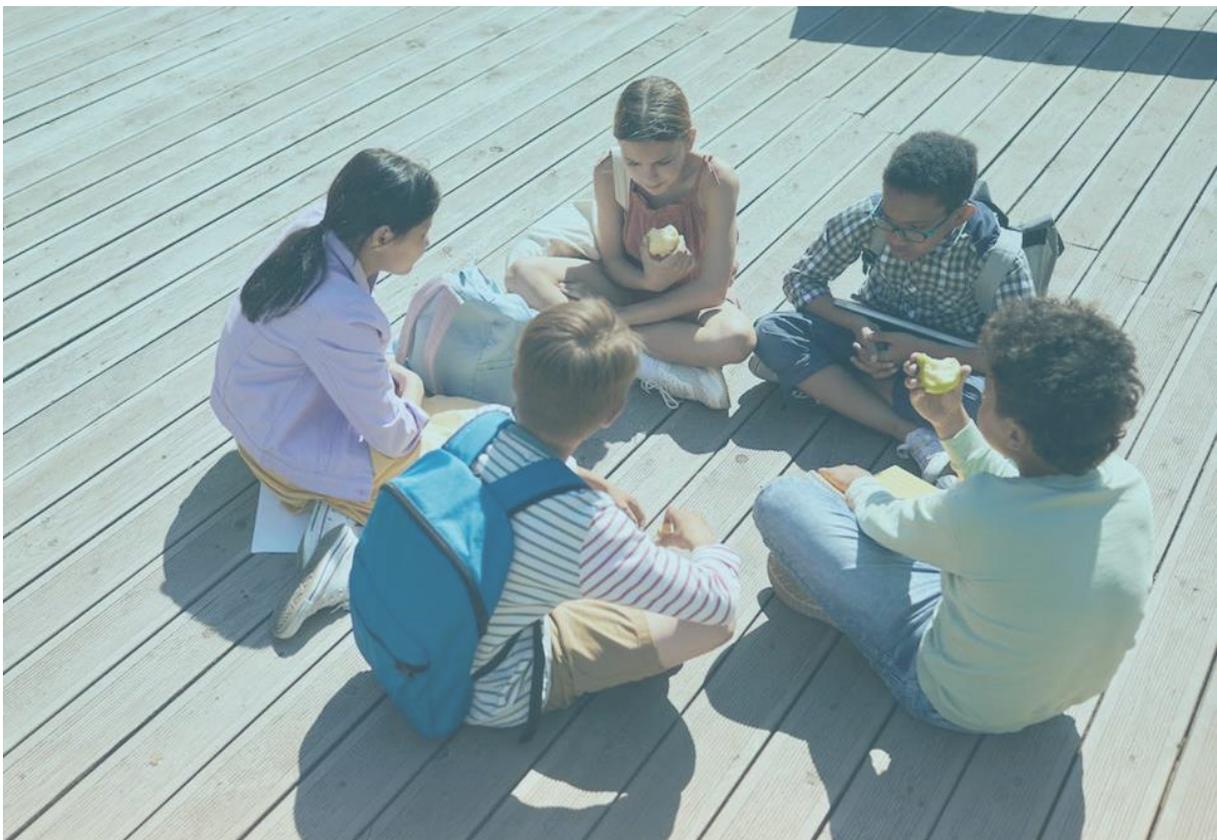

FUTURE IN MIND

TRANSFORMATION PLAN

CHILDREN AND YOUNG PEOPLE'S

MENTAL HEALTH ANNUAL REFRESH



2022 – 2023

Cat Crook, Mental Health and Learning Disability Senior Assistant, Leicester, Leicestershire and Rutland ICB

Anima Thawait, Interim CYP Transformation Lead, Leicester, Leicestershire and Rutland ICB

AUTHORS AND CONTRIBUTORS

Authors

Cat Crook, Mental Health and Learning Disability Senior Assistant, Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB)

Anima Thawait, Interim CYP Transformation Lead, LLR ICB

Contributors

Tina Barton, Documentary Media Centre, CEO

Julie Cockcroft, Senior Contracts Officer, LLR ICB

Vic Evans, Service Group Manager, Leicestershire Partnership NHS Trust

Rebecca Fowler, Family Service Manager, Leicestershire Partnership NHS Trust

Justin Hammond, Interim Head of All Age Mental Health, Learning Disability, Dementia and Autism Services, LLR ICB

Kelly Leeder, Youth Justice and Diversion Lead, Leicestershire County Council

Steve McCue, Senior Strategic Development Officer, LLR ICB

Rob Melling, Mental Health Improvement & Transformation Lead, LLR ICB

Clare Mills, Programme Manager in Public Health, Leicester City Council

Mark Pierce, Head of Population Health Management, LLR ICB

Tricia Reynolds, Senior Transformation Officer & Dementia Lead, LLR ICB

Kitty Tsui, Finance Business Partner, LLR ICB

Rachna Vyas, Chief Operating Officer, LLR ICB

Paul Williams, Head of Service for FYPCLD, Leicestershire Partnership NHS Trust

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FOREWORD

In Leicester, Leicestershire and Rutland (LLR) we are proud of our work with local partners to positively transform children and young people's experiences of emotional, mental health and wellbeing services through our Future In Mind programme.

As we enter the seventh year of this programme, we can reflect on the excellent services we have delivered during the Covid-19 pandemic; for example, the establishment of innovative service improvements such as a new 24/7 all age central access point and an Urgent Care mental health hub. Both of these services continue to offer invaluable support to our children and young people, particularly those with acute needs.

However, we now face a number of post-pandemic challenges. Our refreshed plan builds on last year's ambitions and sets out our forward planning to continue to transform C&YP (Children and Young People) Emotional, Mental Health and Wellbeing (EMHWP) services, within our integrated model of care.

