



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

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Open letter to children and young people

We are writing to you as we publish our refreshed plan in our continued commitment to improve the mental health and wellbeing of children and young people in the city. We are entering our fourth year and want to recognise some of the really positive developments achieved to date and to tell you that we know there is more to do and to share what we are focusing on in our fourth year.

What we did: Right from the start we have listened to what you have told us needs to change. You were very clear that you wanted the stigma of talking about mental health to be challenged, you wanted information about how you could help yourself and you wanted to know where you could get help from others. You wanted teachers to be supported to feel comfortable responding to mental health needs and for support and mental health services to be delivered locally and not have long waiting times.

In response to these clear requests we now have the [MindMate](https://mindmate.org.uk) website, developed from the start with young people to ensure we have the right content, function and language. If you haven't seen it yet, do take a look (mindmate.org.uk). We continue to develop the site and lots has been added this year both to the young people pages and to the section for parents and carers. This year we will be improving the section for professionals so they feel supported in helping you. There is a message box on the site if you have ideas for new content. We have about a hundred young people involved in improving the website, some of this is done in face-to-face workshops but much is done online.

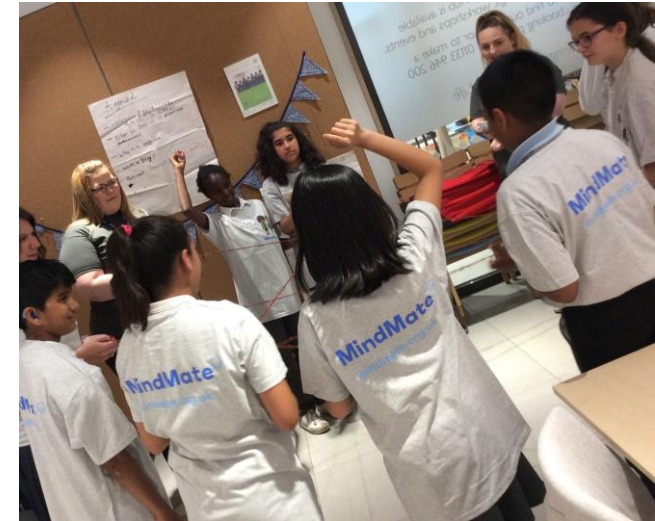
Last year we employed some **MindMate Ambassadors**; they are a group of young people who are passionate about improving mental health support for children and young people in Leeds. The impact they are having is tremendous. They are reaching out across the city to promote **MindMate** and to work with young people to develop the website and help normalise talking about mental health.



What about schools? We have created programmes of support and training for our schools to feel more confident and supported in responding to mental health needs. This year we launched the **MindMate Lessons**; these are multimedia lessons for teachers to use in class, across the key stages of learning and were developed by teachers and experts in mental health in response to what you said is needed.

This year **Leeds Healthwatch** will be visiting schools to talk to children and young people, as well as teachers to hear what difference the **MindMate Champion Programme** and **MindMate Lessons** are making and what we need to do to improve and embed them.

We work with clusters of schools to offer early help services for mental health and these local services now cover most of the city's schools. This year we will be working closely with the school clusters to secure and strengthen this local service and will make sure we involve young people and their families in this work.



Services: Our mental health services have worked really hard to reduce the time you have to wait to be seen. The wait for **CAMHS** is 12 weeks and this last year there has been a real focus on reducing the time it takes for children and young people to have an autism assessment; this is now meeting the national standard of 12 weeks. We know that there is more to do, 12 weeks is still a long time to wait for support and we have some exciting developments over the next year to reduce the wait you have for your first supportive conversation and mental health service.

Later this year we are introducing direct contact for children, young people and parents to our **MindMate SPA**. Up to now referrals to get support have had to come either from schools to the cluster, or from health and social care professionals to the **MindMate SPA**. We are really pleased that this will change and that you or your parents will be able to directly phone or message the **SPA** to access help. We will also be adding online counselling as an additional way to access support in the city; this will be available through our **MindMate** website.

Young people in Leeds have been very clear that when you are in a crisis situation there needs to be immediate support. In June we launched our new **Teen Connect helpline**. To find out more visit [Teen Connect](#)



What's next? This coming year we will be working to create places in the city for you to go to if you feel you are having a crisis and need somewhere safe and supportive to be. We are also working with colleagues in West Yorkshire to make sure we have a dedicated mental health crisis team for you that does not have to see you in a clinic or hospital but will go to wherever you are. This is something you told us was very important.

Our plan recognises that there are factors that support your emotional resilience and experiences that can put you at a higher risk of developing mental health needs. Our plan works to strengthen the positive factors and to respond swiftly to those of you who perhaps because of trauma, life circumstances or conditions need specialist help.

We have some really good services in our city that reflect this commitment; we have the award winning infant mental health service that helps create a supportive bond between parents and their babies. We have a dedicated service for children and young people who are in care and we are working with our **West Yorkshire** colleagues to improve the therapeutic support offer for parents who adopt children. Later this year we are launching our intensive **Positive Behaviour Service** for families who have a child with autism or learning disability. We have mental health nurses as part of our **Youth Offending Service** and later this year, working with **NHS England**, we hope to also have a dedicated psychologist and access to speech and language therapy in the team.



We hope this has been a helpful summary of what we are doing in response to the key issues you asked us to address. There is more detail in the full plan but we wanted to start with our letter to you. You have our commitment and that of all our partners who are represented on the programme board of this plan that we will continue to work to deliver the improvements you have asked for. MindMate Ambassadors are members of our board and are very good at keeping this focus.

A handwritten signature in black ink, appearing to read 'Lisa Mulherin'.

