

CHILDREN AND YOUNG PEOPLE MENTAL HEALTH AND EMOTIONAL WELLBEING UPDATE NOVEMBER 2018.

Relevant Board Member(s)	Dr Ian Goodman Councillor Philip Corthorne
Organisation	Hillingdon CCG (HCCG) London Borough of Hillingdon (LBH)
Report author	John Beckles Transformation Lead Emotional Well-being and Mental Health CYP
Papers with report	Appendix 1 - CYP MHEB LTP implementation plan Appendix 2 - Kooth Quarterly Report Appendix 3 - CNWL Performance data

1. HEADLINE INFORMATION

Summary	<p>This paper updates the Board on progress in implementing the Hillingdon Children and Young People's Mental Health and Emotional Well-being Local Transformation Plan (CYPMH LTP).</p> <p>The Board agreed to delegate authority to approve the annual refresh of the (CYPMH LTP) for submission to NHSE on 31st October 2018, to the Chairman of the Board in consultation with the Chairman of Hillingdon CCG and Chair of Healthwatch Hillingdon. The plan was approved and submitted to NHSE for assurance. The plan will be published on the CCG/LA websites in January 2019.</p> <p>This paper provides an update on the continued engagement with Hillingdon schools in response recently published response to the consultation on the Green Paper e.g. Schools Mental Health Champions and mental health support in schools (Child wellbeing practitioners).</p> <p>Of particular note this quarter is the progress that has been made in establishing the new on –line Counselling Service KOOTH. The service provides increased access, prevention and early intervention for children and Young People in Hillingdon with emotional well-being and mental health issues.</p> <p>This paper also provides information on the increased access and current waiting times for Hillingdon children and Young People detailed in the performance reports from CCG and NHS Commissioned services and outlines the continued engagement and consultation with Hillingdon Young Healthwatch.</p>
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<p>Contribution to plans and strategies</p>	<p>Previous Health and Wellbeing reports Hillingdon's Health and Wellbeing Strategy Hillingdon's Sustainability and Transformation Plan Hillingdon CCG's Commissioning Intentions 2017/18 Hillingdon Children and Young Persons Emotional Health & Wellbeing Transformation Plan</p> <p>National:</p> <ul style="list-style-type: none"> • 'Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing' (2015) • The Five Year Forward View For Mental Health – report from the independent Mental Health Taskforce to the NHS in England (February 2016) • Implementing the Five Year Forward View for Mental Health (NHSE 2016) • NHS ENGLAND specialised commissioning Children & Adolescent Mental Health Services (CAMHS) case for change (NHSE August 2016) • Green Paper - The Government response to the consultation on Transforming Child mental Health Provision - A Green Paper next Steps. (DOH July 2018).
<p>Financial Cost</p>	<p>This paper does not seek approval for costs, the Board received the indicative proposals for 2018/19 in the June 2018 Board Paper</p>
<p>Ward(s) affected</p>	<p>All</p>

2. RECOMMENDATIONS

That the Health and Wellbeing Board notes the progress made:

- 1. in the approval and submission of the annual refresh of the Hillingdon Children and Young People's Mental Health and Emotional Well-being Local Transformation Plan to NHSE for assurance on 31 October 2018. The plan will be published in January 2019, when the assurance process is complete.**
- 2. in developing the local offer available for CYP and families in 'Getting Advice' and 'Getting Help' (building resilience and early intervention and prevention), particularly the progress made in establishing the new on-line counselling service KOOTH and the continued engagement of schools by the Wellbeing and Mental Health project in schools, which is developing a model of best practice and a compendium of resources to support all schools in the borough. The**
- 3. in the sustained improvement in increased access for CYP in 'Getting More Help' and 'Getting Risk Support' shown in the performance data from CCG and NHS commissioned services**
- 4. in the continued engagement and consultation with Hillingdon Young Healthwatch and Children and Young People in developing local services.**

3. The THRIVE model Figure 1.



The Thrive domains:

Getting Advice: a CYP/Family have issues and need advice and support

Getting Help: the CYP/Family have a Mental Health issue that is likely to be helped with a goal focused intervention working with a professional

Getting More Help: the support required is a multi-agency intervention

Risk Support: CYP with a 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.

