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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

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Cllr F Venner

Dr Jane Mischenko
Strategic Lead Commissioner for Children and Maternity Services

1. Introduction

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

Essential to this is our Future in Mind: Leeds Strategy 2016-2020 and Local Transformational Plan, which sets out our vision, progress and next steps to improve the social, emotional, mental health and wellbeing of children and young people aged 0–25. Our vision is to develop a culture where talking about feelings and emotions is the norm, where it is acceptable to acknowledge difficulties and ask for help and where those with more serious problems are quickly supported by people with skills to support their needs.

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

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

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

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

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

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

We also share best practice case studies in this chapter.

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

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

Priority 1: Develop a strong programme of prevention that recognises how the first 1001 days of life impacts on mental health and wellbeing from infancy to adulthood

Why this is a priority

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

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

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

Infant Mental Health Service – Executive Summary 2018-19

Overview

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

Referrals

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

Innovations

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

Research and Evaluation

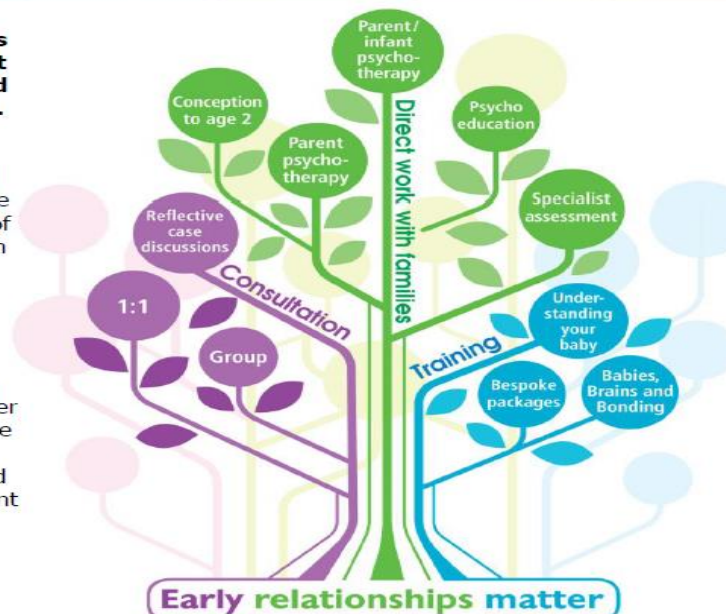
The Early Attachment Observation (EAO) has gone from strength to strength. Formal evaluation found that both aspects of the tool are being well used across health visiting teams in the city which is a great achievement.

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

Client feedback following direct work.

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

'Babies, Brains and Bonding' attendee.



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

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

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

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

Highlights in numbers:

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

Presenting problems:

