

<b>Meeting Title</b>	<b>Collaborative Commissioning Committee (Joint Committee) - Meeting in <u>Public</u></b>	<b>Date</b>	<b>Thursday 20 February 2020</b>
<b>Meeting no.</b>	<b>4</b>	<b>Time</b>	<b>1:00pm – 1:55pm</b>
<b>Chair</b>	<b>Dr Ursula Montgomery Clinical Chair East Leicestershire and Rutland CCG</b>	<b>Venue / Location</b>	<b>Conference Room, 4<sup>th</sup> Floor, LC CCG, St John's House, 30 East Street, Leicester, LE1 6NB</b>

REF	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
CCCP/20/29	Welcome and Introductions		Dr Montgomery		1:00pm
CCCP/20/30	Apologies for Absence: <ul style="list-style-type: none"> <li>• Mr Andy Williams</li> <li>• Professor Lakhani</li> <li>• Professor Farooqi</li> <li>• Ms Gillian Adams</li> <li>• Ms Sarah Prema</li> <li>• Ms Fiona Barber</li> </ul>	To receive	Dr Montgomery	<b>verbal</b>	1:00pm
CCCP/20/31	Notification of Any Other Business	To receive	Dr Montgomery	<b>verbal</b>	1:00pm
CCCP/20/32	Declarations of Interest on Agenda Topics	To receive	Dr Montgomery	<b>verbal</b>	1:00pm
CCCP/20/33	To receive questions from the Public in relation to items on the agenda only	To receive	Dr Montgomery	<b>verbal</b>	1:00pm
CCCP/20/34	Minutes of the Collaborative Commissioning Committee (CCC) meeting held on 16 January 2020	To approve	Dr Montgomery	<b>A</b>	1:05pm
CCCP/20/35	Matters Arising from Collaborative Commissioning Committee (CCC) meeting held on 16 January 2020	To receive	Dr Montgomery	<b>B</b>	1:10pm

**ITEMS FOR DECISION, ACTION AND ESCALATION**

CCCP/20/36	KOOTH Online Counselling Service Plus One Extension	To approve	Elaine Egan-Morris	<b>C</b>	1:15pm
CCCP/20/37	Early Intervention Service Plus One Extension	To approve	Elaine Egan-Morris	<b>D</b>	1:25pm
CCCP/20/38	Government funding for Palliative and End of Life Care services 2019/2020	To approve	Tamsin Hooton	<b>E</b>	1:35pm

**ANY OTHER BUSINESS**

CCCP/20/39	Items of any other business.	To receive	Dr Montgomery		1:50pm
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The next meeting of the Collaborative Commissioning Committee will take place on **Thursday 19 March 2020, Conference Room, 4<sup>th</sup> Floor, Leicester City CCG, St John's House, 30 East Street, Leicester, LE1 6NB**



**Leicester City Clinical Commissioning Group**  
**West Leicestershire Clinical Commissioning Group**  
**East Leicestershire and Rutland Clinical Commissioning Group**

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**Minutes of the LLR CCGs' Public Collaborative Commissioning Committee meeting held on Thursday 16 January 2020 at 1:00pm in Conference Room, 4<sup>th</sup> Floor, St Johns House, 30 East Street, Leicester LE1 6NB**

**Present:**

Dr Ursula Montgomery	Clinical Chair, East Leicestershire and Rutland CCG (Chair)
Professor Azhar Farooqi	Clinical Chair, Leicester City CCG
Professor Mayur Lakhani	Clinical Chair, West Leicestershire CCG
Mr Andy Williams	Accountable Officer, LLR CCGs
Mrs Donna Briggs	Chief Finance Officer, East Leicestershire and Rutland CCG
Mr Spencer Gay	Chief Finance Officer, West Leicestershire CCG
Mrs Michelle Iliffe	Director of Finance, Leicester City CCG
Ms Gillian Adams	Independent Lay Member, West Leicestershire CCG
Mr Zuffar Haq	Independent Lay Member, Leicester City CCG
Ms Caroline Trevithick	Executive Director of Nursing, Quality and Performance, LLR CCGs
Ms Sarah Prema	Executive Director of Strategy and Planning, LLR CCG
Mrs Yasmin Sidyot	Interim Director of Urgent and Emergency Care, West Leicestershire CCG
Mr Tim Sacks	Chief Operating Officer, East Leicestershire and Rutland CCG

**In attendance:**

Ms Elaine Egan Morris	CAMHS Lead Commissioner & C&YP Whole System Transformation Lead, Leicester City CCG
Mrs Jayshree Raval	Commissioning Collaborative Support Officer

**PUBLIC GALLERY**

Mr Jay Bandhan, NewMedica

ITEM		LEAD RESPONSIBLE
CCCP/20/20	<p><b>Welcome and Introductions</b></p> <p>Dr Montgomery welcomed the Committee members and member of the public to the Collaborative Commissioning Committee meeting.</p>	
CCCP/20/21	<p><b>Apologies for absence:</b></p> <ul style="list-style-type: none"> <li>• Dr Nick Pulman, Deputy Chair, West Leicestershire CCG</li> <li>• Ms Fiona Barber, Independent Lay Member, East Leicestershire and Rutland CCG</li> <li>• Ms Chris West, Director of Nursing and Quality, Leicester City CCG</li> <li>• Dr Avi Prasad, Co-Chair, Leicester City CCG</li> </ul>	
CCCP/20/22	<p><b>Notification of Any Other Business</b></p> <p>Dr Montgomery had not received notification of any other business for discussion.</p>	
CCCP/20/23	<p><b>Declarations of Interest</b></p> <p>Dr Montgomery reminded members of their obligation to declare any interest they may have on any business arising at the meeting which might conflict with the business of NHS Leicester City CCG, East Leicestershire and Rutland CCG or West Leicestershire CCG.</p>	

ITEM	LEAD RESPONSIBLE	
	<p>Each CCG maintains a conflicts of interest register and any declarations raised at this meeting will be documented in the minutes of the meeting and action(s) will be taken to manage the conflict(s) at the meeting in in line with the conflicts of interest policy.</p> <p><b>Paper C - Transformation Plan for Mental Health and Well-being for Children and Young people - Refresh 2019/20</b> - no specific conflicts in relation to this item.</p> <p>No other conflicts of interest were declared.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the conflicts of interest declared and actions taken</li> </ul>	
CCCP/20/24	<p>To <b>receive</b> questions from the Public in relation to items on the agenda.</p> <p>There were no questions received in advance of the meeting in relation to the items of the agenda; and this was confirmed by the member of public present at the public part of the meeting.</p>	
CCCP/20/25	<p>To <b>Approve</b> minutes of the previous meeting of the Collaborative Commissioning Committee held on 19 December 2019 (<b>Paper A</b>)</p> <p>The minutes of the meeting held in December 2019 were accepted as an accurate record of the meeting, subject to a minor amendment on page 3 under bullet point 7, "detailed discussions taking place at <b>QAUGG</b> meetings". To read as <b>QAG</b> meetings.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the minutes of the meeting subject to the minor amendment.</li> </ul>	
CCCP/20/26	<p>To <b>Receive</b> Matters Arising following the meeting held on 18 December 2019 (<b>Paper B</b>)</p> <p><b>CCCP/19/6: Collaborative Commissioning Committee (CCC) Terms of Reference:</b> To circulate the approved terms of reference following request for some minor amendments for information to CCC members. Dr Montgomery informed that once the amendments have been made the terms of reference will be circulated to the members. The action to be closed. <b>Action closed.</b></p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the matters arising.</li> </ul>	
CCCP/20/27	<p>To <b>Approve</b> Transformation Plan for Mental Health and Wellbeing for Children and Young People- Refresh 2019/20 (<b>Paper C</b>)</p> <p>Ms Elaine Egan Morris joined the meeting.</p> <p>Dr Montgomery welcomed Ms Egan-Morris to the meeting.</p> <p>Ms Egan Morris presented the Leicester, Leicestershire and Rutland</p>	

ITEM	LEAD RESPONSIBLE
<p>(LLR) Future in Mind (FiM) transformation plan. She stated that there is a national requirement to review and refresh the transformational plan annually for sign off by NHS England and local CCGs and for sharing with the Health and Wellbeing Boards. Ms Egan-Morris explained that this is the 5<sup>th</sup> year which requires local plans to be refreshed to identify steps towards next year's delivery.</p> <p>It was noted that the plan highlights promoting and improving Children and Young People (C&amp;YP) Mental Health and Wellbeing which is aligned to the Long Term Plan. Ms Egan-Morris informed that the operational plan identifies the multi-agency approach to transform and improve mental health and wellbeing in children and young people (C&amp;YP) up 25.</p> <p>Ms Egan-Morris informed that there has been considerable progress in delivery of range of services and bringing together a whole system to meet the needs of local C&amp;YP. It was noted that the key focus for the remainder of the FiM programme is sustainability beyond 2020/21. Ms Egan-Morris reiterated that in order to sustain the FiM transformation plan; it is vital that it is aligned to the commitments set out in the NHS Long Term Plan. At the meeting Ms Egan-Morris tabled a finance document which represented the correct funding budgets.</p> <p>Dr Montgomery thanked Ms Egan-Morris for presenting the report and opened the meeting for any comments/queries or questions.</p> <p>Ms Trevithick asked what level of partnership engagement has been involved in taking this work forward. Ms Egan-Morris stated that the local partnership network has been a vehicle for driving more collaboration across providers that has supported the delivery of the LLR whole system pathway of care. She elaborated on the process which was understood to be a bottom up approach. Ms Egan-Morris also highlighted as part of the work and delivery of some of the new enhanced services, one being the Triage and Navigation service which will be going live from April 2020.</p> <p>Firstly Professor Lakhani thanked Ms Egan-Morris for all the work and effort put into taking this work forward. Secondly he queried if the pathways for Autisms, ADHD and Dyspraxia will be clearer in terms of referral pathways as currently referrals are bounced back to GPs. He also added what processes are being implemented for integration with GPs and PCNs in order to work up appropriate pathways to avoid the referrals been bounced back. Professor Farooqi also agreed that engagement with the primary care was critical in referral pathway work. Furthermore he stated in terms of access, the pathway should be a Single Point of Access (SPA) which should have the capabilities to deflect referrals into the right services. In the report the</p>	

