

Leeds Health & Wellbeing Board

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Report of: Matt Ward, Leeds South and East CCG and Sue Rumbold, Leeds City Council

Report to: The Leeds Health and Wellbeing Board.

Date: 10th June 2015.

Subject: Report on the recommendations from the whole system review of Children and Young People (CYP) emotional and mental health services in Leeds.

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

Summary of main issues

Recommendations

The Health and Wellbeing Board is asked to:

- Note the recognition of the critical role of the Board in *'Future in Mind'* (DH, 2015), which advises that the HWBB strategy should place an onus on HWBBs to demonstrate the highest level of local senior level commitment to child mental health (p58)
- Support the recommendations of the review
- Work via the Integrated Commissioning Executive to ensure effective delivery
- Recognise that prioritising children and young people's emotional and mental health is critical in the delivery of HWBB strategy priority 7 *'Improve people's mental health and wellbeing'*

1 Purpose of this report

- 1.1 This report highlights the work done and the recommendations made within the recent whole system review of CYP emotional and mental health services in Leeds. This review was sponsored by the Integrated Commissioning Executive (ICE) in response to concerns shared about the unclear and fragmented local service offer; a position compounded by the complexity of commissioning arrangements.
- 1.2 There are significant strengths in Leeds (as referenced in the *Future in Mind, (DH, 2015)* publication). However, provision is disconnected and poorly understood, this leads to poor experience for children and families as they try to navigate the system and frustration for professionals (those referring into and delivering services).
- 1.3 The review team reported the findings and 11 recommendations to ICE on 17th March 2015. All the recommendations were agreed. Work is underway to develop a programme plan to deliver the changes to the system required. It is anticipated that this will become the local transformation plan, a requirement set out in the *Future in Mind, (DH, 2015)* document.

2 Background information

- 2.1 There is recognition nationally, regionally and locally of the need to improve emotional and mental health services for children and young people.
- 2.2 It is worth noting that most mental illnesses become apparent in the teenage years and can become long lasting. It is known that 50% of mental illnesses in adult life (excluding dementia) start before age 15 and 75% by age 18. Getting it right in childhood and then facilitating smooth transitions to adult mental health services is critical.
- 2.3 Following a recent Health Select Committee, established to collect evidence on children and Young Peoples' emotional and mental health services, a National Mental Health and Wellbeing Taskforce was established and published its findings in March 2015 (*Future in Mind, DH, 2015*). There are 49 recommendations within the national report; some of these are for national action. Our local programme recommendations fully support the requirements set out in the national report.

3 Main issues

- 3.1 The local review clarified some of the challenges within the current commissioning system and identified information on services commissioned in Leeds. The picture of commissioning, funding and delivery for emotional and mental health services across Leeds is complex.

- 3.2 Early in the review concerns grew about the length of time children and young people were waiting to access specialist CAMHS. Initial work has been undertaken and through this work the number of young people waiting for a consultation clinic in CAMHS services is within 18 weeks. A CQUIN is in place for 2015/16 to further strengthen this and develop more supportive assistance for CYP on the waiting list.
- 3.3 Further work, through non-recurrent investment by CCGs, will shorten waits for specialist assessment clinics (autism). The ambition is to reduce waiting lists for autism assessment to 12 weeks (in accordance with NICE guidance) by the end of 2015/16. LCH performance is consistently good for those CYP requiring urgent assessment and intervention.
- 3.4 An early concern discussed at ICE was the risk to the sustainability of the cluster TaMHS offer where increasingly the funding for this offer in the majority came from school/cluster budgets.
- 3.5 An offer from CCGs to co-commission with clusters to enhance the TaMHS offer has been made and all 25 clusters have accepted. This will support the sustainability of the early intervention element of the Leeds offer, encourage whole system engagement and the measurement of impact of the redesign proposals across the whole system.
- 3.6 The recommendations will ensure best value of the money that is invested in emotional wellbeing and mental health services; however it is worth noting that the need for these services will remain greater than the service offer. The national estimate is that only one in four children and young people who need a service receive one.
- 3.7 The recommendations from the review are listed below. These have been mapped against the original issues highlighted at ICE that led to the review, what young people, parents and carers have told us, the clinical and economic evidence, findings from local data, and what professionals told us (see appendix 1).
 1. The development of a Primary Prevention public health programme supported by each Childrens Centre and school having an EMH champion/contact who has undertaken additional training
 2. A clear local offer developed for CYP as primary audience but will have value as a reference for parents and local professionals
 3. Development of the MindMate website and of the digital solutions to promote the local offer, promote self-care/resilience and delivery as part of intervention
 4. A Single Point of Access (SPA) for referrals into the whole system with proactive communication and support whilst waiting to CYP/Parents

