

Report author: Jayne Bathgate-Roche

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**Report of the Associate Director of Pathway Integration, Children, Families and Healthy Populations, NHS Leeds CCG****Report to the Children and Families Scrutiny Board****Date: Wednesday 16<sup>th</sup> February 2022****Subject: Future in Mind: Leeds Strategy - update**

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**Summary of main issues**

There is real strength in our partnership in the city in the development and continued delivery of our Future in Mind: Leeds strategy and plan (2021-26). This is our second Future in Mind: Leeds Strategy and over the past 7 years partners have come together to support and improve the mental health and wellbeing of infants, children and young people.

This is a strategy with a wide reach, it connects to our Best Start priority, to give every baby the best start in life, in our development and expansion of the national award winning infant mental health service; it has a strong preventative and early support focus with programmes and resources to support young people, parents and professionals, as well as school settings (MindMate resources, programmes and services) and we have created the MindMate Single Point of Access to help join up expanding service offer in the city.

Over the past 7 years we have created some excellent resources and developed new and essential services. These have all been developed and delivered in co-production with children, families and professionals. They have been achieved through the strength of the partnership across health, education, social care and the third sector and our commitment to work together.

In addition to our Future in Mind: Leeds Strategy, the Leeds All Age Mental Health Strategy (2020-25) provides the opportunity to make further progress collaboratively taking a life course approach.

The Future in Mind: Leeds Strategy was refreshed in 2020 during the COVID- 19 pandemic; the impact of which continues to be felt across all services. We know that the pandemic has had a negative impact on many children and young people's mental and emotional health, with many saying that lockdown has made their life worse. Some groups of children and young people have had a more negative impact on their mental health (for example those who live in poverty, have experienced trauma, have special education needs and who are looked after children in the care system). The Strategy acknowledges this and across the partnership we are working to address this impact and the ongoing associated challenges.

The refreshed strategy continues to build on the strong foundation we have created particularly around the need to build more capacity and join up the service offer across the system more effectively.

This update provides an opportunity for members to be advised on progress and reflect on the ongoing partnership approach that is undertaken in order to deliver the outcomes of the strategy.

## **Recommendations**

Scrutiny Board members are asked to:

1. Note and recognise the developments achieved under the Future in Mind: Leeds Strategy (2021-26).
2. Note the breadth and connection between partners and practitioners across the system and thank them for their continued commitment
3. Recognise that there is more to do (in conjunction with the All Age Mental Health Strategy):
  - a. To embed a 'Think Family' Approach in the city
  - b. To develop a system wide response within the city to children and young people who have experienced trauma
  - c. To address the lack of parity of investment in children and young people's mental health
  - d. To transform services to those in adolescence and approaching young adulthood (14-25)
  - e. To work together to improve experience, access and outcomes for children and young people and critically to address health inequalities particularly noting the negative impact that the pandemic has had on particular groups of children and young people (for example those who live in poverty, have experienced trauma, have special education needs and who are looked after children in the care system).

## 1 Purpose of this report

- 1.1 To provide an update to the Children and Families Scrutiny Board in ensuring that the refreshed Future in Mind: Leeds strategy is driving improvement in infant, children and young people's outcomes and a reduction in health inequalities.

## 2 Background information

- 2.1 The current Future in Mind: Leeds strategy (2021-26) has recently been refreshed to provide the vision for system partners to work together to continue the drive to improve children and young people's social, emotional and mental health (SEMH) outcomes with a particular focus on reducing health inequalities.
- 2.2 The Children and Families Scrutiny Board were given the opportunity to input into the development of the priorities presented within the refreshed strategy in November 2020. The Health and Wellbeing Board approved the Strategy in April 2021.
- 2.3 Future in Mind: Leeds is an integrated strategy and the delivery of it takes place within a whole system approach and as such there are strong links and overlaps with other strategies in Leeds (and links to local national policy).

