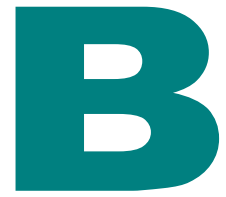




HILLINGDON
LONDON



Health and Wellbeing Board

Date: TUESDAY, 22 SEPTEMBER 2015

Time: 2.30 PM

Venue: COMMITTEE ROOM 6 - CIVIC CENTRE, HIGH STREET, UXBRIDGE UB8 1UW

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

Statutory Members (Voting)

Councillor Raymond Puddifoot MBE (Chairman)
Councillor Philip Corthorne MCIPD (Vice-Chairman)
Councillor Jonathan Bianco
Councillor Keith Burrows
Councillor Douglas Mills
Councillor Scott Seaman-Digby
Councillor David Simmonds CBE
Dr Ian Goodman, (Chair - Hillingdon CCG)
Jeff Maslen, (Chair - Healthwatch Hillingdon)

Statutory Members (Non-Voting)

Statutory Director of Adult Social Services
Statutory Director of Children's Services
Statutory Director of Public Health

Co-Opted Members

The Hillingdon Hospitals NHS Foundation Trust
Central & North West London NHS Foundation Trust
Royal Brompton & Harefield NHS Foundation Trust
Hillingdon Clinical Commissioning Group (officer)
Hillingdon Clinical Commissioning Group (clinician)
LBH - Deputy Director: Public Safety & Environment
LBH - Corporate Director of Residents Services & Deputy Chief Executive (VOTING)

Published: Tuesday 22 September 2015

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Agenda

10 Child and Adolescent Mental Health Services Update

1 - 20

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CHILD AND ADOLESCENT MENTAL HEALTH SERVICES UPDATE

Relevant Board Member(s)	Dr Ian Goodman Councillor Phillip Corthorne
Organisation	Hillingdon CCG London Borough of Hillingdon
Report author	Elaine Woodward, Hillingdon CCG Sunny Mehmi, London Borough of Hillingdon
Papers with report	Appendix 1 - Hillingdon CAMHS update report Appendix 2 - Draft Local Transformation plan

1. HEADLINE INFORMATION

Summary	The report sets out progress in developing partnership working on Child and Adolescent Mental Health Services (CAMHS) and includes an outline draft Local Transformation Plan, which is to be submitted to NHS England in October 2015.
Contribution to plans and strategies	Hillingdon's Health and Wellbeing Strategy 2015
Financial Cost	NHSE have identified additional funding of £524,623 per annum that will be provided to CCG's from December 2015 for 5 years, focussing on Eating Disorders (additional funding of £149,760 per annum) and Service Transformation (additional funding of £374,863 per annum), subject to the submission of a plan, which meets the assurance process requirements. The Local Transformation Plan needs to be signed off by the CCG and on behalf of Hillingdon's Health and Wellbeing Board.
Ward(s) affected	All

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

- 1) **Notes the progress so far in improving Child and Adolescent Mental Health Services in Hillingdon, through partnership action.**
- 2) **Agrees the outline Local Transformation Plan at appendix 2 and authorises the Chairman of the Board, in consultation with the Chairman of HCCG and Chairman of Healthwatch Hillingdon, to sign off the final submission spreadsheet based on this outline to NHS England by 16th October 2015.**

3. INFORMATION

At its previous meetings on 17 March and 21 July 2015, the Board had received updates on development of a partnership approach to improving Child and Adolescent Mental Health Services (CAMHS).

The Board noted that the Government had announced additional funding for 5 years to enable the Transformation of CAMHS with the outcome of this to include that, by 2020, an additional 100,000 children and young people nationally will receive treatment. The Board asked officers to bring an update report on progress with the Hillingdon Strategic Partnership plan and impact of any subsequent guidance from NHS England (NHSE) on the development of Local Transformation Plans to its next meeting.

A Hillingdon Joint Children and Young Persons Emotional Health & Wellbeing Transformation Board, chaired by the CCG Clinical Lead for Children and attended by senior representatives from the CCG, London Borough of Hillingdon, Hillingdon Healthwatch and Hillingdon MIND, has been established. This Board will report to the Health and Wellbeing Board on a regular basis and provide performance and programme management for implementation of the Local Transformation Plan. In addition, the CAMHS Local Transformation Plan will also be reported to the Local Children's Safeguarding Board.

The London Borough of Hillingdon has also recently published a draft Joint Strategic Needs Assessment for CAMHS and Healthwatch Hillingdon has also published a second report on CAMHS, which involved interviewing children, young people and their families. These reports have enabled the Board to target areas of greatest need within Hillingdon.

