

# Children & Young People (C&YP) Mental Health Local Transformation Plan Refresh 2023



# Authors & Contributors

## Author

**Selina Tumani** - All Age Mental Health & Learning Disabilities Transformation Lead

## Contributors

**Charlotte Dickens** – Prevention Officer

**Ellie Pratt** – Design & Digital Media Coordinator, Mental Health ICS Team

**Fiona Grant** – Consultant in Public Health, Leicestershire County Council

**Geraldine Burdett** – Mental Health Services Manager (C&YP)

**Ian Harratt** – Service Group Manager, FYPC LDA

**Jacob Brown** – Children, Young People & Families Engagement Officer

**Joanne Smallman** – C&YP Personalised Care Lead Nurse

**Justin Hammond** – Associate Director of Mental Health & Learning Disability

**Katherine Bouch** – Designated Nurse for Looked After Children

**Kayleigh Lord** – Community Psychiatric Nurse & Clinical Team Leader, Young Peoples Team

**Kelly Leeder** – Youth Justice Health Lead

**Laura Chance-Lawton** – Consultant Clinical Psychologist / Clinical Team Lead (CAMHS EDT)

**Leighan Johnson** – Content creator, CAMHS & Digital Development Team

**Lisa Massey** – Family Service Manager, Mental Health Support Teams in Schools

**Mark Young** – Senior Mental Health Neighbourhood Lead, Rutland County Council

**Nicola Ward** – Head of Workforce Transformation & Planning

**Prakash Patel** – Mental Health & LD Senior Assistant

**Rebecca Fowler** – Family Service Manager, Mental Health Support Teams in Schools

**Stephanie Buswell** – CAMHS Outpatient Family Service Manager

**Surekhaven Joshi** – Family Service Manager, Mental Health Support Teams in Schools

**Victoria Evans** – Service Group Manager, FYPC LDA



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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 2023/24 Local Transformation Plan (previously the Future In Mind programme).

As we refresh our plan, we can reflect on the excellent quality of service we have delivered so far as we continue to build on our ambitions to transform C&YP (Children & Young People) emotional, mental health and wellbeing services within our integrated model of care.

We continue to face post pandemic challenges, financial controls and workforce shortages; however despite this, we have continued to collaborate as a health and care system to adapt and continue service delivery, remained focussed on virtual online platforms, undertaken pathway reviews to maximise community support, develop the [online self-referral form](#) and continue with the expansion of the mental health support teams in schools, ensuring that C&YP are able to continue to access care and treatment safely.

We have now fully transitioned into the Leicester, Leicestershire & Rutland Integrated Care Board (LLR, ICB) and we continue to align our plans with those of our partners so that we can provide a truly integrated approach with collaborative responsibility for managing resources, delivering care and improving C&YP's emotional, mental health and wellbeing across LLR, at place and in neighbourhoods.

In planning for the forthcoming year, we have reviewed our progress, achievements, and ambitions together for the future. As we reflect and plan for the year ahead, we will continue to strengthen our relationships with partners, stakeholders, patients, and their families to enable us to improve access to earlier interventions and preventative services, ensure equitable, local access and improve the transition to adult services.

We will continue collaborating with schools, colleges, universities, local authorities, the police, providers, and members of the public. We will prioritise engagement and co-production with C&YP so that their views and experiences inform future transformation; we will continue to do this by ensuring their voice is a golden thread in this document and that our plans are aligned to their experiences. We will continue to invest in partnership working and develop better integration between pathways to improve the experiences and outcomes of C&YP.

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

# Engagement & Co-production

Engagement is a core priority and as stated in the [Leicester, Leicestershire, and Rutland Integrated Care System's People and Communities Strategy 2022-24](#), C&YP engagement is part of the six steps approach of the LLR Inclusive Decision-Making Framework.

The ICB will continue to build relationships with children, young people and families, and groups that represent them ensuring that they have a voice in decision making across health and care. The ICB will continue to raise the profile of C&YP engagement across the ICB through embedding C&YP Voice and Participation good practice. We will also strive to work collaboratively across the ICS, joining up the C&YP voice work and work more collaboratively.

Through the strategy we have made a commitment to creating a culture of co-designing, adopting and embedding this approach in all that we do. We recognise that this is ambitious. It is only once this initial step is taken that we can move to co-production and then co-delivery.

Insight gathered from recent engagement projects with Children, Young People and their Families (C&YPF) have influenced the shaping of this Transformation Refresh. C&YPF have co-designed the C&YP Mental Health Pathway, and the C&YP Service Directory, and from those conversations, suggestions, views, and opinions we have developed this refresh and presented it to LPT's Youth Advisory Board to be signed off.

## Population size of:

Leicester City is 345,036 of which 37.2% are C&YP aged 0 – 25.

Leicestershire is 713,085 of which 28.5% are C&YP aged 0 – 25.

Rutland is 41,049 of which 26.2% are C&YP aged 0 - 25





However, as a system we understand that more needs to be done and that is why LLR ICB is to undertake a large-scale C&YPF engagement across LLR in winter 2023/24. Co-designed with the Mental Health Transformation Team, ICB's Children's Young People and Engagement Officer and the Leicestershire Partnership NHS Trusts (LPT) Youth Advisory Board (YAB), questions around improving transition into adult mental health services have been developed, as well as using data to identify target groups to engage with. This engagement will also seek to gather the views and experiences of C&YPF on physical and mental health care, which will then be analysed to identify themes and issues which can be explored more.

The engagement will work closely with the Integrated Care System (ICS), linking in with health services, the three Local Authorities Rights and Participation Teams, Public Health, Social and Education Teams, to gather the voices of C&YPF. To make sure we hear diverse voices and lead an inclusive process with representatives of the communities we serve in LLR, as well as specific cohorts for whom services are less accessible, we will utilise the Voluntary, Community and Social Enterprise Alliance (VCSE).

The VCSE Alliance aims to facilitate better partnership working between the ICB and the VCSE sector, as well as enhancing the role of the sector in strategy development and the design and delivery of integrated care. We have adopted a model of Social Seeding where we commission small seeding funds to organisations to conduct the engagement to their specialised areas and communities. Using their expertise, networks and skills to make the engagement relevant and comfortable to their cohorts.

**“Services need to proactively engage young people (YP) to understand their needs. They need to go out to youth clubs, schools, and places where young people are. They can't expect that YP will come forward and offer the answers, without them being asked questions....and do professionals want to hear what we really think?”**

# C&YP Directory

Following engagement in 2021/22 C&YP told us that the C&YP directory for mental health services lacked **“child friendly language”**, lacked an **“eye-catching design”** and that they found it **“difficult to locate”** on the website. They also said, **“it feels like it’s trying to be all things to all people”**.

The mental health pathways co-production event in 2022 heard C&YP tell us that:

**“YP want a trusted website to go to rather than look for answers on social media”. They need “safe reliable websites – Work needs to be done to signpost the young person to these sites rather than uninformed social media”.**

In 2023/24 the ICB plan to commission a project that works with C&YP to co-produce a directory for C&YP up to the age of 25 and including all university students which will be accessed via a QR code. The QR code campaign will work with local private sector organisations to display the codes in prominent areas where C&YP are most likely to spend their time. There will be consideration of the popular languages spoken across LLR and around ensuring accessibility to the resources for those that cannot access the directory digitally.



They want:

- Posters
- Flyers
- QR codes on public transport, McDonalds tables etc.

