indicators: Placeholder: Proportion of CYP with ED seen within 1 week (urgent) or 4 weeks (routine) Spend on CEDS-CYP Number of CYP with eating disorder admitted to tier 4 bed Number of CYP with eating disorder supported by intensive outreach team			
Workforce: Training programme for universal staff in schools Primary care targeted communication and training CEDS-CYP specialist team training programme			

Priority 11 - Improve the quality of our support and services across the partnership through evidence based interventions, increased CYP participation and shared methods of evidencing outcomes			
Leadership Team	Achievements to Date	Key Deliverables for 2016/17	Key Deliverables for 2017/18 2018/19
Jane Mischenko/ Steve Walker/ Peter Storrie	<p>Leeds NHS CAMHS is part of the CYP-IAPT (since wave 3)</p> <p>Leeds is part of the CORC national pilot to develop cross-sector outcomes and data linkage across services involved in children and young people's mental health and wellbeing</p> <p>Further investment has been made by Leeds to increase support from the CORC and EBP centre for this priority</p> <p>A conference took place in March 2016 to formally launch this work</p> <p>A formal steering group is established, named HOPE (Harnessing Outcomes, Participation and Evidence)</p>	<p>Commissioned HNA to be published November 2016</p> <p>Develop resource explaining Leeds methods of outcome measurement across the system</p> <p>Future in Mind: Leeds Dashboard first draft produced March, 2017</p> <p>Consultation of CYP, parents and professionals re: CYP mental health support and services (coordinated by Youthwatch and Common Room) underway and reports before March 2017</p> <p>CORC works with 3 clusters, the TSWS and NHS CAMHS to identify issues around recording outcomes in individual services, and using them to greatest effect to improve service quality</p>	<p>Partnership workshops held in local areas to promote importance of Evidence Based Practice and outcomes and share useful resources</p> <p>All emotional health services are recording outcome data of some kind, and all services have clear statements of the high level outcomes they seek to achieve by end of 2018</p> <p>Explore data linkage and unique identifier i.e., NHS number opportunities</p>
Child and Young People Voice: Commitment that CYP participation is integral to our definition of quality to agree care plan and goals			
Key Performance Indicators: Future in Mind Dashboard will provide overview of progress in Leeds of the strategy and plan Placeholder: proportion of CYP showing reliable improvement in outcomes following mental health service intervention Placeholder: proportion of CYP meeting their mutually agreed goals against number of CYP accessing services			
Workforce: Numbers of staff completing CYP-IAPT courses Delivery of workshops to local areas/cluster promoting evidence base, participation and value of outcome monitoring			

Communication and governance

In delivering the plan we need to:

- Engage young people and families to co-produce communication to ensure we use a language they understand
- Effectively communicate with all key partners, including frontline staff
- Develop a workforce plan to ensure delivery of the strategy and local transformation plan
- Develop a clear governance structure for the assurance of work streams through an effective Programme Board and through to the Children and Families Trust Board and the Health and Wellbeing Board
-

Cross cutting themes:

1. We recognise that improving the Social Emotional and Mental Health of children and young people in Leeds needs everyone to play their part
2. We will work together to plan and deliver our strategy and make best use of our collective resources to improve the experience and outcomes of children and young people with social emotional mental health needs.
3. In direct response to the request from children and young people we will maximise the opportunities digital technologies offer us, whilst safeguarding children and young people from some of the risks the Internet poses.

Appendix 1:
Increased investment

	14/15 (£)	15/16 (£)	16/17 (£) (planned)
Core service funding for direct delivery (CAMHS, The Market Place, MST, school clusters, Therapeutic Social Work Service) and creation of the SPA	11,464,353	11,898,500	12,128,500
Funding in core services to pump prime school cluster commissioning and targeted waiting list initiatives across the system of provision	1,500,000	526,486	496,551
Developing capacity and promoting resilience	30,000	960,000	Not committed yet

Funding into services that support direct contact with children and young people who have social, emotional and mental health needs has increased between 2014/15 and 2016. In core services this amount has risen from £11.5 million recurrent spending by both the CCGs in Leeds and Leeds City Council to £11.9 million. This is increasing to over £12 million in the current financial year. In addition to this there is the considerable investment school clusters are delivering over the same time period (circa £1.5 million per annum).

There have also been several examples of non-recurrent investment to support the whole system to transform. In 2014/15 this was significant with £1.5 million being devolved to local school clusters to improve their local offer to children and young people. In 2015/16 over half a million pounds has been provided to increase face to face contacts in services with increasing waiting lists as the system responded to the introduction of the SPA.

In 2015/16 a key focus of the new investment was to develop confidence, capability and capacity across the system and especially in families and schools. The investment on this has risen significantly from £30k in 2014/15 to £960k for 2015/16. This money will support children and young people to receive help early in the life of their presentation of emotional health need and so ultimately help reduce escalation and a requirement for specialist services.