Cllr Lisa Mulherin
Executive Member for Children & Families
Leeds City Council

A handwritten signature in black ink, appearing to read 'Dr 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 Health and Care Partnership, working together with partners across the region to improve mental health as one of its priorities.

Our Local Transformation Plan is refreshed every year and we are now in our 4th year.

We began 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 on 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 paid for their time. They have worked with us to guide the language and content of this first chapter.

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 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 is key in delivering transformational and sustainable change. Chapter 6 includes our initial Future in Mind Health Needs Assessment, our Perinatal Mental Health Needs Assessment and our Young Adults Health Needs Assessment. 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.

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).

What has been achieved so far?

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, 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 women who struggle to have a secure attachment due to their own traumatic childhood, or due to mental health needs.

The service and a number of Leeds families feature in videos promoting how to “Understand Your Baby”. These videos are incorporated into the Best Beginnings “Baby Buddy” app and this is an app promoted to all Leeds women in the Leeds maternity pathway.

This year the service developed an Early Attachment Observation tool for health visitors to use routinely with all families in Leeds. This works 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 and the infant mental health service and health visiting service received recognition in the national Innovation in Health Visiting Practice award.

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 Leeds Mindwell [website](#) alongside advice where and how to access support.

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. 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.

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 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.

We are limited in what we know at the moment in relation to our perinatal mental health support services and so are focussing on improving the information that we collect. We are developing a data framework to bring together information from different services, 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. This information has not been available in Leeds before. This will help us to find out how effective all the services are and what we need to do to keep improving.

To find out the views of professionals, who work with people with perinatal mental health issues, we are currently doing a survey and this will inform our pathway development work.

Next steps

We are talking to women and families with experience of perinatal mental health issues to inform our service development. For example, the women explained that childcare was a big barrier to accessing mental health services, so we are making sure that future IAPT services will consider how to overcome this barrier.

We will recruit paid ambassadors; these will be parents who have experience of perinatal mental health issues and their role will be to promote the Mindwell anti-stigma resources and the services available in Leeds. They will also engage with families to hear what needs to improve.

We will implement the expansion of specialist community perinatal mental health team and use this expanded team to increase the amount of training and support available to other organisations in the pathway. We are working to agree a training framework for all of our professionals.

We will evaluate the pilot of a mindfulness course that midwives are running and if positive will consider expansion.

We identified as a gap, a lack of support for women and partners who have had children removed into care and who then have an increased chance of having future children removed. We have jointly funded a new service called 'Futures', which will work intensively and therapeutically with young parents who have had their first child removed. Our aim is to improve the mental and physical health of these young parents. We hope this will prevent the trauma of having further children removed and will create mental health benefits for the parents and infants involved.

Best practice case study

'Infant Mental Health: Babies, Brains and Bonding' enters the legal arena!

"We have shared the research and learning about infant mental health and the importance of early experience with our colleagues working in the context of family court and involved in decision making within the legal framework of care proceedings. Sharing the information with these groups means that they are more prepared to understand and engage with information on infant mental health presented to the court in written and oral evidence by practitioners. Importantly, they are also better equipped and supported to make good decisions about residence, contact and transition planning for compromised infants in the care of the local authority" – Sue Ranger, Consultant Clinical Psychologist

To see the full case study please click [here](#)

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 key. We recognised 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

The anti-stigma “Open Minds” project has worked with young people in schools, colleges and youth settings creating campaigns to improve children and young peoples’ awareness of mental health, build confidence to access services, if and when required, ensure they feel confident to support a friend around their mental health and well-being and challenge mental health stigma.

The Mindfulness in Schools pilot has been delivered in primary and secondary schools and has improved children and young people’s attention and social skills, reduced their anxiety and looked to bring about a sense of calm. The Mindfulness training offer and lessons has been built into the wider Social Emotional Mental Health (SEMH) offer to schools.

Leeds Health and Wellbeing Service provides 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 support children and young people’s mental wellbeing and to help develop their emotional resilience.

This year the Leeds Health and Wellbeing Service launched the new 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.

We have been continuously working with the MindMate Ambassador team and MindMate Youth Panel (including other engagement activity, e.g. with parents and other partners) in order to:

- Develop our MindMate [website](#)
- Raise awareness of MindMate across the city
- Increase the voice and influence of children and young people in the different work streams e.g. crisis support
- Increase engagement and promote good mental health for young people in the city

We have been working with Voluntary Action Leeds to understand the support parents require in order for them to feel equipped to support their child's mental health needs.

How we know we are making a difference?

The Anti-stigma project evaluation showed improvements in the following areas:

- Students' attitudes and knowledge towards those experiencing mental health problems;
- The ability to have an open conversation about the mental health of themselves and others;
- Confidence about when to seek help;
- Confidence of how to support a friend.

An evaluation of the Mindfulness in Schools pilot suggested improved personal, social and emotional development for primary school aged children however without a control group it is difficult to measure the actual impact of the programme. Qualitative data shows improvements in behaviour, aggression, better control of emotions and ability to concentrate. The secondary school pupils participating in the pilot showed a reduction in wellbeing. This could be due to a number of reasons including, exam stress during the summer term and some students reported struggling to understand the questions.

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.

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.

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.

In addition Healthwatch and MindMate Ambassadors are currently visiting schools to hear from pupils and staff their experience of the MindMate Champion programme and MindMate Lessons. The findings will help us understand how embedded these programmes are in the city and shape our next developments.

Three MindMate conferences will be held over the next academic year (2018/19); these will disseminate best practice and deliver training to the school leaders engaged in the MindMate Champion programme.