**“Something tailored by young people - different styles for different age groups”**

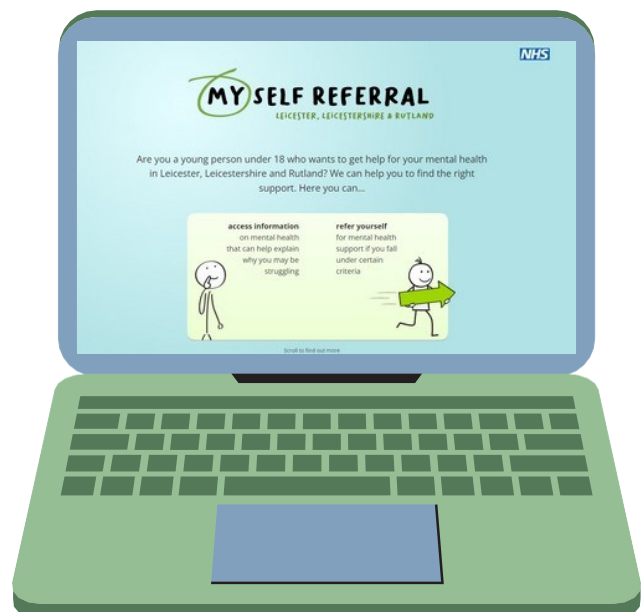
Whilst the directory will be designed by C&YP and specifically for CY&P following their feedback, it is an asset that could also be used by families, carers and healthcare professionals to find local CY&P services and will be integrated with the LLR’s upcoming social prescribing platform.

# My Self-Referral Website

The mental health pathways co-production event in 2022 heard C&YP also tell us that:

**“C&YP and adults are not aware of all the referral routes and how to gain access to them”**

This summer the ICB commissioned Derbyshire Health United (DHU) to provide a new self-referral website to support the mental health of C&YP living in LLR. [The My Self-Referral website](#) helps under 18s, their parents or carers to find the right mental health information and support, including the option to complete a self-referral. It enables C&YP to access the website 24/7, in confidence to source credible, safe and valuable information and to complete a self-referral in their own words helping staff to understand their needs and get them the right help. In 2023/24 we will continue to work with providers to evaluate, monitor and promote the my self-referral website and form.





# Mental Health Support Teams (MHST)

## Overview of Service

The MHST programme was set up in response to the 2017 government Green Paper; 'Transforming Children and Young People's Mental Health Provision' and referred to in the NHS Long Term Plan (2019). In addition, MHSTs have contributed to the NHS Long Term Plan's ambition that at least an additional 345,000 children and young people aged 0-25 will be able to access NHS-funded mental health services by 2023/24 and that access to MHSTs will be available to at least a fifth to a quarter of the country by the end of 2022/23 (NHS Long Term Plan, 2019). National expansion is currently confirmed up until 23/24 and we are awaiting further confirmation of National strategic plans following this.

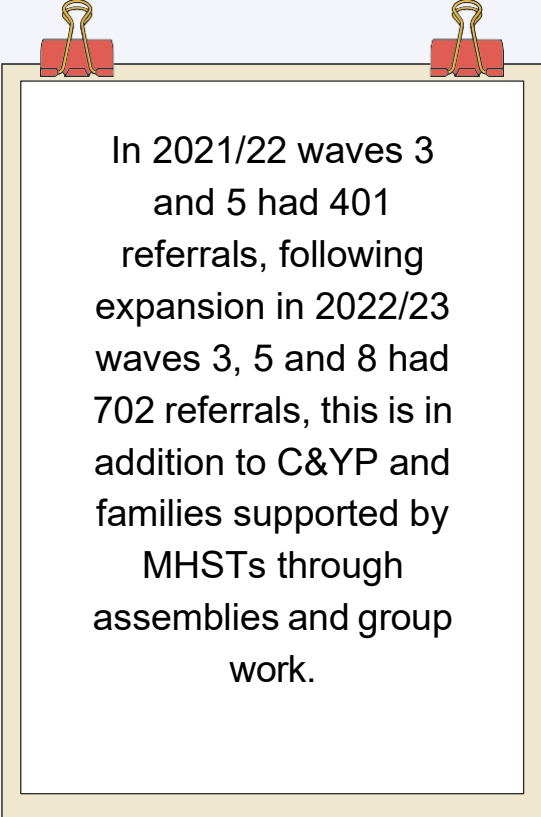
The aim of this nationally driven initiative is to reduce health inequalities and increase timely access to appropriate mental health support for children and young people through early intervention and prevention. More specifically, MHSTs support C&YP through offering Low Intensity Cognitive Behavioural Therapy (Li CBT) alongside wider psychoeducation and whole school mental health promotion activities.

### **MHSTs have three core functions:**

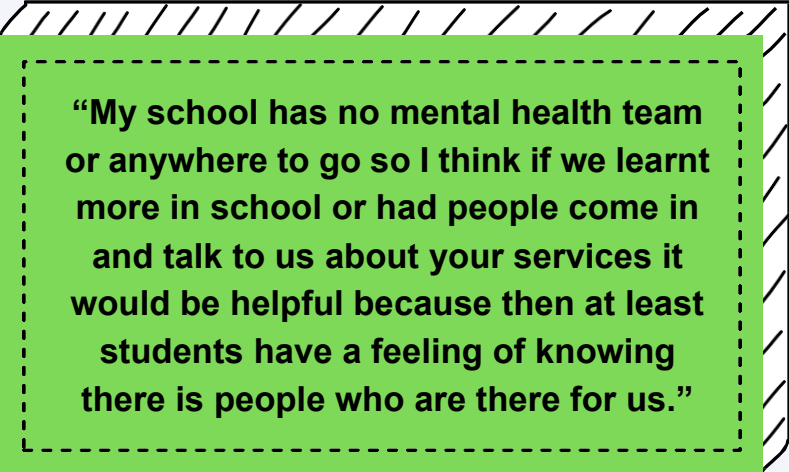
- Delivering evidence-based interventions for mild to moderate mental health concern.
- Supporting the senior mental health lead in each school or college to introduce or develop their whole school or college approach.
- Giving timely advice to school and college staff and liaising with external specialist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

The Whole School and College Approach (WSCA) is a key component of the service offer and we continue to work with school communities to develop the mental health offer. The third core MHST function involves discussions with staff within education settings, specifically the designated Mental Health Lead, to identify and support any C&YP with a mental health need.

The MHST service has been commissioned within Leicester, Leicestershire, and Rutland since 2020/21 (Wave 3) before expanding further in the next three consecutive years; 2021/22 (Wave 5), 2022/23 (Wave 7) and 2023/24 (Wave 9). We currently have 8 teams within the service covering LLR with four localities within Leicester City and four across Leicestershire, including cover within Rutland. The locality teams offer a service to schools within a given geographical area up to a population of 8,000 C&YP. Currently not all schools in all localities receive a service from MHST due to this nationally set team capacity and uptake of schools is dependent on population density/school size per area.



In 2021/22 waves 3 and 5 had 401 referrals, following expansion in 2022/23 waves 3, 5 and 8 had 702 referrals, this is in addition to C&YP and families supported by MHSTs through assemblies and group work.




**“My school has no mental health team or anywhere to go so I think if we learnt more in school or had people come in and talk to us about your services it would be helpful because then at least students have a feeling of knowing there is people who are there for us.”**

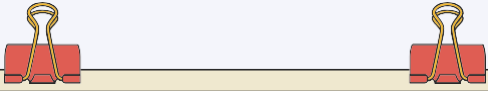

## 23/24 expansion

Implementation of Wave 9 expansion is currently underway with trainee education mental health practitioners (EMHP) and Low Intensity supervisors due to commence their relevant courses in the Autumn term with local Higher Education Institutes.

Decisions regarding expansion have been made collaboratively alongside MHSTs, Integrated Care Board leads and Local Authority Education colleagues. Three Wave 9 localities will support between 6-8 education settings whilst the EMHPs are completing their trainee year (~ 5,000 pupils per locality). The fourth Wave 9 team will be utilised to increase capacity and accessibility within other City teams based on levels of deprivation and high referral numbers.