ITEM	LEAD RESPONSIBLE
<p>expansion of workforce was felt ambitious by Professor Farooqi and queried if this was a realistic ambition.</p> <p>Ms Egan-Morris firstly responded to Professor Lakhani's comments, with the first one being having a clearer pathway for ADHD, Autism and Dyspraxia. She explained that there is a national issue in terms of appropriate referral pathways, for example, under developed neurodevelopmental pathways for ADHD patients. Furthermore the current pathways are determined by the age factors which impacts on the assessment times, psychiatrist opinions, medication reviews which concludes to long waiting times. She however assured that a piece of work is underway which is looking at new pathway for supporting families with ADHD, which should be ready for implementation by early summer this year. In addition the Leicestershire Partnership Trust (LPT) is also doing some work around demand and capacity to get a better understanding of the current situation.</p> <p>In terms of integration with Primary Care and bouncing back of the referrals will be resolved with the Triage and Navigation Service starting in April 2020. With regards to workforce, Ms Egan-Morris explained that recruitment is being reflected upon different skill mix through the IAPT collaboration who are also funding for the training.</p> <p>Mr Haq stated that it is very frustrating for the patients and carers when there is long waits for the 2<sup>nd</sup> appointment after the initial appointment. Ms Egan-Morris informed that CAMHS are currently working on producing business cases for funding the outpatients in order to revise the current pathway and reduce the waiting times. In addition with the start of the Triage and Navigation service a fewer referrals will go into CAMHS which will assist in reducing the current waiting times, allowing the CAMHS service to see patients appropriate for this service.</p> <p>Mr Gay expressed concerns that the finances provided in the report and the ones tabled are different and suggested that the finances are discussed outside of this meeting and delegate Mrs Briggs as the Chief Finance Officer to provide assurances to the Committee once finances have been reviewed and agreed. Dr Montgomery agreed with the suggestion and stated that for the record, today's meeting will only be approving the direction of the plan going forward, however the finances to be reviewed by the Chief Finance Officers (CFOs) and to assurances to be provided by Mrs Briggs to the Committee.</p> <p>Mrs Sidyot queried the access targets, stating that the predicted access target for 2019/20 is 25%, and the assumption is that the target for 2020/21 would be higher and therefore what is being done to address the gap. Ms Egan-Morris explained that in previous years</p>	<p><b>Mrs Briggs</b></p>



ITEM	LEAD RESPONSIBLE
<p>it has not been easy to access the data flow which has led to predict the 2019/20 target access as 25%. She however added that they have been working with the providers, local authorities and public health and school nurses to flow their data which will allow us to increase the access target up to another 15%.</p> <p>Professor Farooqi asked where the monitoring of the performance will take place. Ms Egan Morris stated that it would need to be monitored at a performance committee. Mrs Trevithick informed that monitoring of the performance should be carried out via the Integrated Quality and Performance Committee.</p> <p>Dr Montgomery queried that within the plan it talks about further training of GPs under the Eating Disorder section, and commented that GPs may not require further training but a wider plan should be considered to address the gap in terms of what other key stakeholders e.g. the community and colleges could provide. Ms Egan-Morris informed that they are intending on putting in a bid for Mental Health-supporting school and within this there is elements of training and education which will be looking at addressing the gap. Professor Farooqi stated that it is known that there is low uptake on ED referrals from the City perspective and queried if this service would include processes in terms of how the BME groups, deprived communities and others can access the service.</p> <p>Following further similar comments and queries, Dr Montgomery brought the discussion to end and summarised the following:</p> <ul style="list-style-type: none"> <li>• The plan highlights some positive updates;</li> <li>• Workforce area is being addressed via IAPT collaboration;</li> <li>• The Neurodevelopment pathway is underway;</li> <li>• CAMHS service is being addressed;</li> <li>• Flow of datasets have been agreed going forward;</li> <li>• Under ED referrals ; review of accessing the service by the BME, deprived communities and other communities will take place;</li> <li>• Regular monitoring of performance will take place at the integrated Quality and Performance Committee;</li> <li>• Integration with GPs and PCNs in order to review the pathways;</li> </ul> <p>In terms of the approval of the report Dr Montgomery reiterated that as agreed earlier, the committee acknowledges the work undertaken so far and progress to be taken going forward and therefore only the direction of the plan is being approved at the meeting. In terms of the finances, the CFOs will review the information which has been tabled at the meeting outside of this meeting and Mrs Briggs to provide</p>	

ITEM	LEAD RESPONSIBLE	
	<p>assurances to the Committee should the finances be agreed.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the direction of the plan ONLY;</li> <li>• <b>NOT APPROVE</b> the finances until access CFOs have reviewed and provide assurances to the Committee</li> </ul>	
CCCP/20/28	<p><b>Any other business:</b>            Dr Montgomery did not receive any notification of any other business.</p> <p>Meeting concluded at 1:46pm</p>	
<p><b>Date of next meeting:</b></p> <p>The date of the next LLR CCGs' Collaborative Commissioning Committee will be held on Thursday 20 February 2020 1:00pm at St Johns House, 4<sup>th</sup> floor Conference Room, 30 East Street Leicester LE1 6NB</p>		

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**Leicester, Leicestershire and Rutland (LLR) CCGs Collaborative Commissioning Committee (CCC)**

Key

**Public Action Log**

Completed	On-Track	No progress made
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Minute No	Meeting Date	Item	Responsible Officer	Action Required	To be completed by	Progress as at 20 February 2020	Status
CCCP/20/27	January 2020	Transformation Plan for Mental Health and Wellbeing for Children and Young People-Refresh 2019/20	Donna Briggs	The tabled finances to be reviewed by the three Chief Finance Officers (CFOs) and Mrs Briggs to provide assurances to the Committee	February 2020	It is confirmed that the finances are under review and update will be provided once finances have been finalised	<b>AMBER</b>

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<b>Name of meeting:</b>	LLR CCGs' Collaborative Commissioning Committee	<b>Date:</b>	20 February 2020	<b>Paper:</b>	<b>C</b>
	Public <input checked="" type="checkbox"/> Confidential				
<b>Report title:</b>	<b>Kooth Online Counselling Service Plus One Extension</b>				
<b>Presented by:</b>	Elaine Egan Morris - CAMHS Lead Commissioner and C&YP Whole System				
<b>Report author:</b>	Elaine Egan Morris - CAMHS Lead Commissioner and C&YP Whole System				
<b>Executive lead:</b>	Caroline Trevithick, Executive Director of Nursing Quality and Performance, Leicester, Leicestershire and Rutland CCGs				
<b>Action required:</b>	<b>Receive for information only:</b>		<b>Progress update:</b>		
	<b>For assurance:</b>		<b>For approval / decision:</b>		✓
<b>Executive summary:</b>	<p>This paper is to inform and seek approval from Collaborative Commissioning Committee to:</p> <p>Use the 'plus one year' in the current contract to continue Kooth Online counselling for a further 12 months – April 2020 to March 2021.)</p> <p>The budget allocation is 90k per annum, and is funded from the Future in Mind Budget allocation.</p> <p>The feedback from C&amp;YP remains positive; they are able to access the service directly GPS, Schools, CAMHS and primary Mental Health team all signpost C&amp;YP toward this service. The service provides an integral element of the system wide pathway of care that meets all levels of need.</p> <p>Feedback from C&amp;YP and professional groups demonstrates a good quality service and the performance monitoring demonstrates value for money.</p> <p>This service has demonstrated their ability to deliver a service that meets an increase in demand since commencement in 2017 and currently delivers more than double the commissioned annual hours of 1,680. ( Appendix 1 – Quality and Performance monitoring).</p> <p>The on line service is part of the system wide C&amp;YP emotional mental health and wellbeing service offer ,part of Future in Mind Transformation Programme and delivers a range of services including;- articles and forums for C&amp;YP to</p>				



	<p>access when needed</p> <ul style="list-style-type: none"> <li>• one to one counselling</li> <li>• chat messaging</li> <li>• group sessions</li> </ul> <p>Appendix 2 identifies the current service specification</p>
<b>Appendices:</b>	<ul style="list-style-type: none"> <li>• Appendix 1 – Quality and Performance monitoring</li> <li>• Appendix 2 Service specification</li> </ul>
<b>Recommendations:</b>	<p>The LLR CCGs' Collaborative Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE and approve the continuation of the service (Plus one)</b></li> </ul>
<b>Report history and prior review:</b>	

Aligned to Strategic Objectives		
Leicester City CCG	West Leicestershire CCG	East Leicestershire and Rutland CCG
✓	✓	✓

Implications	
<b>a) Conflicts of interest:</b>	None
<b>b) Alignment to Board Assurance Framework</b>	
<b>c) Resource and financial implications</b>	The FIM financial allocation for 2020/21 will continue to fund this service.
<b>d) Quality and patient safety implications</b>	This proposal will maintain the quality of this service and have a positive impact on C&YP accessing support as and when needed – this service is part of the digital offer and provides timely access to when C&YP feel they need it thus preventing C&YP escalating to high level interventions.
<b>e) Patient and public involvement</b>	
<b>f) Equality analysis and due regard</b>	Completed UAssure

## **Appendix 1:**

### **CURRENT KOOTH ONLINE COUNSELLING SERVICE for EMOTIONAL, MENTAL HEALTH AND WELLBEING FOR CHILDREN AND YOUNG PEOPLE**

#### **Background**

This Future in Mind service commenced delivery in June 2017 and is delivered by Xenzone. The contract was for 3 years with an option to deliver for an additional year, the contract value is £90,000 pa, based on;

- **140** hours of one to one online counselling per month
- Chat counselling services for at least **50** young people per month
- At least **80** chat sessions per month

The service has exceeded the expectations of commissioners in delivering an online platform, providing early prevention and low level support to C&YP, giving them timely access to a range of topical forums and articles. This service is part of the LLR digital offer along with healthy teens, chat health, healthy kids, and the three local authority local offer websites. The service consistently experiences high levels of C&YP accessing the online system.

The service has worked hard to strengthen partnership working with Leicestershire Partnership Trust, schools and other providers across the system wide offer for C&YP.

Commissioners anticipate a further increase in demand once the Triage and Navigation Service goes live in April 2020 and will continue to meet with Kooth to monitor and review the service.

#### **Service Performance**

The main objective to allocate additional financial resources to Kooth is to increase the number of contracted hours, to support growing demand of requests to access counselling and chat messaging, as the current uptake is exceeding the current commissioned service.

