

# CHILD AND ADOLESCENT MENTAL HEALTH SERVICES UPDATE SEPTEMBER 2017

<b>Relevant Board Member(s)</b>	Dr Ian Goodman Councillor Philip Corthorne
<b>Organisation</b>	Hillingdon CCG (HCCG) London Borough of Hillingdon (LBH)
<b>Report author</b>	Ian Kent, HCCG
<b>Papers with report</b>	Appendix 1 - CAMHS local transformation plan performance update. Appendix 2 - Thrive Model of Care

## 1. HEADLINE INFORMATION

<b>Summary</b>	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 2017/18 CAMHS Transformation plan.
<b>Contribution to plans and strategies</b>	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
<b>Financial Cost</b>	The CCG has been provided with additional non recurrent resources totalling £128k to assist with improving waiting times, which has been spread evenly across 2016/17 and 2017/18.  The proposal to move to a more seamless pathway through the system will require a review of how existing resources (funding and people) can be better utilised to focus on improving outcomes for children and young people.
<b>Ward(s) affected</b>	All

## 2. RECOMMENDATIONS

**That the Health and Wellbeing Board:**

- a) approves recommendations outlining a new approach to commissioning CAMHS services which are to be developed and are subject to approval by HCCG GB and LBH.
- b) notes the current performance against CAMHS waiting times (Appendix 1).

### **3. INFORMATION**

This paper provides a progress update, further to the paper that went to the Health and Wellbeing Board on 27 June 2017. The Anna Freud National Centre for Children and Families (AFNCCF) held a seminar on 18 July with key stakeholders, including parents and young people to co-produce a set of recommendations for a comprehensive care pathway for children's mental health in Hillingdon.

HCCG received a report from AFNCCF at the end of August, one month later than expected. This in turn has delayed the formulation of a detailed implementation plan for the redesign of local CAMHS services. This report will outline the key findings from the AFNCCF report and propose recommendations for implementation.

Current CAMHS waiting times for specialist services can be reviewed under Appendix 1 of the report. Appendix 2 outlines the Thrive Model of Care showing the planned movement of services after local adoption of this methodology.

#### **Comprehensive care pathway**

AFNCCF key priority areas for developing a coherent care pathway for children's mental health:

##### **1) Thriving: Prevention and mental health promotion:**

- Hillingdon Based Website: This is a priority for Hillingdon, especially from young people. This will contain up-to-date information on mental health promotional activities within Hillingdon; that included within it or signposted young people and their families to on-line support; and that had an interactive element (blogs, parent forums etc. – focused on promoting emotional well-being). It was felt this should build upon existing information tools in Hillingdon such as the Local Offer website hosted by the LBH.
- Programme of Mental Health support in schools: Mental health promotional work should be further developed in conjunction with schools. A priority area should be developing and testing out a model of peer-to-peer support; with training and support for staff so that they could promote children's mental health.
- Mental Health Needs Co-ordinators (MHeNCo): This presents a significant opportunity for Hillingdon, both in respect of promoting children and young people's mental health as well as acting as a key point of liaison and support for those children and young people requiring initial advice and additional support together with specialist support where needed from mental health practitioners.

##### **2) Advice and Support:**

Single Point of Access - Hillingdon stakeholders supported the development of a Single Point of Access for Hillingdon. There was acknowledgement that CNWL is proposing to develop a Single Point of Access (SPA) to access CAMHS, and whilst this was viewed positively, there was agreement for the need for a Hillingdon specific service, focused on early intervention. It was agreed that such a service should:

- Be centrally located – improving accessibility for children, young people and their families and facilitating parenting classes and other programmes offering initial advice and support directly to parents and young people;
- Have access to a range of practitioners with core mental health expertise, so that advice and support could be offered to parents and young people alongside providing

advice and support to staff in mainstream services (early years, schools, etc) to enable them to better support children and young people experiencing difficulties – via the MHeNCo;

- It is acknowledged that whilst the majority of the ‘early intervention work’ offered by the SPA would be through advice and support to practitioners working within mainstream settings (early years practitioners, teachers, youth workers, etc), that they would also be able to offer some group work and training work (parent support/training, alongside group work with young people, etc).
- Further develop the ongoing work undertaken by LBH in providing information and signposting for those families of children with additional support needs, e.g., those young people diagnosed with Autism Spectrum Disorder (ASD).
- Be a core point of referral for CAMHS and other specialist services – but to continue to work with/support young people, families and relevant professionals whilst such referrals were being made.