We will develop and deliver a school and college based resilience programme, which enables young people aged 11-18 years to access a range of tools and strategies, to improve emotional resilience and manage stressful and challenging situations.

We are developing a community based children and family bereavement service, which will support the family unit as a whole, where a child or young person has experienced the death of a parent/carer or sibling. The service will work collaboratively with other partners in the city to ensure a joined up approach that compliments existing provision.

We will commission the development of a local self-harm app for young people; it will include Leeds specific information with MindMate branding.

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
- New scrutiny work being undertaken by the Common Room and Healthwatch (including surveys with children and young people) to get feedback on our school programmes and resources
- The findings of our parents' consultation to inform the development of support mechanisms that fit the needs of our local population

Best practice case study

MindMate Lessons



Children and Young People told us they wanted to learn more about their mental health **before** they had issues. We therefore developed a brand new, exciting and modern social, emotional and mental health curriculum for Keystages 1 - 4. The MindMates take you through PowerPoint lessons, full of multimedia content, for easy teaching.

To see the full case study 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.

- We are working to improve the data collection and reporting method for the clusters, which will enable us to flow data better and monitor the impact of the support offered
- The latest twelve month evaluation of referral volume into clusters show 6136 referrals from 21 clusters, with 1867 cases accessing the mental health service (30%)
- We have worked with private schools in the city to promote the MindMate resources and to connect them to the MindMate SPA

In addition Children Wellbeing Practitioner (CWP) posts were recruited during 2017/18 to test out a health coaching brief intervention approach within our MindMate Single Point of Access (SPA).

The CWPs 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. CWPs therefore are able to see a high volume of children and young people, with a view to preventing the need for additional input.

Funding has been secured for two permanent CWPs; there is support to create additional CWP posts over the next few years as part of the national mental health strategy and through local CAMHS development.

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 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 CWP's 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.

Next steps

A key area of focus over the remaining months of 2018/19 will be a review of the cluster SEMH offer. We will work closely with schools, clusters and our partners to ensure the sustainability of this critical early intervention service. Children, young people and their families will have the opportunity to be involved. We are working to ensure a consistent model across the city, of evidence based practice and improved data flow into the Mental Health Service Data Set (MHSDS) for both the numbers of children and young people being supported and outcomes of that support.

We will explore and establish new ways of working in light of the *Government Response to the Consultation on Transforming Children and Young People's Mental Health Provision: a Green Paper and Next Steps*¹ On the 17th September we submitted our initial expression of interest to be a Trailblazer site. If successful the Mental Health Support Teams that this funding supports are anticipated to start in Autumn 2019/20.

To build on the success of the Children Wellbeing Practitioners Leeds Community Health Care have made an application to CYP-IAPT for 2 CWP trainees to start at SPA in April 2019. This will provide additional resource to the MindMate SPA.

We will continue to monitor and explore ways of reducing the waiting times across services.

In response to the digitally changing landscape and where young people have told us they access information and support we have undertaken a feasibility study to look at where online counselling could support the services we already have on offer in Leeds. The recommendations from this will be implemented during this year.

Best practice case study - Inner East Cluster

Male, aged 6 years.

Mum concerned about young person's level of anger, his phobias and spitting habit.

Mum separated from dad, due to years of domestic violence. Young person no contact with Dad

To hear more on how Inner East Cluster worked with this young person and the Mum and the positive outcome please click [here](#)

¹ <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>

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

Since the formal launch of the MindMate website [MindMate.org.uk](https://www.mindmate.org.uk) in September 2015 we have made a number of 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.

Some of the improvements to content include;

- The introduction of 8 new content pages published July 2018 for parents and carers of CYP of different ages, from infant mental health through to parenting teenagers and transitioning into adult services: <https://www.mindmate.org.uk/im-a-parent-or-carer/>
- Interactive blogs (Blogs are written by young people, for young people on matters related to mental health and wellbeing).
- Real stories (Engaging video documentaries that share stories of young people coping with mental health issues, allowing the viewer to dive deeper into content in real time)
- Relaxation recordings for young people to listen online, using voices from young people in Leeds as requested by CYP.
- Content to help manage difficult feelings, e.g. [‘tips for de-stressing’](#)
- The interactive nature of the website, as requested by CYP, has significantly increased e.g. a game help you find your own support networks called [‘Find your MindMates’](#) and there is new functionality to enable readers to leave comments on blog feeds.
- A specific section relating to the needs of young adults including transition into adult services is now built into the site
- Information about eating disorders
- New content for young carers led by a young carer and MindMate Ambassador
- The [‘urgent help’](#) page has been redesigned to incorporate ‘Teen Connect’ - a new offer for young people under 18 in crisis.

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

In February 2018 we launched marketing campaigns through social media and traditional marketing routes. The aim of these campaigns is to continue to raise general awareness of the site and also to target those audiences who are slightly harder to reach e.g. young males. The MindMate Ambassadors have heavily supported the design, development and delivery of these.

Campaigns have included:

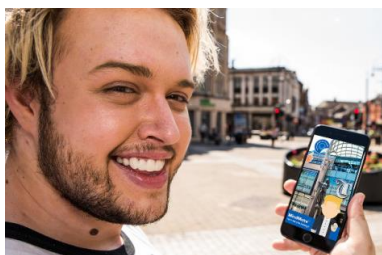
Traditional:

- A poster campaign: including schools, GP surgeries, voluntary sector organisations, buses
- High profile partnerships: including Leeds Rhinos, Leeds United and First Bus. These partnerships have allowed us to raise awareness of MindMate through press activity and advertising opportunities
- Mental Health Awareness Week: campaigns this week included activity in the Yorkshire Evening Post, Radio Aire, Capital FM and Leeds Live
- MindMate in the City: During July our MindMate Ambassadors were busy promoting the MindMate website at key events in Leeds from a MindMate branded campervan!