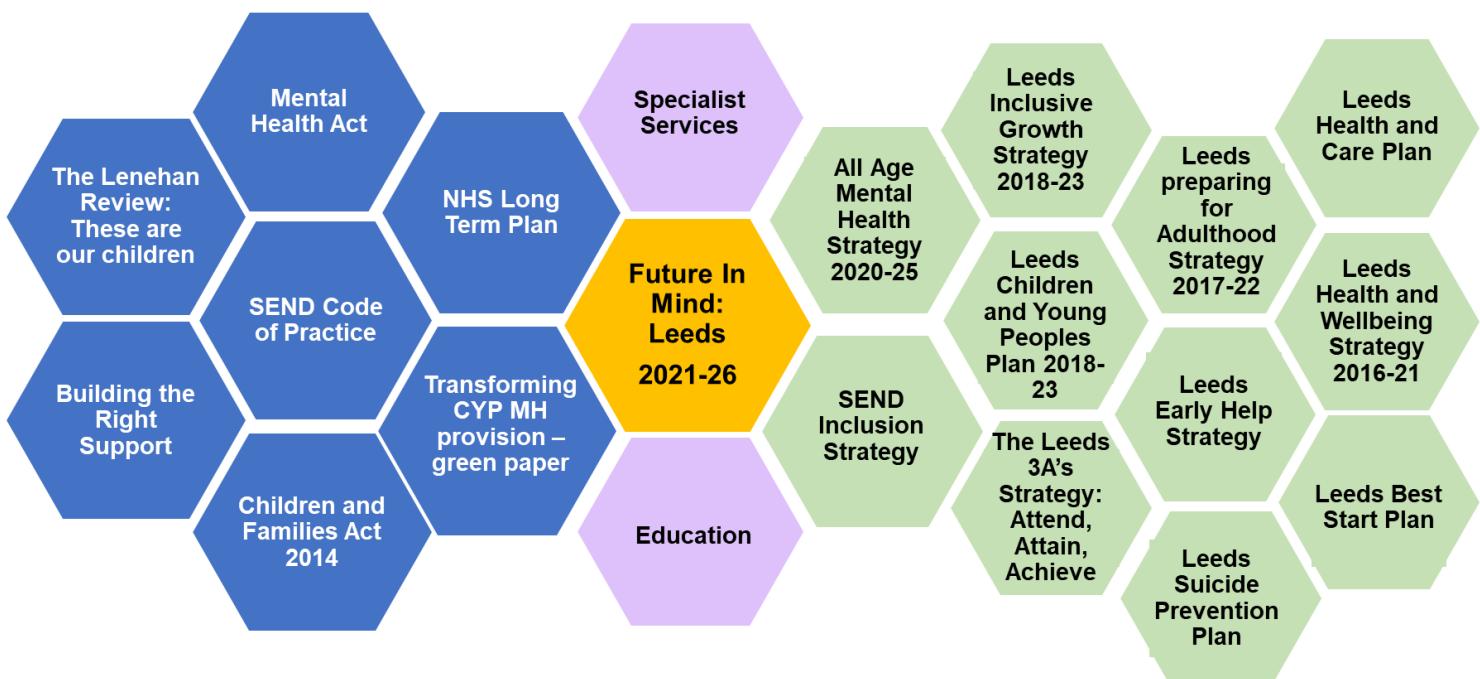


Figure 1: Links to National and Local Policy and Strategy

- 2.4 As we move towards the Leeds Health and Care Partnership from July 2022, the Healthy Leeds Plan (previously the Left shift Blueprint) identifies 4 key ways that we will progress:

- That the population's health overall will move from being more sick and dependent on services, to more well
- That for the population's health to improve equitably, we will need to ensure services are focused better on the needs of poorer people and more vulnerable groups

- That in order to achieve this we will invest more resources in prevention and proactive care – often resulting in more activity and care taking place in community settings including people’s homes
  - And to ensure that the services work well for people, we will have clear measures to ensure high quality, person centred services are delivered
- 2.5 This has long been the approach of the Children’s partnership in developing and delivering the Future in Mind: Leeds strategy. In addition, investing in getting it right for infants and children is an effective left shift method that benefits across the life course.
- 2.6 The Healthy Leeds Plan also places a focus on improving children’s mental health and wellbeing.
- National Policy
- 2.7 The focus on supporting children’s mental health and wellbeing continues to be at the forefront of national planning guidance. The recently published ‘NHS 2022/23 priorities and operational planning guidance’ reiterates the need to continue and places a particular focus on:
- ICSs will take a lead role in tackling health inequalities, to support the reduction of health inequalities experienced by adults, children and young people, at both the national and system level.
  - Systems are asked to put in place integrated health and care plans for children and young people’s services that include a focus on urgent care; building on learning from pilots placing paediatric staff within NHS 111 services; better connections between paediatric health services; joining up children’s services across the NHS and local authorities; improving transitions to adult services; and supporting young people with physical and mental health needs within acute and urgent care settings.
  - Continue to grow and expand specialist care and treatment for infants, children and young people by increasing the support provided through specialist perinatal teams for infants and their parents up to 24 months and through continuing to expand access to children and young people’s mental health services.
  - Build on the investment made in 2021/22 to develop a range of care and diagnostic services for autistic people delivered by multidisciplinary teams this includes support for autistic children and young people and their families.
- 2.8 The NHS Long Term Plan, published on 7<sup>th</sup> January 2019, sets out the ambitions for the next 5 and 10 years. The subsequent Mental Health Implementation Plan 2019/20-2023/24 was published in July 2019 and sets out the key areas of improvement with a particular emphasis on increased access to services (timeliness and numbers).
- 2.9 There is a significant national focus on the improvement of children and young people’s mental health services. The NHS Mental Health Implementation Plan states that by 2023/24:
- 345,000 additional CYP aged 0-25 will have access to support via NHS-funded mental health services and school - or college-based Mental Health

