
LEICESTER CITY HEALTH AND WELLBEING BOARD

Date: THURSDAY, 7 DECEMBER 2017

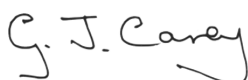
Time: 10:30 am

Location:

MEETING ROOM G.01, GROUND FLOOR, CITY HALL,
115 CHARLES STREET, LEICESTER, LE1 1FZ

Members of the Board are summoned to attend the above meeting to consider the items of business listed overleaf.

Members of the public and the press are welcome to attend.



For Monitoring Officer

NOTE:

This meeting will be webcast live at the following link:-

<http://www.leicester.public-i.tv>

An archive copy of the webcast will normally be available on the Council's website within 48 hours of the meeting taking place at the following link:-

<http://www.leicester.public-i.tv/core/portal/webcasts>



City Mayor

healthwatch
Leicester



Leicestershire
Police
Protecting our communities

NHS
Leicester City
Clinical Commissioning Group

NHS
England

University Hospitals of Leicester **NHS**
NHS Trust

Caring at its best



Leicestershire Partnership
NHS Trust

LEICESTERSHIRE
FIRE and RESCUE SERVICE
protecting our communities

MEMBERS OF THE BOARD

Councillors:

Councillor Adam Clarke, Deputy City Mayor, Environment, Public Health and Health Integration (Chair)

Councillor Piara Singh Clair, Deputy City Mayor, Culture, Leisure, Sport and Regulatory Services

Councillor Sarah Russell, Deputy City Mayor, Children and Young People's Services

Councillor Vi Dempster, Assistant City Mayor, Adult Social Care and Wellbeing
Vacancy

City Council Officers:

Frances Craven, Strategic Director Children's Services

Steven Forbes, Strategic Director of Adult Social Care

Andy Keeling, Chief Operating Officer

Ruth Tennant, Director Public Health

NHS Representatives:

John Adler, Chief Executive, University Hospitals of Leicester NHS Trust

Professor Azhar Farooqi, Co-Chair, Leicester City Clinical Commissioning Group

Sue Lock, Managing Director, Leicester City Clinical Commissioning Group

Dr Peter Miller, Chief Executive, Leicestershire Partnership NHS Trust

Dr Avi Prasad, Co-Chair, Leicester City Clinical Commissioning Group

Roz Lindridge, Locality Director Central NHS England – Midlands & East (Central England)

Healthwatch / Other Representatives:

Karen Chouhan, Chair, Healthwatch Leicester

Lord Willy Bach, Leicester, Leicestershire and Rutland Police and Crime Commissioner

Chief Superintendent, Andy Lee, Head of Local Policing Directorate, Leicestershire Police

Andrew Brodie, Assistant Chief Fire Officer, Leicestershire Fire and Rescue Service

STANDING INVITEES: (Not Board Members)

Toby Sanders, Senior Responsible Officer, Better Care Together Programme

Will Legge, Divisional Director, East Midlands Ambulance Service NHS Trust

Information for members of the public

Attending meetings and access to information

You have the right to attend formal meetings such as full Council, committee meetings, City Mayor & Executive Public Briefing and Scrutiny Commissions and see copies of agendas and minutes. On occasion however, meetings may, for reasons set out in law, need to consider some items in private.

Dates of meetings and copies of public agendas and minutes are available on the Council's website at www.cabinet.leicester.gov.uk, from the Council's Customer Service Centre or by contacting us using the details below.

Making meetings accessible to all

Wheelchair access – Public meeting rooms at the City Hall are accessible to wheelchair users. Wheelchair access to City Hall is from the middle entrance door on Charles Street - press the plate on the right hand side of the door to open the door automatically.

Braille/audio tape/translation - If you require this please contact the Democratic Support Officer (production times will depend upon equipment/facility availability).

Induction loops - There are induction loop facilities in City Hall meeting rooms. Please speak to the Democratic Support Officer using the details below.

Filming and Recording the Meeting - The Council is committed to transparency and supports efforts to record and share reports of proceedings of public meetings through a variety of means, including social media. In accordance with government regulations and the Council's policy, persons and press attending any meeting of the Council open to the public (except Licensing Sub Committees and where the public have been formally excluded) are allowed to record and/or report all or part of that meeting. Details of the Council's policy are available at www.leicester.gov.uk or from Democratic Support.

If you intend to film or make an audio recording of a meeting you are asked to notify the relevant Democratic Support Officer in advance of the meeting to ensure that participants can be notified in advance and consideration given to practicalities such as allocating appropriate space in the public gallery etc.

The aim of the Regulations and of the Council's policy is to encourage public interest and engagement so in recording or reporting on proceedings members of the public are asked:

- ✓ to respect the right of others to view and hear debates without interruption;
- ✓ to ensure that the sound on any device is fully muted and intrusive lighting avoided;
- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information

If you have any queries about any of the above or the business to be discussed, please contact Graham Carey, **Democratic Support on (0116) 454 6356 or email graham.carey@leicester.gov.uk** or call in at City Hall, 115 Charles Street, Leicester, LE1 1FZ.

For Press Enquiries - please phone the **Communications Unit on 454 4151**

PUBLIC SESSION

AGENDA

FIRE/EMERGENCY EVACUATION

If the emergency alarm sounds, you must evacuate the building immediately by the nearest available fire exit and proceed to area outside the Ramada Encore Hotel on Charles Street as directed by Democratic Services staff. Further instructions will then be given.

1. WELCOME AND APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business to be discussed at the meeting.

3. MINUTES OF THE PREVIOUS MEETING

**Appendix A
(Pages 1 - 10)**

The Minutes of the previous meeting of the Board held on 9 October 2017 are attached and the Board is asked to confirm them as a correct record.

4. HOW WILL YOU HEAR ME

**Appendix B
(Pages 11 - 12)**

To receive a presentation from Bernadette Kileen, Youth Development Worker on the recent Safeguarding Summit on the Emotional Health and Wellbeing of the City's pupils. A short video will also be played.

5. THEMED SESSION ON CHILDREN'S MENTAL HEALTH

The Board will consider the following as part of a Themed Session on Children's Mental Health:-

(i) INTRODUCTION

Dr Joe Dawson, Head of Service SEN and Disabilities/Principal Psychologist, Leicester City Council to introduce children's health and wellbeing in the City and outline some of the key challenges.

**(ii) SPECIALIST CHILD AND ADOLESCENT
MENTAL HEALTH SERVICES (CAMHS)**

**Appendix C
(Pages 13 - 26)**

Mark Roberts, Associate Director of Children's Services, Leicestershire Partnership NHS Trust to give a presentation on Specialist Child and Adolescent Mental Health Services (CAMHS).

**(iii) UNIVERSAL SUPPORT FOR CHILDREN AND
YOUNG PEOPLE**

**Appendix D
(Pages 27 - 32)**

To receive a presentation from Claire Mills, Public Health Lead Commissioner, Leicester City Council, on "Healthy Together: universal school age offer."

(iv) FUTURE IN MIND

**Appendix E
(Pages 33 - 48)**

Chris West, Director of Nursing and Quality West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups, and Elaine Egan Morris, CAMHS Manager/Future in Mind Transformation Programme Manager, to make a presentation on Transforming Mental Health and Wellbeing Services for Children and Young People Across Leicester, Leicestershire and Rutland.

(v) DISCUSSION AND NEXT STEPS

The Chair to lead a discussion session on the next steps forward.

6. QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chair to invite questions from members of the public.

7. DATES OF FUTURE MEETINGS

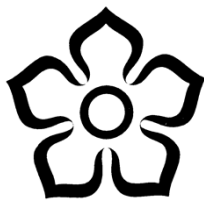
To note that future meetings of the Board are scheduled to be held on the following dates:-

Monday 5th February 2018 – 3.00pm

Monday 9th April 2018 – 2.00pm

Meetings of the Board are usually held in Meeting Room G01 at City Hall unless stated otherwise on the agenda for the meeting.