The update at Appendix 1 sets out the process required under the guidance to assure NHSE to the release new money. It also sets out the priorities for action in the new plan, namely:

1. Reducing the waiting times for tier 3 CAMH Service
2. Development of Self Harm, Crisis and Intensive support service
3. Development of comprehensive LD service for children with mental health, challenging behaviour and autism
4. Develop a Community Eating Disorder service
5. Understanding the role of Schools/College in emotional well-being and commissioning services such as counselling
6. Development of primary CAMHS for non MH specialist staff
7. Development of MH training for the Children's workforce

Appendix 2 contains the detail of the draft plan which will be submitted to NHSE. The final version will be based on spreadsheet template as required by NHSE. It will follow the outline shown and include the metrics and actions listed.

Financial Implications

Appendices 1 and 2 set out a range of areas for development and the financial resource requirement, where applicable, to enable the successful delivery of the proposal. A summary of the proposals requiring additional investment is set out in the following table:

Proposal	One-off £000	Ongoing £000
Year 1		
Provision of Therapist Support (contract)	100	
Staff Recruitment - Deliberate Self Harm		100
Staff Recruitment - MH/LD		100
Mental Health Training Programme	30	
Develop Better Links with Schools and Colleges	20	
Community Eating Disorder Service		145
Develop Engagement with CYPS and their Families	25	
Total Year 1 Requirement	175	345
Year 2		
Total of Ongoing Services Developed in Year 1		345
Commissioning of Emotional Health and Wellbeing Services for Schools and Colleges		40
Commission a Primary CAMHS Non Specialist Service		100
Develop Peer Mentoring Provision		15
Engagement with CYPS and their Families		10
Mental Health Training Programme		10
Total Year 2		520

NHSE have identified additional funding of £524,623 per annum that will be provided to CCG's from December 2015 for 5 years, focussing on Eating Disorders (additional funding of £149,760 per annum) and Service Transformation (additional funding of £374,863 per annum), subject to the submission of a plan, which meets the assurance process requirements. The Local Transformation Plan needs to be signed off by the CCG and on behalf of Hillingdon's Health and Wellbeing Board.

The proposals for year one will focus on one off projects, totalling £175k and the creation of permanent services totalling £345k. This will utilise the majority of the grant in Year 1. For Year 2 and beyond, the proposals will build on the one off investment in Year 1 and put in place additional permanent arrangements that are estimated to cost £175k. It is anticipated that, in Year 2, the majority of the grant will be utilised to fund ongoing, permanent arrangements.

4. 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 report is based on CAMHS Strategy 2013 which is the outcome of consultation undertaken jointly by HCCG and Hillingdon Council. It is also based on the Future in Minds report,

Healthwatch Hillingdon's 'Seen & Heard' report and the CAMHS Joint Strategic Needs Assessment 2015.

Policy Overview Committee comments

None at this stage.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

Corporate Finance has reviewed this report and concurs with the financial implications above, noting the recommendations will be funded by NHS England and will not call upon any Council resources. This additional funding will contribute to Hillingdon's Health and Wellbeing Strategy 2015 through increased access to emotional wellbeing and mental health services for children and young people in the Borough.

Hillingdon Council Legal comments

The Borough Solicitor confirms that the strategy complies with guidance issued by NHS England. There were no legal impediments to the Board agreeing the recommendations set out in the report.

6. BACKGROUND PAPERS

NIL.

Appendix 1

Hillingdon Child and Adolescent Mental Health Services update

Elaine Woodward - Hillingdon CCG
Sunny Mehmi - London Borough of Hillingdon
September 2015

“CAMHS isn’t just about funding. What is needed is a fundamental shift in culture. A whole system approach is needed focusing on prevention of mental ill health, early intervention and recovery. We owe this to young people. It is with their future in mind that we must all commit to, and invest in this challenge. “, Future in Mind, June 2015”

1. Background

This report outlines the current work of Hillingdon's Joint Children and Young Persons Emotional Health & Wellbeing Transformation Board, and what has been achieved over the years, the current gaps in services in Hillingdon, and the development and implementation of the Local Transformation Plan (see appendix 2). The Transformation plan has been informed by the recent draft Joint Strategic Needs Assessment for CAMHS, the CAMHS review 2013, and Hillingdon Healthwatch's reports on CAMHS, which involved interviewing children, young people and their families. These reports will enable the Board to target areas of greatest need within Hillingdon, and build on work that is currently being carried out. The work so far recognises that it is important to ensure adequate capacity at all levels of CAMHS, with an aim to move away from organisational boundaries, with clear joined up pathways, with a particular focus on prevention and early intervention services as these services prevent children and young people becoming more acutely unwell.

2. Local Transformation Plan

2.1 Requirements

The guidance on the new requirements was made available during August (see:

<http://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf>)

To access this additional funding each CCG and Local Authority is required to submit a Local Transformation Plan to NHSE by 16th October with the funding released in December if the plan meets the assurance process requirements.

