



**Partnership Commissioning Unit**

Commissioning services on behalf of:  
 NHS Hambleton, Richmondshire and Whitby CCG  
 NHS Harrogate and Rural District CCG  
 NHS Scarborough and Ryedale CCG  
 NHS Vale of York CCG

**North Yorkshire Health and Wellbeing Board  
 27 November 2015**

<b>Report Title:</b>	<i>Future in Mind</i> : transforming support for Children and Young People's Mental Health and Well-being
<b>Report From:</b>	Janet Probert, Director of Partnership Commissioning on behalf of the <i>Future in Mind</i> Transformation Plan Lead Commissioning Forum

## 1. INTRODUCTION

*Future in Mind* sets out a strong national vision and ambition for the delivery of mental health support for children and young people by 2020. 49 recommendations grouped into 5 themes set the direction, away from the existing health-led 4 tier structure to a model that clusters services around the child or young person, and emphasises prevention, and early support. The delivery mechanism is through the Local Transformation Plan, monitored by NHS England and the local Health and Well-Being Boards, to which is attached £1.3 million annually for 5 years to 2020 across North Yorkshire and York. Funding is on a Clinical Commissioning Group (CCG) footprint. The CCGs in North Yorkshire are: Harrogate and Rural District; Hambleton Richmondshire and Whitby; Scarborough and Ryedale, Vale of York CCG, Airedale Wharfedale and Craven and NHS Cumbria. These last two have only a small footprint in the County, but are involved in developing the Transformation Plan. The Plan is led in behalf of the 4 largest CCGs by the Partnership commissioning Unit, working with Local Authority colleagues. The funding formula for the Transformation Plans is based on population. Within the Vale of York CCG area, 64% of the population is resident in the City of York or the East Riding of Yorkshire, and their funding is apportioned between the local authority areas as circumstances require; the figures presented reflects the full funding allocation for the CCG.

This report:

- Outlines *Future in Mind*
- Explains the work undertaken to develop the Local Transformation Plan, and
- Sets out the priorities and actions proposed for inclusion in the Plan.
- Sets out the funding, governance and monitoring arrangements
- Sets out the implementation arrangements

## 2. FUTURE IN MIND

The report is produced jointly by the Departments of Health and Education. Its 49 recommendations are grouped into those deliverable without further investment (the majority), and those for which further investment or co-ordination with other initiatives is necessary (the minority). The Budget in March 2015 announced £1.25 billion funding for child and adolescent mental health over 5 years, and thus most recommendations are likely to be deliverable.

The **national ambition** is:

1. Children and young people will grow up confident and resilient so they can achieve their goals and ambitions
2. When children and young people need help they can find it easily, and be able to trust it
3. Help for children and young people will meet their needs as individuals and be delivered by people who care about what happens to that child
4. Children and young people are experts in their own care and will be involved in how mental health services are developed and delivered

To make the vision happen, there are **5 delivery themes**:

1. Promote resilience, prevention and early intervention
2. Improve access to effective support – a system without tiers
3. Care for the most vulnerable
4. Accountability and transparency
5. A well- developed workforce

On 3 August 2015 NHS England published guidance for the preparation of the Transformation Plans (see Section 3 below), and announced the funding to be allocated to each CCG for delivery.

The guidance also announced 3 priority areas for further potential investment and/or improved delivery in addition to the 5 themes outlined above:

1. Community Eating Disorder Service: this encompasses all support other than inpatient treatment, ranging from basic advice and information through to specialist clinic based therapies. There will be £384k pa across all 4 CCGs until 2020 to support this service.
2. Complete the roll-out of psychological therapies for children and young people (IAPT); these are therapies such as cognitive behaviour therapy, which have a strong track record in helping people to recover from or manage mental illness. All 4 North Yorkshire CCGs are now signed up to IAPT, with Vale of York CCG joining the regional collaborative in September 2015. It is therefore expected that the area will meet the commitment in *Future in Mind* to be fully covered by IAPT services by 2018.
3. Strengthen peri-natal mental healthcare: the subject area covers maternity care through to Health Visiting support, and separate guidance will be published about the expected standards and potential additional funding.

### 3. DEVELOPING THE TRANSFORMATION PLAN

The national ambition requires local leadership and ownership: all CCGs are required to publish a Local Transformation Plan to articulate the local offer. These Plans will cover the whole spectrum of services for children and young peoples' mental health and well-being, from health promotion and prevention work to support and interventions for those with existing or emerging health problem, or are transitioning between services.