8. ANY OTHER URGENT BUSINESS



Leicester
City Council

APPENDIX A

Minutes of the Meeting of the HEALTH AND WELLBEING BOARD

Held: MONDAY, 9 OCTOBER 2017 at 3:00 pm

P R E S E N T :

Present:

Councillor Adam Clarke (Chair)	– Deputy City Mayor, Leicester City Council.
Karen Chouhan	– Chair, Healthwatch Leicester.
Lord Willy Bach	– Leicestershire and Rutland Police and Crime Commissioner
Councillor Piara Singh Clair	– Deputy City Mayor, Leicester City Council.
Frances Craven	Strategic Director, Children's Services, Leicester City Council.
Councillor Vi Dempster	Assistant City Mayor, Leicester City Council
Steven Forbes	– Strategic Director of Adult Social Care, Leicester City Council.
Sue Lock	– Managing Director, Leicester Clinical Commissioning Group
Dr Peter Miller	– Chief Executive, Leicestershire Partnership NHS Trust.
Superintendent Shane O'Neil	– Local Policing Directorate, Leicestershire Police.
Ruth Tennant	– Director of Public Health, Leicester City Council.
Mark Wightman	– Director of Marketing and Communications, University Hospitals of Leicester NHS Trust

In attendance

Graham Carey

– Democratic Services, Leicester City Council.

95. APOLOGIES FOR ABSENCE

Apologies for absence were received from:-

John Adler	Chief Executive, University Hospitals of Leicester NHS Trust
Professor Azhar Farooqi	Co-Chair, Leicester City Clinical, Commissioning Group
Andy Keeling	Chief Operating Officer, Leicester City Council
Chief Supt Andy Lee	Head of Local Policing Directorate
Will Legge	Divisional Director,
Roz Lindridge	Locality Director Central NHS England, Midlands and East (Central England)
Dr Avi Prasad	Co-Chair, Leicester City Clinical Commissioning Group
Councillor Sarah Russell	Deputy City Mayor, Leicester City Council

96. DECLARATIONS OF INTEREST

Members were asked to declare any interests they might have in the business to be discussed at the meeting. No such declarations were made.

97. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the minutes of the previous meeting of the Board held on 5 October 2017 be confirmed as a correct record subject to the last line of paragraph a) in Minute No 87 being amended to read “to have extended access for all city registered patients”.

98. WINTER PLANNING ARRANGEMENTS

Tamsin Hooton and Jennifer Smith attended the meeting to present the LLR Winter Plan 2017-2018.

It was noted that the Plan was overseen by NHS England and had been

submitted to them on 8 September 2017. The Plan had been assured by the Local NHS Team and was currently awaiting a formal assurance from the National NHS England Team. The purpose of the Plan was to co-ordinate the health system's ability to response to increased demand for services from the public in seasonal winter periods and particularly to spikes in demand arising during that period.

The Plan was overseen locally by the A&E Delivery Board, Chaired by John Adler, assisted by a Winter Plan Sub-Group that brought together the different agencies involved. As part of the planning process in preparing the plan, the lessons learned from the experiences of the previous winter period had been reviewed to improve the resilience of the service for this winter.

Since the opening of the new Emergency Department, improved ambulance handover times ad been observed. The number of lost hours through ambulance crews waiting for patient handover had been reduced by over 80%; which enabled EMAS to recycle those resources back into the system to enable ambulances to be despatched more rapidly in response to calls for assistance.

Changes had also been made in the community based urgent care services with a view to providing an enhanced clinical navigation process in conjunction with NHS 111. An enhanced care triage assessment process had been introduced to signpost and book non-urgent patients into alternative forms of treatment in non-acute services settings. As a direct result of the new clinical navigation process, approximately 80% of patients seen by EMAS following non-emergency ambulance responses, were now receiving different outcomes than being conveyed to an acute hospital setting. In addition 60%-65% of referrals to the Emergency Department by GPs and NHS 111 were also being treated in different pathways and not in A&E. Demand was beginning to be moderated and attendances at the A&E Department were already showing a 2% reduction compared to the same period last year. This was also being supported by the 4 Health Care Hubs in the City and patients were also being booked into these through the clinical navigation process where appropriate.

Work was continuing to build and develop elements of the Plan. These included:-

- The development of a flu and infectious disease plan across city.
- Refining and refreshing the arrangements in relation to the need for a surgeon escalation within the plan, co-ordinated by the CCG Team, so that there were clear actions at each level of pressure and all partners were being made aware of these actions at each level of escalation.
- The Plan also helped to manage the surge in demands and smooth out the peaks of demand for services. There was a spike in demand for services on Mondays throughout the year and also after the two days of Christmas and Bank Holidays which were exacerbated by the additional winter pressures.
- A Passport Scheme, whereby patients identified as being at high risk of either attendance or admission to hospital, had a fast track into

alternative services including a home visiting service and telephone support.

- UHL's 'Red to Green' initiative had already been beneficial in reducing the number of delays in discharging patients from hospital and further initiatives were being introduced to further improve patient flows through the hospital.

Members commented that:-

- a) It would be useful to have feedback to future Board meetings on performance during the winter period. A general operational dashboard would be useful to monitor this and to provide a baseline with which to compare performance in future years.
- b) The importance of the co-ordinated escalated responses at times of pressure were seen as essential and an important response when the system was under pressure. The new Emergency Department was also seeing different patterns of patient attendance and it would be important to understand these new patient patterns in order to address them; particularly in relation to the recent spikes that had started to occur on Mondays.
- c) Future reports would benefit from having some narrative of the issues and how the service as a whole was performing in response to them. Some further clarity around the data provided and the need to establish the baseline was required.
- d) All partners were collectively signed up to improving the delayed transfer of care which was currently performing on a trajectory slower than the national targets.
- e) The arrangement for the surgeon escalation could also impact on other issues during the winter such as delayed and cancelled elective surgeries; and this could be useful indicator to be include in the proposed monitoring dashboard. It was noted that there was an expectation within the health services that elective surgeries would be 'phased' over Christmas/ New Year period to reduce the pressures on hospital beds over this period and to avoid unplanned cancellations of elective surgery.
- f) The regional moderation approach to the BCF Plan was a suggestion and recommendation in the plan went forward requesting approval, with conditions. This would not have caused any significant problems from a local authority perspective in terms of the transfer monies that came through the NHS. The LLR had submitted a trajectory that was felt to be achievable by March; but this had been rejected at national level by NHS England along with the rejection of plans of 18 other areas. The LLR was now being asked to submit a trajectory that was not felt to be achievable, which local authorities felt was an unrealistic approach to be adopted by NHS England. This could result in the Council being

potentially being punished by NHS England by them potentially withholding funding of up to £10m that was essential to delivering baseline services. There was a view that the LLR was effectively being punished for good performance, particularly in relation to reducing social care detox. The CCG had been informed that NHS England would be writing to them and 29 other leads of BCF plans offering the opportunity for LLR to consider its position, following formal feedback by NHS England, and have a further opportunity to resubmit its proposals by 16 October 2017.

AGREED:

- 1) That the report be received and that pressures being placed upon the local health system resulting in the current turmoil within the system be noted and recognised.
- 2) That the Board receive further reports on performance monitoring during the winter period as requested in the comments above.

99. WINTER PLANNING ARRANGEMENTS - COMMUNICATIONS, ENGAGEMENT AND MARKETING PLAN

Melanie Shilton (Communications Manager, Corporate Affairs, Leicester City Clinical Commissioning Group) attended the meeting to present the report and respond to Members' questions on the Communications, Engagement and Marketing Plan.

The following comments were noted during the presentation:-

- a) Although the Plan was a collaborative LLR approach, there were specific initiatives that would be delivered in the City. There was a strong collaborative approach across the LLR and all communications leads met fortnightly and would continue to do so throughout the winter period to review the effectiveness of the arrangements.
- b) There were 5 key themes to the communications plan:-
 1. Raising awareness of the 'flu jab' particularly with patients over 65 and those with long term health conditions. The plan was currently live and supporting GP practices to reach patients to have their flu jab. One element of support was proactive telephone calls to patients, who were identified as being at risk, to encourage them to have their vaccinations. There was some additional money available to support this element for 8-10 GP practices in the City.

The national flu campaign would be launched later in the week and would focus on parents of young children, those with long term health conditions, pregnant women and BME communities.

2. Christmas Period The communications would be increased around the Christmas period encouraging people to contact the NHS 111

service which would then advise patients on the best service to use to get the appropriate level of health care for the patient's needs. For example, signposting to pharmacies and GP practices, where appropriate, would help to relieve the pressure on A&E Departments. In previous years patients who were unsure where service they could use to receive treatment, had generally gone to A&E in the first instance. The strategy aimed to reduce the spikes in demands at A&E departments experienced in previous years.

3. Early help, especially directed at the elderly, who traditionally delayed getting care in the early stages which often resulted in their condition deteriorating rapidly which then increased the chances of them being admitted to hospital.