The LLR MHSTs project aims to support the delivery of a number of recommendations made within the Joint Strategic Needs Assessment's (JSNA) produced for Leicester (2017), Leicestershire (2023) and Rutland (2023). Furthermore, Service Group Managers and Family Service 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 mental health provision in the adult community and higher levels of deprivation. Each locality aims to target these areas of need alongside the universal MHST offer.



At the end of the 2023/24 academic year, LLR MHSTs will have 11 functioning teams which equates to six localities within Leicester City (with four areas having increased capacity as discussed above) and five across Leicestershire, including cover within Rutland. The service will cover ~96,000 C&YP aged 5-19

# Child and Adolescent Mental Health Services (CAMHS) digital offers & resources

Child and Adolescent Mental Health Services (CAMHS) digital offers & [resources](#)

The CAMHS digital team are undertaking innovative and creative projects this year to make an impact digitally within CAMHS to improve experiences of the service for C&YP. These range from digital development within CAMHS bases, digital questionnaires to reduce waiting lists, designing a 'welcome to CAMHS booklet' to aid awareness and safety, and much more:

**CAMHS digital health contacts to review young people on CAMHS duty waiting list:** This project will create an adapted version of the digital health contacts used in Healthy Together to review young people on the CAMHS duty waiting list.

## Aim of project:

CAMHS duty currently have a significant waiting list and feedback from families is that they are **frustrated with the current system of having to attend regular review appointments when nothing has changed for the family.** The digital health contacts will allow the service to conduct a review that can be completed by the family when it is convenient for them and if concerns are raised a face-to-face appointment can still be offered. This will also reduce the amount of clinical time required to carry out review appointments increasing capacity in the team.

Young people and their families who are unable to complete a digital contact will still be reviewed face to face and all those on the waiting list will be seen face to face at 12 months to ensure safety.



**Welcome to CAMHS Booklet:** The 'Welcome to CAMHS' Booklet is a digital booklet that will be sent to young people who have been accepted into CAMHS. This booklet will be sent to service users via QR code within their acceptance letter or via SMS.

## C&YP find mental health and its services daunting:

**“Not knowing I am ill. I just thought this was what life is like.” “GP’s ask ‘what do you want from this service?’ – C&YP: ‘I don’t know. I don’t know what can be fixed, I don’t know what support can do”**

**“They just spoke in jargon I didn’t understand, and when you are young and vulnerable you just go along with what the adults are saying”.**

The booklet will host all the information a young people would need to know before their journey into CAMHS, this includes information on what CAMHS do, what CAMHS don’t do, what roles work within CAMHS, a poem from a parent of a service user within CAMHS, a piece of writing from a young person who is under the care of CAMHS, links to useful charities, mental health services and more.



### **Aim of project:**

There are multiple aims to the project. Some of these include:

- Provide young people with information on the service
- Reduce young peoples anxiety about coming to CAMHS
- Provide parents with useful information about the service
- Set expectations (waiting times and services CAMHS offer)
- Encourages patient safety
- Highlight useful services within the NHS that can support young people whilst on our waiting lists

**Video projects:** There are multiple video projects within CAMHS.  
These include:



**Career in CAMHS**

Last year, CAMHS Digital Content Creators interviewed 18 CAMHS staff to gather their perspectives on working for CAMHS. This information will be used in upcoming recruitment events and job advertisements. The outcome was very successful and will be incorporated into a recruitment video script for CAMHS. We are now in conversation with local universities in the hope to produce this video to promote recruitment within CAMHS. These videos will be promoted on Leicestershire Partnership Trust's social media and within recruitment posts.



**Video Tours of Each Base**

To help alleviate any anxieties for young people attending their first CAMHS appointment, we are creating video tours of each base. These tours will be created by CAMHS Digital Content Creators and will depict the journey of a CAMHS appointment, from arrival at the car park to leaving the building and returning to the car. These videos will be hosted on the Leicestershire Partnership Trust social media accounts, the LPT website and health for teens.



They have already had huge success with the [‘The Intensive Community Support Team at CAMHS’ video](#). Together with students from the University of Leicester, The Communication Team, CAMHS Digital Content Creators and the ICST, we created an informative video introducing the services they offer young people within CAMHS. This video is hosted on LPT's YouTube Channel, Health for Teens and the Leicestershire Partnership Trust website.

The aim is to create videos that effectively showcase the services whilst reducing the anxieties of young people. If they are successful, the next step is to produce videos introducing each team within CAMHS and detailing the services they provide for young people.



**Digital Development within CAMHS Estates:** Based on feedback from young people and their families, CAMHS has devised a plan to enhance its waiting rooms.

This digital approach will improve the CAMHS environment whilst providing useful information to individuals and their families while they wait for appointments.

## HEALTH FOR TEENS

### [Health for Teens](#) (local)

The Health for Teens website offers a unique feature where young people can select their location while browsing the site. By choosing "Leicester" they will be able to access CAMHS service information created by the CAMHS Digital Content Creators with the support of CAMHS clinicians.

The team are currently in the planning stages of an article that discusses the transition from CAMHS to AMHS (Adult Mental Health Services).

### [Health for Teens](#) (National)

Health for Teens provides general health advice for teenagers, making it an ideal platform for CAMHS to share an overview of the conditions they treat. With support from specialist clinicians, CAMHS digital content creators have produced informative articles on the conditions/situations that affect young people. Some of these include:

- [Tics](#)
- [Insomnia](#)
- [Avoidant Restrictive Food Intake Disorder \(ARFID\)](#)

The team are also currently working on articles on Homelessness, Attention Deficit Hyperactivity Disorder (ADHD), Self-care and Obsessive-Compulsive Disorder (OCD).



# Health for Kids!

## Health for Kids: Parents section

Providing parents with information is critical in ensuring that young people receive proper care and attention. Parents of young people can access the following articles on the Health for Kids website:

- [Introducing Child and Adolescent Mental Health Service \(CAMHS\)](#)
- [Tics: What you need to know](#)
- [ARFID: What you need to know](#)
- [ADHD: Just the Facts](#)

The team are also currently working on articles for OCD.





# CAMHS Crisis

The LLR Integrated Care System (ICS) has created an escalation process for C&YP in crisis, ensuring the right expertise and resource is identified to work collaboratively, improving outcomes for this patient group. This whole system approach enables holistic care delivery whilst ensuring a positive experience for the service users. This process has identified set governance and structure to maintain safety and ensure timely positive outcomes for C&YP in crisis. This work continues and will be evolving and has been recognised by NHS England as trailblazing, the team have also been nominated for 'team of the year' for the celebrating excellence awards.

In response to the national workforce issues, the CAMHS crisis team are successfully 'growing their own' band 5 nurses/ Mental Health Practitioners (MHPs), which is supporting recruiting to their band 6 vacancies. This is also helping with retention.

## The crisis offers at present

- An assessment and home treatment service 7 days a week
- An urgent assessment within University Hospitals of Leicester (UHL), Emergency Department (ED) & Children's Hospital, 8am - 10pm Monday to Friday and 8am - 8pm on weekends
- A single point of access, including 111, Mental Health Central Access Point (MHCAP) (24 hours)
- An urgent assessment within the hub (24 hours)
- A 7 day follow up for any C&YP assessed out of area but residing in LLR, that are not currently supported by a community team
- Early discharge support from inpatient mental health units (2 week support)
- An enhanced care plan which offers open access/self-referral for these C&YP

## Future developments in 2023/24

- Strengthening the out of hours response for C&YP at UHL, via the hub
- Scoping a process for appropriate referrals to come via East Midlands Ambulance Service (EMAS)
- Continuing to work with ICB colleagues on developing a pathway for 111
- Following a peer review, the team will be working through the action plan to secure accreditation through the Home Treatment Accreditation Scheme (HTAS) via the Royal College of Psychiatrists

# Leicestershire public health youth justice

Leicestershire Youth Justice Service (YJS) commission the CAMHS Young People's Team to support young people open to the service with identified mental health needs requiring CAMHS intervention. Two psychiatric nurses and one forensic psychologist provide specialist mental health assessment and treatment to young people open to the YJS. The CAMHS YPT provide consultation and formulation meetings to staff within the Youth Justice Service to ensure support and ongoing work by youth justice staff is 'trauma informed' and to plan ongoing mental health interventions collaboratively between services and with the voice of the young person. Young people requiring intensive CAMHS support will be allocated accordingly within the CAMHS team.