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

NHS

**Leeds Community
Healthcare**
NHS Trust

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

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

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

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

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

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

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

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

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

How we know it's making a difference

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

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

Next Steps

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

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

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

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

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

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

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

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

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

Case Study

Rosa - Birth Trauma

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

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

Why this is a priority

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

What has been done so far

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

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

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

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

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

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

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

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

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

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

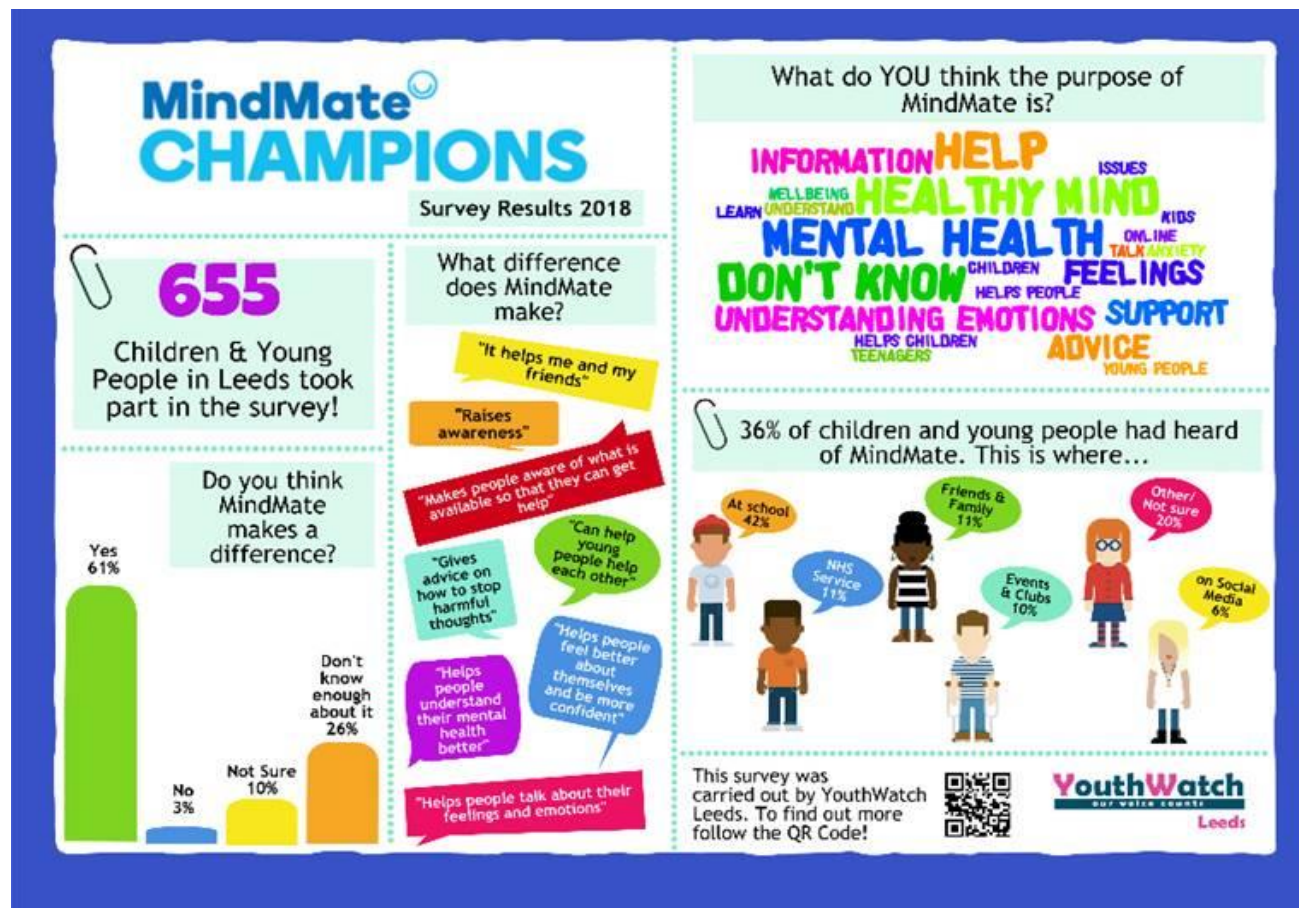
Settings - The Leeds City Council Health and Wellbeing Service provide support to schools via the Leeds Healthy Schools programme. The MindMate Champion programme is the SEMH offer <https://mindmatechampions.org.uk/>. This takes a whole school approach to create an environment and the staff confidence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

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

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

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

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



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

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

How we know we are making a difference

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

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

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

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

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

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

Next steps

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

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

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

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

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

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

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

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

Best practice

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

To read more click [here](#)

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

To read more click [here](#)

Best practice case study

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



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

To read more please [click here](#)

Priority 3 – Continue to work across health, education and social care to deliver local early help services for children and young people with emotional and mental health needs who require additional support.

Why this is a priority

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

What has been done so far

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

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

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

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

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

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

How we know it's making a difference

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

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

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

Next steps

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

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

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

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

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

Best practice case Study - Kooth



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

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

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

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

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

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

Why this is a priority

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

What has been done so far



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

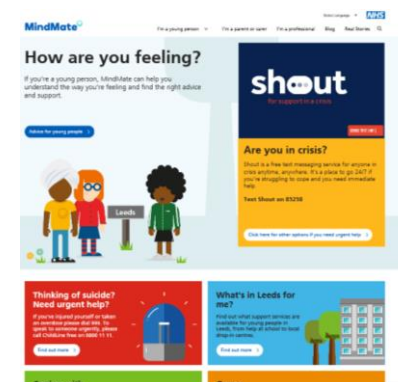
We want to ensure that the MindMate website is the 'go to place' for children and young people's mental health support in Leeds.