4. Discharge Arrangements to encourage patients to return home with support where appropriate.

5. Care Homes were a key part of the health system and communications with care homes would be increased during the winter period to try and reduce hospital admissions. Targeted communication of this kind had been successful with students in the City in the previous year.

c) Specific initiatives in the City would include:-

- Using all the free and owned channels of communications and relationships with key partners, including the Patient Participation Groups, GP Practices and voluntary and community sector services.
- A variety of toolkits would be shared widely and there would be proactive outreach by attending community events. This outreach had already been in attendance at all student fresher fairs. The CCG arranged the content of material displayed on the screens in GP practices and this would be actively used to promote the Health Care Hubs, contacting the NHS 111 service and promoting the availability of flu jabs etc. All channels of communications would be aligned to give the same consistent message to the public at the same time. IN addition, all health service partners' websites would be pushing the same messages in order to increase the communication's penetration across the city
- The 4th Health Care Hub had opened in the previous week and communications would continue to promote the public awareness of the Hubs in general and the 4th Hub in particular.
- Health care messages, promotion of Health Care Hubs and NHS 111 Service would be displayed on the big screens at the Diwali celebrations and then again at the Bonfire Night celebrations to reach large audiences.

- Self-care was also important to prevent admissions to hospitals and to the health care system and also to help manage GP practice workloads in the winter. The communications would be targeted to build patients confidence to get the right care in the right place and at the right time. Self-care awareness week would be launched on 13 November.
- The health care messages would be repeated throughout the winter.

Following comments and questions from Members, the following responses were received:-

- a) The impact of elements for each specific communication channel would be monitored and measured, including how widely information was shared and the level of video usage etc.
- b) There would be specific marketing in south of the city as patients had been observed using the A&E Department in greater numbers than the rest of the city. There was a delicate balance to be achieved in the contents of the communications, as a previous targeted postcode communications campaign had resulted in increasing the attendance at the A&E Department by 10% as it had inadvertently raised the public awareness of attending A&E. Communications needed to be directed to encourage patients to use pharmacies and the NHS 111 Service at the earliest opportunity to help reduce hospital admissions and relieve the pressures and strains upon the health system during the winter months.
- c) There were general concerns that flu levels had been high during the recent winter in Australia particularly as the health system had struggled to cope with the increased winter demand during the mild winter last year. The health system as a whole, were keenly observing the incidence of flu levels as the strain progressed through Asia toward Europe. Partners were arranging to get their front line care staff vaccinated to improve their chances of being able to continue to work should there be a flu epidemic during the winter.
- d) All partner organisations should consistently promote and share the health messages during the winter. Elected councillors could also help by promoting the messages in their ward surgeries to promote the flu vaccination programme and to encourage the elderly, in particular, to seek early intervention for colds and reduce their tendency to feel guilty in engaging with health services
- e) There had been negative media stories earlier in the year around the NHS being in crisis. To address this issue, the communications would consistently deliver messages encouraging patients to use NHS services wisely in order to prevent unnecessary and excessive pressures on A&E departments during the winter months and to reassure the public that services would be available when needed.

- f) The CCG were actively working with a variety of groups about concerns expressed at the content of flu vaccine in order to improve the take up of vaccinations especially in BME communities. The CCG had recently engaged with the Confederation of Muslim Organisations to listen to concerns about the contents of the vaccines and nasal sprays and to reassure the community that the current nasal spray could be safely administered. Dr Shahid Latif had recently discussed the issues live on LRB Radio in the City and there had subsequently been a good response from the Muslim community to the vaccination programme. A Muslim mothers group had also asked Dr Latif to address them to improve the understanding of the vaccination programme and the contents of the nasal spray.

AGREED:

That CCG officers be thanked for their presentation and response to Members questions and that the Council look at ways in which information could be cascaded to ward community meetings and councillors ward surgeries across the city.

100. FLU VACCINATION ARRANGEMENTS

Chloe Leggat, Screening and Immunisation Co-ordinator, NHS England (Leicestershire, Lincolnshire and Northamptonshire) attended the meeting to give a presentation on the Flu and Vaccination Programmes for Leicester City.

During the presentation it was noted that:-

- a) The programme provided for flu vaccinations for a wide range of at risk groups which were listed in the report including everyone aged 6 months to 65 years with a serious medical condition, those groups with chronic long term respiratory, heart, kidney, liver and neurological diseases, diabetes, poorly functioning or absent spleen, weakened immunity systems and those classified as morbidly obese.
- b) The National uptake of flu vaccinations was generally lower in GP practices than in schools and the uptake was not as good in younger children. The take up of the vaccination was outlined in detail in the presentation slides which had been circulated with the agenda.
- c) Barriers encountered in delivering the flu vaccinations included:-
- Issues in obtaining school pupil data.
 - Myths that vaccinations did not work or they gave patients the flu.
 - Recent increases in activity by the anti-vaccine lobby and concerns that the vaccine contained porcine gelatine.
 - There were some issues around poor performance and practice in GP practices and these were being addressed. These issues included needle phobia, porcine gelatine concerns, myths, perception that flu was a minor illness, patient targeting and poor strain matching.

- d) LPT provided a school aged immunisation service with an uptake of over 50%. Children who were absent from schools on the day of vaccinations were given a second offer or the option of going to specific pharmacies to get immunised.
- e) There were 102 schools in the city and 28,420 pupils were eligible for the vaccine. 46.6% of pupils had been vaccinated which was above the 40% rate need to provide an economic benefit in carry out the vaccination programme.
- f) The uptake in some schools was very poor. One school with 420 pupils on the school roll, only received 32 consents for the vaccination to be administered. Reasons for the poor responses appeared to vary as one GP practice in the same catchment area as schools with low performance had an uptake of 45% as opposed to 15% in the schools in the area. This was felt to be a result of the GP practice being actively proactive in promoting the vaccinations.
- g) Some schools had cancelled vaccination sessions because they had Ofsted inspections at the time and work was ongoing with Ofsted who did encourage schools to participate in the vaccination programme as part of the inspection regime.
- h) Dialogue had been established with UHL to identify 2 year olds in the various risk groups and to co-ordinate arrangements for them to be vaccinated. A SIT letter had been sent to 2 & 3 year olds to improve the uptake of the vaccination programme and UHL maternity services and midwives were encouraged to give flu vaccinations alongside the scanning programme for expectant mothers.
- i) The H1N1 swine flu virus was still prevalent in India and a number of requests had been received from patients for a vaccine prior to travelling.
- j) There were some real inequality pockets of low immunity areas in the City.

During discussion Members made the following comments:-

- a) There did not appear to be any direct correlation with cohorts that had not been vaccinated and their attendance record at schools.
- b) The Strategic Director Children's Services expressed an interest in receiving details of those schools that did not engage with the vaccination programme so that the Council's services visiting schools could help to promote the programme. Public Health staff were also looking to contact schools to promote the vaccination programme.
- c) Community leaders played an important part in encouraging target

groups to engage with the vaccination programme. It was recognised that branding did not always have a positive effect on everyone.

- d) LRB Digital, the first live Muslim talk radio station, had recently discussed the issues surrounding the flu vaccination programmes on air and the live broadcast discussion could be found on their Facebook page at the following link: <https://en-gb.facebook.com/LRBDigitalUK/> .

AGREED:

- 1) That NHS England be thanked for their presentation and that the Council and partners on the Board engage with NHS England/Public Health England to improve the take up of the vaccination programme.
- 2) That the Council's Children's Services staff work with Public Health England and NHS England to consider ways of encouraging greater take up of the vaccination programme in schools.

101. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from members of the public.

102. DATES OF FUTURE MEETINGS

Noted that future meetings of the Board would be held on the following dates:-

Thursday 7th December 2017 – 10.30am

Monday 5th February 2018 – 3.00pm

Monday 9th April 2018 – 2.00pm

Meetings of the Board are scheduled to be held in Meeting Room G01 at City Hall unless stated otherwise on the agenda for the meeting.

103. ANY OTHER URGENT BUSINESS

There were no other items of Any Other Urgent Business.

104. CLOSE OF MEETING

The Chair declared the meeting closed at 4.22pm.

