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HEALTH AND WELLBEING BOARD

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SUPPLEMENTARY PACK

AGENDA ITEM 12 SUPPLEMENTARY DOCUMENT –

“Scrutiny inquiry into the provision of Emotional Wellbeing and Mental Health Support Services for Children and Young People in Leeds”

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**SCRUTINY INQUIRY INTO THE PROVISION
OF EMOTIONAL WELLBEING AND MENTAL
HEALTH SUPPORT SERVICES FOR
CHILDREN AND YOUNG PEOPLE IN LEEDS**

AGREED – 14 MAY 2015

AGREED

Introduction and Scope

Background

1. In June 2014, Cllr Debra Coupar was appointed as the new Chair of the Scrutiny Board (Health and Wellbeing and Adult Social Care) for the municipal year 2014/15. A series of one-to-one meetings and briefings with various stakeholders followed, including a formal Scrutiny Board meeting in July 2014, and mental health services in Leeds – and in particular Child and Adolescent Mental Health Services (CAMHS) – were consistently highlighted as an area for more detailed consideration by the Scrutiny Board. As a Board we agreed to examine the current provision of emotional wellbeing and mental health support available to children and young people across Leeds.
2. It should also be noted that we became aware that in September 2014 the Chair of Leeds' Children's Safeguarding Board also raised some concerns around the provision of CAMHS in Leeds, while presenting the Annual Report to the Council's Executive Board.

Scope

3. Once we had agreed to examine current provision of emotional wellbeing and mental health support services available to children and young people across Leeds, we initially set out our plans and the areas we wanted to consider fairly broadly, as follows:

Child and Adolescent Mental Health Services

- Outline of the service – explanation of different tiers and where/ how these are provided;
- Outline of the commissioning and provider arrangements – including how different commissioning arrangements interrelate and associated governance arrangements;
- Confirmation of where Leeds patients access care/ support;
- Any out of area provision, including movement from outside area into Leeds for particular services;
- Current outcome measures / performance – including trends in demand/ performance;
- Future projections of demand/ future levels of needs;
- Levels of spending – past, current and future projections.

Targeted Mental Health in Schools (TaMHS)

- Background / progress of the project and level of provision across the City
- Outline of the commissioning and provider arrangements
- Current outcome measures / performance – including trends in demand/ performance;
- Future projections of demand/ future levels of needs;
- Levels of spending – past, current and future projections;
- If/ how TaMHS relates to CAMHS.

4. We discussed some of the different aspects of provision (outlined above) at our public meetings on four (4) separate occasions between October 2014 and March 2015. These discussions were supplemented by attendance and contributions at a number of other forums, including:
 - Discussions with senior representatives at Leeds' Local Medical Committee (LMC);
 - A Children's and Young People's workshop (February 2015) – arranged and facilitated by HealthWatch Leeds and Young Minds;
 - A Stakeholder Worksop (March 2015) – organised and facilitated by Leeds Clinical Commissioning Groups (CCGs)
5. Reflecting that part of our work could legitimately be considered to be within the remit of the Scrutiny Board (Children's Services), we invited the Chair of that Scrutiny Board to be involved in many of our discussions. The main purpose being to draw on existing and relevant knowledge around Children's Services and to help ensure the Scrutiny Board (Children's Services) remained cited on our work. We were also keen to avoid any unnecessary duplication across the scrutiny function overall. We are pleased that the Chair of Scrutiny Board (Children's Services) – Cllr Judith Chapman – accepted our invitation and we are grateful for her contribution to our discussions.
6. We are grateful to all those who have contributed to our inquiry, who's input has helped inform our views and a number of our recommendations. Many of those that have contributed to our discussions have been representatives from service commissioners and providers, however we would like to specifically thank the service user representatives – Caroline Holroyd and Corey Smith – who attended and made a significant contribution to our meeting in February 2015.

Benefits of this Inquiry

7. We believe this inquiry and its recommendations will help contribute to the delivery of some of the priorities and associated outcomes described in Leeds' Joint Health and Wellbeing Strategy (2013 – 2015), in particular:
 - Ensure everyone will have the best start in life;
 - Ensure more people cope better with their conditions;
 - Improve people's mental health and wellbeing; and,
 - Ensure that people have a voice and influence in decision-making.
8. We hope the recommendations might also be reflected in any forthcoming 'refresh' of in Leeds' Joint Health and Wellbeing Strategy beyond 2015.
9. The recommendations in this report also highlight the increased importance of partnership working and the continuing need to involve appropriate Scrutiny Boards involving in the review, development and improvement planning of local services.