In Summary, the increased demand demonstrates high numbers of C&YP accessing the service to receive online counselling and chat messaging, in addition to accessing the forums and articles. In 2018/19, there were;

- 2,182 new registrations to the service compared to 1,549 C&YP in 2019/20 (**up to Nov 2019**)
- 405 C&YP accessed chat sessions with a counsellor **up to November 2019** compared to 575 overall in 2018/19
- 1,026 C&YP sending and receiving 5,849 with a counsellor **up to November 2019**, compared to 1506, C&YP sending and receiving 9,816 messages with a counsellor
- Counsellors **logged 3,015 hours in 2018/19**, this equates to 753 hours per quarter in 2018/19
- Between April and November (8mths) 2019, counsellors logged 2,153 hours which equates to 269 hours a month

The service demonstrates meeting the needs of C&YP, by the high numbers of new C&YP that register to use the service.

### **Mental Health Service Data Set (MHSDS)**

This service contributes to NHSE National targets to increase access to services and reports to the Mental Health Services Data Set (MHSDS)

### **Finance**

The Kooth Online service current budget allocation from the FIM programme is £90K.

## Performance Data 2015/16 – 2019/20

Kooth Online Counselling Annual Reports Data 2015 to 2019 Growth					
	2015/16	2016/17	2017/18	2018/19	2019/20
New Registrations per year	467	1,277	1,938	2,182	1,549
	2015/16	2016/17	2017/18	2018/19	2019/20
Logins	2,044	8,850	13,849	19,157	13,654
Number of C&YP	467	1,334	2,047	2,736	2,065
	2015/16	2016/17	2017/18	2018/19	2019/20
Chat Sessions	267	937	1,040	1107	809
Number of C&YP	156	431	511	575	405
	2015/16	2016/17	2017/18	2018/19	2019/20
Chat messaging	1,772	7,290	7,764	9,816	5,849
Number of C&YP	270	806	1,151	1,507	1,026
	2015/16	2016/17	2017/18	2018/19	2019/20
Articles	Non Reported	Non Reported	4,253	5,634	3,453
Number of C&YP			735	986	898
	2015/16	2016/17	2017/18	2018/19	2019/20
Forums	Non Reported	1,307	4,431	4,332	9,062
Number of C&YP		177	513	694	898
	2015/16	2016/17	2017/18	2018/19	2019/20
New Login	23%	14%	14%	13%	24%
Returning Login	77%	86%	86%	87%	76%
	2015/16	2016/17	2017/18	2018/19	2019/20
Access during office Hours	35%	29%	26%	28%	30%
Access out of office Hours	65%	71%	74%	72%	70%
	2015/16	2016/17	2017/18	2018/19	2019/20
Reported Worker Hours	718	2,481	2,688	3,015	2,153

## **RECOMMENDATIONS**

The Collaborative Commissioning Committee is asked to:

- **AGREE** to continue to fund the service for an additional 12 months.

## APPENDIX 2

## KOOTH SERVICE SPECIFICATION

### A. Service Specifications

Commissioners will retain the structure below for all service specifications.

<b>Service Specification No.</b>	XZ01 – Online Counselling
<b>Service</b>	Online Counselling
<b>Commissioner Lead</b>	Elaine Egan - Morriss, CAMHS Commissioner and Transformational Lead
<b>Provider Lead</b>	Kal Johal, Regional Service Manager, XenZone
<b>Period</b>	1 <sup>st</sup> June 2017 – 31 <sup>st</sup> May 2020
<b>Date of Review</b>	June 2019

#### 1. Population Needs

##### 1.1 National/local context and evidence base

10% of children and young people aged less than 16 years have a diagnosable mental disorder. Many more have emotional problems which are not recognised. Mental disorders cause distress and can have wide-ranging effects including adverse impacts on educational attainment and social relationships, affecting life chances and physical health.

We know that locally there has been an increase in young people experiencing anxiety, anger and challenging behaviour and referrals to specialist CAMHS.

Locally young people have also said that they want to have the confidence to talk about emotional problems openly and without stigma. They want to be able to find information and support from the school, college or youth service, and also from websites and social media. Education services want to offer education and guidance for their pupils, provide pastoral support and know when to ask for specialist assistance. Parents, young people and schools are all concerned about the impact of cyber-bullying.

The report, *Future in Mind*<sup>1</sup>, found that there was a clear economic, health and moral case for early intervention to promote resilience and prevent escalation to serious mental health concerns.

<sup>1</sup> Future in Mind: promoting and improving our children and young people's mental health and wellbeing. Dept of Health and NHS England 2015

The service is aimed at children and young people from the ages 11-18 years old who are experiencing emotional and or mental wellbeing/ mental health issues. It will provide a young person friendly, safe and easy to use website that is accessible 24 hours a day from which to access a counselling service.

Overall it is anticipated there will be:

- At least 100 new registrations per month
- At least 150 unique young people accessing the service per month

## 2. Outcomes

### NHS Outcomes Framework Domains & Indicators

#### 2.1 National outcomes

Domain 1	Preventing people from dying prematurely	X
Domain 2	Enhancing quality of life for people with long-term conditions	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	

The programme's outcomes will contribute to;

- NHS and Public Health Outcomes Frameworks and other NHS and local authority measures. Future in Mind Aspiration 1 i.e. **improved public awareness and understanding, where people think and feel differently about mental health issues for children and young people, where there is less fear and where stigma and discrimination are tackled**

#### 2.2 Local defined outcomes

**Locally defined outcomes are defined below:**

- Reduction in risk taking behaviour
- Young people report improved self-esteem and emotional wellbeing
- Increased participation in healthy activities
- Reduced isolation
- Improved family functioning and relationships.
- Young people remain or re-engage in education and training
- Reduced risk of anti-social behaviour and offending.

- h. Positive transitions into adulthood.
- i. Improvements in clients mental wellbeing scores
- j. Reduced self-harm

Individual client outcomes will be measured using an outcome measurement tool mutually agreed between commissioner and provider.

The service will work within relevant NICE Guidelines, Department of Health Department for Education guidelines. Particular note should be made of “Counselling in Schools: a blueprint for the future” DFE March 2015, which defines counselling as:

‘A mental health intervention that children and young people can voluntarily enter into if they want to explore, understand and overcome issues in their lives which may be causing them difficulty, distress and/or confusion. A counselling relationship has identified boundaries and an explicit contract agreed between the young person, counsellor and, where appropriate parent or carer’. (DFE 2015 p10).

### 3. Scope

#### 3.1 Aims and objectives of service

The service provider will be expected to provide:

- **140** hours of one to one online counselling per month
- Chat counselling services for at least **50** young people per month
- At least **80** chat sessions per month

The service will aim to:

1. Provide an early intervention resource which targets improvements in young people’s emotional health and wellbeing.
2. Ensure a timely and appropriate response to service requests from a range of individuals and agencies.
3. Ensure that information about the service is widely available.
4. Provide structured one to one counselling service which is evidence based and congruent with relevant national guidance and requirements e.g. NICE guidelines.
5. Provide an accessible, secure online counselling and support service to young people via a web platform.
6. Liaise with key partners such as CAMHS service, Children and Family services, Community Health teams, Primary Care, educational establishments, third sector service providers and other relevant services with appropriate consent from the young person where this contributes to improved outcomes for young people.
7. Ensure service user and stakeholder consultation and feedback is integral to the service.

8. Reduce the stigma associated with physically accessing a mental health service by offering online support.
9. Provide regular performance monitoring information that demonstrates the type of concerns children and young people are presenting with, and improved outcomes as a result of accessing services.

Counselling is the primary intervention to be used with clients. A variety of evidence based methods will be offered.

### 3.2 Service description/care pathway

The counselling services are to be provided by means of a three tier approach as outlined below:

**First tier** – A website providing information, guidance and support services including options for self-help. The client will have access to web chat, email correspondence and be able to arrange one to one chat sessions. **The website should be available with live interaction available from 12.00pm - 10.00pm 7 days a week.**

**Second tier** – A secondary intervention of signposting to other local and national agencies for ongoing support, advice and information to address client's needs.

**Third tier** - An online one to one counselling service which is delivered via instant messaging or a live chat session with trained counsellors according to each client's needs in an age-appropriate way.

### 3.3 Population covered

The service will cover Leicestershire County, Leicester City and Rutland.

#### Means of Access

The service will be accessed via direct self-referrals and publicised via (not complete list);

- GPs/Primary Care
- CAMHS
- Schools and educational settings, school Nurses and welfare leads within schools
- Children and Young Peoples Services (Social Care)
- Common Assessment Framework
- Youth Service
- Voluntary Sector
- Housing Departments



Time between receiving a referral and initial contact will be within the same working day.

### 3.4 Any acceptance and exclusion criteria and thresholds

### 3.5 Interdependence with other services/providers

The model fits within a 'whole systems' approach to responding to the mental health and emotional well-being needs of young people and their families; from universal to specialist services. This project will have a relationship with key deliverables identified in Strategic Plans, some of which are listed below:

1. Leicestershire and Rutland LSCB Business Plan 2016 – 2017
2. Leicester LSCB Business Plan 2015- 2017
3. LLR Troubled Families Programme
4. Leicester City's Health and Wellbeing Strategy 2013-16,
5. Leicestershire's Health and Wellbeing Strategy 2013-16
6. Leicester Children and Young People's Plan 2014 – 2017
7. Rutland Children's Trust, Children Young People and Families Plan 2016 – 2019
8. District Council Children and Young People's Plans
9. Leicestershire Healthy Schools Programme

**The Provider will be expected to create clear synergies with initiatives across LLR, including:**

- Primary Care
- Secondary Care (NHS)
- Social Care and Early Help services
- LPT primary mental health service
- Healthy Child Programme
- Children and Young People's Improving Access to Psychological Therapies (CYP IAP) programme
- Looked after children programme
- Others

### 3.6 Monitoring arrangements

Outcome measures will be reported to the commissioner on a quarterly basis through contract management meetings.

The provider will itemise numbers of:

- contacts with service
- sessions completed
- service outcomes.

Contact information will include, where possible

- date of birth,
- sex,
- address
- other characteristics as described in 2010 Equality Act.

Individual client outcomes will be measured using an outcome measurement tool mutually agreed between commissioner and provider.

