



HILLINGDON
LONDON



Children, Young People and Learning Policy Overview Committee

Date: TUESDAY, 14 MARCH 2017

Time: 7.00 PM

Venue: COMMITTEE ROOM 4 -
CIVIC CENTRE, HIGH
STREET, UXBRIDGE UB8
1UW

**Meeting
Details:** Members of the Public and
Press are welcome to attend
this meeting

Councillors on the Committee

Jane Palmer, (Chairman)

Nick Denys (Vice-Chairman)

Jem Duducu

Dominic Gilham

Becky Haggar

Allan Kauffman

John Oswell

Jagjit Singh

Jan Sweeting

Other Voting Representative

Anthony Little, Roman Catholic Diocesan.

Published: Tuesday 7 March 2017

Contact: Anisha Teji

Tel: 01895 277655

Email: ateji@hillingdon.gov.uk

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Head of Democratic Services

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Terms of Reference

A central role of a Policy Overview Committees is to undertake in-depth policy reviews on specific issues. Reviews provide the opportunity to hear from members of the public and expert witnesses, including people from a wide range of external organisations. Reviews usually make recommendations to the Cabinet on how the Council could improve its work. They therefore perform an important role in opening up the policy-making process to a wider audience, including people who would not normally have the opportunity to participate.

This Committee undertakes the policy overview role in relation to the following matters:

- Education Services and statutory education authority functions
- School performance and attainment
- School Transport
- Relationships with Local Academies / Free Schools
- Pre-School & Early Years Services
- Youth Services & Careers Services
- Juvenile justice & probation services
- Adult Learning
- Education and learning partnerships
- Music & The Arts
- Social care services for children, young persons and children with special needs
- Adoption and Fostering
- Family Services

Agenda

- | | | |
|---|--|--------|
| 5 | To agree the minutes of the meeting held on 1 March 2017 | 1 - 6 |
| 7 | Child and Adolescent Mental Health Services (CAMHS) | 7 - 20 |



Minutes

CHILDREN, YOUNG PEOPLE AND LEARNING POLICY OVERVIEW COMMITTEE

1 March 2017

Meeting held at Committee Room 3
Civic Centre, High Street, Uxbridge UB8 1UW

| | |
|-----|--|
| | <p>Committee Members Present: Councillor Jane Palmer (Chairman), Councillor Nick Denys (Vice-Chairman), Councillor Jem Duducu, Councillor Dominic Gilham, Councillor Becky Haggar, Councillor Allan Kauffman, Councillor Beulah East (in place of Councillor John Oswell), Councillor Jagjit Singh and Councillor Jan Sweeting and Tony Little (Roman Catholic Diocesan Representative)</p> <p>LBH Officers Present: Laurie Baker (Interim Head of School Improvement/Education Quality & Strategy) and Anisha Teji (Democratic Services Officer)</p> |
| 53. | <p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies were received from Councillor John Oswell, who was substituted by Councillor Beulah East.</p> |
| 54. | <p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THE MEETING (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest.</p> |
| 55. | <p>MATTERS NOTIFIED IN ADVANCE OR URGENT (<i>Agenda Item 3</i>)</p> <p>There were none.</p> |
| 56. | <p>TO CONFIRM THAT ITEMS OF BUSINESS MARKED PART 1 WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART 2 WILL BE CONSIDERED IN PRIVATE (<i>Agenda Item 4</i>)</p> <p>It was confirm that all items were Part I and would be heard in public.</p> |
| 57. | <p>TO AGREE THE MINUTES OF THE MEETING HELD ON 11 JANUARY 2017 (<i>Agenda Item 5</i>)</p> <p>Members noted that Tony Little did not have his role listed next to his name.</p> <p>RESOLVED -</p> <p>1) That the minutes from 19 January 2017 be confirmed as an accurate record subject to inserting the role of Tony Little.</p> |

58. **CHILDREN, YOUNG PEOPLE AND LEARNING POLICY OVERVIEW COMMITTEE - MAJOR REVIEW OF THE LOCAL AUTHORITY'S CURRENT AND FUTURE RELATIONSHIP WITH ACADEMIES AND FREE SCHOOLS** (*Agenda Item 6*)

Maintained school perspective

The Committee welcomed Simon Hawley, Headteacher for Colham Manor Primary School to the meeting, to provide his view on the Local Authority's relationship with maintained/academy/free schools. He referred the Committee to a handout sheet he had produced.