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

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

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

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



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



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

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

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

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

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

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

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

How we know it's making a difference

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

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

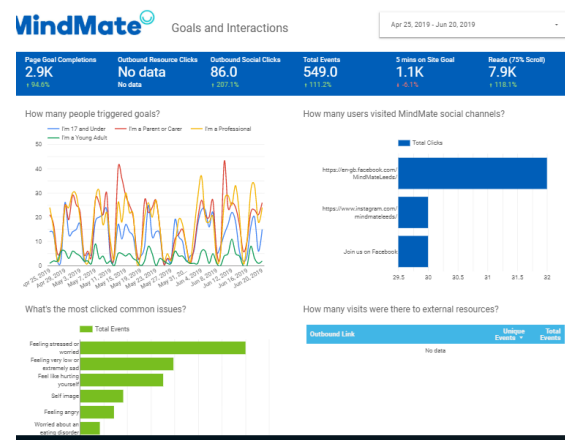
We monitor the website performance via a dashboard that allows us to track the website performance (please see the best practice case study for further information)

Next steps

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

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

Best practice – MindMate website performance dashboard



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

Priority 5 - Deliver a Single Point of Access for referrals that works with the whole Leeds system of mental health services so that we enable children and young people to receive the support they need, as soon as possible.

Why this is a priority

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

What has been done so far

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

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

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

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

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

How we know it's making a difference

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

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

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

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

Percentage of rejected referrals from CAMHS -

2014 - 32.0%

2015 - 41.2%

2016 - 11.5%

2017 - 0.9%

2018 - 0.7%

Next steps

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

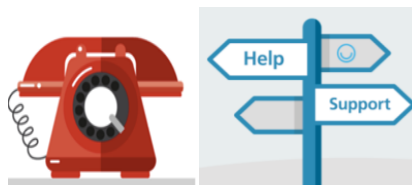
The relationship with the Market Place has been strengthened and an additional two members are joining the MindMate team. Recruitment to vacant posts is on-going and a number of temporary posts are being recruited to whilst awaiting the outcome of the full service review.

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

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

Best practice case study

Self-Referrals -MindMate SPA



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

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

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

Why this is a priority

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

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

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

What has been done so far

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

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

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

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

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

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

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

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

Children in Care

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

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

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

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

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

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



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

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

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

Youth Justice Service (YJS)

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

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

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

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

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

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

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

Young Carers

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

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

LGBTQ+



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

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



How we know it's making a difference

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

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

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

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

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

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

Next steps

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Why this is a priority

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

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

What has been done so far

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

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

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

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

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

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

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

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

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

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

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

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

How we know it's making a difference

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

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

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

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

Next steps

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

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

Why this is a priority

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

What has been done so far



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

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

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

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

How we know it's making a difference

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

Next steps

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

Priority 9 - Work with children and young people who have mental health needs as they grow up and support them in their transition into adult support and services.

Why this is a priority

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

What has been done so far

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

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

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

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

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

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

How we know it's making a difference

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

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

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

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

Next steps

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

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

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

Best Practice case Study - Transitions Team Leeds CAMHS

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

To read more please [click here](#)

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

Why this is a priority

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

What has been done so far

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

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

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

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

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

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

How we know it's making a difference

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

The summary states

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

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

What Next

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

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

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

Priority 11 - Improve the quality of our support and services across the partnership through evidence based interventions, increased children and young people participation and shared methods of evidencing outcomes.

Why this is a priority

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

What has been done so far

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

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

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

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

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

How we know it's making a difference

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

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

Next steps

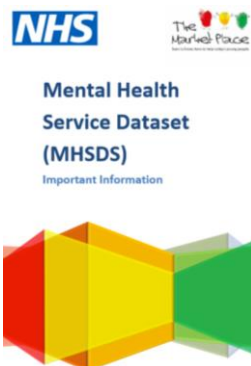
Continue to support services to ensure systems are in place to flow information through to the Mental Health Services Data Set (MHSDS). This will ensure national reports accurately reflect the number of Leeds children and young people receiving support. Work will also continue to deliver the required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

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

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

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

Best practice case study – Mental Health Dataset



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

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

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

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

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

Author's acknowledgement to contributors

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

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MindMate Ambassadors	N/A
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Sue Ranger	Consultant Clinical Psychologist and Team Manager (Infant Mental Health Service)
Andrea Richardson	Children & Families, Head of Service, Learning for Life, LCC
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Claire Wilde	Senior Infant Mental Health Practitioner/Cognitive Behavioural Therapist
Katie Wrench	Team Manager, Therapeutic Social Work Team

2: Finance

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

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

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

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

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

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

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

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

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

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

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

	CCG £'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.