The CAMHS Young People's Team offer Adverse Childhood Experience (ACE) / Trauma Informed Training to the Youth Justice Service, with bespoke training being delivered to Youth Justice staff. CAMHS offer ongoing mental health training to all staff working within Youth Justice Services across LLR. The service support young people to access [NHS Talking Therapies \(16+\)](#) and primary care services and will support them to transition to adult care (18+).

## The Leicestershire YJS Health and Wellbeing Needs Assessment (H&WNA) Report identified areas for health partners to consider:

**Information recorded suggested that 23 young people (23.2%) refused to take their medication or did not take their medication as prescribed (for ADHD).** A frequent reason for refusal to take medication related to unwanted side-effects of ADHD medication, which often left young people feeling "like a zombie".

Young people further stated that they preferred to use cannabis to self-medicate for symptoms of ADHD, anxiety and sleep problems.

Over half of young people reported feelings of stress or anxiety on at least some occasions (60.8%).

Approximately one quarter of young people had tried to hurt themselves (25.8%) or thought about doing so (23.3%), with a similar proportion having thought about killing themselves.

A high percentage of young people - 70% of young people reported experiencing the death of someone close to them.



**Mental health recommendations from the H&WNA, specifically related to mental health:**

- Review local practices for follow up of mental health screening.
- Supporting those with undiagnosed needs.
- Review referral processes with CAMHS and explore how best to address delays to assessment.



# CAMHS Young Peoples Team



CAMHS Young Peoples Team are a specialist CAMHS service dedicated to providing mental health assessment and treatment for young people aged up to 18 years who are looked after, adopted, unaccompanied asylum seeking, homeless and involved with youth justice services. They aim to provide assessment for moderate to severe mental illness within 13 weeks from first referral with urgent cases being seen within 4 weeks from the point of referral.

Over the past year the team has worked hard to provide mental health support to hard-to-reach young people and facilitated events such as 'my voice' a music and poetry-based group to encourage young people to express their experiences and thoughts via the medium of music. From this event they were able to create valuable training material to share with health and social care colleagues and ensure that their service continues to listen to the voice of those who use and need it. Over the summer of 2023 they have been running the 'Active' project, this event is linked with a local gym who are supporting CAMHS staff in delivering exercise-based activities such as kickboxing and yoga whilst noticing and supporting young people to manage their emotional and mental health difficulties.

As a team they continue to offer monthly consultation clinics to local authority partners through LLR as well as a step up/ step down approach with the social care offer provided within Leicester City (Child and Family Support Team)

## Engagement told us:

**“Care leavers do not have parents in their lives. Social workers and personal assistants have heavy workloads and are not available 24/7. They don't have the on-hand support networks that many of their peers have. They need someone or something they can trust to answer these questions when they are in need.”**

They also continue to offer and develop bespoke training packages, all delivered twice per year to local authority partners on an array of subjects including, self-harm, neurodevelopmental disorders, the therapeutic use of play, the impact of neglect, abuse and trauma, mental health awareness, Working with PTSD and supporting young people in A&E. The training is also available for the carers of young people who have an open case within the team.

The ACEs team continue to work with Youth Justice and offer early intervention to those young people who have experienced 4 or more Adverse Childhood Experiences (ACEs) and who are known to the criminal justice system, the team offer a consultation approach, closely working alongside youth justice workers to understand the impact of their adversity. The team also offer direct 1:1 work with young people who need some extra support to understand their emotional health. The team also offer bespoke training packages to youth justice across LLR.

The Advantage project with Leicester City Football Club (LCFC) has started this year and will continue to run in to next year and reach its full capacity and potential. The project works with young people who can engage with youth work via LCFC and offers specialist mental health training and supervision to those staff which enables them to offer the intervention to young people who may not normally access services.

The Primary Mental Health worker continues to offer in reach services to the LLR statutory residential children's homes on a weekly basis; spending time in all of the homes, getting to know the children and the staff with a view to spotting mental health needs as early as possible and responding in a timely manner with someone who is familiar to them.

The team have employed a specialist worker to provide support to independent residential homes. They have seen a large increase in independent residential homes within LLR and young people within these homes are often placed here from out of area social care teams. This worker will offer support and training to the staff members of these homes who have children who are working with CAMHS with an aim to reduce the number of placement breakdowns.

The ACEs team are planning on launching the Enhanced Case Management model this year, which will ensure the riskiest young people known to criminal justice are discussed in a formulation meeting with health staff to identify any needs.

Their Advantage project will continue through this year and be commissioned to continue into further years and offer mental health support to those who are not likely to access mental health support through more traditional routes.



The ICB team will continue to work closely with the Looked After Children (LAC) nursing colleagues from LPT and ensure a robust 'step up and step down' approach with them, whilst also working alongside them to support their work around ensuring being a looked after child is a protected characteristic.

The LLR Looked After Children's Health Strategic Group will have a focus on the transition from child to adult health services as a key area of work for 2023/24. This will include a review of existing arrangements within the provider services in LLR and hearing presentations from other area teams with examples of good practice, before focusing on identifying difficulties and methods for the multi-agency team around Looked After Children within LLR to focus on their needs. This will include the transitioning from CAMHS to adult mental health services and wrap around care when services are not available.

Upcoming plans include introducing a transitional worker to the team, evidence shows that transition from CAMHS to adult mental health services is a highly vulnerable time for young people, the aim is to have a specialist worker (nursing or MHP registered) in post who can help existing staff and young people navigate these systems and ensure that there are no gaps in service as young people make this big move.



# CAMHS Transitions Pathway

**The purpose of the Transitions Pathway is to undertake a planned and safe transition service for young people moving from CAMHS to other services (including primary care), education, voluntary sector, and social care.**

- The pathway supports young people (YP) with their transitions and cases are held jointly/independently by x 2 bands 7 nurses, 3 care navigators alongside a band 4 admin care Navigator.
- Support is particularly offered to YP who are 17.6 years who have additional needs that will require a bespoke transition package to ensure that they gain access to the service/s that will meet their needs.

The role of the care navigators has been to liaise and build relationships with all relevant agencies to ensure the services for young people with mental health problems are coordinated during the transition and address their individual needs, providing a holistic approach and be best placed to ensure that YP and their families know the remit of the services they are accessing following their transition. Work has been undertaken to liaise with General Practitioners (GPs) and adult mental health services in the Transition pathway development to ensure GPs and other agencies have the relevant information to support young people (and their parents/ carers) during and after the transition.





- The named key worker (care navigator) will provide support for the young person in their area of need including education, employment, community inclusion, independent living, housing options, health and well-being – up to 4 sessions.
- Key workers will allow the YP to be more independent and help build more confidence as they transition into adulthood.
- Gathering and sharing of information with all disciplines within CAMHS and outside agencies with the YP consent.
- Following up on referrals and supporting YP to their first appointment if they wish.
- The care navigator will signpost the YP to services in the wider community to support their well-being.

Most importantly during the transition period a transition care plan is written and shared and agreed upon with the young people, and where appropriate this should also be agreed upon and shared with the relevant services.

There is jointly run ADHD clinic between CAMHS and Adult ADHD team to ensure that YP with ADHD are successfully transitioned across within this process. The focus has been on the 18 year olds who have recently received a diagnosis and with the support of the Neurodevelopmental Non-Medical Prescribers (NMPs) young people are being prioritised to start ADHD medication, monitored for 3 months to stabilise, and then slotted into the ADHD clinics.