Social Media:

- Pitch Perfect: this campaign was a UK first for the NHS. Pitch side advertising that directs people straight to the MindMate website was displayed to young males in Leeds on the Football Manager online game. This campaign not only directed young people to the site but it has also generated worldwide coverage for the MindMate brand
- #MindMay8: A Thunderclap campaign where 233 donated a tweet or Facebook post to promote MindMate. This campaign reached a total audience of 477,995 people.
- SnapAmbassadors: this campaign sought to raise awareness through the use of Snapchat where the MindMate Ambassadors became digital caricatures. This was targeted at key events throughout the summer including the MindMate campervan tour and the cricket at Headingley Stadium.



The results of our innovative campaigns so far have been very successful including an increase of the number of people reached on Facebook showing an increase and an increase in the number of Twitter impressions.

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. For example between 12th April and 31st July 2018 the total number of users rose by 18.5% from 11,351 to 13,459. It was during this time that we ran our awareness raising campaigns (mentioned above) so we can be confident that these campaigns had an impact.

We know that through our Pitch Perfect campaign more than 12 people clicked through to our site from the pitchside advertising banners and that we had a 45.32% increase in users during this campaign.

Next steps

We will further develop the website particularly around improving resources for professionals. We will do this by carrying out user testing sessions with professionals from across the Future in Mind Leeds network (health, education and social care).

We will continue to ensure the site is fit for purpose for children and young people by carrying out further user testing sessions.

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 case study

Young people and parent engagement and coproduction

The work of the MindMate Ambassador team has had a very wide scope and reach. 5 young people have been supported and trained to deliver this work, and have grown in confidence to attend events, speak in front of large audiences, liaise with professionals and also work alongside children and young people.

Their work has included

- The development of 3 new pages for MindMate website – young carers, tips for destressing and managing Christmas
- Creating or supporting the writing of 19 blog posts
- Attending many local (+ 1 regional) event to represent MindMate
- Working with website designers Thompson Brand to refine the MindMate Real Stories feature
- Supporting digital agency HMA to write a social media strategy for MM and launch three online platforms

To see the full case study please click [here](#)



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 SPA team carefully considers each referral and liaises with a range of local health, education and social care services 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 2 years and processes on average 300 referrals per month. All referrals are triaged to appropriate services within a 2-week timescale.

To ensure the team keep up to date on what support young people/families can access they have worked hard to establish relationships with the key services in the city.

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.

As described in priority three, MindMate SPA has successfully piloted a brief intervention offer through use of the new CWP roles.

How we know it's making a difference?

Reviews undertaken by Youthwatch demonstrate that children, young people and families are reporting an improved experience with reduced waiting times (2017).

The team receive direct feedback from parents, professionals and young people who have used the SPA.

We review performance data to ensure that children and young people who are referred are accessing the level of service they require and where referrals are rejected we work with the team to understand why and what provision is available for the child or young person involved.

Next steps

The SPA team are refreshing the directory of cluster provision and waiting times, so that they are able to provide accurate information to children, young people and their families.

The SPA will introduce direct contact, whereby young people (aged 13-17 years) and parents/carers will be able to directly contact MindMate SPA for support, advice and referrals where needed. Contact will be by telephone or via an online form on the MindMate website. The team have undertaken significant research in order to prepare for this, including literature searches and liaising with services that already offer a similar service.

All the MindMate SPA administration staff will receive bespoke training from The Market Place on engaging with young people.

The SPA team are working closely with the MindMate Ambassadors and their communications team to develop a clear plan on how this opportunity for direct contact will be promoted. This will include further development of the MindMate website and planning social media content.

This will be evaluated to understand how children, young people and families experience the service to inform further development and improvements.

Best practice case study



Children's Wellbeing Practitioners – MindMate SPA

Due to increased demand, there continues to be an ongoing challenge for services to reduce waiting times in order to provide children, young people and their families with the support they need when they need it.

It is important that our local services continue to develop their offer by looking at new and innovative interventions.

In Leeds, three Children's Wellbeing Practitioners (CWP) were employed to work within the MindMate Single Point of Access to provide interventions to children, young people and their families who would not meet criteria for CAMHS, however, are in need of support around their mental health.

To read more please click [here](#)

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 LD Special Educational Needs (and supporting the Transforming Care Programme)

The Local Authority committed £45 million to deliver outstanding specialist educational provision, which includes three new builds (Springwell Leeds, in partnership with Wellspring Multi-Academies Trust). Building at all three sites has been completed and the schools opened on their new sites as scheduled. The three sites had capacity for 340 children and young people by September 2018. 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.

We have jointly commissioned an Intensive Positive Behaviour Service for children and young people with Learning Disabilities, or Autism, alongside behavioural challenges. This will launch at the end of October with the aim of enabling children and young people to remain with their families and in their local communities, rather than be admitted to a CAMHS bed or be placed in a residential educational setting away from home.

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 of children and young people requiring multi-partnership support.

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.

Children in Care

Leeds has a Therapeutic Social Work Service (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. This is part of the new service specification for CAMHS from April (2018), along with all other services that have embedded CAMHS workers (e.g., the Youth Offending Service).

We are very aware how difficult it often is for social workers to facilitate access to mental health support for Leeds children in care, who are placed outside of Leeds. From Spring 2017 the Therapeutic Social Work Service (TSWS) was commissioned to offer oversight and support to Leeds children and young people placed outside of Leeds (within 80 miles). 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 the children and young people referred in to the TSWS 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.

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.