Desired outcomes

10. Throughout our inquiry, improvements to the access of effective emotional wellbeing and mental health services for children and young people across Leeds has remained our primary aim and desired outcome. We hope this desire is reflected in this report and its recommendations.
11. Nonetheless, we would challenge all service commissioners and providers to ensure the needs of children and young people and their families are at the heart of all their work in this area – irrespective of any difficulties and complexities sometimes caused by organisational boundaries and different responsibilities.

Conclusions and Recommendations

12. It should be noted that this report represents the third (3rd) recent report delivered locally in relation to the services and support of children and young people's emotional wellbeing and mental health needs in Leeds. The other reports produced by HealthWatch Leeds (HWL) and for the Integrated Commissioning Executive (ICE) have informed our recommendations and are reflected in this report.

Work of the Integrated Commissioning Executive (ICE)

13. The Integrated Commissioning Executive (ICE) draws together senior (commissioning) representatives from across Leeds' health economy. We understand its aim is to explore opportunities for integrated commissioning of health and social care services across Leeds, with its principal outcome being to improve health and care services and the health and wellbeing of children, young people, adults and communities in Leeds.
14. The ICE also aims to ensure the implementation of Leeds' Health and Wellbeing Board's long term strategy expressed through Leeds' Joint Health and Wellbeing Strategy.
15. During the early stages of our inquiry, we also became aware that the ICE had endorsed the need for a whole system review of Leeds' emotional wellbeing and mental health services for children and young people. This review ran parallel to our inquiry, with many of the issues raised during our discussions reflected in the final report and recommendations presented to and agreed by the ICE on 17 March 2015. The ICE report and recommendations are attached at Appendix 1 to this report.
16. Ordinarily we would not choose to undertake an inquiry into an area where a whole system review is due to take place. At the time of deciding to undertake our inquiry, we were unaware of the plans for a commissioner led review – despite our initial conversations with commissioners around our potential areas of work. However, the channels of communication with commissioners have been effective and the parallel processes have allowed many of the issues raised during our discussions to be reflected in the final report and recommendations agreed by the ICE. Nonetheless, under different circumstances this may not have been the case and it could have resulted in

some significant duplication – at a time when we can least afford such duplication.

Recommendation 1

- (a) In order to minimise any potential duplication, at the beginning of each municipal year, all commissioners across Leeds' health and social care economy identify and report to the appropriate Scrutiny Board any specific service areas currently under review and/or planned to be under review in the immediate future.
- (b) Throughout each municipal year, commissioners across Leeds' health and social care economy ensure the appropriate Scrutiny Board is updated regarding the progress of any current service reviews and appraised of any in-year changes to future areas of review.

17. As mentioned above, the full report and associated recommendations agreed by the ICE is attached at Appendix 1 – however it is worth highlighting the key findings identified by commissioners:

- Many services in Leeds are offering support to Children and Young People with emotional and mental health difficulties.
- In some services there are long waits to access the service.
- The different services offer varying; lengths of wait, referral criteria, differing therapeutic interventions, and the amount of time spent in services.
- There are gaps between services.
- Services have made little to date of use of digital interventions either to offer support to young people who are waiting, or who are in a service. There is no known use of technology to offer alternatives to face to face appointments for young people.
- There is no one identifier for all children and young people, meaning we are not able to track each person through the system.
- Data on activity, waits and outcomes varies from service to service.
- There are variations in wait and activity when compared to regional equivalent services for CAMHS.
- There is no robust regional or national benchmarking data available.

18. A number of our own findings, some of which are summarised below, support the key findings presented to the ICE.

- Some of the waiting time data was wholly unacceptable and demonstrated a failure across the local health and social care system, with some service users describing feelings of 'abandonment' while waiting for an initial consultation from the time of referral. **We believe there should be some form of 'check-in' arrangements for those children and young people in receipt of a referral who are yet to have their first consultation.**
- At times we found the relationship between CAMHS and TaMHS confusing and unclear. We have received evidence that there are some significant gaps in the provision of a full spectrum of services and support to meet the different needs of children and young people. We also heard that many

school clusters report a gap between their service offer (TaMHS – early intervention and short term) and the specialist CAMHS thresholds. **We believe arrangements should be put in place to ensure there is no gap in service provision between what might traditionally be considered to be a CAMHS or TaMHS service need.**

- We are very concerned that despite the proposed improvement actions agreed by ICE, services are unlikely to fully meet the demand across the City, with it being reported to us that demand was likely to outstrip available resources by a ratio of 4:1. **We believe all partners should be aiming to design system improvements and deliver improved services to meet the needs of all children and young people across Leeds.**

Recommendation 2

That, as part of the system redesign, commissioners ensure:

- (a) Any gaps in current provision across TaMHS services and CAMHS are eradicated and that the whole system approach delivers seamless services to meet the emotional wellbeing and mental health needs for children and young people across Leeds.
 - (b) Appropriate ‘check-in’ arrangements are in place for those children and young people in receipt of a referral who are yet to have their first consultation.
- We welcome the delivery of TaMHS services through the local school cluster arrangements. We also recognise that, comparatively, the local arrangements are significantly better than in other parts of the country – which is supported by the national recognition these services in Leeds have attracted. However, **there is no room for complacency and we believe all partners should be working towards continuous improvement across the services on offer.**
 - We have concerns around the potential variance of services across different parts of the City – in particular in terms of the TaMHS services offered through school clusters. We understand that the potential for variance between school clusters is an issue previously identified by the Scrutiny Board (Children’s Services) as part of its inquiry into Cluster Partnerships and would support the need for this to be better understood, recorded and reported – with the ultimate aim of removing inappropriate variance across cluster partnerships.
 - We recognise the difficulties in balancing the design and delivery of services to reflect local need with ensuring equality of access and high levels of consistency in service quality. However, **we have not been sufficiently assured regarding children and young people’s ability to access services and the necessary level of support on a consistent level across the City and within different cluster areas.** We understand that the Scrutiny Board (Children’s Services) have identified similar concerns are part of its inquiry around ‘Kinship Care’.

Recommendation 3

By October 2015, through the Integrated Commissioning Executive, commissioners provide a report on a cluster-by-cluster basis that sets out the level of TaMHS services commissioned across the City; with services mapped against the level of existing demand and expected prevalence.

- It is important to remember that we live in a fast-paced, changing society. Younger generations, i.e. children and young people, are often at the forefront of changes, embracing advances in technology and making use of different methods of communication. **We believe it is equally important to ensure that services remain current and reflect the changing nature of society and should consider alternative methods of delivery.** As part of our inquiry, we have heard from children and young people that services would benefit from a greater use of on-line support, telecare and, in appropriate circumstances, social media.

Recommendation 4

That as part of the whole system approach and redesign, commissioners ensure greater use of on-line support, telecare and, in appropriate circumstances, social media in the provision of emotional wellbeing and mental health services and support for children and young people in Leeds.

- Invariably, when reviewing services for children and young people, consideration need to be given to the transitional arrangements in place to ensure a smooth and appropriate transition to adult services. From the evidence we have received, **it is clear that transition remains a significant issue for service users and providers.**
- We understand that most mental illnesses become apparent in the teenage years and can become long lasting. We are advised that 50% of mental illnesses in adult life (excluding dementia) start before age 15 and 75% by age 18. **We believe ensuring appropriate services are available during childhood and then facilitating smooth transitions to adult mental health services is critical to the success of CAMHS and TaMHS services in Leeds.** However, we have heard evidence that transition between services is and remains a huge issue and some young people had been known to have attempted suicide while in the transitional area between children's and adult's mental health services. We were saddened to heard that in some circumstances such attempted suicides had been successful.
- We acknowledge the ICE proposal to strengthen local transitional arrangements, but we cannot overstate our view that it is unacceptable that

some children and young people in Leeds have ended up in a position where suicide has been seen as the solution to the difficulties they were facing. In addition, as noted more generally elsewhere in this report, the recommendation to review transitional arrangements is not specific enough in terms of timescales and it does not articulate the performance measures that can be used to help demonstrate future progress and improvements. We believe the recommendation also fails to adequately identify how young people will be involved in the review of transitional arrangements.

Recommendation 5

- (a) By July 2015, the Integrated Commissioning Executive reconsiders its proposal to review transitional arrangements between children's and adult's mental health services and sets out in clearer terms its proposed timescales and suggested arrangements for involving young people in the review.
- (b) That the Integrated Commissioning Executive reports the outcome of (a) above to the appropriate Scrutiny Board.

19. Nevertheless, we welcome the recommendations and actions agreed by the ICE and certainly see this as a 'step in the right direction'. We see this as a firm commitment from commissions across Leeds' health and social care economy to address identified areas for improvement. We particularly welcome the proposal for a single point for GP referrals into the whole system of emotional wellbeing and mental health support – to be achieved by September 2015. However, we believe it is too early to say whether or not that this change in approach will deliver all the intended improvements – something which we make further comment on elsewhere in this report.
20. However, we are also cautious about the 'single point of access' terminology we have heard used on a regular basis. We believe such terminology could be misleading to some stakeholders. We believe it is important to stress the proposal relates to a single point of access for referrals – seemingly to help manage referrals, manage and equalise waiting times and act as a single identifier to help track individual children and young people through the system. As such, **we believe it would be more appropriate to refer to this as the 'single point for GP referrals'**.
21. Furthermore, despite seeing the recommendations agreed by ICE as a significant step in the right direction, we believe there are further improvements to be made in this regard. For example, many of the recommendations do not identify a timeframe for implementation and inadequately articulate the performance measures that can be used to help demonstrate future progress and improvements.

