

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES UPDATE

Relevant Board Member(s)	Dr Ian Goodman
Organisation	Hillingdon Clinical Commissioning Group
Report author	Elaine Woodward, HCCG
Papers with report	Appendix 1 - CAMHS Transformation Plan Appendix 2 - CAMHS LTP 2015/6 (31/3/16) Appendix 3 - CAMHS LTP Year 2 2016/17 – Draft Appendix 4 - Hillingdon pathway for Children & Young Peoples Emotional Health & Wellbeing

1. HEADLINE INFORMATION

Summary	This report provides the Board with the fourth and final update on the delivery of Hillingdon's 2015/16 CAMHS Transformation plan.
Contribution to plans and strategies	Hillingdon's Health and Wellbeing Strategy 5 year strategic plan Sustainably and Transformation Plan Hillingdon Joint Children and Young Persons Emotional Health and Wellbeing Transformation Plan
Financial Cost	<p>NHS England identified additional funding of £524,623 for 2015/16 provided to HCCG from December 2015 on receipt of a Local Transformation Plan. The funding was for the development of a Community Eating Disorders Service (£149,760) and Service Transformation (£374,863). NHSE confirmed that the 2015/16 plan met the requirements to release the funding.</p> <p>From April 2016, CAMHS funding for the remaining 4 years will no longer be provided by NHSE, i.e., this is not new funding but part of CCG baselines (non-ring fenced). NHSE will continue to monitor the implementation of the LTP, which will form part of the CCG assurance process for CCGs.</p>
Ward(s) affected	All

2. RECOMMENDATIONS

That the Board:

- 1) notes the progress against the implementation of the agreed 2015/16 Local Transformation Plan.
- 2) continues to request regular performance updates against the partnership plan including detail of metrics, such as reducing waiting times, training of the workforce and of financial spend against work streams to enable progress and risks to be monitored.

3. INFORMATION

In August 2015, NHSE/Department of Health (DoH) published guidance for CCGs and Local Authorities on the development of a 5 year CAMHS Local Transformation plan (LTP). The first plan was submitted in October 2015. The Hillingdon LTP was assured in December and with it additional funding of £524,623.

The Hillingdon LTP contained 10 projects which were agreed by and overseen at the monthly Steering Group. The focus of the LTP was to fund new services based in the JSNA which had been undertaken in the spring of 2015 and user consultation, including the report undertaken by Healthwatch Hillingdon. The LTP also included: updating of the Family Information Service; undertaking a training needs analysis; engagement with children, young people and their families; and engagement with schools. The full details of this project are available in the Appendices.

Based on the 2015/16 LTP, a plan for 2016/17 has been developed which aims to build upon the outcomes and developments commence last year as well as accelerating the transformation of services. This LTP is to be endorsed at the Steering Group on 9 June. The draft plan is available in the appendices.

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 'Future in Mind team' has undertaken consultation across NW London, including Hillingdon, in 2015, prior to the submission of the NHSE/DoH CAMHS LTP. There has also been consultation undertaken with children and young people in Hillingdon at the Youth Council, forums and through schools. The annual children and young people's mental health event is taking place on 16 July at Brunel University, 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 business case for the new self harm service.

Feedback from Hillingdon children and young people, to date, has included:

- There is a need for parental advice and support
- High incidences of bullying
- Stigma- e.g., wouldn't want to receive services in schools or LINK or CAMHS
- Would like Hillingdon specific information, e.g., on line website
- Would like peer support/advice from CYPs who have experienced services
- On-line services
- Local help line
- Awareness raising events

Policy Overview Committee comments

None at this stage.

5. IMPLICATIONS

Finance comments

This report outlines use of £524, 623 funding for 2015/16 to transform emotional wellbeing and mental health services for children and young people in the borough.

6. BACKGROUND PAPERS

NIL.

Appendix 1 - CAMHS Transformation Plan

Programme: Children & Young People's Emotional Health & Wellbeing	
Date: May 2016	Period covered: Quarter 4 2015/ 2016
Core Group Sponsors: Joan Vesey; Reva Gudi; Ian Goodman	
Finance Leads: Jonathan Tymms	

Key: RAG Rating Definitions and Required Actions		
GREEN	Definitions	Required Actions
GREEN	The project is on target to succeed. The timeline/cost/objectives are within plan.	No action required.
AMBER	This project has a problem but remedial action is being taken to resolve it OR a potential problem has been identified and no action may be taken at this time but it is being carefully monitored. The timeline and/or cost and/or objectives are at risk. Cost may be an issue but can be addressed within existing resources.	Escalate to CAMHS steering group to ensure corrective action
RED	Remedial action has not been successful OR is not available. The timeline and/or cost and/or objectives are an issue.	Escalate to Health and Wellbeing Board and HCCG Governing Body. Explanation with proposed mitigation to be provided or recommendation for changes to timeline or scope. Any decision about resources to be referred to Cabinet/HCCG Governing Body.

