

SCRUTINY BOARD (CHILDREN AND FAMILIES)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Wednesday, 27th November, 2019 at 10.00 am
(A pre-meeting will take place for ALL Members of the Board at 9.45 a.m.)

MEMBERSHIP

Councillors

H Bithell	-	Kirkstall;
P Drinkwater	-	Killingbeck and Seacroft;
B Flynn	-	Adel and Wharfedale;
A Forsaith	-	Farnley and Wortley;
C Gruen	-	Bramley and Stanningley;
C Howley	-	Weetwood;
A Hussain	-	Gipton and Harehills;
J Illingworth	-	Kirkstall;
W Kidger	-	Morley South;
A Lamb (Chair)	-	Wetherby;
J Lennox	-	Cross Gates and Whinmoor;
A Marshall-Katung	-	Little London and Woodhouse;
K Renshaw	-	Ardsley and Robin Hood;
R. Stephenson	-	Harewood;

Co-opted Members (Voting)

Mr E A Britten	-	Church Representative (Catholic)
Mr A Graham	-	Church Representative (Church of England)
Mrs K Blacker	-	Parent Governor Representative (Primary)
Ms J Ward	-	Parent Governor Representative (Secondary)
Vacancy	-	Parent Governor Representative (SEN)

Co-opted Members (Non-Voting)

Ms C Foote	-	Teacher Representative
Ms H Bellamy	-	Teacher Representative
Mrs A Kearsley	-	Early Years Representative
Ms E Holmes	-	Young Lives Leeds
Ms D Reilly	-	Looked After Children and Care Leavers

Principal Scrutiny Adviser:
Angela Brogden
Tel: (0113) 37 88661

Produced on Recycled Paper

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded).</p> <p>(* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Head of Governance Services at least 24 hours before the meeting).</p>	
2			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <ol style="list-style-type: none"> 1. To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2. To consider whether or not to accept the officers recommendation in respect of the above information. 3. If so, to formally pass the following resolution:- <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:</p> <p>No exempt items have been identified.</p>	

3

LATE ITEMS

To identify items which have been admitted to the agenda by the Chair for consideration.

(The special circumstances shall be specified in the minutes.)

4

DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS

To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.

5

APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES

To receive any apologies for absence and notification of substitutes.

6

MINUTES - 23RD OCTOBER 2019

1 - 6

To approve as a correct record the minutes of the meeting held on Wednesday 23rd October 2019.

7

SCRUTINY INQUIRY 'IS LEEDS A CHILD FRIENDLY CITY?' - FORMAL RESPONSE TO SCRUTINY RECOMMENDATIONS

7 - 30

To receive a report from the Head of Democratic Services presenting the formal response to the recommendations arising from the Scrutiny Board's recent Inquiry 'Is Leeds a Child Friendly City?'

8

FUTURE IN MIND: LEEDS STRATEGY AND LOCAL TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING

31 - 112

To receive a report from the Head of Democratic Services presenting information surrounding the Future in Mind: Leeds Strategy and Local Transformation Plan (2015-2020), including details of the recently refreshed Plan.

9

**SCRUTINY INQUIRY INTO EXCLUSIONS,
ELECTIVE HOME EDUCATION AND OFF-
ROLLING - DRAFT TERMS OF REFERENCE**

113 -
116

To receive a report from the Head of Democratic Services presenting draft terms of reference for the Scrutiny Board's forthcoming Inquiry into Exclusions, Elective Home Education and Off-rolling.

10

WORK SCHEDULE

117 -
138

To consider the Scrutiny Board's work schedule for the 2019/20 municipal year.

11

DATE AND TIME OF NEXT MEETING

Wednesday, 22nd January 2020 at 10 am (Pre-meeting for all Board Members at 9.45 am)

THIRD PARTY RECORDING

Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts on the front of this agenda.

Use of Recordings by Third Parties – code of practice

- a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.
- b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.

SCRUTINY BOARD (CHILDREN AND FAMILIES)

WEDNESDAY, 23RD OCTOBER, 2019

PRESENT: Councillor A Lamb in the Chair

Councillors H Bithell, N Dawson,
P Drinkwater, B Flynn, A Forsaith,
C Gruen, A Hussain, J Illingworth,
W Kidger, J Lennox and R. Stephenson

CO-OPTED MEMBERS (VOTING)

Mr E A Britten – Church Representative (Catholic)
Mrs K Blacker – Parent Governor Representative (Primary)
Ms J Ward – Parent Governor Representative (Secondary)

CO-OPTED MEMBERS (NON-VOTING)

Ms C Foote – Teacher Representative
Mrs H Bellamy – Teacher Representative
Mrs A Kearsley – Early Years Representative
Ms D Reilly – Looked After Children / Care Leavers Representative

38 Appeals Against Refusal of Inspection of Documents

There were no appeals against refusal of inspection of documents.

39 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

40 Late Items

There were no formal late items. However there was supplementary information in relation to Agenda Item 7 – Exclusions, Elective Home Education and Off-rolling, this was tabled at the meeting with the agreement of all Board Members.

41 Declaration of Disclosable Pecuniary Interests

No declarations of disclosable pecuniary interests were made.

42 Apologies for Absence and Notification of Substitutes

Apologies for absence were received from Cllrs Howley and Renshaw.

Cllr. Dawson attended the meeting as substitute for Cllr. Renshaw. Cllr. Bentley had been due to substitute for Cllr. Howley, however, Cllr. Bentley tendered his apologies as he had been called away to another meeting.

Mr Andrew Graham, Church Representative (Church of England) also sent his apologies.

43 Minutes - 25th September 2019

Draft minutes to be approved at the meeting
to be held on Wednesday, 27th November, 2019

RESOLVED – That the minutes of the meeting held on 25th September 2019, be approved as a correct record.

44 Exclusions, Elective Home Education and Off-rolling

The report of the Director of Children and Families provided the latest position in Leeds regarding Exclusions, Elective Home Education and Off-rolling. This information had been presented to Executive Board in September. Further to a recent article by 'Tes' linked to a leaked internal report from the GORSE Academy Trust, this was circulated to Board Members for information with the agreement of the Chair. Board Members were of the view that this information should be considered as part of this agenda item.

In attendance for this item were:

- Councillor Jonathan Pryor – Executive Member for Learning, Skills and Employment;
- Councillor Salma Arif – Deputy Executive Member;
- Steve Walker – Director of Children and Families;
- Phil Mellen – Deputy Director for Learning.
- Steve Walker – Director of Children and Families;
- Sue Rumbold – Chief Officer for Partnerships and Health.

Members were informed of the following points:

- The information contained within the submitted report had been presented at Executive Board during its meeting on 18th September;
- It was noted that the Council had previously approached the GORSE Academy Trust (February 2019) in relation to practices which now appear to be referenced in the leaked internal report from the GORSE Academy Trust, dated November 2016, in terms of the Trust's Progress 8 Modelling. These concerns had also been shared with the Regional Schools Commissioner;
- It had been noted that there had been an increase in the numbers of parents choosing to Elective Home Educate. Whilst acknowledging that this can be a positive choice for some families, there were concerns that in some cases parents were feeling pressured by schools to home educate their children in order to avoid them having a permanent exclusion on their personal record;
- Leeds City Council supports the Area Inclusion Partnerships and recognises the importance of pupils remaining in school.
- There have been no reductions to fixed term exclusions and concerns had been raised that the length of fixed term exclusions was becoming longer;
- Particular concern had been raised in relation to pupils that had been removed prior to examinations in year 11. This practice was not deemed to be in the interest of the child and more likely to be linked to a schools performance outcome;
- The legalities surrounding exclusions and elective home education were provided to the Board. Members also received clarification on parental approval and managed moves;

Board Members discussions included:

- The benefits of alternative provision for those pupils who are struggling within a mainstream school, which can either be a temporary intervention or a longer term solution;
- The role of the Council to challenge data and address any concerns including advising the Secretary of State or Ofsted of the concerns;
- The importance of positive discipline;
- Enriched curriculum to encourage good behaviour;
- The need for good communication between the Council and all schools including academies and to engage with the Area Inclusion Partnerships;
- Consistency in approach of exclusions with training and support provided to head teachers, teachers and governors;
- Support and advice to be provided to parents on behaviour policy and exclusions.

The Board proposed undertaking further scrutiny into this issue and requested that draft terms of reference for an inquiry be brought back to the Board's next meeting for consideration.

RESOLVED -

- (a) That the content of the report be noted;
- (b) That draft terms of reference for the Board's forthcoming inquiry into Exclusions, Elective Home Education and Off-rolling be brought to the Board's next meeting for consideration.

45 The Impact of Child Poverty on Achievement, Attainment and Attendance – Tracking of Scrutiny Recommendations

The report of the Head of Democratic Services set out the progress made in responding to the recommendations arising from the Scrutiny Board's earlier inquiry into the Impact of Child Poverty on Achievement, Attainment and Attendance.

In attendance at the meeting were:

- Councillor Jonathan Pryor – Executive Member for Learning, skills and Employment;
- Councillor Salma Arif – Deputy Executive Member;
- Sue Rumbold – Chief Officer for Partnerships and Health;
- Phil Mellen – Deputy Director for Learning;
- Amelia Gunn – Projects Officer, Children and Families

In relation to the recommendations as set out at appendix 2 the following position status categories were assigned by the Board:

Recommendation 1 – Achieved

Recommendation 3 – Not fully implemented. Progress made acceptable.
Continue monitoring

Recommendation 4 – Achieved

Recommendation 5 – Not fully implemented. Progress made acceptable.
Continue monitoring

Recommendation 6 – Not fully implemented. Progress made acceptable.
Continue monitoring

Recommendation 7 – Not fully implemented. Progress made acceptable.
Continue monitoring

Recommendation 8 – Not fully implemented. Progress made acceptable.
Continue monitoring

Recommendation 9 – Not fully implemented. Progress made acceptable.
Continue monitoring

Recommendation 10 – Not fully implemented. Progress made acceptable.
Continue monitoring

Recommendation 11 – Achieved

Recommendation 12 – Not fully implemented. Progress made acceptable.
Continue monitoring

Recommendation 13 - Not fully implemented. Progress made acceptable.
Continue monitoring

Recommendation 14 – Not fully implemented. Progress made acceptable.
Continue monitoring

Recommendation 15 – Not fully implemented. Progress made acceptable.
Continue monitoring

RESOLVED –To note the content of the report and agree the position status of the recommendations as set out above.

46 Thriving: A Child Poverty Strategy for Leeds

The report of the Director of Children and Families invited the Scrutiny Board to consider and comment on the ‘Thriving: A Child Poverty Strategy for Leeds’ document as well as setting out some of the work that has taken place over the last 18 months to mitigate the impact of child poverty in Leeds.

In attendance for this item were:

- Councillor Jonathan Pryor – Executive Member for Learning, Skills and Employment;
- Councillor Salma Arif – Deputy Executive Member;
- Sue Rumbold – Chief Officer for Partnerships and Health;
- Phil Mellen – Deputy Director for Learning;
- Amelia Gunn – Projects Officer, Children and Families.

Members of the Board were informed of the following key points:

- That the Child Poverty Strategy is to be considered for approval by the Executive Board in November.
- The population of children in the city is continuing to grow at a fast pace with a number of these children living in poverty;

- Leeds City Council, the University of Leeds, Child Poverty Action Group and CATCH worked in partnership with young people and parents who live on low incomes to discuss the day to day impact of poverty on their lives. The information from this collaborative working has produced a report 'More Snakes than Ladders' which was appended to the report;
- Free sanitary products are now available for all schools to request. The products will be available in bespoke packaging from January. Sanitary products will also be available at the Community Hubs so that they can be accessed during school holidays;
- An 'App' will be launched in the New Year which will provide support and guidance in relation to periods.
- That that Council continues to work proactively towards raising standards within the private rented sector, with particular reference made to the new Selective Licensing Scheme.

Reflecting on the work undertaken by Scrutiny in relation to its earlier Inquiry into Child Poverty, the Board welcomed the new Child Poverty Strategy and agreed to continue monitoring the delivery of this Strategy.

RESOLVED –

- (a) That the content of the report be noted;
- (b) That an update surrounding the delivery of the new Child Poverty Strategy be brought back to a future meeting of the Scrutiny Board at the same time as tracking the recommendations arising from the Board's earlier Child Poverty Inquiry.

47 Work Schedule

The Principal Scrutiny Adviser presented the report of the Head of Democratic Services to consider the Board's work schedule for the remainder of the current municipal year.

The work schedule was appended to the report.

Further to the Board's discussion last month regarding the Post 16 Meadows Park Partnership, it was agreed that this matter would be explored within the broader context of the city's Post 16 education provision and therefore be linked to the forthcoming Outcome Based Accountability work being undertaken by the directorate, which is expected to be completed by the Spring.

The Board agreed to receive an overview of the Local Transformation Plan for Children and Young People Mental Health and Wellbeing at its November meeting. This is to assist the Board in determining what areas it may wish to undertake further scrutiny.

RESOLVED – To note the content of the report and update the work schedule to reflect the Board's discussion during the meeting.

48 Date and Time of Next Meeting

The next meeting of the Children and Families Scrutiny Board will be on 27th November 2019 at 10:00am with a pre-meeting for all Board Members at 9:45am.

(The meeting concluded at 12.35 pm)



Report author: Angela Brogden
Tel: 3788661

Report of Head of Democratic Services

Report to Scrutiny Board (Children and Families)

Date: 27th November 2019

Subject: Scrutiny Inquiry 'Is Leeds a Child Friendly City?' – Formal response to scrutiny recommendations

Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has consultation been carried out?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will the decision be open 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

1. Purpose of this report

1.1 This report presents a formal response to the recommendations arising from the recent Scrutiny Inquiry 'Is Leeds a Child Friendly City?'

2. Background information

2.1 At its initial meeting in June 2018, the Scrutiny Board agreed to adopt a thematic approach and undertake an inquiry based on the question 'Is Leeds a child friendly city?' seven years on from the introduction of Child Friendly Leeds.

2.2 The Board agreed to theme its inquiry sessions around the five outcomes set out within the Leeds Children and Young People's Plan (CYPP), with particular consideration given to how much the Council and partners have progressed towards delivering each outcome in relation to the following cohorts:

- All children
- Vulnerable Children
- Looked After Children

- 2.3 This inquiry concluded in April 2019 and a report setting out the Scrutiny Board's conclusions and recommendations was finalised and published in August 2019 ([Link to Inquiry report](#)).

3 Main issues

- 3.1 In accordance with the Council's Scrutiny Board Procedure Rules, a formal response to the recommendations arising from this Scrutiny inquiry has been provided by the relevant Directorate(s) for Members' consideration (see Appendix 1).

4 Corporate considerations

4.1 Consultation and engagement

- 4.1.1 Details of those engaged in the Scrutiny Board's inquiry when compiling the recommendations are set out within the inquiry report. There has also been cross-directorate engagement as part of the formal response process.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 Where consideration has been given to the impact on equality areas, as defined in the Council's Equality and Diversity Scheme, this will be referenced within the Scrutiny Inquiry report and also as part of the formal response outlined in Appendix 1.

4.3 Council policies and the Best Council Plan

- 4.3.1 As well as being defined as one of the 'Best City' priorities, the child-friendly city aspiration remains visible throughout the Best Council Plan in recognition of the fact that realising this aspiration will require progress across all the Best Council Plan priorities, with renewed action to integrate policy initiatives. Alongside the Children and Young People's Plan, the city's Inclusive Growth and Health and Wellbeing Strategies are also key drivers for improving outcomes for children and young people.

Climate Emergency

- 4.3.2 Any climate emergency implications associated with the implementation of the relevant recommendations will be reflected as part of the formal response in Appendix 1.

4.4 Resources, procurement and value for money

- 4.4.1 Any financial implications associated with the implementation of the relevant recommendations will be reflected as part of the formal response in Appendix 1.

4.5 Legal implications, access to information, and call-in

- 4.5.1 There are no legal implications arising from this report.

4.6 Risk management

4.6.1 There are no risk management implications arising from this report.

5 Conclusions

5.1 In accordance with the Council's Scrutiny Board Procedure Rules, a formal response to the recommendations arising from the previous Scrutiny inquiry 'Is Leeds a Child Friendly City?' has been provided by the relevant Directorate(s) for the Board's consideration.

6 Recommendation

6.1 Members are asked to consider the formal response to the recommendations arising from the recent Scrutiny inquiry 'Is Leeds a Child Friendly City?'

7 Background documents¹

7.1 None.

¹ The background documents listed in this section are available to download from the council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Appendix 1 – Response to the Scrutiny recommendations stemming from the Inquiry ‘Is Leeds a Child Friendly City?’

Scrutiny Recommendations	Relevant Directorate(s) Response
<p>Desired Outcome That future annual Youth Voice Summit events are utilised effectively to facilitate engagement opportunities between children and young people and the Council’s Scrutiny function.</p> <p>Recommendation 1 That the Director of Children and Families leads on working collaboratively with the Head of Democratic Services to explore how future annual Youth Voice Summit events could be utilised to facilitate engagement opportunities between children and young people and the Council’s Scrutiny function.</p>	<p>The Director of Children and Families accepts this recommendation.</p> <p>The VIC Team aim to deliver 3 citywide youth voice summits a year. The focus for the three summits in 2020 will be climate change.</p> <ul style="list-style-type: none"> • Primary school youth voice summit Date TBC • Secondary school youth voice summit is booked for 12th February 2020 • Youth and Community Group Youth Voice Summit Date TBC <p>At each summit there is a marketplace of stalls where organisations and services can run quick consultation activities with children and young people. Scrutiny board members / relevant services can use the marketplace stalls as an opportunity to engage and consult with children and young people at all three events.</p> <p>The VIC Team will work in partnership with the scrutiny board over the next year to identify opportunities for board members to engage with children and young people. This could include the scrutiny chair being invited to citywide youth voice summits as an expert listener, enabling board members to meet with youth voice groups that link to the scrutiny inquiries and inviting scrutiny board members to a future Leeds Youth Council meeting.</p>

Desired Outcome

That there is greater awareness amongst young people of engagement opportunities, activities and available online resources.

Recommendation 2

That the Director of Children and Families explores opportunities for strengthening and developing communication links with young people, particularly those recognised as being hard to reach, in order to generate greater awareness of engagement opportunities, activities and available online resources.

The Director of Children and Families accepts this recommendation.

We recognise that care experienced young people leaving local authority care can be a particularly hard group to reach. The care leavers service has a specific focus on loneliness and isolation and is also responsible for the production of the care leavers offer, which all authorities are required to produce, detailing the support available to young people leaving care. We will work with the lead for this area within the care leaver service to assess and review current communication methods and develop better ways of engaging with this group of young people to ensure that they can easily access the information they need to support them to gain independence.

We will continue to utilise all of our social media channels to raise awareness of opportunities, activities and events for children, young people and families.

A full review of content on the Schools and Learning, Children and Families, Child Friendly Leeds, Breeze and Youth Information Hub webpages is taking place from October 2019 to September 2020.

Leaflets are sent into schools to promote Breeze activities through the summer and Christmas holidays and we send posters into primary schools to promote information about Child Friendly Leeds Live. There are also a range of Leeds for Learning e-newsletters sent regularly to colleagues in schools to advise them of activities and opportunities for children, young people and families, which allows them to share with parents/carers as appropriate.

The Child Friendly Leeds enrichment team works with partners to develop projects, events and activities specifically tailored to children who are looked after and care leavers, and promotes these opportunities to the fostering team and colleagues in children's social work services, who are best placed to share these with the young people they work with and their families as trusted messengers.

We are also currently reviewing how we communicate opportunities for young people to the youth service and youth justice service.

Desired Outcome

That the existing equality impact assessment process is being applied consistently across the Council in terms of providing a clear demonstration of how Council decisions impact on children and young people.

Recommendation 3

That the Chief Executive leads on reinforcing the expectation that, as part of the Council's decision making process, there is a clear demonstration of the following:

- a) Impacts on children and young people as part of the existing equality impact assessment process.
- b) Reference to any relevant consultation exercise undertaken with children and young people, including details of an agreed feedback route that will enable those consulted to see how their contribution has helped to make a difference.

The Chief Executive accepts this recommendation.

Examples of Equality Impact Assessments that have been undertaken, are due to be undertaken or being proposed where children and young people have been or will be involved in some way to get their views:

In February 2018 Sarah Johal along with members of her assessment Team undertook an Equality, Diversity, Cohesion and Integration (EDCI) Impact Assessment entitled 'One Adoption West Yorkshire' to discuss the new regional adoption agency and how it considers Equality, Diversity, Cohesion and Integration throughout the adoption process. In addition to the assessment, areas for improvement were highlighted along with the required to be undertaken to address them.

Adopters via 'Adopter Voice' were consulted as part of the assessment to gather a perspective of the main service users which includes adopted teenagers', adoptive parents and birth parents.

Through the assessment it was noted that the service focuses on effective partnership working to continue the improvement of services to children affected by adoption irrespective of age, religion/ belief/ faith, disability, gender, sexual orientation, race or if they are a transgender.

In addition, OAWY work with AT-ID (adopted teens identity) to learn from feedback from adopted teenagers.

Examples of consultation exercises undertaken with children and young people and, where available, details of feedback given to the young people:

The Council has developed a 'Checklist for Involving Young People in Commissioning' outlining how young people should be involved in the process. The commissioning team aims to be as inclusive as possible and offer opportunities for all youth groups including LGBT youth groups.

Consultation with trans young people on development of Gender Identity Guidance - Young people who attend the Transtastic youth group were consulted on the production of the Gender Identity Guidance for schools. They gave case studies from their own experiences which were then used in developing the guidance.

Young people from the Out to 18 and Transtastic groups were consulted and invited to comment on the revised versions of the LGB and Trans One Minute Guides and their comments taken into account when making the revisions.

The My Health My School Survey is an annual online pupil perception survey which aims to capture pupil's experiences of their health and wellbeing and school experiences. The survey is aimed at children and young people in Primary (years 3, 4, 5, 6) and Secondary (7, 9 & 11) settings. In addition there is also a survey for Post 16 and young people with additional needs (SEND survey). The survey comprises a range of questions on the following themes: Healthy Eating/Physical Activity and Sport/PE in School/Drugs, Alcohol and Tobacco/Sexual Health (Secondary, Post 16 only) Social, Emotional and Mental Health (SEMH) and My School/College.

The Youth Activity survey is annual survey which asks young people what activities they currently take part in and what they would like to e.g. would they like inside or outside activities and the time of day they would like them to be held, etc. The results from the survey are used to inform future planning and activities provision.

As part of the commissioning process Commissioning and Market Management will often undertake reviews of services or groups of services and as part of that seek views of children, families and a range of stakeholders. Normally this will centre around their views or satisfaction with provision currently available and feedback on key outcomes for the design of new services. This feedback is gained via a variety of methods depending on the individual project but often includes a stakeholder workshop of some kind and it is usual for the service to

seek feedback from attendees on the usefulness of the session held via a brief form completed on the day.

The Workforce Development Service have recently worked with a young person from Priesthorpe High School who is a restorative practice ambassador at her school, to improve and develop Children and Families restorative practice resources. The young person was with the WDS for a week's work experience in August 2019. The young person wrote an article for the Workforce Development Team Summer 2019 Update newsletter about her experience of working with the service. The WDS are hoping that this young person will be joining them for a takeover day in November.

Current process and provision of information to aid the consideration of impact on children and young people

Following a call from Scrutiny in 2012 it was agreed not to introduce a separate process for conducting children impact assessments in the decision making process. This is because the council has a process in place which facilitates consideration across all protected characteristics and any additional local characteristic. As one of these characteristics, age includes:

- People of the same age
- People of a range of ages
- Children
- Young people
- Older people

(Page 9 – Equality, Diversity, Cohesion and Integration Impact Guidance)

To strengthen consideration of children and young people, particularly where services to adults are concerned, and as a result of scrutiny it was agreed to add a couple of prompts into the detailed equality impact assessment form – these are in section 10 and section 11 of the impact assessment form.

Comprehensive guidance is available which sets out: our legal duties; definitions

of the different characteristics to be considered; practical tips for giving due regard to equality; examples of some of the barriers that different groups may experience. Children and young people are referenced within this guidance as specific examples or general considerations. The Communities Team (Equality) remain available to provide advice and challenge – particularly where proposals are potentially controversial and of public concern.

Additional actions to respond to the Scrutiny recommendation

In response to this scrutiny recommendation, the comprehensive EIA guidance noted above is going to be refreshed – simplifying the content, ensuring it is easy to use and strengthening appropriate areas. Children and Families have agreed to contribute their expertise and insight to the refresh and a meeting is to be arranged in late November / early December to progress this.

A series of additional actions are being taken through the ongoing Corporate Reporting Review to reinforce the expectation that, as part of the council's decision making process, there is a clear demonstration of the impact of decisions on children and young people. These include:

- Development of a simple 'how to' guide for report writers covering all equality issues – this guide will clearly set out the importance of considering the impact of decisions on children and young people.
- New guidance to go alongside a new corporate report template, which clearly prompts report writers to “remember that Age includes children and young people, as well as older people.”
- Development of a new training package for report writers and decision makers, including a module and learning outcome around consideration of impact on protected characteristics including Age.