# 2023/24 Transition engagement

As a system we know that more needs to be done to understand the transitions to adulthood and develop seamless pathways for C&YP who are transitioning to adult services, being discharged but still requiring support, or being referred to adult mental health services for the first time. The ICB is to undertake a large-scale C&YPF engagement across LLR in winter 2023/24 with specific questions around improving transitions into adulthood.

This is being co-designed with the Mental Health Transformation Team, ICB's Children's Young People and Engagement Officer and the LPT's Youth Advisory Board. Insight from this will help to inform and further develop local 16 – 25 offers across LLR.

## University students

[The NHS England Long Term Plan \(LTP\)](#) committed to a new approach to young adult mental health services for people aged 18 – 25 including University students who are often a transient cohort and experience challenges in accessing timely support whilst they are at university. Across LLR there are three universities and in 2023/24 an ICB led multi-partner group formed to explore, strengthen, and develop pathways for university students and support system partners to work together and maximise the health and academic outcomes for students.



Data shows us that C&YP aged 15 – 24 are a high-risk group for self-harm. So far in 2022/23 Harmless have supported 642 people across LLR, 240 have been discharged. The Harmless team is actively working to engage communities with additional risks, such as people from minority ethnic backgrounds and those from LGBTQ+ groups.

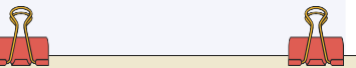
Work has started in reviewing the digital offer for this cohort, and for those young adults who are not at university, to ensure that we continue to provide an early intervention and equitable digital counselling offer as young people transition to adulthood.

This summer, LLR ICB extended the contract for the [Harmless](#) who offer education and an all-age intervention service. The ICB will continue to work with local authority colleagues to maximise and evaluate its impact, develop referral pathways to include community-based support and to ensure timely planning for 24/25 provision and beyond.

# CAMHS Eating Disorders Team

The CAMHS Eating Disorder Team (EDT) offers specialist assessment and treatment for young people up until 18 years, who meet the diagnostic criteria for Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder. More recently, the team have been commissioned to develop a pathway for ARFID, and this is in the pilot stages of development. They are a multi-disciplinary team, offering evidenced based approaches including Family Based Treatment, Enhanced Cognitive Behaviour Therapy (CBT-E) and Adolescent-focused therapy (AFT).

Towards mid-2022 until now, the service has successfully improved performance and met the recovery trajectory, due to a gradual drop in demand on services, collaborative working with First Steps ED and focusing on creative ways to diversify the workforce and improve recruitment. The CAMHS eating disorder team now works collaboratively with First Steps ED; an eating disorder charity now commissioned by LLR, to offer early intervention for young people with disordered eating / eating disorders. The collaborative working between CAMHS ED and First Steps has resulted in increased support for young people with lower risk and lower complexity disordered eating / eating disorder presentations.




Since 2021 the number of patients waiting for a CAMHS ED assessment has gradually dropped from over 30 down to 6 (as of Sep 2023).

The team routinely re-direct appropriate referrals to First Steps, who offer a timely assessment and evidenced based package of care. A robust pathway is in place for referrals between services and this ensures good continuity of care. First Steps also offer support whilst young people and their families are waiting for first line treatment to commence.

The conception of the Home Intervention Team in 2020 has been incredibly successful and continues to play a significant role in maintaining a high quality and responsive service. Urgent cases are re-directed to the Home Intervention Team who can offer outreach support in young people's homes and for young people residing in paediatric hospital beds. Evidence has shown that this outreach model of care has resulted in the prevention of Tier 4 inpatient admission for several young people and improve overall outcomes across the service.





The team continues to offer a daily duty service, 1-5pm, for any professional or parent/carer with children open to the team, to call for any queries, concerns or advice needed. The duty service is highly effective in building relationships across services and promoting service user's and professionals' understanding of eating disorders, how to monitor risks, spotting early warning signs and how to escalate concerns and ensure young people receive the right support at the right time.

In addition to the daily duty service, other offers include monthly professional drop ins, ad-hoc training events to schools and other third sector organisations, bespoke parent/carer workshops and treatment groups for young people. The team have recently started to increase their contact and communication with GP practices/ management in primary care, mental health support teams in schools and other therapeutic services such as The Laura Centre. They promote the duty service, professional drop ins and on request, have recently offered several bespoke training packages.

Increasing the workforce and the introduction of different roles into the team has also supported the team's ability to adhere to national standards and continue to offer timely, high-quality assessments and subsequent treatment for eating disorders. The team has diversified in the past three years, for example, with the introduction of a CBT therapist, Assistant Psychologists and Occupational Therapy. This has also helped the team to overcome recruitment challenges in other areas of the workforce, mitigating against some of the risks linked to vacant positions. Funding will continue to be prioritised according to the national evidence base, ensuring a diverse range of clinicians who are able to continue to offer first line treatment for those accessing the service. The introduction of the expert by experience carer coach has also improved the ability to offer parent/carer support through workshops, carer cafes and 1:1 parent/carer coaching sessions. This role has also ensured they are improving the ability to capture the voices of service user's and respond in a timely manner to feedback about the service provision.

The vision and plans for service development over the next 12 months include the continued development and expansion of the ARFID pathway, working across systems to ensure a collaborative approach across services including community paediatrics, dietetics and CAMHS EDT. They are also developing working relationships with the Adult Community Eating Disorder Team, with the aim of reducing the "gap" between services, improving transition between services post 18 years, and working towards a longer-term vision of an all-age eating disorder service.

The Quality Network for Community Eating Disorder Services for Children and Young People (QNCC-ED) service standards provide guidance for eating disorder teams around expectations for providing a timely and appropriate level of treatment for eating disorders. A scoping exercise is planned within the CAMHS EDT to complete a self-evaluation against QNCC-ED standards, to eventually work towards accreditation. The team will begin to gather evidence and identify essential key gaps that will also inform the quality improvement work for the coming year.

In 2023/24 the ICB will continue to commission the current First Steps ED offer with a view to also commission an enhanced offer. First Steps ED are a nationally recognised eating disorder charity with a track record of providing evidence-based support for C&YP with eating disorders. It is a non-clinical early intervention and prevention service for C&YP aged 5-25. The service provides an early intervention resource which targets improvements in young people's emotional health and wellbeing specifically linked to eating disorders. It offers a timely and appropriate response to service requests from a range of individuals and agencies. It offers secure online counselling and 1:1 support service to young people via a digital platform. It also liaises with key partners such as CAMHS service, Children and Family Services, Community Health Teams, Primary Care, and Educational Establishments. It supports C&YP on the waiting list for CAMHS as well as taking C&YP safely off the waiting list. It also supports C&YP following discharge from CAMHS services. The service accepts online self-referrals as well as referrals from CAMHS ED. The enhanced offer will allow the provider to increase capacity and engage with communities.



# Additional Roles Reimbursement Scheme (ARRS) neighbourhood approach

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 Primary Care Network (PCN), with the aim of delivering the majority of treatment and support within the local neighbourhood area.

ARRS roles help to contribute to improving the quality of care provided to C&YP experiencing mental health problems.

Child and Adolescent Mental Health Practitioners (CAMHS MHPs) can support population health management through providing a combined consultation, advice, triage, direct assessment and treatment. Working with other Primary Care Network (PCN)-based roles, MHPs can address the potential range of biopsychosocial needs of children and young people with mental health problems, as part of a multi-disciplinary team.

ARRS (CAMHS MHP) aim to provide a smoother pathway for children and young people through an assessment so that patients can be seen in a primary care setting and MHPs can signpost them to the support they need or make any necessary onward referrals. In the coming months the CAMHS team are hoping to appoint 2 CAMHS MHSPs into 2 PCNs, both of whom came forward with an interest in appointing these positions. Both PCNs refer a high number of C&YP into CAMHS. With the success of these posts, they will aim to increase these roles in specific neighbourhood areas to address any health inequalities.