Support Teams (in addition to the Five Year Forward View Mental Health commitment to have 70,000 additional CYP accessing NHS services by 2020/21).

- There will be a comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults.
- The 95% CYP Eating Disorder referral to treatment time standards achieved in 2020/21 will be maintained.
- There will be 100% coverage of 24/7 mental health crisis care provision for children and young people which combines crisis assessment, brief response and intensive home treatment functions.
- CYP mental health plans will align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice.

### **3 Data and Insight**

- 3.1 A range of health needs assessments and engagement activities have been carried out in recent years and have informed the priorities of the refreshed Future in Mind: Leeds.
- 3.2 Throughout the implementation of the previous strategy and as we implement the new strategy, consultation and engagement with children, young people and families remains a key priority.
- 3.3 Public Health colleagues carried out a systematic review of all the engagement activity relating to SEMH that has taken place between 2016 and 2020. This review shaped the aims of the strategy and the key areas that we will focus on improving are listed below:

- Prevention
- SEMH Support
- Crisis support
- Inpatient provision and systems
- Transition to adult services
- Parent Carer Support
- Inclusion
- Workforce

- 3.4 As we continue to implement the Strategy we will respond to any new and emerging data that is presented and consider across each priority workstream. This includes the continued recognition of the impact of COVID on children and young people's mental health and wellbeing and the changing nature of mental health presentations.

### **4 Priorities of the Future in Mind: Leeds Strategy**

- 4.1 Seven key priority areas are identified within the strategy which have been informed by the data as well as various consultation and feedback mechanisms within the local and national policy context.
- 4.2 The following provides an overview of the work undertaken over the past year in the development of these priority areas:

## **5. Prevention**

- 5.1 Led by public health, this priority incorporates the local response to requirements for prevention and public health. It includes the work carried out within the Best Start Plan. The focus is on nurturing resilient infants, children and young people, promoting positive mental health and reducing stigma, using the power of social media for positive messages, peer support and reducing self-harm. Doing all of this with a focus on contexts and impact of structural disadvantage e.g. poverty.
- 5.2 The Prevention subgroup has developed a workplan that will specifically focus on the following areas over the next 5 years:
- Improve awareness and access to information and support including online self-help tools, resources, apps and social media
  - Take a targeted approach recognising impact of gender issues on mental health
  - Focus on inequalities, initially with a specific focus on children and young people from minority ethnic communities in line with wider strategy
  - Draw on skills and experiences of young people, including co-production and peer support approaches
  - Encourage a workforce that can talk confidently about mental health via a coaching approach
  - Improve mental health provision in schools
  - Recognise impact of the pandemic on children and young people's mental health (e.g feedback from the stakeholder workshop suggested young people feel blamed for spreading the disease and felt that they have not been listened to or valued throughout. It is also worth noting that some children who find school difficult have found staying at home has improved life).