Key objectives outlined by NHS England for this additional funding are to:

- Build capacity and capability across the system

- Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes
- Develop evidence based community Eating Disorder services for children and young people
- Improve perinatal care.
- Bring education and local children and young people's mental health services together around the needs of the individual child through a joint mental health training programme

2.2 Hillingdon Local Transformation Plan

The Joint Children and Young Persons Emotional Health & Wellbeing Transformation Board is required to develop the plan and is accountable for delivery. It will build on the good work in place so far and set out in Appendix 1.

The Board is chaired by the CCG Clinical Lead for Children and attended by senior representatives from the CCG, London Borough of Hillingdon, the Voluntary sector and Hillingdon Healthwatch .

The introduction of the Local Transformation plan and the promise of new funding will enable us to establish clear information on funding streams, accountabilities and responsibilities and to set targets for improvement including reducing waiting times and increased use of evidence based interventions, with a strong focus on outcomes. There will also need to be a strong initial focus on building a baseline.

The updates on the plan will reported back to the Health and Well-Being Board as required.

Key areas of the plan in year 1 (November 2015 to March 2016)

1. Reducing the waiting times for tier 3 CAMH Service
2. Development of Self Harm, Crisis and Intensive support service
3. Development of comprehensive LD service for children with mental health, challenging behaviour and autism
4. Develop a Community Eating Disorder service
5. Understanding the role of Schools/College in emotional well-being and commissioning services such as counselling
6. Development of primary CAMHS for non MH specialist staff
7. Development of MH training for the Children's workforce

3. Definitions of CAMHS

Currently, Child and adolescent mental health services (CAMHS) are delivered in line with a four-tier strategic framework which is the basis for planning, commissioning and delivering services; most children and young people with very low level mental health problems will be seen at Tiers 1 and 2. However, there is a general perception that when most people think of CAMHS, they think of the Tier 3 provision, which in Hillingdon is provided by CNWL.

Tier 1 : CAMHS at this level are provided by practitioners who are not mental health specialists working in universal services; this includes GPs, health visitors, school nurses, teachers, social workers, youth justice workers and voluntary agencies. Tier 1 Practitioners

will be able to offer general advice and treatment for less severe problems, contribute towards mental health promotion, identify problems early in their development, and refer to more specialist services.

Tier 2 : Practitioners at this level tend to be CAMHS specialists working in community and primary care settings in a uni-disciplinary way as opposed to multi-disciplinary/ (psychiatry led services). For example, this can include primary mental health workers, psychologists and counsellors working in GP practices, paediatric clinics, schools and youth services. Practitioners offer consultation to families and other practitioners, outreach to identify severe or complex needs which require more specialist interventions, assessment (which may lead to treatment at a different tier), and training to practitioners at Tier 1.

Tier 3: This service provides community mental health services to children, young people and their families with complex mental health difficulties. The team is headed by a Consultant Psychiatrist and also includes therapists, nurses and psychologists. The team provide treatment which can be pharmacological and /or psychological.

Tier 4: This tier is the high complex inpatient hospital treatment, which is commissioned by NHS England.

Going forwards, we here in Hillingdon are committed to moving away from the above traditional model, to a system, that is built around need with clear joined up pathways, and one that is not defined around organisational boundaries.

4. Needs Assessment

4.1 National/local context and evidence base

There has been universal acknowledgment in policy over the past ten years of the challenges faced by children and young people in developing resilience and psychological wellbeing. At the same time, effective treatments have been identified to improve the life chances of children and young people, and to minimise the impact on the long-term health of the population and economic cost to the public purse.¹

Nationally the need, ie number of young people experiencing mental health issues has been rising for a number of years, which has led to increased referrals into CAMHS. Furthermore investment has been falling, across both the NHS and Local Authority. As a result the Government set up a Taskforce in 2014 to review the current system, which led the publication of a report 'Future in Mind 'in March 2015. The findings included:

- 28% of pre-school children face problems that have an impact on their psychological development
- One in 10 five-to-16-year-olds has a mental disorder
- One in six young adults aged 16-24 has a common mental disorder
- About 500,000 children and young people say they are unhappy and dissatisfied with their lives
- 35% of young people with mental health problems actually get help.
- 75% of adult mental health problems are present before age of 18.

- Self Harm is more prevalent within females in their mid-teens; between 2001/2 to 2010/11 rates of hospital admission due to DSH have increased nationally by around 43% among 11-18 year olds (175,000 in 2010/11).
- Suicide is the leading cause of death for males aged under 50; the Office for National Statistics data shows 19 deaths by suicide for every 100,000 men in 2013. Overall, 6,233 suicides were registered in men and women over the age of 15 in 2013 - 4% higher than the previous year, with 78% of suicides were in men.