The following points were made by Simon Hawley during his presentation and in response to questions from Committee Members:

- There were a majority of services that Colham Manor Primary relied on, provided by the Local Authority as either services of a statutory duty or service level agreement. There was a variation in quality between these services.
- It was important that schools were supported and it was difficult to know the points of contact within the Local Authority. It was suggested that a contact register/directory would be useful to ascertain contact details for the responsible officer within the Local Authority.
- The proposed changes in the Children Centre could have been delivered better if Local Authorities had enlisted the support of headteachers in redesigning services that would have also delivered savings. This would have avoided a "done to" approach that many of those involved felt.
- The Hillingdon School Improvement Plan was an excellent piece of strategic work, and it is important that there is a focus on clarifying a longer term plan for this work.
- Headteachers meet and share ideas and feedback in the Primary Forum Executive. The fortnightly briefings produced by the Local Authority are good and provide useful updates for headteachers.
- Local leader groups provide headteachers with good quality CPD.
- Sometimes headteachers feel frustrated by 'peripheral' issues that can prove to be a distraction from teaching and learning and school improvement. For example buildings, car parking etc.
- The way to hold schools to account is through effective partnerships and by building trust between schools and the Local Authority so that difficult discussions can be had.
- Issues which cause headteachers concern include the constant pressure about results; adequacy of inspections; dealing with challenging pupils and parents; teacher recruitment in suburban London and finances. Colham Manor Primary benefits from pupil premium grants but not all schools are this fortunate. Many schools benefit from the expertise of skilled business managers to assist with the financial aspect of the school running.
- The interest of maintained headteachers in conversion to academy status varies and many head teachers feel nervous about losing control of their own school. In Hillingdon most maintained schools headteachers have considerable autonomy already and if they did decide to convert there is the chance that their Ofsted history could be deleted.
- Additional services which would be useful to schools included teams going beyond statutory duties - particularly around vulnerable pupils ; a specialist knowledge team focussing on pupils at risk of exclusion and a key Local Authority contact point which addressed issues such as legal and Health &

Safety concerns.

Academy/free school perspective

The Committee welcomed Colin Tucker, Headteacher for Ryefield Primary School to the meeting, to provide his view on the Local Authority's relationship with maintained/ academy/ free schools.

The following points were made by Colin Tucker during his presentation and in response to questions from Committee Members:

- The deciding factor for procuring services was the quality and value for money of the services.
- Financial pressures could affect schools buying into Local Authority services.
- The risks both maintained schools and free schools encountered was "isolationism".
- Generally academies opted to buy into Local Authority services if they provided a benefit to the pupils.
- There was an element of competition between schools which was demonstrated through league tables. There was a need for mutual cooperation between all schools irrespective of status which in turn would produce positive outcomes, putting Hillingdon in a good place nationally.
- Multi Academy Trusts tended to grow and grow which resulted in them having their own form of Local Authority providing services.
- Issues which caused headteachers concern included the vulnerability of children and wanting to do the best for their pupils.
- Services areas outsourced within Ryefield included the legal team, admin team and finance although some of these services were shared.
- Attending the Primary Forum Executive meeting, the Local Authority's fortnightly briefings and conferences and the scheme of mentors for new headteachers provided good support to all headteachers.
- There is a perception that there is a churn of services in the council. Ryefield could be described as a being a "holding school" as pupils left during the course of the academic year due to various reasons. One of the reasons could be due to the fact that there were a number of other schools nearby with capacity. This affected the ability to demonstrate outcomes as high mobility can make it difficult to meet targets.

Headteacher surveys

The Committee was concerned about the late notification of responses from the headteachers surveys. The Committee was informed that there was a delay in sending the survey out to headteachers and that there was initially a limited response. The number of responses increased after a reminder was sent out by officers.

The Committee proposed meeting outside of the POC meeting to discuss the responses of the survey. The Committee decided that the survey would remain open to seek more responses.

RESOLVED -

- 1. That the witnesses be thanked for the information they had presented and the evidence be used as part of the review.**

2. That the responses from the surveys be discussed outside the POC meeting and the survey remain open for further responses.

59. **STANDARDS AND QUALITY IN EDUCATION IN HILLINGDON 2016/17** (*Agenda Item 7*)

The Committee considered a report on the Standards and Quality in Education in Hillingdon in 2015/2016.

Although not all officers who contributed to the report were able to attend the meeting an officer was available to answer the Committee's questions and feedback.

The Committee noted that the Standards and Education Quality in Education report had not been submitted to the POC before Cabinet. The Committee preferred for matters relating to the POC to go the POC in the first instance and then to Cabinet.

