

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES UPDATE REPORT

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

1. HEADLINE INFORMATION

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

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

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

3. INFORMATION

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

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

December to April 2017 work programme

Service model development - Thrive Model of Delivery



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

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

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

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

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

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

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

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

Areas to be developed within the new model in Hillingdon:

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

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

Areas to be developed within the new model in Hillingdon:

- 1) School based counselling services and well-being plans in and out of schools;
- 2) Training and support for schools to manage emotional wellbeing, and challenging behaviour in schools;
- 3) Peer mentoring for children across primary and secondary schools;

- 4) Support for parents who are struggling to parent - including tailored parenting interventions, and support for parents with children aged over 5

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

Areas to be developed within the new model in Hillingdon:

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

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

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

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

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

Single Point of Access implementation - Commissioners will continue to review the implementation plan to ensure the development of a single point of access for all CAMHS

referrals to CNWL. This will provide onward referral and redirection to other services where appropriate and is scheduled to begin on April 1st. This will enable standardisation of referral processes and triaging, and have a positive impact for patients and partner agencies contacting the service for the first time.

Co-production of the new CAMHS pathway

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

Key aspects of the programme;

- Review and agreement of an overall project plan – based on earlier discussions and discussions with young people.
- Half day seminar with professionals and young people – to review together the plans for the development of local community based crisis services and to begin detailed planning in delivering a service. This will include assigning key tasks to young people and professionals, working together to help deliver these – the detail of which will be agreed by the group.
- Half day training days, for young people and professionals. For young people, this could include what to expect from the project, chairing and managing meetings, managing conflict, core writing skills etc. For the professionals it might include how to engage effectively with young people within the context of a co-production project.
- Monitoring and evaluation the project.
- Testing of initial ideas developed by the young people.
- Agree broad ways of working between young people and professionals, and further review additional support/training required for these groups.

Governance

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

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

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

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

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

4. FINANCIAL IMPLICATIONS

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

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

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

BCF Proposed 2017/18 actions:

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

BCF Proposed 2018/19 actions:

- Undertake agreed pathway procurement route

BCF Proposed 2019/20 actions:

- Deliver outcome from agreed procurement route.

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

5. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

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

Consultation Carried Out or Required

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

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

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

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

Policy Overview Committee comments

None at this stage.

6. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

None.

Hillingdon Council Legal comments

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

7. BACKGROUND PAPERS

None.

Appendix 1- LOCAL TRANSFORMATION PLAN : CURRENT PERFORMANCE

a) CAMHS

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

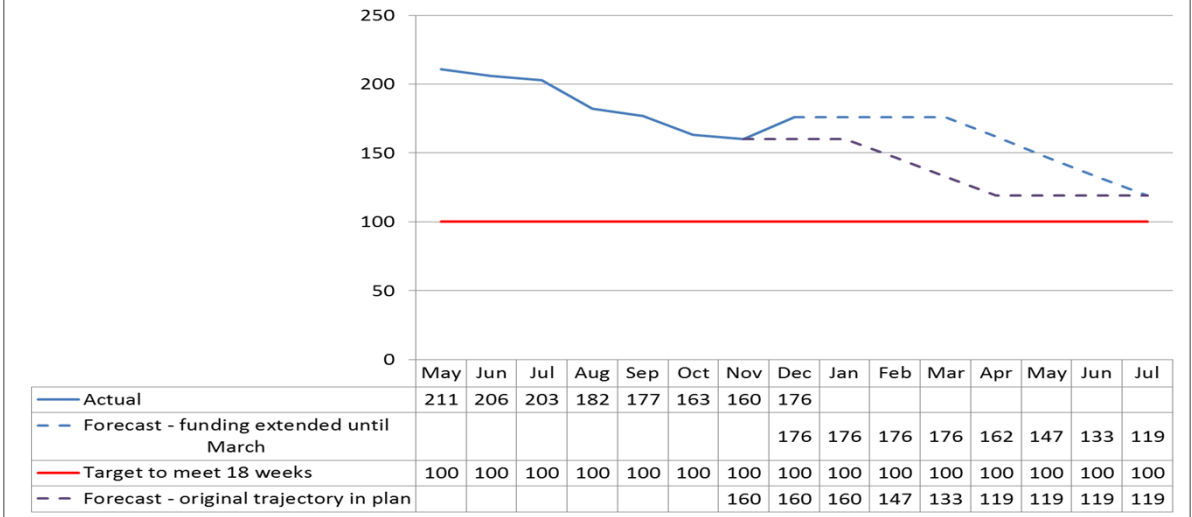
NHS England has released funding nationally to all CCG's to reduce waiting times for CAMHS services. CNWL have submitted trajectories for reducing waiting lists with this funding and have received the following allocations. NHS England has provided HCCG with £64,000 in the first tranche of funding to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