Children and young people's well being

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Leicestershire Partnership
NHS Trust

Specialist CAMHS

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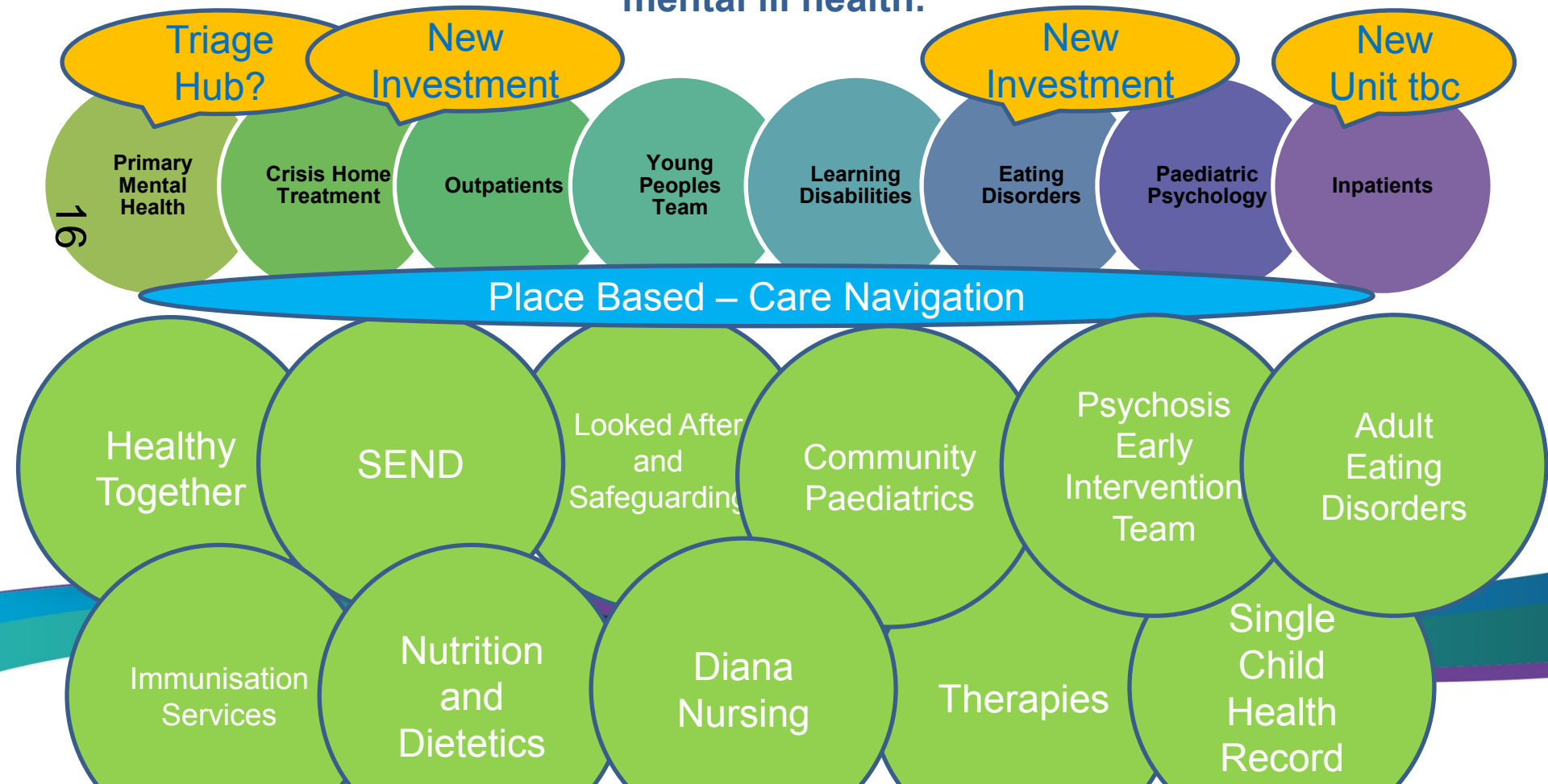


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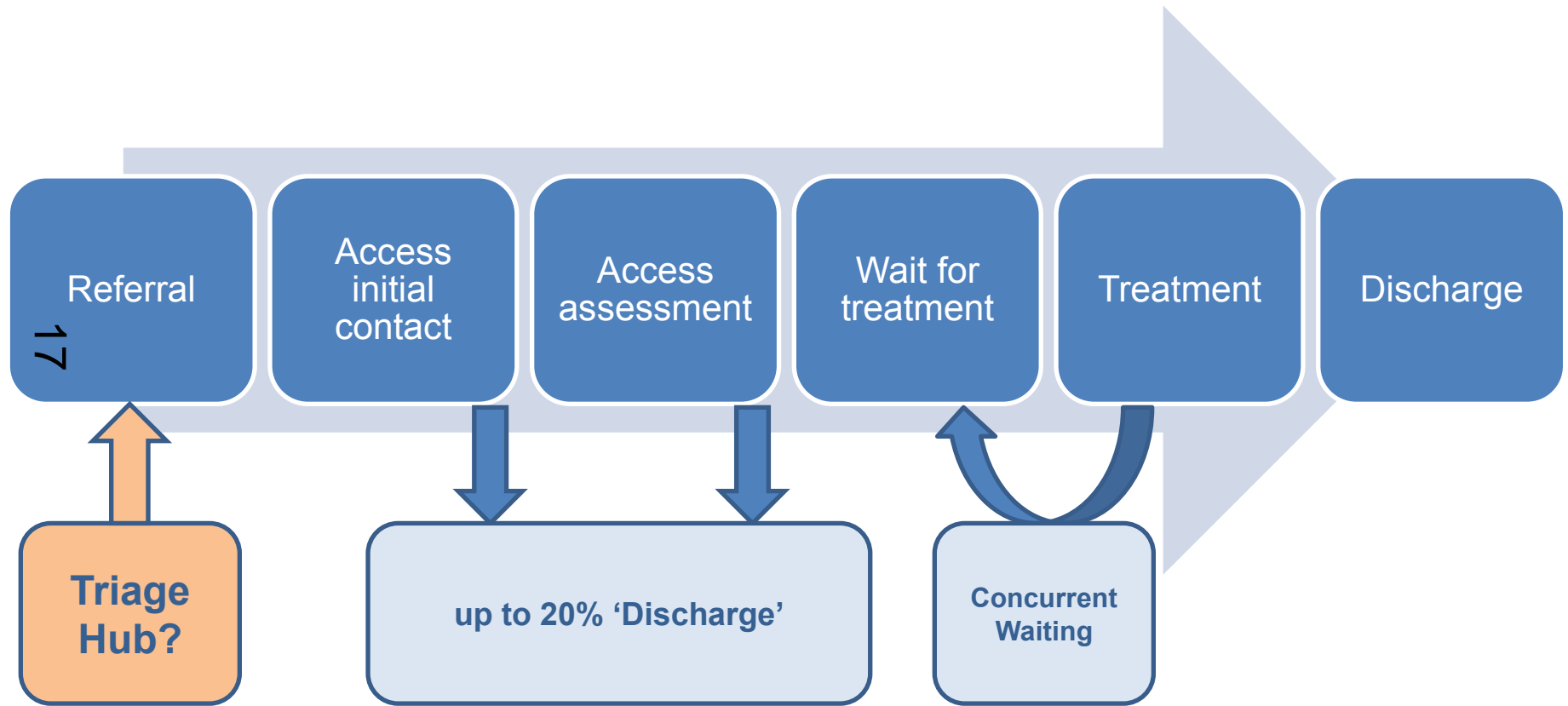
APPENDIX C

Specialist CAMHS

Within our Families, Young People and Childrens Directorate (FYPC) providing specialist mental health services for children and young people up to the age of 18 years who are experiencing moderate to severe mental ill health.