It was reported that:

- A number of services would remain as statutory duties around the promotion of high standards of education.
- Overall achievement within early years and primary phases had progressed and were moving in line with London aspirations. There had been particular improvement in the early years sector.
- Areas of concerns related to Key Stage 5 and some aspects of Key Stage 4 performance. Although attainment levels have improved they remain below the London averages in some areas. There were common themes identified in particular with white British boys from poor backgrounds. As Hillingdon was moving forward a number of themes were being identified which were being worked on at a strategic level.
- Schools State Partnership Board was involved with working with schools. Where school performance was an issue, the Regional Schools Commissioner and the Local Authority had a close working relationship where difficult and robust conversations could be undertaken.
- In summary school performance levels were progressing positively and areas of concerns have been identified and are worked on in partnership with school leaders

Although the Committee was grateful for the report, Committee Members would have benefited from a more user friendly formatted report and being able to question the range of officers who contributed to the report. The Committee indicated that it was difficult to conduct a review without being able to ask questions.

The Committee recognised and commended the improvement in school performances levels across the Borough. Discussion took place on other areas which the Committee requested further information. These included:

- Additional information on what was raised with the Regional Schools Commissioner in relation to the two schools in the Borough not performing to the standards expected.
- Additional information as to where Hillingdon school performance levels stood nationally.

RESOLVED –

| | |
|-----|--|
| | <p>1. That the Standards and Quality in Education in Hillingdon 2016/17 report be noted.</p> <p>2. That officers be asked to undertake the actions outlined above and bring back the information for the Committee to consider.</p> |
| 60. | <p>CABINET FORWARD PLAN (<i>Agenda Item 8</i>)</p> <p>The cabinet forward plan was noted.</p> |
| 61. | <p>WORK PROGRAMME (<i>Agenda Item 9</i>)</p> <p>The Committee was mindful that the next POC meeting was scheduled for Tuesday 14 March 2017. The Committee noted that postponing the meeting would impact later meetings scheduled. The Committee therefore decided to go ahead with the meeting as planned and use it to consider recommendations for the major review and to obtain an update on the Child and Adolescent Mental Health Services (CAMHS).</p> <p>The Committee noted that the School Improvement Plan had not been included in the Work Programme. The Committee was informed that the School Improvement Plan had not been included in the Work Programme since February 2016 and it was usually done on a quarterly basis.</p> <p>RESOLVED -</p> <p>1) That the meeting on Tuesday 14 March 2017 go ahead as scheduled with agenda items on the Major Review recommendations, update on CAMHS, the Cabinet Forward Plan and the Work Programme.</p> <p>2) That Democratic Services look into the School Improvement Plan not being included in the Work Programme.</p> |
| | <p>The meeting, which commenced at 7.00 pm, closed at 8.48 pm.</p> |

These are the minutes of the above meeting. For more information on any of the resolutions please contact Anisha Teji on 01895 277655. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

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Agenda Item 7

Child and Adolescent Mental Health Services Update March 2017

Contact Officer: Anisha Teji
Telephone: 01895 277655

REASON FOR ITEM

The Committee requested an update on the current position of Child and Adolescent Mental Health Services (CAMHS) across Hillingdon.

SUGGESTED COMMITTEE ACTIVITY

It is recommended that the Committee:

- a) Notes proposals to develop a new approach to commissioning CAMHS services which are to be developed and are subject to approval by HCCG and LBH.
- b) Notes the proposed management of the CAMHS implementation plan through the Better Care Fund.
- c) Notes the progress in implementing the agreed 2016/17 Local Transformation Plan

INFORMATION

At the time of writing, it is not yet confirmed which officer will attend the meeting on 14 March 2017 to present the report.

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Child and Adolescent Mental Health Services Update March 2017

| | |
|---------------------------------|---|
| Relevant Board Member(s) | Dr Ian Goodman Councillor Philip Corthorne |
| Organisation | Hillingdon CCG (HCCG) London Borough of Hillingdon (LBH) |
| Report author | Pranay Chakravorti (LBH / HCCG) |
| Papers with report | Appendix 1 - CAMHS local transformation plan performance update |

1. HEADLINE INFORMATION

| | |
|---|--|
| Summary | This report provides the Board with next steps in accelerating the transformation of CAMHS in Hillingdon together with an update on delivery of Hillingdon's 2016/17 CAMHS Transformation plan. |
| Contribution to plans and strategies | Hillingdon's Health and Wellbeing Strategy Hillingdon's draft Sustainability and Transformation Plan Hillingdon CCG's Commissioning Intentions 2017/18 Hillingdon Joint Children and Young Persons Emotional Health & Wellbeing Transformation Plan |
| Financial Cost | A new transformational approach to CAMHS delivery, away from tiers, will require closer alignment of programmes and budgets to achieve a more seamless pathway through the system and to move costs from high need into early intervention and prevention. The proposal is that the CAMHS transformation work should come within the Hillingdon Better Care Fund Plan for 2017-19. In addition NHSE continues to monitor the implementation of the existing Local Transformation Plan (LTP) as part of the CCG assurance process but, from April 2016 CAMHS funding is not provided by NHSE as new funding but is contained within CCG baselines (i.e. non-ring fenced). |
| Ward(s) affected | All |