The report led to a commitment to increase investment in services by £250m for 5 years, on the understanding that local areas transform their services, so that by 2020 an additional 100,000 children and young people will receive treatment.

4.2 Local Background Information

Findings from the draft JSNA, published in June 2015 include:

- that around 4,000 5-16 year olds will have a mental disorder, with around 60% being male, with prevalence increasing with age. Of these Conduct and Hyperkinetic disorders are more common amongst boys and emotional disorders among girls.
- there are also an estimated 2,000 young people aged 16-19 in Hillingdon with neurotic disorders.
- there are an estimated 480-620 children and young people who have both a Learning Disability and mental health problem
- an audit of Looked After Children in Hillingdon in 2011/2 found that 485 had a mental disorder
- the Hillingdon SEN database has identified 460-children and young people within the Autism Spectrum .
- there were 223 hospital admissions for self harm in the 21 months between April 2013 and December 2014 for children and young people aged 0-24; with 80% being females.

The recent report by Hillingdon Healthwatch 'Seen and Heard' (May 2015) the second in a series exploring the condition of services for children and young people experiencing mental health difficulties highlighted Self-Harm and included feedback for young people and their families as well as professionals, including :

- "My daughter was self-harming, not eating and constantly going missing but it took a crisis to happen before she was seen"
- "They said my daughter wasn't autistic enough to get help, even when she stopped eating and was self-harming"
- "We can't carry on in a situation where A&E is the only pathway"
- "We're having to discharge young people who self-harm from A&E without community resources to refer them to"
- "We have to ask ourselves is a paediatric ward, with very sick children hooked-up to drips, the best and most sensitive place to deal with young people with mental health problems?"

- “It frustrates me when the mental health problems of young people are dismissed as ‘attention seeking’. You wouldn’t tell someone with cancer to just ‘get better’ or ‘go for a walk’”

CNWL, who provides specialist CAMHS services in Hillingdon receive 70% of referrals from GPs, with other sources including A&E, Child Health, Local Authority and other Mental Health Trusts. The CAMHS caseload in Hillingdon increased during 2014/5 so that at the end of the year was around a third bigger than it was at the start of the year. This reflects the increased awareness of mental health, increased complexity. The most significant rise in referrals has been for those children and young people with issues self harm.

5. Gaps in services

5.1 Gaps

The CAMHS needs assessment 2015 and Healthwatch report identified gaps which fell into 2 broad categories:

Services for Children and Young People	Tier
More capacity in bereavement support: 'Seasons for Growth' is only currently delivered in approximately 50% of schools but needs to be delivered in all schools	1
School based counselling services well-being plans in and out of schools	1
No counselling provision for young people below age 13 as they do not have access to LINK, unless they meet CAMHS criteria or school have provision (which very few do)	1/2
Training and support for schools to manage emotional wellbeing, and challenging behaviour in schools	1/2
Lack of peer mentor for children across primary and secondary schools	1/2
'No Tier 2 provision' - e.g. loss of primary mental health workers working in the community under CFACS	2
Services to reduce sexual exploitation of vulnerable children, specifically grooming	2
Mental Health provision for children with LD, challenging behaviour and/or Autism	2/3
Services to assess risk and provide interventions for young people who are or want to self-harm	2/3
Mental health assessment of Unaccompanied Asylum Seeking Children and counselling/management of PTSD for this age group	3
Easier access and shorter waiting times for CAMHS Clinic	3
Services for parents	Tier
Lack of post diagnosis counselling for parents who have received an ASD diagnosis	3
More support for parents who are struggling to parent including tailored parenting interventions, and support for parents with children aged over 5	2

5.2 Meeting Demand

Estimates of the need for CAMHS in Hillingdon based on CHIMAT suggested that the number of children & young people (aged <18) in Hillingdon who may experience a Mental Health problem appropriate to a response from CAMHS were Tier 1 - 9895, Tier 2 - 4650, Tier 3 - 1225 and Tier 4 - 50 respectively. These estimates are based on a 1996 publication so do not take into account more recent changes in prevalence, which suggest that needs are likely to have increased since then.

The figures from CAMHS review 2013 and these more recent data suggest that the numbers who used Tier 2 services in Hillingdon were no more than half that expected, about two-thirds that expected for Tier 3, and two-thirds that expected for Tier 4.

Therefore there appears to be a shortfall in the capacity and uptake of all CAMHS services in Hillingdon compared to the likely need in the population.

5.3 Engagement with local Schools and college

We acknowledge that our local school and college undertake a significant amount of work in supporting and commissioning services to meet the emotional well-being needs of their pupils. However, given competing pressures placed upon them and need to focus upon attainment, we acknowledge that many schools and colleges will need support to help embed emotional health and well-being. In Hillingdon, the CCG and Council as part of the Transformation Plan will prioritise the engagement and active involvement of schools in the pathway development and commissioning of all emotional well-being and mental health services.