### 3) **Getting help in mainstream settings:**

- Website/social media: The importance of building on existing sources of information and support currently being delivered via websites was highlighted by families – as was the importance of bringing this information together into a centrally held and regularly updated web-based and interactive resource – for parents and young people.
- MHeNCo – These are a key potential source of support and advice – for parents and young people in mainstream settings alongside providing key advice and support to other professionals working with them. This role should not be an additional role but a formalisation of an existing role within early year's settings/schools. The role should have status but does not have to be a senior management role. It is expected that the role will co-ordinate all emotional well-being/mental health support delivered in school; manage peer to peer support; deliver training for other staff members; act as a point of co-ordination of referrals and support from SPAs and other services; as well as provide liaison with and for parents.
- Effective training and on-going support for practitioners carrying out the MHeNCo and other mental health roles in mainstream settings is key to the successful delivery of the role. Such training could be delivered via train the trainer model - this training to include:
  1. All MHeNCo's to access train the trainer Mental Health First Aid training;
  2. All staff in schools (particularly MHeNCo's) to access ‘Mind-Ed’, E-learning package for teachers, so that there is a clear focus on school and class based interventions.
- School Heads support of a local Well-being strategy: This will be linked to the provision of support and training via the Single Point of Access and co-ordinated and delivered through the MHeNCo's. A focus is required on those pupils most at risk of exclusion as a result of social, emotional and mental health difficulties and/or ASD who also exhibited challenging behaviours. An increase in educational provision for this group of children/young people should also be considered, possibly via the development of a Virtual Free School Alternative provision.
- Integrated pathway for ASD/MH: The needs of children and young people with ASD/MH difficulties have been recognised by all partners as a pressing priority for Hillingdon. Future work will continue to develop:

1. High quality and accessible advice and support for parents/carers – on strategies for parenting and support children with ASD/MH problems, advice on clubs/activities and support groups;
2. Effective early intervention for children and young people with ASD and their families, prior to any formal diagnosis – to be delivered in early years settings and schools; and
3. A clear ‘pathway’ for accessing assessment, help and support – delivered via the SPA which involves parents/carers accessing support prior to any diagnosis, during assessment and after any assessment has been carried out.

#### **4) Getting help in targeted and specialist settings:**

- Young People’s Health Passport: To ensure all of those working with the young person could be made aware easily of the difficulties that the young person was experiencing, their likely triggers and what support would be most helpful for them.
- Co-location of mental health professionals working in mainstream settings in mental health: This is an identified priority area, with specialist input for young people being delivered within community based settings.

#### **Actions required to deliver a comprehensive care pathway.**

The identified action areas have been prioritised into the following key actions which will help to implement a model of care for CAMHS following key principles of the Thrive Model of Care. The recommendations, upon approval, will be included in the Hillingdon CCG commissioning intentions submission which are issued at the end of September 2017. This will include potential for market engagement to identify models of best practice. The financial implications of these recommendations are covered within the finance section of the report.

#### **Development of a Hillingdon Single Point of Access (SPA):**

There is a requirement for a Hillingdon SPA for CAMHS services. This will define the Hillingdon offer, formalising the location as well virtual aspects to the service. Specifically, this will involve defining the ‘offer’ – how much support beyond guidance, information and advice can be offered at stage one as well as clarifying and formalising access to services. If this direction of travel can be approved by the Health and Wellbeing Board, market engagement activities will need to be conducted to understand a model of best practice.

#### **Programme of Support within Schools - Mental Health Coordinators (MHeNo)**

Children, young people and their families believed schools should be supported in not only providing low level support but also equipping professionals with tools to best support children and young people in settings they are most comfortable in. This proposal suggests:

1. Agree a Provider to run training and MHeNCo programmes.
2. Agree with schools how the ‘resource’ of a MHeNCo will be funded and maintained across sectors.
3. Design and propose a well-being and behaviour strategy identifying schools with most need which will include an agreement (between Schools Heads) on managing behavioural issues consistently across the Borough.
4. Involve parents and carers in development of this programme.