2. RECOMMENDATION

That the Board:

- a) Notes proposals to develop a new approach to commissioning CAMHS services which are to be developed and are subject to approval by HCCG and LBH.
- b) Notes the proposed management of the CAMHS implementation plan through the Better Care Fund.
- c) Notes the progress in implementing the agreed 2016/17 Local Transformation Plan (annex 1)

3. INFORMATION

This paper provides a progress update, further to the paper that went to the Health and Wellbeing Board on 8th December 2016. Current CAMHS performance can be reviewed under Appendix 1 of the report.

The Board will recall the intention to commission an integrated CAMHS pathway without tiers, and that the Anna Freud Centre had facilitated a strategic seminar to look at the specification. The findings of the Anna Freud Centre work were received late last year and considered by the HCCG Patient and Public Involvement (PPI) group as well as within the partnership steering group. From this it was felt that further detailed co-production work was required, together with further discussions specifically with schools to enhance the preventative aspects of a future CAMHS pathway. This work has been added to the work programme.

December to April 2017 work programme

Service model development - Thrive Model of Delivery



A delivery model made of three complementary principles: needs led, integrated and effective & transparent.

Needs led - The THRIVE model provides a way of focusing the resources in the system on the needs of the child - it makes services focus on what the needs of the child are, and makes explicit the needs based offer to the family and young person so all are clear on what is required and, through effective shared decision-making, what they are working together to achieve.

Integrated - This focussed on a diversified system of multi-agency work that is community based and links in with the people who know the child best and whom the child knows best. This can be strengthened through underlying structures that support and encourage this approach.

Effective and Transparent – This section focuses on ensuring all parts of the system deliver evidence-informed practice and implement rigorous outcomes monitoring to measure the effectiveness of interventions and different parts of the system.

Ongoing Service Model development is reviewing current gaps against the five areas of the Thrive diagram and focussing on key gap areas as outlined below for Hillingdon:

1) ***'Thriving: prevention and health promotion – the child or young person has no mental health issues and their need is to be kept emotionally healthy through the application of active prevention and health promotion strategies'***

Areas to be developed within the new model in Hillingdon: More capacity is required in bereavement support: 'Seasons for Growth' is only currently delivered in approximately 50% of schools but needs to be delivered in all schools. Additionally there is a requirement for Mental Health Needs Coordinators (MHeNCOs), based in all mainstream services, including early years settings, schools and colleges. These MHeNCOs will provide advice, serve as a point of liaison and offer ongoing training and support to other staff in their setting (THRIVE: Consultation and Advice).

2) ***'Advice and support – the CYP/family has an issue but only require some advice and support to manage it'***

Areas to be developed within the new model in Hillingdon:

- 1) Education and training programme for the children's workforce to address high % of Tier 3 CAMHS referrals being rejected because they may not meet the criteria/threshold for treatment.
- 2) Developing the role of schools in supporting the emotional health and wellbeing of children and young people as well as providing support to schools to lead and plan around emotional health and wellbeing, and to continue to champion the role of taught PSHE in schools.
- 3) Regularly review and update the Family Information Service. Consideration should be given to how best to promote/publicise services through a wider range of mediums, including social media, sports clubs, and community notice boards. A comprehensive, easy to access on-line 'local offer' is a key requirement.

- 4) Development of **Multiple Advice (or Access) Points (MAPs)** where children, young people, parents and professionals can access immediate and high quality advice and support about their presenting difficulties.