6. What are we doing well

6.1 Joint working

Both the CCG and London Borough of Hillingdon regard CAMHS as a priority area for development and has political and clinical support. Both agencies have formed the Hillingdon Joint Children and Young Persons Emotional Health & Wellbeing Transformation Board, chaired by the CCG Clinical Lead for Children and attended by senior representatives from the CCG, London Borough of Hillingdon and Hillingdon Healthwatch. The Board oversees the development and implementation of the NHSE Local Transformation Plan.

As part of the joint working is also the joint acknowledgement that the system isn't working as effectively as it should and many children are not receiving a service to meet their mental

6.2 CQC Inspection updated 19 June 2015

The CQC gave CNWL an overall rating for the specialist community mental health services for children and young people of 'good', the report stated:

- Incident reporting and learning from incidents was apparent across teams. Staff had been trained and knew how to make safeguarding alerts. Staff managed medicines well.
- Young people referred to teams were seen by a service that enabled the delivery of effective, accessible and holistic evidence-based care.

- Staff demonstrated their commitment to ensuring young people received robust care by being proactive and committed to people using the service, despite the challenges they faced at times with limited resources.
- There was strong leadership at a local level and service level across most of CAMHS that promoted a positive culture within teams.
- There was a commitment to continual improvement across the services.

6.3 Investment into CAMHS

Hillingdon CCG increased the amount of money spent on mental health, including CAMHS by 8.3 %. In 2015 this has included funding for:

- CAMHS Out of hours (recurrent) - existing resource transferred to contract £42,809 plus £130,915 new funding
- LD CAMHS (recurrent) - £198,000
- CAMHS Waiting times initiative - £121,226
- Perinatal - £123,400(as part of the Adult transformation plan)

Given the level of savings required from local authority, LBH has protected the core CAMHS provisions including £271k for tier 2 support, which includes the LINK Youth Counselling Service (£83,400), 'Sorted' Substance Misuse Service (£69,800) and the 'KISS' Sexual Health Service (£117,500). The Council also funds the specialist Tier 3 CAMHS provision for children in care, post permanency support, children with SEN and post 16 outreach. The cost to the council for these services is £397,000 per annum. Together, the Council provides annual funding of £668k.

6.4 Performance data

LINK Youth Counselling, 2014/5: The service undertook 2,911 hours of client contact; 427 new users with high incidents of anxiety, depression, stress and anger.

CNWL Tier 3: In 2014/5, 5,048 face to face contacts were commissioned, including 479 initial contacts (assessments). In the period April to June 2015 there 1222 planned contacts; actual contacts were 1639 (+34%), 2,242 young people received awareness/education sessions.

Waiting times: 200 children and young people are waiting for an assessment; 14 were high priority and waited on average 7 weeks to be seen; the remainder waited on average 15.7 weeks.

6.5 Embedding Children's Improving Access to Psychological Therapies programme (CYPIAPT) outcomes measures

Hillingdon is the only of borough in North West London to not formally be working towards Children and Young Peoples IAPT. However, the CCG are working closely with CNWL Mental Health services to roll out the CIAPT model and embed this change. Currently it is a CQUIN, so that by the end of 2015/16 Hillingdon CAMHS will be fully compliant.

CYPIAPT focus on:

- Meaningful service user participation embedded within all services and within local planning and development.
- Ensuring a range of high quality treatments delivered by staff trained to expert level in evidence based therapeutic modalities.
- Greater accessibility to these specialist interventions for children and young people.
- A culture of clinically relevant session by session outcome monitoring embedded within routine practice and used to select, guide and evaluate treatment interventions.

7. Areas for developments

7.1 CAMHS review 2013

Over the years there have been many CAMHS reviews both national and locally. However, the issues with CAMHS have remained and little operational has changed. The most recent CAMHS review in 2013 was the most comprehensive, input from all stakeholders, commissioners, providers, children, young people and families. The review concluded with the following recommendations:

- Priority 1: Development of a core MH service in community /primary care settings for children and young people
- Priority 2: Development of a Single point of Access
- Priority 3: Development of a 'intensive support service' to reduce inpatient admission
- Priority 4: Review of the discharge pathways, from inpatients and CAMHS service
- Priority 5: Development of a LD/Autism Service

Since this review some development have been made in the form of funding agreed for the LD CAMH service and development of a CAMHS single point of access, however little on the ground has changed. Both the CCG and LBH feel there is no value in undertaking another lengthy review when the priority gaps have been identified and resonate today. Both agencies are clear that funding needs to be spent on local front line services.

Therefore these priorities will be embedded in the Local Transformation Plan.

The Board has already developed some clear local objectives and delivery workstreams which will be responsible for implementing the plan (see below).