The service will work within relevant NICE Guidelines, Department of Health Department for Education guidelines. Particular note should be made of “Counselling in Schools: a blueprint for the future” DFE March 2015, which defines counselling as:

‘A mental health intervention that children and young people can voluntarily enter into if they want to explore, understand and overcome issues in their lives which may be causing them difficulty, distress and/or confusion. A counselling relationship has identified boundaries and an explicit contract agreed between the young person, counsellor and, where appropriate parent or carer’. (DFE 2015 p10).

### Inputs and Outputs

The service provider shall report on the following via monthly contract reporting:

- Number registered on website
- Time and date of logins.
- Locality area with Leicester City, Leicestershire and Rutland
- How service users utilise the website broken down by numbers e.g. information, forums, one to one counselling.
- Age, gender and ethnicity of service users accessing the website and the numbers that are unwilling to provide details.
- Type of presenting concerns.
- Number of counselling sessions provided.
- Hours of contact time.
- Services referred onto.
- Details of promotional/engagement activity
- Client feedback.

## 4. Applicable Service Standards

### 4.1 Applicable national standards e.g. NICE, Royal College

#### NICE GUIDELINES

- Depression in children and young people CG28
- Eating Disorders CG9
- Self-harm CG16

- Post-Traumatic Stress disorder CG26
- Obsessive Compulsive Disorder (OCD) and Body Dysmorphic Disorder (BDD) CG31
- Bipolar Disorder CG38
- Attention Deficit Hyperactivity Disorder (ADHD) CG72
- Social and emotional wellbeing in primary schools PH12
- Social and emotional wellbeing in secondary schools PH20 #

#### 4.2 Safeguarding & Child Protection

Provide detail of our specific requirements in relation to compliance with LLR LSCB safeguarding and child protection requirements including notification of incidents.

#### Equality & Diversity

Provide detail of equality and diversity requirements including

- delivery in accordance with LLR Equality and Diversity Policies
- delivery of service in an anti-discriminatory manner in accordance with the Equality Act 2010 which protects individuals against discrimination on the grounds of age, disability, Gender identity, race, pregnancy or maternity, religion or belief, sexual orientation, sex or any other relevant protected characteristic defined under the Equality Act 2010.
- Sensitive and respond appropriately to the fact that some patients and communities are often the most vulnerable, and might have different expectations of health services, to the majority. In particular, they may have difficulty making or keeping appointments, they might have difficulties making their needs understood, there might be cultural, practical or social barriers that affect their ability to follow treatment regimes and challenges might be faced in organising systematic follow-up because of age, mobility, lifestyle, mental health and wellbeing and practical issues such as transport.

#### Health & Safety

*Provide detail of how the service will ensure the health and safety of service users, staff and others. Depending on the type of service being provided it could include some or all of the following (not an exhaustive list)*

- Lone working
- Fire safety
- Food Hygiene
- COSHH
- Manual Handling

- First Aid
- H&S Audits

**Social Value**

*Provide detail of any specific requirements of the service to improve social value? This could include (but not limited to);*

- volunteering opportunities,
- offering of apprenticeships or over employment to local LLR residents,
- making available facilities for local communities,
- *undertaking additional activities for the benefit of local communities,*
- specific and proportionate environmental requirements etc

**5. Applicable quality requirements and CQUIN goals**

**The procurement of the service and the contract management will focus on evidencing positive and sustainable outcomes for children and young people and the capacity of the service to deliver high quality accessible services to children and young people.**

**Quality Schedule**

The service will work in accordance with the Quality Network for Community CAMHS and Royal College of Psychiatrists Quality Standards for Community CAMHS.

The Monthly and Quarterly Quality Report will include monthly reporting on:

- Complaints monitoring and analysis
- Serious Incidents
- Results of Friends and Families Test
- Reduce inappropriate referrals to Specialist CAMHS from the localities of Leicester, Leicestershire and Rutland
- The Service will produce an annual self-evaluation report
- Referrer feedback and service evaluation will be undertaken bi-annual

**Clinical outcomes**

- Routine outcomes measures
- Strengths and Difficulties Questionnaires (SDQs)

**6. Location of Provider Premises**

The service will be delivered by utilising electronic platforms e.g. websites.

**7. Individual Service User Placement**

**D**

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<b>Name of meeting:</b>	LLR CCGs' Collaborative Commissioning Committee		<b>Date:</b>	20 February 2020	<b>Paper:</b>	<b>D</b>
	Public <input checked="" type="checkbox"/>	Confidential				
<b>Report title:</b>	<b>Early Intervention Service Plus One Extension</b>					
<b>Presented by:</b>	Elaine Egan Morris - CAMHS Lead Commissioner and C&YP Whole System					
<b>Report author:</b>	Elaine Egan Morris - CAMHS Lead Commissioner and C&YP Whole System					
<b>Executive lead:</b>	Trevithick Caroline, Executive Director of Nursing Quality and Performance, Leicester, Leicestershire and Rutland CCGs					
<b>Action required:</b>	<b>Receive for information only:</b>		<b>Progress update:</b>			
	<b>For assurance:</b>		<b>For approval / decision:</b>			<input checked="" type="checkbox"/>
<b>Executive summary:</b>	<p>This paper is to inform and seek approval from the Collaborative Commissioning Committee to:</p> <p>Use the 'plus one year' in the current contract to continue the Early Intervention Service (EI) for a further 12 months – April 2020 to March 2021.</p> <p>The funding is from the Future In Mind budget allocation, as identified in the Future in Mind Transformation Plan.</p> <p>At this stage we are continuing the same funding as 2019/20, we are not bidding for any of the 2020/21 uplift allocation. (Appendix1 FIM budget allocation).</p> <p>The EI service is aimed at reducing the number of inappropriate referrals into specialist CAMHS and improving timely access to the right care.</p> <p>The service:-</p> <ul style="list-style-type: none"> <li>• Provides a high quality, value for money service. It is currently commissioned to receive 108 referrals a month, and since service commenced they are receiving more than double these numbers. (Appendix 2 Current Service), despite this high level of demand the service delivers access to treatment within 4 weeks of referral.</li> <li>• Has introduced parenting groups into their service offer to meet the unmet need to support and educate parents.</li> <li>• Is flowing data onto the MHSDS from 2019; this was not part of the original service specification. The EI employed a member of staff to flow data onto the mental Health Data set on behalf of the 3 partner organisations within the EI service (Fun and Families, ADHD solutions and Relate). In 2020 there will be a requirement to also flow data and Routines Outcome Measures, placing an additional increase in demand to the service</li> </ul> <p>This service is highly regarded by the service users as well as GPs and other professional groups and organisations (Appendix 3 Service Specification)</p>					

<b>Appendices:</b>	Appendix 1 – FIM budget allocation Appendix 2 – Current service offer Schedule 3 – The Service Specification
<b>Recommendations:</b>	Use the 'plus one year' in the current contract to continue the Early Intervention
<b>Report history and prior review:</b>	Received by: <ul style="list-style-type: none"> <li>• Future in Mind Commissioning Group.</li> </ul>

<b>Aligned to Strategic Objectives</b>		
<b>Leicester City CCG</b>	<b>West Leicestershire CCG</b>	<b>East Leicestershire and Rutland CCG</b>
✓	✓	✓

<b>Implications</b>	
<b>a) Conflicts of interest:</b>	None
<b>b) Alignment to Board Assurance Framework</b>	
<b>c) Resource and financial implications</b>	The FIM financial allocation for 2020/21 will fund this service
<b>d) Quality and patient safety implications</b>	This proposal will maintain the quality of this service and have a positive impact on the specialist CAMHS service as it reduces the number of referrals into CAMHS by 30%- 50% - freeing the specialist CAMHS team free to deliver direct care to the C&YP that meet the criteria for their service
<b>e) Patient and public involvement</b>	
<b>f) Equality analysis and due regard</b>	Completed on UAssure



## Appendix 1 Future in Mind Budget Allocation with Uplift

The Future in Mind Transformation programme has been allocated funding from NHSE. There has been uplift to the funding year on year. The Early intervention service has been delivering with the same budget for the past 3 years.

FIM CYP Emotional Health & Wellbeing Budget Allocation 2015/2024									
Total Allocation	£2,408,000	£2,408,000	£2,408,000	£2,408,000	£3,031,146	£3,837,292	£4,375,304	£5,386,701	£6,522,819
	2015/15	16/17	17/18	18/19	19/2020	20/21	21/22	22/23	23/24
Early Intervention-face to face Counselling	NA	£360, 000	£360, 000	£360, 000	£360, 000	£500, 000	£500, 000	£500, 000	£500, 000

## Appendix 2

### **Current Early Intervention Service for Emotional Mental Health and Wellbeing for Children and Young People**

#### **Background**

This Future in Mind service commenced delivery in January 2018 and is delivered by a consortium of Voluntary Sector Organisations, led by Relate Leicestershire.

The contract was for 3 years with an option to deliver for an additional year, the contract value is £360,000 pa, based on 108 referrals a month.

The service has exceeded the expectations of commissioners in delivering early intervention for children and young people (C&YP) across Leicester, Leicestershire and Rutland and receives high numbers of referrals month on month.

The service has worked hard to strengthen partnership working with Leicestershire Partnership Trust and other providers across the system wide offer for C&YP. They have implemented new internal structures to manage high numbers of referrals from GP's through system one and strengthened the relationship with CAMHS to receive direct referrals from the access team to avoid C&YP being placed on waiting lists or being sent back to the GP.

#### **Service Performance in November 2019**

In November 2019 the service delivered:

- Response to 278 referrals:
  - 170 referrals above planned capacity
  - 192 Referrals from GP's via PRISM
  - 86 referrals from CAMHS.
- Providing treatment for 269 C&YP:
  - 225 in Relate 1-2-1 and Relate Flourish group
  - 16 in Centre for fun & families
  - 28 in ADHD Groups.

#### **Mental Health Service Data Set (MHSDS)**

From April 2019 the Early Intervention Service recruited a new member of staff to flow data onto the MHSDS. This was not a requirement of the original service specification.

#### **Service Development for 2020 to meet the identified need**

The service is establishing three more support groups across LLR to increase access to community services, this includes:

- Increasing access to four additional Relate Flourish Groups, 3 in Leicester and one in Hinckley, these are all delivered in the evenings
- A new parent psycho-education programme has been developed as part of the offer to meet a gap in service, the referral criteria has been agreed and will start delivery in late January 2020.