1. Summary and Overview	Plan RAG Rating	
	a) Finance	Green
	b) Scheme Delivery	Amber
	c) Impact	Amber

A. Financials 2015/6

CCG funding 2015/6- not including LTP funding		
CNWL Contract (CAMHS)	£2M	Recurrent
CAMHS Out of Hours Pilot	£131K	Pilot
CAMHS LD	£198K	Recurrent
CAMHS waiting times initiative	£121K	Non recurrent
TOTAL	£2,450,00	

LBH Funding 2015/6	
LINK Counselling (for ages 13-25)	£83.4K
LAC	£397K
TOTAL	£480.4K

NHSE CAMHS LTP Funding from December 2015

Projects	2015/6	2016/7	2017/8
Training Needs analysis	£4,995	0	0
Training the workforce	0	£30K	£20K
LD-extended remit	£50K	£108K (plus £50k roll over)	£158K
Self harm, crisis and intensive support service	£100K	£96K (plus £100K rollover)	£196K
Waiting list initiative- CNWL and LINK	£132K	£0	£0
Communication & Engagement	£25K	£30K	£20K
Community Eating Disorders	£149K	£149K	£149K
TOTAL	£461K	£413K	£543K

B. Plan Delivery Headlines

Ten projects were agreed as part of the 2015/6 CAMHS LTP; by the 31st March 2016 the projects delivered: (see Appendix 2)

1. Outcomes- rated Amber as although CNWL CAMHS staff undertake outcome and evidence based practice with CYPs; there is no outcome based contracting undertaken by LBH with LINK counselling. Data collected by LINK is based on number seen and interventions offered rather than the outcome of treatment, for children and young people.

2. Information for users, families, stakeholders- rated Amber as the updated Family Information Service (FIS) has not yet been reviewed and/or shared with families or the children's workforce in Hillingdon FIS is available at <https://www.hillingdon.gov.uk/fis>

3.Waiting Times- rated Red as 'routine' assessment at Tier 3 CAMHS treatment waits are, at M11 is 75% seen within 18 weeks- the target is 85% ; CNWL have agreed to reach the 85% target by end Q2, as part of the 2016/7 Contract negotiations. (In April 2016 they reached the 85% target)

4. Self Harm service- as of the 31st March this was rated Amber as not all posts had been recruited.; by May all staff had been recruited

5. LD Challenging behaviour service- rated Green as most of the team are in place and they are working well with the special schools and LBH to provide a service for the most complex LD CYPS in Hillingdon.

6. Training Needs Analysis rated Green as the Training Needs Analysis has been completed and training providers have been commissioned to provide training from June

7. School Engagement rated Amber as significant engagement work with schools has taken place- including mapping of services, 2 meetings and conference on 23rd March- with @170 delegates . The event focussed on sharing good practice and updating the schools on the CAMHS LTP. The agreed next steps include developing regular meetings with schools; school representation on the CAMHS steering group; staff training; development of quality standards for school counselling. This will become Green when we have engaged with more schools, have begun training their staff and have developed an assurance framework for school counselling.

8. Eating Disorders- rated Amber as CYPs have always received a service, which from 1/4/16 is a standalone service ,but it is not yet in line with the national service model and more staff need to be recruited. The service is commissioned to undertake 6 assessments per month and 32 follow up appointments.

9. Early Intervention Well-being service- rated Amber; LBH have developed a paper on proposed service model, which is to be discussed at the CAMHS meeting on 9th June

10. Co-production /Engagement - rated Amber as engagement with CYPs has commenced; it will become Green when we can demonstrate coproduction. Feedback from the CYPs engaged with in the last 4 months (currently 283 responses) included:

- Need for parental advice and support
- Incidences of bullying
- Stigma- eg wouldn't want to received services in schools or LINK or CAMHS
- Would like Hillingdon specific information eg on line website

What works:

- Exercise
- Peer support/advice from CYPs from have experienced services
- On-line services
- Local help line
- Awareness raising events.