In all of the above, the importance of considering the impact on children and young people in a timely manner will also be stressed – making clear that by the time a report is being written and / or an impact assessment form being

	<p>completed, the decision maker / lead officer should already have considered the scope of potential impacts in detail, and planned this into their work.</p>
<p>Desired Outcome That the voice of children and young people is strengthened linked to the Council's formation and examination/inspection of local planning documents</p> <p>Recommendation 4 That the Director of City Development and Director of Children and Families build upon existing cross-directorate working arrangements to explore how the voice of young people can be strengthened in terms of the future formation and examination/inspection of local planning documents</p>	<p>The Director of City Development and Director of Children and Families accept this recommendation.</p> <p>Ian Mackay and City Development are currently revising the Council's Statement of Community Involvement (SCI), a statutory document which sets out how we consult on planning applications and planning policy documents, including the support we provide for neighbourhood planning. Vicki Marsden (community voice and influence) and Hannah Lamplugh (citywide voice and influence) participated in the first session, alongside an engagement group made up of representatives from Children and Families, and a Year 12 student from Roundhay High School. The engagement group are helping to ensure that the statement is clear, simple and relevant. At a later stage (December 2019) the group will assist the Council draft of a new SCI through further consultation. Jasmine Franklin also ran a consultation session on SCI with the Leeds Youth Council on Saturday 19th October 2019.</p> <p>Additionally, the community youth ambassadors have begun to work with planning to establish child friendly developments. The ambassadors presented to developers their views on improvements for future developments ensuring they are child friendly and suitable for all residents e.g. seating for rest and socialising, wider footpaths, less cars to enable playing out safely etc.</p>
<p>Desired Outcome That there is more targeted engagement opportunities for local youth groups and schools to share their views on relevant planning proposals within their areas.</p> <p>Recommendation 5 That the Director of City Development and</p>	<p>The Director of City Development and Director of Children and Families accept this recommendation.</p> <p>Revised Statement of Community Involvement SCI will include guidance on how to communicate and engage with children and young people from local youth groups and schools (and others) on consultations about planning proposals that may be of interest to young people in particular. This will be in the form of guidance for developers but also ensuring that officers reports make reference to how young people have been engaged/consulted.</p>

<p>Director of Children and Families explore opportunities for more targeted engagement with youth groups and schools linked to relevant planning proposals within their specific areas.</p>	<p>City Development are currently revising the Council's Statement of Community Involvement (SCI) which sets out how we will consult on planning applications and planning policy documents, as well as setting out the support we will provide for neighbourhood planning. The Council's Equality Hub has assisted with distribution of consultation material, a presentation on consultation and engagement was made to the Youth Forum 19 October 2019 and this presentation will be followed-up by other targeted events.</p> <p>The new Statement of Community Involvement (SCI) will have a section dedicated to children and young people. It will not set out requirements but the expectation that children and young people will be more engaged in the planning process generally and consulted on planning applications that may be of particular interest or relevance to them. The SCI will set out why engagement and consultation with children and young people is important, how this can be done effectively and will include examples of good practice to inspire.</p> <p>The Council has also prepared a planning protocol with developers, facilitated through the Chamber of Trade. Discussion will take place with the Developers Forum and the Chamber on how this can better reflect the needs of young people and children. This will also be about good practice and expectation, rather than setting requirements.</p>
<p>Desired Outcome That broader measures of success and performance indicators linked to all children feeling safe from harm are developed and incorporated into future Children and Families performance reports.</p> <p>Recommendation 6 That the Director of Children and Families works with the Director of Communities and Environment to explore appropriate success measures and performance indicators to be</p>	<p>The Director of Children and Families and Director of Communities and Environment accept this recommendation.</p> <p>The My Health, My School survey is a pupil perception survey that asks children and young people (CYP) a range of questions under eight key themes. In last year's (2018/19) My Health, My School Survey had 21,954 responses from 190 schools in Leeds. This provides a vast and representative sample of the health and wellbeing of CYP in Leeds. Results are reported annually.</p>

incorporated into future performance reports linked to the CYPP outcome around all children and young people feeling safe from harm.

Feel Safe / Very Safe		Child Looked After		Non Child Looked After	
		Count	%	Count	%
At home	Primary School	53	98.1%	8,957	98.8%
	Secondary School	67	87.0%	7,832	98.2%
At school, not in lessons	Primary School	51	94.4%	8,373	92.3%
	Secondary School	61	79.2%	6,839	85.8%
Travelling to and from school	Primary School	46	85.2%	8,051	88.8%
	Secondary School	62	80.5%	6,794	85.2%

Know where to go to get help or advice on...		Child Looked After		Non Child Looked After	
		Count	%	Count	%
Drugs	Primary School	35	64.8%	6,683	73.7%
	Secondary School	47	61.0%	6,272	81.7%
Alcohol	Primary School	36	66.7%	6,706	73.9%
	Secondary School	51	66.2%	6,285	81.9%
Grooming (CSE)	Primary School	-	-	-	-
	Secondary School	44	57.1%	5,550	72.3%
Radicalisation	Primary School	-	-	-	-
	Secondary School	26	59.1%	2,768	68.24%

The Office of the Police and Crime Commissioner Your Views survey is sent out to a stratified sample of 111,000 households across West Yorkshire every year and the results are helping the OPCC, police and partners to better understand issues at a local level and bring about positive changes. Over 5,000 responses were received

	<p>from Leeds residents in 2018/19, however very few responses were from people aged under 24 years. Results are reported quarterly, the table below reflects 2018/19 in full.</p> <table border="1" data-bbox="842 301 2049 491"> <thead> <tr> <th colspan="2">Feel Safe / Very Safe</th> <th>Count</th> <th>%</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Local Area</td> <td>Aged under 15 yrs</td> <td>5</td> <td>71.4%</td> </tr> <tr> <td>Aged 16 – 24 yrs</td> <td>62</td> <td>66.7%</td> </tr> </tbody> </table>	Feel Safe / Very Safe		Count	%	Local Area	Aged under 15 yrs	5	71.4%	Aged 16 – 24 yrs	62	66.7%
Feel Safe / Very Safe		Count	%									
Local Area	Aged under 15 yrs	5	71.4%									
	Aged 16 – 24 yrs	62	66.7%									
<p>Desired Outcome That existing processes are being maximised in terms of sharing key information to parents about existing parental advice and support.</p> <p>Recommendation 7 That the Director of Children and Families explores opportunities to maximise the use of existing processes, such as the admissions process, as a way of disseminating key information to parents about existing parental advice and support services.</p>	<p>The Director of Children and Families accepts this recommendation.</p> <p>Each of the 29 Little Owls nursery settings within Children’s Centre now have their own website (linked to the Family Information Service website) to disseminate information and advice to parents, and a social media roll out programme is underway developing a Facebook site for each Children’s Centre. In addition to the current CC offer around parental engagement, Children’s Centre family outreach teams are continuing to strengthen the integrated working with 0-19 Public Health Integrated Nursing Service colleagues by making use of the core contacts for the Healthy Child programme to disseminate information and advice to parents.</p> <p>The Admissions Processes, as another example, are primarily facilitated online, which provides metadata on which pages are regularly visited by approx. 30,000 families involved in a school admission process throughout the year. Once the mapping of parenting advice and skills has been completed (Rec 8) these can be publicised on pages that are already regularly visited by families, with opportunities for targeted local information on particular ‘Find a School’ pages.</p> <p>The Family Information Service website provides the facility to publicise all parenting advice and support services available throughout the city, and will be populated with the information collated as a result of Recommendation 8b as soon as this is available. This will be shared through our social media channels.</p>											

Desired Outcome

That there is a clear understanding of the Leeds offer in terms of parental engagement within schools and broader parental skills provision.

Recommendation 8

That the Director of Children and Families:

- a) seeks to gather information surrounding the parental engagement work undertaken by schools across the city;
- b) undertakes a mapping exercise of existing Parenting Skills provision across the city;
- c) utilises local intelligence and research to inform the development of a parental engagement strategy for the city.

The Director of Children and Families accepts this recommendation.

We have identified several examples of good practice including: Bracken Edge who have a great programme of parental workshops in place, Whingate who use stay and play to engage with parents and future pupils, Westgate who run effective and well attended parental workshops and Parklands who have influential and popular parent groups.

At Secondary level Leeds City Academy do excellent work with harder to reach families such as the GRT Community. They also do a huge amount around supporting parents (and students) with Visa applications/EU Settlement Scheme. Lawnswood school's EAL department do great work involving BAME parents in their provision.

There is ongoing work with parents whose children have long term medical conditions and may have many medical appointments/time away from school due to illness – this is follow up multi-agency work on two events: In Your Shoes and youth forum in Children's Hospital. The objective is to support schools and parents on issues raised by both on issues of attendance/ register coding/ in school support for young people and individual health plans - also updating documents on expectations for school and for parents. The School Attendance Toolkit has been updated with recommendations from this group.

Medical Needs Teaching Service continue to have positive reviews from parents and schools – bespoke support to young people and results at 16 are good.

Year of Reading work on parental engagement via schools, libraries and children's centres, including working with Adult Education providers. Currently at an early stage.

Special Educational Needs Statutory Assessment and Provision (SENSAP) engages parents at SILC coffee mornings and parent carer groups in the city. We are looking at rolling out drop in sessions to help support around any key issues

with the Education Health and Care Plan (EHCP) process.

Ongoing, parental engagement throughout the EHC needs planning process, including enabling families to participate in decision making as much as possible is a key aim.

Educational Psychology (EP) team

- All EP consultations/ drop ins – Accessible to parents with schools - feedback from parents in terms of how useful it is. Hugely positive response. Commitment to continue as core.
- EP team is responding to evidence from CYP about anxiety being a key issue for them. (Source: HOPE and MHMS survey) Future in Minds HOPE – coordinating evidence based responses and universal and targeted offer. EP Team developing further support around emotional based school refusal to support school response. Coordinating with Children and Adolescents Mental Health Service (CAMHS) to support universal offer.

Joint SENSAP, Special Educational Needs and Disabilities (SEND) support services, health and care – Designing quality assurance (QA) process for EHC around advice and practice– Sunshine and Smiles and EPIC are involved in the core group.

STARS (learning inclusion autism support team)

The drop in advice session is run once a month at Leeds Central Library. The STARS team are available for advice alongside the ABC Parent Support Group (parental group supporting autism), Special Educational Needs and Disabilities Information and Advice Service (SENDIAS), CAMHS and specialist health visitors. STARS and EP team involved in parent support groups regarding Autism Spectrum Condition (ASC) pathway – Pathfinders and Cygnet. Nearly 100% positive responses. This will be part of the considerations around the integrated autism pathway work with health.

EP team plan – response to feedback from SEND survey - Written into EP team plan.

The Voice and Influence SEND ballot 2018 identified the following priorities for parents and carers. The top priority (31%) is “all... learning places identify and address the barriers that prevent children and young people from engaging in and enjoying learning”. Families identified the following issues: training to increase awareness and understanding of staff, provision not meeting children’s needs, lack of information and communication with families and school priorities, policies and procedures not being inclusive. Priority 3 (13%) is “All children and young people have their basic rights met”including “the right to education” .

- Early Help training offer being increased for 2019-2020. Free training for schools on graduated approach being rolled out with SENCOs.
- 2019-2020 Key objective to increase opportunities of feedback from parents to inform service delivery. Indicator – variety of parental feedback sources to increase.

The Voice and Influence Team produced this guide for schools:

<https://familyinformation.leeds.gov.uk/professionals/setting-up-a-parent-council-in-leeds-primary-schools> which we have sent to all schools but needs following up with a reminder to all schools. They also run an annual student voice/ parent voice training session for governors.

Supplementary schools have very strong links with parents/carers. Every year we engage parents in various activities and events.

Example 1, on 8th September 2018, Baltica School (a Russian school that runs at weekends) opened its door to all families including parents and siblings when they all took part in a range of ecological activities together to raise the awareness of "Saving the planet". Parents and children participated in various activities and games with staff and volunteers such as identifying what objects are good for the planet and planting in the garden and so on together not only to learn some

knowledge about the environment, but also build strong relationships between the school and families.

Example 2, on 13th July 2019, La Petite Ecole (a supplementary school that takes place on Saturdays for French speaking children) organised a Bastille Day Event where children and teachers celebrated their achievements and success with parents. Parents supported the event and learned the journey of their children's learning including various presentations and performances in both English and French.

Example 3, during the British Science Week 8th – 17th of March 2019, Learning Improvement worked closely with Baltica School, Hamara Supplementary School, Nuestra Escuela Leeds and Thai School and co-organised the following events for children and families: Science Fair on 9th of March 2019 at Hamara for children and parents in south Leeds, Space Odyssey on 16th of March 2019 at the Polish Centre for families in north Leeds and a Water themed event on 31st of March at Corpus Christi Catholic College for children and parents in East Leeds. All the events focused on promoting STEM subjects through family learning. Over 400 people including parents attended the events. Feedback was phenomenal.

Future actions: We will ensure best practice is widely shared, identify further best practice at secondary and post – 16, share DfE best practice guide with all schools.

Through the Early Help Board, a Parenting work stream has been established by the Voice & Influence Team as part of our engagement programme (2 meetings have taken place to date) to bring together partner expertise, knowledge and skills using a co-production approach to determine the current parenting support offer across the City, define the types of delivery, make recommendations to support the ambition for an evidence based parenting offer & develop a coherent 0-19 (25) parenting strategy. The work stream is accountable to, will report to & take feedback from the Early Help Board. There is a strong commitment to developing an engagement strategy.

	<p>Terms of Reference :</p> <ul style="list-style-type: none"> • To work collectively to support evidence based practice and a consistent approach to parenting support. • To work collaboratively with members pro-actively taking on tasks and leading appropriate tasks and finish groups. • To ensure that parenting support adds value to existing approaches/services and forms part of our overall landscape of Early help support. • To work collectively using a solution focused approach to problem solve challenges and provide collective leadership to move things forward. • To play a co-ordinating role in ensuring connectivity between key strategic priorities and initiatives at a local and city level. • To ensure learning from the work stream helps inform the continued development of good practice amongst partners and wider stakeholders in supporting all families including those with additional needs. • To ensure a continued focus on improving outcomes for children and families and that any plans support our shared priorities. • A mapping exercise will be undertaken to establish the existing parenting skills across the city.
<p>Desired Outcome That the Council is actively encouraging and promoting good practice in relation to the role and function of school councils across the city.</p> <p>Recommendation 9 That the Director of Children and Families disseminates advice and good practice across all local schools in relation to the role and function of school councils.</p>	<p>The Director of Children and Families accepts this recommendation.</p> <p>Richard Cracknell (VIC Team) helps deliver the Health and Wellbeing Service's annual effective school council training. He also delivers annual training to governors on pupil voice and parent voice.</p> <p>Quarterly e-bulletins developed by VIC Team and sent to all schools in Leeds often feature good practice examples from local school councils. We will continue to include good practice examples in future e-bulletins.</p> <p>Additionally, HWS support annual effective school council training for schools for which they provide a checklist for them to assess how effective their current</p>

	<p>school council provision.</p> <p>Going forward, this document will ideally form the basis of a One Minute Guide (OMG) for schools and HWS could identify some good practice to share.</p> <p>Similarly, with the support of local Leeds primary schools, HWS are currently developing an Effective School Council Toolkit resource based on the annual training and something that they will make available (at a cost) to Leeds schools in order that they are able to access guidance at any time.</p>
<p>Desired Outcome That children and young people have access to good quality information and advice on relationships.</p> <p>Recommendation 10 That the Director of Children and Families and Director of Public Health work together to ensure children and young people have access to good quality information and advice on relationships and that good practice from schools in Leeds is captured and disseminated.</p>	<p>The Director of Children and Families and Director of Public Health accept this recommendation.</p> <p>The “You, Me, PSHE” scheme of work has been mapped against the new statutory guidance for relationships education and health education. This will be shared during a workshop and carousel at the Relationship Education/Relationship and Sex Education Subject Leader Day. This day took place on the 8th November 2019. It was the first of the three Subject Leader days which the Health & Wellbeing Service are running this academic year, the other two are being held on 28th April 2020 and 9th July 2020. The day will include keynotes from DfE, Stonewall Education and NSPCC.</p> <p>A document which maps resources alongside the new statutory secondary RSE guidance is being created for the RE/RSE PSHE subject leader day.</p> <p>There is an updated and refreshed School Health Check in line with statutory guidance (September 2020) and new September 2019 Ofsted framework.</p> <p>The RSE Template policy has also been updated.</p>

There will be a workshop at the RE/RSE PSHE subject leader day including:

- Good practice shared and disseminated – case studies in celebration event (July 2019).
- MindMate Champion/Healthy Schools Health Champion case studies linked to relationships
- Carousel sharing good practice at subject leader day, school staff presenting at subject leader day and running workshops & case studies during training courses.

The school wellbeing website is updated monthly and promoted to schools with new resources and key information.

Information and advice on relationships education is a key part of school support visits, offered through area consultants. Good practice is shared at these meetings too.

The RSE Conference in July 2019 was attended by 140 delegates and the Frequently Asked Questions document was shared to all schools to support parents with questions around the new statutory guidance on RE/RSE.

The Support and Prevention team offer direct delivery sessions on relationships to both primary and secondary schools (see below) which signpost children and young people to relevant support services including Chat Health, Kooth and Teen Connect.

Primary – Positive Relationships

This one hour session uses activities adapted from a range of quality resources and explores what a positive relationship is and the issue of unacceptable behaviour within relationships. By the end of this session pupils will be able to:

- identify positive qualities within a relationship
- recognise acceptable unacceptable behaviours
- understand who they can go to for help
- understand the importance of not keeping secrets

	<p>Secondary – Healthy Relationships</p> <p>This one hour session uses a range of resources to explore healthy and ‘unhealthy’ relationship and enables young people to gain an understanding of behaviours which are controlling and abusive.</p> <p>Additionally, Best start work: Practitioners share information and support parents to build warm responsive relationships with their babies including via the Health Visitor contacts, promotion of breast feeding and responsive bottle feeding , antenatal education and parenting groups including Understanding Your baby programme, and HENRY groups delivered at children centres . This enables the necessary brain development which forms the foundation for the individual to be emotionally resilient and have the capacity to form positive relationships in later life.</p>
<p>Desired Outcome</p> <p>That Scrutiny is informed of the findings arising from the evaluation of the MindMate Champion programme and MindMate lessons.</p> <p>Recommendation 11</p> <p>That the Director of Children and Families ensures that the outcome of the evaluation of the MindMate Champion programme and MindMate lessons by Healthwatch and MindMate Ambassadors is brought to Scrutiny for consideration.</p>	<p>The Director of Children and Families accepts this recommendation.</p> <p>The findings are presented in the following report: https://healthwatchleeds.co.uk/wp-content/uploads/2019/01/MindMate-Champions-report.pdf</p> <p>The lessons have been mapped against the new statutory guidance for relationships and sex education and health education and this will be included in the updated curriculum map, along with the You, Me PSHE scheme of work.</p> <p>A review of the content of the lessons will be undertaken to ensure all the links are up to date and working with any updates added since they were written by April 2020. A date to report to Scrutiny to be agreed.</p> <p>There will be continued promotion of the different services within the MindMate brand through our work with schools including through consultant visits, emails and training.</p>

The service supported the Make Your Mark mental health priority with the Youth Council by running a workshop on 12th January 2019 on the different SEMH work across the city and how to run a successful mental health campaign. The service also worked with Richard Cracknell in the planning stages of the campaign to provide guidance and support.

All marketing materials from the CCG have been disseminated out to schools, some kept aside for our 20th anniversary celebration event in June 2020.

The MindMate website and Single Point of Access (SPA) pathway is advertised in all relevant training sessions run by the Health & Wellbeing Service across the academic year and will be continued to promote MindMate's different services through our SEMH subject leader days - they feature in every SEMH subject leader day resource pack.

MindMate Lessons and the PSHE Scheme of work were analysed to ensure that between them, all of the updates in the new statutory guidance are covered by either group of lesson plans.

Consultants also contacted schools individually and offered a 90 minute support visit which they were entitled to as MindMate registered settings.

A MindMate Champion guidance document has been created ready to be emailed out to all schools.

There are plans to use existing MindMate Champions submissions as case studies, with permission from the schools, which have been included in the guidance document and will be promoted through various websites.

Present MindMate Champions case studies were shared at an annual Health and Wellbeing Service annual Celebration event to share good practice with other schools and engage schools to become MindMate Champions themselves.

<p>Desired Outcome That Scrutiny is being actively informed and engaged in ongoing work linked to improving public transport for young people.</p> <p>Recommendation 12 That the Director of Children and Families ensures that a detailed update on the work undertaken by the directorate, in conjunction with other key partners, in relation to improving public transport for young people is brought to the relevant Scrutiny Board on an annual basis.</p>	<p>The Director of Children and Families accepts this recommendation.</p> <p>A ‘mystery shopper’ survey by young people is now underway, through an app on smart phones which can be completed in real time during public transport journeys. This was recently launched and we will have data in the near future. Members of the Youth Council are meeting with senior executives from the main bus operators in Leeds on 27th November to feedback and agree next steps.</p>
<p>Desired Outcome That the membership and action plan of the Play Partnership is shared with Scrutiny linked to the delivery of the Leeds Commitment to Children’s Play.</p> <p>Recommendation 13 That the Director of Children and Families reports back to Scrutiny with membership details of the new Play Partnership as well as details of the Partnership’s action plan to deliver the Leeds Commitment to Children’s Play.</p>	<p>The Director of Children and Families accepts this recommendation.</p> <p>Initial “Partners in Play” meetings have taken place that included representatives from a range of LCC teams and some VCFS organisations. To expand the memberships and increase the range of partners from outside of LCC an event has recently taken place to secure the commitment from a wider audience. The event included workshops on the 3 outcomes and the information gathered from these will inform the action plan. A follow up meeting will take place at the end of the year to finalise the action plan, formalise the partnership and agree reporting deadlines to Children and Families Trust Board and Scrutiny.</p>

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Report of Head of Democratic Services

Report to Scrutiny Board (Children and Families)

Date: 27th November 2019

Subject: Future in Mind: Leeds Strategy and Local Transformation Plan for Children and Young People’s Mental Health and Wellbeing

Are specific electoral wards affected?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, name(s) of ward(s):	
Has consultation been carried out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will the decision be open for call-in?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If relevant, access to information procedure rule number:	
Appendix number:	

1. Purpose of this report

1.1 To present information surrounding the Future in Mind: Leeds Strategy and Local Transformation Plan (2015-2020), including details of the recently refreshed Plan.

2. Background information

2.1 At the beginning of the municipal year, the Children and Families Scrutiny Board expressed an interest to undertake further scrutiny surrounding social, emotional and mental health support for children and young people in Leeds as this was identified as a key priority area during the Board’s recent Child Friendly Leeds Inquiry.

2.2 The Future in Mind: Leeds Strategy and Local Transformation Plan (2015-2020) sets out the city’s vision, progress and next steps to improve the social emotional, mental health and wellbeing of children and young people aged 0-25. The Scrutiny Board therefore agreed to receive an update surrounding this Strategy and Plan to help in determining what, if any, further scrutiny work it would like to undertake during this municipal year.

3. Main issues

3.1 The Future In Mind Local Transformation Plan (LTP) is refreshed on an annual basis and has recently had its fourth and final annual refresh. This is therefore the

final year of delivery of the Strategy. However, during 2020/21, informed by the NHS Long Term Plan and the Leeds all age Mental Health Strategy (currently in development), a new 5-year strategic plan will be created to continue the city's journey to improve children and young people's mental health and wellbeing in the city.

- 3.2 A joint report of the Director of Operational Delivery, NHS Leeds CCG and the Council's Director of Children and Families is attached for the Board's consideration. This provides an update on the work being undertaken to drive forward the Future In Mind Strategy and includes a copy of the recently refreshed Future in Mind: Leeds Local Transformation Plan for Children and Young People's Mental Health and Wellbeing.

4. Consultation and engagement

- 4.1.1 Details of consultations undertaken linked to the Future In Mind Strategy and the refreshed Local Transformation Plan are set out in the attached report.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 The attached report acknowledges a specific priority in the Local Transformation Plan to continue to review and check that the needs of vulnerable young people are met. This is supported by the intelligence gathered by the commissioned Future in Mind: Leeds Health Needs Assessment (2016). Linked to this, there is an intention to add to and update the HNA over the next 6 months. A specific BAME HNA is currently being completed and findings from this are expected inform further work over the next year.

4.3 Council policies and the Best Council Plan

- 4.3.1 The Leeds Health and Wellbeing Strategy 2016-2021 and Children and Young People's Plan 2018-2023 remain the blueprints for how the Council and its partners will put in place the best conditions in Leeds for people to live fulfilling lives – a Child Friendly, healthy city with high quality services. Linked to this, improving social, emotional, and mental health and wellbeing for children and young people is one of the eleven priority areas of work identified within the Children and Young People's Plan.

Climate Emergency

- 4.3.2 There are no specific climate emergency implications linked to this report.

4.4 Resources, procurement and value for money

- 4.4.1 Details of any specific resources implications are set out within the attached report.

4.5 Legal implications, access to information, and call-in

- 4.5.1 This report has no specific legal implications.

4.6 Risk management

- 4.6.1 Details of any specific risk management implications are set out in the attached report.

5. Conclusions

- 5.1 At the beginning of the municipal year, the Children and Families Scrutiny Board expressed an interest to undertake further scrutiny surrounding social, emotional and mental health support for children and young people in Leeds as this was identified as a key priority area during the Board's recent Child Friendly Leeds Inquiry.
- 5.2 The Scrutiny Board agreed to receive an update surrounding the existing Future In Mind Strategy and Local Transformation Plan for Children and Young People's Mental Health and Wellbeing to help determine what, if any, further scrutiny work it would like to undertake during this municipal year.

6. Recommendations

- 6.1 Members are asked to:
- (a) consider the content and recommendations set out within the attached report, including the content of the recently refreshed Future in Mind: Leeds Strategy and Local Transformation Plan (2015-2020);
 - (b) Determine what, if any, further scrutiny work it may wish to undertake during this municipal year in relation to social, emotional and mental health support for children and young people in Leeds.

7. Background documents¹

- 7.1 None.

¹ The background documents listed in this section are available to download from the council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

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Joint report of the Director of Operational Delivery, NHS Leeds CCG and Director of Children & Families, Leeds City Council

Report to the Children and Families Scrutiny Board

Date: Wednesday 27th November 2019

Subject: Future in Mind: Leeds Strategy and Local Transformation Plan for Children and Young People's Mental Health and Wellbeing

Strapline:

Our Future in Mind: Leeds Strategy and Local Transformation Plan (2015-2020) set out the vision and priorities of the partnership in the city to improve the social, emotional, mental health and wellbeing of our children and young people in the city age 0-25. Each year we undertake an annual refresh to set out delivery against the plan and key areas to progress in the following year.

Summary of main issues

Future in Mind: Leeds is our single overarching strategy underpinned by our Local Transformation Plan (LTP) which is refreshed on an annual basis. This is the 4th and final annual refresh of the Future in Mind LTP and the final year of delivery of the strategy. However, during 2020/21, informed by the NHS Long Term Plan and our Leeds, all age Mental Health Strategy, (currently in development), a new 5-year strategic plan will be created to continue our journey to improve children and young people's mental health and wellbeing in the city.

Our Future in Mind: Leeds strategy brings together the Leeds response to the recommendations from the Department of Health's publication Future in Mind (2015) and the duties within the Children & Family Act (2014), in terms of the SEND requirements for pupils with Social Emotional and Mental Health needs.

The purpose of this report is for Scrutiny Board Members to have sight of the refreshed LTP (Appendix 1). The refresh clearly sets out for each priority, what has been achieved so far, how we know it is making a difference and the next steps to progress.

Recommendations

Scrutiny Board members are asked:

- (a) To note and recognise the achievements over the last 4 years;
- (b) Recognise the strength of the child and young person's voice, in particular the impact of the MindMate Ambassadors;

- (c) Note the breadth and connection between partners and practitioners across the system and thank them for their continued commitment;
- (d) Recognise the strong contribution this strategy and plan delivers to the core prevention agenda of the city;
- (e) Recognise there is more to do, in the next year and through the subsequent plan (in conjunction with the development of the all age mental health strategy):
 - i. To embed a 'think family' approach in the city
 - ii. To address the lack of parity of investment in children and young people's mental health
 - iii. To transform services for those in adolescence and approaching young adulthood (16-25)

1. Purpose of this report

- 1.1 This report is an update on how we are driving forward our 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.
- 1.2 Linked to this, the recently refreshed Future in Mind: Leeds Local Transformation Plan for Children and Young People's Mental Health and Wellbeing has been provided for the Scrutiny Board's information (see appendix 1).