In the last year (2021/22), there have been unprecedented pressures placed on C&YP mental health services across LLR in response either to Covid-driven demand or because of the operational challenges of delivering services safely, due to a limited skilled workforce.

Despite this, we have collaborated with our providers to enable them to continue service delivery with a particular focus on the use of virtual online platforms, commissioning of new services and reaching out to communities where needed, ensuring that C&YP are able to continue to access care and treatment safely.

In planning for the forthcoming year, we have reviewed our progress, achievements and ambitions together for the future. As we reflect and plan forward post pandemic, in 2022/23, we will work more closely with our partners, stakeholders, patients, their families and C&YP themselves. We will also collaborate with schools, local authorities, the police, providers and other members of the public. We will also continue to undertake engagement in more traditional ways so that we hear the views of as many people who use our services as possible.

Our community services pathway will be reviewed to ensure current services meet the needs of the local C&YP population, offer providers longer term stability to transform services, recruit and develop the workforce to deliver those services including our digital service offer.

This will enable us to improve access to services as early as possible, improve inequality and strengthen our links to adult services, ensuring better transition to adult services. We want to make accessing our services convenient and as easy as possible for all of our C&YP and we will broaden our services to make this possible, by offering options to access services face to face or over the telephone. Our work will also help identify local differences affecting health and care outcomes for our local population.

As we have transitioned into the Leicester, Leicestershire and Rutland Integrated Care Board (ICB), a key focus of our work in 2022/ 23 will be to further strengthen the alignment of our C&YP Emotional Mental Health and Wellbeing (EMHWP) Transformation Plan with that of all partners. This is already offering opportunity to integrate with partners and to develop collaborative responsibility for managing resources, delivering care, and improving C&YP EMHWP across LLR's system, places and neighbourhoods.

We will continue to invest in partnership working to deliver better integration of services across clinical pathways, improving the quality of services and providing effective care to ensure C&YP have the best outcomes possible for their futures.

We would like to take this opportunity to thank all our provider partners, colleagues, stakeholders, schools and, in particular our local C&YP and families for their continued dedicated support and contributions over the past year, and for the energy they bring to help shape local provision for all C&YP across LLR.

Rachna Vyas

Chief Operating Officer

NHS Leicester, Leicestershire & Rutland

HIGHLIGHTS OF PROGRESS FROM 2021-2022



ARRS neighbourhood approach

In 2022, the Leicester, Leicestershire and Rutland Integrated Care Board applied for £84,000 of funding from NHS England's ARRS scheme, to provide additional staffing roles to support the wider CYP system workforce.

In Leicester, Leicestershire and Rutland, the ICB have used ARRS funding to create additional CYP wellbeing practitioners in community Primary Care Networks, to provide local support to children, young people and families who may need emotional health and wellbeing support. This model is designed as a preventative intervention, to support CYP experiencing mental ill health as early as possible, preventing the need for further intervention from secondary care or crisis services. The ARRS scheme is being piloted in several PCNs across the region, such as the South Leicester PCN (covering the City and County border) and the Belgrave and Spinney PCN (covering Leicester East.)

For the PCNs, this scheme will provide several benefits, including but not limited to:

- No formal referral processes required into this support offer;
- Having an additional practitioner who works as part of the PCN multi-disciplinary team;
- Providing a bridge between primary care and specialist mental health providers;
- Reducing employment burden;
- Improving integration between primary care and mental health.

Children and young people and their families will see the following benefits from the scheme:

- Access to specialist mental health support;
- Reduced waiting time for support;
- A easy point of contact in the community;
- Prevention of referral into secondary care;
- A positive patient experience.

The ARRS scheme is just one part of the wider shift from the ICB to work more closely in neighbourhoods. Mental health service teams are being organised in each PCN, with the aim of delivering the majority of treatment and support within the local neighbourhood area. Within each neighbourhood it is expected that there will be multiple organisations and agencies working together for the needs of the local population. From the perspective of the

individual requiring support there should be no divide between teams and services (e.g. no divide between primary and secondary care) and no 'handoffs' between practitioners.

The continuum of mental health needs (from improving wellbeing to serious mental illness) will be owned together through the partners working together in each neighbourhood. They will have focus together on five key functions:

- **Prevention, Resilience, Self Help** - Activities, initiatives, information, approaches and focus that promotes an individual's, carer and family's own sense of control, ability to live well, thrive and cope.
- **Engagement & Coordination** - Agreed appropriate planned contacts from neighbourhood partners to maintain connection and coordination with support, activity and interventions linked to individuals' goals and agreed offers in their plan. Different people will need a different level of facilitated engagement and coordination. From completely self-managed to assertive engagement/outreach.
- **Coaching & assessment of need** - Activities that enable deep conversation to identify challenges and goals. 1-2-1 support to coach and mentor an individual to meet goals.
- **Step Up** - Planned and unplanned neighbourhood response when needs escalate and require a greater intensity of contact to help an individual to overcome a period of distress/crisis. This may be coordinated with 24/7 crisis / urgent care and acute services where people depending on the presenting needs.
- **Targeted interventions** - Structured activities or package of interventions delivered specifically to address a need.



Consultation and co-production

The LLR CYP Directory for children’s mental health services is a document that has been discussed several times at key stakeholder meetings such as the Mental Health Design Group. Common feedback on the document includes its lack of child-friendly language, the lack of eye-catching design, and the difficulty in locating it on the CCGs websites. As a result of these discussions, commissioners provided local voluntary sector organisation DocuMedia Centre with funding to deliver a consultation on the best ways to communicate mental health service information to CYP.

