

Child and Adolescent Mental Health Services Update October 2016

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REASON FOR ITEM

Committee requested a) an update on the current position of Child and Adolescent Mental Health Services (CAMHS) across Hillingdon, b) progress against the Local Transformation Plan and c) future plans/developments.

SUGGESTED COMMITTEE ACTIVITY

It is recommended that the Committee:

- a) Note the partnership approach taken to strengthen the provision of CAMHS in Hillingdon
- b) Note the progress made in improving services and outcomes to date; and
- c) Note the developing priorities for 2017 - 18.

BACKGROUND

1. CAMHS Local Transformation plan (LTP)

In August 2015, guidance for CCGs and Local Authorities was published on the development of a 5 year CAMHS Local Transformation plan (LTP).

The Hillingdon LTP contained 10 projects which were overseen by a monthly CAMHS Steering Group. The focus of the LTP for year 1 was to address service gaps based on evidence from the JSNA (2015) and user consultation, including the report undertaken by Healthwatch Hillingdon.

The LTP also included the following activities:

- updating the Family Information Service directory with mental health contacts
- undertaking a CAMHS training needs analysis
- engagement with children, young people and their families
- engagement with schools
- investment in core CAMH service and Out of Hours Services
- development of a LD CAMH service,
- development of a Self-Harm service and
- development of a North West London Eating Disorder service

The projects in the 2015/16 plan were largely delivered against and have been reported on. The CAMHS steering group developed a plan for 2016/17 which built on the developments and outcomes achieved in 2015/16 and completed some

outstanding actions. The 2016/17 plan also incorporated feedback from a young people's "Fundamental Health" event held in July 2016 at Brunel University and a CAMHS stakeholder workshop held August 2016.

2. Progress to date

Since the development of the CAMHS Local Transformation Plan in October 2015 significant improvements in services have been made, including investment in:

- a) Core CAMHS Services,
- b) Out of Hours Services,
- c) LD CAMHS,
- d) Self-Harm service,
- e) Eating Disorder services,
- f) Mapping of services in schools and engagement with schools on their provision
- g) Gap analysis of training.

Waiting lists targets for core services are now being met and services as part of the communication strategy these services are promoted on the Families Information Directory of Services website - www.hillingdon.gov/ewb (ewb stands for emotional well-being).

3. Issues identified

Despite the good progress the CAMHS Steering group partners generally felt the pace and progress in delivering change in CAMHS could be more transformational and accelerated.

There is still significant concern that despite the investment outlined above the whole pathway from schools to the clinical service is not functioning optimally. Although waiting list targets for core services are now being met, concern remains over sustainability of meeting the targets if demand continues to increase as CYP and their families are telling us that there is too little self-help support or Peer Support.

We also know that there remains a high rate of inappropriate referrals into Specialist CAMHS Services, which are often being used as a default signposting service, outside of its core purpose and therefore inefficient use of a significant financial resource.

As a consequence HCCG and LBH are proposing to develop a more ambitious 2016/17 work programme, working towards developing an integrated pathway moving away from tiers towards a journey starting with emotional wellbeing, moving through support to schools and parents.

The focus would be to co-commission a system without Tiers, focussed on treating children and young people in the right place at the right time which:

- Promotes prevention and early Intervention
- Improves access to effective support
- Provides smooth care pathways at pre-crisis and crisis points and avoids unnecessary admissions to inpatient care.

- Delivers step down alongside inpatient provision.

Key features would include:

a) Mental Health Promotion in Schools

We will develop a comprehensive programme of mental health promotion activities for pupils and staff in schools. This will lead to increased awareness of mental health issues, increase emotional resilience, more awareness of self-help strategies, reduced stigma, and enable pupils to see help-seeking as a positive step.

b) Mental Health Promotion in the Community.

This will be part of Hillingdon's Wellbeing Programme, utilising our range of community resources to raise awareness of mental health issues, promote emotional resilience and raise awareness of self-care.

c) New model of care

We will commission a system not based on Tiers but organised around the needs and strengths of children and their parents and is much clearer about the limitations of what services can and can't offer, drawing a clearer distinction between treatment and support, self-management and intervention, and more coherent decision making.

d) Peer Support

We will commission a comprehensive peer education programme to raise awareness of mental health in young people. This will be based good evidence based practice in the Voluntary Sector.

e) Developing Community Services

We will expect Community CAMHs Teams to deliver the new model, enabling extended opening hours and improved response and reduced waiting times. There will be an improved crisis response offer including outreach, as well as a responsive self-harm and eating disorder service.

4. Next Steps

LBH and HCCG will jointly work with stakeholders to redesign the CAMHs pathway. This will involve describing an end to end integrated pathway for children who require low level intervention/ support for their emotional wellbeing issues through to more complex clinical input for severe mental illnesses. Delivering integrated pathways will require more integrated commissioning approaches across HCCG and LBH to ensure every child who requires help is able to access support in some shape or form within the pathway. This work will be further developed through October/ November with a view to seeking HCCG and LBH and HWBB approval for a model that will accelerate improvements achieved to date for children and young people.