2. Background information

- 2.1 We want Leeds to be the best city for health and wellbeing and for children to grow up in: a healthy and caring city for all ages, where people who are the poorest improve the health the fastest. The Leeds Health and Wellbeing Strategy 2016-2021 and Children and Young People's Plan 2018-2023 are our blueprints for how we will put in place the best conditions in Leeds for people to live fulfilling lives – a Child Friendly, healthy city with high quality services.
- 2.2 Essential to this is our Future in Mind: Leeds Strategy and Local Transformation Plan (2015-2020), which sets out our vision, progress and next steps to improve the social emotional, mental health and wellbeing of children and young people aged 0-25.
- 2.3 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.
- 2.4 As demonstrated within the plan, Leeds is also part of the West Yorkshire and Harrogate Health and Care Partnership, working together with partners across the sub-region to improve mental health as one of its priorities.

3. Main issues

- 3.1 To achieve our vision and priorities 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 evolve from the already strong relationships across our children's partnership, across health, education, social care and the third sector.
- 3.2 The LTP moves from a truly preventative approach, recognising the importance of the first 1001 days from conception for lifelong emotional wellbeing and moves through universal programmes to support resilience, to early help and targeted support services for the most vulnerable, through to specialist CAMHS. The emphasis is working together as a system to ensure children and young people receive the support and advice they need as early as possible.
- 3.3 Some of our key areas of achievement are highlighted below, many more are within the LTP document:

- The award winning (several awards) Infant Mental Health Service that developed a universal screening tool for health visiting to identify emerging relationship difficulties in the first weeks of life, thereby enabling very early intervention.
- The programmes and resources that support emotional wellbeing and resilience, such as, the MindMate Champion programme for schools, the new Resilience programme and the MindMate Lesson resource for schools.
- Recent success to be a Trailblazer site and create 2 new Mental Health Support Teams in the city particularly working with FE colleges (starts January 2020).
- The launch of self-referrals at MindMate SPA, following Healthwatch feedback.
- Launch of Kooth, the new online counselling service in the city.
- We now have 8 employed MindMate Ambassadors, young people with lived experience of mental health difficulties who are passionate about driving forward change and engaging with other children and young people.
- The new specialist education school buildings have delivered to the project deadline (creating capacity for 340 specialist SEMH places in Leeds).
- A constant drive to improve waiting times for specialist CAMHS (for routine appointments and for autism assessments).
- The launch of the Teen Connect helpline for young people in crisis.
- The new CYP community eating disorder service is established and is on track to support the expected number of young people and delivery of the national access targets.
- West Yorkshire and Harrogate ICS CAMHS new care model has been successful in reducing the number of admissions to CAMHS beds and reduced the length of stay, thereby freeing up resource for investment into community services. For Leeds this alongside CCG investment has supported the establishment of a dedicated CAMHS crisis team (8am till midnight, 365 days a year).
- Creation of the CAMHS crisis team, currently recruiting

3.4 And key areas to progress over the next 18 months are:

- Expand the Infant Mental Health Service to have a programme to support the mental health needs of 2-4 year olds.
- Further enhance the PNMH specialist support in the city, delivering an integrated PNMH pathway.

- Strengthen the early help locally embedded service model, working with schools, clusters, the Trailblazer FE colleges and Early Help Hubs.
- Expand and enhance the advice and brief intervention element of the MindMate SPA.
- Fully establish and embed the CAMHS crisis team and commission safe spaces (non-clinical spaces for children and young people in crisis to go to).
- Continue to grow the trauma informed service models across the partnership, particularly those targeting support to our most vulnerable children in the city.
- Embed the new neurodevelopmental pathway within CAMHS and develop a fully integrated autism pathway across the partnership

4. Health and Wellbeing Board governance

4.1 The key delivery and governance structure for this work is the Future in Mind: Leeds Programme Board made up of officers and leads from across the programme of work and chaired by the Executive Lead Councillor for Children and Families. This board reports to the Children and Family Trust Board and the Health and Wellbeing Board.

5. Consultation, engagement and hearing citizen voice

5.1 The voice of children, young people and the views of their parents and carers strongly informed our key priorities. The working groups continue with this principle in the delivery of the priorities.

5.2 An example is where young people have led from the start the content, design and language of the MindMate website and now regularly co-present at local, regional and national conferences.

5.3 We continue to use Healthwatch and Common room to consult with young people and families on progress to date and what we need to improve further. A current review is on our MindMate Champion Programme, where school staff and pupils are being consulted on their experience of the programme and related resources.

5.4 MindMate Ambassadors reviewed and advised us on the language and content of this refresh and are increasingly involved in service reviews and procurement of new services (MindMate SPA, Trailblazer development and Crisis safe space procurement).

6. Equality and diversity / cohesion and integration

6.1 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 are examples of multi-agency services supporting young people in the youth justice system and care system.

6.2 A specific priority in our LTP 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 commissioned Future in Mind: Leeds Health Needs Assessment (2016). As stated in the plan there is an intention to add to and update the HNA over the next 6 months. A specific BAME HNA is currently being completed and findings will inform our work over the next year.

7. Resources and value for money

7.1 There are strong principles underpinning our plan that will maximise best value for the available money; these are listed below:

- Prevention (following the principles of the WAVE report, of the importance of the first 1001 days)
- 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

8. Risk management

8.1 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.

9. Conclusions

9.1 The refreshed LTP clearly sets out how progress has been made against all of our strategic priorities. However, we are not complacent, as set out in the letter to our children and young people of Leeds there is more to do. This plan sets out our key next steps in delivering our strategy and improving the outcomes of the children and young people.

10. Recommendations

10.1 The Scrutiny Board is requested to:

- (a) To note and recognise the achievements over the last 4 years;
- (b) Recognise the strength of the child and young person's voice, in particular the impact of the MindMate Ambassadors;
- (c) Note the breadth and connection between partners and practitioners across the system and thank them for their continued commitment;
- (d) Recognise the strong contribution this strategy and plan delivers to the core prevention agenda of the city;

- (e) Recognise there is more to do, in the next year and through the subsequent plan (in conjunction with the development of the all age mental health strategy):
 - i. To embed a 'think family' approach in the city
 - ii. To address the lack of parity of investment in children and young people's mental health
 - iii. To transform services for those in adolescence and approaching young adulthood (16-25)

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Future in Mind: Leeds Local Transformation Plan for children and young people's mental health and wellbeing

Annual refresh: October 2019

Author: Dr Jane Mischenko, Lead Strategic Commissioner: Children & Maternity Care, NHS Leeds CCG

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Contributors:

Chapter 2: Finance

Chapter 3: Performance

Chapter 4: Children and Young People's Voice

Chapter 5: Strategic Workforce Plan

Chapter 6: Health Needs Assessment

Chapter 7: Issues and Risks to Delivery

Open letter to children and young people

Dear young people of Leeds,

We're writing to you to let you know what's happening in Leeds regarding improving young people's mental health and wellbeing. It's because of your helpful feedback that we know where we need to improve, we've listened to what you've said and we want you to be involved with our Future in Mind plan.

What you asked for:

- ☺ You want us to challenge the stigma of talking about mental health
- ☺ You want information about how to help yourself, your friends and how to access support in Leeds
- ☺ You want teachers to be good at supporting pupils' mental health in school
- ☺ You don't want to wait long for support and you want local support and services
- ☺ You want caring immediate support in a crisis situation

What we are doing:

Access to services



Children, young people and parents can now directly contact the [MindMate Single Point of Access \(SPA\)](#) to talk about accessing support. We've also launched an online service [Kooth](#), as a new and quick way to access counselling and therapy.

Click [here](#) to find out what support YOU can get in Leeds.

MindMate website

We've been working with young people across Leeds to improve the site, ensuring we have the right feel and content. If you have any ideas please feel free to let us know in the message box on the [MindMate website](#).



MindMate Ambassadors

These are a group of young people who are passionate about improving mental health support for children and young people in Leeds. They work across the city visiting schools, youth centres and events to talk and work with young people, and ensure their voices are being heard. You can meet them [here](#).

MindMate Volunteers

We have a monthly meeting and an online discussion group for 16-25 year olds who are interested in getting involved and helping shape and promote MindMate in the city. Find out how YOU can volunteer [here](#)

Schools

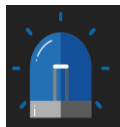


Last year we launched the [MindMate Lessons](#), and created support and training for our schools to help staff respond well to pupil's mental health needs.

We'll continue to talk to pupils and staff about their experiences, so to provide us with further ideas to improve support and resources.

We work with schools to offer early help services for mental health e.g. a local counsellor. We're also creating Mental Health Support Teams for pupils who attend Further Education colleges and those who are educated at home.

Crisis Support



In June 2018, we launched our new [Teen Connect helpline](#). We're in the process of creating some safe spaces for young people to go when they are feeling overwhelmed. We're also developing a dedicated CAMHS crisis team that will visit you, where you are, rather than expecting you to go to a clinic or A&E.

Inpatient Services

Expected in Autumn 2021, Leeds will have a new purpose built, bigger CAMHS hospital for young people, meaning those from Leeds will not need to travel a long way to receive the support they need.

Our plan works to strengthen the positive factors to support your general emotional wellbeing, but also respond quickly to those of you who need more specialist help.

If you want to find out more about our plan, including some more of our specialist work such as for young people in care, with autism or a learning disability, please read on.

We promise to continue to work hard to deliver on the things you asked for, with our MindMate Ambassadors keeping us focussed on your voice and your experience.

We hope this letter is useful, if you want to send us your suggestions or thoughts please get in touch [here](#).



A handwritten signature in black ink that reads "Fiona Venner".

Cllr Fiona Venner
Executive member for Children and Families
Leeds City Council



A handwritten signature in black ink that reads "Jane Mischenko".

Dr Jane Mischenko
Strategic Lead Commissioner
for Children and Maternity Services
NHS Leeds CCG

1. Introduction

We want Leeds to be the best city for health and wellbeing and for children and young people to grow up in; a healthy and caring city for all ages, where people who are the poorest improve their health the fastest. The Leeds Health and Wellbeing Strategy 2016-2021 and Children and Young People's Plan 2018-2023 are our blueprints for how we will put in place the best conditions in Leeds for people to live fulfilling lives – a Child Friendly healthy city with high quality services.

Essential to this is our Future in Mind: Leeds Strategy 2016-2020 and Local Transformational Plan, which sets out our vision, progress and next steps to improve the social, emotional, mental health and wellbeing of children and young people aged 0–25. 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.

As demonstrated in the plan, Leeds is also part of the West Yorkshire and Harrogate Integrated Care System, working together with partners across the region to improve mental health as one of its priorities.

Our Local Transformation Plan is a five year plan that is refreshed every year and we are now in our 5th and final year.

This year we are working across Leeds to develop our all age Mental Health Strategy where improving children and young people's mental health is identified as one of three priority areas. During 2020/21 we will develop our next five year strategic transformation plan for children and young people's mental health, building on the work of our Future in Mind: Leeds strategy. This will reflect shared priorities identified in our all-age strategy, such as, the transformation of the 16-25years offer, the development of service models to reflect a 'Think Family' approach and the recognition of and support of those who have experienced developmental trauma.

We begin with an open letter to the children and young people of Leeds, as we are very clear that we are primarily accountable to them. The letter responds to the key issues they have told us we need to address, our progress to date and the areas we recognise we need to make further improvements and how this will provide our focus this coming year.

We have set out our Local Transformation Plan in clear chapters. The first chapter sets out for each of our priorities:

- Why this is a priority
- What has been achieved so far
- How we know it is making a difference
- Next Steps

We also share best practice case studies in this chapter.

MindMate Ambassadors are a group of young people who are passionate about improving mental health support for children and young people in our city. They are supported by CommonRoom and are paid for their time. They have worked with us to guide the language and content of the cover letter and this first chapter. Meet them [here](#)

Subsequent chapters provide more detail on specific key areas; chapter 2 focuses on finance and sets out how we allocate funds to support the delivery of our Local Transformation Plan, as well as working together to make best use of the existing investment across the partnership. Chapter 3 reports our current performance across key national measures and the tools we have developed to monitor this, including our local Future in Mind dashboard. Chapter 4 details how we ensure the voice of children, young people and families informs our priorities. This chapter also evidences how we work with children, young people and families in the development of our resources, pathways and new services. Chapter 5 is our strategic workforce plan; this recognises how investment in our staff across the city is key in delivering transformational and sustainable change. Chapter 6 includes our initial Future in Mind Health Needs Assessment (HNA), our Perinatal Mental Health Needs Assessment and our Young Adults Health Needs Assessment. We will receive the report of our BAME HNA later this year and towards the end of 2019/20 will undertake a full refresh of the Future in Mind HNA. And finally Chapter 7 sets out the issues and risks we recognise in the delivery of our plan along with the mitigating actions we are taking to address them. The programme board oversees the management of these each time it meets. Our governance structure is included as an appendix.

Priority 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

Why this is a priority

Babies are born pre-programmed to seek out and adapt to the relationship that they have with their parents. The child's first relationship with the primary care giver, acts as a template for all subsequent relationships. The quality and content of this primary attachment has a physical effect on the neurobiological structure of the child's brain that will be enduring. The brain is at its most adaptable, in pregnancy and for the first two years after birth. Secure attachment is a protective factor, which delivers confidence and adaptability. Although not a total guarantee of future mental health, without secure attachment neither child nor adult will be free to make the most of life's possibilities.

Children with problems related to insecure attachment begin to soak up statutory resources when their distress leads to 'externalising' behaviour (aggression, non-compliance, negative and immature behaviours,) and demands a response. The most sensible, ethical and economic time to put in therapeutic resources is into promoting and supporting the first key relationship.

In Leeds we have the Best Start Plan that uses the strong and increasing evidence base of the importance of the first 1001 days of life to inform priorities across the partnership. Those who want to see the full breadth of the Best Start programme of work are advised to review the full [Best Start Plan](#). In our Local Transformation Plan we contribute to the Best Start agenda through our jointly commissioned Infant Mental Health Service and our work to support perinatal mental health (the mental health needs of mothers in pregnancy and early motherhood).

Infant Mental Health Service – Executive Summary 2018-19

Overview

The Infant Mental Health Service supports healthy social and emotional development for babies from conception to their second birthday – a critical time for development.

Referrals

The number of referrals received has increased this year and is the highest it has been since the service was commissioned. We accepted 95% of referrals suggesting referrals are appropriate. In addition, we have delivered three times more consultations compared to last year (7 to 21) despite having less resources this year.

Innovations

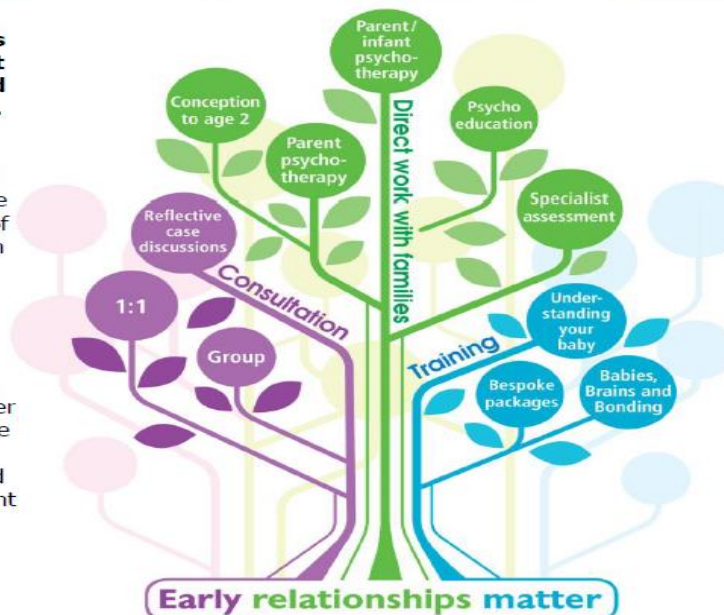
In July we organised a city-wide conference for perinatal practitioners on how dads can be better engaged in services. The conference was a huge success with over 50 attendees! Themes from discussions on the day have been published and we hope to continue to promote the engagement of dads across the city in the coming year.

Research and Evaluation

The Early Attachment Observation (EAO) has gone from strength to strength. Formal evaluation found that both aspects of the tool are being well used across health visiting teams in the city which is a great achievement.

"I feel incredibly lucky to have been referred to this service and this is available in my area. Excellent care and really changed our lives."
Client feedback following direct work.

"The best training course I have attended so far - excellent! [It's] relevant to the development of all human beings."
'Babies, Brains and Bonding' attendee.



We have had 6 publications this year which is a record number in one year!
These have included:

- "Connecting with Dads: The Importance of Fathers in the Lives of their Babies" published in Clinical Psychology Forum
- "The Infant Mental Health Service: Early Attachment Observation" Poster session presented at the BPS Faculty of Children, Young People & their Families Annual Conference
- "Leeds Infant Mental Health Service: Early Relationships Matter" Poster session presented at the Institute of Health Visiting National Multi-Agency Perinatal and Infant Mental Health Conference

Investing in the emotional wellbeing of our babies is a wonderful way to invest in the future.

72% of our direct work was delivered to infants aged 6 months and under which demonstrates we are providing early intervention

Highlights in numbers:

- 353 practitioners received our training 'Babies, Brains and Bonding' taking us to a momentous milestone of over 2500 practitioners trained since 2012!
- 110 Reflective Case Discussions delivered
- 133 referrals to our service
- 21 targeted consultations delivered

Presenting problems:

- 98% of parents referred were experiencing mental health difficulties (e.g. low mood)
- 57% of parents had experienced trauma and/or unresolved loss
- 48% had safeguarding concerns and social care involvement
- 28% had domestic violence in the home

Infant Mental Health Service - We have a dedicated infant mental health service. This service provides a really well evaluated training programme to key children and adult service staff groups on the importance of a secure attachment and how to support this. This has expanded

its reach from universal services such as midwives, health visitors and children centres to specialist service groups (including, adult mental health practitioners, third sector practitioners, social workers and more recently family court personnel). In addition the team provides consultation and supervision to key groups of staff and works directly with families who have the greatest need, for example working with those primary caregivers who struggle to have a secure attachment due to their own traumatic childhood, or due to mental health needs.

The number of referrals received for direct work has increased this year and is the highest it has been since the service was commissioned: 95% of referrals were accepted suggesting referrals are appropriate. In addition, consultations have increased threefold compared to last year.

The Early Attachment Observation tool (EAO) has gone from strength to strength since its development. The EAO is used by health visitors with all families in Leeds to identify any emerging relationship difficulties between infants and their caregivers in the first few weeks of life. This supports early intervention to resolve the issues. The infant mental health service and health visiting service received recognition in the national Innovation in Health Visiting Practice award. Formal audit of the use of the EAO this year showed that both aspects of the tool (the 3 questions and the 2 minute observation) are being well used across health visiting teams in the city, which is a great achievement.

The 'Understanding Your Baby: A Course for Parents and Carers' was developed by the IMHS and successfully piloted in 2016-17. The aim of the course is to increase parental knowledge, confidence and sensitivity. Caregivers and their babies are invited to four 1.5-hour sessions infant brain development, relationship building, infant states and cues, and understanding baby's behaviour. Following the success of the pilot phase, the course has been rolled out across the city this year. Seventeen courses have been delivered in 14 areas of the city with approximately 70 parents completing the course. It is clear from this feedback that the roll out of the group has been successful and that parents are finding the course a useful and positive experience.

Perinatal mental health - The Leeds Best Start Plan prioritises the development of support for women with perinatal mental health needs in recognition of the impact this can have on infant mental health.

Partners across Leeds have worked together to develop a clear plan and pathway of care for women's mental health needs in pregnancy and early motherhood. Women who have experience of perinatal mental health needs have developed an anti-stigma campaign with us; this includes an animation encouraging women and partners to speak out and ask for support when they need it. This can be found on the widely promoted Leeds Mindwell website alongside advice about where and how to access support. Maternity services have worked together with IAPT practitioners to develop a pilot of mindfulness sessions, to be delivered universally during pregnancy.

This year Leeds has worked with partners across West Yorkshire and Harrogate, to successfully bid for money from NHS England to expand our community perinatal mental health service, which will be further expanded over future years. The Infant Mental Health Service offers specific support for mother baby attachment within the Leeds PNMH Mother and Baby unit and for Leeds women as continued support in the community following discharge home.

Our NEST (Nurturing, Enabling, Sharing, Transforming) ambassadors; people who have experienced perinatal mental health problems, were recruited this year. These ambassadors are promoting our anti-stigma resources in local communities, promoting our existing services to professionals as well as families, and gathering further feedback which can be used to refine our pathway of care.

How we know it's making a difference

The Infant Mental Health Service evaluates all the training and consultation that they provide to the workforce groups across Leeds and continue to receive extremely positive feedback scores on content and delivery. The team uses a range of recognised psychological measures in their direct work with families and consistently demonstrate improved outcomes. Their annual report provides a number of case-studies that powerfully illustrate the impact their work has in the city.

In order to better identify how we know our perinatal mental health services are making a difference, we have brought together several sources of data into a city-wide perinatal mental health dashboard, which will allow us to look at the numbers of people in Leeds who have perinatal mental health issues, whether they are accessing our services (and how quickly), and what the outcomes are for those that access the services. Quarterly reports from the specialist perinatal mental health services and perinatal elements of universal services (primary mental health, IAPT, voluntary sector services) support this by providing more detailed feedback.

Next Steps

Infant Mental Health - A key development is the expansion of the service in order to provide support to school age children aged 2-4 years (a recognised gap in the city). This will be established towards the end of 2019/20 and a key focus will be to support the health visitors within the 0-19 service who are the key workers for children and families of this age group, as well as providing direct therapeutic support where there are significant needs.

The service will support the ongoing roll out of the UYB Short course for parents/carers from children centres and also develop this offer within the perinatal mental health inpatient and community service.

The service will expand the service-user group and establish protocols for service-user involvement in recruitment and selection as well as service development.

Perinatal Mental Health - We will mobilise the new primary mental health care service, which includes IAPT, primary care link practitioners, and our specialist voluntary sector perinatal mental health support. We will ensure that this new service encourages and enables priority access for women and partners within the perinatal period, including ensuring that barriers such as lack of childcare and daytime-only appointments are overcome.

We will continue to expand the specialist community perinatal service, further increasing the families supported by this service and will incorporate further peer support roles, including a peer support role focussed on Dads and partners. We will analyse the demographic groups who are not currently reached by this service, and do targeted work to encourage professionals to refer these families, and to allow appropriate families from these groups to engage with the service.

We have shared our Leeds produced anti-stigma resources with the Yorkshire and Humber PNMH network and shared the work of the NEST ambassadors with the LMS Maternity Voices Partnership work-stream. Leeds commissioners and providers will be closely involved in the Local Maternity System and Integrated Care System PNMH developments.

We will start to universally roll out our mindfulness sessions pilot, starting with the most deprived areas of Leeds.

We plan to refresh our pathway document, incorporating the changes to services which have been made and working with our NEST ambassadors, and will re-launch this alongside a communications campaign to various professionals.

We will build an ongoing programme of perinatal training to be accessed by any appropriate professional, which will take place regularly throughout the year.

Case Study

Rosa - Birth Trauma

[Here](#) is a case study example taken from the [Infant Mental Health Service Annual Report \(April 2018- March 2019\)](#) of how a traumatic loss can interfere with a new relationship. The case demonstrates how co-working within the team can address different elements of the block to a mother-infant bond.

Priority 2 - Work with young people, families and schools to build knowledge and skills in emotional resilience and to support self-help.

Why this is a priority

Children, young people and families have repeatedly told us that they need accessible, trusted information to support them to build emotional resilience and to help them know where to go when they need help. They have told us that stigma around mental health is still an issue and that raising awareness is crucial. We recognise that working alongside children, young people and their families is critical to ensure the development of resources and programmes that will be used, trusted and valued.

What has been done so far

Young People and Parent/ Carers -This year we have increased the size of our [MindMate Ambassador team](#), we now have 8 young people recruited). This enables us to expand further peer led projects, helping raise awareness about MindMate and promoting good mental health in the city. The Ambassadors continue to engage across all areas of our work from developing content on the MindMate website to being part of the procurement panel for our Safe Space provision. They attend our programme board and have a standing agenda item.

We continuously work with the MindMate Ambassadors and the wider MindMate Youth Panel (including other engagement activity, e.g. with parents and other partners) in order to:

- Develop our MindMate [website](#) (particularly around how to cope with exams, panic and to increase the blogs by young people)
- Raise awareness of MindMate across the city
- Increase the voice and influence of children and young people in the different work streams e.g. Trailblazer and crisis support
- Increase engagement and promote good mental health for young people in the city

Phase 1 delivery of the [Young People's Resilience Programme](#) is complete. Lessons learnt have informed Phase 2 and rollout has commenced in a further seven secondary provision establishments, including Springwell specialist academy for SEMH needs.

We are working with Dance Action Zone Leeds (DAZL) and Leeds Beckett University to explore the impact of physical activity on SEMH in some of the most disadvantaged areas. These young people are 3 times more likely to develop a mental health problem and are less likely to engage in physical activity. This 12 month project will build our evidence base to inform future service delivery.

The Calm Harm app provides young people with different tasks, which all aim to help the user to resist and manage the urge to self-harm. Calm Harm is based on the principles of an evidence-based theory called Dialectic Behaviour Therapy (DBT). The app enables young people to start to manage impulsiveness and to explore underlying trigger factors. Leeds City Council have partnered with the charity Stem4, so when a young

person from Leeds downloads the app they will be guided to a version that is designed with MindMate branding and has information about local support services.

Following the findings from our work with Voluntary Action Leeds, to understand the support parents require in order for them to feel equipped to respond to their child's mental health needs, we:

- Now have focused content on our MindMate website, developed with and for parent/carers.
- Introduced self-referrals this year into MindMate SPA and a brief intervention offer, delivered by Child Psychology Wellbeing Practitioners
- Are working with school clusters to identify how to ensure parent support and involvement within the clinical model
- Are working with colleagues across the Future in Mind partnership to review the pre and post diagnosis support pathway for children and families affected by autism
- When commissioning our adult services, we ask providers to take on the "think family approach", supporting not just the person with the mental health issue. This action specifically recognises the impact parent and carers' mental health can have on their children.

The new Leeds Children and Family Bereavement Service contract was awarded to Child Bereavement UK (CBUG) and the service was mobilised earlier this year. The bereavement service is now fully staffed and providing support to a number of children and families.