3) **'Getting help** – the CYP/family has a clearly identified mental health issue that is likely to be helped by a goal focused intervention working with a professional (part of this intervention may also include advice and support, and management of risk, but this will be part of an ongoing intervention)'

Areas to be developed within the new model in Hillingdon:

- 1) School based counselling services and well-being plans in and out of schools;
- 2) Training and support for schools to manage emotional wellbeing, and challenging behaviour in schools;
- 3) Peer mentoring for children across primary and secondary schools;
- 4) Support for parents who are struggling to parent - including tailored parenting interventions, and support for parents with children aged over 5

4) **'Getting more help** – as above but the Children and Young People needs higher level multi-agency intervention'

Areas to be developed within the new model in Hillingdon:

- 1) Counselling provision for young people below the age of 13
- 2) Change in use of existing Tier 2 provision' - e.g. to consider primary mental health workers
- 3) Services to reduce sexual exploitation of vulnerable children, specifically grooming.
- 4) To increase use of Mental Health Coordinators (MHeNCo) in all mainstream services; early years settings, schools, colleges who should nominate and support a key individual to take a lead role in promoting children's mental health.
- 5) 'MindEd', e-learning package for be used for teachers, so that there is a clear focus on school and class based interventions.
- 6) Lack of post diagnosis counselling for parents who have received an ASD diagnosis;

5) **'Risk Support** – this group of CYP present with high risk, but for various reasons there is not a goal focused intervention that is thought likely to help – however the CYP needs to be kept safe'

The change in multi-agency focus and development work on an integrated service model across the whole CAMHS pathway has commenced but will take some time to implement and embed. It was felt that in this interim period it was imperative that the existing model of care with CNWL was more robust and introduced changes to service users whilst pathway work was developed. To this end a revised specialist service model has been agreed with CNWL to ensure service provision continues and improves whilst a more comprehensive model is agreed. This will commence from 1st April 2017.

This service specification covers the transition period whilst the new structures are being put in place to cover universal, targeted, specialist and highly specialist CAMHS services. Ultimately a revised 'risk support' model will include close interagency collaboration between:

- Crisis teams – social care leads, multi-agency teams that can provide both 'risk support' and 'getting help';
- Inpatient units – to provide a safe environment, whilst aligning with the local system and providing active assessment and formulation;
- A&E and paediatric acute inpatient services - for emergency and short term places of safety.

Single Point of Access implementation - Commissioners will continue to review the implementation plan to ensure the development of a single point of access for all CAMHS referrals to CNWL. This will provide onward referral and redirection to other services where appropriate and is scheduled to begin on April 1st. This will enable standardisation of referral processes and triaging, and have a positive impact for patients and partner agencies contacting the service for the first time.

Co-production of the new CAMHS pathway

Hillingdon CCG and London Borough of Hillingdon have re-commissioned the 'Anna Freud National Centre for Families' to facilitate three co-production workshops in March with a summary report to be available to commissioners by end of early April. The organisation will work with three service areas, to support a group of young people within each area to co-produce, with professionals; a shared vision for the development of community based crisis services locally.

Key aspects of the programme;

- Review and agreement of an overall project plan – based on earlier discussions and discussions with young people.
- Half day seminar with professionals and young people – to review together the plans for the development of local community based crisis services and to begin detailed planning in delivering a service. This will include assigning key tasks to young people and professionals, working together to help deliver these – the detail of which will be agreed by the group.
- Half day training days, for young people and professionals. For young people, this could include what to expect from the project, chairing and managing meetings, managing conflict, core writing skills etc. For the professionals it

might include how to engage effectively with young people within the context of a co-production project.

- Monitoring and evaluation the project.
- Testing of initial ideas developed by the young people.
- Agree broad ways of working between young people and professionals, and further review additional support/training required for these groups.

Governance

The Mental Health Transformation Board and Children and Young People Steering group will provide oversight of implementation, reporting upwards to the Health and Wellbeing Board. Both groups will review the project plan arising out of the proposed CAMHS pathway, developed from the Anna Freud organisation in March.

Early Intervention work programme - this will raise mental health awareness in schools and the wider community. LBH will work alongside the Anna Freud Centre to ensure local engagement is co-ordinated and effective. A schools engagement plan sits within a wider Action Plan to address emotional and physical health in the borough.

A key element of the LBH Healthy Schools programme is for schools to improve the emotional health and wellbeing of pupils through the delivery of universal and targeted projects. Ten schools have been trained in the last quarter with a further five booked on for training before the end of March.

The Get Active to Stay Well programme is a physical activity referral based 'physical activity for mental health' programme for vulnerable young people, which secured from London Sport. This has been publicised with internal and external partners such as the Youth Offending, Looked After Children, Targeted and Universal Youth services, CAMHS and Hillingdon Carers and P3. Thirty Five referrals have been received to date and delivery of sessions will begin in the first week of March.

Making Every Contact Count (MECC) training has been made available for young people. Recruitment of a group young people (16 to 18 years old) will begin in March to equip them with skills to have conversations about different healthy lifestyle factors, including emotional wellbeing, with other young people. The trained young people will then have to complete 25 hours of volunteering over a six month period (through the Hillingdon Young Volunteers Targeted Youth Programme) by attending existing sessions at the borough's Young People's Centres to engage with and provide peer support to other young people.