The Plans were submitted to NHS England on 16 October 2015, and are currently being assured by NHS England. The Board Chair signed off the four Transformation Plans prior to submission; it was a condition of submission that the Board had had some oversight of the Plan proposals, and, in signing off the Plans, the Chair was assured that a report would be made to this meeting of the Board. Early feedback from NHS England indicates only minor amendments to the plan are required. They reflect the national ambition and have been developed in collaboration with children, young people and their families and with providers and commissioners.

Locally, work began on the Plan as soon as *Future in Mind* was published:

- Establishment of a Lead Commissioning Forum to oversee the project (see Section 4 below)
- Review of applicable strategies across all agencies: the Local Transformation Plan should align with and build on current strategies for emotional and mental health. The priorities articulated in the Plan reflect both the views of professionals and families and also the priorities in the Health and Well Being Strategy, *Growing Up in North Yorkshire*, and *Growing up Happy in North Yorkshire*. The North Yorkshire Mental Health Strategy, *Hope, Control and Choice* was in preparation during the development of the Transformation Plan, but the two documents are clearly aligned through the strategic themes and the priorities for action.
- Conversations with partner agencies, including service providers, Police, Youth Offending Teams, and Public Health colleagues in drafting a statement of readiness to implement the recommendations in *Future in Mind*
- Engagement with schools, both head teachers and SENCOs
- Engagement through the Discover! programme with a broad range of stakeholders including voluntary sector, young people and their families, Army Welfare, Department of Work and Pensions.

The outcome of the preliminary work was twofold; first to envision the future service:

*By 2020, we will work together and share resources across North Yorkshire and York to make sure that children and young people...*

- *Grow up confident and resilient and are able to achieve their goals and ambitions*
- *Can find help easily when they need it*
- *Receive help that meets their needs as individuals in a timely way*
- *Are fully involved in deciding on their support and more broadly how services are delivered and organised.*

Second was the identification of three priority areas for investment, in addition to the priority themes published by NHS England:

1. Prevention, promotion and early intervention
2. A system without tiers: easy access to appropriate help
3. Care for the most vulnerable children and young people

These themes are being worked into action plans that will deliver significant new levels of support for children and young people and those who work with them. All are keen to ensure this excellent new opportunity builds both on existing strategic priorities as expressed in Young and Yorkshire but also as a consequence results in new provision closely aligned with work to enhance the local integration and alignment of key services.

### Prevention, promotion and early intervention

This is concerned with the value placed on recognising and promoting good mental health and emotional well-being, rather than focusing on illness. There must be an integrated partnership approach to defining and meeting needs across the full range of universal, targeted and specialist services:

- Promoting good mental well-being and resilience
- Preventing mental health problems from arising by taking early action with those at risk
- Early identification of need as problems emerge The main proposals for action are:
- Support throughout childhood from birth: subject to awaited guidance on perinatal mental health care, working with the Healthy Child, and Health Visitor programmes and also within early years settings such as pre-school
- Whole system approach in schools: approaches involving building academic resilience
- Schools, GPs and others are equipped to support: named CAMHS links for all school clusters and allied GP surgeries to offer advice, support training and early therapies for individuals and groups.

### A system without tiers: easy access to appropriate help

Current models of care have become overly rigid, dependent on the children and young people fitting the system of support, rather than services fitting the needs or changing needs of the child or young person. Frequently, children and young people have the option of specialist services which they do not need, or no service at all. The proposal is to move to a flexible needs based model: this allows agencies to jointly commission and deliver support to enable children and young people to move more easily into and between services and to make collaborative choices about what help best suits them.

This means that clearly structured access into services, and common understanding of how the 'whole system' functions is critical. The main proposals for action are:

- Single point of access into support: this will encompass a multi-agency triage to ensure that children and young people are offered the most appropriate support to suit their needs. It is proposed that within North Yorkshire a mental health worker be assigned to each Prevent Hub to advise, offer consultation to colleagues and onward referral to appropriate services. This will also ensure that high risk vulnerable groups are prioritised, allowing prompt decision making on interventions, advice and support.

- Invest in technologies to empower children and young people to access advice and early help in ways that are comfortable for them: there are technologies that offer web-based information, and incrementally, mediated discussion with professional support through to face to face support. Young people have expressed a strong preference for this approach, and have also stated they want to be able to access advice to help them support friends.