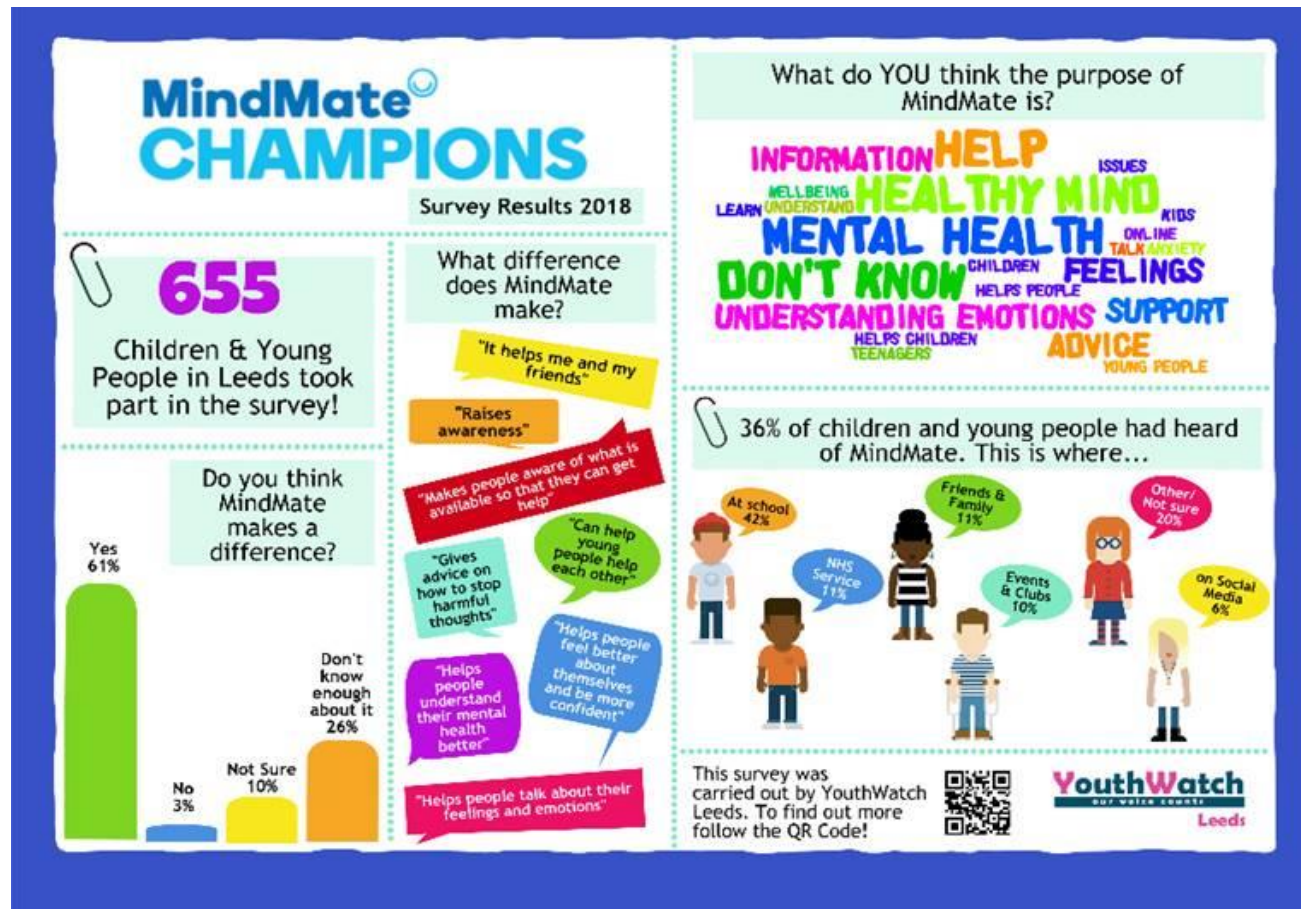
Settings - The Leeds City Council Health and Wellbeing Service provide support to schools via the Leeds Healthy Schools programme. The MindMate Champion programme is the SEMH offer <https://mindmatechampions.org.uk/>. This takes a whole school approach to create an environment and the staff confidence and capability to both support children and young people's mental wellbeing and to help develop their emotional resilience.

97% of schools are now registered on the MindMate Champion website, with 66 schools assessed for MindMate Friendly status. 9 schools have achieved MM Champion status with 16 more settings working towards the award.

Last year the CCG and Leeds Health and Wellbeing Service launched the MindMate Lessons for use in schools. This is a brand new social, emotional and mental health curriculum for Keystages 1 – 4. The 'MindMates' take you through the Powerpoint lessons, which are full of multimedia content, for easy teaching.

The Health and Wellbeing Service has reviewed the content of the MindMate Lessons and Personal Social Health Education (PSHE) scheme of work to ensure that all of the updates in the scheme of work are covered. Going forward, it will ensure that any identified gaps are addressed.

This year we received valuable feedback from pupils and schools on their experience of the MindMate Champion programme and Lessons. This was via a commissioned Healthwatch and CommonRoom review. Two members of Youthwatch who had been part of the review team reported directly to the programme board, the findings and the recommendations.



As a result of this review the Health and Wellbeing Service is compiling resource banks to feed into the MindMate Lessons curriculum, including a Specialist Inclusion Learning Centre (SILC) specific resource bank. This is in direct response to the schools feedback. This will help schools tailor the content of MindMate Lessons to meet the needs of their setting and increase the impact of the emotional literacy lessons.

The 'Open Mind' anti-stigma programme led by Space2 has been funded by Leeds City Council for a final year to explore how to build the principles of the work into ongoing SEMH work in Leeds. Campaigns are developed in school and youth settings, including a Specialist Inclusive Learning Centre (SILC).

How we know we are making a difference

We continuously review activity on the MindMate website and our social media channels. We use this to identify which resources are most popular and also where we can make improvements to the site. This also allows us to target our social media posts to be relevant and appropriate.

Traffic to our site steadily continues to grow; in 2018/19 we had 48,700 visits to the site which equates to 33,100 unique users. This is an increase from 2017/18 where we had 19,300 visits to the site from 13,600 unique users. Since the launch 5 years ago we have had 131,401 visits to the website.

We receive informal (and invaluable) feedback through the comments left on the website and through the many and varied conversations with children and young people, parents, carers and professionals. These comments allow us to make continuous improvements to meet the needs of those who are accessing the MindMate website.

The Young People's Resilience Programme utilises a range of outcome measurement tools, including Short Warwick Edinburgh mental health well-being scale (SWEMWBS), Strengths and Difficulties Questionnaire (SDQ) and student resilience survey, in order to monitor ongoing progress ([click here](#)). The programme will also undergo an external evaluation.

The Children and Family Bereavement Service will undergo a full external evaluation in year one. CBUK Leeds continually monitors progress and collects a range of feedback. Early feedback from families is very positive.

External evaluation showed statistically significant improvements in knowledge and attitudes about mental health for those involved and receiving the Open Minds campaigns.

Next steps

We will work with schools and colleges to enhance the Leeds MindMate Champion Programme by the introduction of the recommendations in the Green Paper, "Transforming children and young people's mental health provision" (2018), such as the Designated Senior Lead for Mental Health.

We will finalise the development of Leeds Calm Harm self-harm app for young people. We aim to launch in September 2019, with support from young people and partners, via a range of social media channels.

Following ethics approval earlier this year, we plan to rollout out the DAZL Dance Mental Health and Wellbeing project for young people aged 12-19 years from diverse groups across the city. Working with Leeds Beckett University, we will evaluate the impact dance has on young people's mental health and wellbeing.

We will continue to rollout the Young People's Resilience Programme in educational settings to secondary age young people at risk of poor mental health and wellbeing.

Open Minds is working with the Leeds City Council Health and Wellbeing team to develop a sustainable pupil leadership programme drawing on the learning from the programme so far. This will follow a 'mini MindMate' approach.

MindMate Champion Programme will be further embedded into the Healthy Schools programme. MindMate Lessons will be adapted to keep in line with the PSHE scheme of work and also being developed to use with SILCs.

We will continue to engage with children, young people and their parents as well as the workforce, through:

- Work with the MindMate Ambassadors and peer led initiatives
- Through public and professional events
- Ongoing development and approval of MindMate resources and content by children, young people and parents
- Development of the MindMate section for professionals and practitioners. This will add useful tools and resources to help them support children and young people they come into contact with during their day-to-day work
- Ongoing MindMate Youth Panel meetings and activity on and off line
- Further user testing workshops to ensure our website is fit for purpose for all who access it particularly looking at the way in which older young people access the website (including students)

Best practice

[Leeds Children and Family Bereavement Service - Child Bereavement UK case study](#)- We were contacted by the carer of a young adult with learning difficulties who is non-verbal. Mum had died last year and nobody in the family had spoken to her about the death, she was struggling to deal with what had happened and didn't understand where Mum was.

To read more click [here](#)

[Open Minds case study](#) - The school had identified that they wanted to improve the provision of Social, Emotional and Mental Health support available to students. We supported a group of young people from Bishop Young to create a campaign to improve awareness of mental health problems and stigma in the school.

To read more click [here](#)

Best practice case study

Healthy Schools and MindMate Champion case study - Reduce the levels of perceived exam stress



Lawnswood School - We noticed that on the My Health, My School Survey data for 2017/18, and the percentage of children that said they were 'MOST WORRIED ABOUT EXAMS' was 23.21%. This was confirmed as high when we compared this to the city-wide average. It has also been noticed by staff. Students have also verbally confirmed that they are affected by the stress of exams. We decided to look into a variety of strategies to improve on this issue. Use of MindMate resources reduced this by 10%.

To read more please [click here](#)

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.

Why this is a priority

Children and young people in Leeds tell us they want to be able to easily access mental health support locally, in or near to their schools or colleges. The Green Paper, 'Transforming children and young people's mental health provision' (2018), notes that 'We know that half of all mental health conditions are established before the age of fourteen and we know that early intervention can prevent problems escalating and has major societal benefits. Informed by widespread existing practice in the Education sector and by a systematic review of existing evidence on the best way to promote positive mental health for children and young people, we want to put schools and colleges at the heart of our efforts to intervene early and prevent problems escalating.' A key commitment in Leeds is to provide help and support early in the life of a problem to reduce suffering and prevent problems escalating.

What has been done so far

In Leeds we work closely with the school clusters; they offer flexible support for a whole range of family and life circumstance and issues. A multi professional conversation at the cluster support and guidance meeting determines the support for families in their area and children attending their schools. The clusters take Social Emotional and Mental Health (SEMH) referrals directly from schools and from MindMate SPA. Schools with contributions from health and social care fund the cluster SEMH offer.

During 2019/20 we have worked with school cluster colleagues to coproduce the service specification and commissioning model to sustain the integrated local provision in school settings. The new model builds on existing strengths of the Leeds school cluster model (of local integrated delivery) and draws from the evidence base and principles of the new national Mental Health Support Teams. The development is also ensuring data flows into the MHSDS and assures commissioners of quality and consistency in the commissioned services.

In July 2019 we received confirmation that our bid expressing an interest in being a site for the next wave of Children and Young People Mental Health Trailblazer was successful. This funding will be used to establish mental health support teams to support 10 further education settings across Leeds. The mental health support teams will bring an additional resource in to the city, as they will help support young people in further education and some other cohorts, such as home educated pupils, with their mental health and emotional wellbeing.

Following the success of our pilot during 2017/18 to recruit Children Psychology Wellbeing Practitioner (CPWP) posts within our MindMate Single Point of Access (SPA), to test out a health coaching brief intervention approach, we have secured funding for three permanent CPWPs. The CPWPs see children and their families who are in need of brief support for their mental health and wellbeing. They provide a fantastic opportunity to offer swift access to time-limited evidence-based treatment. CPWPs therefore are able to see a high volume of children and young people, with a view to preventing escalation of need and a requirement for additional input.

In December 2018 we commissioned XenZone to provide Kooth online counselling to children and young people up to the age of 18 in Leeds. This provision has seen an increasing number of children and young people choosing to access this online provision.

In July 2019 our newly commissioned Young People's Social, Emotional and Mental Health service launched. This is being delivered by The Market Place and is a joint commission with Leeds City Council. The service offers independent, direct access, free at the point of use support for young people with social emotional and mental health needs aged 11- 17 years old (up to 25 years old in the case of disability or learning disability, or if they are a care leaver). This support includes counselling services, open access youth work, group work sessions, time limited, individual support and (up to 4 sessions of) fast access counselling for young people who are experiencing a (self-defined) mental health crisis.

How we know it's making a difference

We monitor and evaluate the interventions provided by the SEMH services within the cluster model. Six monthly reports are produced to assure the programme board that children and young people are being supported and that the interventions are having a positive impact. Evaluations demonstrate positive change and service satisfaction.

The review of the cases that the Children Psychology Wellbeing Practitioners have supported demonstrates that the young people reported an increase in their goal scores from the Goal Based Outcomes approach taken. Feedback from children, young people and their families supported by the CPWPs has also been extremely positive. These roles enable a high volume of children, young people and their families to be supported. During training, each of the CWP's is able to see 30 cases each (making a total of 90 cases). On completion of their training it is expected that they will be able to see up to 200 cases each over the space of a year.

Our commissioned services are monitored on a quarterly basis to ensure that we are achieving the outcomes set within the agreed service specifications. We meet with our providers to discuss activity and themes that have occurred during the quarter to ensure we develop our services in line with current service and service user intelligence.

Next steps

January 2020 is the start date for our successful Trailblazer site. By January 2021 we will be launching the full offer. Two new Mental Health Support Teams will be established and working in Further Education (FE) colleges, independent learning providers and supporting elective home educated pupils. This will help address a recognised gap in the city's provision and target a vulnerable cohort of pupils particularly at a higher risk of Social, Emotional and Mental Health needs. The new teams will be co-located with education colleagues.

By June 2020 we would like 100% of schools, children's centres and colleges to have enrolled onto the MindMate Champion programme. We are currently at 97% of these settings. We also intend to utilise this programme for the Trailblazer FE colleges.

From November 2019 to March 2020 we will be undertaking our commissioning exercise for our new cluster Social, Emotional, Mental Health (SEMH) offer. This will include the direct procurement of the new offer from providers through a commissioning framework. School clusters will then be able to choose the provider they wish to work with and draw down the allocated resource. Operationally the provider/ practitioners will

work in an integrated way, locally within the school clusters. We are also piloting with selected cluster providers different information systems to allow us to flow cluster data into the Mental Health Service Data Set (MHSDS).

Working with all our partners we will continue to monitor and explore ways of reducing the waiting times across services. This will include service reviews (e.g. MindMate SPA), transformation of pathways (e.g., the Neurodevelopmental pathway) and commissioned service developments.

Best practice case Study - Kooth



Kooth was commissioned in Dec 2018 by NHS Leeds CCG to provide an online counselling and well-being support service for the children and young people of Leeds. This service is free at the point of access, no referral is needed and is open 365 days a year 12-10pm weekdays and 6-12pm weekends.

In addition young people can access Kooth.co, a website to get advice, support and guidance from qualified counsellors via a live chat service, or from young people their own age via moderated forums, for any problem, no matter how big or small.

This year we received 971 new registrations on the website (up from 598 in Q4 2018/19)

To read a case study on body image please [click here](#)

To read a case study on Peer support please [click here](#)

Priority 4 – Commit to ensuring there is a clear Leeds offer of the support and services available and guidance on how to access these.

Why this is a priority

Children, young people and their families told us that they want it to be easy to find information about mental health and wellbeing. The MindMate website has been created with the help of many Leeds children and young people in response to this.

What has been done so far



It has now been 5 years since the formal launch of the MindMate website MindMate.org.uk and we have continued to make improvements to the site with the help and guidance of children, young people and parents and professionals. We have a MindMate Professional Approval Panel which is made up of Leeds based clinical practitioners who meet regularly to discuss new content and other digital aspects of the service offer to ensure that all content is evidence based and clinically safe.

We want to ensure that the MindMate website is the ‘go to place’ for children and young people’s mental health support in Leeds.

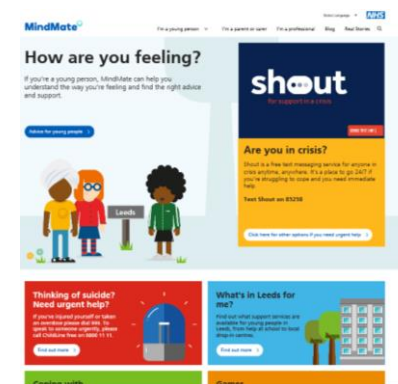
With the steer and approval from young people the MindMate website now has a comprehensive outline of local services with detail on how to access them, in young people friendly way.

<https://www.mindmate.org.uk/im-a-young-person/whats-in-leeds-for-me/>

<https://www.mindmate.org.uk/im-a-young-person/coping-common-issues/thinking-of-suicide-need-urgent-help/>

We did specific targeted promotion of some of these services via social media and on the MindMate homepage e.g. Teen Connect, Shout.

In 2019 we undertook a social media ‘sprint’ – posting different messages across different social media channels at different times to understand what works best with our audience. We used our knowledge from previous campaigns and the ‘sprint’ to produce a social media strategy for 2019 / 2020.





In 2019 we have continued to increase our brand awareness with scheduled campaigns and publicity dates which included the MindMate 5th Anniversary, #MindMay8 day and Mental Health Awareness week.

We engaged several new young volunteers to the MindMate involvement panel and agreed new aims and goals.

We now have a team of eight MindMate Ambassadors following the successful recruitment of three more. Please click [here](#) to watch the YouTube video 'meet the team'.

We are working with GP's across Leeds to improve understanding of the services available and the referral process. This has included presenting to around 600 colleagues from across Primary Care in Leeds to ensure they are aware of the new service developments across the Future in Mind programme of work and a reminder of the referral process into our MindMate Single Point of Access.

We continued to publish blogs and promote these on our social media platforms. All the blogs are written by young people in Leeds sharing their personal views on topics they care about. To date in 2019 we have covered many topics;

- Domestic Violence - We need to discuss domestic violence
- Find out about the MindMate Ambassador team - A short YouTube film about the Leeds MindMate Ambassadors
- Why do we pitch women against one another? - Comparing women to one another needs to stop
- The tragedy of millennials – How much time do you spend on the internet?
- The small things – Or MindMate assembly
- Talking On Transphobia - Why we need to tolerate and embrace the trans community.
- Don't fit the mould – break it! - Why you should love yourself for you who you are.
- Social media is NOT reality – My top tips for social media
- 16? I might as well have been 30 - Exam stress imprisoned me in the mindset of an adult at just sixteen years old!
- We need to talk about FGM - Female Genital Mutilation and what to do about it

To read the blogs please [click here](#)

How we know it's making a difference

We continuously track traffic on the MindMate website to ensure it is fit for purpose and to identify which campaigns have been most successful.

We know that the traffic to our site steadily continues to grow for example in 2018/19 we had 48,700 visits to the site which equates to 33,100 unique users. This is an increase from 2017/18 where we had 19,300 visits to the site from 13,600 unique users. Since the launch 5 years ago we have had 131,401 visits to the website.

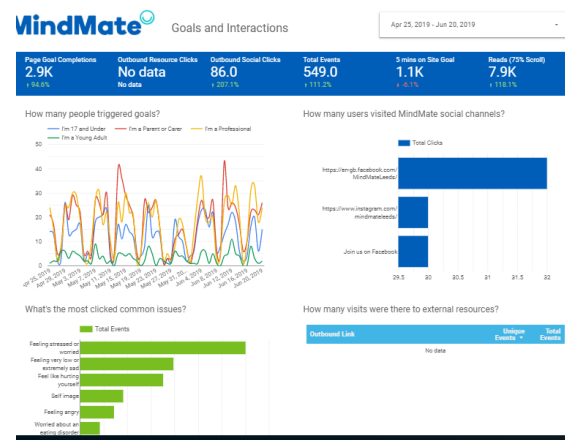
We monitor the website performance via a dashboard that allows us to track the website performance (please see the best practice case study for further information)

Next steps

We will continue to ensure the site is fit for purpose for children and young people by carrying out further user testing sessions with specific groups in particular testing out the navigation, content and age appropriateness.

To ensure that children, young people and professionals understand the offer available to them we will develop a clear visual pathway which will include all new developments i.e. direct contact to MindMate SPA, brief interventions and online counselling.

Best practice – MindMate website performance dashboard



We have developed a dashboard that allows us to track the website performance. This helps us understand how users are accessing the site and which pages they are using. We are able to look at a specific timeframe to see how successful a particular campaign was. We use the information from the dashboard to help inform future campaigns and target content based on the intelligence we have gathered.

Priority 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.

Why this is a priority

The MindMate Single Point of Access (SPA) came about in response to feedback from children, young people, parents and professionals in the initial Leeds local review. Everyone reported confusion about what support and services were available and this resulted in people often having to try lots of routes before finding the right provision.

What has been done so far

The aim of MindMate SPA is to support a smooth referral process with timely access to the right service for the child or young person's SEMH needs. The MindMate SPA team carefully considers each referral and liaises with a range of local health, education, social care services and third sector agencies to ensure that the most appropriate service is identified. The team also tries to contact the young person and/or family, so that they are part of the decision-making process.

The MindMate SPA has been running for over 3 years. In this time the number of referrals has increased with an average of 446 per month for the twelve months to July 2019.

Self-Referrals were introduced in October 2018 with a total of 511 self-referrals being received since it was launched. Self-referrals give an opportunity to gain relevant information from the young person or parent /carer. It is acknowledged that this can take longer than managing a professional referral however the quality of the information given by the family or young person is often richer in detail.

The offer includes providing advice and strategies and advising young people and families of the MindMate website, as well as signposting to relevant services such as the Teen Connect crisis line and the Kooth online offer.

The service has recently recruited three CPWP and is in the process of recruiting to 2 trainee CPWP's. The team are establishing and implementing the service offer of delivering time limited, outcome based brief interventions to those children and young people identified as benefitting from this clinical approach.

How we know it's making a difference

The performance data shows an increase in referrals from both professionals and self-referrals to the MindMate SPA. The services that the SPA refers on to following triage report that the referrals they receive are appropriate. The MindMate SPA team include the information they have gathered as part of the triage process to the receiving team.

On the occasion that a service raises a question in relation to a referral that has been made to them the team will review and discuss the reason for the referral.

The MindMate SPA performance data ([click here](#)) shows that following triage referrals are made across the services in Leeds.

We know that since the launch of the SPA (mid 2016) there has been a significant reduction the number of rejected referrals to CAMHS. This data helps demonstrate how the SPA has simplified access to help.

Percentage of rejected referrals from CAMHS -

2014 - 32.0%

2015 - 41.2%

2016 - 11.5%

2017 - 0.9%

2018 - 0.7%

Next steps

There are two key developments underway for MindMate SPA. There is a full service review to understand demand and capacity and to review current processes and systems. The increase in referrals, introduction of self-referrals and some staffing changes have led to delay in the process from the point of receipt of referral to the completion of triage. The team is continually reviewing the current caseload and prioritising as appropriate.

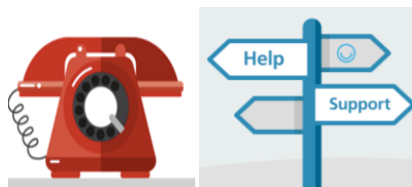
The relationship with the Market Place has been strengthened and an additional two members are joining the MindMate team. Recruitment to vacant posts is on-going and a number of temporary posts are being recruited to whilst awaiting the outcome of the full service review.

An on line self-referral mechanism has been developed and is waiting testing before going live. Once launched this will be evaluated to understand how children, young people and families experience the service to inform further development and improvements. MindMate Ambassadors are supporting the review by gathering in depth feedback from young people and families about their experience of engaging with MindMate SPA.

The second key focus is to expand at scale and optimise recent developments that have enhanced and expanded the function of MindMate SPA, to beyond simply triaging referrals. The vision is to establish a first response (advice and delivery) element into the model. This builds on recent pilots and developments such as, brief intervention via the CPWPs, online Kooth provision and digital prescription approaches. This transformation takes a whole system approach and whilst initial discussions have taken place in existing partnership forums there is an intention to hold a service development workshop with all the key stakeholders.

Best practice case study

Self-Referrals -MindMate SPA



Following feedback re accessibility the service has introduced a telephone based self-referral service. The service is available Mon- Fri 9am – 5pm for Young people 13-17 or for parents/carers of children 5-17. When the service receives a self-referral the initial details are taken by a member of the admin team. The call is then passed to a clinical member of the team, if there is not a clinician available a convenient time for a call back is agreed.

The clinician will take a full referral asking question to ensure the relevant information is obtained. Whilst taking a self-referral, the clinician will explain the process and indicate potential time frame for triage. The parent/carer or young person are also offered advice and sign posted to other support i.e. Market Place, Kooth, Teen Connect. This process is well received and often receives positive feedback and comments.

Priority 6 - Ensure vulnerable children and young people receive the support and services they need

Why this is a priority

A number of factors can make some children and young people more vulnerable to experiencing mental health difficulties. Children who have had adverse childhood experiences, such as abuse, or have witnessed domestic abuse; those who have experienced significant loss and bereavement are at increased risk. Children and young people in the care system and, or the criminal justice system are more likely to have mental health needs as well as those who have special educational needs and disability. The full range of children and young people with a

greater risk of mental health difficulties is well referenced in our Health Needs Assessment, which also sets out the protective factors that help reduce risk (see chapter 6).

In Leeds we work together across the partnership to mitigate this risk and to strengthen the protective factors. We recognise the need for specialist and targeted services for our vulnerable children and support the approach where mental health expertise is embedded into the team working closely with the child.

What has been done so far

Children with Learning Disability Special Educational Needs (and supporting the Transforming Care Programme)

In Leeds earlier this year partners from health, education and social care committed to the development of an integrated Autism pathway for children, young people and their families in the city. This work reports to the SEND Partnership Board and is initially focusing on mapping provision and gaps in the existing offer.

This work will connect with the West Yorkshire and Harrogate Health and Care Partnership Programme Board for Mental Health, Learning Disabilities and Autism. Each locality has confirmed their commitment to working together on some components of children and young people's Autism. As each place is reviewing their current assessment and diagnosis provision, learning will be shared at a West Yorkshire level. Leeds, Wakefield and Bradford, however, are keen to explore opportunities to work together on the:

- Pre diagnosis offer
- Post diagnostic offer
- Training and awareness raising (across a number of different services including primary care). This could include a digital resource pack that would bring together the good work already in place.
- Digital offer – on line resource/support to families

Leeds Community Healthcare trust has offered to act as the provider lead for this work.

The CCG and LCC have jointly commissioned an Intensive Positive Behaviour Service (IPBS) for children and young people with Learning Disabilities, and/or Autism, alongside behavioural challenges. This is funded on an 'invest to save' model and launched in February 2019. It is located within Rainbow House (which provides short break provision for children with SEND). The IPBS works intensively with children and families (and their schools) to enable children to remain with their families and in their local communities. This improves experience and outcomes for children and young people and reduces the risk of admission to a CAMHS bed, or residential educational setting.

To support this we have developed a Community Support Register (at risk of admission register); this uses CAMHS and Children's Social Care knowledge to ensure early identification and proactive case management of children and young people requiring multi-partnership support. This is held within the IPBS and is managed by the service manager. Fortnightly risk management meetings are attended by the commissioners and providers and progress is reported to the TCP programme.

We have a small Learning Disability CAMHS team and they are redesigning their service to provide early support for parents and families and a new LD worker has been recruited to the CAMHS transition team. This coordinator role works closely with a new adult LD transition coordinator to facilitate effective transition from child to adult service provision.

Children in Care

Leeds has a Therapeutic Social Work Service (TSWS) (with embedded CAMHS psychologists), which has significant expertise in supporting children and young people who have experienced trauma from abuse and neglect. This service has fast track access to NHS CAMHS pathways when needed for those children and young people they have been working with.

