

CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING

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Papers with report	Appendix - Evaluation report for the Navigator Plus offer, Supporting young people to thrive on their transition to adulthood

1. HEADLINES

Summary	This report provides the Board with the latest update on the Integrated Early Intervention Service (IEIS) for Children and Young People, the achievements, progress and proposed developments for the 20/21 programme of work.
Contribution to our strategies	This contributes to the Health & Wellbeing Strategy, Hillingdon Clinical Commissioning Group (CCG) Operating Plan and individual organisational strategies for Hillingdon Health and Care Partners (HHCP).
Financial Cost	N/A
Relevant Ward(s)	All

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

- 1) reviews and provides feedback on the progress update for phases 1 and 2 of Hillingdon's Integrated Early Intervention Service developments.
- 2) reviews and provides feedback on the future development (Phase 3) of the CYP Early Intervention and Multi-Agency Care and Support Model for Hillingdon's Integrated Early Intervention Service.
- 3) considers and provides feedback on the requirement for formal agreements between agencies, around their involvement and time requirements, rather than relying on goodwill and relationships between individual professionals.

3. SUPPORTING INFORMATION

Colleagues across the Hillingdon partnership understood the need to work together and deliver the vision to offer children and young people the best start in life, and improving child and

adolescent mental health and wellbeing outcomes for children and young people. We continually strive to develop and transform all services that children and young people may access, to enable one and all the best possible opportunities for excellent health and wellbeing, throughout their lives and particularly as they make the transition to adulthood.

Too many children, young people and their families do not have these good opportunities and are worried about their futures. We are committed to working together to change this by collaborating with each other and with children, young people and their families to overcome the barriers to good opportunities and outcomes. This means making the best use of shared resources to achieve integrated agendas for change.

The case for change evidenced that children's services in Hillingdon were in need of reform, birth rates were rising whilst the wellbeing needs of children and young people (CYP) were increasing. Significant funding pressures across the whole system supported the need to consider how services were delivered, as they were perceived to be fragmented and complex, with multiple access points and assessments, resulting in duplication and inefficiency. Parents and carers tell us they do not want to keep telling their story over and over to different professionals. They want us to work together to understand their needs and support them to resolve their own problems.

Following a series of partnership workshops in early 2019 to develop the vision for CYP services in Hillingdon, progress has been driven forwards by the ***development of an integrated CYP (0-25) Early Intervention and Multi-Agency care and support model.***

The aspiration considered by the partnership was a CYP Integrated Single Point of Access (CYP ISPA) Team, delivered by a multi-agency, integrated approach. Services such as the Multi-Agency Safeguarding Hub (MASH), Child and Adolescent Mental Health Service (CAMHS) and P3 Navigator (a national CYP charity) would come together to provide a single point of advice, access and triage, using multi-disciplinary assessment and short-term intervention.

Good progress has been made to date and Professionals are seeing real value of being part of a multi-disciplinary team, in terms of learning from each other and improved understanding of what is going on for different children and how best to meet their needs

Phase 1:

During February - March 2020 the integrated partnership team prototyped elements of an emergent early intervention model, in the two neighbourhoods identified with highest need in the borough, these being Colne Union and Hayes & Harlington. Those partners who started this journey together include; CAMHS, P3, MASH and Hillingdon CCG.

Phase 2:

Based on the learning from Phase 1 and considering the COVID-19 pandemic, the team expanded and developed the model to deliver an integrated early intervention response across the whole borough to meet the new needs and potential gaps in provision. This included extending both **Kooth** and **Think Ninja** services to support the model, which has now been up and running since May, with funding secured for the model until December 2020.

Weekly joint review meetings for all CAMHS referrals not accepted for CAMHS assessment / intervention

Fortnightly complex case forums are held, where people from different agencies have been able to get support on cases with more complexity

The integrated team has, so far, received representation from the following services / service areas; CAMHS, P3, Key working / Early Help, Educational Psychology, Special Educational Needs and Disability (SEND) advisory services, Child Wellbeing Practitioners and the CCG.

There is now a further opportunity to expand and develop the model to continue to meet the unmet and changing needs of CYP in Hillingdon, which will be delivered under Phase 3.

It should be noted that the Child Wellbeing Practitioners funding ends in January 2021, where and that CNWL are not continuing with final cohort of trainees, therefore this offer, as part of the Integrated Early Help and Prevention offer, will not be available post January 2021. This may present a risk to the Integrated Early Intervention Service “offer”

Phase 3:

Following a series of development workshops during September and October, the team consider this model to have one of an emergent nature of maturity.

The evolution of the current model would look to simplify the many referral forms that currently exist across services, considering the use of E-Consult that adult services use for early, digital triage. Additionally, Children’s Therapy services such as Speech and Language Therapies (SALT) would look to be integrated into the model.