The Specialist CAMHS System



Principal Care Pathways

18

Crisis

**Eating
Disorders**

**Neuro
Development**

**Mood
Disorders**

Anxiety

Psychosis

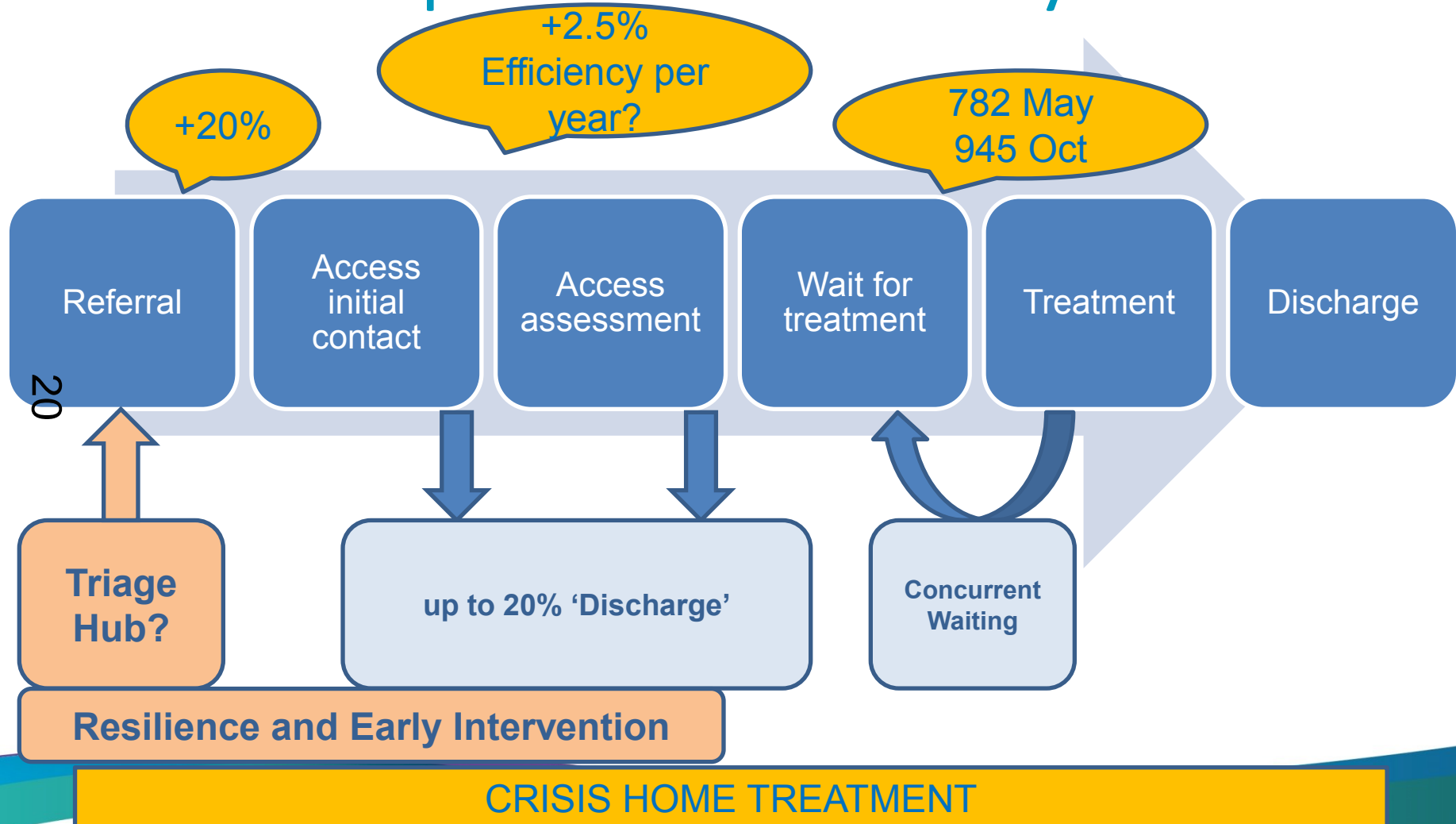
Service Developments

1. Eating Disorders Specialist CAMHS Service - April 2016
2. Access Team for Specialist CAMHS - August 2016
3. CAMHS Crisis and Home Treatment Team - April 2017

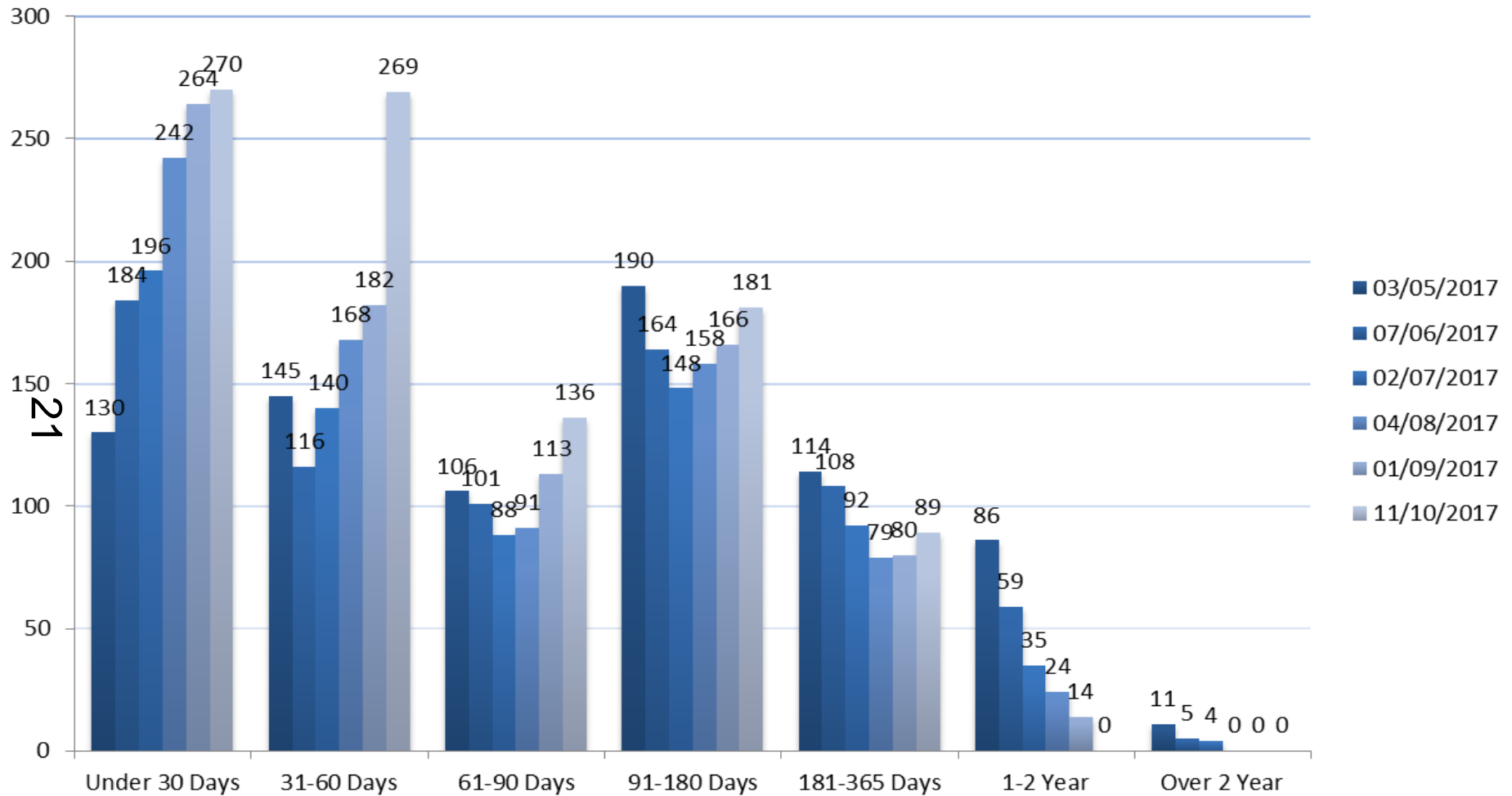
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The Specialist CAMHS System



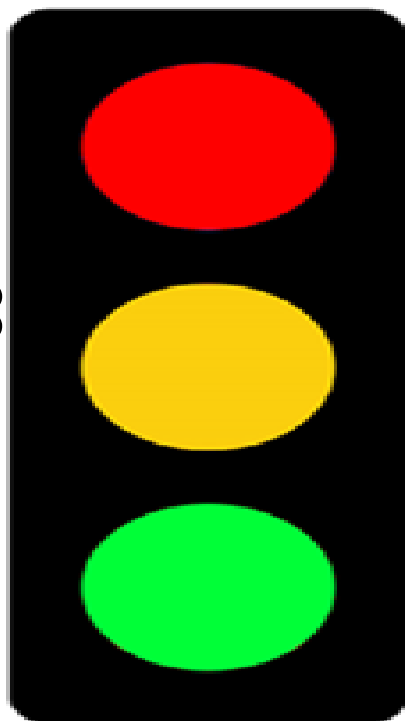
Waiting List Summary



Managing risk for those who wait: Traffic Light System Implementation

LPT Specialist CAMHS Traffic Light System

22



RED RAG RATING (Acute – High Risk)

- ☐ Presence of suicide attempt within the last 3 months, or persistent suicidal ideation with evidence of a plan and/or actual intent, and with limited protective factors.
- ☐ Severe or rapid weight loss associated with an eating disorder, or Height to Weight percentile < 2nd centile
- ☐ Presence of untreated psychotic features or suspected bipolar affective disorder.
- ☐ Presence of significant biological features of severe depression, including self-harm (e.g. cutting), suicidal ideation, or other risks (e.g. eating disorders with associated weight loss or physical sequelae).
- ☐ Severe risk of harm to others.