The TSWS now do ADHD and autism assessments for all children who meet the criteria who would otherwise be seen in CAMHS – not just children in care but also subject to supervision orders, child protection plans or in Kinship care who would otherwise be looked after.

The CCG commissioned the TSWS to offer oversight and support to Leeds children and young people in care placed outside of Leeds (within 80 miles) since spring 2017. There is a new senior social worker in post to enhance the capacity of the team, though all members of the team are involved in providing this service.

The primary issues for these children and young people are consistently around experiences of emotional harm, neglect, physical and sexual abuse. Approximately one third of young people had been exposed to domestic violence. In the majority of cases the primary offer is through phone contact – either with the system or with the carer. There is also some face to face carer support. Direct work with individual young people is the least common offer.

It has become evident that one additional post is insufficient to meet demand and that the offer to those children within a closer (10-15 mile radius) is different to those who live 20+ miles away. The commissioners and the service are discussing options to address this challenge and inequality.

The city centre Youth Access and Counselling service (The Market Place) is commissioned to prioritise children in care and care leavers for accessing the counselling offer.



BUSS model: Building Underdeveloped Sensorimotor Systems as a result of trauma. The CCG has funded an exciting new pilot to enhance and support our response to children's developmental trauma within Leeds. This recognises the impact the

experience of trauma has on infants and children's physiological development and addition to their mental health. An expert Occupational Therapist is working within the TSWS 2 days a week and West Yorkshire One Adoption service 1 day per week. Key strands of work are:

1. Training and follow up support to foster and kinship carers
2. Direct work with children, parent/carers and school for children with more complex needs
3. Supporting Foster carers, who foster mums and their babies
4. School Readiness (LEAPlets)
5. Research and Evaluation

Youth Justice Service (YJS)

Leeds YJS continues to benefit from three embedded CAMHS clinical nurse specialists; one placed in each area team. There is a focus on embedding trauma informed practice in the service and the nurses have been contributing their expertise to this. They facilitate case formulation meetings for all young people on Intensive Supervision and Surveillance (ISS) and other complex cases. The ISS workforce has received training in the principles of Dialectical Behaviour Therapy (DBT) and the nurses are offering them group supervision. This enables them to manage young people's behaviour with trauma informed principles in mind. A DBT programme has started in ISS, facilitated by the clinical nurse specialists. This is a modular programme which teaches young people mindfulness skills and strategies relating to distress tolerance, personal effectiveness and emotional regulation.

Two of the clinical nurse specialists are EMDR (Eye Movement Desensitisation Reprogramming) therapists and have offered this therapeutic approach to young people. One young person attended both the YJS briefing and the Future in Mind Programme Board to explain the significant impact that completing EMDR has had on his life, including being able to sit and pass his GCSEs.

The YJS clinical nurse specialists continue to attend risk management panels and provide advice on how emotional and mental health impacts on managing risk. They have completed SAVRYs (Structured Assessment of Violence Risk in Youths) alongside case managers. SAVRY is useful in the assessment of either boys or girls between the ages of 12 and 18 years and is used to support assessments, interventions and supervision plans concerning violence risk in young people. The nurses have also made referrals over the year to the new sub regional Forensic CAMHS, provided by South West Yorkshire Partnership Foundation Trust, commissioned by NHS England.

Leeds YJS recognises the extent of speech and language difficulties experienced by the young people we work with. The NHS England Health and Justice commissioning team supported a bid to enhance the health expertise in the YJS last year. As a result a speech and language assistant has been recruited to provide interventions to young people after they have been assessed by the speech and language therapist. She has also been providing consultation to the interventions team to ensure sessions are clear and easily understood. The recruitment of LD

psychology support for the team has been less successful, despite a number of attempts. The service and health colleagues are currently exploring alternative approaches to ensure access to this expertise.

The Youth Justice Service (YJS) has revised the knife crime programme and are now delivering a safety based intervention called 'Lives Matter' which is comprised of 4 sessions.

The previous material focussed on the consequences of knife crime and showed videos and pictures that were graphic and upsetting. This has now been redesigned following the whole service trauma informed training, as trauma research tells us this approach is unlikely to work as it 'blocks learning'. The new programme is more focussed on harm reduction, safety and first aid. Each young person ends the programme with a personalised safety plan printed on a card, plus a reminder of basic first aid in a situation where a weapon has been used.

Young Carers

The NHS and Local Authority jointly fund a young carer's group, recognising that children and young people who hold caring responsibilities are at increased risk of emotional and mental health problems. The Leeds Young Carers Strategy is in its final stages of being developed and two of our MindMate Ambassadors, with lived experience of being young carers, are involved in this work. The ambassadors recently worked with the young carers group to develop useful content on the MindMate website and wrote a blog with them to raise awareness of the challenges of being a young carer.

The Strategy will inform the development of a new jointly commissioned Young Carers service from 2020. The service specification for the new service is currently in development.

LGBTQ+



The NHS Leeds CCG Communications team have been shortlisted in the 2019 CIPR Yorkshire and Lincolnshire Pride Awards for the public health campaigns category for its success in breaking down barriers in mental health. The CIPR PRIDE Awards are among the most prestigious awards in the communications industry. The winners are selected by a team of leading industry experts and will be revealed at an awards ceremony in Leeds in November 2019.

On Sunday 4th August our MindMate Ambassadors joined in Yorkshire's biggest celebration of Lesbian, Gay, Bisexual and Trans* life. This year over 40,000 attended Leeds PRIDE weekend celebrations. Whilst taking part in the parade our MindMate Ambassadors took the opportunity to promote the MindMate website by handing out rainbow MindMate wrist bands to show our support for the LGBTQ+ community.



How we know it's making a difference

The Transforming Care Programme National Benchmarking Exercise in March 2019 identified that Leeds has developed some innovative multi-agency approaches to developing services to keep children and young people with their families and communities, which when combined with the quantification and management of Children and Young People at risk of admission, will offer a significant and effective system of support.

A key success measure of the Intensive Positive Behaviour Service will be the reduction in numbers of young people needing to be placed in CAMHS beds, or residential settings. External evaluation has also been commissioned from East Anglia University.

The TSWS introduced a new assessment and formulation model in January 2019 which includes the use of standardised clinical measures to use alongside Goal Based Outcomes. This will allow us to better track progress. It also improves the clinical 'fit' of our first offer in line with a neurodevelopmental trauma informed response to children and their families. The TSWS also continue to collate satisfaction data in all clinics and after any intervention.

In addition to case studies and videos evidencing impact, there are research and evaluation studies underway for the innovative BUSS pilot. The Service Evaluation Project is being undertaken by a clinical psychologist in training at the University of Leeds, which comprises interviews with TSWS staff and foster carers about the BUSS model and their experience of it. In addition there are 4 clinical psychologists in training from the University of Hull, who each are using some aspect of the BUSS model as the basis for their doctoral thesis.

Commissioners receive quarterly reports from the YJS and CAMHS clinical specialist nurses; these reports include powerful case studies that demonstrates the vulnerability of the young people, the significant support provided and often include outcome metrics evidencing improved mental health.

The work of the Young Carers Strategy will ensure services identify Young Carers that they are working with; this will give us a more accurate picture of the number of Young Carers accessing services in Leeds.

Next steps

Transformation Care Programme - Work will continue to improve the experience of the Community CETR and to meet the demand and requirement for a Community CETR compliance rate of 75% of all those admitted to Hospital with a diagnosis of Autism; Learning Disability or both., acknowledging that this requirement will rise to 90% from March 2020. We will continue to work with colleagues in the ICS on this critical agenda.

Specific Triple P Parenting Programme is to be undertaken by 20 members of Staff, the entire team of the IPBS service and a number of LD Nurses during 2019.

Complete the review of the integrated autism pathway with clearly identified areas for improvement and a SMART plan for delivery by June 2020.

Children in Care - Unaccompanied asylum seeking children (UASC) have always been able to access the TSWS but have been under-represented in referrals. The service has met with UASC workers to ensure they understand the service offer and how to access it.

To complete the review of the service specification in relation to the TSWS offer to oversee and support to Leeds children and young people placed outside of Leeds (within 80 miles).

We will review the current impact of the new BUSS model we are testing (Building Underdeveloped Sensorimotor Systems) with a view to move from a pilot secondment and testing approach, to become integral to our future commissioned response for children and young people who have experienced developmental trauma.

The CCG is working with our social care colleagues as they are undertaking significant service improvement to their children's homes; we are jointly funding the creation of a dedicated therapeutic service, as a distinct team within the TSWS wider offer.

YJS – The YJS is planning to recruit an Educational Psychologist through the additional NHS England Health and Justice funding (following an inability to recruit to the LD psychology post). This will support the work of the service around developing a greater understanding of the young people's educational needs and the provision needed to meet these. This post will monitor and improve outcomes for the SEND population (and wider) within the YJS who are accessing less than 25 hours provision, are excluded, or at risk of exclusion, have SEND needs and are NEET.

Sport and Youth Justice in Leeds: Following on from the Sport and Youth Justice event last month, Leeds YJS is developing a referral pathway for vulnerable young people into appropriate physical activities in partnership with StreetGames.

A series of 'Coffee mornings' with local providers are being arranged in each of the 3 area teams, with a small number of local sporting organisations being invited to speak to staff about sporting opportunities for young people in the local area. The aim of this is for area teams to start building relationships with local sporting organisations to increase uptake in sporting and physical activities for young people.

StreetGames are developing a Charter Mark / award for Youth Justice Services and for Sports providers and we are in discussions about Leeds becoming a pilot area for the new award.

Commissioners and the YJS continue to work with the NHS England Health and Justice commissioning team and their commissioned services, such as SARC, Forensic CAMHS, Secure Settings and Liaison and Diversion to ensure integrated pathways and whole system connection.

BAME -Public Health is undertaking a Health Needs Assessment on our school age Black and Ethnic Minority Ethnic groups in relation to Social Emotional and Mental Health. This will enable us to identify where there are gaps in support and service, which in turn inform our commissioning and service development. We haven't received the full report yet but have received early headline areas that will need action. Chinese young people have particularly poor mental health in Leeds and White British, Chinese and Mixed groups have high rates of self-reported self-harm. Service data analysis mirrors national research with underrepresentation of BAME groups within CAMHS and broader services, though slightly better proportions in two voluntary sector services. Black Caribbean and Mixed White /Caribbean boys are over-represented in SEMH statistics in Leeds and in exclusion statistics, alongside Gypsy and Traveller for the latter. Focus groups exploring these issues with BAME young people and questionnaires with parents are ongoing.

Priority 7 - Ensure there is a coherent citywide response to children and young people in mental health crisis.

Why this is a priority

Mental health crisis support needs to improve for children and young people in Leeds. All too often the only place to go when a child is in crisis is to the Emergency Department, which in the majority of cases is not the best place. Young people are clear that they want to be seen in a safe, non-clinical place whenever possible.

Local and National drivers promote the need for ensuring that appropriate 24/7 support is available to children, young people and their families.

What has been done so far

Teen Connect: The Teen Connect online/phone support for young people aged 13-18 and their parents who are experiencing mental health crisis launched in June 2018. The helpline is open 6pm-2am every night of the year. We have reviewed the service specification (which was

based on the adult Connect helpline) to ensure the service reflect the learnings from the first year of the service being operational and to allow us to truly evidence impact based on caller outcomes.

Safe Space for children and young people experiencing a mental health crisis: As part of our work to deliver a safe non clinical space for children and young people experiencing mental health crisis we commissioned The Market Place to pilot a six month safe space provision building on their drop in and counselling model of support. This pilot was extended pending the launch of the 'safe space' provision in late 2019.

Community CAMHS Crisis team: Following the successful bid for West Yorkshire New Care Models (NCM) money for Community CAMHS to develop a dedicated crisis team (in normal working hours) additional funding has been secured from NHS Leeds CCG for the service to be extended to 7 days a week until midnight. A Crisis development lead has been appointed with temporary monies from NCM. Recruitment of the Crisis manager post, 4 Band 6's, a band 3 assistant and band 3 admin has taken place. Commencement of moving some of the crisis work from community CAMHS has begun.

Local young people (notably our MindMate Ambassadors) have played an active role in steering the above key developments. Examples include being members on the Teen Connect steering group, being part of the procurement process of the safe space offer and supporting Leeds CAMHS on the development of the new crisis team.

The Market Place has been commissioned to provide up to 4 sessions of fast access to counselling sessions to those young people, who are experiencing crisis.

Specialist Practitioners (from Leeds and York Partnership Foundation Trust (LYPFT)) are working in the Emergency Department 5pm-9am to provide support to anyone presenting to Emergency Department in mental health crisis. This currently provides support to a significant number of young people and data from this offer has been used in the development of the new CAMHS crisis team. Training and supervision for working with young people is provided by CAMHS to these practitioners.

A new purpose-built specialist community CAMHS unit is being built in Leeds. The unit will provide 18 specialist places and six psychiatric intensive care unit (PICU) beds. Leeds Community Healthcare, working on behalf of the West Yorkshire and Harrogate Health and Care Partnership, was one of 12 successful bids to NHS England for capital funds in the Chancellor's Budget. The unit will support young people from across West Yorkshire suffering from complex mental illness, such as severe personality disorders and eating disorders.

Leeds Community Healthcare is the lead CAMHS provider for the West Yorkshire New Care Models (NCM) 2-year pilot, which commenced in April 2018. This programme aims to reduce admissions and length of stay in CAMHS beds. Any expenditure gains are retained by the provider partnership to invest in improving community CAMHS services. An example of this reinvestment is the development of the CAMHS crisis team detailed above. To read more about what the West Yorkshire NCM has achieved please click [here](#).

Work is underway between Leeds Teaching Hospital NHS Trust (LTHT) and CAMHS with regards to the support to children and young people who are admitted to LTHT experiencing mental health crisis.

There is now a clear process for the police to contact a mental health practitioner (in and out of hours) when they need advice regarding a possible Section 136 assessment

The Care, Education and Treatment Review protocol has been shared between NHS Leeds Clinical Commissioning Group and Leeds Community Healthcare regarding children and young people who have a learning disability and/or autism and are at risk of hospital admission – to ensure a multiagency plan is in place.

How we know it's making a difference

The West Yorkshire NCM delivered a 45% reduction in CAMHS inpatient occupied bed days in the first 6 months; it has reduced the distance children and young people are from home when admitted to a CAMHS bed by 33% and has reduced the length they stay in a hospital bed by 49%.

The goals we want to achieve from our local crisis care developments to complement this are:

- Reduction in inappropriate attendance to Emergency Department
- Reduction of inappropriate admissions to paediatric and acute medical wards
- Reduction in inappropriate admissions to mental health inpatient beds as more intensive, appropriate wrap around care will be available in the community from a range of agencies
- Reduction in length of stay on mental health inpatient units
- Improve children, young people and their families experience of crisis support
- Provide non clinical settings for children and young people experiencing crisis
- A CAMHS team dedicated to this work will significantly improve the quality of emergency and crisis care for children and young people

We will obtain children, young people and families' views and experience.

Next steps

- To award the contract for the non-clinical safe space for children and young people experiencing mental health crisis and launch the service.
- The launch of the new CAMHS crisis team
- The new inpatient building to be completed in Leeds 2021, with 18 general beds and 6 paediatric intensive care unit beds. This should ensure that fewer young people are placed out of area and discussions are underway to locate the CAMHS crisis team there
- Exploring integration of a dedicated children and young person Section 136 suite in the new CAMHS building
- Continue to check with service users that the approach fits with their vision – through our MindMate Ambassador team.
- A crisis focussed marketing campaign will be delivered in line with World Mental Health day in October 2019.

Priority 8 - Invest in transformation of our specialist education settings to create world-class provision.

Why this is a priority

Children's Services within Leeds City Council set upon a journey to review and remodel its specialist educational provision for children and young people with SEMH difficulties, in relation to the growing needs within the city. The existing specialist provision for young people with SEMH had been deemed inadequate and consequently many learners were not achieving their potential or were being placed outside of the local authority. Our aim was to reform the model of our local offer of social, emotional and mental health specialist educational provision. There was a need to create new purpose built provision, specifically designed to meet the needs of young people with SEMH difficulties, which could offer a range of therapeutic approaches, resources and curriculum opportunities personalised to meet a wide range of diverse and complex individual needs.

What has been done so far



Springwell Leeds is based on four sites in the North, South and East of the city. At a total cost of £45M, the Springwell Academies provide a world-class education for young people with SEMH needs in state of the art buildings. This new provision creates 340 specialist places for young people with SEMH difficulties.

The Executive Principle of Springwell Leeds is a member of the Leeds programme board. The new estate is designed specifically to support pupils with Social, Emotional and Mental Health (SEMH) needs and the values and ethos of the provision is to take a nurturing approach with unconditional positive regard.

Area Inclusion Partnerships (AIPs) provide timely interventions and support to ensure most children with SEMH needs succeed within a mainstream educational setting. Investment from the Leeds high needs block fund, secures the future of these partnerships to continue to provide quality early intervention and support for this vulnerable cohort of children and young people. The SEMH pathways panel continues to meet weekly and is successfully enabling vulnerable children and young people to access the right support.

In June 2019 all four sites of Springwell Leeds SEMH provision were inspected by HMI OFSTED inspectors.

How we know it's making a difference

We are expecting the final HMI OFSTED report at any time and will share widely. By September 2019 we anticipate that Springwell Leeds, SEMH specialist provision to be up to full capacity and to be working with approximately 300 learners. The provision is for those learners across primary and secondary school phases who have an Education Health and Care Plan (EHCP) with complex SEMH needs that cannot be met within a mainstream setting. Every individual learner's plan is personalised and carefully monitored and reviewed against identified outcomes.

Next steps

The Local Authority will continue to work with Springwell Leeds to ensure that young people are receiving appropriate support. The outcomes of learners, in terms of attendance, attainment and achievement will be carefully monitored and reported.

Priority 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.

Why this is a priority

Children and young people told us that when they get older and if they need to move into adult support services, they want to feel supported and not abandoned. We know that when young people transition to adult services they can feel lost and that the level of support they have been used to is no longer available. We want to ensure that young people will be supported better when they approach adulthood and involved more in decisions about their care.

What has been done so far

We have been working closely with colleagues in adult services to support children and young people transitioning between services.

We have [facilitated joint working](#) (as part of our contractual quality requirements) between Leeds and York Partnership Foundation Trust and Leeds Community Healthcare. This has included a review of the transition pathways in adult services, where young people are likely to be referred to ensure that these are as clear as possible to support timely referral to the right service. Work has also been undertaken to ensure that expectations are managed for the young person and their family and carers with regards to the offer from adult services and how this will vary from the service they have received from CAMHS.

[THRU peer support groups](#)- We have committed to supporting the continued development of peer-to-peer support work for young people through transition in the city. We now have three THRU groups. Two run weekly, providing a combination of support group sessions and activities to increase young people's skills relating to particular topics e.g. managing anxiety, self-image, and healthy relationships. The other group is entirely led by former group members and provides a progression opportunity for those who still require support at the end of their time in the main groups.

[Teen Connect and Connect](#)- We launched the Teen Connect helpline (via a partnership with Leeds Survivor Led Crisis Service and The Market Place) to support children and young people experiencing mental health crisis. This helpline works alongside the Connect helpline which is available to support those over 16 years old. By working closely together we are able to support young people in transition who may be experiencing crisis by delivering a consistent and joined up service.

Improving access to psychological therapies (IAPT) procurement – we have been involvement in the review and development of the service specification for the new IAPT Service to ensure that young people in transition are supported by this new model.

Early Intervention in Psychosis - Leeds has an excellent track record in meeting the needs of people in crisis and has consistently met the nationally designated access standards. The Leeds system is committed to expanding the Early Intervention in Psychosis service to ensure we continue to meet the national standards outlined within the Mental Health Forward View. The system has a three-year investment trajectory in place that will ensure that at least 60% of people with first episode psychosis start treatment with a specialist early intervention in psychosis (EIP) service within 2 weeks.

How we know it's making a difference

Ensuring that the principles of joint working between LYPFT and LCH through our contractual quality requirements allows for us to have a robust mechanism to monitor the performance of services in terms of the timely support to young people in transition.

The weekly THRU groups hold an evaluation session every 8 weeks to gather feedback and evaluation data from the young people and get their input into the next block of sessions.

Our MindMate Ambassadors are able to provide real feedback in terms of how our children and adult services are meeting the needs of young people in transition.

We are working with colleagues from both Further Education and Higher Education establishments across the city to ensure students are able to access the appropriate mental health services.

Next steps

We want to ensure that for young people in transition we provide support that is easily accessible. As services develop we will ensure this group of young people are visible and their needs considered. This will involve close working with our colleagues in Adult Mental Health Commissioning. We are starting to gather data which will allow us to develop our offer for young people in the transition period (notably our offer for 14-25 year olds). There is a need for significant review and transformation as set out in the NHS Long Term Plan. This will be given a particular focus from 20/21 onwards.

Safe space development – as we develop our safe space for children and young people experiencing mental health crisis we will work with colleagues around the current adult provision and understand and develop links across both models to ensure consistency and ease of access for young people in transition.

THRU peer support - We aim to work with education providers and other services to provide further skills courses and workshops to increase our reach across the city.

Best Practice case Study - Transitions Team Leeds CAMHS

It has long been recognised in Leeds CAMHS that transition between child and adult mental health services can be a difficult time for young people. Leeds has had a dedicated transition team for the past 9 years, whose role it is to support young people out of CAMHS and into adult mental health services. Over the past year or two, the team has expanded to include dedicated transitions workers for young people with eating disorders and those with learning disabilities and pathways for these cohorts of young people are being developed, tested and reviewed.

To read more please [click here](#)

Priority 10 - Establish a city-wide Children and Young People's Community Eating Disorder Service in line with national standards and access targets.

Why this is a priority

The creation of a distinct community based eating disorder (ED) service for children and young people was a key priority for the first year of the Leeds Local Transformation Plan. This recognised that eating disorders are severe mental illnesses with serious physical, psychological and social consequences that can interrupt educational goals. Anorexia Nervosa has the highest mortality amongst all psychiatric disorders. The funding allocation in 2015 created the opportunity to enhance and transform the existing offer into one dedicated citywide team.

What has been done so far

The Leeds children and young people's dedicated community eating disorder service has been operational for 3 years. The team is now fully recruited to. Paediatricians continue to improve the pathway for young people requiring medical stabilisation and contribute to ongoing development work with local GPs about assessment and monitoring. All clinicians are trained in NICE compliant evidenced based interventions including Family Based Treatment (FBT) for anorexia nervosa and bulimia nervosa and others have CBT-E, DBT, FT, EMDR, and CRT training to be used when appropriate. We routinely use evidence bases outcome measures in order to evaluate the effectiveness of the support and intervention.

We have increased Parental support and provision. We have a year round Parent Group also available to parents of Inpatients in Leeds. We offer additional wraparound support to parents who are struggling. We have introduced a Coping with Christmas pack and support session which was very well received.

The service has become a member of the Quality Network for Community CAMHS-ED. We have received our first inspection which was overwhelmingly positive.

CAMHS Assistant: We have established the role within the team and it is successful and embedded. The assistant has carried out some stellar work and is a huge asset to the team.

We have commissioned two service evaluation projects in conjunction with the University of Leeds, which are due to complete in November 2019. These are focussing on Clinicians and young people and families views of FBT, to assist the team in understanding how best to use FBT within the service and what might help with adherence to treatment.

The new format for the assessment clinics continues and has evaluated positively both by families and professionals. Families now attend one, three hour multi-disciplinary team (MDT) assessment with the aim of providing a diagnosis and commencing an intervention in the next session.

How we know it's making a difference

The service continues to perform well with regard to the national waiting time standards for children's community eating disorder services we have had our first Quality network for community CAMHS peer review in April 2019.

The summary states

“The Leeds ED team are an innovative and education-focused team who work hard to promote and share knowledge with organisations in their local area about the work they do. They are committed to promoting the ED service, and have found novel and interesting ways to do this, including partnering with the Northern School of Contemporary Dance to provide training to them on Eating Disorders, signs to look out for and tips on nutrition and diet. Training is also provided to inpatient paediatrics wards, schools, school nurses and primary care teams, all in the interests of upskilling different teams and sharing knowledge and skills. The team also hold parent groups and are planning many more e.g. a siblings group and nutrition group, and this again highlights the innovative spirit within the team. “

We have had positive feedback from parents and service users including some constructive comments that have allowed us to tailor our support to make more accessible and useful.

What Next

- The team has developed a Risk & Review Pathway. The focus of this is to establish a clear treatment pathway within the EDE service. It consists of a bespoke and individual treatment plan and review and action structure that will apply to all young people in the service. It provides clear governance and treatment structures and focuses on involving young people & families in planning and review. It incorporates both mental and physical health and includes a bespoke risk assessment that we are working on. The pathway will be fully operational by autumn, 2019. This will be reviewed and evaluated over the next 12 months.
- We are continuing to develop and enhance the work already underway with the northern school of contemporary dance. An event is planned for September 2019. This will think about food, dance and nutrition with the parents of their new 2019 intake into the Centre for

Advanced Training In Dance Scheme (CAT) for 13-17 year olds. This will be co-facilitated by NSCD and Leeds Children and Young Peoples Eating Disorder Service. A similar event will then be offered to dance schools and their instructors throughout the region.

- CAMHS Assistant: work continues around fine tuning the role and ensuring training and support is in place to provide the best possible service to our Young People and their families.
- Nutrition Group – our Dietician has planned a new group alongside our CAMHS Assistant. This needs implementation and evaluation.
- The service is also about to embark on an exciting new venture with Park Lane College and will be involved in working with staff and students to enhance their understanding of eating disorders and embed support within the college. Our Senior Child and Adolescent Mental Health Practitioner and our Assistant Psychologist are leading on this.
- Co – morbidity: The team manages increasing levels of co-morbidity when the primary diagnosis is eating related. We do need to do more work on thresholds and when referral to our wedge colleagues is appropriate.
- As a service we are planning a Siblings Group following feedback at our Awareness Event.
- Our CAMHS Assistant has set up the first ED Participation Group and we are really keen for involvement from our Young people.

Priority 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.

Why this is a priority

Partners from health, education and social care are keen that the services and interventions we provide to support Children and young peoples' mental health are informed by the best available evidence base. We are also committed to ensuring that children and young people are involved in decisions about their own care, and consulted on their experiences. Constant involvement and feedback provides the opportunity for continual service improvement.

What has been done so far

The HOPE (Harnessing Outcomes Participation and Evidence) steering group is supported by CORC (the national Child Outcomes Research Consortium) and involves all agencies delivering and supporting SEMH services. The group have focussed their work on:

- Ensuring more effective analysis of outcome data collected in the system

- Supporting services to implement 'outcome friendly' information systems which support day-to-day work with children and young people and service reports. (CORC have recently supported The Market Place to look at how they will adopt an evidence based outcomes framework within the service)
- Ensuring evidence based interventions are used by services and if there is no available evidence base that strong evaluation is undertaken (both internal and external)
- Reviewing the evidence of presenting need and demand in the city and comparing this with workforce skills
- Reviewing annually the main referral reasons across the services. In 2018/19 across SEMH services in Leeds Anxiety has been identified as the top referral reason and the group will now develop a system wide approach to tackling this issue.
- An analysis of training needs across the system based on presenting need and related evidence based interventions, which is supporting the workforce strategic plan
- Ensuring all NHS funded SEMH services report into the Mental Health Service Data Set

In addition a Future in Mind: Leeds dashboard ([Click here](#)) has been created to report quarterly to the programme board to provide an overview on progress against key indicators. These take the broad themes of:

- How much did we do?
- How well did we do it?
- What difference did we make?