## **6. Support**

- 6.1 This priority aims to deliver increased access to services so that more children and young people are able to receive the right support at the right time, in the right place and by the right person. Within this we will continue to drive down waiting times to access services, and ensure that services are respectful of the diverse communities and cultures that children and young people live in. Children and young people in crisis will have swift access to support 24/7 and we will focus on care out of a hospital setting, wherever it is safe to do so.
- 6.2 There are several work programmes that fall within this wide-ranging area of work including:
- Implementation of the Thrive Framework and delivery of the Link Programme across multi-agency settings and stakeholders.
- 6.3 The Link programme is currently underway and involves a series of sessions facilitated by the Anna Freud Centre (in partnership with the Department for Education) to bring together schools and mental health staff to improve the way in which they work together and identify shared actions in order to deliver these improvements. The focus of the sessions has been agreed by session attendees as:
- Clarity on roles, remit and responsibilities of partners involved in supporting children and young people's mental health

- Structures to support shared planning and collaborative working
  - Development of integrated working to promote rapid and better access to support
- 6.4 The Thrive Framework will provide a framework for system change. It is an integrated, person centred, and needs led approach to delivering mental health services for children, young people and families which conceptualises need in five categories: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. The framework delivers an integrated approach across health, social care, education and the voluntary sector. It will support us to expand our mental health services to cover the transition to adulthood (fulfilling this strategic objective).
- Development and implementation of the Mental Health Support Teams
- 6.5 Within the ‘Transforming children and young people’s Mental Health Provision: a Green Paper (2017)’ there was a commitment to launch Mental Health Support Teams in order to provide early intervention for mild to moderate mental health needs, and to promote good mental health and wellbeing in education settings. In Leeds we established our first teams within further education settings in January 2020. Since then, we have secured further funding for an additional six teams which will launch over the next 3 years. The first wave will see teams that will support the Bramley/Inner West and Together clusters of schools. These teams will work alongside existing support and settings’ provision. The teams consist of a Service Manager, Team Manager, Mental Health Practitioners, and Education Mental Health Practitioners (EMHPs).
- Bringing crisis services together
- 6.6 Within the Future in Mind governance structure, we have a well-established multi-agency Crisis care Operational group. A refresh of the group’s workplan has been undertaken which responds to local and national priorities/requirements.
- 6.7 Over the last 3 years we have seen the development and launch of several crisis services that support children and young people including Teen Connect, Safe Zone, CAMHS Crisis Team and more recently Night OWLS (the newly launched overnight crisis line supporting children and young people across West Yorkshire) and Leeds CAMHS Crisis Call. Working together, these services alongside colleagues from across the system aim to ensure that children and young people experiencing mental health crisis have the support they need at the time they need it.
- 6.8 Since the start of the COVID-19 pandemic we have seen an increase in both demand and acuity across our services, particularly for those children and young people presenting in mental health crisis. The refresh of the workplan for the Crisis care Operational group takes this change into account and will be looking at strengthening our crisis response across all partners.
- New service developments
- 6.9 Improving access to services is a priority both within the Future in Mind Strategy and the Healthy Leeds Plan. This includes not only reviewing our current service offers (for example the review of our MindMate Single Point of Access working

with colleagues in the Local Authority to learn from the Front Door operating model and both strengthening and improving those links with the education clusters) but also developing new service offers.

Examples include:

#### SilverCloud

- 6.10 The delivery of the innovative digital therapeutic platform SilverCloud is being supported by Northpoint Wellbeing. The offer is currently available to those clusters who work with Northpoint within the MindMate Wellbeing Service and it will now be offered to children and young people across Leeds as an early intervention programme which also has minimal waits at the point of referral. The programme is particularly beneficial for children and young people presenting with anxiety (which we know is one of the top referrals reasons across our services in Leeds).

#### Restoring Normative Function service

- 6.11 As a watching brief, a need has been identified locally to scope and initiate a project that focusses on the development of a service offer that supports children and young people with medically unexplained symptoms, chronic fatigue and long COVID. There is recognition that there are opportunities for learning from pathways and services that have been developed in the region and across the country.
- 6.12 Currently there is no comprehensive offer, and it is recognised that current processes and procedures are not patient centred and are costly. As a system there is a motivation to provide integrated care closer to home for our children and young people.
- 6.13 A project is to be initiated to join up these presentations into one pathway of care taking learning from best practice examples across the country.