#### **Early Intervention and Peer Support - Clinical Peer Support Lead**

Proposal for a full-time, dedicated, Clinical Peer Support Lead to provide expert guidance and advice to professionals within schools. There is an immediate need to provide effective early

intervention and support in community settings such as schools to ensure needs do not escalate.

This will be a management level post providing assurance in the local community. The job description will be agreed between partners on approval and will focus on pupil need across the Borough. This role will be developed with schools leads.

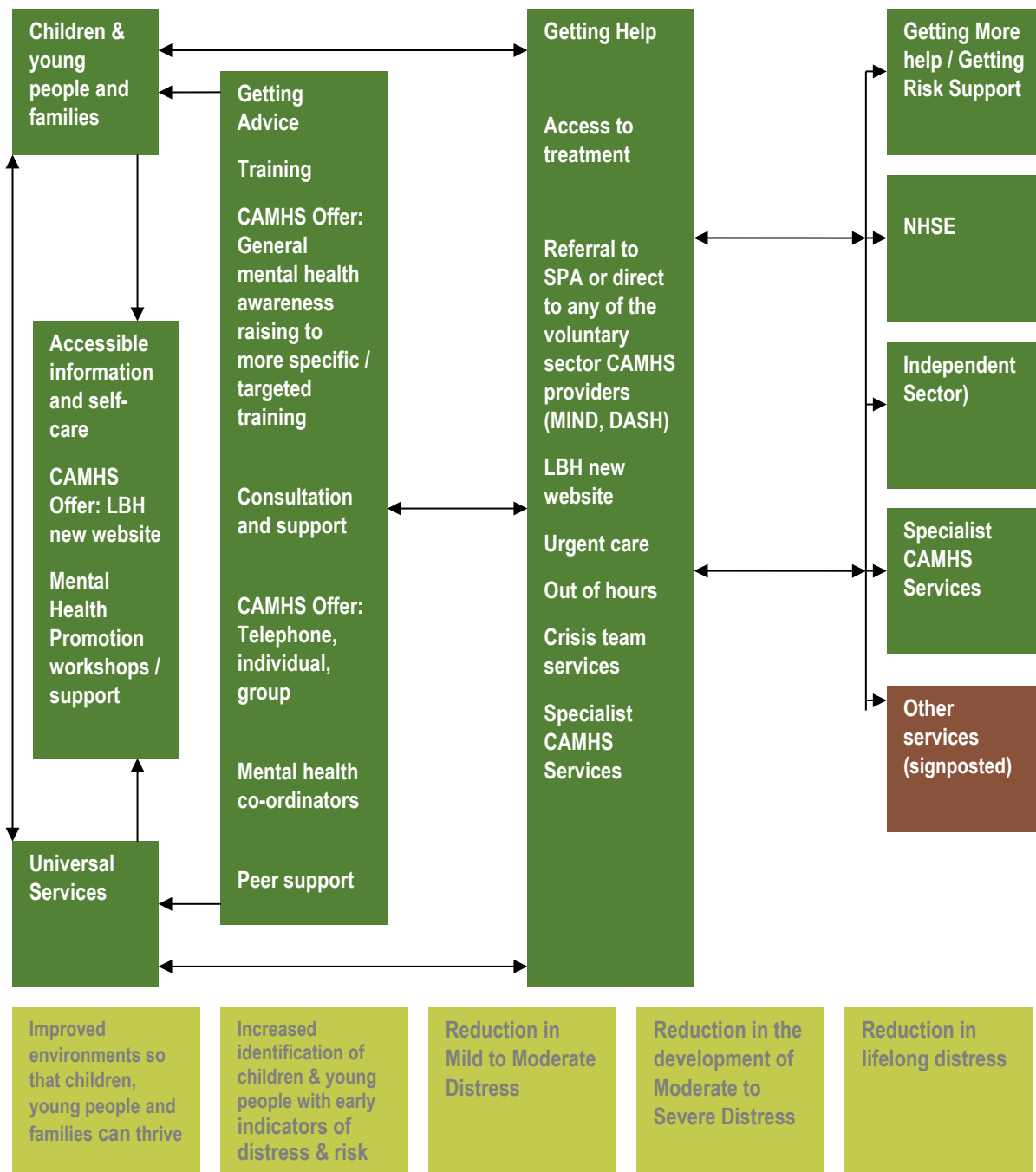
### **Hillingdon Specific Website**

This will provide a fully comprehensive, easy to access information tool for young people and their families. LBH Social Care is currently moving from two providers for its online requirements to a single site that will include all Children, Family Information & Adult Services which will meet requirements for the Care Act 2014, Children & Families Act 2014 and SEND reforms. LBH has awarded a contract to PCG Technology Solutions (the provider), for a fully managed service with unlimited content and changes to the website during the year at no additional cost. It is proposed that this website outlines all dedicated CAMHS provision and services whilst operating in a manner which suits the needs of service users as identified through the recent co-production consultations. LBH colleagues are proposing to work with colleagues in Health as well as Children and Family representatives to ensure the new website content meets their requirements and also to work with the monitoring team thereafter to ensure it continues to meet their needs.

It is expected the new website will go-live from the end of September 2017, with CAMHS colleagues invited from mid-September onwards to trial the new site and scope requirements whilst also creating a project plan monitoring progress on amendments they suggest. Attributes of the new website:

1. Functionality includes - Information & Advice pages, Directory of Services, online booking, online assessment, Marketplace: including management of personal budgets and purchasing.
2. Site will be branded under 'Connect to Support Hillingdon', a site that is already being promoted and seen as the go-to site for information to meet care and support needs.
3. Infrastructure and resource is in place to manage the site from LBH, although representatives from health will be able to join and lead on developing/integrating relevant content.

## Proposed New Care Pathway



The aim of the pathway is to ensure mental health services and support is accessible to all children, young people and their families within Hillingdon. It is proposed that the pathway will be made up of a range of providers from the voluntary and statutory sector. The pathway takes an asset based approach, ensuring accessible information and support is available at all levels, i.e., public health, early intervention, early identification, prevention and intervention.