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

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

AWAITING INFORMATION

3: Performance

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

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

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

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

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

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

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

In line with recommendations from the Five Year Forward View for Mental Health, NHS England, NHS Improvement and other Arms-Length Bodies have agreed an outcome indicator for children and young people's mental health drawing on learning from the CYP Improving Access to Psychological Therapies (IAPT) transformation programme. It has been agreed to focus on reliable improvement in symptoms, functioning or other relevant domains for those accessing services as part of a suite of indicators to help assess impact of services.

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

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

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

Child and Adolescent Mental Health Service (CAMHS)

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

At the end of June 2019 waiting times were:

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

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

experience with less duplication. The challenge at the moment is that there are children in the 'old' pathways as well as in the new neurodevelopmental one.

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

Community based Eating Disorder Service

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

Eating Disorder Wait Times

Summary of Waiters from Eating Disorder Service Quarterly Submission

-4 week target for routine (non urgent) referrals
-1 week target for urgent referrals

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

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

Notes on waiting time target breaches:

Patient choice applies to breaches of wait time target:

Completed pathways (episodes started in period):

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

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

Future developments

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

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

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

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

4: Children and Young People's Voice

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

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

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

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

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

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

Finally - the MindMate Real Stories micro site has been getting a lot of media attention and winning national awards. The idea is to have relatable young people on there with real but hopeful stories - and the interactive platform means you can pull off relevant information at key points of the films. Children, Young People have co-designed this platform with the digital design team – find out more here.
<https://vimeo.com/279676895/efc17e0fba>

Best Practice

Involving Ambassadors in our procurement

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

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

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

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

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

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

5: Strategic Workforce Plan

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

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



5.1 Background

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

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

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

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

5.2 Why and what we need to focus on

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

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

National
Future in Mind (March 2015), Five Year Forward View for Mental Health (February 2016), Green Paper Transforming Children and Young People's Mental Health Provision (December 2017)

Focus on working in partnership to:

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



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

Leeds LTP Priorities

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

5.3 How we need to do it – Expectations and Principles

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

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

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

All children and young people are safe from harm

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

All children and young people choose healthy lifestyles

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

All children and young people are active citizens

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

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

5.4 Workforce related achievements / strengths

Training Partnerships and Delivery eg:

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

Development and Implementation of New Models of Care commencing eg

Training Protocol Development eg

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

Digital Solutions to support clinical work eg:

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

Having psychologists based in the TSWT has been seen as positive

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

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

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

5.5 System Workforce challenges and priorities

Recruitment	Retention
- 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 abuse and trauma, e.g., those that are in the care system, of which there are currently 1280 (Oct 2018) in Leeds, children and young people in the criminal justice system, and those that have SEND.

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

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

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

7: Issues and Risks to Delivery

Project/Aims: To highlight to the Programme Board key areas of slippage or risk in the workstreams of the Future in Mind: Leeds Local Transformation Plan (LTP).		Expected Outcomes: 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 current review of the cluster SEMH offer is the critical piece of work to address this risk and to strengthen the provision and sustainability of our early help offer. - Leeds CCG and Council are currently working closely with schools and clusters to establish a shared cluster model of support with aligned resource from all parties. The MindMate Champion programme co-produced with schools, the investment into subsidised training for school staff, the development of MindMate Lessons are significant mitigating actions we have taken to support and strengthen these key relationships in the city.
The whole system approach in Leeds is not visible through the NHS England new Key Performance Indicator (access trajectory of young people receiving support). The innovation of the early help offer through clusters is not captured in the MHSDS and there are many logistical challenges for submission.	Priority 3 - Jane Mischenko/Jayne Bathgate-Roche	8	3	Work is underway to ensure the Market Place (third sector organisation) and the NHS funded element delivered by the clusters are able to submit their activity to the MHSDS in the forthcoming year. A number of pilots are in the process of being instigated to test new systems which will allow our providers to flow their data.

Recruitment risk in securing the workforce needed to deliver all of the transformational changes and new services in the city.	All	8	3	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 (i.e. Brief interventions in SPA and Kooth online counselling)
Whole system information sharing and join up cannot be achieved due to lack of inter-operability of information systems and data sharing challenges	Priority 3 - Jayne Bathgate- Roche Julie Longworth	8	3	- Looking at solutions through the HOPE group aiming to make outcome measures integral to agency information systems (e.g. current work with The Market Place to adopt the Child Outcome Rating Scale (CORS). - Work being undertaken by Social Finance within Leeds City Council should also provide solutions to this risk.

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

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