## Forward look

The CAMHS service and Local Authority Early Help Service thresholds for acceptance into the services has been raised and as a result, more C&YP are now referred into the Early Intervention Service.

Commissioners have met with the Early Intervention Service to identify gaps and capacity and demand of the service. As a result of the meeting Commissioners are working with the provider to plan to:

- Establish a robust referral criteria through system one and the new Triage & Navigation Service
- Align funding to increase capacity of the service to meet demand in the next financial year as outlined in the Future in Mind Budget
- Support the provider to adjust delivery to meet the needs of C&YP.

## Finance

The EI service currently budget allocation from the FIM programme funding is £360K.

The Future in Mind Transformation programme has been allocated funding from NHSE. There has been uplift to the funding year on year. The Early intervention service has been delivering with the same budget for the past 3 years.

### **FIM CYP Emotional Health & Wellbeing Budget Allocation 2015/2024**

<b>Total Allocation</b>	£2,408,000	£2,408,000	£2,408,000	£2,408,000	£3,031,146	£3,837,292	£4,375,304	£5,386,701	£6,522,819
	<b>2015/15</b>	<b>16/17</b>	<b>17/18</b>	<b>18/19</b>	<b>19/2020</b>	<b>20/21</b>	<b>21/22</b>	<b>22/23</b>	<b>23/24</b>
Early Intervention-face to face Counselling	NA	£360,000	£360,000	£360,000	£360,000	£500,000	£500,000	£500,000	£500,000

## RECOMMENDATIONS

The Collaborative Commissioning Committee is asked to:

- **AGREE** to continue to fund the service for an additional 12 months within the existing budget

## Appendix 3

### SCHEDULE 2 – THE SERVICES

#### A. Service Specifications

##### Commissioning Of Children and Young People Emotional Health and Well Being Early Intervention Service Services Specification

<b>Service Specification No.</b>	FYPC - EI-01
<b>Service</b>	Children and Young Peoples Early Intervention Service
<b>Commissioner Lead</b>	Elaine Egan Morris
<b>Provider Lead</b>	Suzanne Prince
<b>Period</b>	January 2018 – March 2020
<b>Date of Review</b>	January 2020

#### 1. The Service Offer

In line with the Leicester, Leicestershire and Rutland (LLR) Future in Mind Transformation Plan, this service will support children and young people who present with low level mental health needs, which impact on their daily lives but do not meet the Children and Adolescent Mental Health Service (CAMHS) criteria and cannot be met by universal services. The service provider will:

- Deliver a creative response to meet the needs of children and young people in LLR. This is a large geographical area which includes both rural, urban and people from ethnically diverse communities;
- Collaborate with providers and commissioners to improve access to the full range of services which support the emotional health needs of children young people and their families across LLR.

#### 2. Population Needs

##### 2.1 National Context and Evidence Base

Future in Mind<sup>1</sup> shows that childhood has a profound effect on adult lives. Many adult mental health conditions show their first signs in childhood and, if left untreated, can develop into conditions which need regular care. The Office for National Statistics estimated that:

- 9.6% children and young people aged between 5-16 years have a mental disorder
- 7.7% children aged 5-10 years have a mental disorder
- 11.5% young people aged between 11-16 years have a mental disorder
- In an average class of 30 schoolchildren, 3 will have a diagnosable mental health disorder.

Evidence shows early identification of need, so that children and young people are supported as soon as problems arise, can prevent more serious problems developing. The most effective way of ensuring problems are identified early is for all providers of services for children to develop collaborative practices.

Improving outcomes for children and young people will require a joint-agency approach, including action to intervene early and build resilience as well as improving access to high

<sup>1</sup> See [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

quality evidence-based treatment for children and young people, their families and carers. The national target for the NHS of reaching at least 70,000 more children and young people annually from 2020/21 is expected to deliver increased access from meeting around 25% of those with a diagnosable condition locally, based on current estimates, to at least 35%. These additional children and young people will be treated by NHS funded community services.

### **2.1.1 National Drivers for change**

That early intervention is important way of supporting children and young people with emotional health needs has been widely recognised by a number of national drivers, including:

- No Health without Mental Health. Department of Health (2011)
- Talking Therapies, a 4-year plan. Department of Health (2011)
- NHS and Social Care Act (2011)
- Children and Families Bill (2013)
- Closing the Gap. Department of Health (2014)
- Chief Medical Officer's Annual Report on State of Public Health (2014)
- Behaviour and Discipline in Schools, Department of Education (2014)
- Mental Health Crisis Care Concordat (2014)
- NHS England Five Year Forward View (2014)
- Mandate to Health Education England (2015)
- Future in Mind Programme (2015).

### **2.2 Local Context and Evidence Base**

The LLR Transformation Plan is the local response to the implementation of the Future in Mind programme. Local Joint Strategic Needs Assessments (JSNA)<sup>2 3</sup> show how childhood experience of mental illness can have lifelong consequences, and that protecting childhood mental health now will sustain future mental wellbeing for people in LLR. Local JSNAs show that there is more to be in by way of developing better use of specialist and non-specialist resources, including early intervention.

In summary:

- There are 250,000 children and young people up to the age of 19 in Leicester, Leicestershire and Rutland
- It is estimated that 1 in 10 school children will have a diagnosable mental health or neurodevelopmental condition. This equates to approximately 19,000 school children in Leicester, Leicestershire and Rutland
- The Specialist CAMHS Service supports about 3,500 children and young people per year
- The target waiting time for an assessment by the specialist CAMH Service is 13 weeks from referral
- Recommendations from Leicestershire & Rutland in October 2014 children and young peoples' mental health and wellbeing support and services mapping exercise (Appendix1).

### **2.3 Voice of the Child**

As part of the development of the LLR Transformation Plan, we asked children what qualities they would find best in a service. Feedback included:

"I can get support to help me overcome emotional health and mental health challenges quickly and locally, without being stigmatised. I will have choice about the kind of help I would like. I and those who care for me will be listened to. I will be supported to become resilient and

<sup>2</sup> See <https://www.leicester.gov.uk/your-council/policies-plans-and-strategies/health-and-social-care/data-reports-information/jsna/>

<sup>3</sup> See <http://www.lsr-online.org/leicestershire-2015-jsna.html>

independent. With my consent, services will work together with me and my family to give me the best support. I will be involved in decision to reduce or transfer my care.”

Their ambitions for the service also included:

“I can access trusted self-care advice when and where we like including websites, education settings, GPs and children’s centres. I can get support to help me overcome emotional and mental health challenges quickly and locally, without being stigmatised. I will be able to make informed choices about the kind of help I would like.”

### 3. Scope

#### 3.1 Provider will take referrals from GPs and CAMHS across LLR to deliver care for:

- Children who have a low level mental health need that does not require CAMHS intervention will be offered Early Intervention appropriate to meet their needs
- People who do not meet the criteria for the service will be referred to an appropriate Children and Young People Service across the pathway. This re-referral/signposting will be as per an agreed process to be developed in collaboration with providers across the pathway
- Monitor the outcomes of the interventions provided.

#### 3.2 Provider will:

- Implement the set up phase
- Ensure the programme will go live as agreed as per contract
- Manage the delivery of the programme across the three localities in LLR
- Manage the services and staff
- Ensure adherence to the quality and performance reporting schedule;
- Work in collaboration with other providers of children and young people’s services to ensure the right care is given at the right time in the right place thereby supporting access to appropriate services matched to clinical need
- Deliver evidence based one to one interventions based on best practice to meet individual needs
- Deliver evidence based group early interventions for young people as identified across the therapeutic group pathway
- Engage with the Future in Mind Transformation Programme (See Appendix 2) and agree joint/supportive working arrangements with other service providers, including health, social care and voluntary sector organisations
- Support delivery of seamless access to the right care at the right time in the right place, right staff
- Deliver a value for money service for which the budget is devoted to delivering face to face interventions with children young people and their families, and administration and management costs are kept to the minimum.

#### 3.3 Vision

LLR Clinical Commissioning Groups are commissioning locality based targeted early intervention services to support the mental health and wellbeing of children and young people in community settings. These services will help children and young people with low level emotional and mental health needs to stay well, live full lives and reduce the likelihood of problems escalating.

The Provider will offer a range of interventions in collaboration with other professionals and

working with children and young people. Interventions will be based on the assessed need of each young person and will meet the following outcomes:

- Provide all children and young people in LLR with a consistent clear offer of a service with evidence based interventions
- An increased range of interventions offered to service users, ensuring no gaps in services
- Contribute to a whole system approach to mental health and wellbeing services for children and young people. Delivering a service coterminous with other services on the children's mental health pathway, including providers of resilience work, on-line counselling, voluntary sector and specialist CAMHS
- Develop systems and ways of communicating which enable effective and appropriate referrals across the services.

### **3.4 The Provider will be expected to adhere to key principles identified in the LLR Transformation Plan, including:**

- Listening to the voice and lived experience of children, young people and carers
- Ensuring equality of access to information, advice and services for all
- Commissioning and establishing accessible services, addressing gaps in current services
- Using evidence based interventions and good practice, setting quality standards and using outcome measures for all services
- Collaborative commissioning and partnership working. This may include pooling of budgets and secondment opportunities for staff across organisations
- Sharing of information and learning between organisations
- Open governance and transparency in decision making, with the expectation that the delivery plan and regular reports will be available for public scrutiny.

**The key objectives of the Targeted Early Intervention for Mental Health and Wellbeing service model will be to assess the needs of young people and to provide interventions which prevent issues becoming complex or entrenched and requiring more specialist and costly services.**

### **3.5 Service description/care pathway**

Commissioners expect service finances to be allocated to the provision of practitioners with relevant experience, skill and knowledge to deliver evidence based interventions. The service will have an emphasis on front line delivery, keeping administration and management costs to the minimum.

The Provider will demonstrate, from their proposed model and staffing structure, that they have the right numbers of staff, with appropriate skills and knowledge to deliver the required range of therapeutic interventions to young people across LLR as part of the targeted early intervention for mental health and wellbeing offer.

The Provider will be able to develop their own skill mix of staff, ensuring the appropriate level of skill, knowledge and training of the staff delivering specific interventions.