How we know it's making a difference

The Future in Mind HOPE Outcomes Framework enables us to ensure that services are meeting the needs of children and young people and that they are delivering services that reflect the priorities that sit within our Local Transformation Plan. Services will be able to self-assess against the outcomes within the Framework (the outcome framework is included in chapter 3).

The group are responsible for the Future in Mind: Leeds dashboard, which is now reported quarterly to the programme board to give a useful oversight on delivery against key performance indicators.

Next steps

Continue to support services to ensure systems are in place to flow information through to the Mental Health Services Data Set (MHSDS). This will ensure national reports accurately reflect the number of Leeds children and young people receiving support. Work will also continue to deliver the required information for outcome measures in CAMHS services into the MHSDS.

Continue to look at ways that maximise the quality of the data from across the system (existing and new) to understand the need, demand and the impact of the SEMH services.

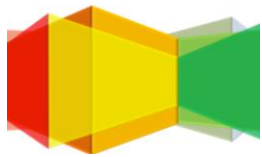
Through the development of our workforce strategy, continue to develop and transform our services through a strong workforce across universal, targeted and specialist services in Leeds. This will include increasing the impact of specialist knowledge through embedding expertise in teams and utilising supervision and consultation models and maximising the opportunities held within digital technology.

Develop and deliver a system wide programme of work (re evidence base and workforce competencies) to tackle the main service referral reason in 2018/19 – Anxiety.

Best practice case study – Mental Health Dataset



The Market Place is making preparations to start uploading data to the Mental Health Data Set. To comply with latest GDPR laws we recognise the importance to ensure that young people feel fully informed about these plans. It is important that this information is presented in a manner that is understandable and concise, so that young people genuinely feel informed and fully understood that they can choose to opt out.



Over the years, young people who access The Market Place have told us that they choose our service specifically because they are not connected to NHS records. This made us determined to be as open and honest about flowing data to the MHSDS. This transparency then enables young people to either opt out, or alternatively consent for it to be shared, once they understood exactly what was being uploaded.

The Market Place already places strong values on openness and honesty with young people; therefore it felt that a leaflet specific to the MHSDS should be an addition to our Privacy and Brief Privacy (young people friendly) statements.

These new leaflets for the MHSDS also reference other data that we collect and store, so also act as a good reminder to young people who may want to ask questions about their data.

Please [click here](#) to see the leaflet.

Author's acknowledgement to contributors

Dr Jane Mischenko would like to thank the following colleagues for their contribution to the report

Name	Title / Organisation
MindMate Ambassadors	MindMate Team
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Claire Wilde	Senior Infant Mental Health Practitioner/Cognitive Behavioural Therapist
Katie Wrench	Team Manager, Therapeutic Social Work Team

2: Finance

There are three primary funding streams for mental health and wellbeing, NHS Leeds Clinical Commissioning Group (CCG), the Local Authority (LA) and NHS England.

Implementing the Five Year Forward View for Mental Health services sets a trajectory for increased access, which is based on existing prevalence data and allocates funding to this on a national level. This funding will then be allocated locally to support the increase in capacity and system transformation. Table 1 (on the next page) sets out the trajectory for national allocations to LA budgets, CCG budgets and investment for key programmes of work in mental health.

Funding Type	£'000	£'000	£'000	£'000	£'000	£'000
CCG Baseline Allocations	2015/16 spend	2016/17 spend	2017/18 spend	2018/19 spend	2019/20 budget	2020/21 initial estimated plan
CYP Mental Health (LTP)	1064	1,277	1,293	1,248	2,013	3,065
Eating Disorders (LTP)	425	425	425	657	660	678
CYP Mental Health The Market Place*	178	178	178	178	178	178
CAMHS main community provider	7,400	7,400	7,400	7,731	7,821	8,032
CAMHS Youth Offending Service main community provider				163	170	175
CAMHS ad-hoc	20	20	21	18	21	21
Perinatal Mental Health				444	1,519	1,400
MHST Trailblazer bid					93	347
	9,087	9,300	9,317	10,439	12,475	13,896
Therapeutic Out of Area Placements (CCG Contribution for Psychology Element)*		982	1,085	846	1,000	1,000
	1,042					
CCG Non Recurrent NHSE Allocations						
Mindmaze		64				
Autism Waiting lists		360				
Perinatal Mental Health				742		
	0	424	0	742	0	0
Local Authority Core Funding						
MST Core Funding		1,136	1,326	1,337	1396	Unknown
Therapeutic Social Work (services targeted at Looked After Children)		740	796	819	853	Unknown
Emotional Resilience Activities eg Healthy Schools		193	261	281	235	Unknown
Northpoint Wellbeing LTD Counselling		173	167	160	160	Unknown
Spot purchase of mental health OOA placements		466	195	175	100	Unknown
Services targeted at other Vulnerable children eg SILCS YOS etc		3,643	6,320	8,840	8363	Unknown
		6,351	9,065	11,612	11,107	0
Grand Total	10,129	17,057	19,467	23,639	24,582	14,896

Table 2, below provides an overview of the allocation of the LTP funding

	2018/19	2019/20	2019/20 Q1	2020/21
Detailed Breakdown of LTP Spend	spend	plan/budget	spend	estimated initial plan
CYP MH promotions	1,145.00	5,000.00		5,000.00
Perinatal Mental Health	12,000.00			
School Clusters*	250,000.00	250,000.00		750,000.00
SILC	88,000.00			30,000.00
Mindmate website including promotions	58,050.00	51,700.00	11,900.00	51,700.00
Mindmate Champions	23,200.00			
CYP Single Point of Access - LCH	347,275.00	376,181.00	94,045.00	386,338.00
Therapeutic social work	48,000.00	50,000.00		50,000.00
CYP Single Point of Access increase- LCH		44,131.00		45,323.00
The Market Place trajectory work and The Market Place increase to contract	79,716	79,736.00	19,929.00	79,736.00
The Market Place Fast Access Counselling		100,020.00	25,000.00	100,000.00
1 Adoption (Trauma Work)	12,500.00	20,000.00		70,000.00
Feasibility research to online counselling / Online counselling service	50,000.00	175,000.00	100,000.00	354,050.00
ADSD/AHD match funding for assessment		15,000.00		200,000.00
Crisis Telephone line	150.00	66,622.00	16,655.50	68,421.00
Crisis Safe Space		25,000.00		100,000.00
Eating Disorders Service - LCH	657,162.00	660,477.00	165,119.00	678,310.00
Common room - consultancy and ambassadors	54,454.00	56,210.00	14,053.50	57,728.00
Increase to SPA provision LCH		58,581.00		73,739.00
MH First Aid Training	8,333.33			
THRU (Talk, Help, Relate, Understand) Peer Support Work	39,810.00	39,810.00	9,952.50	40,885.00
Child Outcomes Research Consortium	18,600.00			
Infant Mental Health Team LCH		99,388.00	-	102,071.00
Ad-hoc	4,227.00			
CAMHS School Training		500,000.00		500,000.00
LCC Contribution to trauma team development*	153,000.00			
	1,905,622	2,672,856	456,655	3,743,301
	1,905,622	2,672,856	456,655	3,743,301

*Table 3 below shows the joint partnership CYP Mental Health Budgets 2019/20

	£'000	£'000	£'000
	CCG	Local Authority	Total
Recurrent			
The Market Place	178	92	270
	178	92	270
Non Recurrent			
Contribution to trauma team	300		300
School Clusters ** (more detail below in table 5)	250	250	500
	550	250	800
Grand Total	728	342	1,070

Table 4 below shows the Public Health Spend for 2019/20

	£'000
Recurrent	Public Health
Infant Mental Health	243
Leeds Healthy Schools Programme #	317
Young People's Resilience	100
Childrens and Family Bereavement Service	150
	-
Grand Total	810

#It is not possible to identify how much of this budget is solely mental health

**Table 5 shows the investment to school clusters from 2017 to 2020

	CCG	LCC		
	£'000	£'000		£'000
Original CCG investment in service	750		-	750
2017/18	250		250	500
2018/19	250		250	500
2019/20	250		250	500
	1,500		750	2,250

The CCG invested an initial £750k in the service to pump prime for the 3 years. For each year after that the CCG and local authority invest a further £250k each bringing the total value of the pot over the 3 year period to £2.25m.

From 20/21 the CCG will invest a minimum additional £500k on the cluster service

Table 6 shows the Specialised Commissioning Acute Inpatient Spend Funding from NHS England for specialised acute inpatient spend as follows:

NHSE CAMHS TIER 4	<u>2015/16 £</u>	<u>2016/17 £</u>	<u>2017/18 £</u>	<u>2018/19 £</u>
Alder Hey Children's NHS Foundation Trust				
Alpha Hospitals	708,200.0			
Central Manchester University Hospitals NHS Foundation Trust		135,349.0	106,933.0	
CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST		7,375.0		
Cygnnet Health Care Limited		1,942,338.0	932,548.0	£753,890
GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST		82,584.0	768,834.0	£788,520
Leeds And York Partnership NHS Foundation Trust	86,964.0	24,007.0	230,191.0	£409,829
Leeds Community Healthcare NHS Trust	482,764.0	424,778.0	423,265.0	£1,486,708
North East London NHS Foundation Trust				
NORTHAMPTON GENERAL HOSPITAL NHS TRUST		422.0		
Northumberland, Tyne And Wear NHS Foundation Trust	11,024.0	204,966.0		£27,897
PENNINE CARE NHS FOUNDATION TRUST		117,608.0		
Priory Group Limited		505,847.0	607,657.0	£151,725
Regis Healthcare Ltd				
Riverdale Grange	58,305.0		41,915.0	£89,927
Sheffield Children's NHS Foundation Trust	99,906.0	9,075.0	178,751.0	£8,878
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST				£126,598
Tavistock and Portman NHS Foundation Trust				£870
Tees, Esk And Wear Valleys NHS Foundation Trust	11,646.0	25,447.0	202,686.0	£33,781
The Huntercombe Group		12,100.0		£32,310
	<u>1,458,809.0</u>	<u>3,491,896.0</u>	<u>3,492,780.0</u>	<u>3,910,933.0</u>

3: Performance

One of NHS England's objectives within the Five Year Forward View for Mental Health is that by 2020/21, there will be a significant expansion in access to high-quality mental health care for children and young people. Nationally, at least 70,000 additional children and young people each year will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions.

In Leeds this equates to approximately 5435 children and young people. In the 2018/19 the data validation exercise undertaken by NHS England services recorded 4590 (29.6%).

Published figures must be received with caution as we are aware that a number of our commissioned services (particularly those providing cluster based support) are not yet flowing their data to the MHSDS. Locally Commissioners within Leeds CCG are working with providers to ensure that this target is met and is being accurately reflected within performance reports; this includes providing assurance through the CCG's Integrated Quality and Performance Report.

There are a number of challenges for our smaller providers including developing MHSDS compliant databases and the delay in the launch of the NHS digital 'cloud based MHSDS system', which has led to the delay in all our commissioned services being able to flow their data.

There is a greater challenge within the cluster model in order to be able to accurately record the number of young people being supported by NHS funded community mental health services. As part of our newly commissioned cluster SEMH support model there will be a contractual requirement that all providers are able to flow their data to the MHSDS. To support this development we are working with local cluster commissioned services to trial new methods of data flow.

Alongside the additional 70,000 children and young people who should have access to high-quality mental health care when they need it, the NHS Long Term Plan also sets out that by 2023/24, at least a further 345,000 children and young people aged 0-25 will be able to access support via NHS-funded mental health services and school or college-based Mental Health Support Teams. We are working with our local Clinical Network to understand the local target for Leeds and to then understand how we can achieve this requirement through additional resource with our Transitions programme of work which we will deliver alongside our Adult Mental Health Commissioning colleagues. We will also be able to deliver additional support to more young people through the establishment of our 2 Mental Health Support Teams supporting 10 of our further education settings.

The NHS Long Term Plan states that by 2020/21, 95% of those in need will start treatment for an eating disorder within 1 week if urgent and 4 weeks if non-urgent. In Leeds we have been monitoring our local Eating Disorders service in line with these targets (see section below 'Community based Eating Disorder Service') and the team continue to meet these requirements.

In line with recommendations from the Five Year Forward View for Mental Health, NHS England, NHS Improvement and other Arms-Length Bodies have agreed an outcome indicator for children and young people's mental health drawing on learning from the CYP Improving Access to

Psychological Therapies (IAPT) transformation programme. It has been agreed to focus on reliable improvement in symptoms, functioning or other relevant domains for those accessing services as part of a suite of indicators to help assess impact of services.

In order for the Future in Mind: Leeds Programme Board to be fully assured that our work across the partnership is making a difference a Future in Mind Partnership Dashboard has been developed ([Click here](#)). This is reported every quarter to the Programme Board.

The Future in Mind HOPE Outcomes Framework has been developed ([Click here](#)) by the HOPE steering group. This Outcomes Framework enables us to ensure that services are meeting the needs of children and young people and that they are delivering services that reflect the priorities that sit within our Local Transformation Plan. The group are responsible for the Future in Mind: Leeds dashboard, which will be reported quarterly to the programme board to give a useful oversight on delivery against key performance indicators.

Finally a Yorkshire and Humber Outcomes Data Dashboard has been developed to demonstrate the impact of Future in Mind on our children and young people, which is also taking into consideration data from across systems and not just health. The intention of this is to provide a picture at Yorkshire and Humber, Sustainability and Transformation Plan/Integrated Care System and CCG/Provider levels.

Child and Adolescent Mental Health Service (CAMHS)

The Leeds CAMHS has recently undertaken significant work to reduce the waiting times for children and young people accessing the service, notably for those waiting for an Autistic Spectrum Disorder assessment. However the demands on the service continue to grow (in line with the national position). In the last two years demand has increased by 70% across pre-school and school age for autism assessments. These are appropriate referrals as 80/90% of them convert to diagnosis.

At the end of June 2019 waiting times were:

	Number of Patients Waiting	Average Wait Time (Weeks)
Autistic Spectrum Disorder Assessment	168	38.4
Next Steps (formally Consultation Clinic)	114	9.2

The service are making further improvements including the launch of a Neurodevelopmental (ND) Pathway that will group children with both a query around Autism and/or ADHD (Attention Deficit Hyperactivity Disorder) in addition to other complex ND needs, into one ND pathway. This is of benefit as children previously were assessed in the initial Next Steps clinic before waiting for either an ASD or ADHD assessment and then could wait a further length of time before moving on to the next assessment pathway. This pathway delivers a timely and streamlined patient experience with less duplication. The challenge at the moment is that there are children in the 'old' pathways as well as in the new neurodevelopmental one.

In light of this increased service demand and dual running of 'old and new' pathways additional funding is being allocated to the service to provide additional capacity for assessments to be undertaken within the ND pathway notably Autism assessments.

Community based Eating Disorder Service

The creation of a distinct community based eating disorder (ED) service for children and young people was a key priority for the first year of the Leeds Local Transformation Plan. The initially ring fenced funding allocation created the opportunity to enhance and transform the existing service into one citywide team. We continue to monitor this service based on the national performance targets. The team consistently meet the targets set in the Access and Waiting Time standards where all young people are seen within 4 weeks of referral if routine, 5 calendar days if urgent and 24 hours if emergency. Any breaches of these targets have been in relation to patient choice.

Eating Disorder Wait Times

Summary of Waiters from Eating Disorder Service Quarterly Submission

-4 week target for routine (non urgent) referrals

-1 week target for urgent referrals

Quarter 1 2019-20 (01-April-19 to 30-June-19)

Priority		Wait in Weeks												TOTAL	% of waiters seen within target	
		0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12			12+
Routine	Completed pathways (episodes started in Period)	2	8	4	3		2								19	89.5%
	Incomplete pathways (waiters as at 30-June-19)			1	3										4	100%
Urgent	Completed pathways (episodes started in Period)														0	-
	Incomplete pathways (waiters as at 30-June-19)														0	-
															% Routine waiters seen within target	91.3%
															% Urgent waiters seen within target	-
															% of all waiters seen within target	91.3%

Notes on waiting time target breaches:

Patient choice applies to breaches of wait time target:

Completed pathways (episodes started in period):

5-6 week waiter: Family called to cancel appointment booked for April-19 (2.9 week waiter at this date)

5-6 week waiter: DNA appointment booked in March-19 (2.6 week waiter at this date)

Future developments

We continue to work as a system to ensure that children, young people and their families are able to access support as quickly as possible.

In response to the digitally changing landscape and feedback from young people we have commissioned XenZone to provide Kooth online counselling for children and young people. Since its launch in December 2018 we have seen a steady rise in registrations. We will review demand in line with capacity to inform our commissioning intentions from 2020 onwards.

The launch of the ability for parents and young people to directly contact MindMate SPA for advice, support and if required a referral into a service will facilitate children and young people to be able to access support in a timely manner. Further developments of the MindMate SPA model will also provide support additional capacity for early brief intervention.

Finally through the review of our Crisis response to children and young people in Leeds we plan to develop a response that is locally based within existing provision supported by a strong community CAMHS response. This will allow for those who are experiencing crisis to receive the appropriate support they need at the time the crisis occurs. Leeds CAMHS are working to develop a model that will allow them to be able to provide an emergency and crisis response for children and young people presenting in mental health crisis within the national four hour target.

4: Children and Young People's Voice

Young people's voice and influence has been central in our Future in Mind: Leeds developments. This has been in guiding and shaping services, information and systems. Our relationships with children, young people and families are ongoing and their engagement is actively encouraged. We do this through different mechanisms to reach as many different Children and Young People as possible through;

- Our MindMate Youth Panel which currently has 70+ online members including many active members who attend regular meetings
- The MindMate Ambassador peer-led work programme
- A quick suggestion box on every MindMate page and an interactive feed on the MindMate Blog
- Regular contact with relevant parents who help us develop and approve content for other parents and carers across the MindMate site
- Working with Children and Young People and parents on specific local digital innovation projects e.g. the Happy Vault app and MindMate2U Digital Information Prescriptions
- Linking with many other vulnerable groups of Children and Young People in the city, e.g. Willow Young Carers and the Care Leavers Council to make sure they are part of the conversations.
- Actively involving the Ambassadors in our procurement of new services

Our engagement and coproduction activities for Future in Mind: Leeds 2018/19 ([click here](#)) and 2019/20 ([click here](#)) give a flavour of the volume and breadth of our engagement with children, young people and parents/ carers on an ongoing basis.

Children and Young People helped shape the priorities in the Local Transformation Plan in different ways, from designing, approving and steering the content on MindMate.org.uk, to advising on developing our crisis offer and being members of the Teen Connect steering group. They are involved in scrutinising the plan and asking what impact it is having. We have our young-person-friendly Future in Mind: Leeds Plan 'quick guide', which was designed by our youth panel for a young audience (and everyone else!) <https://www.mindmate.org.uk/resources/future-mindleeds-quick-guide/>

[here](#) (2015) and [here](#) (2017) are two consultation reports produced in partnership with HealthWatch Leeds. They give in-depth insight into the experiences of young people, their families and the staff who provide mental health services within the local offer. Various young people helped steer this process, including designing surveys, co-facilitating workshops, inputting and analysing the findings. Young people also helped us draft and present the recommendations from these reports - all of which have been formally responded to by commissioners and key providers. These reports have been key in the shaping and refreshing of our Local Transformation Plan.

A new development suggested by our youth panel is the [MindMate blog](#) platform - written by young people for young people, which encourages social media shares, comments and conversations. MindMate has published almost 40 blog posts to date.

Finally - the MindMate Real Stories micro site has been getting a lot of media attention and winning national awards. The idea is to have relatable young people on there with real but hopeful stories - and the interactive platform means you can pull off relevant information at key points of the films. Children, Young People have co-designed this platform with the digital design team – find out more here.

<https://vimeo.com/279676895/efc17e0fba>

Best Practice

Involving Ambassadors in our procurement

Rachael and Gage (two of our MindMate Ambassadors) were involved the procurement of the Young Peoples Social, Emotional and Mental Health service. Here are their thoughts on the process.

“The process involved exploring the range of questions as part of the procurement; after breaking down these sections within the service specification and we selected each a handful of evaluative questions which we would be focusing on.

Once the tenders had submitted, we rated the response against the award criteria independently. This was a great experience for me, as the questions I had selected talks about the practical nature of the service, but also about the future-proofing and continual improvement and means to adapt with time. This is something I’m very passionate about, and felt important to be involved with as a young person who is affected by the service.

Overall, I found the experience to be interesting from a procurement process - and I continue to be incredibly thankful that the tender was opened to allow young people’s consultation on the future of the mental health service.” Gage

“At the start of the process we discussed the outlines and what needs to be imputed, before the tender evaluation began. Gage and I were involved in the process as he has explained above.

I found the experience to be insightful into how it all works and I’m thankful to of had the opportunity to be involved in it” Rachael

5: Strategic Workforce Plan

This strategic workforce plan was developed last year and the development and delivery of this plan sits with the HOPE group (Harnessing Outcomes, Participation and Evidence). This is a well-established partnership group that reports to the programme board and is supported by CORC.

Developing a Workforce Strategic Plan for Delivering Future in Mind: Leeds Strategy and Local Transformational Plan



5.1 Background

With the Leeds Future in Mind Strategy and Local Transformation Plan 2016-2020 already in place a need was identified to develop a workforce strategic plan to support their delivery and implementation. The purpose of the workforce strategy is to ensure there is an articulated plan that ultimately enables Leeds to work towards having the right people, with the right knowledge, skills, experience and attributes, in the right place at the right time in order to improve the social, emotional, mental health (SEMH) and wellbeing of children and young people aged 0-25 years.

An essential element of the workforce strategy is that it is inclusive of the wider range of providers in the Leeds SEMH services for Children and Young People (CYP) across the system (i.e. health, local authority, and voluntary and education sectors) and that it articulates how these agencies can work together in an integrated and systemic way. It is acknowledged that many people are involved in making a positive difference to the mental health of children and young people; this strategy recognises the role early help, targeted and specialist services have in supporting the universal workforce and settings in Leeds and the contribution the wider system makes in supporting prevention and self-care.

In many ways the strategic direction for children and young people's mental health services has been mapped out at a high level through a series of national policy and guidance documents including the most recent Government's Green paper on 'Transforming Children and Young People's Mental Health Provision'; noting that Leeds has applied to be a trailblazer site in implementation of elements of that latter policy. At a regional level Health and Care Partnerships Plans are viewed as providing the local vehicle for strategic planning, implementation at scale and collaboration between partners. At a local level there is a recognition that SEMH services for Children and Young People in Leeds sit within a wider system and that changes within this system, including at a workforce development level, will need to be taken into account in the implementation of this strategy. In developing this strategy it is acknowledged that a considerable amount of work has already been undertaken both in terms of service and workforce development and that the task focused more on drawing already existing data into a strategic plan/ framework. In addition to the desk top review it was agreed to capture and collate the views of a range of the key providers on the workforce challenges and opportunities presented in delivering the Leeds Future in Mind Strategy.

Due to the changing landscape and architecture of the system at various levels, including a local review of the commissioning of the SEMH Clusters offer for 2019, it is recommended that this workforce strategy is reviewed and refreshed in a timely fashion and on a regular basis to ensure it remains current and continues to act as an enabler to the Leeds Future in Mind Local Transformation Plan. Whilst the various strategies refer to a timescale of 2020/21 it is acknowledged, with particular reference to workforce that a longer term, integrated health and care workforce strategy that recognises the longer term nature of training and career pathways for some posts and in attracting young people to work in health and care in the future would be invaluable but needs to be balanced with some short term goals.

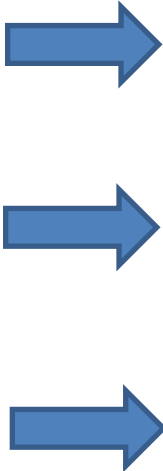
5.2 Why and what we need to focus on

Half of all mental health problems have been established by the age of 14, rising to 75% by age 24

Leeds future prevalence = predicted increase in overall disorders and common MH disorders in CYP of approx. 1.2% to 29,200

National
Future in Mind (March 2015), Five Year Forward View for Mental Health (February 2016), Green Paper Transforming Children and Young People’s Mental Health Provision (December 2017)
Focus on working in partnership to:

- Involve children and young people and their carers in making choices
- Promote resilience, prevention and early intervention
- Improve access to effective support – simplifying structures, dismantling artificial barriers and developing a system without tiers
- Care for the most vulnerable
- Demonstrate



Vision- “Developing a culture where talking about feelings and emotions is the norm, where it is acceptable to acknowledge difficulties and to ask for help and where those with more serious problems are quickly supported by people with skills to support those needs”

Leeds LTP Priorities

1. A strong programme of prevention that recognises the first 1001 days of life impacts on mental health and wellbeing (Best Start Plan)
2. Build knowledge and skills in emotional resilience and to support self-help
3. Deliver local early help services for CYP with emotional and mental health needs who require additional support
4. Commit to ensure there is a clear Leeds offer of support and services available and guidance on how to access these
5. Deliver a Single Point of Access (SPA) to include assessment and initial response for referrals that works with the whole Leeds system of mental health services to enable CYP to receive the support they need, as soon as possible.
6. Use an integrated approach to ensure vulnerable CYP receive the support and services they need
7. Ensure there is a coherent city wide response to CYP in MH crisis
8. Invest in transformation of specialist education settings to create world class provision.
9. Work with CYP who have mental health needs as they grow up and to support their transition into adult support and services.
10. Establish city wide CYP community eating disorder service with national standards and access targets
11. Improve the quality of our support and services across the partnership through evidence based interventions, increased CYP participation &

5.3 How we need to do it – Expectations and Principles

There is a national vision for everyone who works with children, young people and their families to be:

- Ambitious for every child and young person to achieve goals that are meaningful and achievable for them
- Excellent in their practice and able to deliver the best evidenced care
- Committed to partnership and integrated working with children, young people families and their fellow professionals
- Respected and valued as professionals

The Leeds Children and Young Peoples Plan: In a Child Friendly City...