From December 2021 to February 2022, a range of activities, focus groups, workshops and interactive sessions were carried out as part of a creative consultation, aimed at talking to a range of young people across Leicester, Leicestershire and Rutland to gather their thoughts, ideas and feedback. DocuMedia spoke to 440 CYP across LLR, and have developed a series of potential projects as a result of the consultation, designed to broaden awareness of the CYP Directory and of CYP mental health services.

In total, DocuMedia heard from 235 children in Leicester City, 153 in Leicestershire, and 52 in Rutland. The largest group of participants was the 17-25 age group with 196 participants, followed by the 11-16 age group with 107 participants. Several students from De Montfort University supported in the delivery of the focus groups.

A total of 38 focus groups took place to gather this information. These sessions worked creatively with primary and secondary schools, colleges, universities, youth and community groups, VCS organisations, charities, youth forums, local businesses and a small group of young people from the traveller community.

Additional activities were also carried out to promote the work, including a regular mental health and wellbeing show on student radio station Demon FM, where people were invited to ring in and message their thoughts to the station. Engagement with the programme was very high, and the mental health-related radio show has since become a regular programme at the station due to the level of interest from students. DocuMedia also participated in a five hour livestreamed newsroom event as part of Children’s Mental Health Week in February 2022, which involved sharing the work with youth ambassadors from across the globe including the UK, Turkey, Pakistan and Brazil.

Several key areas that emerged from the consultation can be summarised as follows.

- **Accessibility and visibility of the directory** – Participants discussed the importance of making the directory more visible and easy to ‘get to’ – feeling very strongly that the directory is currently very challenging to find both for CYP and for

adults. Participants were confused about the directory's intent, one saying '*it feels like it's trying to be all things to all people.*' The lack of accessibility with regards to no support in different languages was also criticised. Participants said that physical copies should be made available in community environments CYP are likely to go to, such as school receptions, GP surgeries, community venues, parks and adventure playgrounds.

- **Accuracy** – Participants shared the importance of ensuring that information is accurate and up to date, as several of the links were no longer working. The participants identified a need for an allocated resource to keep updating the directory, to ensure that contacts, links, services and opening hours are always accurate.
- **Design and visual** – Participants felt that the directory had been created by adults and it was not at all engaging, both in its language and appearance. The overall feeling was that it needs to be better designed with a focus on being engaging and informative, with the direct involvement of children and young people.
- **Digital and physical** - Participants had lots of discussion and thoughts around this topic. Whilst many of their ideas were based around better utilising existing technology, they expressed the need to ensure that assumptions are not being made about children's digital literacy or presumed access to a computer. To remedy this, they felt strongly that all information should be present in both physical and digital formats. Being able to access signal in a crisis, having credit on phones, and access to the internet via mobile devices all played a large part in these discussions, as they are privileges not all CYP have access to.

The consultation run by DocuMedia was presented at the CYP City Access Group, and was highly regarded by members of staff from NHS England who were in attendance. As a result, DocuMedia were requested to create a short film, featuring words from the young people who fed back throughout the consultation. The film and report were highly regarded by NHS England, giving this work a degree of national scrutiny and assurance.

This film, summarising the report, can be found [here](#).



Support for neurodiverse CYP

Over the last 12 months, a lot of work has gone into implementing procedures to support the neurodevelopmental assessment process within CAMHS. It has become more comprehensive in order to confirm whether the young person's presentation is attributable to neurodiversity (such as Autism, Attention Deficit Hyperactivity Disorder or specific learning needs) as opposed to other factors (such as mental health difficulties, the impact of past experiences or adverse life events, complexities in family circumstances). A member of the ND team offers consultation slots daily to Access clinicians to ensure that the correct they are placed on the correct pathway from the beginning of their journey with the CAMHS service.

Assessment can often highlight that a combination of factors could be contributing to a young person's mental ill health. Appropriately understanding and formulating a young person's presentation and needs enables more effective support and intervention for the young person and their family and therefore MDT discussions are in place twice weekly to assist the conclusion of cases where there might be a diagnostic dilemma. The measures and methods used within the Neurodevelopmental assessment are evidence based and standardised and can be undertaken either face to face or virtually.

Therefore, we have adapted our clinical pathways so we can continue to provide MDT service to children and young people being assessed. The adapted clinical pathways are NICE compliant and have reduced the length of all ND waiting times for assessments/QB/ADOS etc significantly whilst also improving the time frame from start to finish of the assessment has also been reduced. The key changes to the pathways are:

- Neurodevelopmental assessments are undertaken remotely and/or face to face to meet the needs of the young people and their families.
- The extended assessment element of the pathway starting from Access has been streamlined to include only those assessment necessary for diagnosis to be placed on the ND waiting lists.
- Prior to the start of the ND assessment, the Assistant Psychologists/ND support worker will gather all the questionnaires, liaise with school to obtain further evidence/observations, and undertake QB tests.
- Clinical pairings and single clinician assessments where there is a query of ASD/ADHD to aim to keep within the 18-week guidance for completion of the assessment.
- Increased capacity for MDT discussions to facilitate timely conclusion of assessments and provide access to clinical experts.
- ADHD medication clinics have been set up and these have been offered either face to face or remotely with the support of Health Care Assistants to undertake the physical health checks required



Crisis Provision (CRHT)

CAMHS Crisis Resolution and Home Treatment (CRHT) services are provided by LPT. The national ambition for CAMHS Crisis is to have 100% coverage of 24/7 mental health crisis care provision for children and young people which combines crisis assessment, brief response, and intensive home treatment functions. To achieve this LLR will continue to expand on the current crisis care provision for CYP, to include reviewing pathways of 24/7 crisis care, and expand the intensive home treatment service.

