



HEALTH AND WELLBEING BOARD: 7 JULY 2016

REPORT OF THE DIRECTOR OF CHILDREN AND FAMILY SERVICES

'FUTURE IN MIND' (MENTAL HEALTH AND WELLBEING OF CHILDREN AND YOUNG PEOPLE) AND BETTER CARE TOGETHER WORK STREAM

Purpose of Report

1. The purpose of this report is to provide the Health and Wellbeing Board with an update on progress made by the Better Care Together programme for improving the mental health and wellbeing of children and young people.

Link to the Local Health and Care System,

2. Outcome 4 of Leicestershire's Health and Wellbeing Strategy 2013-16 is 'Improving mental health and wellbeing' and includes priorities for children and young people. Its ambition was further strengthened by the publication of the national report 'Future in Mind' which sets out a clear direction for local leadership across the system to work together to improve mental health services and outcomes for children and young people.
3. The Leicester, Leicestershire and Rutland (LLR) Better Care Together programme has eight work streams, one of which is focused on children's services. This work stream has three distinct programme areas: children's hospital; community based services; and emotional health and wellbeing. The Senior Responsible Officers for this work stream are the Chief Nurse for the Leicester City Clinical Commissioning Group (LCCCG) and the Director of Children and Family Services for Leicestershire County Council.

Recommendation

4. The Health and Wellbeing Board is recommended to note the contents of this report.

Policy Framework and Previous Decisions

3. The Health and Wellbeing Board has received five reports about the progress of the Better Care Together programme for improving the

mental health and wellbeing of children and young people. At its meeting in January 2016 the Board agreed that the next progress report would be presented in six months.

4. In October 2015, the Health and Wellbeing Board agreed the Transformational Plan to improve the mental health and wellbeing for children and young people. The Plan was also approved by the CCG Board. The Plan was then submitted to NHS England and received full approval in November 2015.

Financial implications

6. The approval of the Plan secured five years funding for the whole care pathway, from universal preventative programmes to specialist acute services. £1.87m of non-recurrent funding was received in November 2015 relating to the 2015/16 allocation. There was the expectation that this allocation would be made recurrent on top of any national growth in allocations for future years.
7. Following receipt of the confirmed allocations for 2016-17 and beyond, on 8th January, and subsequent clarification supplied by NHS England, the minimum growth uplift for CCGs for 2016-17 was identified as 3.05%. However, the uplift did not include an amount specifically for the delivery of the Transformational Plan. The CCGs were also required to fund the following pressures from that uplift:
 - Provider tariff uplift of 1.1% to 1.8%;
 - Demographic and other activity growth (discussed nationally as between 2.7% and 3.5%);
 - Growth in prescribing, continuing healthcare and a range of other areas that traditionally significantly exceed demographic growth;
 - Compliance with “business rules” to ensure maintenance of 1% surplus, 1% uncommitted headroom and 0.5% uncommitted contingency.
 - Any other cost pressures and investments faced by providers or the CCGs.
8. In order to be able to produce a balanced financial plan for 2016/17, CCGs were therefore required to stringently review and prioritise all developmental and growth areas and as a result £1.87m of recurring budget has been provided to support the implementation of the Plan. The release of this funding is contingent on Clinical Commissioning Board (CCB) approval of Business Cases for each delivery element of the Plan.

Governance

9. A Steering Group was established to progress the Transformation Plan via the Women and Children’s work stream of Better Care Together. The Steering Group is co-chaired by the Leicester City CCG Chief

Nurse and Leicestershire County Council's Director of Children and Family Services. There is good representation from commissioners and providers across health (including GPs), the 3 local authorities (including Public Health), the voluntary and community sector (through Voluntary Action Leicester - VAL), the Office of the Police and Crime Commissioner, NHS England, and Healthwatch.

10. The Steering Group reports to the three Health and Wellbeing Boards in LLR, as well as through the individual agency assurance and authorisation mechanisms. It also contributes to the Better Care Together governance arrangements as required by virtue of being an identified work stream: 'Children'.
11. Five multi-agency task and finish Delivery Groups were created: Prevention, Early Help, CAMHS Access and Home Treatment, Crisis, and Workforce. These groups formulated Business Cases for consideration by the Clinical Commissioning Board during June and July 2016.

Progress

12. Partners have worked closely since March 2015 to collaborate on the development and submission of the Transformation Plan and its subsequent delivery. The Plan was launched on 14th April 2016 through an event organized by and held at the offices of VAL. Key Performance Indicators have been identified and a Performance Dashboard will be finalised at the meeting of the Steering Group on 28 June. It is anticipated that the first quarter performance reporting will be available in September 2016. Other progress to date is set out below in relation to the five delivery areas.

EATING DISORDERS

13. The CCB has agreed recurrent investment of £443k into an Leicestershire Partnership Trust (LPT) Eating Disorders Service. This has resulted in the recruitment of permanent staff and will lead to meeting the access target and prompt support for this group of children and young people, including reducing the demand on the Child and Adolescent Mental Health Services (CAMHS) Access Service (see below).

CAMHS ACCESS

14. Over the past few years the providers of CAMHS have failed to meet the 13 week target for the first access to services appointment. There was a backlog of breaches against the 13 week performance indicator, meaning that at the time of the last report to the Health and Wellbeing Board, 250 young people were waiting for more than 13 weeks. Immediate additional resource of approximately £82k was provided supporting four locums with a target to address the backlog to a zero

base position by the end of June, by which time a new pathway will be in place. As a result of the additional resource that has been provided and the change in the access to services pathway, the number of children and young people waiting as a result of backlog in May had reduced to 27 and the target to remove the backlog by the end of June has been met.