Hillingdon CYP Emotional health & well-being :

Summary of Key Findings

What has worked well in 15/16

- Closer working between HCCG, LBH, health watch, carers, schools, Third Sector, CNWL, with shared outcomes
- Schools well-being event in March attended by 50% of schools- sharing of good practice and outcome from school mapping
- The additional investment has increased the number of CYPs accessing evidence based treatment
- Reduction in waiting times for routine Tier 3 services
- New services have commenced: self harm, crisis and intensive support; community eating disorders; challenging behaviour.
- Over 200 professionals completed the training needs analysis
- CYP participation in patient engagement

Areas for further development.

- There is no counselling service available for those aged under 13
- A workforce strategy to address the issues of recruitment and retention
- Support to schools to ensure school bas counselling services meet quality standards
- Increased participation of CYPs in service redesign and reviews
- Increased capacity in Tier 2 services
- Transition

Key Risks or Issues

Risk	Mitigating action
<p>Waiting times for tier 3 treatment meets the target for emergency and urgent interventions but not for routine referrals. The target is 85% but is currently 66% with waits of around 25 weeks. The number of incidents of self harm continues to increase.</p>	<p>Additional funding has been made available to CNWL to increase the workforce and to increase the capacity of the service by the development of new specialist teams- Out of Hours; self harm/crisis/intensive support/LD and challenging behaviour. These teams will significantly increase the capacity of the service. Additional short term funding was also made available to LINK counselling to enable them to support those on the waiting list for Tier 3.</p>
<p>There are a significant number of referrals to tier 3 CAMHS which do not meet the criteria/threshold for treatment. The impact of this is that staff have to spend significant time redirecting referrers and those children, young people and their families will have met with delays to their treatment as alternative provision is sought.</p>	<ul style="list-style-type: none"> - Development of an improved communication strategy - A Training Needs Analysis has been completed, which has informed the development of a training programme for the children's workforce, in 2016/7 - There are plans to develop an early help/wellbeing service.
<p>Lack of buy-in or support from Schools on role in emotional wellbeing</p>	<ul style="list-style-type: none"> - In February a meeting of Primary and Secondary Heads took place, with 50% attendance to commence active discussions with schools forum, offering training and support to recognise and develop services. - The lead for Primary and Secondary Heads has joined the Board - Mapping of services has commenced, with an all school event arranged for 23rd March; this will enable direct contact where gaps are identified.
<p>Funding for the remaining 4 years no longer available from the NHSE.</p>	

Development of the 16/17 Plan

The 2016/7 Local Transformation Plan is still in draft, but is based on the 2015/16 Plan and include the following:

- When CYPs and their families need help it is easy to find and access including at times of crisis
- Interventions meet the needs of CYPs and their families
- Early Help, Prevention and Resilience is promoted (non-school based)
- Early Help, Prevention and Resilience is promoted (school based)
- CYPs and their families become experts in their care/Engaging with CYPs and their families/carers in treatment and service reviews and redesign
- The workforce is recruited, retained and well trained
- Develop evidence based community Eating Disorder services
- Transforming Care Partnership- reducing the need for inpatient treatment for CYPS with LD/Autism and MH
- Monitor and review the additional investment in CNWL CAMHS- Community ED/LD & Challenging behaviour/Self Harm & Intensive Support

A draft 16/17 plan is attached as Appendix 3. The plan will be completed by the CAMHS steering group in June 2016, and will be agreed by with HCCG in July 2016.

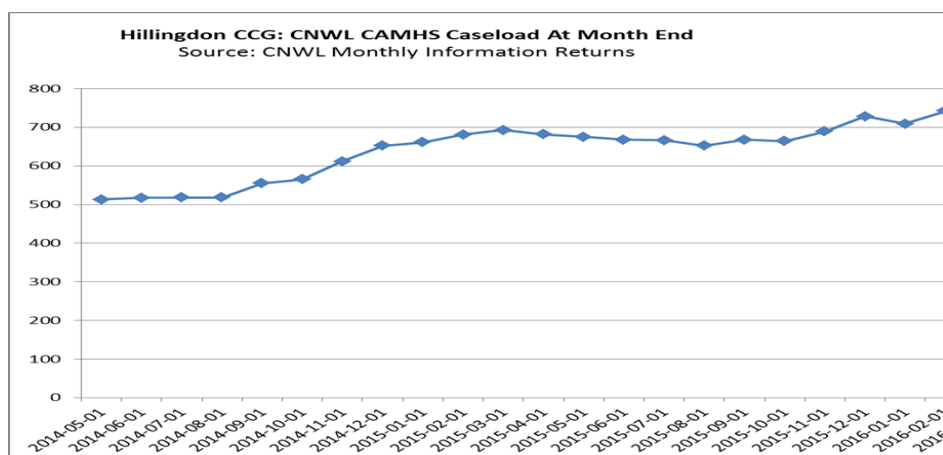
C. Outcomes for Residents: Performance Metrics