All children and young people are safe from harm

All children and young people do well at all levels of learning and have the skills for life

All children and young people choose healthy lifestyles

All children and young people are happy and have fun growing up

All children and young people are active citizens

Children and young people themselves have a clear and consistent view about the skills, qualities and behaviour they would like to see in the SEMH workforce:

- A workforce that is equipped with the skills, training and experience to best support children and young people's emotional and mental wellbeing
- Staff who are positive, have a young outlook, are relaxed, open-minded, unprejudiced, have a judgement-free attitude and are trustworthy
- Behaviour that is characterised by fairness, a willingness to listen, to empathise, to trust and believe in the child or young person
- Everybody should work from a basis of asking and listening, being prepared to be helpful in creating understanding among other members of the workforce
- The workforce should provide real choice of interventions supported by enough resources to follow through, whilst remaining honest and realistic

5.4 Workforce related achievements / strengths

Training Partnerships and Delivery eg:

- Infant MH training programme: Babies, Brains and Bonding (completed by over 2,000 H&SC professionals)
- MindMate Champion subsidised training offer
- Training Programme for Universal staff in schools
- Child Wellbeing Practitioner training
- Restorative Practice Training
- Health Coaching Programme Training
- Applied Suicide Intervention Skills Training
- Early Intervention in Psychosis training programme
- Numbers of staff completing CYP IAPT courses
- Delivery of workshops to local area/clusters promoting evidence base, participation and value of outcome monitoring
- CEDS-CYP specialist team training
- Training Programme for Young People Champions

Development and Implementation of New Models of Care commencing eg

Training Protocol Development eg

- Training protocols in place between CAMHS and acute paediatric settings
- Training protocols developed between new A&E MH practitioners and CAMHS

Digital Solutions to support clinical work eg:

- StepUP App (CAHMS)
- Contributions to the Baby Buddy App (IMHS)

Having psychologists based in the TSWT has been seen as positive

Wellbeing workers – provide early intervention prior to the need for qualified counsellor

“National recruitment has been an issue with some occupational groups but locally recruitment has improved in areas previously challenging eg Social Work.

Good retention noted in many areas where permanent and longer term funding in place or good succession planning/career progression

5.5 System Workforce challenges and priorities

Recruitment	Retention
<ul style="list-style-type: none"> ▪ Challenges in some areas particularly where contracts are fixed term due to short term funding where the work environment is perceived to be more challenging eg inpatient areas. Difficult to recruit to some posts in Clusters ▪ Longer term contracts required to recruit quality staff ▪ Nationally 1,700 more therapists and supervisors needing to employed – requiring local recruitment initiatives. ▪ New Mental Health Support teams (Green Paper Proposal) <p><i>“Whilst recruitment of professionals may have improved there is still an issue about whether those people coming in have the required additional therapeutic skills to hit the ground running”</i></p>	<ul style="list-style-type: none"> ▪ Good retention noted in many areas where permanent and longer term funding in place or good succession planning/career progression evident - Longer term contracts required to retain quality staff ▪ Noted potential ‘retirement crises’ in 2yrs time due to numbers able to retire at 55 yrs (Staff with MHO status) Cluster and targeted services leads noted to be leaving
Skill Mix/Diversity	Supervision
<ul style="list-style-type: none"> ▪ CAMHS services still have relatively highly graded staff – what are the opportunities for a skill mix with lower banded registered staff and non-registered staff? ▪ Ensuring a the gender and ethnicity mix at service level is reflective of the local population - requires good system wide workforce data ▪ Skill mix in the Clusters is different in each Only 2 clusters have CAMHS in school staff, what roles are required and what are the roles that link universal and specialist services In complex cases in clusters but data disagrees – define complexity ▪ Creating a skill mix with the new roles being developed and using more widely across the system eg CWP in SPA, CYP IAPT and wellbeing workers to provide early help ▪ recognising the role of families and school workers eg Playtime supervisors and Dinner ladies ▪ MH specialists in each practice - Funding for MH Champions to promote/demonstrate good practice in GP surgeries 	<ul style="list-style-type: none"> ▪ Challenge of meaning, language and understanding - it means different things to different people (reflective practices, case management etc) ▪ Often/usual to be profession specific - would it be helpful to have intervention/therapy specific supervision available? (system wide) ▪ Challenge of fulfilling current need and future demand eg the Green Paper proposes that the new Mental Health Support Teams will be supervised by NHS children and young people’s mental health staff and the expansion in therapists will required new staff to be trained and supervised by more experienced staff

Training, Learning and Development	Skills/Skill application and CPD
<ul style="list-style-type: none"> ▪ The opportunities for cross sector/crossagency training and learning together are limited ▪ Training is not commissioned on a system wide basis but service by service ▪ There is no overall system view of the numbers required for which intervention or at what level ▪ The training undertaken is not always indicative of best evidence based interventions, there needs to be more use of evidence based training but cost is a barrier <i>"There are limited resources for training (feast or famine over the years) and in some areas it leads to more ad hoc or opportunistic training rather than longer term planning around needs and succession planning."</i> ▪ We need to train staff to have strategies to engage young people i.e. teachers to provide Early intervention earlier (Green paper proposal for designated MH lead in schools) ▪ Generic counselling is adult focussed – need to develop specific training courses with local FE/HE and provide placements that give students experience in CYP ▪ Maximising expertise in the system and working together more - Using expertise in system to train the trainer + key link for those with expertise 	<ul style="list-style-type: none"> ▪ Presenting issues from CYP are changing with more PD (regular self-harming) – this requires a different skills set ▪ A predicted change in the profile of CYP in Leeds shows the future prevalence for SEMH problems as a predicted increase in disorders in children reflected as an increase in the number of emotional, anxiety, conduct, hyperkinetic and autism spectrum disorders this will require more staff with the required skills to manage this. ▪ A wider skill set is required in the system including specific skills such as trauma informed training to support the drive for early help and interventions as well as more generic problem solving skills and effective questioning. ▪ The expectations of young people and to promote accessibility of interventions and information requires the workforce to be digitally 'savvy' - Exploring digital + Apps eg for GPs, HVs. NA ▪ More group work is needed - group work is perceived to have diminished as an intervention in some areas (eg parent groups stopped) <i>"Having people not just with a skill but a range of people with a skill at the right level is important - having a range of skills is difficult in small teams"</i> ▪ Agreement needed on the core skills set required for front line practitioners involved in SEMH services for CYP - what would that look like? ▪ Also a challenge of maintaining professional identity whilst understanding shared skills sets and the value of working together in a systemic way

5.6 Recommendations for action

These recommendations for action reflect the broad areas that will form an overarching system wide workforce strategy to support the ambitious aims of Future in Mind: Leeds. They reflect much of what is expected of SEMH services for CYP at a national, regional and local level and also reflect the views of SEMH CYP services providers, partners and practitioners in Leeds. Should these recommendations for action be accepted as the way forward, there is recognition that a more detailed programme of work will need to be developed with milestones, resource implications and ownership clearly identified.

Successful implementation of the strategy will require open mindedness, a genuine desire for change, commitment and enthusiasm to participate and collaborate across all partners.



5.7 Recommendations for short-term goals (Next 12 – 18 months)

- Develop a more robust system wide profile of the current workforce for SEMH CYP services (Universal, targeted/specialist and across providers) by starting to collect WTE, gender and ethnicity data across all key services (see linked LT goal).
- Explore the opportunity of having a local SEMH CYP voice at Leeds One Workforce group as it develops and to operate as a direct SEMH CYP workforce link with HEE
- Agreement on the core skills set required (core competences/competencies) for front line practitioners involved in SEMH services for CYP in Leeds (note one already developed nationally for CAMHS also review IAPT competences)
- Develop and establish cross sector/cross agency training, learning and development sessions starting with the 3 termly system wide events per annum coordinated by the Health and wellbeing Service
- Create and develop opportunities for leaders across the SEMH CYP providers to share and learn together, with a focus on SEMH system wide leadership and system activation. Action learning sets and Communities of Practice may also be useful to explore and work on common issues/challenges
- Agree a common definition/language for supervision (reflective practice/reflective case discussion) and develop system wide network of supervisors (allowing practitioners to access the most appropriate supervisor for their needs – which maybe based on therapeutic intervention rather than professional background)

5.8 Recommendations for Medium-term goals (18/36 months)

- A future focused and needs based system wide training needs analysis to be conducted, with the skills required, and at which level mapped against the skills audit that has already been produced by CORC

- Reduce the more ad hoc or opportunistic training and develop a longer term learning and development plan around CYP SEMH needs with clear levels of skill and succession planning built in and utilising expertise within the system.
- Develop a wider range of opportunities for cross sector/cross agency training, learning and development including opportunities to gain a greater understanding of each other's services through job swaps, experiential learning, secondments etc.
- Consider the opportunity for co-ordinated and co-commissioned system wide training of evidence based interventions – deciding and agreeing on how many staff across the system need to have which skills and to which level across services and the system. This will require a view from expert clinicians on which evidence based interventions should be prioritised across the SEMH CYP system.
- Develop a common system wide induction/induction module for all new starters in SEMH CYP services focusing on values and behaviours, core skills, understanding of other services and the system
- Develop specific CYP SEMH training courses with local FE/HE eg Counsellors, teaching assistants
 - Level 4 counselling courses
 - Consider developing a module to focus on
 - Working with YP
 - Spotting issues before they escalate
 - Equality and diversity
 - Working within a system

5.9 Recommendations for Long-term Goals (3 – 5 years)

- Develop a more robust system wide profile of the current workforce for SEMH CYP services (Universal, targeted/specialist and across providers) by developing/using a shared workforce information system (See Leeds One Workforce section 7.3.2) so data can be captured in the same way. Data collection needs to create a data set that delivers a meaningful workforce profile i.e. WTE/FTE, establishment and staff in post, age, tenure, gender, ethnicity, disability etc.
- Develop a needs/prevalence based view of what an ideal population centric and system wide workforce for SEMH CYP services for Leeds would look like. NB this requires partners to be open to exploring this from a system wide perspective to think about a workforce free of organisational boundaries that reflects the diverse nature of the local population. It is recognised that this will require further work on

developing a 'service model' for 0-25 yrs. This type of workforce modelling could be carried out using a tool such as WRaPT (Workforce Repository and Planning Tool), which enables data processing, modelling and visualisation of a workforce at a team, department, organisation and cross economy/system levels.

- Develop a co-ordinated approach to attracting, promoting and recruiting new entrants to Leeds SEMH CYP services, working directly with schools, colleges and universities (perhaps as part of Leeds One Workforce approach). Working particularly with Colleges to secure placements in CYP MH for student counsellors
- Develop career pathways across services including working with FE/HE to maximise the use of apprenticeships and higher apprenticeships and with employers to make best use of the apprenticeship levy (working with and through the WY Excellence Centre if appropriate)

6: Health Needs Assessment

Undertaking health needs assessment is central to planning and commissioning services. It is a vital tool to understanding the needs of the population as well as identifying assets and gaps in local provision. Analysis of patterns, causes and effects of health needs within defined populations along with stakeholder engagement determines current need and future provision. Findings from the health needs assessment(s) inform and drive future priorities and enable the targeting of resources to address inequalities. To date, three individual health needs assessments have been undertaken to support the development and ongoing refresh of the Future in Mind: Leeds LTP. These have supported a better understanding of the local issues relating to children and young people, young adults and perinatal mental health.

Findings from the children and young people's mental health needs assessment (2016), ([Click here](#)) has informed the development and annual refresh of the Leeds LTP. It indicates the need to continue to tackle the stigma associated with mental health, to improve knowledge of local services, to ensure online advice and support and equitable support for those children and young people who are particularly vulnerable to having SEMH needs. This latter recommendation informs priority 6 in our LTP where we set out our plans for ensuring we meet the needs of vulnerable children and young people in the city, such as those that have experienced abuse and trauma, e.g., those that are in the care system, of which there are currently 1280 (Oct 2018) in Leeds, children and young people in the criminal justice system, and those that have SEND.

The young adult's mental health needs assessment (2018), ([Click here](#)), shows an increase in levels of need of young women, which is compounded by service configuration, where we have a division between CAMHS and adult mental health provision. This creates a significant risk that young adults 'fall through the gap'. The report also highlights specific issues relating to transition for those young people with eating disorders, self-harm and personality disorders with recognition of a need for further work to understand the experience of young BAME people.

The Leeds in Mind 2017 perinatal mental health needs assessment ([Click here](#)), examines the needs of pregnant women/mothers and their infants during pregnancy and in the first year after birth. The report highlights limited national and local data leading to an under representation of the level of need. The report also noted that communication across mental health and midwifery and early start services required improvements and that there were gaps in provision between acute mental health and low level need interventions. These key issues have informed the development of the PNMH offer and pathway in Leeds and have lead to improving data collection, and have informed commissioning decisions.

Identified gaps and areas for action continue to steer key deliverables within the Leeds LTP. In response to a limited understanding of Leeds Black, Asian and Minority Ethnic (BAME) population needs, future work includes undertaking a BAME health needs assessment (currently in development). A refresh of the Children and Young People's health needs assessment, carried out in 2016, will be undertaken in 2019/20 to review changes across the City.

7: Issues and Risks to Delivery

Project/Aims: To highlight to the Programme Board key areas of slippage or risk in the workstreams of the Future in Mind: Leeds Local Transformation Plan (LTP).		Expected Outcomes: <ul style="list-style-type: none"> To ensure that there is a whole system view of risks and mitigating actions that may affect implementation of the LTP. <p>Risks will be updated at each programme board to identify those risks in need of escalation and action by Programme Board members. This will include projects of work where timescales have been significantly delayed. Risks that have been resolved will also be updated.</p>		
Summary of key risks	LTP Priority area (where applicable) and Lead	Risk score	Risk grade	Mitigating actions
Sustainability of local early help offer given changes in national policy and investment.	Priority 3 – Jane Mischenko / Julie Longworth /Val Waite	12	3	<ul style="list-style-type: none"> The current review of the cluster SEMH offer is the critical piece of work to address this risk and to strengthen the provision and sustainability of our early help offer. Leeds CCG and Council are currently working closely with schools and clusters to establish a shared cluster model of support with aligned resource from all parties. The MindMate Champion programme co-produced with schools, the investment into subsidised training for school staff, the development of MindMate Lessons are significant mitigating actions we have taken to support and strengthen these key relationships in the city.
The whole system approach in Leeds is not visible through the NHS England new Key Performance Indicator (access trajectory of young people receiving support). The innovation of the early help offer through clusters is not captured in the MHSDS and there are many logistical challenges for submission.	Priority 3 - Jane Mischenko/Jayne Bathgate-Roche	8	3	<ul style="list-style-type: none"> Work is underway to ensure the Market Place (third sector organisation) and the NHS funded element delivered by the clusters are able to submit their activity to the MHSDS in the forthcoming year. A number of pilots are in the process of being instigated to test new systems which will allow our providers to flow their data.

Recruitment risk in securing the workforce needed to deliver all of the transformational changes and new services in the city.	All	8	3	<ul style="list-style-type: none"> There has been considerable effort to be proactive in Leeds in recruitment campaigns, promoting the exciting opportunities within our local Transformation Plan and in testing out new roles, such as the Children's Wellbeing Practitioner. The workforce strategic plan which has been developed will further strengthen our mitigation of this risk.
Waiting times in certain parts of the system are showing pressure.	All	12	3	<ul style="list-style-type: none"> Waiting times across the system continue to be closely monitored. There have been targeted waiting list initiatives in cluster, 3rd sector and NHS. We are working across the system to develop initiatives to support those on waiting lists (i.e. Brief interventions in SPA and Kooth online counselling)
Whole system information sharing and join up cannot be achieved due to lack of inter-operability of information systems and data sharing challenges	Priority 3 - Jayne Bathgate- Roche Julie Longworth	8	3	<ul style="list-style-type: none"> Looking at solutions through the HOPE group aiming to make outcome measures integral to agency information systems (e.g. current work with The Market Place to adopt the Child Outcome Rating Scale (CORS). Work being undertaken by Social Finance within Leeds City Council should also provide solutions to this risk.

Impact	Likelihood				
	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Insignificant 1	1	2	3	4	5
Minor 2	2	4	6	8	10
Moderate 3	3	6	9	12	15
Major 4	4	8	12	16	20
Catastrophic 5	5	10	15	20	25

Risk Grading		Priority	Risk response: Suggested management action
Critical Risk (20-25)	Black	1	Urgent Action required, introduce controls to mitigate (inc CCG Risk Register)
Serious Risk (15-16)	Red	2	Introduce strict controls to mitigate (inc CCG risk register)
High Risk (8-12)	Yellow	3	Monitor and maintain controls (via FiM Operational Group)
Moderate Risk (4-6)	Green	4	Monitor and manage(via FiM Operational Group)
Low Risk (1-3)	White	5	Monitor(via FiM Operational Group)

Report of Head of Democratic Services

Report to Scrutiny Board (Children and Families)

Date: 27th November 2019

Subject: Scrutiny Inquiry into Exclusions, Elective Home Education and Off-rolling – draft terms of reference

Are specific electoral wards affected?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, name(s) of ward(s):	
Has consultation been carried out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will the decision be open for call-in?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If relevant, access to information procedure rule number:	
Appendix number:	

1. Purpose of this report

1.1 The purpose of this report is to present draft terms of reference relating to the Scrutiny Board’s forthcoming Inquiry into Exclusions, Elective Home Education and Off-rolling.

2. Background information

2.1 During its October 2019 meeting, the Children and Families Scrutiny Board received a report from the Director of Children and Families setting out national concerns regarding the rising level of exclusions and elective home education numbers, as well as reflecting the position in Leeds linked to school based data.

2.2 In consideration of this report, the Board agreed to undertake further scrutiny surrounding the issues linked to exclusions, elective home education and also off-rolling and requested that terms of reference for an Inquiry be drafted and brought back to its next meeting for consideration and approval.

3. Main issues

3.1 The terms of reference for the Scrutiny Board’s Inquiry into Exclusions, Elective Home Education and Off-rolling are in the process of being drafted and will be made available to Board Members in readiness for today’s meeting.

- 3.2 To assist the Board in completing this piece of scrutiny work before the end of the municipal year, the Chair has asked that the Scrutiny Board considers holding an additional meeting during February 2020. A provisional date of Wednesday 5th February 2019 at 10 am has been identified for this meeting.

4. Consultation and engagement

- 4.1.1 In line with Scrutiny Board Procedure Rule 32 where a Scrutiny Board undertakes an Inquiry the Scrutiny Board shall consult with any relevant Director and Executive Member on the terms of reference.
- 4.1.2 The Director of Children and Families and the Executive Member for Learning, Skills and Employment have been invited to attend today's meeting to contribute to the Board's discussion surrounding the draft terms of reference.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 The Scrutiny Board Procedure Rules state that, where appropriate, all terms of reference for work undertaken by Scrutiny Boards will include 'to review how and to what effect consideration has been given to the impact of a service or policy on all equality areas, as set out in the Council's Equality and Diversity Scheme'.

4.3 Council policies and the Best Council Plan

- 4.3.1 Ensuring children and young people "do well at all levels of learning and have the skills they need for life" is a key outcome of the Best City Council Plan and improving Attendance, Attainment and Achievement levels amongst all children is the aim of the newly released 3As Strategy within Children and Families Directorate. To achieve these objectives, it is imperative that children and young people remain in school.
- 4.3.2 These priorities are also reflected in all city strategies contributing to a strong economy and compassionate city including the Best Council Plan 2018/19 – 2020/21, The Best City for Learning 2016-2020, the priority around being a Child Friendly City, Best Start in Life Strategy, Leeds SEND Strategy, the Health and Wellbeing Strategy 2016-2021 and Thriving - The Child Poverty Strategy for Leeds 2019-2022.

Climate Emergency

- 4.3.3 There are no specific climate emergency implications linked to this report.

4.4 Resources, procurement and value for money

- 4.4.1 Linked to the Vision for Scrutiny, the Board is required to ensure any Scrutiny work undertaken has clarity and focus of purpose and will add value and can be delivered within an agreed time frame.

4.5 Legal implications, access to information, and call-in

- 4.5.1 This report has no specific legal implications.

4.6 Risk management

4.6.1 This report has no specific risk management implications.

5 Conclusions

5.1 Last month the Board agreed to undertake further scrutiny surrounding the issues linked to exclusions, elective home education and also off-rolling and requested that terms of reference for an Inquiry be drafted and brought back to its next meeting for consideration and approval.

5.2 The terms of reference are in the process of being drafted and will be made available to Board Members in readiness for today's meeting. However, to assist the Board in completing this piece of scrutiny work before the end of the municipal year, the Chair has asked that the Scrutiny Board considers holding an additional meeting during February 2020. A provisional date of Wednesday 5th February 2019 at 10 am has been identified for this meeting.

6 Recommendations

6.1 Members are asked to:

- (a) Consider and agree the draft terms of reference relating to the Scrutiny Board's Inquiry into Exclusions, Elective Home Education and Off-rolling;
- (b) Consider holding an additional meeting of the Children and Families Scrutiny Board during February 2020 to assist in completing this piece of scrutiny work before the end of the municipal year.

7 Background documents¹

7.1 None.

¹ The background documents listed in this section are available to download from the council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

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Report of Head of Democratic Services
Report to Scrutiny Board (Children and Families)
Date: 27th November 2019
Subject: Work Schedule

Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has consultation been carried out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will the decision be open 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

1. Purpose of this report

1.1 The purpose of this report is to consider the Scrutiny Board’s work schedule for the remainder of the current municipal year.

2. Background information

2.1 All Scrutiny Boards are required to determine and manage their own work schedule for the municipal year. In doing so, the work schedule should not be considered a fixed and rigid schedule, it should be recognised as something that can be adapted and changed to reflect any new and emerging issues throughout the year; and also reflect any timetable issues that might occur from time to time.

3. Main issues

3.1 The latest iteration of the Board’s work schedule is attached as Appendix 1 for consideration and agreement of the Scrutiny Board – subject to any identified and agreed amendments.

3.2 Traditional items of Scrutiny work have been incorporated into the work schedule, which involve recommendation tracking of work previously undertaken by the Children and Families Scrutiny Board; performance monitoring reports and any Budget and Policy Framework items.

- 3.3 Executive Board minutes from the meeting held on 16th October 2019 are also attached as Appendix 2. The Scrutiny Board is asked to consider and note the Executive Board minutes, insofar as they relate to the remit of the Scrutiny Board; and identify any matter where specific scrutiny activity may be warranted, and therefore subsequently incorporated into the work schedule.

Developing the work schedule

- 3.4 When considering any developments and/or modifications to the work schedule, effort should be undertaken to:
- Avoid unnecessary duplication by having a full appreciation of any existing forums already having oversight of, or monitoring a particular issue.
 - Ensure any Scrutiny undertaken has clarity and focus of purpose and will add value and can be delivered within an agreed time frame.
 - Avoid pure “information items” except where that information is being received as part of a policy/scrutiny review.
 - Seek advice about available resources and relevant timings, taking into consideration the workload across the Scrutiny Boards and the type of Scrutiny taking place.
 - Build in sufficient flexibility to enable the consideration of urgent matters that may arise during the year.
- 3.5 In addition, in order to deliver the work schedule, the Board may need to take a flexible approach and undertake activities outside the formal schedule of meetings – such as working groups and site visits, where deemed appropriate. This flexible approach may also require additional formal meetings of the Scrutiny Board.

Developments since the previous Scrutiny Board meeting

Additional Scrutiny Board meeting during February 2020.

- 3.6 Last month, the Board agreed to undertake an inquiry in relation to issues surrounding exclusions, elective home education and off-rolling and the terms of reference relating to this inquiry are being considered as part of today’s meeting. However, to assist the Board in completing this piece of scrutiny work before the end of the municipal year, the Chair has asked that the Scrutiny Board considers holding an additional meeting during February 2020. A provisional date of Wednesday 5th February 2019 at 10 am has been identified for this meeting.

4. Consultation and engagement

- 4.1.1 The Vision for Scrutiny states that Scrutiny Boards should seek the advice of the Scrutiny officer, the relevant Director(s) and Executive Member(s) about available resources prior to agreeing items of work.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 The Scrutiny Board Procedure Rules state that, where appropriate, all terms of reference for work undertaken by Scrutiny Boards will include ‘to review how and to what effect consideration has been given to the impact of a service or policy on all equality areas, as set out in the Council’s Equality and Diversity Scheme’.

4.3 Council policies and the Best Council Plan

4.3.1 The terms of reference of the Scrutiny Boards promote a strategic and outward looking Scrutiny function that focuses on the best council objectives.

Climate Emergency

4.3.2 When considering areas of work, the Board is reminded that influencing climate change and sustainability now forms part of the Child Friendly Leeds portfolio area.

4.4 Resources, procurement and value for money

4.4.1 Experience has shown that the Scrutiny process is more effective and adds greater value if the Board seeks to minimise the number of substantial inquiries running at one time and focus its resources on one key issue at a time.

4.4.2 The Vision for Scrutiny, agreed by full Council also recognises that like all other Council functions, resources to support the Scrutiny function are under considerable pressure and that requests from Scrutiny Boards cannot always be met. Consequently, when establishing their work programmes Scrutiny Boards should:

- Seek the advice of the Scrutiny officer, the relevant Director and Executive Member about available resources;
- Avoid duplication by having a full appreciation of any existing forums already having oversight of, or monitoring a particular issue;
- Ensure any Scrutiny undertaken has clarity and focus of purpose and will add value and can be delivered within an agreed time frame.

4.5 Legal implications, access to information, and call-in

4.5.1 This report has no specific legal implications.

4.6 Risk management

4.6.1 This report has no specific risk management implications.

5. Conclusions

5.1 All Scrutiny Boards are required to determine and manage their own work schedule for the municipal year. The latest iteration of the Board's work schedule is attached as Appendix 1 for consideration and agreement of the Scrutiny Board – subject to any identified and agreed amendments.

6. Recommendations

6.1 Members are asked to consider the matters outlined in this report and agree (or amend) the overall work schedule (as presented at Appendix 1) as the basis for the Board's work for the remainder of 2019/20.

7. Background documents¹

7.1 None.

¹ The background documents listed in this section are available to download from the council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.