4. FINANCIAL IMPLICATIONS

The performance data in Appendix 1 outlines the ongoing work HCCG and CNWL are undertaking in reducing the waiting time backlog, utilising the in-year investment of £128k.

The proposed new Model of Care for CAMHS will promote an integrated service, without tiers, with a Single Point of Access. The Board is requested to note the proposal that organisational resources are pooled through the Better Care Fund. This will allow an additional level of governance and transparency allied to the usual contract monitoring mechanisms which exist within HCCG and the LBH.

The proposed actions will occur in 2017/18 and beyond, monitored through the Better Care Fund:

BCF Proposed 2017/18 actions:

- Establishment of a two-year pathway pilot transitioning to lead provider arrangements.
- Review outcomes from Year 1 and determine procurement route.
- Undertake market testing exercise.
- Agree community and school based health promotion / awareness activities for 2017/18.

BCF Proposed 2018/19 actions:

- Undertake agreed pathway procurement route

BCF Proposed 2019/20 actions:

- Deliver outcome from agreed procurement route.

The level of funding to be allocated by organisations within the BCF will be determined and aligned to the integrated CAMHS pathway being developed by the Anna Freud organisation. Final proposals will come to HCCG governing body and LBH Cabinet for approval.

5. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

The transformation of children and young people's emotional wellbeing and mental health services will enable more young people to access evidence based mental health services, which meets their needs. For the wider population of Hillingdon children and young people will develop skills which will improve their emotional health and wellbeing and develop skills to improve their emotional resilience.

Consultation Carried Out or Required

The 'Future in Mind team' has undertaken consultation across NW London, including Hillingdon, in 2015, prior to the submission of the CAMHS LTP. There has also been consultation undertaken with children and young people, in Hillingdon at the Youth Council, forums and through schools. A children and young people's mental health event took place in July 2016 (Fundamentals Health Event) to allow children and young people have their say on Hillingdon services.

In 2015 Healthwatch Hillingdon undertook consultation with children, young people and families which focussed upon self-harm and was instrumental in the development of the new self-harm service.

Feedback from Hillingdon children and young people, to date, has also included a CAMHS Focus groups.

Hillingdon CCG have commissioned the 'Anna Freud National Centre for Families' to facilitate three co-production workshops in February with a summary report to be available to commissioners by end of March.

Policy Overview Committee comments

None.

6. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

None

Hillingdon Council Legal comments

There are no legal issues arising out of the recommendations proposed at the outset of this report.

Relevant Service Groups

N/A

7. BACKGROUND PAPERS

None

Appendix 1- LOCAL TRANSFORMATION PLAN : CURRENT PERFORMANCE

a) CAMHS

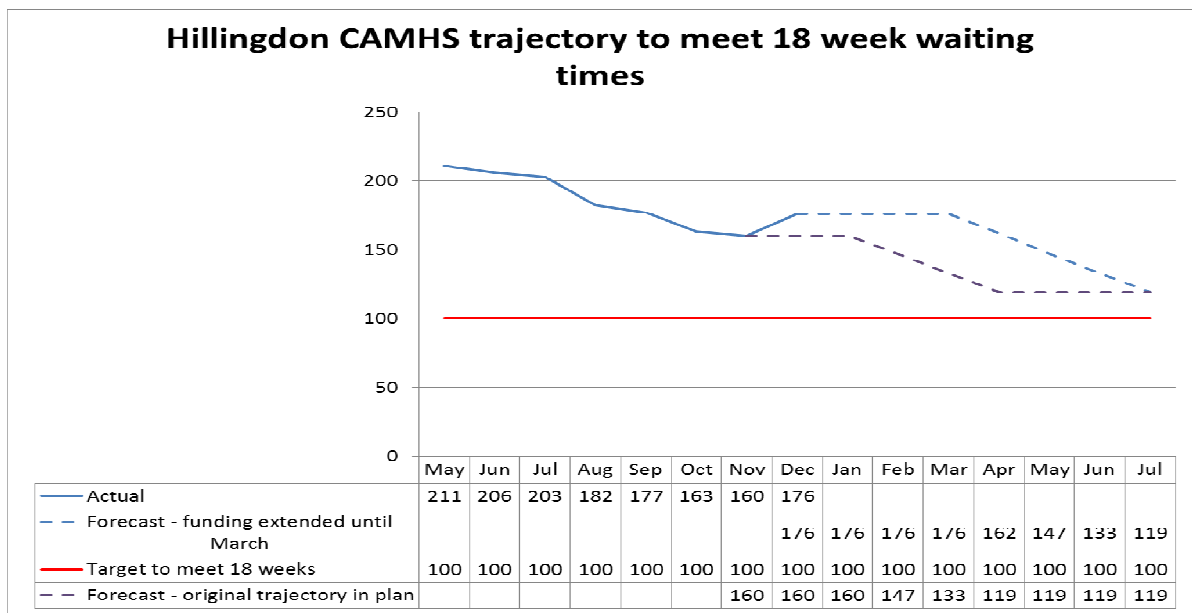
CAMHS performance via HCCG contract with CNWL - 18 Week waiting times