Youth Offending

The Youth Offending Service (YOS) has three embedded CAMHS clinical nurse specialists and they receive their clinical supervision from CAMHS. The nurses have recently increased their knowledge and skills in working in a trauma informed way and are sharing this approach with colleagues in YOS. The CAMHS nurses have supervision from specialist CAMHS and have developed clear pathways for children and young people needing to access specialist CAMHS support. Local commissioners and the service are currently working with NHS England Health and Justice commissioners to enhance the health expertise in the service further. Hopefully, NHS England will shortly support the team to have LD psychology and additional Speech and Language therapy embedded alongside the nurses.

A sub regional Forensic CAMHS offer has just been commissioned by NHS England and this expertise will be greatly valued by YOS and local children's health and care services. South West Yorkshire Partnership Foundation Trust (SWYPFT) has been selected to deliver the Yorkshire and Humber FCAMHS service in Leeds and also Wakefield, Barnsley, Kirklees, Calderdale, Bradford, Craven and Harrogate. The Yorkshire and

Humber model is informed by the national model, and supports open referral pathways, is accessible to all and seeks to avoid lengthy referral forms. The model promotes referrals by simply making telephone contact with the service via a proposed single point of access.

CCG commissioners are in dialogue with the NHSE commissioner for Health and Justice to ensure effective integrated pathways and support for Leeds children and young people requiring Sexual Assault Assessment Services (CSAAS). There are also discussions between Leeds CAMHS and the NHSE commissioner to trial therapeutic provision into the CSAAS.

The Clinical Nurse Specialists have arranged for the young person's sexual health outreach worker to undertake a monthly sexual health clinic at the Youth Justice Centre to overcome some of the barriers of our client group accessing sexual health services.

The NHSE funded all-age liaison and diversion team in Leeds, building from the Wakefield model. The Leeds YOS is closely involved and reports into the local crisis care group to inform developments and local pathway join up.

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 currently 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.

How we know it's making a difference?

The Intensive Positive Behaviour Service is just about to launch. A key success measure will be the reduction in numbers of young people needing to be placed outside of Leeds. Qualitative data will also be collected to hear from families and professionals the difference the support is making.

The TSWS provided minimal support to 35 children in care living outside of Leeds prior to the new investment. The service currently has 61 open cases for children out of area, which is a significant increase in provision.

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

Next steps

Leeds City Council will carry out an evaluation of the Intensive Positive Behaviour Service.

There is a plan in place for a wider rollout of positive behaviour methodology across health, social care and education.

The Therapeutic Social Work Team is exploring the therapeutic support they can provide to unaccompanied asylum seekers in Leeds.

In response to need the TSWS are in the process of commissioning specialist Speech and Language Therapy to support the TSWS offer.

A secondment has been funded through Local Transformation Plan monies to enhance and support our response to trauma within Leeds (based in the TSWS 2 days per week) and in the West Yorkshire One Adoption service (1 day per week). This is being delivered by an Occupational Therapist on secondment from CAMHS.

There is some significant expertise in the city in relation to responding to infant and childhood trauma; partners are keen to harness this and develop a city where carers and workers across education, health and social care take a trauma informed approach in their work with vulnerable children.

If NHS England Health and Justice commissioners support the bid, YOS will recruit to the LD psychology and Speech and language therapy posts to be embedded in the multi-disciplinary Youth Offending Service.

Public Health will undertake a Health Needs Assessment on our Black and Ethnic Minority Ethnic groups and identify where there are gaps in support and service; this will inform commissioning and service development.

Best practice case study

Sarah Lloyd - Seconded to Leeds Therapeutic Social Work Team and One Adoption West Yorkshire

“Current work with children who have experienced developmental trauma tends to focus on a psychological understanding of the impact of trauma and doesn’t pay much attention to how the child is functioning on a bodily level. For me, this is a big gap. By understanding the circumstances needed for children to grow into themselves on a bodily level we can begin to see gaps in the development of children who have missed these crucial building blocks”

To read Elsa’s story click [here](#)

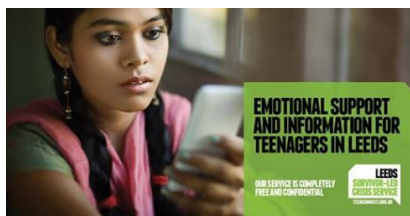
Priority 7 - Ensure there is a coherent citywide response to children and young people in mental health crisis.

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



- The Teen Connect online/phone support for young people aged 13-18 and their parents has been launched. The helpline is open 6pm-2am every night of the year.
- The Market Place offers fast access to counselling sessions to those young people, experiencing crisis
- Specialist Practitioners (from Leeds and York Partnership Foundation Trust (LYPFT)) are working in Emergency Department 5pm-9am to provide support to anyone presenting to Emergency Department in mental

health crisis. This includes a significant number of young people. 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 four 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 recent 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.

- The NCM Care Navigator for Leeds is in post and is working with the Leeds CAMHS Outreach Service to avoid unnecessary hospital admissions and to facilitate early discharge as soon and safely possible.
- 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.
- 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 do we know it's making a difference?

The West Yorkshire NCM has 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, (by surveys).

Next steps

- We will develop and launch the safe space for children and young people experiencing mental health crisis
- Community CAMHS are recruiting to posts for the Emergency rota and have been notified that they are successful in their bid for West Yorkshire NCM money to develop a dedicated crisis team in normal working hours, who will see young people in their place of choice (home, school, etc)
- We are keen to extend the hours of the dedicated crisis team to cover evenings, weekends and bank holidays
- The new inpatient build to be completed in Leeds 2020, with 18 general beds and 4 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
- There will be 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
- We are undertaking a consultation exercise (supported by Voluntary Action Leeds) with parents of children with autism and will develop our services based on the recommendations from this exercise

Best Practice case study - Leeds Survivor Led Crisis Service (third sector, mental health charity)

The crisis work stream of the Future in Mind Board recognised the lack of consistent crisis provision for children and young people and funded Leeds Survivor Led Crisis Service (LSLCS) to extend its Connect Helpline to support young people aged 13-18. This is a one year funded pilot.