Recommendation 6

- (a) By July 2015, the Integrated Commissioning Executive reviews its agreed recommendations and identifies a clear timeframe for implementation, alongside the associated performance measures that can be used to help demonstrate future progress and improvements.
- (b) By September 2015, the Integrated Commissioning Executive reports the outcome of the review referred to in (a) above to the appropriate Scrutiny Board, including the baseline position of any identified performance measures.

Working with HealthWatch Leeds (HWL)

- 22. Overall, our relationship with HealthWatch (HWL) has improved and developed considerably during 2014/15 – including the appointment of a co-opted member to our Board. It is important to recognise that effective relationships do not ‘just happen’ and there needs to be considerable effort from all parties. We believe our relationship with HWL is getting stronger and heading in the right direction. We are grateful for HWL’s efforts in developing our relationship and across a range of different work areas during 2014/15. We believe our collaborative approach around Children’s and Young People’s Mental Health Services in Leeds is particularly worthy of being highlighted, and we look forward to further strengthening the relationship between appropriate Scrutiny Boards and HWL over future years.
- 23. As part of our inquiry we engaged with HWL – the local patient and public champion that aims to ensure local voices are heard and are able to influence the delivery and design of local services – and asked HWL to undertake some stakeholder engagement work to help inform our inquiry. The work undertaken consisted of a public consultation / survey during January 2015 – specifically aimed at young people (aged 11-25 years), parents/ careers of children or young people who had accessed services in the past 5 years, and professionals working in Leeds. The survey was complemented with a Children’s and Young People’s workshop in February 2015.
- 24. We considered a summary of the outcomes and findings of the stakeholder engagement work, which can be accessed using the following link:
www.healthwatchleeds.co.uk/youthwatch-leeds-reports-recommendations
- 25. As mentioned previously, we are grateful to all those who have contributed to our inquiry, however we believe the input and contributions from children and young people have been particularly powerful and relevant to this area of work. The challenge for us all – and in particular commissioners and service providers – is to design and deliver services based on what service users have shared with us and are reflected in the following key messages set out in the report compiled by HWL:

- There needs to be more choice, and where a wait is required, information and support (e.g. self-help, peer support, and online support) during the wait.
 - Services can still do more to become young people friendly, particularly by listening more to service users and parent/carers. Services also need to listen to young people's views more on an ongoing basis to help ensure that services develop in a way that meet young people's needs. There should also be more choice for young people about the level of involvement of their parent/carers in their care.
 - Any review should look at making the options and criteria for referrals and pathways clear and transparent, with choices described where available.
 - There should be provision for as much early help as possible. Schools in particular have a potentially valuable role to play in this, and as such specialist training for staff should be considered.
 - Challenges were mentioned across the board in understanding the current care and support available. The review should consider options for making this simpler and easier for all young people, parent/carers and professionals.
26. Broadly, we believe commissioners have sought to address these key messages through the report and recommendations agreed by the Integrated Commissioning Executive (ICE) – which is considered in more detail elsewhere in this report.
27. However, as part of our inquiry we heard the value that children and young people place on – and in some instances, rely upon – the 'drop-in' facilities and support available through 'the Market Place'. We believe this particularly needs to be reflected in the system redesign and that commissioners need to ensure the continuation of this service.

Recommendation 7

That as part of the whole system approach and redesign, commissioners ensure the continuation of the drop-in facilities and support available to children and young people through 'the Market Place'.

Working with Leeds Local Medical Committee (LMC)

28. Another positive aspect during 2014/15 has been the continued development of the relationship with Leeds LMC and the effective discussions held with senior representatives. It was during some of these discussions that members of the LMC raised concerns about referrals and access to the emotional wellbeing and mental health services for children and young people in Leeds.
29. We are grateful to the LMC for raising its concerns and hope this report demonstrates our belief that significant improvements to the referrals process and access to services are needed.
30. We believe proposed improvements for a single point of access (or referral) have the potential to simplify the process and bring an end to children and

young people 'bouncing around the system'. However, we believe it is too early to say whether or not that the proposed changes will deliver the necessary improvements – a view we believe is shared by Leeds LMC and supported by the following extracts from its letter, dated 25 February 2015:

'It is difficult however to be definitive about our current perception of TaMHS, as no comprehensive service is yet in place. The GP pilot scheme is operating in certain areas of Leeds and you informed us that it is working well. However, the information about the scheme has not yet filtered down to all GPs in the pilot areas. We have had reports from GPs in the pilot areas being unaware that they were in the pilot scheme at all.'

