

Review of the CAMHS Referral Pathway



A review by the Health and Social Care Select Committee

Councillors on the Committee:

Nick Denys (Chair)

Philip Corthorne (Vice Chair)

Adam Bennett (from May 2023)

Tony Burles

Reeta Chamdal

Alan Chapman (to May 2023)

June Nelson

Barry Nelson West (to May 2023)

Sital Punja (from May 2023)

2023/2024

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Chairman's Foreword

'A Review of the CAMHS Referral Pathway'



"A child's mental health is just as important as their physical health." – Catherine, Princess of Wales

The steep rise in children and young people suffering episodes of mental health problems is well documented. Last year 20% of those in England aged eight to sixteen had a probable mental disorder¹. This is an increase from 11% in 2017². The dramatic rise in the numbers of children and young people wanting help has put great pressure on mental health services, challenging their ability to give what is needed to those in distress.

It is important that children and young people, and their families, get the help they need as soon as possible. Those childhood and teenage years are of critical importance in creating the pathway that a person follows into adulthood. Problems that are not properly resolved when someone is young become ingrained and harder to change as they age. According to the charity YoungMinds half of all mental health problems first become obvious before the age of 15, and 75% by the age of 25³.

The first task of the Committee was to set the Review's terms of reference in a way that was true to our powers and ability to recommend positive differences in how children, young people and their families experience support for mental health problems in Hillingdon. The topic is huge in importance and nature. To produce an effective report meant deciding what matters not to consider. For example, the medical diagnostic process, the societal causes behind the rise in mental stresses on young people, how the transition between youth and adult mental services works, and the correct funding allocation for such services – all important matters, though ones that need to be considered in other places. Instead, we concentrated on improving:

- the effectiveness of the referral pathway;
- the availability and understanding of alternative support; and
- effectiveness and appropriateness of communication.

From early on it became obvious to the Committee that the central ambition for this report would be to make recommendations that help children, young people and their families get the right

¹ <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up>

² <https://www.local.gov.uk/publications/children-and-young-peoples-mental-health-independent-review-policy-success-and>

³ <https://committees.parliament.uk/writtenevidence/23247/html/>

help at the right time. It is easier to deal with small problems before they escalate to crisis point. This may sound obvious, but the Committee found that some young people who were denied services because they did not meet the medical threshold felt like they were being told to go away and come back again once their mental health was broken badly enough.

We hope our recommendations will change the tone from being “turned away” to being offered the right support. An important aspect of this is for young people and their families to understand what help and information there is, and how to navigate the health system.

None of these comments should be taken as criticisms of those who provide mental health services in Hillingdon. The increase in demand has led to a situation where clinicians are constantly firefighting to help those in need. Their efforts are greatly appreciated. The Committee, as outsiders, had the luxury of space to reflect on how the system operates, and time to listen to the voices of young people, their families and multiple practitioners. We hope that this has enabled us to identify solutions that will create a better system for patients and practitioners to be within.

On behalf of the Committee, I would like to thank all the witness who shared their views and time with us, particularly those parents who spoke to us about their experience of children's mental health services in the Borough. I would also like to thank the Committee for their curiosity and analysis of the issue. And finally, this report would not have been possible without the diligent and insightful contribution of Nikki O'Halloran – Democratic, Civic and Ceremonial Manager. I and the Committee thank her for the accomplished support she gives us.

Councillor Nick Denys

Chairman, Health and Social Care Select Committee

Councillor for Eastcote Ward

Summary of recommendations to Cabinet

Through the witnesses and evidence received during the detailed review by the Committee, Members have agreed the following recommendations to Cabinet:

1

That Cabinet ask the North West London Integrated Care Board (NWL ICB) to:

- a) provide a comprehensive action plan by 28 March 2024 detailing how and when the Thrive mapping strategy will be completed;
- b) complete and implement the Thrive Mapping strategy by the end of January 2025;
- c) provide Hillingdon's Health and Social Care Select Committee with 6-monthly updates on the progress being made on implementing this action plan;
- d) initiate a "No Wrong Door" policy for parents / children and young people who seek support;
- e) ensure that all children and young people's services in Hillingdon are asked to adopt the THRIVE philosophy/model to ensure there is "No Wrong Door" for children, young people and their families to access mental health and emotional wellbeing support, and that support is provided based on children and young people's needs and preferences; and
- f) consider how parents can be offered early support on how to navigate the system including the provision of information about where to get this support to schools and GPs (as they are often the first place parents go to).