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

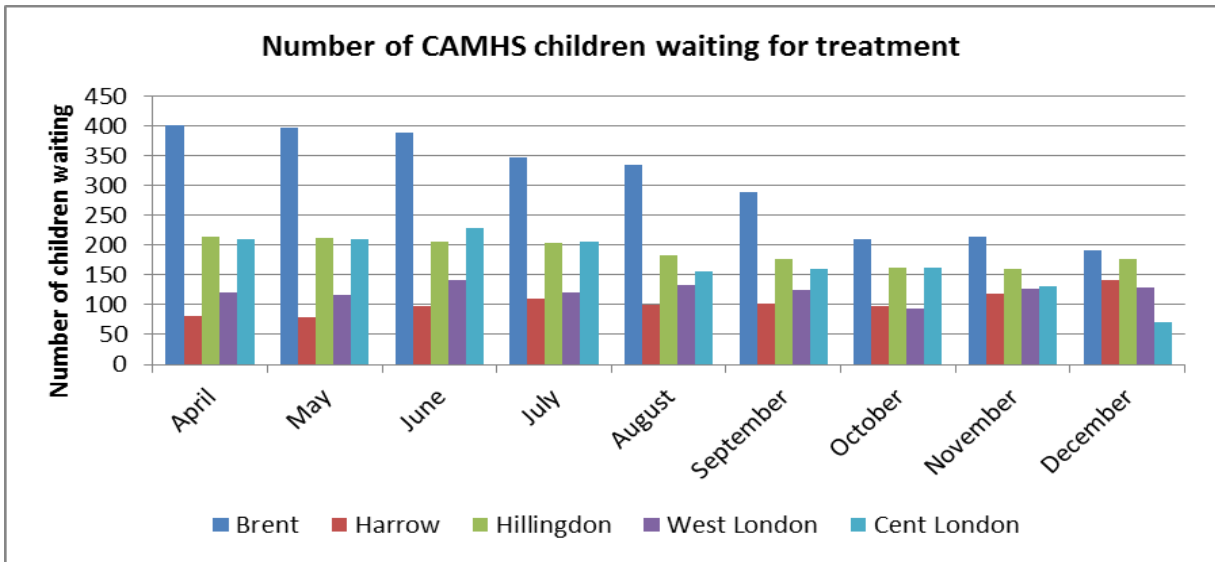
Since April 2016 the Hillingdon CAMHS service has been using three agency staff members, who were internally funded, to reduce the backlog of children waiting to be seen. This has successfully reduced the backlog from 211 in May to 160 in November. However due to uncertainty with future funding all three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

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

Hillingdon CAMHS trajectory to meet 18 week waiting times

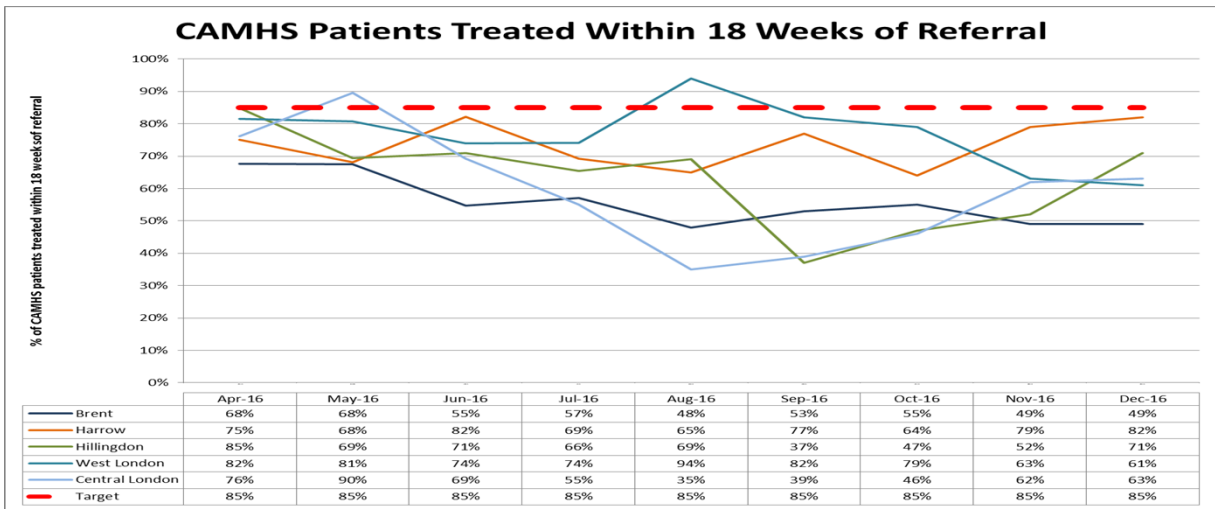


Number of CAMHS children waiting for treatment



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

CAMHS Patients Treated Within 18 Weeks of Referral



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

Risk Management of Patients awaiting treatment

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

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

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

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

b) Paediatric Eating Disorders - Performance Summary Feb-17

Target Description	Target	Apr -16	May -16	Jun -16	Jul- 16	Au- g- 16	Sep -16	Oct -16	Nov -16	Dec -16	Jan -17	Feb -17	Mar -17
Waiting times - routine	30%	50	100	50	82	75	67	100					
Waiting times - urgent	100%	n/a	80	78	25	100	67	100					

c) Self-Harm

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