# A whole system approach and health inequalities

## Core20PLUS5 - CYP

This is a national NHS England approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort and identifies '5' focus clinical areas requiring accelerated improvement. One of those areas is:

**Mental health** - Improve access rates to children and young people's mental health services for 0–17-year-olds, for certain ethnic groups, age, gender, and deprivation.

The ICB have continued to carry out work through their mental health investment standard to improve access and increase provision of services both through statutory and voluntary sectors across LLR. LLR exceeded the target in 2022/23 and are on track to meet the target for 2023/24. Work will continue to keep a focus on where there are multiple mental health and emotional support offers and where there are not as much and then triangulate that with areas of low referrals to make sure that every area across LLR has the offers that it needs.

As an ICB 'prevention' will be at the heart of everything. The focus will be on the whole pathway and not just on the elements identified in the CORE20PLUS5 and future plans will continue to build on applying an Adverse Childhood Experiences (ACEs)-informed approach to the provision of care and contributing towards reducing health inequalities. One main priority is to improve access to mental health services for C&YP and develop trauma-informed approaches across all services and practice. This underpins the issue surrounding the neurodevelopmental pathway that is experiencing increasing referrals and acuity, partly due to modern medicine meaning more C&YP surviving complex conditions and going on to live longer into adulthood but requiring more support. This Autumn, the all age neurodiversity subgroup will bring together key members from both C&YP and Adult mental health services across the system to enable a dedicated focus on the issues faced across LLR.

# Leicester City

[The Leicester City Joint Health & Wellbeing Strategy 2019 – 2024](#) recognised that “significant health inequalities between different areas within Leicester. The city has many areas of deprivation, and the difference in health outcomes between the most and least deprived areas of the city is stark. A large proportion of people in Leicester experience mental health problems, which can contribute to problems such as loneliness, isolation and poor physical health”.

[The Leicester Children and Young People Joint Strategic Needs Assessment \(JSNA\)](#) highlights the diversity of the school population, of which many are from deprived backgrounds. The JSNA states: “Leicester has a younger age structure than seen for England, with over a third of Leicester’s population aged between 0-24 years (135,230). About 51,600 children attend Leicester schools, most of whom are resident in the city (93%).

There is evidence to suggest that childhood poverty is linked strongly to poor health outcomes in adulthood. Reducing the numbers of children who experience poverty should improve adult health outcomes. Data shows that children in Leicester are significantly more likely to experience poverty compared to the national average”.

Child Poverty indicator	Leicester	UK*/England**
1. Children in absolute low- income families (under 16) 2020	26%	16%*
2. Children in relative low- income families (under 16) 2020	31%	19%*
7. Income deprivation affecting children index (IDACI) 2019	23%	10%**
4. Child poverty before/after housing costs (2019/20)	38%	30%**
5. % Eligible and claiming free school meals (Jan 2021)	23%	21%**
6. % Children worrying about having enough to eat (2016)	19%	Not available



In early 2023 an ICB led multi-partner group that meets monthly was set up to look at improving access in Leicester City through a whole system approach with a target of improving access by 35%. Since then, data shows an increase in access in Leicester City by almost 50%.



**“We are more proactive in seeking answers, we know how to google. But we need the right answers in safe trusted places. – Social media is useful, but it can have negatives.”**

**-C&YP**

The ICB continue to commission 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) aims to promote mental health and well-being in children aged 0-18, as well as providing specialist psychological support to C&YP with learning disabilities or special educational needs. [KOOOTH](#), the digital counselling service for C&YP aged 11 – 25 and [Togetherall](#) the digital counselling offer to the three Universities across LLR for young adults aged 19+ have the ability to reach those C&YP who may not access services via the traditional route. Family Action are commissioned to provide post sexual abuse counselling to C&YP across LLR via the Voluntary Community and Social Enterprise (VCSE) grant scheme with a metric of at least 25% of referrals to the service coming from Leicester City in line with the Leicester City access rate improvement.

This Autumn the Psychological Awareness of Unusual Sensory Experiences (PAUSE) service will be launched, initially in the targeted geographical area of Leicester East, based on high levels of deprivation and individuals presenting with psychosis. This service will straddle both C&YP and adults and offer National Institute for Health and Care Excellence (NICE)-recommended psychological and psychosocial interventions to people aged 14 – 35 years who may be experiencing early signs of psychosis for the distinct groups identified.






# Leicestershire

The [Leicestershire Joint Health and Wellbeing strategy 2022 – 2032](#) recognises that “**even though Leicestershire is a relatively affluent county, pockets of significant deprivation exist, with some neighbourhoods in Loughborough and Coalville falling into the 10% most deprived neighbourhoods in England**”. “**We also know that those children living in ‘disadvantaged’ families due to income, deprivation or vulnerability are likely to have poorer health and wellbeing outcomes.**”

In line with the above the ICB multi-partner group has since expanded its terms of reference to include a focus on Leicestershire. The recent [JSNA Chapter on Health Inequalities](#) also identifies neighbourhoods where risk is higher stating: “the most deprived can generally be found in the main urban areas such as Loughborough, Coalville, Hinckley, Melton Mowbray, and Market Harborough, as well as parts of Oadby and Wigston Borough. Four neighbourhoods in the county fall within the most deprived decile in England. These areas can be found in Loughborough (Loughborough Bell Foundry and Loughborough Warwick Way Lower Super Output Areas (LSOAs)) and two in the Greenhill area of Coalville”.

## Percentage of children in low-income families in Leicestershire and districts in 2020/21

District	Children in absolute Low-income families (under 16s) % 2020/21
Blaby	8.9
Charnwood	9.2
Harborough	7.2
Hinckley & Bosworth	9.0
Melton	8.7
North-West Leicestershire	9.2
Oadby & Wigston	10.2
Leicestershire	8.9
England	15.1



The recent Children and Young Peoples Mental Health Joint Strategic Needs Assessment (JSNA) (2022-2025) involved a range of wider system stakeholders and generated several recommendations that are now being considered and embedded into an emerging action plan. The purpose of the Children and Young People Mental Health chapter of the JSNA is to seek the improvement of the health and wellbeing of the local community and reduce inequalities for all ages.

## **C&YP MH services commissioned or provided by Public Health in Leicestershire include:**

Healthy Child Program 0-5 years and 5-11 years provided by Leicestershire Partnership Trust  
Healthy together service (Health visiting and primary school nursing)

- Transition to parenthood and the first 1001 critical days from conception to age 2 is widely recognised as a crucial period in the life course of a developing child.
- Preventing and intervening early to address attachment and parenting issues can have an impact on the resilience and physical and mental outcomes for a child later in life.
- School entry assessment to support transition of 4-5 year olds
- assessment to support transition of primary age young people (aged 10-11) into secondary school

Teen Health service 11-19 and up to 25 for Special Educational Needs or Disabilities (SEND) provides universal / early intervention support consisting of psychoeducation and signposting to specialist services.

- Initial focus of activity is on mainstream secondary schools, with a focus on supporting young children identified using year 6 assessment transition into secondary education. Further work is planned for support and transitions into further and higher education, and adult services.
- Health and Wellbeing Officers in the service are trained to deliver interventions in group work and 121 activity such as Barnardo's Real Love Rock, which focuses on emotional wellbeing and anxiety and Friends programme based on cognitive behavioural therapy and positive psychology to improve low mood and improve wellbeing outcomes in young people in secondary schools.