15. An innovative new pathway has been developed which focuses on a consistent streamlined model across LLR that ensures earlier assessment leading to earlier treatment, where necessary. This involves delivering a structured mental health assessment within 8 weeks of the first contact. The previous 6 points of access have been incorporated into one multi-disciplinary, multi-agency hub, staffed by CAMHS Multi Disciplinary Team clinicians at the Valentine Centre. The additional investment is approximately £192k per annum and the Business Case was approved by the Commissioning Collaborative Board on 26th May 2016.
16. By the end of June a dedicated care navigator system will be in place, ensuring that children and young people with mental health difficulties are able to receive the right care at the right time in a co-ordinated way close to where they live. Care navigation ensures that if CAMHS is not the appropriate service, the child or young person is given access to alternative appropriate support, including access to building resilience resources to support service users and families in supporting themselves.
17. The new pathway also ensures that there is integration with Tier 4 services (where there are significant concerns about the child or young person), the new crisis model, specialist treatment packages, short-term treatment and discharge, discharge to self-care and also the early help offers in all three local authority areas.

CRISIS AND HOME TREATMENT SERVICES

18. This is a system of rapid response and multi-agency assessment of mental health, leading to community services provided by a specialist team with the potential to offer comprehensive acute psychiatric care at home or in the community until the crisis is resolved, usually without hospital admission.
19. The services will be aligned to and work in collaboration with the Adult Crisis Response and Home Treatment service, thus enabling the delivery of a 24/7 assessment of children and young people referred into the service at the point of crisis.
20. The Veritas Report highlighted the need to create a crisis response service to include multi-disciplinary assessment and joined up working between health and social care. The proposed service will avoid the unnecessary use of the Emergency Department and eliminate or

reduce the need to use POD 5 in the Agnes Unit for children and young people requiring immediate intervention.

21. The new service team include a consultant psychiatrist, 1 clinical team manager, 5 community psychiatric nurses, 4 social workers, plus administration, ICT, etc. The full Business Case for the new service, requiring resource of £662k in 2016/17 and £1.15m ongoing, was approved by the Commissioning Collaborative Board in June.

TARGETED EARLY HELP

22. A new multi-agency 'first response' and early help service will provide a clear offer across the three local authority areas, providing targeted support for children and young people with complex emotional, behavioural, and mental health needs which challenge universal services.
23. The service will be aligned to the redesigned LPT primary mental health service, to deliver a community interface model that will have dedicated capacity in communities and named primary health personnel in each LPT/LA neighbourhood. The service will include 6 full time mental health nurses, a co-ordinator and resource for spot purchasing and additional commissioning.
24. This will be further supported by the Children and Young People's 'Improving Access to Psychological Therapies' programme which will upskill staff across all sectors, provide additional capacity in staff supervision and leadership support.
25. The service will interface with the new CAMHS Access model and resilience services and tools.
26. The full Business Case for the new service, requiring resource of £196k in 2016/17 and £352k ongoing, was approved by the Commissioning Collaborative Board in June.

RESILIENCE and WORKFORCE LEARNING AND DEVELOPMENT

27. Business Cases to support the further development of universal services (resilience) and multi-agency workforce learning and development are in preparation and it is anticipated that they will be presented to the CCB in July.
28. A number of new universal services have already been commissioned over the past few months including an online counselling service – 'Kooth', which is already being well-used and has received excellent feedback from service users.

Vanguard

29. “The Vanguard Programme is focused on the delivery of a simplified, integrated system of urgent and emergency care that wraps care around the patients, is easier for patients and staff to navigate and blurs organisational boundaries. The current system is overly complex, containing a number of different entry and exit points and multiple hand overs. The Vanguard Programme seeks to implement the recommendations of the Keogh review and simplify the urgent and emergency care system, with an emphasis on better self-care, a more consistent, 7 day urgent care system and a redesigned emergency department”.
30. As part of the overall Vanguard, a clinical reference group has been established, chaired by a Consultant at Leicester Royal Infirmary. There are 6 strands within the Vanguard project, one of which is mental health and therefore the children and young people’s Emotional Health and Wellbeing Steering Group is represented.
31. A Vanguard bid was submitted to support ‘All-age Liaison Psychiatry’.
32. A further Vanguard will open in August and it is intended to bid for additional resources for an appropriate ‘Place of Safety’ for children and young people.

Single Pathway

33. During the summer, further work will be completed to ensure that a single pathway to services is developed, incorporating all of the new services set out above and then publicized across all sectors to ensure understanding of the pathway and easy access to it.

Key Performance Indicators

34. A new KPI dashboard will be presented to the Steering Group on 28 June. Once agreed, this will be reported to the Health and Wellbeing Board, the CCBs, and the Better Care Together Board.

Background papers

The report to Health and Wellbeing Board on 7 January 2016 can be accessed via the following link:

<http://politics.leics.gov.uk/documents/s115368/HWB%20CAMHS%20Update.pdf>

Equality and Human Rights Implications

Effective and early interventions for mental health difficulties can be an important part of reducing inequalities in other outcomes e.g. education attendance and attainment for groups of children and young people with multiple and complex needs, such as adopted children, those not in education or training and children and young people in and leaving care.

The national 'Future in Mind' report recognised that commissioners and providers across the whole system need to work together to develop appropriate and bespoke whole care pathways that incorporate models of effective, evidence based interventions for vulnerable children and young people, ensuring those with protected characteristics such as learning disabilities are not turned away.

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