It is a stepped model of care ensuring children and young people can access the pathway at any stage dependant on their mental health needs with the primary focus being that children, young people and their families are supported at the universal level within their communities.

#### **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 2016/17 investment of £128k provided to the CCG, £64k of which has now been allocated to the 2017/18 financial year.

The financial implications for each of the recommendations outlined earlier in the report are:

##### **Hillingdon Single Point of Access (SPA) for CAMHS.**

Initially this will involve bringing together the CAMHS referral management system across Brent, Harrow and Hillingdon (BHH). The second stage will be aligning more effectively the Crisis service and Out of Hour's service following additional funding across North West London. Any further developments will require a clear value proposition and business case for investment.

##### **Programme of Support within Schools - Mental Health Co-coordinators (MHeNo)**

Training programmes for MHeNCo will cost approximately £1,000 per school. It is proposed this is tested as a pilot across five Primary and five Secondary schools across the Borough prior to full implementation across Primary and Secondary schools in Hillingdon.

HCCG have commissioned 5 x full day in-house training sessions from 'Young Minds' on children and young people's mental health for a maximum of 20 practitioners which could be utilised for this initial pilot exercise.

Discussions with schools will need to consider how the resource of a MHeNCo will be funded in each school.

##### **Early Intervention and Peer Support - Clinical Peer Support Lead**

This will be a full-time dedicated resource for professionals in Hillingdon Schools funded out of existing commissioning resources designed to provide effective early intervention and support ensuring in the community.

The post is expected to be fall within NHS Agenda for Change 2017/18 pay Band 8a - salary range £40,428 - £48,514 with additional subject to a minimum payment of £3,553 and a maximum payment of £4,528. On-costs for the post will be approximately 20%.

Maximum cost of this post is expected to be £63,650.

##### **Hillingdon Specific Website:**

There is not expected to be any additional cost resulting from modification of this newly commissioned LBH website to deliver the information requirements for CAMHS provision.

At this stage, it is not proposed to include the CAMHS budgets within the Better Care Fund (BCF) pooled budget. Whilst our ambition remains to move to joint-procurement of a model without tiers, the BCF continues to focus on the development and delivery of an improved model of care for older people.

##### **Timeline for Change**

A full implementation plan will be formulated in October 2017 following HWBB. Monthly monitoring of Programme via Hillingdon CAMHS Steering Group and Hillingdon Mental Health Transformation Board.