Healthy Child Program 0-5 years and 5-11 years provided by Leicestershire Partnership Trust  
Healthy together service (Health visiting and primary school nursing)

- Trauma Schools Officer is a 3-year pilot programme seeking to embed Trauma Informed and Trauma Responsive practice as part of a whole school approach
- Leicestershire have commissioned a youHQ App to help identify emotional wellbeing needs early using an online web-based platform in schools that young people can also access on their mobiles or devices from home. [www.youhq.co.uk/solutions](http://www.youhq.co.uk/solutions)
- Public Health had previously funded the Harmless (self-harm) service which is now funded by the LLR ICB

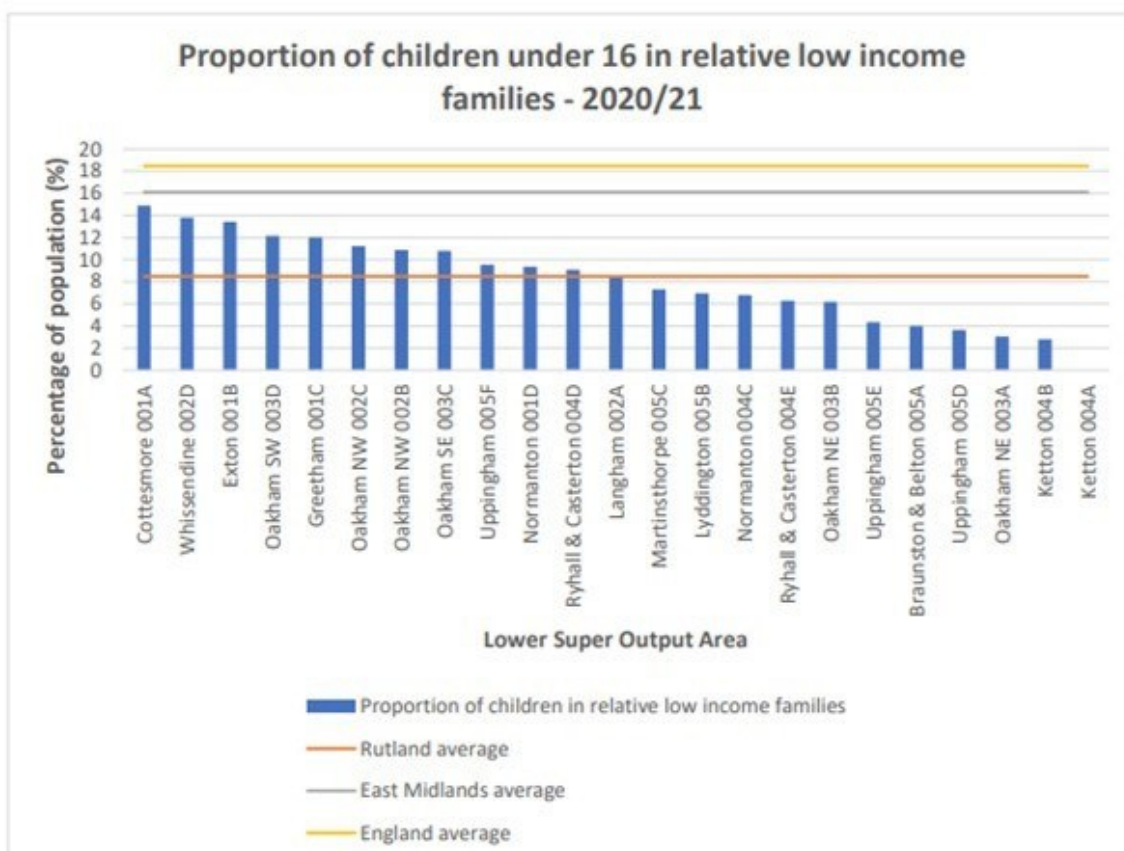


Place based work is being driven through the Joint Health and Wellbeing Strategies (JHWSs) for Leicester, Leicestershire and Rutland. The partnership delivery of these across LLR is being enabled through a combination of linked delivery action plans at Place (Leicester, and Rutland) and Community (Neighbourhood) level across Leicestershire in accordance with the 7 respective district footprints. This has enabled partnership delivery plans to be developed to address health, care and wellbeing needs and outcomes across LLR but that consider local variation and inequalities to inform local prioritisation.



# Rutland County Council - Children and Young People Services

Rutland is predominantly a rural place with low population density, meaning small communities can have very different experiences in health, wellbeing and how accessible services are. [The Rutland County Councils JSNA](#) chapter on health inequalities highlights that: Rutland has a lower proportion of children under 16 in relative low-income families (8.5%) than the East Midlands (16%) and England average (18.5%)”. However according to research “**once housing costs have been factored in, the proportion of Rutland children living in poverty was an estimated 17.6% in 2019/20. This is lower than many areas, however it indicates there are still significant levels of child poverty in Rutland.**”



The JSNA states that: “**The variation suggests targeted support and engagement in the most deprived areas would help to support those most in need. Looking at rurality, it’s also worth noting 4 of the top 5 LSOAs in Rutland are the most rural, classified as ‘rural villages & dispersed’.**”



Rutland County Council's Early Help Services is a range of services, processes and interactions that aim to help children, young people and their families at the earliest opportunity. These services include The Rutland Family Hub Children's Centre, Aiming High, the Youth Team and 1:1 support for families. The Family Hub support families with children and young people aged 0-19 with services and signposting. This is a universal service so anyone can access it. The Children's Centre is the first Family Hub building for Rutland, but they are hoping outreach locations will be developed throughout the county where families can access information on the support/services available to them.

The Children's Centre, Aiming High and the Youth Team work together to support the full age range of children and children with SEND, however they are also working with local partners who deliver aspects of their services from the Children's Centre base. These include Health Visiting, The Infant Feeding Team, Speech and Language Therapy (SALT) and Turning Point. They continue to work hard in building relationships with other partners and encourage them to use the facilities.

[Rutland Children and Young People Strategy 2022-25](#)

Rutland County Council have seen an increase in both adult and children mental health difficulties. As a result of this, they have increased their capacity within their Early Help Service to have two wellbeing practitioners who are trained in NHS Talking Therapies. They also revised the existing Public Health contract for the 0-19 Healthy Child Programme. They redesigned the 11+ part of the contract to stop using school nurses in secondary school and have put in an offer called Teen Health. This increases their capacity by including the two wellbeing practitioners working with the secondary schools.

In September 2022, they launched a 3-year project to support children with Anxiety related non-attendance (ARNA). Next academic year, they will prioritise supporting schools to use the tool early, to support swift intervention in ARNA situations. Supervision sessions will continue, and they plan to offer training for the SEND team as well as offering schools further training for additional members of their staff. With regards to moving children into SEND acute services, they have a programme called Supporting School Partnerships. This looks at putting in place therapeutic interventions to support young people who are just below the threshold of requiring a health and education plan.



Rutland County Council are looking to reduce reliance on acute clinical services by promoting what is available at a lower level. They also want to build confidence in people to manage children who are experiencing emotional and mental health difficulties. They are very aligned to Kooth, which is an online counselling and emotional wellbeing support service for children and young people aged 12 and over. They are aware of waiting times for other services such as CAMHS and hear about young people with mental health difficulties having to travel outside of Rutland for support, so a recognised area that they feel that requires attention is to focus on providing place-based support for young people to access services closer to home. Regarding children awaiting discharge from hospital, although they have low numbers, there are regular discharge meetings that take place to ensure that care plans are put in place, so children are not staying in hospital unnecessarily.

A real success has been their key worker programme, which was viewed very positively within a recent Ofsted and Care Quality Commission report. They wanted to ensure that their offer was very specific for Rutland. They work closely with their key workers who identify children just below the risk of hospital admission. By keeping a close eye on these children, they are able to bring together a multi-disciplinary team to discuss their needs.

Rutland County Council have a programme called Thriving Through Change, which is designed to support the education sector in further developing sustainable systems and practices which minimise the impact of transitions on children and young people's emotional wellbeing and educational success. This focuses on embedding transition into school life. The wellbeing practitioners have recently created a transition programme to support children who are due to start secondary school in September 2023. They have been working over the summer holidays with vulnerable children who recently finished year 6 who would benefit from support to make that transition into year 7.