The Provider will be expected to provide 1 to 1 or group interventions for children and young people and/or parents and carers. These should be delivered in flexible ways to meet the needs of the children and young people, including during evenings and weekends.

The services will be available to all young people who:

- Live in and across the borders of Leicester, Leicestershire and Rutland Local Authority areas
- Are aged from 5 years and up to their 18<sup>th</sup> birthday. This may evolve in to a more specific

age focus if the need is identified and there may be a need to clarify at what age or stage self-referrals by young people would be considered.

The Provider will be required to deliver specified interventions which will operate within the following parameters:

- In terms of managing practice, each practitioner's caseload will be monitored and determined by numbers and complexity of presenting cases;
- A requirement to give an explanation for any variance of patient numbers across individual staff caseloads;
- Audit of caseloads to ensure the use of a clinically appropriate assessment process/tool.

Will follow evidence based therapeutic models, to include:

- 1-1 Counselling
- Cognitive behavioural therapy
- Family Relationship Therapy and parenting skills
- Loss and Bereavement work
- Anxiety and stress management
- Behaviour Support management
- Mindfulness
- Life coaching
- Psycho Education.

Will address the most prevalent presenting issues for young people for example:

- Low mood
- Self-harm (low to moderate)
- Anger Management issues
- Anxiety
- Family Relationships issues
- Coping with their illness or someone close
- Bullying including social media
- Loneliness and rural isolation
- Suicidal Ideation
- Coaching and group work with C&YP diagnosed with ADHD in addition to a mental health need.

Will deliver appropriate interventions in consultation with the young person, for instance:

- Consider alternative/innovative approaches e.g. skype or virtual clinics
- Deliver agreed number of sessions, with further sessions if required, up to a maximum of 12 sessions in total
- Manage the discharge and follow up arrangements, re-assessing if the plan is meeting need and amending the plan as appropriate or refer to a more intensive service
- Interventions will be either on a one to one basis or therapeutic group work.

**Early Intervention therapeutic group work will be offered as part of the group work which is offered by providers across the whole C&YP pathway.**

The group work offer will include:

- Positive behavioural Support, for example for children without a diagnosis of LD, with Attention deficit hyperactivity disorder (ADHD), high functioning autism and behavioural problems, with incontinence where there is no physical cause
- Anxiety management - experiential through play up to 12 years ( including parents)
- Anxiety management for young people aged between 12 and 15 years
- Anxiety management for young people aged 15 years and over



- Protective behaviours for all level 1
- Protective behaviours at Level 2, including self-harm, anger management, emotional development and maturity issues
- Introduction to management of ADHD.

### **Referral process**

This service will provide a flexible balance of targeted interventions across LLR to children and young people with low level mental health or emotional well-being issues that will be free to service users.

The Provider will accept referrals from GPs and CAMHS.

The provider will work with other services jointly to screen and allocate referrals as the need arises. The provider will understand that the core target group for the early intervention provider are children and young people who do not meet the CAMHS criteria but have mental health needs which cannot be met by universal services. In particular, these children and young people will have mental health and wellbeing issues that impact on their daily lives.

The service will take a 'whole family' approach and apply this to the needs of the young person within the context of the family and their wider network. Any involvement of parents/carers should be undertaken with the consent and awareness of the service user. Sharing of information will be undertaken with other practitioners and agencies according to data protection and information sharing protocols.

### **3.6 Discharge and transition**

The Provider will be expected to have in place protocols to review cases, to assess the progress made by the young person against the intervention plan. Outcomes are likely to include closure, step down to universal services or to step up to more specialist services such as social care or specialist CAMHS. This will be done in consultation with the service user and parent/carers.

### **3.7 Accommodation/premises**

In order to maximise appropriate access to services, commissioners expect that practitioners will be locality based. The provider will arrange suitable premises and ensure their staff members have the necessary equipment including lap top and mobile phones.

To ensure the early intervention offer remains coordinated and consistent across LLR and to provide regular quality case/clinical supervision, the Provider is expected periodically to bring practitioners together as a team and with colleagues the wider primary mental health care, CAMHS services and the voluntary sector.

The Provider will ensure that all interventions provided as part of this service will operate across LLR. The service will be flexibly resourced to meet the greatest level of need across the three localities and will be provided in community venues which are child friendly, non-stigmatising and accessible.

### **3.8 Interdependencies with other services**

This model fits within a 'whole systems' approach to respond to the mental health and

emotional wellbeing needs of young people and their families, which spans from universal to specialist services.

The Early Intervention Service will have a relationship with key deliverables identified in Strategic Plans, some of which are listed below:

- LLR Sustainability and Transformation plan
- Leicestershire and Rutland LSCB Business Plan 2017-18
- LLR Troubled Families Programme
- Leicester City's Health and Wellbeing Strategy
- Leicestershire's Joint Health and Wellbeing Strategy 2017-2022
- Leicester Children and Young People's Plan 2014-2017
- Rutland Children's Trust, Children Young People and Families Plan 2016-2019
- Rutland Health and Wellbeing Strategy
- District Council Children and Young People's Plans
- LLR Future in Mind Transformation Programme.

**The Provider will be expected to create synergies with initiatives across LLR including:**

- Social Care and Local Authority Early Help services: Collaborating with Early Help services is an important way of ensuring the early intervention service contributes to the wider care pathway. Early Help is focused on supporting the most vulnerable children and families, whilst building confidence and capacity in universal services as a way of responding to early support needs.
- Leicestershire Partnership Trust primary mental health service: Early intervention services will work closely with the primary mental health service, which supports children and young across LLR localities, develops strategic partnerships and delivers of core packages of training
- Schools and Further Education colleges across LLR
- The Future in Mind School Resilience Programme
- The evolving Children and Young People's Improving Access to Psychological Therapies (CYPIAPT) programme which aims to transform provision in local areas across the children and young people's mental health economy including both statutory and voluntary sectors. It is recognised that this is in the development stage and further detail is required to determine how this will work
- The Office of the Police and Crime Commissioner (OPCC), which aims to work with partners to meet the needs of young victims within an early help context, including through existing victims services. The Leicestershire OPCC is also considering additional funding during the term of this contract to provide therapeutic support (1:1 or group work) for young victims of crime who would be directly referred by mental health professionals based within the Victim First service. It may be feasible to include this provision in the scope of this contract.
- The provider will work closely with adult's services to support the smooth transition of young people who are turning 18 and will require support from adult services.

#### **4 Summary of Key Performance indicators:**

The Provider will report against Key Performance Indicators:

##### Monthly Reporting:

- Nos of referrals
- Number of referrals responded to within 48hrs
- Numbers accepted into the EI service
- Timescale from referral to assessment

- 1-1 treatment commenced within 4 weeks
- Group work commenced within 6 weeks
- Number of C&YP in treatment
- Total numbers discharged in month.

#### Quarterly Reporting:

- Number of referrals (Broken down by CCG, and Rutland)
- Source of referral (Broken down by CCG, and Rutland)
- Numbers of referrals not fitting service criteria
- Number of children and young people undertaking therapeutic groups (Broken down by CCG, and Rutland)
- Number of children and young people undertaking 1-1 intervention (Broken down by CCG, and Rutland)
- Number of children with cases closed in quarter having needs met
- Number of children redirected to other services following intervention
- Destination of those redirected.

#### Annual Reporting:

- Outcomes satisfaction - Gold based outcome and SDQ
- Annual performance report to cover all services
- Patient satisfaction outcome/impact report.

### **5 Summary of Key Quality Indicators:**

**The procurement of the service and the contract management will focus on evidencing positive and sustainable outcomes for children and young people and the capacity of the service to deliver high quality accessible services to children and young people.**

#### **Quality Schedule**

The service will work in accordance with the Quality Network for Community CAMHS and Royal College of Psychiatrists Quality Standards for Community CAMHS.

The Monthly and Quarterly Quality Report will include monthly reporting on:

- Complaints monitoring and analysis
- Serious Incidents
- Results of Friends and Families Test
- Reduce inappropriate referrals to Specialist CAMHS from the localities of Leicester, Leicestershire and Rutland
- The Service will produce an annual self-evaluation report
- Referrer feedback and service evaluation will be undertaken bi-annually.

#### **Clinical outcomes:**

- Routine outcomes measures;
- Strengths and Difficulties Questionnaires (SDQs).

#### **MHSDS**

Provider will flow data onto the Mental Health Dataset in accordance with national criteria. EI have a target of 1200 per year.

## 6 Reporting Schedule

<b>MONTHLY REPORTING</b>				
<b>KP01</b>	Nos of referrals	Baseline	Monthly	
<b>KP02</b>	Number of referrals responded to within 48hrs	Baseline	Monthly	Exception reporting
<b>KP03</b>	Numbers accepted into the EI service	Baseline	Monthly	Exception reporting - on alternative destination
<b>KP04</b>	Timescale from referral to assessment	Within 14 days	Monthly	Face to face or via telephone
<b>KP05</b>	1-1 treatment commenced within 4 weeks	95% of those accepted into service	Monthly	Exception reporting
<b>KP06</b>	Group work commenced within 6 weeks	95% of those accepted into service	Monthly	Exception reporting - reliant on group work schedule dates
<b>KP07</b>	Number of C&YP in treatment	Baseline	Monthly	
<b>KP08</b>	Total numbers discharged in month	Baseline	Monthly	
<b>QUARTERLY REPORTING</b>				
<b>KP09</b>	Number of referrals (Broken down by CCG, and Rutland)		Quarterly	
<b>KP10</b>	Source of referral (Broken down by CCG, and Rutland)		Quarterly	
<b>KP11</b>	Numbers of referrals not fitting service criteria		Quarterly	Exception report identifying source of referral and reasons
<b>KP12</b>	Number of children and young people undertaking therapeutic groups (Broken down by CCG, and Rutland)		Quarterly	
<b>KP13</b>	Number of children and young people undertaking 1-1 intervention (Broken down by CCG, and Rutland)	Baseline	Quarterly	
<b>KP14</b>	Number of children with cases closed in quarter having needs met		Quarterly	
<b>KP15</b>	Number of children redirected to other services following intervention		Quarterly	
<b>KP16</b>	Destination of those redirected		Quarterly	
<b>ANNUAL REPORTING</b>				
<b>KP17</b>	Outcomes satisfaction - Gold based outcome and SDQ		Annual - May	
<b>KP18</b>	Annual service report		Annual - May	

## 7 Response times

Response times will be in line with prescribed performance indicators and will reflect Children's Service's Practice Standards and procedures applicable to each Local Authority.