7.2 Strategic Three Year Delivery Plan

Priorities	Three year outcomes	Cross cutting themes
1. Implement Universal Promotion and Prevention Plan	Children and young people will feel supported by those around them	Participation Integrated
2. Early Help and Intervention	CYP supported earlier to help prevent mental health issues developing. Universal services will feel empowered to support children and young people	

	<i>Embeds Priority 1 in CAMHS review 2013</i>	Single Point of access
3. Specialist therapeutic intervention	System wide care pathways developed and children will be treated swiftly and receive appropriate follow up support. <i>Embeds Priority 2 in CAMHS review 2013</i>	Joint commissioning Workforce development
4. Emergency assessment and intensive community support/home treatment	Crisis intervention service will be in place. The outcome will be to prevent requirement for admission to specialist unit and manage risk collectively <i>Embeds Priority 3 and 4 in CAMHS review 2013</i>	
5. Needs of vulnerable groups	Establish bespoke services where required which will meet the needs of identified group <i>Embeds Priority 5 in CAMHS review 2013</i>	

Appendix 1 shows the Local Transformation Plan to be completed in year and over the next 1-5 years.

8. Summary

This report outlines a challenging but important work plan which offers local commissioners and providers in Hillingdon the opportunity to effectively engage with one another and systemically commission new services and re-design existing one.

The mental health of our children and young people will now always continue to remain a priority for the CCG and Council, working with schools, the voluntary sector, the public, as is physical, health and support the 'parity of esteem' requirement. This work plan will enable us to rebalance the investment and pathways in a timely manner.

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Appendix 2: Local Transformation Plan

Year 1: 2015/16

Ref	Areas for Development	What are we going to do	When will this happen	How will we know we have achieved this	Performance Baseline / Dashboard rating	Lead agency	Additional Resources required	Link to National Priorities	Link to Hillingdon CAMHS Strategy 2015-18
								1. Build capacity and capability across the system 2. Roll-out the CYP IAPT 3. Develop evidence based community Eating Disorder services 4. Improve perinatal care. 5. Bring education and local children and young people's MH services together	Priority 1- Universal Promotion & Prevention Priority 2- Early Help & Intervention Priority 3- Specialist Therapeutic Intervention Priority 4- Emergency Assessment and Intensive Community support/Home Treatment Priority 5- Vulnerable groups
1.	Embedding the outcomes based model in the CNWL Contract	Using the 2015/6 CQUIN which requires CNWL to move to the principles of CYPIAPT all CAMHS services will be monitored for outcomes and user engagement in care planning.	This work started in the 2015/6 contract and will continue into the CNWL contract negotiations for 2016/7 and beyond	All performance data for CAMHS is outcome based	CNWL CAMHS is not CYP IAPT compliant RAG: Amber (in-progress)	HCCG	This will be undertaken by the HCCG CAMHS and the LBH MH Commissioner and CCG Contracting team.	Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes	Priority 3
2.	Directory of services for CYP, with emotional, behavioural and mental health issues	Using information from the JSNA, LBH Personalisation Directory and the 111 directory develop a comprehensive Directory. This will include using online resources such as Young Minds	February 2016	Directory available to practitioners working with CYP	No directory in place RAG: RED (Not started)	HCCG and LBH	Admin and IT	Build capacity and capability across the system	Priority 1-5
3.	Long waiting lists for treatment at CAMHS Tier 3	Use the LTP funding to invest in non-recurrent funding to CNWL to enable them to recruit Therapists to work with CYPs on the waiting list	March 2016	No CYPS waiting more than - 4 weeks for routine treatment - 1 week for urgent treatment	15 weeks wait from assessment to treatment RAG: Amber (in-progress)	HCCG	£100k (Non-Recurrent)	-Build capacity and capability across the system -Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes	Priority 3
4.	Lack of self harm, crisis and intensive support service	Use the LTP funding to invest in a team who will deliver across a new pathway for self-harm	December 2015 Fully functional team by March 2016	Self harm pathway in place with a fully staffed team; including a service specification response times in line with NICE guidance: - 4 hour response time from referrals from Hillingdon Hospital - 24 hours response time for urgent referrals - 2 weeks for non-urgent cases	No dedicated service in place RAG: Amber (in-progress)	HCCG	£100k (Re-current)	-Build capacity and capability across the system -Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes -Bring education and local children and young people's mental health services	Priority 2 -5