Activity	Date	Lead officer	Status / Comments
HWBB approve recommendations following Hillingdon Co-Production project.	September 2017		
Hillingdon Website Development  PCG Technology Solutions working with LBH Lead Officer will develop a tailored, interactive website covering local CAMHS provision.	September - October 2017	LBH 'Connect to Support' Lead - Sasha Jeffries.	Representatives from Hillingdon's CAMHS Steering Group (including CNWL, HCCG, service users and Third Sector) will develop the new website with LBH lead officer.
School Engagement Programme:  'Young Minds' Practitioner training event for Schools. 5 all day events.  Development of Mental Health Coordinator role in schools  Development of Clinical Peer Support Lead role for Schools	October/ November 2017  October 2017 - March 2018	Schools Lead tbc.	HCCG commissioned 5x days of training will be used to provide a programme of training for school practitioners who could subsequently take up the role of School based Mental Health support Co- Coordinators.  School Leads involved in the programme of consultation to date have requested a separate period of consultation to commence in September, specifically with schools to isolate their specific requirements for mental Health Support within schools.
Single Point of Access for CAMHS			.



New integrated referral management system introduced with additional staff taking up posts across North West London to allow full integration of Crisis Services' and Out of Hours service.	January 2018	Jane Hainstock, Head of Mental Health, HCCG	Further development may require a Business Case
Market Engagement exercise	January 2018 - March 2018	Pranay Chakravorti CAMHS Project Officer CCG/LBH	
Thrive Model of Care in Hillingdon	1 <sup>st</sup> July 2018		New Model in place providing supportive, effective and early intervention services for children, young people and families.

## **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 improve their emotional resilience.

### **Consultation Carried Out or Required**

Hillingdon CCG commissioned the 'Anna Freud National Centre for Families' to facilitate a series of co-production workshops between May and July. This culminated on 18 July 2017 with a seminar with key stakeholders, including parents and young people to review the emerging set of recommendations for a comprehensive care pathway for children's mental health for Hillingdon.

Participants took part in group discussions, involving young people and parents, to review emerging themes, which were set out within the 5 core 'Thrive Headings'. They also reviewed:

- Whether there were core groups of children, young people or parents who had been omitted from the set of emerging recommendations and, if so, to set out who these were.
- Their priorities for improvement (within each of the Thrive headings).
- Suggestions for how these might be best taken forward within Hillingdon.

This follows consultation work The 'Future in Mind team' undertook across NW London, including Hillingdon, in 2015, prior to the submission of the CAMHS Local Transformation Plan. There has also been consultation 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 to 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 group.

### **Policy Overview Committee comments**

The Children, Young People and Learning Policy Overview Committee at its meeting on 27 September 2017 to update on the work undertaken in relation to CAMHS since June 2017.

### **6. BACKGROUND PAPERS**

None.