Building on the expansion of the CRHT during 2021/22, we now have an expanded service offer to include 7 day a week presence at the local Children's Emergency Department to provide swift assessment, brief interventions, liaison with other mental health teams and consultation with Physical health staff for all children and young presenting in the Emergency Department with a Primary Mental Health need.

In addition we have improved our Paediatric liaison working with greater support for acute paediatric inpatient wards, by providing education and training for paediatric nursing staff, on the care of and management of C&YP admitted in crisis and or requiring medical intervention. These posts will also offer support around discharge planning.

Performance of the crisis service is shared at the monthly C&YP EMHWP delivery group and is monitored as part of the monthly NHSE assurance meetings. There are significant challenges with higher numbers of C&YP presenting to the accident and emergency department, along with higher numbers of C&YP referred to crisis service for home intervention. It is anticipated that the additional investment, and recruitment of additional workforce, will help significantly address and meet the needs of C&YP presenting in crisis.

Key Performance indicators for The CRHT Service, including for initial telephone contact (2hrs) and Face to face assessment (24 hours) are monitored through weekly PTL and assurance is provided through internal and system governance and assurance meetings. The service also offers a 7 day follow up to all children presenting at the local emergency department with a primary mental health issue who are not subsequently taken on for home treatment. This is also monitored through the weekly PTL.

In addition to these services, we are currently working with stakeholders including service users to develop plans to strengthen the care pathway when C&YP are in Crisis including the design of a De-escalation suite, (paused due to priority response planning during Covid pandemic) and Community Chill Out Zone in 2021/22.

The Crisis team continues to be a development member of the Royal College of Psychiatrists Centre for Quality Improvement's Quality Network for Crisis Resolution and Home Treatment Teams (QNCRHTT). Work is progressing through 2022 to prepare for a final peer review in early 2023, which will include gathering feedback from service users and

carers along with staff feedback and a review of quality metrics within the team. It is anticipated that the team will reach the standard required for accreditation.



Intensive Community Support Teams (ICST)

Using NHSEI Transformation funding, an Intensive Community Support team has been created which focusses on supporting C&YP who present with multiple complex needs including Autism, Learning Disability, Looked after Children, or those within the Criminal Justice System.

The service provides an enhanced “Tier 3.5” service, operating at the interface of the Crisis resolution and home treatment team and inpatient admission, with an integrated pathway of care. Evidence has shown that introducing intensive community support teams to bridge the gap at Tier 3.5 can deliver a safe alternative to in-patient care for C&YP who would otherwise require admission. The service supports C&YP requiring more prolonged/enhanced support than is provided by CRHT to avoid admission and provides an in-reach service to YP in regional inpatient care to support early discharge via the provision of community based intensive support. The service sits within the “getting risk support” quadrant of the thrive framework and enhances the LLR risk support offer.

The team is fully operational and prioritises C&YP presenting with repeating patterns of crisis presentation and associated high risk behaviour as well as C&YP for whom the CRHT home treatment package of care has had limited impact at reducing the risk due to the complex needs of the patient and family. This service is particularly aimed at meeting the needs of the cohort of C&YP with complex needs, emotional dysregulation and associated high risk behaviour, for whom an inpatient admission may potentially cause longer term detriment by inadvertently increasing the risk profile.

This enhanced model of care consists of the provision of a Dialectical Behaviour Therapy package of care and positive behavioural support plans supported by regular contact in the home/community setting to provide holistic wrap-around support. The team supports YP and the network, including social care and education, working alongside existing services such as outpatient CAMHS, Mental Health Support Teams in schools, Healthy Together, voluntary, and community-based services to develop a holistic and integrated personalised plan of care using trauma informed approaches.

Young people must be below the age of 17 years and 11 months at the point of referral. The team will work with the young person to complete the package of care, which may extend beyond their 18th birthday.

The team implement a Positive Behaviour Support (PBS) approach which is a person-centred framework for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge. PBS helps us understand the reason for the

behaviour so we can better meet people's needs by enhancing their quality of life and reduce the likelihood that the behaviour will happen. Positive Behaviour Support training and practitioners have started to become embedded across Inpatient, CRHT and Outpatient teams in CAMHS.



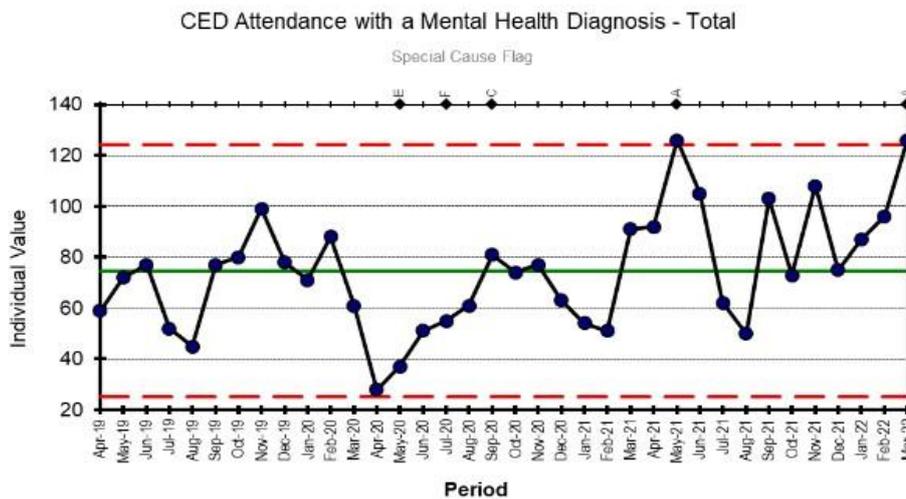
Supporting CYP who attend A&E

The number of C&YP attending the local Accident and Emergency (A&E), at the Leicester Royal Infirmary (LRI) where there is no physical need fluctuates and any gains will not be sustained without further interventions from the Crisis and Home Treatment (CHT) team. We recognise also a high number of those patients with long stays have LD and or Autism and there is a current gap in services to meet the needs of this group of patients. More joined up working during COVID between the University Hospitals of Leicester NHS Trust, CHT and social services has improved the experience of these patients and it has been recognised that a place of assessment, outside of an acute healthcare setting, could offer a more therapeutic environment for children and young people with mental health issues.