The main service provision for children and young people with a mental health issue in Hillingdon is the CNWL CAMHS service. This service is largely commissioned by the CCG, with LBH commissioning a Looked After Children's service. The data below illustrates the rise in the number of children and young people on the caseload, which has increase from around 500 in May 2014 to around 700 by March 2016. The number of referrals has fluctuated from 60 to 116 per month during the same period.

Given the rise in demand there is a waiting time for assessment and treatment for non urgent and emergency referrals. The CCG has set a target that 85% of children and young people are seen within 18 weeks and this was achieved in April 2016; prior to this the percentage seen was around 70.

Hillingdon CCG: CNWL CAMHS Caseload At Month End

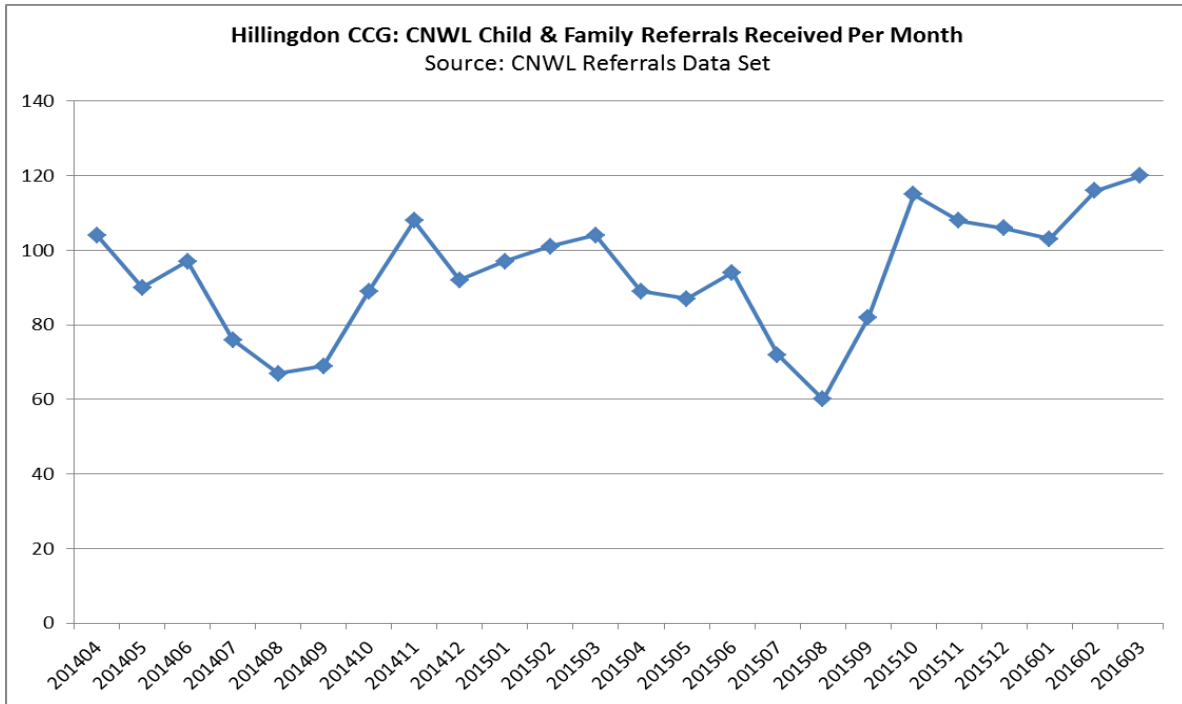
Source: CNWL Monthly Information Returns