### Care for the most vulnerable

Children and young people such as those in care, with complex needs, or in the Youth Justice system have greater vulnerability to mental illness, but often find it harder to access help and support. If access is readily available, then outcomes are improved for the individual and the potential costs to the public purse can be reduced.

The challenges are to ensure a clear sense of purpose across agencies in ensuring that appropriate care is always available. There are a number of models of care for vulnerable groups, such as Team Around the Child, and consultation and liaison models. Initiatives will be focused on work in schools.

In addition, the Plan details the approach towards establishing a community eating disorder service to meet the NHS national waiting time standards by 2020. There is very clear evidence that children and young people with eating disorders achieve better outcomes, both health and social/economic, if they can be treated in the community rather than in inpatient units. NHS data shows that across the four CCGs, there were 95 admissions to Tier 4 CAMHS inpatient units in 2014/15 of which 4 were primary presentations of eating disorder.

The national standard is that all urgent cases will commence treatment within five days, and non-urgent within fifteen days of referral. There are currently eating disorder clinics in Harrogate and York: both have a caseload of around 30-40 cases at any one time. The new community eating disorder service is structured on a footprint for the four main CCGs in North Yorkshire and York (750,000) population, and expects to carry a caseload of around 80 referrals a year. A proposal for the provision of the service has been submitted by Tees Esk and Wear Valley NHS Trust (TEWV), which is being considered.

### How will we know we have succeeded?

The critical success factors for this ambitious project will be:

- Reduction in inappropriate referrals to specialist CAMHS services
- Measurement through pupil surveys that show more pupils feel supported and able to cope with adversity
- Measurement through staff surveys that show frontline staff are better informed and support and able to manage children and young people with difficulties
- Measurement that shows workforce generally is better aware of the issues surrounding emotional and mental well-being and able to respond appropriately to support children and young people

Detailed KPIs are being worked on.

#### 4. FUNDING, GOVERNANCE AND MONITORING

##### Funding

Once assured, there will be £1.3 million pa across the 4 CCGs, with a proposed allocation as follows:

- £384K pa for Community Eating Disorder Service.
- Of the remaining £963k:
  - 60% on prevention, promotion and early intervention
  - 20% on easy access to appropriate support
  - 20% on support for vulnerable groups

The table below sets out the allocated funding announced by the NHS:

<b>CCG</b>	<b>Eating disorder service and planning (annual)</b>	<b>Future in Mind funding (annual)</b>
<b>Hambleton Richmondshire and Whitby CCG</b>	75,249	188,356
<b>Harrogate and Rural District CCG</b>	79,246	198360
<b>Scarborough and Ryedale CCG</b>	64,802	162,205
<b>Vale of York CCG</b>	165,536	414355
<b>TOTAL</b>	<b>384,833</b>	<b>963,276</b>

The funding is made available as follows:

- £384k in August 2015 for planning and Eating Disorders to be spent in the current financial year
- £900k to be paid on assurance of the Plan by NHS England: this is expected to be in November or December 2015, also to be spent in the current financial year
- £1.3 million in each subsequent financial year to 2019/20 encompassing the Eating Disorder allocation and general transformation funding.

##### Governance and monitoring

The whole project is directed by North Yorkshire & York Lead Commissioning Forum, comprising the Partnership Commissioning Unit (PCU) on behalf of the 4 CCGs, North Yorkshire County Council, City of York Council, Airedale Wharfedale and Craven CCG, NHS England and East Riding of Yorkshire Council: this has overseen the preparation of the Transformation Plan. Following submission, a Delivery and Implementation Group has been set up with the task of managing the delivery of the Plans.

The governance structure proposed in the Transformation Plans, subject to NHS England approval provides for oversight by the Health and Well-Being Board, which

will ensure that the Transformation Plans reflect and are reflected across all children and adolescent strategies.

NHS England will monitor the Plan against the financial and performance metrics adopted within the Plan structure.

The meeting will receive a verbal update on progress against the NHS assurance framework; it is hoped that the Plans will be approved by the end of November 2015, with publication in early December 2015

## **5. Conclusion**

*Future in Mind* offers the opportunity for a fresh start to the whole approach for responding to the basic need of children and young people for good mental health and emotional well-being. By moving from a deficit model of treating illness to one built around developing and reinforcing that which is good and supportive in the lives of children and young people, it is intended that fewer will report negative feelings about their lives and be better equipped to manage adversity and challenge. For those children and young people who need support, the move to a system structured to provide early support appropriate for the individual should mean speedier recovery.

## **6. Recommendation**

The Board is asked to note the report.