NHS England has released funding nationally to all CCG's to reduce waiting times for CAMHS services. CNWL have submitted trajectories for reducing waiting lists with this funding and have received the following allocations. NHS England has provided HCCG with £64,000 in the first tranche of funding to be released and a further £64,000 is the second tranche as outlined below:

| CCG | First tranche | Second tranche |
|----------------|----------------------|-----------------------|
| Harrow | £53,500 | £53,500 |
| Brent | £150,00 | |
| Hillingdon | £64,000 | £64,000 |
| Central London | £42,000 | £42,000 |
| West London | £51,000 | £51,000 |

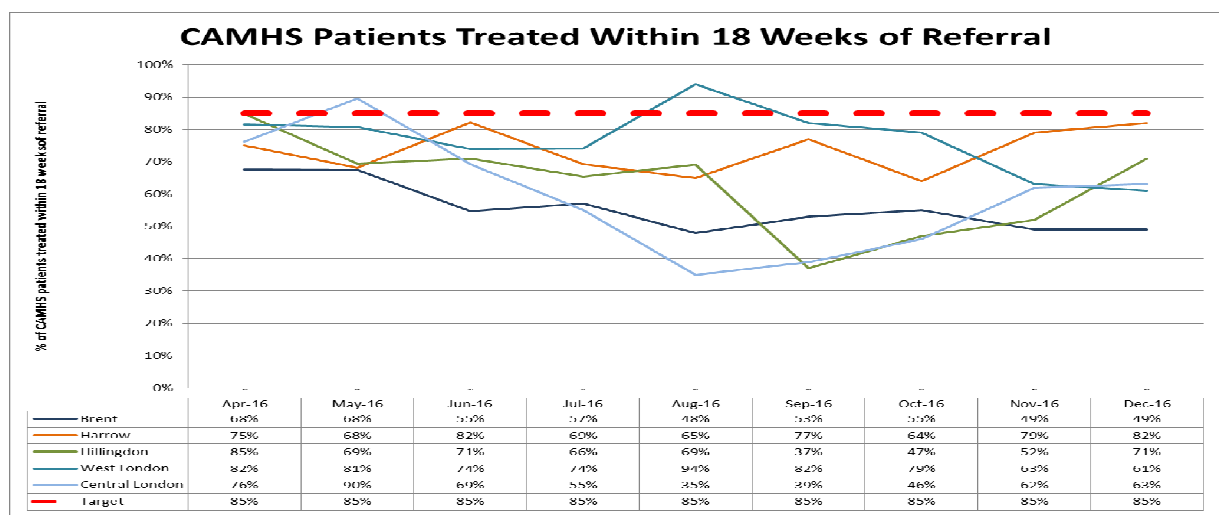
Since April 2016 the Hillingdon CAMHS service has been using three agency staff members, who were internally funded, to reduce the backlog of children waiting to be seen. This has successfully reduced the backlog from 211 in May to 160 in November. However due to uncertainty with future funding all three agency staff members left in December and therefore the backlog has increased slightly to 176 by the end of December. Assurances of continued funding have been now provided by NHS England who released funding to HCCG in January 2017, with pass through of funds to CNWL in February. This has enabled CNWL to continue recruiting to these posts. However, it is anticipated that recruitment will take three months, until the end of March, and therefore a reduction in backlog will not be possible until additional capacity has been recruited.