Month	Caseload
2014-05-01	513
2014-06-01	517
2014-07-01	518
2014-08-01	518
2014-09-01	555
2014-10-01	565
2014-11-01	612
2014-12-01	652
2015-01-01	661
2015-02-01	681
2015-03-01	693
2015-04-01	682
2015-05-01	675
2015-06-01	668
2015-07-01	666
2015-08-01	652
2015-09-01	668
2015-10-01	664
2015-11-01	689
2015-12-01	728
2016-01-01	709
2016-02-01	742
2016-03-01	729

Hillingdon CCG: CNWL Child & Family Referrals Received Per Month

Source: CNWL Referrals Data Set



Month	Number of Referrals
201404	104
201405	90
201406	97
201407	76
201408	67
201409	69
201410	89
201411	108
201412	92
201501	97
201502	101
201503	104
201504	89
201505	87
201506	94
201507	72
201508	60
201509	82
201510	115
201511	108
201512	106
201601	103
201602	116

Hillingdon CCG: CNWL Monthly Count of CAMHS Community and Outpatient activity

Appendix 2 - CAMHS LTP 2015/6 (31/3/16)

Year 1: 2015/16

Ref	Areas for Development	What are we going to do	When will this happen	Evidence base	KPIs	KPI Target	KPI Performance Baseline / Dashboard rating	Additional Resources required In 2015/6	Link to National Priorities	Link to Hillingdon CAMHS Strategy 2015-18 & Lead THRIVE Categories:	Update and Comments as of 220316
1.	Embedding the outcomes based model in the CNWL Contract	Using the 2015/6 CQUIN which requires CNWL to move to the principles of	This work started in the 2015/6 contract and will continue into the CNWL	CORC outcomes framework	Compliance with CYP IAPT.	100% of data submissions are validated and submitted on time.	RAG: Amber	This will be undertaken by the HCCG CAMHS and the LBH MH Commission	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	2. Getting help 3. Getting more help Lead- CNWL/Elaine Woodward/	In some areas CYPIAPT involves attending 12 month training of a few staff and cascading the training back-in Hillingdon because of the long waits the CAMHS staff haven't been on courses but have shared learning with

		CYPIAPT all CAMHS services will be monitored for outcomes and user engagement in care planning.	contract negotiations for 2016/7 and beyond					ner and CCG Contracting team.	programmes	Sunny Mehmi	other colleagues and have embedded the principles of CYPIAPT ie evidence based/outcome driven interventions. CORC has also worked with them to embed outcome based services. There is also a CQUIN to ensure that the principles of CYPIAT are in place- ends 31/3/16 with reporting on this due in May. In respect of Tier 2 services this is yet to be developed This is rated Amber as CNWL staff undertake outcome base practice with CYPs; there is no outcome based contracting at Tier 2. This will become Green when the staff at Tier 2 services can demonstrate outcome based practice.
2.	Ensuring the service pathways are communicate to the children, young peoples and families and Children's workforce in Hillingdon	Using information from the JSNA, LBH Personalisation Directory and the 111 directory develop a comprehensive Directory. The family Information Service will	May 2016	Future in Mind	Improved access to timely advice, information and specialist support when needed for CYP, parents, professional	Up to date Directory in place	RAG: Amber	Admin and IT	Build capacity and capability across the system	1.Coping 2.Getting help 3.Getting more help 4.Getting risk Support Lead-Philip Ryan	PR to demonstrate FIS at the April meeting; Communications strategy to be developed by HCCG and LBH. This is rated Amber as the updated FIS has not yet been developed or shared with families or the children's workforce in Hillingdon. This should become Green by Q1

		assist with ensure this goes to all relevant bodies in Hillingdon This will include using online resources such as Young Minds									
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	Additional, non recurrent funding January 2015 to 31 March 2016 to work with CYPs on the waiting list for treatment. Additional recurrent funding to increase the capacity of Tier 3 available from December 2015	NICE	Numbers seen; waiting times; numbers receiving NICE treatment.	85% of CYPs waiting no more than 18 weeks for routine treatment - 1 week for urgent treatment - 4 hours for emergency	RAG: RED	£100k (Non-Recurrent)	-Build capacity and capability across the system -Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes	2.Getting help 3.Getting more help Lead- CNWL	performance is that 75% of CYPs wait no more than 18 weeks (the target is 85%).CNWL are to agree a trajectory to meet 18 week (85%) target by Q2 2016 Monitored through the CCG Contract meetings and the HCCG Risk register. HCCG funding LINK counselling to support those on the waiting list (non recurrent funding) This is rated Red as not all children and young people who are assessed as needing Tier 3 CAMHS treatment are receiving it within the 18 weeks target. This should become Green by Q2