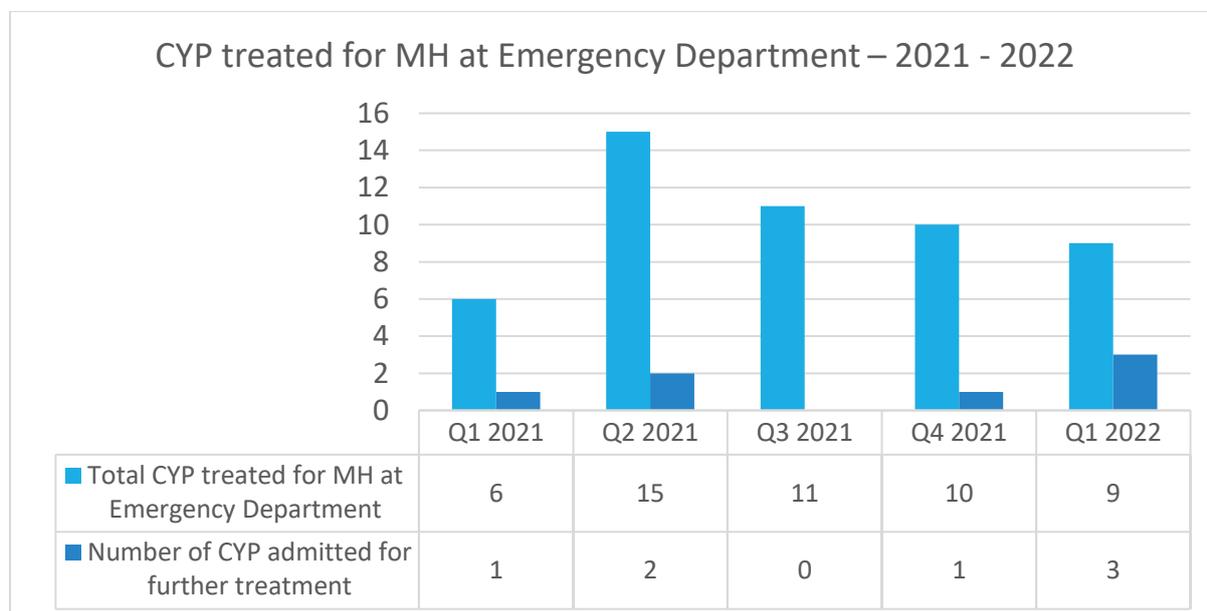
Indeed, during the past twelve months work has been undertaken through creation of a CYP Mental Health Integrated Collaborative meeting to develop a joint Standard Operating procedure and associated pathway between Children’s emergency department and the CAMHS service and Social care.

Activities -C&YP with MH in Emergency Department of University Hospital Leicester

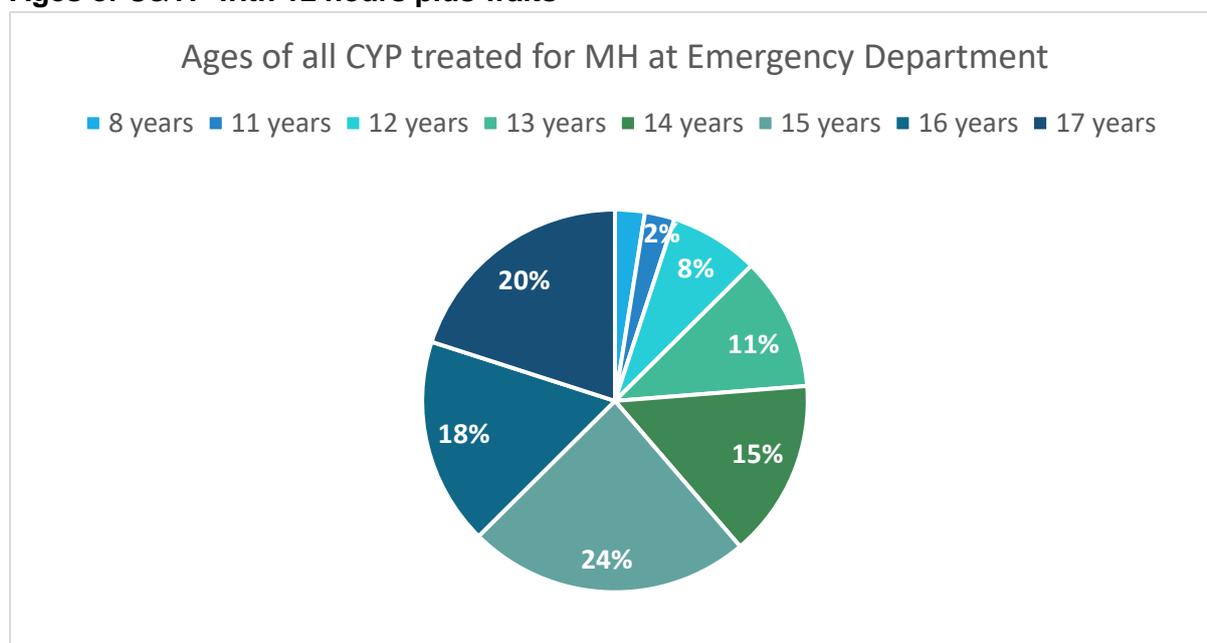
Looking at the Total, there does appear to have been step change and potentially increasing trend with May 21 and Mar 22 values above the UCL. Unusually low levels were seen during initial COVID impact



C&YP with 12 hours plus waits



Ages of C&YP with 12 hours plus waits



The focus for 2022/23 will be to further our work with our partners to strengthen the urgent care pathway, assess the data quality, and align to a system wide urgent care pathway to reduce the number of C&YP attending A&E with no physical needs as well as to reduce the waiting times for assessment for C&YP presenting there in mental health crisis.