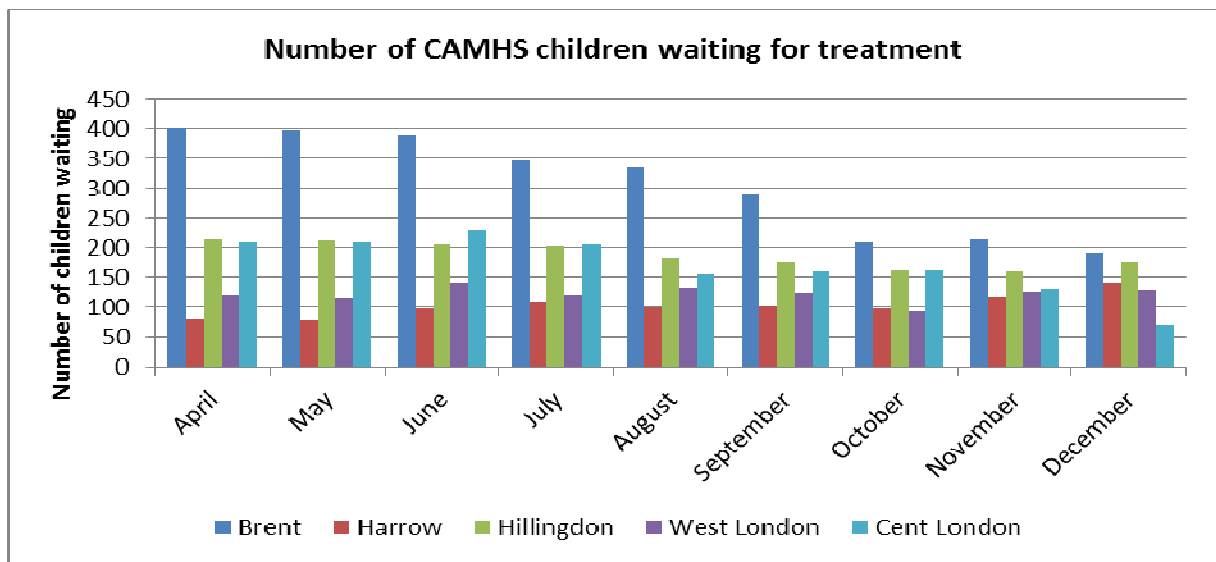
The table below details the original trajectory and the changed trajectory allowing for three months recruitment and the growth in December. This assumes no further growth in referrals above the 10% already seen.



The revised plan will consider the use of measures such as on-line therapies, with licenses purchased for a 12 month period to ensure that improvements in waiting times continue post the end of the financial year for which funding has been committed.

CNWL provide CAMHS services to five London boroughs and Milton Keynes. In the five London boroughs, North West London (NWL) CCG's have set CNWL a target to treat 85% of children within 18 weeks of referral. Currently this target is not being met in any of the five boroughs. Historical demand into the service has exceeded capacity, particularly in the three outer boroughs creating a backlog of children waiting to be seen. Referral levels have continued to increase in 2016/17 with a 7% growth across all boroughs.





Risk Management of Patients awaiting treatment

Each of the CAMHS teams has systems in place for managing and triaging referrals into the service. All teams will prioritise referral and allocations based on urgency and risk presentation.

Where teams have waiting lists there is weekly review of the list by clinical staff to check who has been waiting and for which interventions. Service users are then taken from the list for assessment or treatment. All Children and Young People and their families are given details of how to contact the service and who to speak to, should the situation within the family not change and it becomes more risky. This is part of good clinical risk management but also helping families feel they have skills to support the young person. The teams all operate 'speedy slots' where an urgent assessment can take place should someone need to be prioritised. Some families can be contained through telephone advice. All will be given information on support groups or websites to turn to that may help whilst they wait for treatment.

The service does experience families making contact with teams to ask for advice on dealing with issues or to be moved further up the list to be seen. Groups have also been offered to some young people whilst they wait for particular interventions but outcomes have been mixed in terms of dropout rates.

Web based approaches are being actively explored. The families will be advised to go to Accident & Emergency if the situation is uncontrollable.

b) Paediatric Eating Disorders - Performance Summary Feb-17

| Target Description | Target | Apr -16 | May -16 | Jun -16 | Jul- 16 | Au g- -16 | Sep -16 | Oct -16 | Nov -16 | Dec -16 | Jan -17 | Feb -17 | Mar -17 |
|-------------------------|--------|---------|---------|---------|---------|-----------|---------|---------|---------|---------|---------|---------|---------|
| Waiting times - routine | 30% | 50 | 100 | 50 | 82 | 75 | 67 | 100 | | | | | |

| | | | | | | | | | | | | | |
|---------------------------|------|-----|----|----|----|-----|----|-----|--|--|--|--|--|
| Waiting times - urgent | 100% | n/a | 80 | 78 | 25 | 100 | 67 | 100 | | | | | |
|---------------------------|------|-----|----|----|----|-----|----|-----|--|--|--|--|--|

c) Self-Harm

There are currently two patients in Tier 4 inpatient settings receiving treatment for self-harm. This represents an improvement from the position in February where there were four patients. HCCG are working closely with NHS England to facilitate safe discharge of these patients when their conditions are stabilised.