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. Given the co-existence of substance misuse and self harm this will require co-working to be developed	Team to become operational by April 2016	Crisis Care Concordat NICE QS 34 NICE Guidance CG28	All emergency referrals seen < 4 hrs; urgent < 48 hrs; routine < 2 wks; reduction in inpatient admissions and incidences of self harm.	85% of target	RAG: Amber (in-progress)	£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	2.Getting help 3.Getting more help Lead- CNWL	Band 8a post still vacant; 2 band 7 recruited. The service to commence in April. This is rated Amber as although 2 of the 3 posts have been recruited they haven't begun working yet; this should become Green in April
5.	Lack of services for CYPs with co-morbid MH/LD/Autism Spectre Disorder	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	CAMHS LD team to become operational by November 2015 with all staff recruited by February 2016 LBH to recruit to	NICE Transforming Care	Pathway in place with a fully staffed team; including a service specification. Linkage with special schools Referral to	Pathway in place 85% target referral to treatment	RAG: Green (in-progress)	£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	2.Getting help 3.Getting more help Lead- Elaine Woodward/Sunny Mehmi	Team has been operational since November. 2 Psychologists, 0.01 Paediatrician, 0.1 Interim Psychiatrist in place, nurse recruited. Additional Psychologist transferring over 1/4/16. Monthly Forum now meeting to discuss and CYP, to ensure they receive the appropriate interventions /

		with co-morbid challenging behaviour and Autism	PSB posts by May 2016		treatment time is reduced. Reduction in use of residential education. <13 weeks referral to treatment				health services		<p>treatment.</p> <p>Attended by special schools and LBH social care .</p> <p>LBH developing Positive Support Worker roles to support LD CAMHS pathway/service.</p> <p>This is rated Green as most of the team are in place and they are working well with the special schools and LBH to provide a service for the most complex LD CYPS in Hillingdon.</p>
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	Future in Mind	75% of the children's workforce contacted to take part in Training Needs Analysis. Training needs analysis is complete. Training scheme is identified and/or developed. Training programme in place	Publication of training needs analysis. Publication of training opportunities. 75% attendance rate at training programmes. 75% rate as useful.	RAG: Green	£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	<ol style="list-style-type: none"> 1. Coping 2. Getting help 3. Getting more help 4. Getting risk Support <p>Lead- Elaine Woodward/Sunny Mehmi/Rob Burton</p>	<p>By 31/3/15 we agreed to undertake and analyse the Training Needs Analysis</p> <p>DASH have received 235 response from the CYP workforce for the TNA</p> <p>This to be analysed and used to develop a Training Programme- 2 national providers of training- Young Minds and MHFA have agreed to deliver training in Q1.</p> <p>This is rated Green as the Training Needs Analysis has been completed and training providers have been</p>

					and training rolled out to children workforce including <ul style="list-style-type: none"> - Schools - Social Care - Youth Service - GPs - Health Visitors - School Nurses - TSO - Early Help Team 						identified
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	Future in Mind	Mapping of current provision in schools and college The Participation Team and PH to undertake engagement to encourage them to embed	100% of special schools engaged with. 30% of mainstream schools engaged with.	RAG: Amber	£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	1. Coping Lead- Public Health	Mapping tool sent to schools, the findings to be presented at the event on 23 rd March. Meeting for Heads or their reps took place on the 24 th & 25 th February (50% attendance). Community engagement taking place in schools. Trailing for school staff planned for Q1.

					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;				services		<p>Special schools attending the monthly CAMHS LD Forum.</p> <p>O/S- Quality Assurance of School counselling etc.</p> <p>This is rated Amber as we have undertaken significant engagement work with schools. This will become Green when we have engaged with more schools, have begun training their staff and have developed an assurance framework for school counselling. This may take until Q3.</p>
8.	Lack of a community Eating	Work with colleagues across NWL	April 2016 to April 2017	Access and Waiting Time	CYPs have rapid access to	85% of targets reached.	RAG: Amber	£145k (Recurrent)	-Build capacity and capability	2.Getting help 3.Getting more help	CAMHS ED patients are getting a service but not from a dedicated team yet.