Scrutiny Board (Children and Families) Work Schedule for 2019/2020 Municipal Year

June	July	August
Meeting Agenda for 12th June 2019	Meeting Agenda for 3rd July 2019	No Scrutiny Board meeting scheduled.
Scrutiny Board Terms of Reference and Sources of Work (DB) Performance Update (PM) School Organisation Proposals and Objections Procedure (PRS)	School Organisation Proposals and Objections Procedure (PRS) Financial Outturn 2018/19 (PM) Scrutiny Inquiry - Is Leeds a child friendly city? – draft report (PSR)	
Working Group Meetings		
Site Visits		

Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response



Scrutiny Board (Children and Families) Work Schedule for 2019/2020 Municipal Year

September	October	November
Meeting Agenda for 25th September 2019	Meeting Agenda for 23th October 2019	Meeting Agenda for 27th November 2019
The 3As Strategy (PSR) SEND Inquiry (RT) Local Government and Social Care Ombudsman report on the provision of suitable education for a child absent from school due to anxiety (PSR) Post 16 Meadows Park Partnership (PSR)	School exclusion rates, elective home education and off-rolling in Leeds (PM) Inquiry into Child Poverty & 3As (RT) Draft Leeds Child Poverty Strategy (PDS)	Social, Emotional and Mental Health Support for Young People – An overview of the Local Transformation Plan for C&YP Mental Health and Wellbeing to determine potential areas for further scrutiny involvement (PSR) Scrutiny Inquiry - Is Leeds a child friendly city? – formal response (RT) Scrutiny Inquiry into Exclusions, Elective Home Education and Off-Rolling – draft terms of reference (PSR)
Working Group Meetings		
Site Visits		

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Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response



Scrutiny Board (Children and Families) Work Schedule for 2019/2020 Municipal Year

December	January	February
No Scrutiny Board meeting scheduled.	Meeting Agenda for 22nd January 2020	Provisional meeting scheduled for 5th February 2020
	Performance report including an update on the 3As Strategy (PM) Financial Health Monitoring (PSR) 2020/21 Initial Budget Proposals (PDS) Best Council Plan Refresh – Initial Proposals (PDS) The Leeds Offer for Post 16 education, including vulnerable learners – an update on the strategic OBA work and relaying the views of Scrutiny in relation to the Post 16 Meadows Park Partnership.	Scrutiny Inquiry into Exclusions, Elective Home Education and Off-Rolling – evidence gathering session (<i>tbc</i>)
Working Group Meetings		
		Review of the circumstances and subsequent actions relating to the Ombudsman report on the provision of suitable education for a child absent from school due to anxiety (PSR) – <i>date tbc</i>
Site Visits		

Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response



Scrutiny Board (Children and Families) Work Schedule for 2019/2020 Municipal Year

March	April	May
Meeting Agenda for 4th March 2020	Meeting Agenda for 1st April 2020	No Scrutiny Board meeting scheduled.
Children Centres Inquiry (RT) Scrutiny Inquiry into Exclusions, Elective Home Education and Off-Rolling – evidence gathering session (<i>tbc</i>)	Annual Standards Report (PM) 3As Strategy update(PM)	
Working Group Meetings		
Site Visits		

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Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response

EXECUTIVE BOARD

WEDNESDAY, 16TH OCTOBER, 2019

PRESENT: Councillor J Blake in the Chair

Councillors A Carter, R Charlwood,
D Coupar, S Golton, J Lewis, L Mulherin,
J Pryor, M Rafique and F Venner

82 Exempt Information - Possible Exclusion of the Press and Public

RESOLVED – That, in accordance with Regulation 4 of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, the public be excluded from the meeting during consideration of the following parts of the agenda designated as exempt from publication on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the public were present there would be disclosure to them of exempt information so designated as follows:-

- (a) That Appendix 1 to the report entitled, 'Redevelopment of 6-32 George Street', referred to in Minute No. 92 be designated as being exempt from publication in accordance with paragraph 10.4(3) of Schedule 12A(3) of the Local Government Act 1972 on the grounds that the information contained within Appendix 1 to this report relates to the financial or business affairs of a particular person and of the Council. This information is not publicly available from the statutory registers of information kept in relation to certain companies and charities. It is considered that since this information was provided to enable the Council to consider the commercial viability and funding option for the redevelopment of the George Street shops, then it is not in the public interest to disclose this information at this point in time. Also, the release of such information would, or would be likely to prejudice the Council's commercial interests in relation to the OJEU procurement exercise. It is considered that whilst there may be a public interest in disclosure, much of this information will be available from the Land Registry following completion of the development structure and consequently the public interest in maintaining the exemption outweighs the public interest in disclosing this information at this point in time;
- (b) That Appendix 1 to the report entitled, 'Financial Health Monitoring 2019/20 – Month 5', referred to in Minute No. 94 be designated as being exempt from publication in accordance with paragraph 10.4(3) of Schedule 12A(3) of the Local Government Act 1972 on the grounds that the information contained within Appendix 1 to this report relates to the financial or business affairs of any particular person (including the authority holding that information), in this case Leeds City Council and other relevant parties. It is considered that since this information

Draft minutes to be approved at the meeting
to be held on Monday, 25th November, 2019

concerns negotiations with other parties to effect the realisation of capital receipts then it is not in the public interest to disclose this information at this point in time as this could affect the integrity of those negotiations. It is considered that the public interest in maintaining the content of the appendix as being exempt from publication outweighs the public interest in disclosing the information, as doing so would prejudice the Council's commercial position and that of relevant third parties should it be disclosed at this stage.

83 Late Items

With the agreement of the Chair, a late item of business was admitted to the agenda entitled, 'Update on Leeds City Council's Preparations for the UK's exit the European Union'.

The report was submitted to Executive Board as a late item of business due to the fast-developing nature of this issue at a national level, which impacts upon how preparations are made locally. The report details the Council's preparation for the UK's exit from the European Union including for a 'no deal' scenario, based on the most recent information available at the time of the publication of this report. As such, in order to provide Members with the most up to date information, it was not possible to include the report within the agenda, as published on 8th October 2019. The Government's planned exit date from the EU is 31st October 2019. Given that this meeting is the last scheduled Executive Board prior to this date, it was deemed necessary by the Chair that this matter be considered as a late item of business at the 16th October 2019 Board meeting. (Minute No. 89 refers).

Also, although not formal late items of business, prior to the meeting, Board Members were provided with the following which had been omitted from some of the paper agenda packs. To ensure that all Board Members were in possession of all relevant information, these documents were provided/re-provided to Board Members ahead of the meeting so that they could be incorporated into their agenda packs and could be taken into consideration when the Board discussed those items at the meeting:

- Appendices 1-2 of Item 10 (Better Lives for People with Care & Support Needs in Leeds: The 2018-19 Annual Adult Social Care Local Account) (pages 119-122 of the agenda pack refer) (Minute No. 90 refers); and
- Appended illustrations to Item 12 (Redevelopment of 6-32 George Street) (pages 155-160 of the agenda pack refer) (Minute No. 92 refers).

84 Declaration of Disclosable Pecuniary Interests

There were no Disclosable Pecuniary Interests declared at the meeting.

85 Minutes

RESOLVED – That the minutes of the previous meeting held on 18th September 2019 be approved as a correct record.

ENVIRONMENT AND ACTIVE LIFESTYLES

86 Proposal for road-safety park, family cycle trails and new event space at Temple Newsam

The Director of Communities and Environment submitted a report regarding proposals for the potential development of a family cycling scheme, events space and new approach to landscape management at the current location of Temple Newsam golf course. Specifically, the submitted report sought the Board's view on whether to progress with a public consultation exercise on such matters.

It was highlighted that Board Members had been in receipt of correspondence regarding the proposals in the run up to the meeting, with it being undertaken that all of the submissions which had been received would be taken into consideration as part of the proposed consultation exercise.

In considering the submitted report, the Board received an overview of what the proposed consultation exercise would entail, with assurance being provided that any consultation undertaken would be genuine.

Having raised concerns regarding the proposals detailed within the report, a Member requested that the submitted report be withdrawn from consideration at today's meeting to enable further work to be undertaken on the options which could potentially be considered at Temple Newsam including introducing new facilities alongside golf provision. The Member also requested that the matter be referred to the relevant Scrutiny Board with all relevant information and proposals then being brought back to Executive Board for determination.

Following this, a Member requested that officers ensure that any proposals which were brought forward for consideration and determination took into consideration the community's needs and wishes.

To conclude the discussion, it was further proposed that following the conclusion of the consultation exercise, the outcomes from that consultation together with any proposals regarding the future of Temple Newsam golf course be brought back to Executive Board for the Board's consideration and determination, with it being highlighted that should the relevant Scrutiny Board wish to consider such matters, then it would be free to do so.

RESOLVED –

- (a) That, in taking into consideration the comments made during the discussion on the submitted report, the Board's consent be provided for the Parks and Countryside service to commence a public consultation exercise on the proposed closure of the golf course and the proposed developments, as outlined within the submitted report;
- (b) That following the conclusion of the consultation exercise (as detailed in resolution (a) above), the outcomes from such consultation together with any proposals regarding the future of Temple Newsam golf course

be submitted to Executive Board for consideration and determination, with it being noted that the relevant Scrutiny Board could consider such matters, should it wish to do so.

(Under the provisions of Council Procedure Rule 16.5, both Councillor A Carter and Councillor S Golton required it to be recorded that they respectively abstained from voting on the decisions referred to within this minute)

COMMUNITIES

87 Procurement of Housing Responsive Repairs and Voids Services for the West of Leeds

The Director of Resources and Housing submitted a report which sought approval of the proposed strategy to deliver Housing Responsive Repairs, Voids and Cyclical Maintenance services to the city's housing stock from 2021, specifically including a proposal to internally deliver provision through Leeds Building Services (LBS) in the South and East of the city, with a proposal that a procurement exercise be undertaken for an external contractor to deliver such services in the West.

The following options were detailed in the submitted report, with option 4 being the recommended option:

- 1: External contractors to deliver the service citywide;
- 2: Maintain current arrangements, LBS to deliver for the East only;
- 3: LBS and external contractors each deliver to about half of the city;
- 4: LBS delivers for the East and South, and an external contractor delivers for the West;
- 5: LBS delivers the service citywide.

Members welcomed the mixed economy approach which was being proposed.

In terms of a Member's comments regarding the recruitment and retention of staff as part of the proposed approach, a request was made that the Member in question received a briefing on such matters, as and when appropriate. In addition, the Board was provided with information on the actions which would be taken to minimise any risk in this area, whilst the need for LBS to be viewed as an attractive employer was emphasised, with the associated apprenticeship schemes being highlighted as a current successful example.

Members also received further information on the proposed contract period of 5 years, with it being highlighted that following consultation with the private sector, this was seen as the minimum period in which to attract competitive interest in this area, however it was emphasised that there was no intention to go beyond a 5 year contractual period.

Responding to a Member's enquiry, the Board was provided with further information on the actions which would be taken to monitor and promote sustained performance by both the internal and external provider.

RESOLVED –

- (a) That approval be given for LBS to deliver housing responsive repairs and voids services for the East and South of the city, and that an external contractor deliver such services for the West (in line with option 4 above / detailed in the submitted report), with it being noted that the new arrangements are planned to start from autumn 2021;
- (b) That it be noted that this proposal involves changing existing service delivery boundaries in order to align with Leeds electoral Wards;
- (c) That it be noted that the feedback received from the proposed consultation exercises will be considered and taken into account by the Director of Resources and Housing in implementing the proposals;
- (d) That the Board's agreement be given that a procurement exercise should be undertaken for housing responsive repairs, voids & cyclical maintenance services in the West of the city, using a restricted procedure in accordance with the Public Contracts Regulations 2015, in order to establish a contract;
- (e) That agreement be given that the procured contract should be for a period of 5 years, with an estimated total value of £72m, given an estimated annual value of £14.35m;
- (f) That it be noted that LBS' housing responsive repairs and voids service delivery will expand from the current provision of 33% of the city (circa 17,000 of a total of circa 51,000 properties), to 61% of the city (circa 31,000 properties), with it also being noted that this represents an 83% increase;
- (g) That approval be given to delegate the responsibility for implementing these proposals to the Director of Resources and Housing.

INCLUSIVE GROWTH AND CULTURE

88 Revenue Budget Update for 2020/21 – 2024/25 including Proposed Saving Proposals

Further to Minute No. 34, 24th July 2019, the Chief Officer (Financial Services) submitted a report providing an update on any changes to assumptions contained in the Medium Term Financial Strategy, as reported to the Board in July 2019; which detailed the announcement by the Chancellor on the 4th September 2019 regarding a one year settlement for 2020/21; presented a budget saving proposal which had been identified since the July Board meeting for 2020/21 and which set out the implications of such changes upon the estimated budget gaps that have previously been reported.

Members commented upon a number of issues including the current position of the Minimum Revenue Provision and the ongoing exercise of re-financing the Council's debt. In response to an enquiry, the Board received further detail

Draft minutes to be approved at the meeting to be held on Monday, 25th November, 2019

on the current position regarding that re-financing exercise, and also in respect of the Government's recent decision to increase the interest rate of the Public Works Loan Board (PWLB). Regarding the interest rate rise of the PWLB, the Board noted that representations had been made to Civil Servants about the timing of the rise together with the lack of consultation which had taken place.

RESOLVED –

- (a) That the revisions to the Council's Forecast Budget Gap for 2020/21 to 2024/25, as summarised in Table 2 and as referenced in paragraph 4.4 of the submitted report, be agreed;
- (b) That agreement be given for a consultation process to be commenced in respect of the planning charges budget saving proposal, as contained within the submitted report.

89 Update on Leeds City Council's Preparations for the UK's Exit from the European Union

Further to Minute No. 57, 4th September 2019, the Chief Executive submitted a report which provided the Board with a further update on the preparations being made by the Local Authority regarding the UK's exit from the European Union.

With the agreement of the Chair, the submitted report had been circulated to Board Members as a late item of business prior to the meeting for the reasons as set out in sections 4.5.2-4.5.3 of the submitted report, and as detailed in Minute No. 83.

A Member raised a concern regarding the late submission of this report, with a suggestion that in terms of future update reports, those reports be provided as part of the regular Board agenda and include the information available at the time, with an update and briefings for Members being provided as appropriate.

Responding to a Member's request, officers undertook to include a section regarding the agricultural sector in future reports. In addition, the Board received further information on the actions being taken in this area, with it being noted that the Chief Executive had met with the National Farmers' Union on such matters.

In conclusion, it was noted that such reports were produced with the aim of keeping Members as up to date as possible with all related matters.

RESOLVED –

- (a) That the ongoing work being undertaken to prepare the Council and the city for the UK's exit from the European Union, together with the latest assessment of preparedness and the ongoing concerns which exist around the lack of clarity about the nature of EU exit, be noted;

- (b) That the contents of the Strategic Response Plan, as attached to the submitted report at Appendix A, together with the updates provided in the submitted report, be noted, with it being recognised that assumptions and planning will continue to develop as new information becomes available;
- (c) That it be requested that further updates be provided to Executive Board, Scrutiny Board and Members, as appropriate.

HEALTH, WELLBEING AND ADULTS

90 Better Lives for People with Care and Support Needs in Leeds: The 2018-19 Annual Adult Social Care Local Account

Further to Minute No. 64, 19th September 2018, the Director of Adults and Health submitted a report which presented the 2018/19 Local Account of Adult Social Care Services for Leeds citizens, together with related data from the 2018-19 Leeds Adult Social Care Outcomes Framework (ASCOF) and 'Better Lives' Strategy measures.

Prior to the meeting, Board Members were provided/re-provided with appendices 1 and 2 to this report, as following the publication and distribution of the agenda it had come to light that these appendices had been omitted from some of the paper agenda packs.

Responding to a Member's comments, the Board received further information on the 'person centred' and 'strength based' approaches being taken to encourage individuals to remain independent and stay in their own homes for as long as possible.

A Member highlighted the level of support being provided to individuals with learning disabilities across the city to help them live independent lives. Also, the 'community catalyst' work being undertaken in the city was emphasised and the need to ensure that wherever possible, regardless of where an individual lived, the level of services available to them remained consistent.

RESOLVED –

- (a) That the contents of the submitted report, together with the appended Local Account: 'Creating Better Lives for People with Care and Support Needs in Leeds', and the appended Adult Social Care Outcomes Framework (ASCOF) and the 'Better Lives' measures, be noted;
- (b) That agreement be given that a published version of the Local Account is produced and made available to the public and partners, which will include being placed on the Leeds City Council website following this consideration by Executive Board.

CHILDREN AND FAMILIES

91 Family, Drug, Alcohol and Problem Solving Court

The Director of Children and Families submitted a report providing an update on the successful work of the Leeds Family Drug and Alcohol Court (FDAC) and which set how the Children and Families directorate aimed to work with Government and local partners in order to secure and expand this valuable service.

Responding to a Member's enquiry, the Board was informed that Leeds had been successful with the submission of an FDAC funding bid to Government, however, it was highlighted that as two bids of differing levels had been submitted, it was not yet known what level of funding would be received. In response to an enquiry, it was noted that both bids did include provision to tackle domestic violence and substance abuse, although the scale of the provision between the two bids was different. Finally, it was requested that Executive Members be notified when the Government provided confirmation of which bid had been successful.

Responding to a Member's enquiry, the Board received further detail on the extent to which this programme could help to inform the public health approaches being taken to address issues regarding the misuse of drugs and alcohol, with it being highlighted that although there was a multi-agency approach being taken in such areas, it was acknowledged that the preventative measures for drug and alcohol misuse were wide ranging and needed to be implemented at the earliest opportunity.

In response to a Member's enquiry, officers undertook to provide the Member in question with the information regarding the age ranges of the parents involved in this initiative.

RESOLVED –

- (a) That the contents of the submitted report, together with the success of Leeds' FDAC, be noted;
- (b) That it be noted that the Director of Children and Families will lead future work with national and local partners with the aim of securing investment for an expanded FDAC service in Leeds.

LEARNING, SKILLS AND EMPLOYMENT

92 Redevelopment of 6 - 32 George Street

Further to Minute No. 113, 13th December 2017, the Director of City Development submitted a report providing an update on the ongoing associated redevelopment works regarding Kirkgate Market's George Street frontage and which sought further approvals from the Board, including for an injection into the Capital Programme and related 'authority to spend' for the purposes of acquiring a fifty percent share of the completed development, as detailed within the submitted report.

Prior to the meeting, Board Members were provided/re-provided with the appended illustrations to this report, as following the publication and distribution of the agenda it had come to light that this appendix had been omitted from some of the paper agenda packs.

Responding to a specific enquiry, it was noted that the proposed additional cost to the Council would not adversely affect the Capital Programme, as it was highlighted the additional cost would be financed by the value generated in the scheme.

Following the consideration of Appendix 1 to the submitted report, designated as being exempt from publication under the provisions of Access to Information Procedure Rule 10.4(3), which was considered in private at the conclusion of the meeting, it was

RESOLVED –

- (a) That the contents of the submitted report, including the current position of the scheme, be noted;
- (b) That the injection into the Capital Programme and the 'Authority to Spend' of an additional £917,000, as detailed within the exempt Appendix 1 to the submitted report, be approved, for the purpose of acquiring a fifty percent share of the completed development, whilst approval also be provided for the Council's payments to acquire its interest in the completed development to be made on a phased basis through the construction period against approved architect's certificates;
- (c) That the scheme, as detailed within the submitted report, together with the previous recommendation, as approved by Executive Board at its meeting on 13th December 2017, be endorsed, namely that the Council should grant a 250 year ground lease of the development site to a Limited Liability Partnership (LLP) to be formed between the Council and Town Centre Securities and that the LLP will appoint Town Centre Securities to undertake the development on behalf of the LLP;
- (d) That the necessary authority be delegated to the Director of City Development to enable the Director to make all subsequent decisions that may be necessary to deliver this scheme, with the concurrence of the Executive Member for Learning, Skills and Employment;
- (e) That the Chief Officer, Financial Services and the Director of City Development, in liaison with the Executive Member for Resources and the Executive Member for Learning, Skills and Employment, be authorised to investigate further the opportunity for further financial savings, if the Council was to forward fund the entire scheme. If it is considered to be financially beneficial to the Council to proceed on this basis, then the necessary authority be delegated to the Chief Officer, Financial Services and the Director of City Development in order to enable the Director and Chief Officer to take all further decisions in

respect of this proposal, including the delegation of appropriate financial approvals.

93 Improving Employment Outcomes for People with Learning Disabilities

The Director of Children and Families, the Director of City Development and the Director of Adults and Health submitted a joint report which provided an update on the work being undertaken to improve the employment outcomes for people with learning disabilities in Leeds in line with the resolution of Full Council at its meeting on 10th July 2019. (Minute No. 32 refers).

In welcoming the submitted report, a Member highlighted the need for work to continue around the co-ordination of provision in this area, and also to complement the vital role played by third sector organisations.

In order to ensure that progress continued to be made in this area, it was requested that a further update report be submitted to the Board in a year's time.

RESOLVED –

- (a) That the work undertaken to date and the progress achieved against the priorities in the employment strand of 'Being Connected' in the 'Being Me' Strategy, as detailed within the submitted report, be noted;
- (b) That the Board's support be provided for engagement to continue with a broad range of stakeholders to improve employment outcomes for people with learning disabilities; and that the opportunities presented through the ongoing work to develop a Hub for the city and also on the provision of additional targeted employment support for adults with learning disabilities, be noted;
- (c) That it be noted that the Chief Officer, Employment and Skills will work with the Chief Officer, Human Resources, the Deputy Director, Adults and Health and the Deputy Director, Learning, Children and Families in order to support the continuing work to improve employment outcomes for people with learning disabilities;
- (d) That a further update report be submitted to the Board in a year's time.

RESOURCES

94 Financial Health Monitoring 2019/20 – Month 5

The Chief Officer (Financial Services) submitted a report which presented the Council's projected financial health position for 2019/20 as at Month 5 of the financial year.

Responding to a Member's enquiry regarding the transport budget for children and young people with special educational needs and disability and the independence of the panel which considered appeals against an application decision, the Board received a range of information on the related application process and also on the current budgetary position for the service. However,

in response to the specific enquiry raised, the Chief Executive undertook to respond to the Member in question together with the Director of Children and Families.

In response to an enquiry regarding the budgetary pressure in the Children and Families directorate arising from external residential and Independent Fostering Agency placements for children and young people, the Board received an update on the actions being taken in this area.

Following the consideration of Appendix 1 to the submitted report, designated as being exempt from publication under the provisions of Access to Information Procedure Rule 10.4(3), which was considered in private at the conclusion of the meeting, it was

RESOLVED –

- (a) That the projected financial position of the authority, as at Month 5 (August 2019) of the financial year, be noted;
- (b) That the requirement for the Director of Children and Families' proposals to identify further budget savings to address the projected overspend in the directorate, be noted;
- (c) That the risk that the budgeted level of Capital receipts, as detailed in exempt appendix 1 to the submitted report, may not be receivable in 2019/20, be noted.

95 Proposed Suitability (Convictions) Policy for Taxi and Private Hire

The Director of Communities and Environment submitted a report that proposed arrangements for the implementation and review of a new Suitability Policy for applicants and licensees of drivers of taxis and private hire vehicles.

In response to a Member's enquiries, it was confirmed to the Board that all the other Licensing Authorities in West Yorkshire together with the City of York had signed up to the this policy. Members also received an update on the work being undertaken with the aim of ensuring that a consistency of approach was taken towards the enforcement of the policy by the relevant Licensing Authorities.

Responding to an enquiry, it was confirmed that Councillors and MPs were not permitted to act as referees for those applying for taxi or private hire licenses in Leeds. With regard to the other Licensing Authorities in West Yorkshire and the City of York, officers undertook to provide the Member in question with further information on the approach taken by those Authorities.

In conclusion, it was acknowledged that Leeds' approach in this area was more robust than some Authorities and given the cross-boundary nature of the issue, the importance of consistency across neighbouring authorities was highlighted. Finally, it was noted that representations would continue to be made to Government regarding the concerns which existed in terms of the national policy in this area.

RESOLVED –

- (a) That the contents of the submitted report, be noted;
- (b) That the Suitability Policy, as appended to the submitted report, be approved, which is to be implemented by Taxi and Private Hire Licensing within two months of this Executive Board meeting.

CLIMATE CHANGE, TRANSPORT AND SUSTAINABLE DEVELOPMENT

96 Bridgewater Place Wind Monitoring

Further to Minute No. 131, 10th February 2016, the Director of City Development submitted a report providing an update on the wind amelioration scheme undertaken subsequent to the consideration of the matter by the Board in 2016 and which sought a decision by the Board on the recommendation that the high winds protocol be lifted, following receipt of peer reviewed independent expert advice. The report also provided an update on the agreement reached in relation to the further works required to ameliorate the wind hot spots in the private land to the south of Bridgewater Place.

As part of the introduction to the submitted report, the Board's attention was drawn to the expert analysis on the wind conditions following the establishment of the wind mitigation measures. It was noted that the analysis had been carried out on behalf of the Building Owners and had been peer reviewed and validated by an independent wind analyst expert retained to act on behalf of the Council.

On the basis of the expert advice which had been received, the submitted report recommended that the high wind protocol was no longer necessary. However, notwithstanding this recommendation, the Board noted that precautionary safeguarding measures, as detailed in the report, were recommended to be retained, together with further recommendations, again as detailed in the report, regarding the residual hotspot areas.

A Member raised concern regarding the reliance upon expert advice in respect of the recommendation to stop the high wind protocol and suggested that the matter be deferred until the further testing had been carried out on the hot spot area at Back Row. In response, it was highlighted that the Coroner had recommended in 2013 that a road closure protocol be established under specified conditions, until a mitigation scheme had been established and which had been shown to be effective. It was noted that such recommendations had been followed and it was highlighted that the expert advice, which had been peer reviewed and validated, had confirmed that the high wind protocol was no longer needed, with it being acknowledged that although residual hot spots did exist, they did not impact upon the road closure protocol. As such, in determining this matter, the Board was asked to consider the expert advice as detailed within the submitted report, and should they not be minded to agree to the lifting of the protocol, what additional evidence would they require before doing so.

Responding to Members' comments, the Board received further detail on the 3 hot spots which remained, and the actions being taken in these areas.

Also in response to a Member's enquiry, it was confirmed to the Board that on the basis of the peer reviewed expert advice received, there were no longer any safety failure points to the north of the building which failed the Lawson Safety Criteria, which according to the experts was the only measure available to the development industry to assess wind conditions, and on that basis the experts had advised that the area was safe and no different to any other city centre environment. In addition to this, the Director of City Development confirmed that he supported the recommendation in the report to lift the road closure protocol, based upon the peer reviewed expert advice received.

Members considered the options available to them, and in response to comments, officers undertook to ensure that the monitoring of the wind conditions in the affected area would continue, and that Executive Members would be kept informed as appropriate on the outcomes of such monitoring, and also on the actions which were being taken in respect of the hot spot areas, to provide assurance to Members that the mitigation measures continued to be effective.

RESOLVED –

- (a) That the updated information in relation to the installation and efficacy of the Wind Amelioration Scheme since this matter was last reported upon, as detailed within the submitted report, be noted;
- (b) That the results of the post-installation wind monitoring exercise undertaken and of the expert advice received thereon, as detailed within the submitted report, be noted;
- (c) That on the basis of the expert advice which has been received, the Board confirms its agreement that the implementation of the high winds protocol can be stopped, on the expiry of the related Call In period;
- (d) That the agreement reached with the owners of Bridgewater Place to seek planning permission and implement the additional structures to ameliorate the wind conditions at the hot spot sites on privately owned land to the south of Bridgewater Place as soon as possible, be noted and supported;
- (e) That the minor safety exceedance within the highway at Back Row, as detailed in the submitted report, be noted, with it also being noted that further investigations will be carried out at this location and that if this minor safety exceedance remains unmitigated the Council will seek that the Building Owner takes appropriate remedial action;
- (f) That in noting that the monitoring of the wind conditions in the affected area would continue, Executive Members be kept informed, as

appropriate, on the outcomes of such monitoring, and also on the actions which were being taken in respect of the hot spot areas, to provide assurance to Members that the mitigation measures continued to be effective.

(Under the provisions of Council Procedure Rule 16.5, Councillor A Carter required it to be recorded that he abstained from voting on the decisions referred to within this minute)

DATE OF PUBLICATION: FRIDAY, 18TH OCTOBER 2019

**LAST DATE FOR CALL IN
OF ELIGIBLE DECISIONS:** FRIDAY, 25TH OCTOBER 2019