5.	Lack of services for CYPs with co-morbid MH/LD/ASD	Use the LTP funding to invest in additional staff to work in the current MH/LD team who will deliver across a new pathway which will include CYPs with co-morbid challenging behaviour and Autism	December 2015 Fully functional team by March 2016	Pathway in place with a fully staffed team; including a service specification	No dedicated service in place RAG: Amber (in-progress)	HCCG / LBH	£100k (Re-current)	-Build capacity and capability across the system -Roll-out the CYP IAPT -Bring education and local children and young people's mental health services	Priority 3 & 5
6.	Under developed mental health training packages for the workforce	Undertake a Training Needs Analysis; devise and deliver a training programme based on this	March 2016	Training Needs analysis completed Training programme in place and training rolled out to children workforce including - Schools - Social Care - Youth Service - GPs - Health Visitors	No systemic MH training in place RAG: Red (Not started)	HCCG / LBH	£30k (Non-Recurrent)	-Build capacity and capability across the system -Roll-out the CYP IAPT -Bring education and local children and young people's mental health services	Priority 1-5:
7.	Understanding the role of Schools/College in emotional well-being and commissioning services such as counselling	Use the LTP funding to commence work with local Schools and College to gain this understanding and to support schools to commission emotional well being services	March 2016	Mapping of current provision in schools and college Undertake engagement to encourage them to embed emotional health and well-being in every school and college. Achieved by sharing good practice from other schools and developing the workforce. Aim for a MH champion/lead in every school who can be provided with funding for CYPIAPT training. Support to school in commissioning high quality emotional well being services;	No clear information on provision RAG: Red (Not started)	LBH	£20k (Non-Recurrent)	-Build capacity and capability across the system -Roll-out the CYP IAPT -Bring education and local children and young people's mental health services	Priority 1,2 & 5
8.	Lack of a community Eating Disorder service	Work with colleagues across NWL to deliver a service which is compliant with the NHSE model of care, and ensure pathways are in place with other local mental health services	April 2016	CYPs have rapid access to assessment and treatment, in compliance with the new NICE model of care	No dedicated service in place RAG: Red (Not started)	HCCG	£145k (Recurrent)	-Build capacity and capability across the system -Roll-out the CYP IAPT -Develop evidence based community Eating Disorder services for children and young people -Bring education and local children and young people's mental health services together	Priority 3 & 5

9.	Development of primary CAMHS for non MH specialist staff	Develop a pathway and model of care for a primary CAMHS non specialist services.	March 2016	Service specification in place to deliver: time limited interventions and advice and support to professionals, with ease of access	No dedicated service in place RAG: Red (Not started)	HCCG / LBH	£0	- Build capacity and capability across the system -Roll-out the Children and Young People's Improving Access to Psychological Therapies -Bring education and local children and young people's mental health services together around the needs of the individual child through a joint mental health training programme programmes	Priority 1&2
10.	Lack of systematic engagement with CYPs and their families	Work with patient and user engagement colleagues in LBH/HCCG/CNWL to establish user and family consultation. Develop support for carers/families as CYPs regardless of where they are on the pathway	April 2016	Ensure all CAMHS commissioned services undertake family work, where appropriate Ensure parents/carers receive advice and support which may include a carers assessment and/or referral to MH services such as Talking Therapies Formation of CAMHS Forum Workshops and events held with key stakeholders Outputs from Forum and workshop inform commissioning intentions and service specifications	No system in place specifically for CAMHS RAG: Red (Not started)	HCCG / LBH	£25k (Non-Recurrent)	-Build capacity and capability across the system -Roll-out the CYP IAPT	Priority 1-5

Local Priorities Years 2-3 (the deliverable and baselines will be determined as work within Year 1 nears completion)

Ref	Areas for Development	What are we going to do	When will this happen	How will we know we have achieved this	Lead agency	Additional Resources required	Link to National Priorities	Link to Hillingdon CAMHS Strategy 2015-18
							1. Build capacity and capability across the system 2. Roll-out the CYP IAPT 3. Develop evidence based community Eating Disorder services 4. Improve perinatal care. 5. Bring education and local children and young	Priority 1- Universal Promotion & Prevention Priority 2- Early Help & Intervention Priority 3- Specialist Therapeutic Intervention Priority 4- Emergency Assessment and Intensive Community support/Home