	Disorder service	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		Standard for Children with an Eating Disorder; NICE guideline CG9; NCCMH Commissioning Guidelines	assessment and treatment, in compliance with the new NICE model of care A new ED service is operational. Referral to treatment time for ED is reduced. Reduction in inpatient admissions. Numbers accessing treatment align with NCCMH/ NHSE guidelines.				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	Lead- Elaine Woodward/CNWL	Draft service spec developed; Harrow is the lead CCG and has mandate from HCCG to allocate funding to CNWL. Recruitment of staff has commenced; new service to commence in 4/16 with full implementation by 2/17. This is rated Amber as CYPs are getting a service but it is not in line with the national service model; this should become Green by Q4
9.	Development of a new services based on early help/well-being	Develop a pathway and model of care for a non-specialist CAMHS services, with the aim of preventing most CYPs	March 2016	THRIVE/ NICE	Service specification in place to deliver: time limited interventions and advice and support to professionals, with	100% achieved	RAG: Green	£0	- Build capacity and capability across the system -Roll-out the Children and Young People's Improving Access to Psychological	1. Coping Lead- Chris Scott	By 31/3/16 we agreed to present a new pathway and model of care to the Board. Chris Scott (LBH) presented a paper on the proposed new model of care at the March Board. Board members to feedback to Chris by 31/3. This is rated Green as we

		form developing complex MH issues			ease of access. Service roll-out early 2016/7				I 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		have been presented with a new model of care for Tier 2 services- which is currently out for discussion.
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	April 2016	NEF: Co-production in Mental Health. A literature review. OPM: Co-production of health and wellbeing outcomes.	Ensure all CAMHS commissioned services undertake family work, where appropriate Ensure parents/carers receive advice and	Commissioners task & Finish Group to be set up Quarterly sessions/meetings with at least 1 CYP &/or parent rep at each meeting or event.	RAG: Amber	£25k (Recurrent)	-Build capacity and capability across the system -Roll-out the CYP IAPT	1. Coping 2. Getting help 3. Getting more help 4. Getting risk Support Lead-LBH/CCG/CNWL Participation & Engagement Leads	Coproduction yet to commence. Engagement plan to shape engagement in place developed and implementation has commenced. CYP Engagement & Wellbeing event arranged for July, at Brunel University. This is rated Amber as engagement with CYPs has

		<p>regardless of where they are on the pathway</p> <p>Ensure all carers are offered a carers assessment</p>			<p>support which may include a carers assessment and/or referral to MH services such as Talking Therapies</p> <p>Formation of CAMHS Forum</p> <p>Workshops and events held with key stakeholders</p> <p>Outputs from Forum and workshop inform commissioning intentions and service specifications</p> <p>Number of meetings/events with CYP's involvement</p>					<p>commenced; it will become Green when we can demonstrate coproduction has occurred; this should occur by Q3</p>
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					in co- production.						
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Appendix 3 - CAMHS LTP Year 2 2016/17 – draft

Ref	Areas of Transformation	What are we going to do	When will this happen	KPIs	KPI Target	KPI Performance Baseline / Dashboard rating (RAG) <i>M1 CNWL data is reported in M3</i>	Indicative Resources required In 2016/7	Feedback from Users & Carers following Consultation	Update and Comments (monthly updates)
1	When CYPs and their families need help it is easy to find and access including at times of crisis	<ul style="list-style-type: none"> - Regularly update the FIS - Ensure that services are available in location and at times that increase access <ul style="list-style-type: none"> - Review the current OoH CAMHS 	<ul style="list-style-type: none"> - On-going -On-going -to commence in July 	<ul style="list-style-type: none"> CNWL to operate o/s 9-5 and in venues o/s CAMHS office ant 1st and FUp CNWL Waiting time LINK data Awaited The OoH service is a pilot and operates at A&E 16.30- 07.00 	<ul style="list-style-type: none"> 10% 85% seen within 18 weeks Response times Primary diagnosis 	<p>Amber</p> <p>M1 data 6.3% 23.2% 14%</p> <p>M1 data -85%</p>	<p>Funding for the CNWL services are part of the block contract- there has been additional investment in 2015/6 and 16/7**</p> <p>Dependent on the outcome of the OoH review (Autumn)</p>	<ul style="list-style-type: none"> -wouldn't want to received services in schools or LINK or CAMHS -would like Hillingdon specific information, e.g., on line website - Peer support/advice from CYPs from have experienced services - On-line services - Local help lines - awareness raising events for parents & 	