We continue to monitor and evaluate service user and family experience of the Crisis and emergency care service through.

- Friends and Family Feedback Test
- Youth advisory Board (LPT)
- UHL Youth Forum
- Complaints and compliments feedback

System partners feedback is also shared and used to inform services such as Health watch and local LGBTQ+ centre forums.



Mental Health Support Teams (in Schools)

The Mental Health Support Team (MHST) programme has been set up in response to the 2017 government Green Paper; ‘Transforming Children and Young People’s Mental Health Provision’. The aim of this nationally driven initiative is to reduce health inequalities and increase timely access to appropriate Mental Health support for children and young people (CYP) through early intervention and prevention. More specifically, MHST’s support CYP through offering Low Intensity Cognitive Behavioural Therapy (Li CBT) alongside wider psychoeducation and whole school mental health promotion activities.

MHST’s have three core functions:

1. Delivering evidence-based interventions for mild to moderate mental health concern
2. Supporting the senior mental health lead in each school or college to introduce or develop their whole school or college approach
3. Giving timely advice to school and college staff and liaising with external specialist services, to help children and young people to get the right support and stay in education

The MHSTs programme works closely with key stakeholders across LLR including alongside other NHS services as well as local authority and 3rd sector organisations. The programme uses the Thrive model, developed by the Anna Freud Centre, to align the different elements of the mental health offer for CYP within the whole system. MHST embeds an approach which uses methodologies and learning from the “Adverse Childhood Experiences” (ACEs) programmes to root the service in trauma-informed practice.

The MHST service has been commissioned within Leicester, Leicestershire, and Rutland since 2020/21 (Wave 3) before expanding further in 2021/22 (Wave 5) and 2022/23 (Wave 7). Wave 3 Education Mental Health Practitioners (EMHP) were recruited in September 2020 to a trainee post and qualified in November 2021 covering three localities across LLR. Wave 5 EMHP’s were recruited in Sept. 2021 within two further localities. The Wave 5 teams have been in practice since January 2021 whereby they have been accepting 1:1 referrals under supervision until qualification in late 2022.

Both Wave 3 & 5 teams are offering 1:1 targeted low-intensity CBT support to children in primary and secondary education settings. Each 1:1 intervention lasts between 6-8 weeks. Referrals are received directly from the education setting and a consultation is offered with the schools nominated Mental Health Lead to support appropriate referrals being received and to sign-post on to alternate provision where appropriate. Each team offers Universal and Targeted groupwork to children aged 8years+ which utilises the same LI-CBT model. A

further Parenting group using Cathy Cresswell theories aims to support parents/carers with promoting their child's mental health and reducing concerns around worry.

The Whole School or College Approach (WSCA) is a core part of the MHST offer. This aims to promote emotional and mental health wellbeing with all pupils within an education setting through offering a framework and practical guides. The WSCA includes staff consultation, health fayres, staff training and assemblies and settings are promoted to complete questionnaires and self-evaluation tools which help with ongoing implementation.

Each team covers a caseload of ~8,000 children per geographical area, with each EMHP supporting ~ 5 schools each. Wave 3 and Wave 5 localities support up to 20 schools per geographical area, inclusive of special education needs schools and Pupil Referral Units. This equates to an expected caseload size of 15-20 CYP per EMHP within any given 6-8 week intervention period alongside additional groupwork and WSCA activities. The service, which offers support all year round, was set-up during the pandemic and as such a blended offer of face to face and virtual has been available from the outset.

Implementation of Wave 7 expansion is currently underway with trainee EMHP's and Low Intensity supervisors due to commence their relevant courses in the Autumn term with a local Higher Education Institute. Three Wave 7 localities will support between 6-8 education settings whilst the EMHP's are completing their trainee year (~ 5,000 pupils per locality).

At the end of the 2022/23 academic year, LLR MHST's will have 8 functioning teams which equates to four localities within Leicester City and four across Leicestershire, including cover within Rutland. The service will cover ~64,000 CYP aged 5-19.

The LLR MHSTs project aims support the delivery of a number of recommendations made within the Joint Strategic Needs Assessment's produced for Leicester (2017), Leicestershire (2018) and Rutland (2018), which are due to be reviewed in the near future. Furthermore, Service Group Managers have worked alongside key stakeholders, including public health colleagues, to review demographic data across LLR prior to each expansion wave. The localities were chosen to target specific needs within each area. Examples include high prevalence of military families, lower access rates to MH provision in the adult community and higher levels of deprivation. Each locality aims targets these areas of need alongside the universal MHST offer.