							people's MH services together	Treatment Priority 5- Vulnerable groups
11.	Support for Schools and College	Building on the work started in year 1 work with schools to assist them in the delivery/commissioning of emotional health and wellbeing services	From 2016 onwards	School commission high quality emotional and well-being services Schools are an integral part of every new integrated CAMHS pathway Continue to encourage schools to embed emotional health and well-being in every school and college. Achieved by sharing good practice from other schools and developing the workforce. Aim for a MH champion/lead in every school who can be provided with funding for CYPIAPT training.	LBH	£40k (Recurrent)	-Build capacity and capability across the system -Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes -Bring education and local children and young people's mental health services	Priority 1,2 & 5
12.	Commission a primary CAMHS non specialist service	Use the LTP funding to invest in a primary CAMHS non specialist service who will deliver across a new pathway	April 2016 Fully functional team by June 2016	Services in place to deliver: time limited interventions and advice and support to professionals, with ease of access	LBH / HCCG	£100k (Recurrent)	-Build capacity and capability across the system -Roll-out the CYP IAPT -Bring education and local children and young people's mental health services together	Priority 1&2
13.	Increase the capacity in the Voluntary sector to deliver non CAMHS specialist services	Extend the range of voluntary sector organisations who can deliver emotional health and wellbeing services	September 2016	There will be a wider range of providers in Hillingdon The Voluntary sector are skilled at responding to the needs of the local population and can play an important role in prevention and early intervention	LBH / HCCG	£0	-Build capacity and capability across the system -Roll-out the CYP IAPT -Bring education and local children and young people's mental health services together	Priority 1,2 & 5
14.	Develop different methods of working eg outreach / IT	Work with providers, using best practice guidelines and feedback from users and carers re the most effective methods of engaging and working with CYPs and families To ensure that the needs of the CYP in Hillingdon have better access to evidence based services in the community	March 2017	Feedback from users, carers, stakeholders that services are available from a wide range of venues to ease access Services delivered from a wide range of venues and methods of intervention i.e. online	LBH / HCCG	£0	-Build capacity and capability across the system -Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes	Priority 1-5
15.	Addressing the needs of vulnerable children particularly looked after children, LD and	Using the JSNA identify the vulnerable groups and ensure current services meet the needs of vulnerable groups	June 2016	Current services are reconfigured to meet the full emotional well being and MH needs of vulnerable groups i.e. looked after children,	LBH / HCCG	£0	-Build capacity and capability across the system -Roll-out the CYP IAPT	Priority 5

	those on the edge of care			LD, Young Offenders, and those on the edge of care			-Bring education and local children and young people's mental health services together	
16.	Developing peer mentoring provision	Providing training and support to CYPs to enable them to become peer mentors	November 2016	Trained peer mentors working in a range of settings providing peer mentoring	LBH	£15k (Recurrent)	-Build capacity and capability across the system -Roll-out the CYP IAPT -Bring education and local children and young people's mental health services together	Priority 1 & 5
17.	Systematic engagement with CYPs and their families i.e. co-production	Continued work with service users and families to inform service delivery Develop support for carers/families as CYPs regardless of where they are on the pathway	Ongoing	Outputs from Forum and workshop inform commissioning intentions and service specifications Ensure all CAMHS commissioned services undertake family work, where appropriate Ensure parents/carers receive advice and support which may include a carers assessment and/or referral to MH services such as Talking Therapies	HCCG / LBH	£10k (Recurrent)	-Build capacity and capability across the system -Roll-out the CYP IAPT	Priority 1-5
18.	Mental health training packages for the workforce	Continued MH Training programme rolled out to children workforce including - Schools - Social Care - Youth Service - GPs - Health Visitors	Ongoing	Better skilled workforce in dealing with children with MH issues	HCCG / LBH	£10k (Recurrent)	-Build capacity and capability across the system -Roll-out the CYP IAPT	Priority 1-5
19.	Ensuring CAMHS services are NICE compliant	Review all current service specifications to ensure that they are NICE compliant	March 2017	All services are commissioned to deliver NICE compliant services	HCCG	£0	-Build capacity and capability across the system -Roll-out the CYP IAPT	Priority 3 & 4
20.	Reviewing the transition pathway to adult services/primary care/discharge from service	Review all current services and develop transition protocols and pathways, with providers.	September 2016	The Transition period often coincides with the period of increased vulnerability to the onset of mental illness; it is therefore key to effectively transition from CAMHS. Most CYPs will be discharged or return to primary care	HCCG	£0	-Build capacity and capability across the system -Roll-out the CYP IAPT	Priority 3,4,& 5

Key objectives outlined by NHS England for additional funding:

1. **Build capacity and capability across the system** so that we make measurable progress towards closing the health and wellbeing gap and securing sustainable improvements in children and young people's mental health outcomes by 2020;

2. **Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes** (CYP IAPT) so that by 2018, CAMHS across the country are delivering a choice of evidence based interventions, adopting routine outcome monitoring and feedback to guide treatment and service design, working collaboratively with children and young people. The additional funding will also extend access to training via CYP IAPT for staff working with children under five and those with autism and learning disabilities;
3. **Develop evidence based community Eating Disorder services for children and young people** with capacity in general teams released to improve self-harm and crisis services;
4. **Improve perinatal care.** There is a strong link between parental (particularly maternal) mental health and children's mental health. Maternal perinatal depression, anxiety and psychosis together carry a long-term cost to society of about £8.1 billion for each one year cohort of births in the UK – nearly three quarters of this cost relates to adverse impacts on the child rather than the mother. Allocation for this will be made separately and commissioning guidance will be published before the end of the financial year;
5. **Bring education and local children and young people's mental health services together around the needs of the individual child through a joint mental health training programme.**