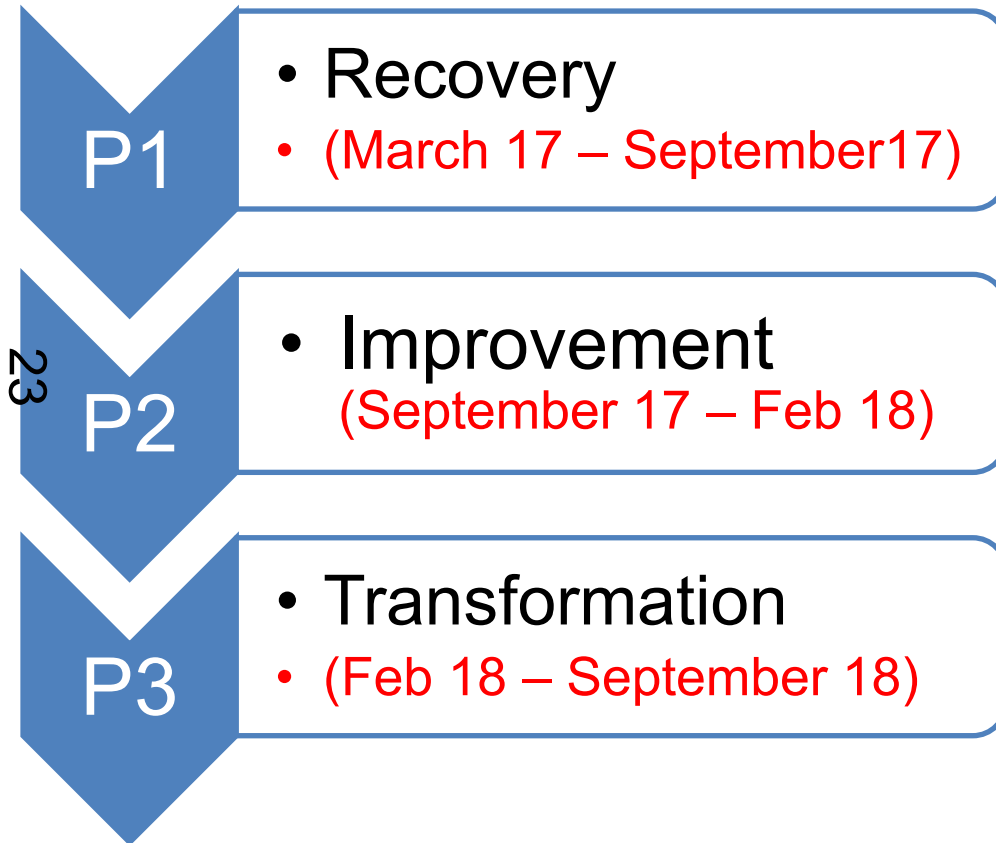
AMBER RAG RATING (High Routine – Medium Risk)

- ☐ Presence of one or two of the following: self-harm (e.g. cutting), fleeting suicidal ideation, eating disorders with associated weight loss or physical sequelae, and/or significant biological features of depression.
- ☐ Presence of self-harm (e.g. cutting), with no suicidal intent.
- ☐ Presence of sensory distortions resulting from dissociative phenomena.
- ☐ Moderate / severe depression or severe anxiety / OCD or PTSD when cases have been waiting for more than 6 months.
- ☐ Awaiting assessment for ADHD / ASD and engaging in dangerous behaviour or behaviour that makes them vulnerable to exploitation or risk-taking.
- ☐ Where mental health needs impact on daily functioning to the extent of restricting regular access to education / social interaction.
- ☐ Looked After Child or on Child Protection Plan Or Child In Need.
- ☐ Severe safeguarding concerns.

GREEN RAG RATING (Low Routine – Low Risk)

- ☐ Routine assessment for ADHD / ASD.
- ☐ Routine assessment / treatment of Tics.
- ☐ Emotional disorders awaiting treatment for less than 6 months.

CAMHS Improvement Programme



Leicester City Demand and Performance

24

Patient Count	Month						
Service	Apr	May	Jun	Jul	Aug	Sep	Grand Total
Access	71	83	110	81	68	64	477
City Outpatient	13	35	40	28	51	66	233
Community Family Therapy	3	4	8	6	4	4	29
Crisis	36	41	36	27	26	31	197
Eating Disorders	3	3	5		5	3	19
Family Therapy	1		4			1	6
Inpatient Unit	2	1	3	1	1	1	9
Learning Disabilities	2	5	8	7	7	10	39
Paediatric Psychology	19	11	11	9	9	10	69
Primary Mental Health	8	8	3	3	1		23
Young Peoples Team (LAC)	8	8	10	10	8	5	49
Grand Total	166	199	238	172	180	195	1150

95% performance on 13 week access wait

No-one waiting over 12 months (reduction over 100+ patients who were waiting up to 2 years in March 2017)

So...

25

Investment

Increasing
referral.
Unwelcome?

Increasing
efficiency

Overspending
& reducing
future financial
resources

Increasing
pressure in
service & on
staff

Prevention
& ambitious
improvement
programme

Opportunity
for
'Change in
Partnership'

Whole system
transformation
required

Thrive



Thrive - Conceptual Framework

(Anna Freud National Centre for Children and Families and Tavistock and Portman NHS Foundation Trust)

i-Thrive – Supported Implementation Programme

(Anna Freud National Centre for Children and Families, the Tavistock and Portman NHS Foundation Trust), Dartmouth Institute for Health Policy and Clinical Practice (US) and UCL Partners)

26

Focuses on identified needs

Clarifies a distinction between treatment and support

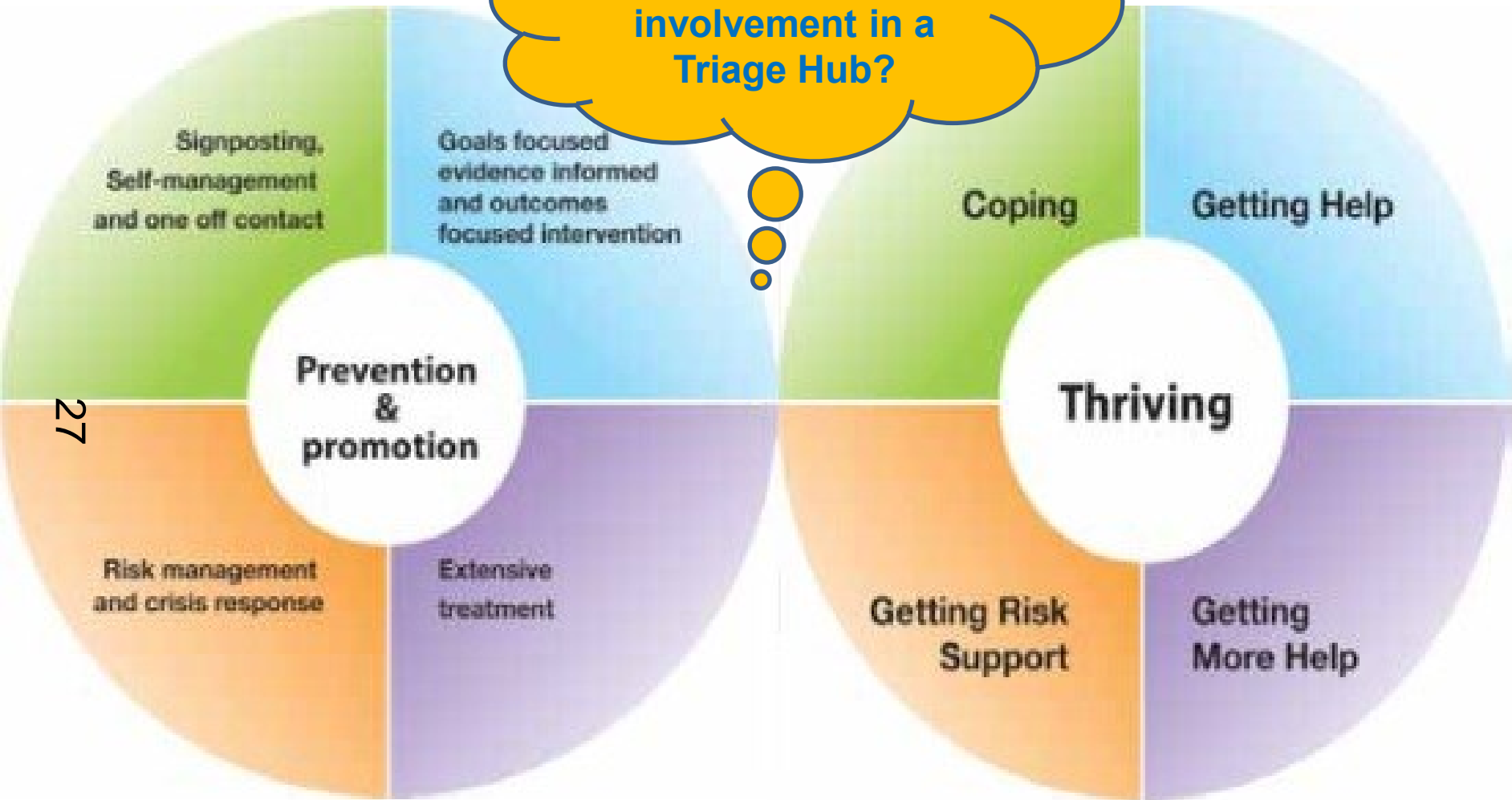
Builds on individual and community support

Ensures children and families are active decision makers

Input Offered

Early Help alignment
with Thrive and
involvement in a
Triage Hub?