The IEIS would be keen to further develop the model with EPS and SEND Advisory team, who have shown an interest in a co-produced approach.

Additionally, the model could benefit for further discussions and co-production with LBH Early Help Services, as they look to re-design their services, as there could be benefit to more complete and joined up suite of services across Early Help, through education, health and social care.

The intention is to develop the model further, by 4 keys ways:

- a) **Expanding the ‘front door’** into early intervention services through raising the awareness of schools and other professionals that they can refer directly to the early intervention service. This is not about creating ‘one front door’, this is about improving awareness and ease of referral – there should be **‘No wrong front door’**
- b) **Including GDPR statements on all referral forms across partner agencies** to enable families to consent to the sharing of information with other agencies as required which will improve the efficiency and responsiveness of the model
- c) **Formalising the offer** – the current model is dependent on goodwill and relationships between the professionals involved – the partnership would benefit from establishing formal agreements across service providers to ensure the long-term sustainability of the offer, whilst developing the team to include different expertise (e.g. Speech and Language Therapists)
- d) **Building in engagement with the family** where required and/or appropriate

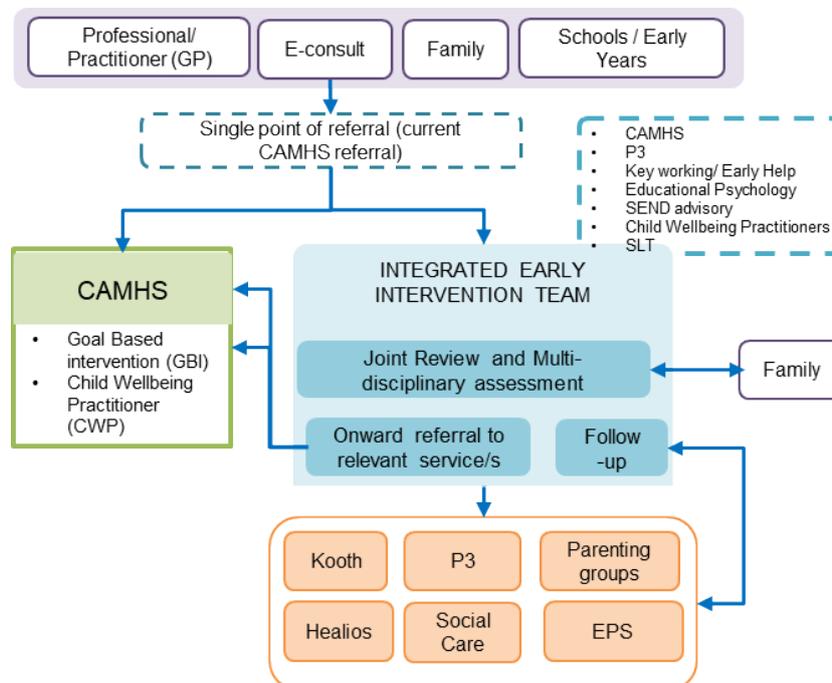


Diagram: Sketch model for the IEIS

Key outcomes so far:

- CYP are successfully accessing the services they need rather than getting lost in the system.
- Core CAMHS is getting P3 involved much earlier when CYP are on the waiting list for intervention and at the start of interventions, which is likely to have a positive long-term outcome as they are being connected with post-discharge support earlier
- Complex Case Forums have in the main, been used for young people presenting with complex neurodevelopmental conditions and / or complex multi-agency involvement. They were originally planned to be purely learning-focused, but the vast majority are being signposted to a relevant agency, therefore avoiding families bouncing around the system. Additionally, this is allowing for a truly interagency, collaborative care plan to be developed
- The service / team is engaged with Young Healthwatch so they can continue to ensure that the development of the model reflects the needs of our CYP going forward
- Initial development of an internal directory for early intervention services to help the prototype members navigate what is available – the vision is that this will feed into existing work by the CCG and Healthwatch.

Key statistics for the model to date:

There have been **142** referrals brought to the referrals meeting so far.

- Of those **142** referrals, **32** referrals were passed back to CNWL CAMHS for action. Of those **32** referrals, **6** were accepted for screening appointments in core CAMHS due to neurodevelopmental complexity, **6** were accepted for a screening appointment in core CAMHS due to mental health concerns within the context of safeguarding concerns, **6** were accepted for Goal Based Intervention (GBI) and **14** were accepted for the Child Wellbeing Practitioner (CWP) service. **It should be noted that GBI and CWP sit within the Early Intervention offer, but are managed by CNWL CAMHS.**
- The remaining **110** referrals were signposted to and / or known to other services. The majority were signposted to the Key Working / Early Help Service, P3 and the Educational Psychology Service. **It should be noted that some referrals were signposted to more**

than one agency / service.