'Leeds LMC looks forward to receiving full details of the evaluation of the pilot scheme in due course. The full rollout of the pilot would go some way towards meeting the concerns of the LMC, particularly with regard to access for all Leeds children even if they attend school outside the city and for children attending private schools or being home-schooled. As I understand the full service roll out would also mean that some of the issues regarding the gaps in service between the TaMHS and CAMHS services would be addressed and that the two services would work together to ensure that all patients needs are met.'

'It is essential that the full rollout happens quickly as we have had issues with children's mental health services and access to such services for 2 years now and despite raising concerns at various levels progress has been very slow in addressing these issues. Although we were reassured to some degree that the TaMHS pilots were progressing well and that some of our concerns were being addressed, there was some frustration that this information had not been relayed to us during our numerous letters, meetings and discussions regarding children's mental health services.'

'... the LMC is continuing to hear reports that some schools are finding it difficult to access adequate TaMHS support for their pupils given the level of need and referrals which school clusters are experiencing.'

31. From this information, it is clear to us that good communication across the various parts of the local system will be pivotal to the success of the proposed changes. While we accept and understand that agreed changes need a period of time for implementation, we also believe that an early progress review is essential to ensure the desired improvements are being consistently delivered for all children and young people across Leeds. Such a review should also seek to identify any causes for any lack of progress or success.

Recommendation 8

- (a) That by January 2016, the Integrated Commissioning Executive reviews and reports on the operation of the proposed single point for GP referrals, considering progress against the intended outcomes and associated performance improvement measures.
- (b) That the review identified in (a) be considered on a whole system and a school cluster level, in order to help identify any systemic and/or local issues where further improvements may be necessary.

Care Quality Commission (CQC) Inspection Outcome

32. During the course of our inquiry we were made aware that Leeds Community Healthcare NHS Trust – the local provider of CAMHS – would be inspected by the Care Quality Commission.
33. The on-site inspections took place during November 2014; however there was a delay in reporting the outcome of the inspection. The suite of inspection reports were published by the CQC on 22 April 2015 and the Trust received an overall 'Requires Improvement' rating. However, due to the timing of the publication of the reports we have been unable to collectively consider the inspection outcomes or the provider Trust's response by way of any improvement plans. Nonetheless, we have accessed the CQC inspection reports and we believe it is important that the outcomes are at least referenced in this report. The CQC published the following reports that have specific relevance to our inquiry:

Specialist community health services for children and young people

34. This part of the inspection considered services located in seven (7) different locations across the City. This service area was judged as 'requires improvement' overall, with particular concerns identified in relation to services being safe and responsive.
35. The CQC report makes particular comment on the long waiting times for appointments and reduced access to services – clearly mirroring some of the concerns identified during our inquiry.

Child and adolescent mental health wards

36. The inspection team reviewed in-patient services delivered at Little Woodhouse Hall. While this area of service was rated as 'good' overall, concerns regarding safety were highlighted as a result of failing to identify all potential ligature points within the ward environment. The inspection also highlighted that the Trust had identified the premises (which it did not own) as unsuitable, but there was no clear timescale for moving to new premises.
37. Interestingly, similar concerns had been identified by the CQC when recently inspecting a different provider Trust in Leeds and we hope to explore in more detail if there are any underlying system-wide issues that might explain why such matters have been identified across two separate and different provider Trusts in Leeds.
38. While CQC inspection reports and recommendations for improvements relate to specific service providers, we believe it is also important to recognise the important role and responsibility that service commissioners have in assuring themselves about the quality of services they are commissioning for the public. As such, we believe the overall ratings highlighted by any CQC inspection must also be seen to reflect (in part) on the commissioners of those services. As such, we hope to explore in more detail and consider the adequacy of the assurance processes used by service commissioners across Leeds.

Recommendation 9

That as part of its work schedule for 2015/16, the appropriate Scrutiny Board:

- (a) Continues to monitor the outcome of Care Quality Commission inspections and the associated improvement plans developed by NHS Trusts in Leeds.
- (b) Specifically considers and reports on any matter that might suggest an underlying system-wide issue, including those areas identified in this report.
- (c) Considers and reports on the adequacy of the quality assurance processes across Leeds' Clinical Commissioning Groups and other service commissioners, where appropriate.

AGREED