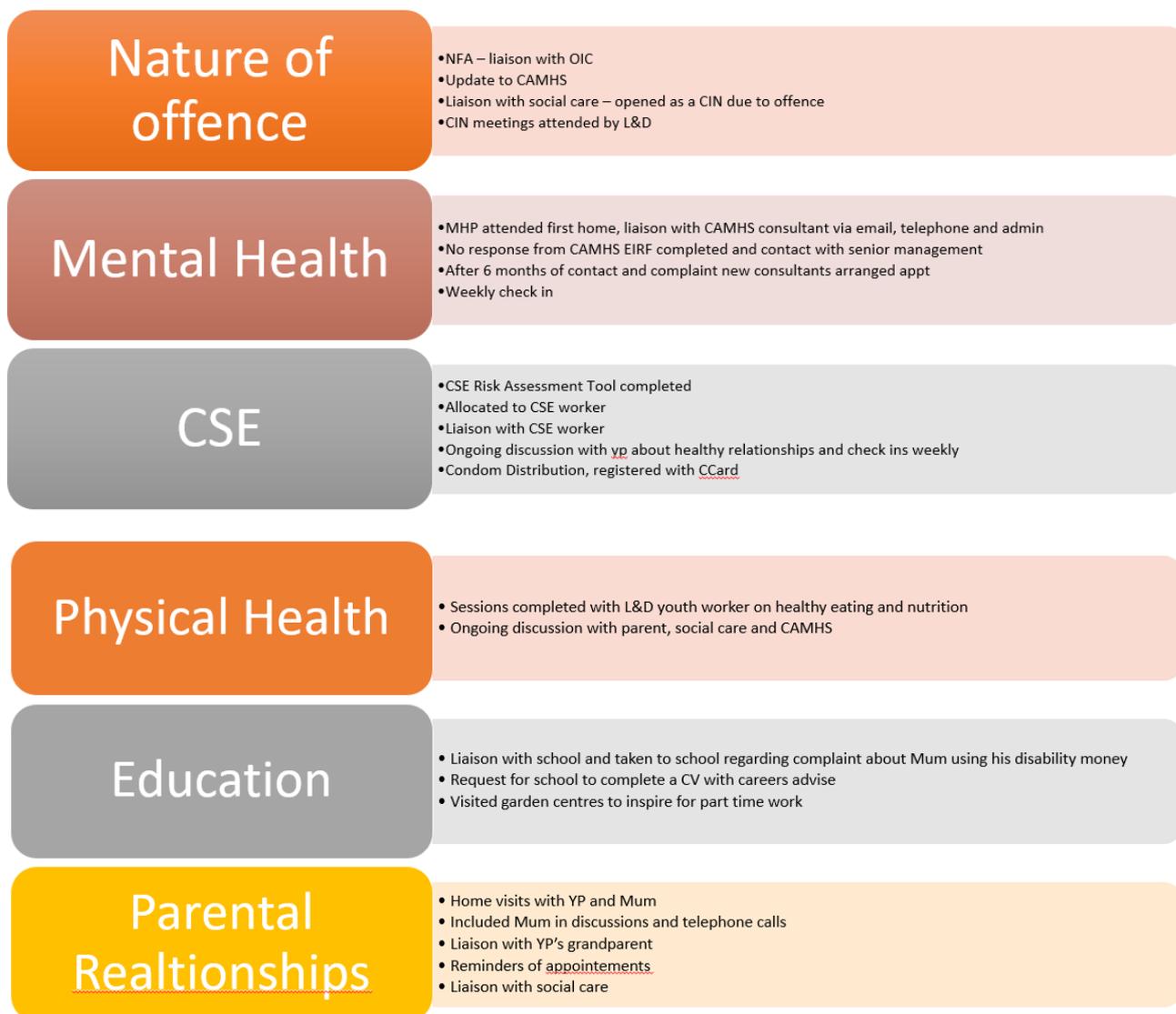
The MHST teams are overseen by a Family Service Manager, Clinician Lead and Project Manager within Leicestershire Partnership Trust who offer internal quality assurance and governance. Each MHST team will facilitate a locality stakeholder engagement meeting which aims to support continued co-production of the service, sharing of good practice with other key local provider of CYP MH support and improve timely signposting to relevant services. These meeting will also off an escalation route for any feedback or concerns raised through the service (as per the attached structure diagram). The service receives direct internal oversight via a Service Group Manager/Head of Service who feeds into the senior leadership team. Additional oversight is provided via both internal and wider ICB governance routes as seen as part of the embedded team and governance structure below.

Quarterly progress reports are coordinated by the ICB and regular updates on progress and implementation of MHST's is directly fed into the C&YP MH Delivery groups, All Age MH Design Group, Provider Network and C&YP wider health group.



Health and Justice

The Health and Justice team have provided an example of their updated pathway for young offenders, following development of a new strategic framework:



FINANCIAL ALLOCATION FOR 2022-23



22/23 CYP Investment Plan

<u>Scheme</u>	<u>22/23 CYP Investment Plan</u>
16-25 Care Navs posts (c/f 21/22)	30,000
18-25 Transition Team	96,250
ARFID	88,742
CEIPS (Calm Clinic)	130,000
Chill Out Zone	303,706
Crisis liaison	277,417
CYP ARRS	84,000
CYP Digital	175,555
Early Online Digital Mental Health Support Service from 19 - 25 + yrs.	145,667
ED HIT Team	237,500
Focus - diverting away from ED	75,000
Leicester Children's Comedy festival	50,000
MH Project support – SR 21/22 - £76k	83,000
MHST 20/21 sites wave 3&4 (MHST20/21) (Targeted)	1,113,000
MHST 21/22 sites wave 5&6 (MHST21/22) (Targeted)	618,000
PCN Wellbeing practitioner	393,750
Physician associate	85,500
Positive Behaviour Support (PBS)	104,133
Prior Year Commitment	145,083
Social care liaison in acute	51,000
Triage and Navigation	75,000
Grand Total	4,362,303