5. Specialist CAMHS – redesigned to have a named professional aligned to each school cluster and embedded within targeted services (for vulnerable groups) – to provide expertise, consultation, supervision and co-working where appropriate
6. To focus on ensuring vulnerable children and young people receive the support and services they need
7. To focus attention on strengthening transition arrangements
8. CYP IAPT principles to inform the quality framework for all commissioning
9. Whole system commissioning framework with clear roles and responsibilities for all partners: Increased development of co-commissioning arrangements between clusters and partners and between NHSE and CCGs
10. Develop and agree a single identifier for children and young people across all the city's services to enable the integration of data
11. HNA refreshed once new national prevalence survey published (2016/17)

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

- 4.1.1 The need to co-design with parents and young people was the first and abiding principle of the overall review. Children, young people and parents' views have strongly informed the recommendations (see appendix 1&2). Clinicians (commissioners and providers) have also been engaged throughout the review.
- 4.1.2 Work commissioned by the Scrutiny Board from Young Minds and YouthWatch (part of HealthWatch) was a key reference. The focus group for this consultation was also used to test out the recommendations and ensure that they were supported by young people.

4.2 Equality and Diversity / Cohesion and Integration

- 4.2.1 The review and its recommendations fully support the idea of creating an equal system that responds effectively to diversity. We know that children who have a variety of vulnerability factors may have an increased need for emotional wellbeing and mental health support even though they may not meet traditional clinical need boundaries.
- 4.2.2 The impact of the improvement on services, and particularly the development of the Single Point of Access will help to ensure that all children and young people have the same access to services wherever they live in the city. However, we recognise that there is more need than capacity at present and so there will still be young

people and families that they may not all be able to access a service to meet their needs.

4.3 Resources and value for money

4.3.1 The need in the city is more than is commissioned and provided for (recognised national and local position). Challenging financial pressures in the Local Authority pose a risk to services that contribute to emotional and mental health wellbeing (i.e., targeted youth work).

4.4 Legal Implications, Access to Information and Call In

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

4.5 Risk Management

4.5.1 There is an ongoing risk to the sustainability of whole TaMHS cluster offer, given competing demands on school funding. However, to date all have continued to invest due to positive outcomes and impact on school attendance and achievement. The co-commissioning initiated within the time frame of this review will help mitigate the risk of fragmentation in the short term.

5 Conclusions

5.1 There are some examples of excellent practice and innovation in Leeds for children and young people who have emotional wellbeing and mental health needs. The review has set out a clear programme of work to ensure a whole system coordinated and clear offer. Once delivered this will improve value for money, quality of support and knowledge of delivery and outcomes. There needs to be recognition that whilst enhancing capacity this will not meet all the CYP emotional and mental health need.

5.2 The Health and Wellbeing Board has a key leadership role to play to hold each other and local partners to account to deliver the ambitions of this programme.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Note the recognition of the critical role of the Board in *'Future in Mind'* (DH, 2015), which advises that the HWBB strategy should place an onus on HWBBs to demonstrate the highest level of local senior level commitment to child mental health (p58)
- Support the recommendations of the review

- Work via the Integrated Commissioning Executive to ensure effective delivery
- Recognise that prioritising children and young people's emotional and mental health is critical in the delivery of HWBB strategy priority 7 *'Improve people's mental health and wellbeing'*