Ups



Caring for young minds

Anna Freud  **Centre**

The Tavistock and Portman

NHS Foundation Trust



Mark Roberts
Assistant Director
FYPC
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@marobertsuk

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www.leicspart.nhs.uk

Healthy Together: universal school age offer



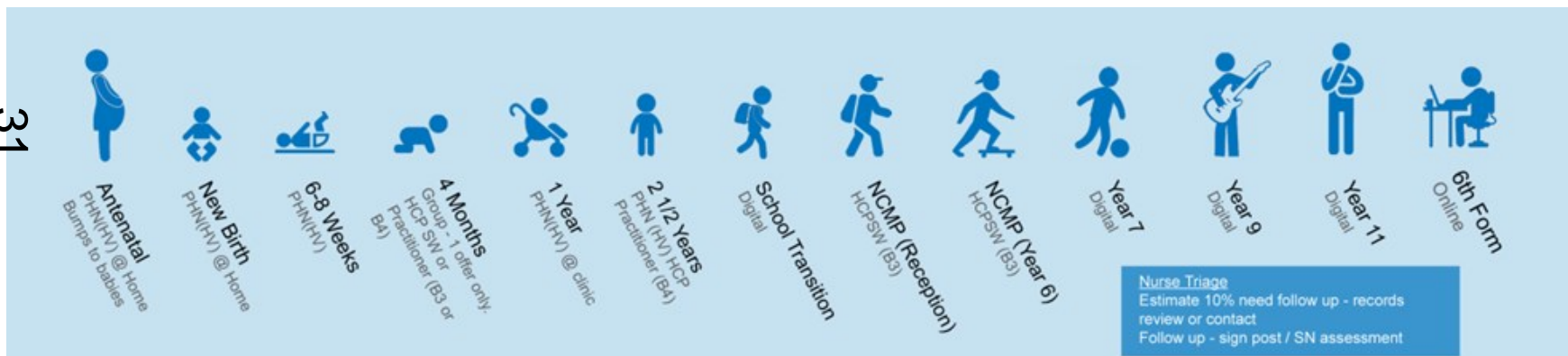


Healthy Together : 0-19 (25 for SEND) Healthy Child Programme
Commissioned by Public Health, Leicester City Council
Provided by Leicestershire Partnership NHS Trust
£33,610,00 , 2+1+1 contract (1st July 12017)

30

A universal service that uses a range of public health tools to respond swiftly and appropriately to need, in order to promote resilience and maximise the health and wellbeing of children, young people and their families in Leicester.







Public Health Campaigns

February 2017 Eating Disorders Week	March/April 2017 Safer Sleep Week	May 2017 Mental Health Awareness Week & National Smile Month	June 2017 Healthy Lifestyles
July 2017 Family Health Week	August 2017 Ready for School	September 2017 Launch of Health for Under 5s Website	October 2017 Mental Health Anti Stigma & Launch of Flu Campaign
November 2017 Breastfeeding	December 2017 Perinatal Mental Health & Risky Behaviour	January 2018 NCMP	February 2018 Move it BOOM

LATEST WEB CHAT



20TH MAY 2016

Webchat: Bullying 18.09.2017 4:30-5pm

Think you're being bullied and need advice? Don't know where to go for help and support?...

[READ MORE](#)

Virtual clinics

HEALTH TEENS
HEALTH • LIVING HEALTHY • SEXUAL HEALTH • RELATIONSHIPS • FEELINGS • GROWING UP •

SCHOOL HEALTH FORM.

You're filling out this form because of this, this, and this. Make a start by answering the first question, and try to answer as honestly as you can.

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.

Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur.

WHICH SCHOOL YEAR ARE YOU CURRENTLY IN?

YEAR 7

YEAR 9

YEAR 11

[BEGIN](#)



Public Health Nurse Assessment

Consent and
confidentiality

Universal
plus and
partnership
plus

Assessment
Framework
including risk

SOG

Pathways

Screening
tools

Partnership
working

Safeguarding



Primary school aged case study – aged 8 self
harming gender issues.

Secondary school aged case study – self
harming and presented with anger
following bereavement of nana.

*'It's about our life, our health,
our care, our family and
our community'*



Better care together

Leicester, Leicestershire & Rutland health and social care

Future in Mind

**Transforming Mental Health and Wellbeing
Services for Children and Young People Across
Leicester, Leicestershire and Rutland**

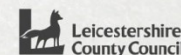
**Chris West
Elaine Egan Morriss**

November 2017

APPENDIX D



healthwatch



Drivers for Change

- 'Future in Mind: Promoting, Protecting and Improving our Children and Young People's Mental Health and Wellbeing' was published in 2015 by the Department of Health.
- Right Here, Right Now (2015)
- Five Year Forward View for Mental Health (2016)

Future in mind

Promoting, protecting and improving our children and young people's mental health and wellbeing



National Ambition

The Children and Young People's Mental Health and Wellbeing National Taskforce (2014) focussed on how to make it easier to access help and support when needed and to improve how children and young people's mental health services are organised, commissioned and provided

Self-care and Prevention

Early Help

Easy Access to Specialist Care

Urgent Care and Crisis Response

Local Transformation

The Leicester, Leicestershire and Rutland's Transformational Plan:-

Aims:

- Develop in partnership with children and young people (C&YP) and key stakeholders
- Set out a multi-agency approach to improve mental health and wellbeing in C&YP
- Aimed to address gaps in current service provision

Outcomes

- Increase prevention and build resilience in C&YP
- Reduce attendance at A&E
- Improve timely access to assessment
- Increase staff number and improve the skill mix
- Improve access to evidence based practice