								CYP	
2	Interventions meet the needs of CYPs and their families	<p>LINK and CNWL services place CYPs at the centre of their care and treatment</p> <p>LINK to develop Outcome based measures for CYPs and Commissioners</p> <p>Provide digital services</p>	On going	<p>All CNWL clinicians are trained in the use of outcome measures</p> <p>CNWL Care plans evidence that session by session outcome measures are being collected</p> <p>LINK data</p>	<p>85%</p> <p>80% (by audit)</p>	Amber	None	<p>-wouldn't want to received services in schools or LINK or CAMHS</p> <p>-would like Hillingdon specific information eg on line website</p> <p>- Peer support/advice from CYPs from have experienced services</p> <p>- On-line services</p> <p>- Local help lines</p> <p>- awareness raising events for parents /carers 7 CYPs</p>	
3	Early Help, Prevention and Resilience is promoted (non school based)	Develop a pathway and model of care for a non-specialist CAMHS services, with the aim of preventing most CYPs form developing	This will depend on the outcome of the review of the proposal from LBH and availability of funding	<p>Numbers seen</p> <p>Waiting times</p> <p>Outcome of treatment</p> <p>Patient Experience</p>		Amber	Service currently being reviewed	<p>-wouldn't want to received services in schools or LINK or CAMHS</p> <p>-would like Hillingdon specific information eg</p>	

		complex MH issues for CYPs aged 8-17; building upon the current LINK counselling for those aged 13+						on line website - Peer support/advice from CYPs from have experienced services - On-line services - Local help lines - awareness raising events	
4	Early Help, Prevention and Resilience is promoted (school based)	To support schools to promote/improve pupil's emotional health & wellbeing and develop resilience	Following on from the March 2016 conference a T&F group will be set up to share good practice, in Q1	Number of schools with pro-active services/plans Outcome from school counselling eg SDQ; Quality Indicators	To be developed	Amber		- Develop training for staff and parents - Peer support -not all CYPs want to be seen at school	
5	CYPs and their families become experts in their care Engaging with CYPs and their families/carers in treatment and service reviews and redesign	linked to (2) and extended to include their views and experience into commissioning Continue to engage with a wide of CYPs, families and carers which contributes to commissioning	On-going On-going On-going	Evidence of CYP involvement in commissioning eg: service redesign/review; development of service specs; attendance at meetings	Evidence of co-production on 2 pathways Numbers engaged with	Amber Baseline to be developed			

		Attendance at the Steering Group Annual event in 16/17	July						
6	The workforce is recruited, retained and well trained	There are significant issues in recruiting and retaining MH staff, inc CAMHS. As a result , LBH and HCCG are developing an all age MH Workforce T&F group.	MH Workforce T&F group to be set up in Q1	Recruitment and retention rates	10 Training events undertaken	Amber	Training costs tbc (£30K)		
7	Develop evidence based community Eating Disorder services	Additional ring fenced money was made available to develop a community ED services, to be NICE compliant by 2017/8.	In 2016/7 the service model to be fully developed and implemented, including recruitment/ co-production	<ul style="list-style-type: none"> • Waiting time for treatment • NICE compliant treatment • Outcome of treatment • Patient experience • Numbers admitted to T4 inpatients 		Amber	£149k funding is CNWL baseline contract	-would like Hillingdon specific information - Peer support/advice from CYPs from have experienced services	
8	Transforming Care Partnership-reducing the need for inpatient treatment for CYPS	Continue to work with CYPs , families, schools, Social care to increase the	On-going	<ul style="list-style-type: none"> • Numbers in T4 or at risk of admission 		Green	Ongoing funding of the service from CNWL- CCG		

	with LD/Autism and MH	services available in the community for those at risk of admission					and LTP funding		
9	Monitor and review the additional investment in CNWL CAMHS- Community ED/LD & Challenging behaviour/Self Harm & Intensive Support	<p>Review performance through the CCG contracting process.</p> <p>Attendance at the NWL CAMHS/CNWL Transformation and commissioning meetings</p>	On-going	<ul style="list-style-type: none"> • Numbers seen • Response times • Stakeholder engagement • Compliance with NICE • Outcomes (CYPIAPT) 	Various- as CNWL contract	Amber	On-going funding from LTP funding		

Appendix 4 - Hillingdon pathway for Children & Young Peoples Emotional Health & Wellbeing