- 31 for Key Working / Early Help Assessment
- 24 for EPS
- 23 for liaison with multiple education-based agencies (e.g. Behaviour Support Team, EPS, SEND Advisory Service etc.)
- 23 for P3
- 16 for Brilliant Parents
- 12 for Centre for ASD and ADHD in Harrow & HACS
- 4 to ASD specific parenting groups (e.g. Early Bird, Cygnet, etc.)
- 4 for SEND Advisory Service
- 3 lived outside of Hillingdon and so were signposted to their local services
- 3 to Kooth
- 2 to Link Counselling
- 2 to Targeted programmes
- 2 to community / third-sector bereavement services
- 2 to adult mental health services (for parent / carer)
- 1 to PBS consultancy
- 1 to Young Carers
- 1 to CDC
- 1 to Axis
- 1 to ARCH

Key benefits of the model:

- The team have successfully been prototyping a useful, integrated back office function that has connected the varying parts of the system, and has stopped children bouncing between services, ensuring that they receive the right support from the right service, at the right time
- The model has brought the key agencies together to provide a coordinated response to COVID-19, enhanced collaboration, upskilling and knowledge-sharing across partners. Workforce across agencies have system support and options for implementing extending and expediting early interventions and emotional wellbeing support
- Hillingdon CCG have commissioned an additional Early Intervention resource within the prototype – Goal Based Interventions (GBI), funded from NHSE waiting time initiative funding
- The model will ensure that the borough has a comprehensive support offer for CYP, that provides proactive support and resilience building where possible to avoid escalation of need
- Virtual multidisciplinary meetings make the most of time and people can be dialled in as appropriate

Additional Early Intervention and Prevention updates since the last Report (Q3 2019/20)

Kooth, the online counselling support and advice service for 11 – 19 year olds continues to grow from strength to strength.

Kooth are pleased to report on activity for Q1 2020-2021 which demonstrates how they have continued to engage users against the backdrop of the Covid-19 crisis.

To address the continued impact of Covid-19 and the significant impact of the traditional integration and mobilisation strategies, they have worked to deliver their work digitally and creatively throughout.

In June 2020 **Kooth** launched their first digital asset repository that will be accessible to key stakeholders and partners and is available through the Integration and Participation (I&P) worker.

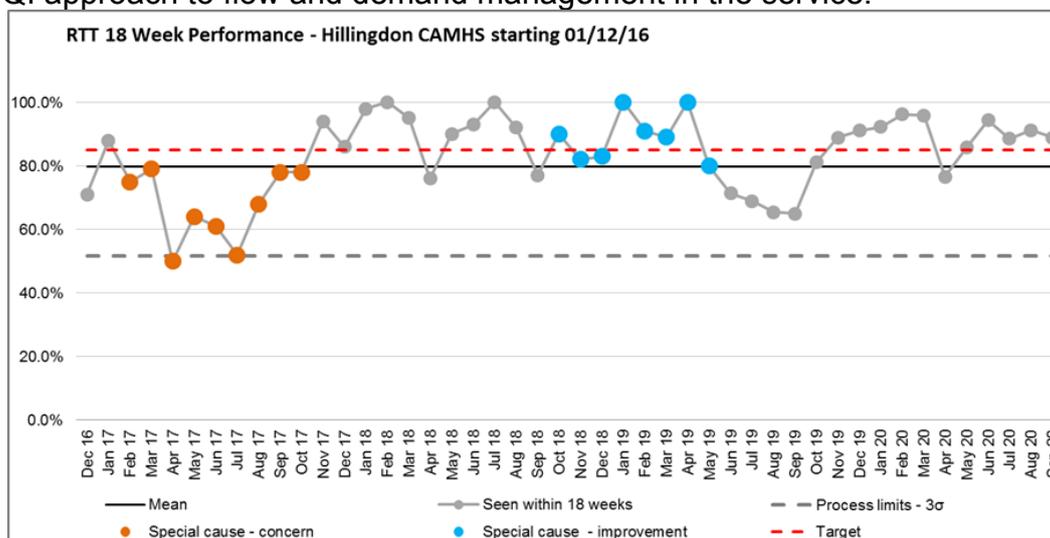
The integration and participation work prepared proactively for the autumn term, working with partners on the most appropriate activity to suit the cohorts return to places of education, care, youth services and activities.

Some of the highlights include:

- Q1 (2020/21) has seen 194 new registrations compared to 139 in Q3 (2019/20).
- Q1 (2020/21) has seen 1,192 Logins compared to 636 in Q3 (2019/20) with 80% (74% Q4 2019/20) returning to engage with the service.
- Q1 has seen 66% of service users accessing Kooth out of hours, compared to 74% in Q3 2019/20.
- New registrations who identified as BME represented 52% in Q1 (2020/21), similar to Q3 (2019/20) at 50%.
- Commissioned contract hours during Q1 was 510. The 19-25 mobilisation took place 6 weeks into the Quarter, therefore the target contract hours of 660 have been reduced by 1.5 months (150) to reflect the alteration. From Q2 the new target total will be 660.
- There were no complaints or safeguarding issues raised during this reporting period.