## Appendix 1- LOCAL TRANSFORMATION PLAN: CURRENT PERFORMANCE AUGUST 2017

### a) CAMHS

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

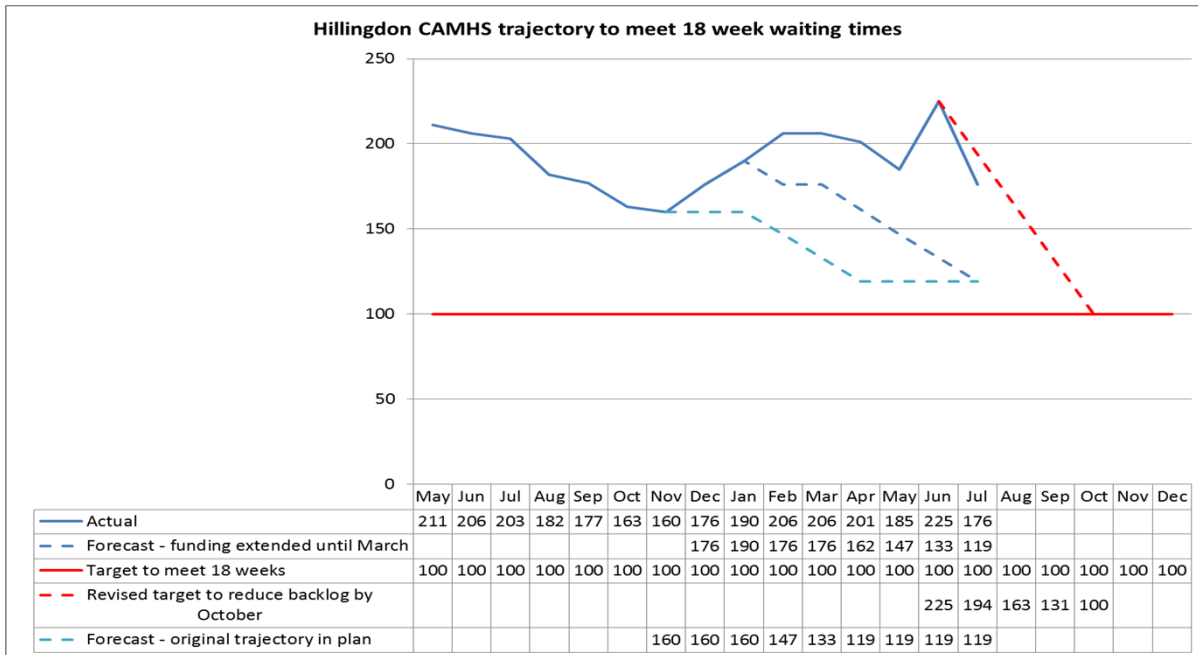
NHS England released funding nationally to all CCG's in 2016 to reduce waiting times for CAMHS services; this funding was not fully utilised in 2016/7 and is therefore being used in 2017/8 to further address the waiting time backlog. CNWL have submitted trajectories for reducing waiting lists with this funding and have received the following allocations. NHS England had 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
Hillingdon	£64,000	£64,000

CNWL have recruited to agency staffing posts using core and the additional funding from NHS England. In addition four staff from the core team focused on additional cases during the week are offering Saturday appointments to families. Two additional agency staff is in place and the service is looking for additional agency staff whilst permanent recruit takes place. The assumptions in the graphs below assume no further growth in referrals above the 14% already seen. Again in terms of waiting time's funds and trajectory the service has seen more Children and Young People than planned.

In addition the expectation is that by the end of October the numbers on the waiting list will have reduced to 100 resulting in sufficient capacity within the team for 85% of referrals being seen within the 18 week target.

Number on CYP under 18 on waiting list	Latest position known as at 30/09/2017	Quarter 3 31/12/2006		Q quarter 4 31/03/2017		Quarter 1 30/06/2017	
		Planned Reduction	Actual Reduction	Planned Reduction	Actual Reduction	Planned Reduction	Actual Reduction
Total Number of CYP waiting for Assessment	125	100	127	75	142	75	149
Total Number of CYP waiting for Treatment	52	40	49	30	64	30	76
Average waiting time from referral to treatment (days)	76	76	120	76	112	76	99



### b) Paediatric Eating Disorders

Target Description	Target	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17
Waiting times - routine	30%	75	67	100	100	100	100	100	100	100	100	100	100	100
Waiting times - urgent	100%	100	67	100	100	100	100	100	100	100	100	100	100	100

### c) Self-Harm

There are currently two patients in Tier 4 inpatient settings receiving treatment for self-harm. This represents a similar position to the number of patients identified in the last report. HCCG are working closely with NHS England to facilitate safe discharge of these patients when their conditions are stabilised.

Scoping work has also been conducted by NHSE ahead of the Local Transformation Plan refresh at a STP level. Tier 4 beds are to be reviewed at national level by NHSE in conjunction with Public Health. There are currently sufficient beds in the system but not located in the correct places with the profile of the beds not matching the needs of those requiring complex care. NHSE are currently aligning this work with local areas with further timelines to be released once this initial work is complete.

### d) North West London Update

The Common priorities identified across North West London are as follows:

- Needs Assessments
- Supporting Co –Production

- Workforce Development and Training
- Specialist Community Eating Disorder Service
- Re-Designing Pathways- A Tier Free System
- Enhanced Support for Learning Disabilities
- Crisis and Urgent Care Pathways
- Embedding Future in Mind and the Five Year Forward View.

# Appendix 2: Thrive Model



**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

**Advice and support** – the CYP/Family have issues but all they need is some advice and support to manage it

**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)

**Getting more help** – as above but the CYP needs higher level multi-agency intervention

**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 – but the CYP needs to be kept safe.

# Current Local Offer



# Future Model - In Two Years