To Read more click [here](#)

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

The Wellspring multi academy trust, runs outstanding SEMH provision in the Yorkshire and Humber region and was invited to work in partnership with the local authority to create the vision. Leeds City Council invested £45 million into the building of three new schools alongside the development of the primary SEMH provision. The timeframe for the completion of all three new schools "Springwell Leeds" was September 2018. Schools in the East and South of the city are already open to learners and the West has just opened, as scheduled, in September 2018. This new provision creates 340 specialist places for young people with SEMH difficulties.

How do we know it's making a difference?

It is very early days, but already over 200 learners are accessing the purpose built provision. The local authority are working in close partnership with Wellspring multi-academy trust to ensure the provision goes from strength to strength to improve the outcomes of our most vulnerable learners.

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, work has included:

Implementing a joint Transitions CQUIN between Leeds and York Partnership Foundation Trust and Leeds Community Healthcare. This tool works to incentivise improvements to young people's experience and outcomes when they transition from Children and Young People's Mental Health Services to adults. 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.

Children and Young People's Champions in adult services: the champions provide information to the adult community teams in order to appropriately support young people once the transition has taken place.

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. A model has been developed, building on the original pilot, to ensure that the offer is integrated into the pathway for all appropriate young people. This support is also for those young people presenting after 18 years of age.

The pilot focussed on young people supported by third sector provision and this group has continued with young people becoming trained volunteer facilitators. Through 2017/18 the model has been tested with young people in CAMHS, and a ten-week skills based model has been facilitated in Leeds City College. This model is continuously being refined based on feedback and will be continuing throughout 2018/19.

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.

How do we know it's making a difference?

The joint CQUIN 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.

We meet every 3 months with Leeds Mind to evaluate and monitor the success of the THRU peer support groups.

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.

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. There are two areas of work over the next year where this will be important:

IAPT procurement – as the future IAPT service model is developed we will be working with our colleagues to ensure that young people in transition are supported by this new model.

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.

Best practice case study

Leeds Mind



“Attending groups at Leeds Mind allowed me to grow as a person developing my personal sense of self and inadvertently building my skills to be the best version of myself. I can whole heartedly say that peer support has changed the way that I see not only myself but others too. I am much more aware of looking at the person coming to the groups, not just the issues they are struggling with or the treatment they are undertaking. I do not take interactions with people for granted and it has broadened my mind to seeing the differences in how individuals cope with their mental health. I have been able to undertake Leeds Mind training and have a recurrent volunteer position which I have been very dedicated towards which has led to me acquiring a permanent position at mind which I am immensely proud of and hope to help more young people through the service that has helped me so much” Roz Doherty

To see the full case study 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

We now have a Leeds children and young people's dedicated community eating disorder service that operates in a hub and spoke model. There are embedded paediatricians who have improved the pathway for young people in and out of hospital and have delivered training to the paediatric ward staff. The team has received national CAMHS Eating Disorders Training, Family Based Therapy (FBT) and CBT-E training and routinely use evidence based outcome measures in order to evaluate the effectiveness of the support and intervention. An evaluation project is underway by the University of Leeds to assist the team in understanding how best to use FBT within the service. The service is a member of the Quality Network for Community CAMHS-ED.

Consultation and a training programme for universal settings, such as school-based staff is delivered in a collaboration between the service and the University of Leeds. These sessions continue to be well attended and positively evaluated.

The new format for the assessment clinics continues. 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.

Priorities identified by parents and service users from an awareness-raising event included the creation of a parents' group and this has been implemented.

Having initially trained six clinicians in CBT, due to staff turnover the team lost a lot of this capability. To address this whole team training in CBT 10 has been delivered and places were made available to the Community Outreach Service and inpatients CAMHS.

How do we know it's making a difference?

There are national waiting time standards for children's community eating disorder services and the Leeds service performs well against these, despite recent workforce challenges.

Next Steps

The new format for the assessment clinics will be subject to a small-scale service evaluation project with the University of Leeds to evaluate this looking at both the service users and clinicians perspective using focus groups and quantitative evaluations.

A priority for future development includes app and digital developments; this is in addition to the recent information created on the MindMate website.

A review of the best model of practice and integration between the intensive community outreach service and the community eating disorder service is underway.

There will also be a focus on improving the experience of young people transitioning to adult services.

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 (Child Outcomes Research Consortium) and involves all agencies delivering and supporting SEMH services. The group recently reviewed the insight work CORC had supported and developed key recommendations to take forward across Leeds. An action plan has been developed for this programme of work. Meanwhile work continues to progress in the following areas:

- More effective analysis of outcome data collected in the system by CORC, particularly the Strength and Difficulty Questionnaire (SDQ) scores undertaken by cluster services and Goal Based Outcomes undertaken by the Therapeutic Social Work Service
- Flagging the need for more 'outcome friendly' information systems to support day-to-day work with children and young people and service reports
- Reviewing the evidence of presenting need and demand in the city and comparing this with workforce skills
- 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 do 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 oversaw the development of 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

Develop ways by which children, young people and families are fully involved in determining the support to be provided by any SEMH service/practitioner.