Increased numbers of Children and Young People seen:

	14/15 (number accepted into services)	15/16 (number accepted into services)
Core service activity (CAMHS, The Market Place, MST, school clusters, Therapeutic Social Work Service)	6993	7694

The MindMate Single point of Access is supporting an improved and swifter pathway from referral to the right service.

701 more children and young people are being supported by core services in the city. Some of this increase can be explained by the additional investment to reduce waiting lists in the city for a number of core services.

Children and Young People requiring admission to a mental health bed

	14/15	15/16
Occupied bed days	2089	2814
Total number of new admissions	26	37

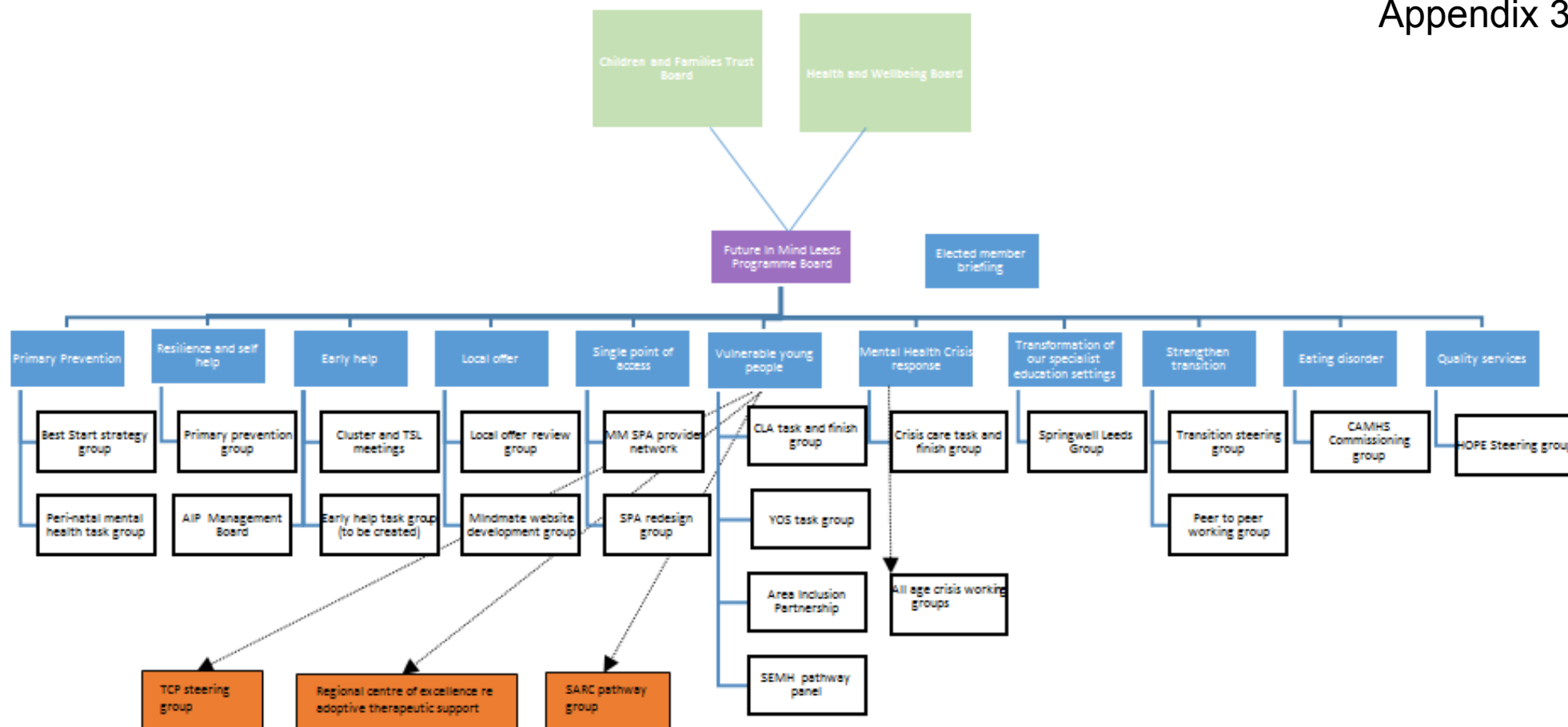
CCG commissioners are reviewing the current increase in need for inpatient beds and working with NHSE commissioners to understand the particular needs presenting.

Increased numbers of mental health practitioners:

	14/15 (wte staff as of June 2015)	15/16 (wte staff as of June 2016)
Core service workforce (CAMHS, The Market Place, MST, school clusters, Therapeutic Social Work Service) and SPA	125.76	163.3

38 more practitioners are in place. The increased investment into services is demonstrating an increase in practitioners delivering face-to-face services to children and young people. This increase is across a full range of staff from those delivering local psychological support into schools to those providing counselling at the Market Place and those within specialist CAMHS.

Appendix 3



This is supported by embedded processes for co-production with children and young people and their families, a communication plan and a workforce development plan.