### **7. Transition**

- 7.1 Also recognised within the All-Age Mental Health Strategy, this priority focuses on ensuring seamless and joined up transition for young people from children's to adult's services. Transitions will be flexible, well-supported and we will ensure that young people and their families receive personalised continuity of care. We will work with adult mental health services to make them young person friendly and recognise the role of parents and carers to ensure they are involved appropriately. Effective handover and communication will mean that young people don't feel they are 'filling gaps' or re-telling their stories.
- 7.2 Based on feedback from children, young people, parents, carers and professionals, the programme strives to create an environment in which professionals, employed by different organisations, are empowered to provide person-centred, innovative and safe integrated care for young people. The first step in this programme of work is to undertake a relational co-ordination stakeholder survey to understand existing relationships using a sample of core stakeholder partners. This will result in facilitated feedback using the analysis from the questionnaire data to target areas for improvement and testing.

7.3 The targets areas for improvement and testing will also be included within the developing Transitions strategic workplan. The workplan will support us to establish a flexible trauma informed support continuum offer, including prevention, early intervention, treatment, and ongoing holistic support offers for the young people aged 14-25 through embedding the Thrive framework is a current priority. This workplan will build on existing service provision to design new service offers, that will effectively integrate into enhancing transition pathways to support wider holistic needs of young adults. Additionally, this work will have a specific focus on reducing inequalities in outcomes for young people in transition, through inclusion and review of more vulnerable groups such as Care Leavers and those with special educational needs and disability.

## **8. Inclusion**

8.1 Led by the inclusion service, this priority focusses on the continued development of integrated pathways, effective SEMH provision in mainstream schools and the role of the cluster targeted support offer.

8.2 Notable areas of progress during the first year of the strategy include:

- Development of the draft SEND and Inclusion strategy
- Development of a neurodevelopmental focused report by SENDIASS to support understanding of support needs of children and young people and their engagement with local and national third sector organisations as a source of support.
- Significant investment in the neurodevelopmental pathway to address waiting lists that increased significantly during covid against a backdrop of continued increase over several years.

## **9. Impact of trauma**

9.1 There is increasing recognition of how Adverse Childhood Experiences impact significantly on their later outcomes (throughout the life course); this is a message that is emphasised in models such as trauma informed practice and is being developed further by the growing field of neuroscience. This helps move the conversation on from ‘what is wrong with this child’ to ‘what has happened to this child’. This is a key priority within this strategy. Again this has a direct connection with the All Age Mental Health Strategy, where priority 5 applies across all ages recognising the intergenerational aspect of trauma and the importance of ‘Think Family, Work family’.

9.2 Recent developments under this priority include:

- A children and families multiagency steering group has been established; this is focusing on work to develop the trauma informed movement, oversee the trauma service development and support working groups to deliver action initially around workforce development and trauma informed education settings.
- The development of a local place-based strategy alongside the WY&H ICS programme strategy, to align and ensure synergy, whilst also reflecting the distinct needs of the city. Leeds is also working with the ICS programme to bid for additional funding to support development in this area.

- A digital event, Compassionate Leeds: Developing a Trauma Informed City Together took place 4th November. Over 440 delegates registered with most attending all, or part of the day and many requesting to view the recordings of the key-note presentations and workshops. The recordings, insights and ideas gathered from the event will help shape the strategy and the development of additional working groups. Many who attended are coming forward to be involved in the work.
- An adult steering group (lived experience of ACEs and trauma) is being established, and the two steering groups will regularly connect.
- There's a recognition of both the importance of developing our workforce to understand and take a trauma informed approach, and for the need to be mindful of and to support our staff's health and wellbeing. This recognises that many of our workforce may have experienced adversity; this maybe as a result of adverse childhood experience, or more recently the impact of the pandemic.
- The integrated trauma service for children, will be developed to help underpin the trauma informed movement and to provide access to expertise and direct therapeutic support.

## **10. Parent, carer, and family support**

- 10.1 This priority includes the embedding of the ‘Think Family’ approach across all services. It focusses on improving communication with parents and carers, ensuring that they feel ‘part of the team’. We will improve our promotion to parents and carers so they know where they can access support and will increase the availability of this support to families, including siblings.
- 10.2 In the first year this priority is focussing on two very specific areas of work responding to feedback we have received from parents and carers:
- Communications – from the point at which a child/young person enters the mental health system (working alongside the MindMate Single Point of Access)
  - Review of the MindMate website content in relation to Autism