## 8 Applicable Service Standards

### 7.1 Applicable national standards e.g. NICE, Royal College

Nice Guidelines:

- Depression in children and young people CG28
- Eating Disorders CG9
- Self-harm CG16
- Post-Traumatic Stress disorder CG26
- Obsessive Compulsive Disorder (OCD) and Body Dysmorphic Disorder (BDD) CG31
- Bipolar Disorder CG38
- Attention Deficit Hyperactivity Disorder (ADHD) CG72
- Anxiety CG113
- Social and emotional wellbeing in primary schools PH12
- Social and emotional wellbeing in secondary schools PH20.

### 7.2 Applicable local standards

All staff members will attend CCG/Trust/LA/Other Mandatory training and training necessary to maintain professional registration and will work to the Hear By Rights standards for service user's engagement.

Will work to the procedures and professional protocols of their employing authority or organisation or as specified in the service specification to ensure young people are safe and are in control of their own plan.

The Provider will be expected to demonstrate and evidence safeguarding, equalities and diversity and, health and safety summarised in the following:

#### **Safeguarding & Child Protection**

The provider will work in accordance with the requirements in SC in the NHS Standard Contract. Compliance will be monitored through self-assessment using the LLR Safeguarding Children and Adults Assurance Framework.

The provider will report incidents in accordance with the LLR Local Safeguarding Boards policies and procedures.

#### **Equality & Diversity**

The provider will ensure they are compliant with the Equality Act 2010 and implement the National Workforce Race Equality Standard (WRES) and any other national and local guidance published during the course of the contract.

#### **Health & Safety**

The provider will act in accordance with the Health and Safety at Work Act 1948 ensuring staff, patients and visitors are provided with a safe environment. All incidents will be reported as per

## 9 Financial Allocation

**The provider will be expected to deliver the service within the financial envelope of £360,000 per annum.**

**The service will manage a minimum of 108 referrals per month**

- i. Identify appropriate managerial and clinical support to implement the set up phase (September 2017), and from October 2017 to manage/co-ordinate the delivery of the programme across the partnership, the delivery of services and adherence to the reporting schedule
- ii. Deliver Early Help on a one to one basis or in a group setting
- iii. Provide focussed interventions to meet individual needs
- iv. Provide equipment for practitioners including laptop, mobile phones
- v. Reimburse travel for practitioners
- vi. Pay for office accommodation as required. The provider will be expected to work with the local network of mental health and wellbeing provision/providers from universal to specialist services in order to:
  - Provide added value for the client and value for money
  - Ensure a seamless and integrated response across the continuum of need
  - Reduce service duplication and the need for repeated assessments for the client.

**E**

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<b>Name of meeting:</b>	LLR CCGs' Collaborative Commissioning Committee		<b>Date:</b>	20 <sup>th</sup> February 2020	<b>Paper:</b>	<b>E</b>
	Public ✓	Confidential				
<b>Report title:</b>	<b>Government funding for Palliative and End of Life Care services 2019/2020</b>					
<b>Presented by:</b>	Rebecca Perry, EoL/LLtIC Project Lead, West Leicestershire CCG					
<b>Report author:</b>	Tamsin Hooton, Director of Service Redesign and Integration					
<b>Executive lead:</b>	Tamsin Hooton, Director of Service Redesign and Integration					
<b>Action required:</b>	<b>Receive for information only:</b>		<b>Progress update:</b>			
	<b>For assurance:</b>		<b>For approval / decision:</b>			✓
<b>Executive summary:</b>	<p>National funding has been received by the CCGs to support palliative and end of life services.</p> <p>This paper sets out a recommendation for allocating this resource, summarising the process followed and criteria for prioritisation of the funding.</p>					
<b>Appendices:</b>	Prioritised requests for funding – Appendix 1					
<b>Recommendations:</b>	<p><b>The CCC is asked to:</b></p> <ol style="list-style-type: none"> <li>1. <b>APPROVE</b> the allocation of funding to the schemes set out in Table 1 in the main report, non-recurrently for one year</li> <li>2. <b>NOTE</b> that the End of Life Task Force sub group will be responsible for developing the training programme for End of Life and utilising £130,000 of the funding</li> <li>3. <b>DELEGATE</b> responsibility to the End of Life Task Force for managing underspends and slippage or identifying additional priorities within the overall allocation</li> <li>4. <b>NOTE</b> that there will be a need to identify mainstream funding for the night nursing requirements after twelve months</li> </ol>					
<b>Report history and prior review:</b>	The proposals included in this paper have been reviewed and discussed by the LLR End of Life Task Force.					

<b>Aligned to Strategic Objectives</b>		
<b>Leicester City CCG</b>	<b>West Leicestershire CCG</b>	<b>East Leicestershire and Rutland CCG</b>
✓	✓	✓

<b>Implications</b>	
<b>a) Conflicts of interest:</b>	To be declared at the meeting if any GP practices may benefit from training from the training budget CCC members may be connected in a volunteer capacity with the voluntary sector beneficiaries of the funding
<b>b) Alignment to Board Assurance Framework</b>	N/A
<b>c) Resource and financial implications</b>	The recommendations involve allocation of non-recurrent resources of up to £423,000 in 2019/2020, funded from a ring fenced government allocation
<b>d) Quality and patient safety implications</b>	Quality impact is reflected in the prioritisation criteria used to determine recommended allocations, and the prioritised schemes have been chosen for the extent that they are considered to have the biggest beneficial impact on improving the quality, safety and experience of end of life care in LLR.
<b>e) Patient and public involvement</b>	There has been no explicit public involvement in this issue.
<b>f) Equality analysis and due regard</b>	N/A

## **GOVERNMENT FUNDING FOR PALLIATIVE AND END OF LIFE CARE 2019/2020**

### **1. Introduction**

On 16th October 2019 the Director of Personalised Care for NHS England wrote to all CCG Chief Finance Officers to confirm the National funding arrangements over the next 5 years for system wide palliative and end of life care. The letter confirms that a further £25m is being supplied nationally, non-recurrently, through CCG allocations to support in-year investments to enhance palliative care and hospice services for adults and children in 2019/20 as announced by Government in August 2019. The plan acknowledges that local NHS funding has not kept pace with growth and articulates that NHS England will increase its contribution to palliative and End of life care.

The LLR share of this allocation is £423K. This paper summarises the process undertaken to identify and prioritise proposals for allocating this money locally.

### **2. Background and Context**

Nationally we are facing an unprecedented rise in clinical demand for End of Life Care patients, with a lack of resources to match this demand. Coupled with this, advances in medicine are resulting in a growing population of patients living longer with increasingly complex, chronic, life-limiting conditions. Significant changes to how care is delivered to these patients are therefore necessary, including the empowerment of patients to make informed choices about their care, and working in partnership with them to deliver these choices.

A review by the National Audit Office estimated that if there was better access to community based end-of-life care, £104 million could feasibly be saved from cancer patients alone as a result of fewer emergency admissions and reduced length of stay (National Audit Office, 2008).

As well as economic arguments for improvements to end-of-life care, those who die at home are reportedly more likely to experience better, coordinated, higher-quality care and be treated with more dignity and respect compared with those who die in hospital, according to an annual survey of bereaved family members (ONS, 2016c).

The NHS Long Term Plan highlights:

- The need for care to be delivered closer to home and the commitments to improve the quality of care for patients.
- Commitment to improve the quality of care delivered to people in care/residential homes to support patients being admitted into hospital on multiple occasions.
- Address the issues across the health service with regards to sharing of information taking into consideration the need for the voluntary and care home sector to be able to share and access patient information.
- Improve Advance Care planning across primary and secondary care to strengthen and support care at end of life.

### 3. Process for allocations of the additional funds

The LLR End of Life Care Task Force asked for system wide proposals for the allocation of monies set against the criteria to be submitted by 19 December 2019. There was excellent engagement from across LLR with all providers submitting proposals. A high proportion of the bids were system wide initiatives matching the cross system priorities with a shared understanding of the key gaps in current delivery for End of Life Care across LLR.

The Task Force agreed some criteria for allocating the money, reflecting both local and national priorities. The national criteria for the funding, communicated alongside confirmation of the funding is as follows:

1. Quality of palliative care and hospice services
  - a. EITHER maintain a good or outstanding CQC rating
  - b. OR a quality improvement plan based on CQC assessment
2. Sustaining or developing one of the following;
  - a. Personalised care and support planning including advance care planning
  - b. Specialist palliative care MDT services
  - c. 24/7 access to palliative and end of life care support and advice
  - d. Palliative and end of life education and training
  - e. Palliative and end of life services including;
    - i. Support for people in their own home or preferred place of care
    - ii. Specialist palliative inpatient care services
    - iii. Education and training for staff
    - iv. Support to families and carers

The local LLR Task Force priorities are:

- **Training & education** – clinical competencies and confidence in having conversations with patients and their families. For patients and carers, setting expectations and understanding about what would happen in the last few days of life.
- **Communications & engagement** – communication of services available to both staff and patient groups, launching the new Integrated Palliative Care hub to the system, creating a social media movement to encourage people to have conversations with their families and carers about their wishes at the end of life.
- **Service improvement** – specifically the delivery of the Integrated Palliative Care Service, increasing the completion and uptake of quality care planning offer in primary care,
- **IMT** – focus on supporting completion and sharing of Advance Care planning and ReSPECT in clinical systems

A spreadsheet summarising all proposals received was created. The End of Life leads prioritised the submitted requests for funding against the national criteria and the local Task Force focus areas, leading to a ranking of requests in order of priority.

The prioritised list was then shared via email with the EOL Task Force for discussion and a suggested allocation of the funds was discussed at the 31 January 2020 Task Force Meeting. The meeting had representation from key stakeholders including the voluntary sector (Loros and Marie Curie).

Table 1 below outlines the resulting proposed allocation of funding following discussions at Task Force.