4.0 Given the Board's formal adoption of the Thrive framework, the progress within this report is framed within the four Thrive domains in order to provide an appropriate and consistent structure to the process of updating the Health and Wellbeing Board on the transformation of children's mental health and emotional health and wellbeing services and the associated work being progressed to establish the Thrive model in Hillingdon. (See Figure 1 above).

4.1. Progress has been made against the four domains of the THRIVE model and as agreed in the Local Transformation Plan (Appendix 1). Achievements of note are:

4.2 Thrive Components - Getting Advice and Getting Help

4.2.1 Engagement with Schools

A number of working groups have been established to support the development of Thrive locally and the network is facilitating a co-ordinated approach to schools training and development:

4.2.1.1 Emotional Well-being Mental Health Training Group

An Emotional Well-being / Mental Health Training group, a task and finish group, led by the CCG CYPMH transformation Project lead, is compiling a list of MH and emotional wellbeing/resilience training programmes currently operating in schools aiming to design a compendium for the use of local schools by February 2019. This will provide teachers with advice and support on emotional wellbeing and mental health issues as well as a directory of what is available. The resource will support all schools particularly those in deprived areas that may require additional support. The compendium will be made available on line and through the local offer 'Connect to Support'. The compendium will be available to schools by March 2019.

4.2.1.2 The Well-being in Schools Mental Health Project

The 'Wellbeing and Mental Health in schools project' launched at the end of the summer term with an event co facilitated by the LBH schools leads, the CCG and two local head teachers. Twenty two local schools attended, each represented by the Head, Chair of Governors and a Mental Health school champion. The Head Teachers and Governors of the schools are fully committed to this year long project and have allocated the role of Mental Health Champion to a

senior staff member, in order to drive forward change in both practice as well as policy and models of working and teaching across the school. This is a significant development in engagement and commitment to the agenda from local schools, and enables partners to test the 'Mental Health Champion' model and to identify best practice and support for other schools in the Borough going forward.

The targets and development goals for the project include:

- Enhancing engagement for children with Emotional wellbeing issues /problems to improve achievement.
- Minimising behaviours that challenge from children and young people; which in turn will lessen permanent and fixed term exclusions.

In November 2018, The Well-being project developed a tool to ascertain the level of risk and resilience in vulnerable children in school. The tool is used to identify emerging emotional well-being and mental health issues and will be piloted in 22 Hillingdon schools with the aim of early identification of emotional well-being issue.

4.2.1.3 The Child Well-being Practitioner Service

The Child Well-being Practitioner Service has been fully operational from 15 August 2018, and has been accepting referrals via the CAMHS Gateway and the participating schools.

Currently the two Child Wellbeing Practitioners are delivering the intervention, consisting of 8 one to one CBT based Guided Self Help sessions, at six Hillingdon schools:

1. Haydon
2. Bishopshalt
3. Whitehall Infant
4. Ryefield Primary
5. Bishop Winnington Ingram CofE Primary
6. Ruislip Gardens Primary

The Hillingdon Children's Wellbeing Project has received 33 referrals of which 31 have been assessed and two have been booked for an assessment within the next two weeks. From all assessed 6 young people and primary school children's parents have decided that the intervention is not suited to their particular needs at this present time and they would not like to engage with the project.

Ten young people and parents of primary school children did not fulfil the referral criteria and were signposted to/ have been helped to access other services such as: School Counselling, Mentoring, CDC, Relate, Bereavement counselling and CAMHS.

All young people and parents of primary school children have completed Regular Outcome Measures at the start of the intervention and are tracking progress on the mental health wellbeing goals they have been working on. Progress is monitored throughout the intervention and so far all show an improvement of the symptoms, that they are receiving the intervention for, and progress on their mental health wellbeing goals.