Ensure systems in place to flow information through to the Mental Health Services Data Set (MHSDS) for all Leeds providers of SEMH services. 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 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 information systems that move towards whole system linkage, to gather data and be able to report service impact for an individual child. This includes an ambition to be user friendly for practitioners and easily accessible for use with the child and family within a session.

Working with colleagues from the Yorkshire & Humber Clinical Network as they develop the regional Future in Mind Outcomes Data Dashboard to complement our local dashboard with benchmarking information for core measures.

Case Study - CAMHS - Step Up App



This app is designed for young people aged 14+, to help them get the most out of their face to face CAMHS appointments.

The app is designed to support clinical work, taking the therapy into the real world. Young people can complete questionnaires, keep a track of their care, record notes and set and rate goals on their device outside of the clinical session. They can be sent resources and strategies and carry with them 'a how to help plan' that they can share with others. A clinical portal has been designed to support the app to allow clinicians to develop bespoke packages of care for the young people they are working with.

"It's helpful when I've been in a crisis and I've not been sure what to do. Looking at StepUp! and seeing my plan helps me know what to do" – Young Person

"It's good for them to be able to identify the goals themselves and have a sense of achievement. It is more empowering" – Professional

To read the full case study please click [here](#)

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
CCG Baseline Allocations Recurrent	2016/17	2017/18	2018/19	2019/20
CYP Mental Health (LTP)	1,277	1,293	1,294	1,294
CYP Mental Health The Market Place*	178	178	178	178
CAMHS main community provider	7,400	7,400	7,400	7,400
CAMHS ad-hoc	20	21	21	21
Eating Disorders (LTP)	425	425	425	425
Perinatal Mental Health			444	444
	9,300	9,317	9,762	9,762
Therapeutic Out of Area Placements (CCG Contribution for Psychology Element)*	982	1,085	1,104	1,104
CCG Non Recurrent NHSE Allocations				
Mindmaze	64			
Autism Waiting lists	360			
Perinatal Mental Health			742	Unknown
	424	0	742	0
Local Authority Core Funding				
MST Core Funding	1,136	1,326	1,337	Unknown
Therapeutic Social Work (services targeted at Looked After Children)	740	796	819	Unknown
Emotional Resilience Activities eg Healthy Schools	193	261	281	Unknown
Northpoint Wellbeing LTD				
Counselling	173	167	160	Unknown
Spot purchase of mental health OOA placements	466	195	175	Unknown
Services targeted at other Vulnerable children eg SILCS YOS	3,643	6,320	8,840	Unknown
	6,351	9,065	11,612	0
Grand Total	17,057	19,467	23,220	10,866

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

Detailed Breakdown of LTP Spend			2017/18	2018/19 plan	2018/19 YTD	2019/20 plan
Infant Mental Health Psychologist			27,000.00	27,000.00	13,500.00	27,000.00
CYP MH promotions			987.00	1,374.00	1,374.00	5,000.00
Perinatal Mental Health			12,000.00	12,000.00		
School Clusters*			421,240.00	250,000.00		250,000.00
Mindmate website including promotions			118,201.21	52,500.00	13,200.00	50,000.00
CYP Single Point of Access			360,000.00	360,000.00	180,000.00	360,000.00
Therapeutic social work			29,987.00	50,000.00	12,000.00	55,000.00
Parenting Support			-	50,000.00		50,000.00
Bereavement Booklet			500.00			
The Market Place trajectory work and The Market Place increase to contract			5,000.00	79,716	39,858.00	80,000.00
Austism pre-school waiting list initiative plus service redesign			62,000.00			
1 Adoption (Trauma Work)			65,601.00			
Bereavement work			7,906.00			
Feasibility research to online counselling / Online counselling service			9,968.00	150,000.00		150,000.00
Crisis Counselling			1,309.00			
School Clusters*			6,600.00			
Crisis Telephone line			62,000.00	100,000.00		62,000.00
Eating Disorders Service			425,000.00	425,000.00	212,500.00	425,000.00
Common room - consultancy and ambassadors			24,605.00	54,724.00	29,160.00	54,724.17
Mindmate SPA training - LCH			5,000.00			
Workforce Strategy			63,011.00			
MH First Aid Training				10,000.00		
THRU (Talk, Help, Relate, Understand) Peer Support Work				39,810.00	20,650.00	39,810.00
Child Outcomes Research Consortium				22,320.00		22,320.00
Ad-hoc			10,000.00	34,439.00	1,667.00	88,028.83
			1,717,915	1,718,883	523,909	1,718,883

*Table 3 below shows the joint partnership CYP Mental Health Budgets 2018/19

	£'000	£'000	£'000
Recurrent	CCG	Local Authority	Total
The Market Place	178	92	270
Therapeutic Out of Area Placements	1,104	0	1,104
	1,282	92	1,374
Non Recurrent			
Intensive Positive Behavioural Service	440	447	887
School Clusters ** (more detail below in table 5)	250	250	500
	690	697	1,387
Grand Total	1,972	789	2,761

Table 4 below shows the Public Health Spend for 2018/19

N.B. It is not possible to identify how much of this budget is solely mental health

	£'000
Recurrent	Public Health
Infant Mental Health	233
Leeds Healthy Schools Programme #	317
Young People's Resilience	100
Childrens and Family Bereavement Service	150
Grand Total	800

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

	CCG £'000	LCC £'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.