With regards to the allocation for LLR Education & Training it was identified that there was some overlap in the proposals with further scoping needed to ensure the delivery of a coherent training programme that supplements existing training activities and targets key areas of need identified by a recent training needs analysis. To address this, an LLR Education & Training Task and Finish Group will be created, whose remit will be to support the implementation of the LLR Training & Education High level Strategic plan agreed by the LLR End of Life Care Task Force in November 2019 which the outlined proposals are within. Included in this funding there is an allocation of £18K for children’s palliative care education & training and an allocation for the delivery of ReSPECT training within primary care practices.

In addition to this, there is an expectation that there will be some additional funding from the HEEM underspend circa £30K for this financial year which the CCGs have made bids against which will support the implementation of ReSPECT across primary and health and social care. These HEEM monies are not included in the table below.

#### 4. Proposed allocation of 2019/2020 funding

**Table 1:** Proposed non-recurrent allocations to palliative and end of life initiatives

<b>Proposal</b>	<b>Cost</b>
LLR System Wide Education & Training including monies for primary care implementation of RESPECT	£130,000
Gold Standards Framework navigation/directory	£16,875
Planning Ahead Clinics – Nurse lead – supporting patients in developing quality Advanced Care Plans.	£43,424
Respiratory MDT- improving the accessibility of palliative and end of life care for people with severe COPD – patients with end stage lung disease	£4,000
Dove Cottage – developing a clinical strategy development for EoL	£25,000
LOROS (impact of AfC on staff costs)	£77,252
St Giles Hospice (inpatient hospice service)	£7,045
Additional capacity within End of Life Care Night Nursing to ensure a timely response to dying patients at night	£100,000
<b>Total</b>	<b>£403,596</b>

Note that this results in a small underspend of £19,404 against the total allocation received by the CCGs. It is proposed that this underspend is held by the Task Force, giving them some flexibility to allocate additional funding over the course of the year to address priorities and risks in delivering the LLR action plan for End of Life.

#### 5. Recommendations

The CCC is asked to:

5. **APPROVE** the allocation of funding to the schemes set out in table 1, non-recurrently for one year.
6. **NOTE** that the End of Life Task Force sub group will be responsible for developing the training programme for End of Life and utilising £130,000 of the funding.
7. **DELEGATE** responsibility to the End of Life Task Force for managing underspends and slippage or identifying additional priorities within the overall allocation.
8. **NOTE** that there will be a need to identify mainstream funding for the night nursing requirements after twelve months.

# Appendix 1

No	Initiative	Intended Impact	Cost	Recurrent funding	Non recurrent		Priority ranking	Comments
1	<b>"1 x Band 5 mid point Gold Standards Framework Navigator(s)" and LA Grade 9 GSF navigator</b> GSF LLR Navigator for patients who might be joining the GSF Register Amalgamate into a portal or hub, coding services against the GSF, diagnosis and locality. Clinicians and patients can identify local sources of support. Include health and social care, charitable organisations,	Map of services and groups across LLR which offer support to patients at risk of deteriorating or dying in the next twelve months.  Increase knowledge base of care navigators/ coordinators across the system.  Reduce number of EoL patients accessing ED .  Support EOL patients to access suitable community services  Increase the number of ACP's across the system	£33,750	initial 12 month secondment			1	
2	<b>"Planning Ahead Clinics"</b> A Band 6 clinical lead to provide ACP clinics and training to a volunteer cohort to support patients in developing ACPs	Clinics to be delivered across LLR in both hospital and community settings. over a 12 month period. Volunteer cohort to be fully trained to support patients in developing ACPs	£43,424				2	
3	<b>UHL Specialist Palliative Care Team Increased medical and nursing resource within the UHL SPCT ( 3 x Band 6 CNS posts)</b>	Bridge weekend staffing gap, providing a 7 day service  Ensure that the standard of care we provide is maintained and is able to improve.  Provide weekend face to face palliative care service  Supporting the increased numbers of referrals and complexity. Provide a resource to support additional education and training.	£130,272	recurrent			clarification needed if agreed in UHL business case	
4	<b>Training &amp; Education</b> Support the key recommendations from the LLR October 2019 Training & Education report;  Including; Provide funding to train-the trainers for a QELCA type programme to restart. Online / web based training app Development of additional educators with competence in delivering training in 'serious illness conversations'		£65,000  £10,000 for QELCA  Education coordinator £24,813	none recurrent funding  secondment 12 months			1	
5	<b>ReSPECT</b> Public awareness campaign across LLR Podcasts. Targeted comms campaign.	Raise patient/ public awareness of ReSPECT across LLR	£7,500				5	
6	<b>Symptom control for cancer patients.</b> Band 6 clinical post plus Consultant support	PDSA's to ascertain which cancer site has the biggest need. eg. Hepatobiliary and Pancreas (HPB)	£42,424 + consultant support, £20,000				4	
7	<b>Respiratory MDT</b> Palliative care consultant to attend monthly MDT with respiratory services. Improving the accessibility of palliative and end of life care for people with severe COPD, and possibly all patients with end stage lung disease, with the aim of reducing unplanned healthcare utilisation.		£4,000				3	
8	<b>Patients in Care Homes:</b>  EoL care home Band 6 CNS to attend care homes and support with ACPs	Build relationships with Care Homes Build interface/trusted relationships Support Integrated Palliative Care Team to build relationships	£43,424				1	

9	<p><b>Primary Care Network (PCN) Education Programme</b>  LOROS has delivered EOLC training to GPs at individual surgeries.  With the recent launch of the 25 PCNs across LLR it is envisaged that specific training could be delivered at PCN rather than individual surgery level.  Subjects could include identifying patients at the end of life, Talking about dying, Daffodil Standards, ResPECT as well as creating consistent and quality care plans.</p>		£8,000	Training delivery could be shared across LOROS/UHL/LPT		2	
10	<p><b>EoLC training for EMAS using ECHO, (Enhancing Community Health Outcomes)</b>  The aim is to deliver five sessions via ECHO methodology to EMAS staff:</p> <ol style="list-style-type: none"> <li>1. Care of the older / complex patient</li> <li>2. Pneumonia, asthma and COPD</li> <li>3. Wounds, dressings and wound care</li> <li>4. Abdomen and UTI</li> <li>5. Heart Failure</li> </ol>		£8,000			1	
11	<p><b>Training for patients and carers - pilot (led by LOROS)</b>  (Taskforce W'force Training and Development Priority)  Working with partners to identify / signpost interested parties earlier in the process.  6 sessions per year and involve half day sessions on the process of dying, spirituality and emotional support and practical skills</p>	Link to the compassionate neighbour's vision and would better equip members of the community to care for their loved ones therefore reducing pressure on the health and social care system. ie could be piloted in Market Harborough .	£3,240			5	
12	<p><b>Leading Person Centred Care / System Leadership training for care home staff</b></p>	To mirror the training delivered to PCNs	.£55,000	no indicative costs		2	
13	<p><b>Scoping –</b>  Creation of a set video-based training materials.  Training materials to use across the system and culturally appropriate materials for patients and families.</p>	This bid would be to scope the project as well as identifying collaborators.	£1,000			4	
14	<p><b>QELCA - upskilling of LOROS staff to deliver QELCA training</b>  'Quality End of Life Care for All'  Joined up training delivery programme between LOROS and UHL.</p>	Collaborative project sharing resources. Could be adapted for LPT and community hospitals with a slight change of model.	£3,000			3	



15	<b>LLR Palliative Care Alliance Group</b> Link into EM educational and daffodil standards.	professionals create an individualised portfolio describing their learning needs around End of Life Care.	£10,000 .				5	
16	<b>Implementing Respect</b> The implementing ReSPECT team are visiting LLR in February to discuss the learning from their ReSPECT journey.	System wide offer around ReSPECT – Learning from our peers	£400 (based on room cost and tech).	one- off cost			4	
17	<b>Raising Public awareness of ReSPECT</b>	A level of understanding by the public will assist those tasked with having conversations about dying and will also improve community knowledge and understanding.	£2,000 - £10,000				5	
18	<b>Developing Senior Nurse competence in completion of ReSPECT forms</b>	Four days of delivery:	£9,000				4	
19	<b>EoLC and dementia training sessions</b>  Effective communication is essential in enabling advance care planning for people with dementia.	Poor uptake of advance care planning in dementia people living with dementia and their families need to begin to have conversations earlier in the disease process.	£7,000				4	
20	<b>Professor Christina Faull to deliver the objectives of LLR End of Life Care Task Force</b> Professor Faull will take on the role of lead Consultant in Palliative Medicine representative for the Task Force for 6 months (January- June 2020). A key objective will be to focus on the appropriate care of patients who might otherwise have unwanted and unneeded hospital admission. She will: 1. Attend Task Force meetings 2. Lead implementation of the training and education plan 3. Liaise with LOROS and UHL service leads about all aspects of the Task Force and working group plans.	To build on the momentum of the Task Force and its workstreams  Drive forward real change and improvement.  This proposal has been developed in consultation with the LLR Palliative Medicine Consultants and has the strong support of the Clinical Service Lead for UHL, Dr Rosie Bronnert and the Medical Lead for LOROS, Dr Luke Feathers.	£5,200					
21	<b>Specific Education &amp; Training for Integrated Palliative Care staff</b>		£1,368				1	
22	<b>LOROS Sustainability</b>  Agenda for Change Uplift – Clinical Category 1 Only LOROS implemented the AFC increase in October but didn't back date it to April to save money.		c£77,252.		recurrent funding		2	
23	<b>Integrated Palliative Care Service IMT licences and equipment costs</b>		£3600	set up costs for new service			5	
24	<b>Dove Cottage: Strategy to re-design services to meet the needs of patients with frailty and introduce dementia support services in Rutland area - looking for one off payment to clinical costs</b>		£25,000	non recurrent			2	need to consider this request in light of the removal of monies in Voluntary sector review

25	St Giles : Neighbourhood 1 PCN – 35 days of inpatient care at 33% contribution for 2019/20	£7,045	non recurrent			2	need to consider this request in light of the removal of monies in Voluntary sector review
26	Marie Curie: to support a volunteer co-ordinator to develop a volunteer service within the acute hospital to deliver support to patients who perhaps do not have family locally or family/friends at all and need additional support at End of Life/includes offering respite care –	£45,000	non recurrent			4	
27	DHU Night Nursing – additional investment to increase capacity to cover geography within response times	£100,000		recurrent		1	lack of capacity is giving rise to quality issues relating to slow response to urgent night time referrals e.g. for pain relief

Key: High priority 1 - Low priority 5