4.2.1.4 Social Communication, Emotional Regulation and Transactional Support. (SCERTS).

The LBH inclusion team have been successful in their bid to the Department of Education for support to run an innovative educational model for working with children with autism spectrum

disorder (ASD) and their families The SCERTS Model is a research-based educational approach and multidisciplinary framework that directly addresses the core challenges faced by children and persons with ASD and related disabilities, and their families. SCERTS focuses on building competence in Social Communication, Emotional Regulation and Transactional Support. (SCERTS). The programme provides specific guidelines for helping a child become a competent and confident social communicator, while preventing problem behaviours that interfere with learning and the development of relationships. It is also designed to help families, educators and therapists work cooperatively as a team, in a carefully coordinated manner, to maximise progress in supporting a child. The implementation plan is currently in development.

4.2.1.5 KOOOTH on Line Counselling

'Kooth' the online counselling, support and advice service for 11-19 year olds went live in the Borough on 9 July 2018. The service provides immediate access to support for children and young people with emerging emotional well-being and mental health issues. Monthly contract performance meetings are in place and the quarterly report is attached (Appendix 2)

Some of the main highlights from the quarterly report are:

- The service has provided counselling to 73 children and young people.
- 47% of service users are from the BME community.
- 75% of service users are girls; 25% are boys.
- Service had 245 logins over the quarter.
- 69% of contacts/logins are outside office hours (9-5pm).
- 100% would recommend the service to a friend.

The service is still relatively new and is being marketed with CYP and local schools as well as the GP localities and other agencies via the Thrive network across Hillingdon.

4.3 Thrive component: 'Getting Risk Support' and 'Getting More Help' Performance update

As reported in earlier papers, the introduction of specialist community based services continues to support the reduction in 'tier 4' bed based services funded by NHSE. Their programme of opening general, specialist LD and forensic beds for CYP across London is enabling Hillingdon CYP to be placed closer to home for shorter periods and to be supported by the new Crisis/Urgent Care teams before being 'handed back' to local specialised CYP (CAMHS) services. More beds are due to come on line in Q4 2018/19.

The CYP MH (Core CAMHS) service 18 week waiting list target (85% of referrals receive 2 interventions in 18 weeks) has not been achieved since the last report. In September 2018, this reduced to 77%. However, the target was met in October 2018.

The reason for the target was not achieved in September 2018, this was due to staffing and retention as Hillingdon lost 3 wte staff who left the service during the summer period and this impacted on the clinical capacity within the service.

This has been a challenge for the service in recent months as staff turnover has increased in Brent, Harrow and Hillingdon and this has impacted on the numbers of assessment and follow up slots available for individuals. The services are running with vacancies

CNWL has outlined an action plan to increase clinical capacity in the Hillingdon service by utilising the assistant psychology resource to support data entry, basic clinical interventions and

to free up the time of the higher banded clinicians to focus on face to face clinical work.

The vacancies have now been recruited to and it is expected that the service will meet the 18 week standard

The action plan and 18 week target will continue to be closely monitored and reviewed by the CCG at the monthly contract meeting with CNWL.

The performance report also notes a trend in the reduction of cases in Hillingdon on the waiting list in 2018/19 for treatment. Routine recording of the outcome of treatment has improved from 50% in M9, December 2017, to 62% in quarter 2, 2018/19. However, this is still under the 80% monthly target. An exception report has been raised and CNWL has an action plan to address this underperformance.

The Eating Disorder service continues to perform well and has led to a reduction in the use of the Eating Disorder inpatient unit. 24% of the 163 children and young people seen by the service in Q2 are from Hillingdon.

As outlined in the CCG commissioning intentions and as part of the Thrive developments the 'core CAMHS' and The CAMHS Learning Disability service specifications are under review and new service specifications will be developed to improve early intervention, reduces waiting times and integration with local services and partner agencies.

Lavender Walk in- Patient Unit opened on 12 November 2018. This is a new NWL 12 bedded unit for 13-18 year olds based at South Kensington and Chelsea MHU. The service opened to patients on 12 November 2018. The service enhances the Urgent care pathway in that urgent care team will provide step up and step down from the ward. The ward also has day programme capacity which allows the team to keep the YP close to home and community. The NWL NMOC arrangements facilitated this development for NWL. This is the first time that NWL STP has had its own NHS beds.