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

NHSE CAMHS TIER 4	2016/17 £	2017/18 £
Alder Hey Children's NHS Foundation Trust		
Alpha Hospitals		
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
Greater Manchester Mental Health NHS Foundation Trust	82,584.0	768,834.0
Leeds And York Partnership NHS Foundation Trust	24,007.0	230,191.0
Leeds Community Healthcare NHS Trust	424,778.0	423,265.0
North East London NHS Foundation Trust		
Northampton General Hospital NHS Trust	422.0	
Northumberland, Tyne And Wear NHS Foundation Trust	204,966.0	
Pennine Care NHS Foundation Trust	117,608.0	
Priory Group Limited	505,847.0	607,657.0
Regis Healthcare Ltd		
Riverdale Grange		41,915.0
Sheffield Children's NHS Foundation Trust	9,075.0	178,751.0
Tees, Esk And Wear Valleys NHS Foundation Trust	25,447.0	202,686.0
The Huntercombe Group	12,100.0	
	-	3,491,896.0
	3,491,896.0	3,492,780.0

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 2017/18 services recorded 2925 (18.83%) children and young people who accessed NHS-funded community mental health services. This figure must be approached with caution as there are approximately 1500 children and young people who are not captured within this submission as they are supported by cluster based mental health support services and this activity is currently not flowing to the Mental Health Services Dataset (MHSDS). A more accurate reflection of activity in 2017/18 is therefore 4425 (28.49%).

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 procuring connectivity to the Health and Social Care Network. We are working closely with these providers to ensure they are able to fulfil this requirement.

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. We are working alongside Leeds City Council colleagues to develop solutions.

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.

NHSE are allowing time for providers and commissioners to ensure appropriate data quality and completeness is flowing. It is anticipated that from April 2019 this data will be publically reported in NHS Digital routine monthly reports. Locally, Commissioners within Leeds CCG are working with providers to determine how this will be achieved. This will begin with Leeds Community Healthcare (LCH) as our CAMHS provider. LCH are already flowing outcome data to the MHSDS. A few process challenges have been identified but actions will be undertaken in order for these to be resolved before April 2019.

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. This is reported every quarter to the Programme Board. The latest dashboard is included as Appendix 2.

Finally a Yorkshire and Humber Outcomes Data Dashboard is being 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. Waiting times into CAMHS are currently in line with the NICE 12 week wait target. At the end of July 2018 waiting times were:

	Number of Patients Waiting	Average Wait Time (Weeks)
Autistic Spectrum Disorder Assessment	185	11.0
Consultation Clinic	224	9.1

This is a massive improvement from our position in July 2017 when waiting times for an Autistic Spectrum Disorder assessment was 25.8 weeks. The service are looking to make 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 often present with a query in both Autism and ADHD areas and there has been previous duplication in assessment processes. This pathway will ensure a timely and more streamlined patient experience with less duplication.

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 Disorders - Monthly Summary of Waiters

-4 week target for routine (non urgent) referrals

-1 week target for urgent referrals

1. Number of waiters at month end

	Apr-18	May-18	Jun-18	Jul-18
Routine waiters	3	1	1	4
<i>Number in breach of target</i>	0	1	0	0
Urgent waiters	0	1	0	2
<i>Number in breach of target</i>	-	1	-	1

2. Number of Episodes started in Month

	Apr-18	May-18	Jun-18	Jul-18
Routine episodes started	3	5	3	3
<i>Number in breach of target</i>	1	0	0	0
Urgent episodes started	0	0	1	0
<i>Number in breach of target</i>	-	-	1	0

Notes on waiting time target breaches:

1. Waiters at month end

Urgent waiter in breach of target - did not attend appt offered for 2/8/18 (8 calendar days after referral received)

Urgent waiter within target at month end has become a breach in August - Appt Offered For 24/07/18 (7 calendar days after referral received) but family on holiday. DNA on 09/08/18 - re-booked for 06/09/18.

2. Episodes started in Month

All within target

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 undertaken a feasibility study to look at where online counselling could support the services we already have on offer in Leeds. The recommendations from this will be implemented during this year and will allow faster access to services than before.

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 significantly increase the speed of access to support.

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.

Our engagement and coproduction activities for Future in Mind: Leeds 2017/18 work streams ([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 sitting on 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>

5: Strategic Workforce Plan

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

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

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

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
- 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) <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>	- 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
- 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	- 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
▪ 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	▪ 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 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 in early 2019. 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: To ensure that there is a whole system view of risks and mitigating actions that may affect implementation of the LTP. 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.		
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	- The imminent 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	- Work is underway to ensure the Market Place (third sector organisation), the LTHT Children's Liaison Psychology service and the NHS funded element delivered by the clusters are able to submit their activity to the MHSDS in the forthcoming year. - Challenges with the LCH CareNotes system in terms of the ability to accurately report all data has meant that we had not been able to

				report an accurate picture; however a local fix has been sourced and this has been resolved.
Recruitment risk in securing the workforce needed to deliver all of the transformational changes and new services in the city.	All	8	3	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	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 including the delivery of brief interventions and self-referrals through SPA and online counselling interventions.
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	- Looking at solutions through the HOPE group aiming to make outcome measures integral to agency information systems. Information sharing improved via the SPA process, including the routine collection of the NHS number. - Work being undertaken by Social Finance within Leeds City Council should also provide solutions to this risk.
Development of a crisis response to children and young people supported by a dedicated community CAMHS crisis response	Priority 7 – Jayne Bathgate- Roche/Donna Ryan	12	3	There is an appetite to develop a robust response to children and young people in mental health crisis. The Teen Connect support helpline has been launched and the development of a safe space model supported through existing providers is being pursued. CAMHS have secured funding through the New Care Models work to provide an emergency and crisis response for Children and Young People presenting in mental health crisis within the national four hour target. This funding is for an in hours service. To fully support the crisis offer an out of hours CAMHS response is required. Funding is being sought through the CCG to develop this offer.

Risk Score Matrix

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)