

# CHILD AND ADOLESCENT MENTAL HEALTH SERVICES UPDATE

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<b>Papers with report</b>	Appendix 1 Local Transformation Plan – Implementation Plan update 2016/17

## 1. HEADLINE INFORMATION

<b>Summary</b>	This report provides the Board with an update on the delivery of Hillingdon's 2016/17 CAMHS Transformation plan and suggested next steps in accelerating the transformation of CAMHS.
<b>Contribution to plans and strategies</b>	Hillingdon's Health and Wellbeing Strategy Hillingdon's draft Sustainably and Transformation Plan Hillingdon CCG's Draft Commissioning Intentions 2017/18 Hillingdon Joint Children and Young Persons Emotional Health & Wellbeing Transformation Plan
<b>Financial Cost</b>	The Government publication 'Future in Mind' announced increasing funding for children's mental health services totalling £1.25billion nationally over 5 years. 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.
<b>Ward(s) affected</b>	All

## 2. RECOMMENDATION

That the Health and Wellbeing Board:

- a) notes the progress in implementing the agreed 2016/7 Local Transformation Plan.
- b) 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.
- c) continues to request regular performance updates against the partnership plan.

### **3. INFORMATION**

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 plan was submitted in October 2015 as part of a wider North West London Transformation Plan, following approval by HCCG and HWBB.

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. In addition to addressing service gaps, the LTP also included the following activities:

- updating the Family Information Service
- undertaking a CAMHS training needs analysis
- engagement with children, young people and their families and
- engagement with schools.

The projects in the 2015/16 plan were largely delivered against and have been reported. At the same time the fact that funding for CAMHS transformation was in effect "baselined" into the CCG budget had become clear. 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 incorporates feedback from a young people's "Fundamental Health" event held in July 2016 at Brunel University and a CAMHS stakeholder workshop held August 2016.

The feedback forms the basis of the performance report at Appendix 1.

The CAMHS At a recent CAMHS Steering group it was generally felt by partners that that, despite this good progress, there remains some concern that the pace and progress in delivering change in CAMHS could be more transformational and accelerated. Key messages in these are as follows:

- The need 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.

Hillingdon is currently in Year 2 of its CAMHS Transformation Plan, the first 18 months of the plan has seen investment in a) core CAMHS Services, b) Out of Hours Services, c) LD CAMHS, d) Self-Harm and e) Eating Disorder services.

However, there is still significant concern that despite these investments the whole pathway is not functioning optimally. Although waiting lists 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 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, Peer Support and then specialist services with a Traffic Light alert at each transition. Key features will 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 on 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.

**Next Steps**

With HWBB agreement, 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 September and October 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.

**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,

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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.

### **Policy Overview Committee comments**

None at this stage.

### **5. BACKGROUND PAPERS**

NIL.

## Appendix 1 CAMHS LTP 2016/7

### Year 2: 2016/17

	Areas for Development	What are we going to do	When will this happen	KPIs	KPI Target	Dashboard rating	Update and Comments as of 08/09/16
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	Compliance with CYP IAPT.	100% of data submissions are validated and submitted on time.	RAG: Amber	This is rated Amber as CNWL staff undertake outcome based practice with CYPs. 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 assist with ensure this goes to all relevant bodies in Hillingdon  This will include using online resources such as Young Minds	May 2016	Improved access to timely advice, information and specialist support when needed for CYP, parents, professional	Up to date Directory in place	RAG: Green	This is rated Green as the Directory has been updated and available to all by LBH Website.
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.	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: Green	This is rated green as all children and young people who are assessed as needing Tier 3 CAMHS treatment are now receiving it within the 18 weeks national target.
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-	Team to become operational by April 2016	All emergency referrals seen < 4 hrs; urgent < 48 hrs; routine < 2 weeks; reduction	85% of target	RAG: Green	This is rated Green as all staff now recruited and the Team functioning effectively.

		working to be developed		in inpatient admissions and incidences of self-harm.			
5.	Lack of services for CYPs with co-morbid MH/LD/Autism Spectrum 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 with co-morbid challenging behaviour and Autism	CAMHS LD team to become operational by November 2015 with all staff recruited by February 2016 LBH to recruit to PSB posts by May 2016	Pathway in place with a fully staffed team; including a service specification. Referral to treatment time is reduced. <13 weeks referral to treatment	Pathway in place 85% target referral to treatment	RAG: Green (in-progress)	This is rated Green as 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.	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	75% of the children's workforce contacted to take part in Training Needs Analysis. Training programme in place and training rolled out to children workforce.	Publication of training needs analysis. Publication of training opportunities. 75% attendance rate at training programmes. 75% rate as useful.	RAG: Amber	This is rated Amber as the Training Needs Analysis has been completed but training providers have not been 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 wellbeing services	March 2016	Mapping of current provision in schools and college The Participation Team and PH to undertake engagement to encourage them to embed emotional health and well-being in every school and	80% of special schools engaged with. 30% of mainstream schools engaged with.	RAG: Amber	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.

				college. Achieved by sharing good practice from other schools and developing the workforce.			
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 to April 2017	CYPs have rapid access to assessment and treatment, in compliance with the new NICE model of care.	85% of targets reached.	RAG: Green	This is rated Green as the Team is now in place working to agreed national standards and compliant with associated national targets
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 from developing complex MH issues	March 2016	Service specification in place to deliver: time limited interventions and advice and support to professionals, with ease of access. Service roll-out early 2016/7	100% achieved	RAG: Amber	This is rated Amber as the Project Initiation document on the new model of care and pathway has not yet been endorsed by HWBB
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  Ensure all carers are offered a carers assessment	April 2016	Ensure all CAMHS commissioned services undertake family work, where appropriate	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: Green	This is rated Green as engagement with CYPs has commenced following the Fundamentals Health Event in July and further events scheduled January to March 2017.