## **11. Health Inequalities**

- 11.1 There are significant health inequalities for children and young people with mental health problems in terms of access, experience, and outcomes. These inequalities strongly relate to deprivation and specific communities, particularly those from diverse community groups. The Social, Emotional and Mental Health Needs Assessment: Children and young people from Black, Asian and Ethnic Minority Communities in Leeds (2019) gives us a good understanding of the particular needs of diverse groups of children and young people and provides the starting point for this priority area in year 1 of the strategy. Again, this connects and provides a left shift contribution to priority 2 within the All-Age Mental Health Strategy.
- 11.2 Working alongside Forum Central we have employed our Mental Health Ethnic Inequalities Lead (Children and Young People) who is working with system partners to engage, support and energise leaders and advocate for a different approach to address the increased risk of Mental Illness and poorer outcomes in minority ethnic populations. There is a continued focus on children and young

people's access to services, experiences and prevention. In addition we have developed a community grants fund with Leeds Community Foundation to provide funding to community groups who will support the objectives of this work programme. Current grant holders include Geraldine Connor Foundation, Chapeltown Youth Development, Flourished Minds, Impact North, GIPSIL and Complete Women CIC.

- 11.3 The next phase of this work will focus on working with partners to sense check against the Health Needs Assessment findings to identify where the next focus should be. Particularly understanding where services need to improve and focus on the prevention element of this workplan.

## **12 Impact**

- 12.1 In order to know that we are making a difference and to ensure we are improving children and young people's experience, we will review and enhance our Future in Mind: Leeds dashboard to ensure that we are tracking appropriate outcome and experience measures for each priority area. These will be used to establish the baseline and to track and report progress.

## **13. Governance**

- 13.1 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 Young People's Partnership and the Health and Wellbeing Board.

## **14 Consultation, engagement and hearing citizen voice**

- 14.1 As detailed within the paper there is continuous engagement of children, young people, families, and key clinicians and partners in the city, in planning and developing children and young people's mental health strategy, resources and services. MindMate Ambassadors are members of the strategy refresh working group and Common Room carries out a wide range of engagement activities (often working with YouthWatch) to inform our work.
- 14.2 The Future in Mind Programme Board will continue to ensure this co-production continues throughout the delivery of the strategy.

## **15 Equality and diversity / cohesion and integration**

- 15.1 Several key groups of children and young people have been identified as being at risk of experiencing poorer outcomes than the rest of the population. Whilst all of the priorities will ensure that these issues are addressed within the system developments, the identification of reducing health inequalities as a distinct priority area within the strategy will drive the particular focus on this.

## **16 Resources and value for money**

- 16.1 In 2021/22, the total Children and Young People's Mental Health Spend from core baseline allocation by the CCG is forecast to be £11.6m. Circa £3.2 million is spent on developments linked to the current Future in Mind Strategy.

16.2 £3.3m in Service Development and System Review funding has been made available in addition to the above in 2021/22 for children and young people's mental health developments. This includes funding to continue the Mental Health Support Teams service of which Leeds was a Trailblazer site, and we are expanding the size of the team over the next 2 years. Other services that have received increased investment for expansion from this funding stream are both the Acute and the Community CYP Eating Disorders Teams and the Community Single Point of Access Team. New developments that have been established from the funding are a Children's Crisis telephone line, a Trauma team (integrated with the local authority) and a Young Peoples Transitions team. These are all in line with national Long Term Mental Health Plan requirements.

## **17 Risk management**

17.1 The Future in Mind Programme Board are responsible for owning any risks identified through the programme planning process, and to work collaboratively to develop proposals for mitigation and resolution.

## **18 Conclusions**

18.1 The Future in Mind: Leeds strategy continues to provide opportunities for system partners to work together to achieve national and local objectives to improve the mental health and wellbeing of children, young people and their families.

## **19 Recommendations**

19.1 Scrutiny Board members are asked to:

1. Note and recognise the developments achieved under the Future in Mind: Leeds Strategy (2021-26).
2. Note the breadth and connection between partners and practitioners across the system and thank them for their continued commitment
3. Recognise that there is more to do (in conjunction with the All Age Mental Health Strategy):
  - a. To embed a 'Think Family' Approach in the city
  - b. To develop a system wide response within the city to children and young people who have experienced trauma
  - c. To address the lack of parity of investment in children and young people's mental health
  - d. To transform services to those in adolescence and approaching young adulthood (14-25)
  - e. To work together to improve experience, access and outcomes for children and young people and critically to address health inequalities particularly noting the negative impact that the pandemic has had on particular groups of children and young people (for example those who live in poverty, have experienced trauma, have special education needs and who are looked after children in the care system).