The outcome of the **Family Hub Survey** formed the following recommendations:

- Incorporate Face-to-Face Services
- Improve Communication Strategies
- Establish Clear Branding
- Develop an Accessible Online Presence
- Focus on Future Needs

### **Ofsted and Care Quality Commission (CQC) inspection**

In May 2023, a joint Ofsted and Care Quality Commission (CQC) inspection assessed Rutland's services for children and young people with special educational needs and disabilities (SEND). This was the first inspection under a new national framework that assessed not only Rutland County Council but also various partners who play a role in supporting children, young people and their families. Rutland received the highest possible inspection outcome from Ofsted and CQC and is one of only four local areas in the whole country to do so.



## Armed Forces

Qa Research undertook research for Rutland County Council aimed at better understanding health, community, and wellbeing needs of the Armed Forces community located in Rutland as well as those arriving there in 2023. Respondents feel that their children lack appropriate leisure opportunities locally. Indeed, one person mentioned their child regularly going to Leicester to meet with friends rather than stay local. More than half would like some support in accessing extracurricular and physical activities as well as social opportunities for children in Rutland.

Notably, the survey received many responses from parents with SEND children. They mentioned that assessments can take a long time, and one person had to pay for them privately. Significant events such as moving from Cyprus to England can be especially difficult for children, and they will likely need additional support adjusting. One specific recommendation from the survey is to explore how to engage with local children's and youth groups (early years clubs, sports teams and clubs, scouting organisations, Army, RAF and Navy cadet units etc.) to help them promote their activities to the families on both Barracks in Rutland.



# Safeguarding

Safeguarding is the action that is taken to promote the welfare of children and protect them from harm.

## Safeguarding means:

- protecting children from abuse and maltreatment.
- preventing harm to children's health or development.
- ensuring children grow up with the provision of safe and effective care.
- taking action to enable all children and young people to have the best outcomes.

Child protection is part of the safeguarding process. It focuses on protecting individual children identified as suffering or likely to suffer significant harm. This includes child protection procedures which detail how to respond to concerns about a child.

## The 2023/24 safeguarding initiatives include:

This has been cascaded across multi-agency services in LLR and is a research/evidence base for the prevention of Abusive Head Trauma

The LLR Multi-agency Safe Sleep Risk Assessment Tool has been implemented to reduce incidents of parental overlay and baby deaths.

## The ICON Message:

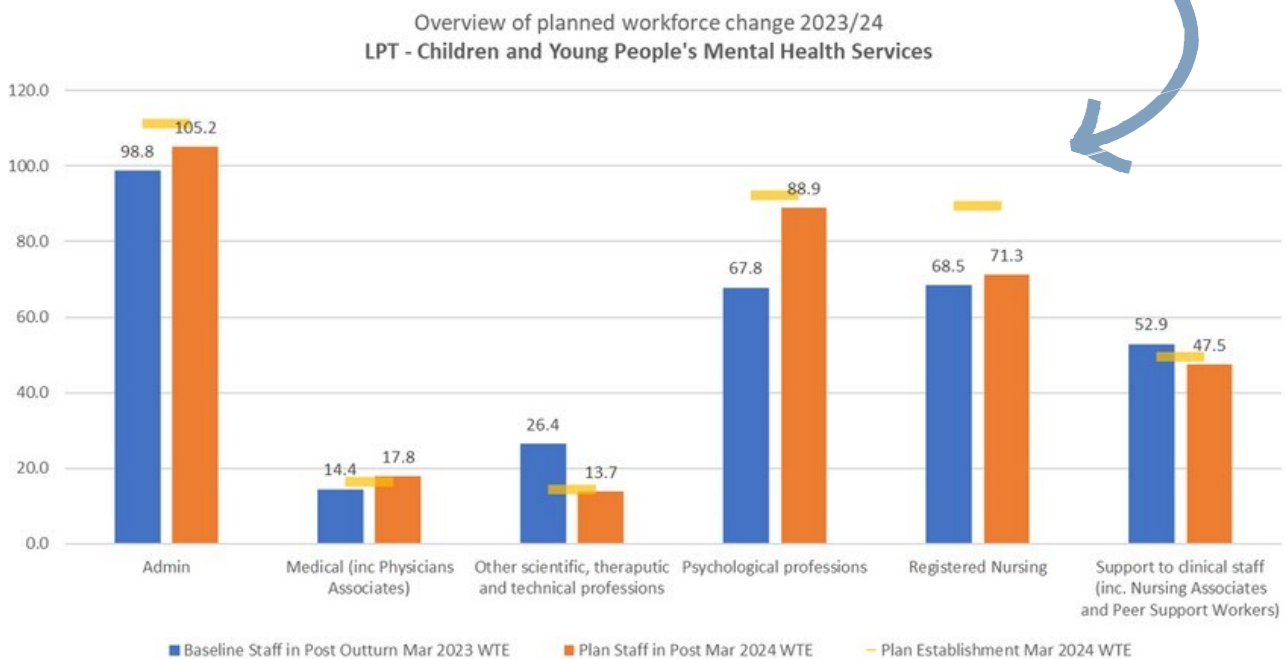
- I** Infant crying is normal
- C** Comforting methods can help
- O** It's ok to walk away
- N** Never, ever shake a baby



# C&YP Workforce

The focus on children and young people is to improving extent and equality of access to relevant support and services as close to home as possible. There is a focus to be far more responsive, to intervene as early as possible and to offer what young people need to improve long-term outcomes for children and their families.

## Summary of workforce changes planned in 2023/24



## Description of service change planned in 2023/24

**1** Implementation of children and young people's Avoidant Restrictive Food Intake Disorder (ARFID) pathway with additional staff, 3.40 WTE in 2022/23 and 0.8 Whole Time Equivalent (WTE) for 2023/24.

**2** Improved and enhanced digital content

**3** Effective pathways between all emergency and Crisis C&YP MH services. To continue to support C&YP in mental health crisis to reduce the need for admission.

4 Reduce inequality in accessing Mental Health support and treatment through development of community-based Children's Wellbeing.

5 Practitioners working in integrated neighbourhood model with 5 additional staff initially and a further 11 recruited in 2022/23.

6 Strengthen the transition pathway between CAMHS and Community Mental Health Teams (CMJT), GP and Adult ADHD team through recruitment of additional transitional worker posts.

7 Address the current gaps in provision to strengthen the joint working between the general paediatric and psychiatric workforce.

8 Expand the offer to support C&YP identified as requiring Positive Behavioural Support (PBS) approach as part of admission avoidance strategy with extra 3 WTE recruited in 2022/23.

9 Invest in Social Care Liaison post within the crisis team working across health, education and social care as well as the voluntary sector to facilitate timely discharge from paediatric inpatients and reduce length of inpatient stay.

10 Invest in increasing timely access to assessment and intervention for C&YP, which includes physical health monitoring and medication reviews, through recruitment of additional 2 Physician Associates.

11 Expansion of the physical health monitoring currently provided by the Home Intervention team to include all referrals to the C&YP EDT service since 1st of April 2022.

12 Further expansion of MHST wave 9 leading to increase in number of Senior clinicians and Education Mental Health Practitioners.

13 Further invest in non-NHS providers to reach out to C&YP who need emotional health and wellbeing support and do not normally use present services. Paying particular attention to under-represented or ethnic minority communities in highly deprived areas, to reduce inequality in accessing services.

14 Invest in digital support provisions to support CVP with eating disorder in their recovery, by providing online access to peer support forum moderated by trained Mental Health Facilitators for those requiring real-world support effective step-up arrangements to receive face to face peer support. Increase opportunities to align career pathways with patient journeys e.g., more seamless quality care and treatment, 7-day services.