Hillingdon Core CAMHS Service

During 2019/20 the core CAMHS service failed to achieve the 18 weeks RTT target however Graph 1 demonstrates improvement over time aside from the slight dip during the initial Covid Wave in March 2020. This was due to capacity being reduced, as 6 of the staff – 50% - were impacted on by COVID early on in the pandemic. The service has achieved and sustained this improvement through review of job plans and specific Quality Improvement (QI) methodology in order to improve the referral and triage assessment process. The service line now has plans to develop a QI approach to flow and demand management in the service.



Graph 1: RTT 18 week performance 1st December 2016 to September 2020

In addition, it is important to note that in Hillingdon COVID has impacted on crisis presentations with a steady increase of cases in and OOHS. The Crisis team is undertaking an audit to understand more about the YP attending A&E, i.e., where they are from, whether they are known to any services and therefore make recommendations to the wider system on what needs to be

in place to provide ongoing support. The CYP seen within the Urgent Care service are followed up in core CAMHS.

Reporting Month	Ma r	Ap r	Ma y	Ju n	Ju l	Au g	Se p	Grand Total
CAMHS Urgent Care - Hillingdon Hub	61	9	14	29	28	28	45	214
<i>Out of Hours</i>	8		1	7	3	3	5	27
<i>Working Hours</i>	53	9	13	22	25	25	40	187
CNWL CAMHS - Out of Hours Nursing Team	18	1	5	9	20	18	33	104
<i>Out of Hours</i>	18	1	4	8	20	17	33	101
<i>Working Hours</i>			1	1		1		3
Grand Total	79	10	19	38	48	46	78	318

Hillingdon Navigator Plus Offer

Please see appendix 1 for the full evaluation report for the Navigator Plus offer, Supporting young people to thrive on their transition to adulthood

This report provides an interim evaluation of the Hillingdon Navigator Plus project following its initial start on 1st November 2019 until 31st March 2020. The project is funded through the Department of Health Wellbeing Fund.

The project is led by P3 charity (People, Potential, Possibilities) and is designed to enhance the mental wellbeing of young people aged 16-25. The ultimate aim of the project is to offer a person-centred approach to help young people thrive on their transition into adulthood. This is consistent with the Thrive Framework for system change (2019) which has significantly influenced the development of the project.

The project is led by a team of skilled Wellbeing Workers based at the P3 Navigator Hub in Yiewsley. The Wellbeing Workers provide a person-centred mentoring service to help young people devise their own Goals Based Outcomes (GBOs) to help improve their mental wellbeing.

The project aims to uphold the principles of 'no case turned away' and has been designed to offer a responsive service to support young people in need. 82% of young people referred into the project have received an initial session with their Wellbeing Worker within 9 days referral. This compares favourably with the 18 week Referral to Treatment (RTT) targets observed by Hillingdon Child and Adolescent Mental Health Services (CAMHS).

The project aims to provide support for two distinct age groups of young people. A schools service is targeted at young people aged 13-16 years old and is delivered within a schools setting. By comparison a service for 17-25 year olds is delivered through the Yiewsley Navigator Hub. Further details on the underpinning service model, including a theory of change, can be found in section two of the full report (Appendix 1).

Over the period 1st November 2019-20 a total of 103 young people have engaged with the project. The project has a gender split of 52% female and 48% male. 55% of young people have engaged with the schools element of the project. 45% of young people have engaged directly with the project through the P3 Navigator Hub. The average age of participants engaging across the project is 17.6 years. To date 67% of young people engaging with the project have been white

British and 33% represent Black Asian Minority Ethnic and Refugee (BAMER) groups.

The schools work targeted at young people aged 13-16 has been particularly well received by local schools and young people. The evidence collated reveals this element of the project is helping to fill a gap in the mental-health system for school-aged young people.

By comparison the 17-25 years age group accessing the project has to date proven to be a more challenging cohort to engage. Further work is required over the next twelve months to explore both engagement and disengagement factors associated with this group. The emerging evidence so far suggests that young people who are residing in hostel accommodation may prefer group-based sessions.

Encouragingly where young people have committed to the project this is reflected in higher Goals Based Outcome (GBO) scores when compared to those of young people who disengage early from the project.

Overall the evaluation reveals a project that is beginning to have a significant impact on the mental wellbeing of young people across Hillingdon. Section six suggests a number of recommendations that could be employed over the next twelve months to further enhance the impact of the project and its role within the wider mental health system across Hillingdon.