22/23 Future in Mind funding plan

Scheme	Provider	Plan 2022-23
<u>FIM funding in LPT contract</u>		
Recurrent		
Eating Disorders	LPT	1,169,940
Crisis Support and Intensive Community Support	LPT	1,075,948
CAMHS Access Team and specialist teams	LPT	213,906
ACES Project - (3 years from 2018-19) - NR	LPT	100,000
Non Recurrent		
ACES Project NR (transfer to LPT)		35,000
		2,594,795
<u>Other FIM Funding</u>		
Recurrent		
Programme Management (8a post)	CCG	65,000
Kooth - Online Counselling (July procurement)	Kooth	142,002
Early Intervention Service (October Procurement)	Relate	506,499
Workforce development (Band 5 post)	CCG	45,000
		758,501
For 2022-23		
Family Action additional grant (17.5k)		50,500
CYP Engagement		62,500
		113,000
		871,501
TOTAL FUTURE IN MIND FUNDS		3,466,296

AREAS FOR DEVELOPMENT IN 2022-2023



ARFID

During the past twelve months we have undertaken a roll out of training for ARFID across our CAMHS Eating Disorder Service. We continue to upskill the current staff group and plan to roll out further training for wider CAMHS staff.

During 2022/23 we have invested £150,00 to develop a pathway and have recruited to key roles to enable implementation, including Lead Psychology, Occupational Therapy, Assistant Psychology and Dietician; recruitment of a fulltime lead nursing post is underway.

We are currently implementing the pathway on a pilot basis with plans to evaluate and review through outcome measures and service user experience. The pathway vision and ethos has been developed through extensive service evaluation data collated within 2021/2022 by the CAMHS EDT; professional and family interview data has been collated, and themes analysed. The core vision of the pathway will be one of “connecting, understanding and adjusting”, through the assessments and interventions offered.

The short-term goals for the pathway (which are underway) include the development of an internal referral screening system for young people and families already open to CAMHS EDT and wider CAMHS teams. It is expected that internal referrals will be accepted from October 2022. Multi-disciplinary assessment, collaborative formulations and dietetic oversight will be offered to all young people. Workshops and individualised input will be offered on a case-by-case basis.

The medium-term goals include opening the pathway to external referrals (in approximately 6 months), through the development of robust screening and referral systems, led by the ARFID multi-disciplinary team.

Short to medium goals also include the development of specialist consultation to UHL staff and community paediatrics, e.g. through the offer of focused case discussion clinics.

The development of the pathway will enable effective outreach and specialist support across system partners including Looked After Children and inpatient settings (inc. General Medical wards).



Health Inequalities

To support the implementation of the Leicester, Leicestershire and Rutland Integrated Care Board Health Inequalities strategy, a number of programmes are being funded and developed across communities in the region. Several of these are being spearheaded by colleagues in Public Health, working directly with community groups in order to ensure that communities have local, accessible services that can support them in their homes and neighbourhoods. These projects include:

- Additional investment in Leicester City Public Health breast feeding support and budgeting support specifically aimed at women from more disadvantaged parts of the city. Public Health are to contract Leicester Mammias to extend their area of operation to Braunstone and New Parks where rates of initiation and 6 week sustaining of breast feeding is lower than the rest of the city. Leicester Mammias also offer budgeting advice and “cooking-on-a-budget” sessions to families – but the main focus is on breast feeding support.
- In Leicestershire County, Public Health received funding to boost the reach of their infant feeding programme on a non-recurrent basis.
- In the city, Public Health have been able to procure a number of programmes of support for language acquisition and social development for infants and children in families where English is not the preferred language spoken at home. This will be a three-year programme.
- The city’s Better Care Fund have sourced additional regional contribution to a programme focussing on “Talk and Play” programme (Easy Peasy). This will largely focus on areas where readiness for school measures are lower than desirable – largely less affluent areas of the city.
- The ICB Health Equity Committee in August agreed to the ICB making a contribution of £1.1M over the next two years to city Public Health to support a programme of recruiting Energy Advisors to support families under pressure from the surging of energy bills, which will have an impact on both the mental and physical wellbeing of CYP in the city.

The system has also undergone work to explore trends in children’s and young people’s access to mental health services, by analysing referral rates within LLR over the last three years. In more deprived areas, there were lower referral rates by GPs to mental health services, as well as lower levels of CYP from these areas presenting to secondary care.

In the LLR ICB region, Leicester City often struggled to reach its access target for CYP mental health, whilst Leicestershire and Rutland did not. To understand some of the reasons behind this, the system undertook a stakeholder event in November 2021 and have developed an action plan based on the findings, implemented by regular meetings of the CYP City Access Task and Finish

Group. This has enabled services and systems to work together to reduce inequality by reaching out to CYP and families and increase our access rate as early as possible and make a real difference to CYP and their families/carers, paying particular attention to faith communities and communities in the east of the city.

The ICB have also commissioned a service in LLR called the Community Chill Out Zones, provided by Relate Leicestershire. These provide 'pop-up' points of access for children to access support and advice if they are experiencing low level emotional, mental health and wellbeing needs. It is a preventative intervention, intended to provide a safe place to have a conversation, with the aim of reducing the likelihood of problems escalating. The Zones provide information, advice, and guidance about mental health concerns as well as information about local services.

All of the ICBs services are commissioned with an aim to reduce health inequality. The City Early Intervention Psychological Service (CEIPS) works with BAME communities in Spinney Hills, as well as providing specialist psychological support to CYP with learning disabilities or special educational needs. KOOTH, our digital counselling service for CYP, captures a wide range of data on its userbase, and 45% of its userbase in May 2022 were cited as being from a BAME community.