Transformational Journey

Improving Services through Partnership Working

October 2015 : Transformation Plan

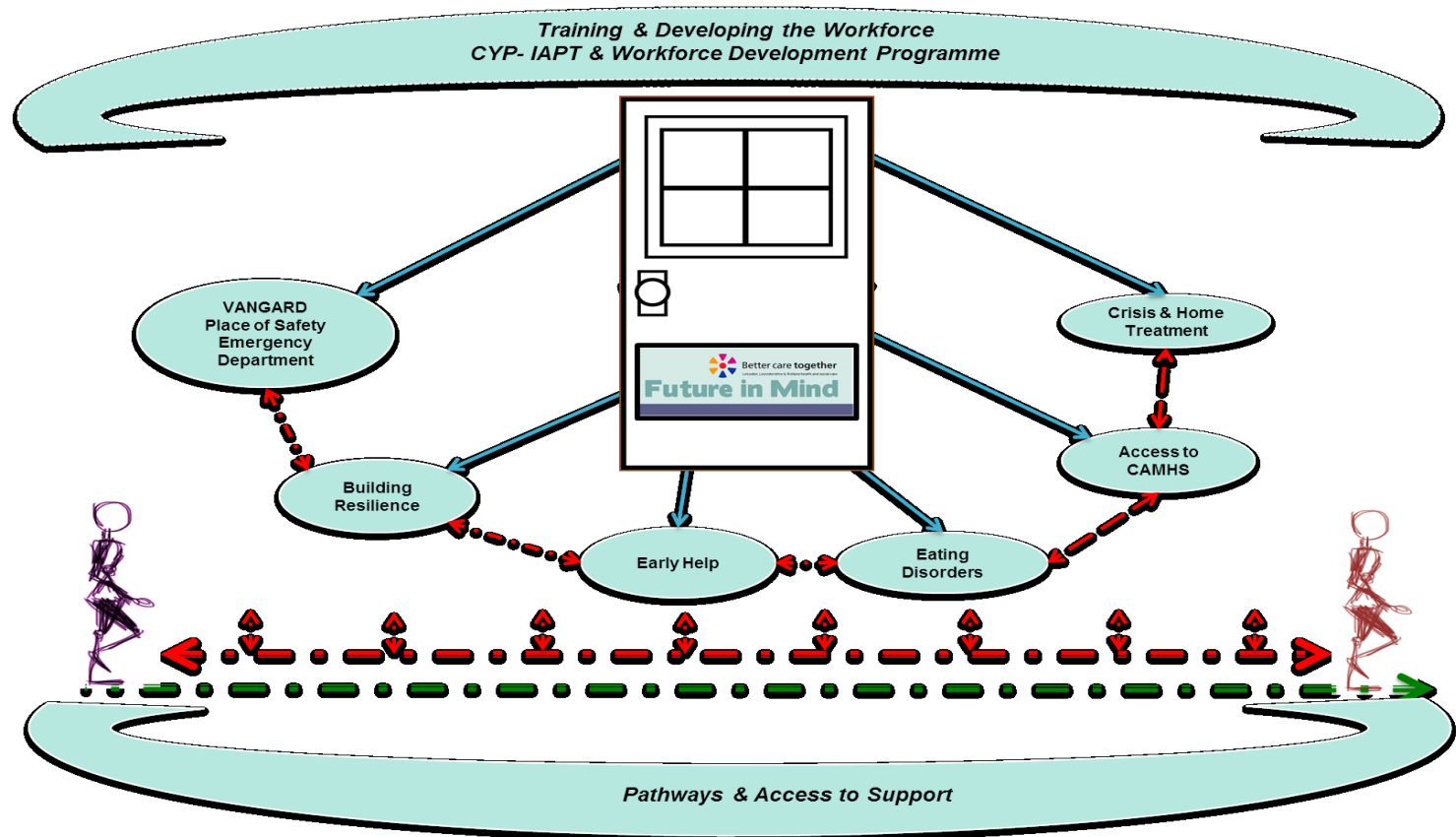
- Developed in partnership with C&YP
- Set out a multi-agency approach to improve mental health and wellbeing in children and young people (C&YP)
- Aimed to address gaps in current service provision

October 2016: Transformation Plan – refresh

October 2017: Transformation Plan – ‘Next Stage’ of transformation

Transformation Plan 2015

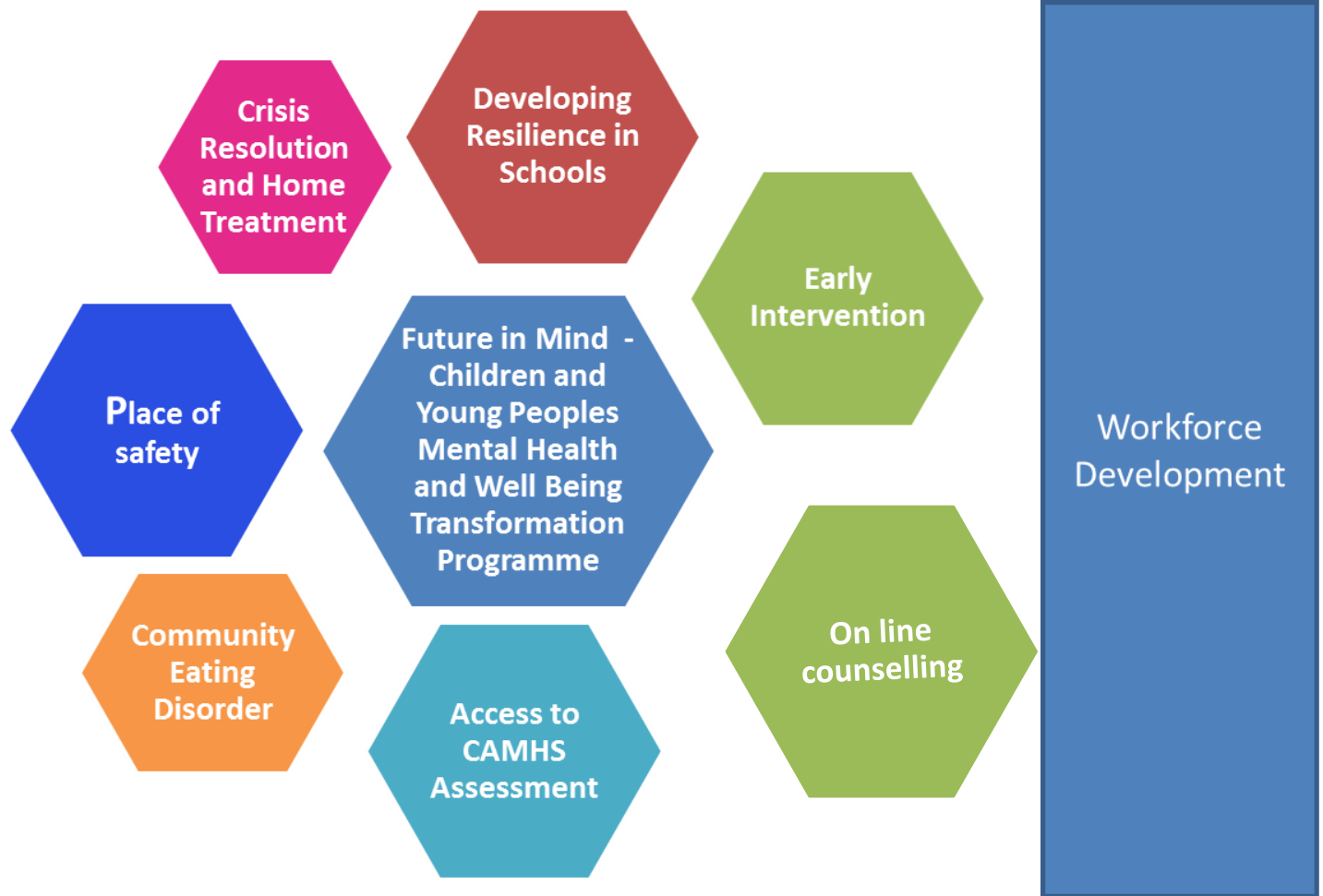
The transformation journey started with engagement events between January and March 2016: The views of children and young people informed the development of the pathway and identified six schemes of work that the plan should deliver:



Transformation Plan 2016

- Implementation
- Learning from experience
- Monitoring delivery
- October 2016 refresh of the plan

Transformation Plan 2016



Transformation

The plan to implement the identified services has been achieved

Work stream	Achieved to Date
Enhanced Community Eating Disorders	Launched 1 April 2016
Enhanced Access to CAMHS	Launched in August 2016 – Under Review by Task & Finish Group
C&YP Crisis Resolution & Home Treatment	Phased in from September 2016 and operational from April 2017
New On-Line counselling	Continuous service - operational since June 2017
Developing Resilience in Schools	Launched, set up phase from July and Live in August 2017
Early Intervention	Procurement completed, bidder identified awaiting approval from SMT
Early Intervention – Interim solutions	Live and multi-agency providers commissioned to deliver the interim service from August 2017 – March 2018
Workforce Development	Phase 1 completed in June 2017, progress to determine strategy & work stream combined with CYP-IAPT June – March 2018
Communication, Engagement, & Evaluation	Plan on a page completed July 2017, progress work with C&YP August, Evaluation Questionnaire being finalised by C&YP November - December 2017.

Consolidation

- Children and Young people to take a lead in the evaluation of the programme to date
- Establish a system wide approach to delivery of a Mental Health and Wellbeing pathway
- Partners to determine the focus of the next stage of the transformation



Stakeholder Event

3rd October 2017

Multi agency participation:

- Health Commissioners (CCG),
- Local Authority (children's services)
- Local Authority (Public Health)
- Health watch
- Voluntary Sector
- CAMHS provider
- Local Government Councillors



Stakeholder Event

Workshops

- Developing a Multi-agency workforce
- Collaborative working
- Ensuring access to reliable data
- Ensuring meaningful involvement of C&YP

Summary of Workshop Feedback

- Increase the range of services available
- Increase access to evidence based practice
- Increase the numbers of staff
- Increase the skills. knowledge & competency of the workforce
- Improve outcomes for C&YP and their families
- Develop a system wide pathway delivered in collaboration with all partner organisations

Next Stage of Transformation

Partners agreed the focus of the next stage should be :-

- Improved performance and outcomes
- Improved access
- Marketing and engagement
- Workforce development

Transformation Plan 2017

Next Steps

- Develop 2017 Transformation Plan
- Share with partners
- Final version published on agency website
- Review the role and responsibility of key partners and steering group