The service sees children aged between 13 and 18 years old who are resident in the north west London boroughs (this includes Westminster, Kensington and Chelsea, Brent, Harrow, and Hillingdon, Hammersmith and Fulham, Ealing and Hounslow), although there may be rare cases of 12 year olds being admitted. The service is for children who may require detention under the Mental Health Act although the latter is not a pre-requisite. Children are seen with a primary diagnosis of mental illness and this does not exclude young people with a mild learning disability, drug and alcohol problems or those with social care problems as secondary needs. There are currently 2 Hillingdon children who are in patients at the unit.

4.4 Increased Access for Services

The Five Year Forward view (DH 2016), laid out the expectation that in order to respond to the prevalence of Mental Health issues within the CYP population, the percentage of CYP seen within Community Mental Health services needs to increase from 2015/16 levels of 25% to 35% by 2020/21.

Hillingdon CCG submitted a business case to the London Region NHSE Team to have the prevalence figure corrected from 6,071(to 4,051) in August 2018, and the London Region NHSE Team accepted the business case in October 2018, and have reduced the prevalence figure to 4,051.

It is projected, based on the 4,051 prevalence figure and the Q2 2018/19 activity, that Hillingdon will achieve a 28.3% increased access in 2018/19 against the 32% target for 2018/19. The Hillingdon CCG recovery plan aims to increase access through the inclusion of LBH activity (LINK) and Kooth activity by a further 4% to achieve the 32% access target for 2018/19.

There have been technical problems for KOOOTH to flow activity data to the mental health data set and NHSE have queried whether KOOOTH activity data August 2018-October 2018 meets the clinical criteria required for 2 contacts. This decision is under review.

NHSE have agreed that the KOOOTH activity data now meets the mental health data set criteria and will be accepted from November 2018 onwards. It is still expected that Hillingdon will meet the 32% increased access target despite the fact that KOOOTH data will only be accepted from November 2018 (Appendix 2).

5.0 Young Healthwatch

To promote greater understanding and awareness of the work of the CCG and to continue to develop the relationship between the CCG and Young Healthwatch, a visit to the CCG offices at Boundary House was arranged on 25/10/18. Young Healthwatch met with Senior Leaders and representatives list from Hillingdon CCG. They were given information about their respective role in the CCG and how the CCG contributes towards meeting the health needs of the Hillingdon population.

Some of the key areas of discussion on 25/11/18, are outlined below:

- The need for Mental Health Champions in schools discussing emotional well-being and mental health issues with peers.
- The need for online counselling service Kooth and use of apps like NHS GO.
- The need for services in schools that are child focused and confidential that were more specialist, e.g., Place to Be Service in secondary schools.
- The need for more emotional wellbeing support at exam time for CYP.

The issues raised by the visit will be picked up at the next CCG Young Healthwatch meeting in December 2018/January 2019. Young Healthwatch will continue to be used in a consultative capacity to inform the developments in the integrated care system and the emerging plans to develop an early integrated response for CYP with emotional well-being issues in Hillingdon.

6.0 Governance

The new CYP MH Transformation project lead for Hillingdon CCG (John Beckles) joined the CCG in July 2018. The lead had been employed on a full-time basis on a fixed term 2 year contract and is providing additional resource and support to implement our plans working with local partners and stakeholders to deliver the priorities. This additional leadership will support the implementation of the LTP and the changes required to achieve an effective, efficient and economic pathway (VFM) for CYP and their families.

7.0 FINANCIAL IMPLICATIONS

This paper does not seek approval for costs. The Board noted the indicative funding for Hillingdon's Children and Young People Mental Health and Emotional Wellbeing Local Transformation Funding at its June 2018 meeting.

8.0 EFFECTS ON RESIDENTS, SERVICE USERS & COMMUNITIES

The effects of the plan. The transformation of services that provide emotional health and wellbeing and mental health services relate to the total child and young people population and their families/carers in Hillingdon. They also impact on the wider community.

Consultation has been presented in previous papers and will be referred to as relevant throughout this paper.

9.0 BACKGROUND PAPERS

- Hillingdon CYP MHEB LTP implementation plan - Appendix 1
- Kooth Quarterly Report - Appendix 2
- CNWL Performance data - Appendix 3