2

That Cabinet ask that the Health and Wellbeing Board ensure that all commissioners of CYP mental health services are asked to include requirements in their service provider contracts that:

- a) parents be given a realistic description of the assessment / treatment process, including estimated timelines and information on where they can direct their feedback if the expectations set are not met; and
- b) all communications sent to parents be reviewed to make sure that the information and tone is sensitive to their situation, not overly medicalised and contains accurate information on other places they can look for support.

3

That the Cabinet Member for Health and Social Care asks CAMHS to develop a service-user involvement strategy that provides opportunities for scrutiny and coproduction of services and includes the formation of a parents/Young People Board so that they can hold the organisation to account for the communications and service they provide.

Background to the review

For a number of years, children's mental health had been an issue of some concern for scrutiny Members. Whilst it is normal for children and young people to experience various types of emotional distress as they develop and mature (for instance, it is common for children to experience anxiety during pressure points at school), it is not normal for these symptoms to persist. For most children and young people, mental health distress is episodic (not permanent) and most can successfully navigate the challenges of experiencing a mental health disorder with treatment, peer / professional support and services, and a strong family and social support network.

However, sometimes children and young people need more robust support. In 2019/20, according to data received by the Office of the Children's Commissioner for England, 4,127 children were admitted to inpatient mental health care⁴ and emotional disorders (particularly anxiety and depression) were on the rise. It has been recognised that social media can have a negative impact on young people's emotional health and that young people's inability to access school coupled with the isolation and stress that they felt during the pandemic will have a long-term impact on them.

A huge range of mental health support services are available to children and young people and their families in Hillingdon but the referral criteria and procedure to access to them is not necessarily clear or straightforward. Similarly, if residents are aware of the services that are available, they may often find that liaising between the different service providers can be a disjointed and frustrating experience.

In light of the increasing magnitude of the issue, it was agreed that the Committee would undertake a review of the Child and Adolescent Mental Health Service (CAMHS) referral pathway. The review would look at the experience of young people in accessing mental health services in Hillingdon and explore possible areas for improvement.

⁴ Children and Young People's Mental Health Coalition (2021) 'Reforming the Mental Health Act: Consultation Response', Available at:

<https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjW06KGx deDAxWpbEEAHZjOBKwQFnoECA0QAQ&url=https%3A%2F%2Fcpymhc.org.uk%2Fwp-content%2Fuploads%2F2021%2F04%2FMH-Act.Reponse.CYPMHC.April-2021.pdf&usq=AOvVaw1CaogSoOOyqcgExmJDmTli&opi=89978449> (Accessed: 5 January 2023)

Evidence & Witness Testimony

Context - national trends and focus

As at January 2022⁵, boys aged 6 to 10 years were thought to be more likely to have a mental disorder than girls (nearly double), but this pattern reversed in those aged 17 to 23 years, with rates higher in young women than young men (there is a less significant difference in 11-16 year olds). Over half of all mental health disorders had started before the age of 14, with 75% by 24 years of age.

Children and young people were more likely to have poor mental health if they experienced some form of adversity, such as living in poverty, parental separation or financial crisis, where there is a problem with the way their family functions or whose parents already have poor mental health. Young people who identified as LGBTQ+ were also more likely to suffer from a mental health condition and looked after children were four times more likely to experience mental health issues than their peers. A third of people in the youth justice system were estimated to have a mental health problem and nearly ¾ of children with a mental health condition also had a physical health condition or developmental problem.

Over 40,000 children and young people were admitted to hospital after harming themselves in 2017/18 – and there had been an increase in the number of younger children self harming. An average of ten 9-12 year olds were admitted to hospital each week due to self harm.

Referral and Treatment Times

Between April and June 2021, 190,271 individuals aged 0-18 years were referred to children and young people's mental health services. This was an increase of 134% on the same period in the previous year (81,170) and a 96% increase on 2019 figures (97,342). The average waiting time for children and young people to access mental health services ranged from 8 to 82 days (almost 12 weeks).

In 2018, only 20% of children and young people started treatment within four weeks. Spend per child ranged from £14- £191 per person compared to the average adult spend on mental health services, which was £225 per person. On average, local Integrated Care System (ICS) areas spent less than 1% of their overall budget on children's mental health and 14 times more on adult mental health services. However, some local areas were spending considerably more. Government funding for the Early Intervention Grant had been cut by almost £1 billion. Public

⁵ <https://www.local.gov.uk/about/campaigns/bright-futures/bright-futures-camhs/child-and-adolescent-mental-health-and#:~:text=They%20are%20correct%20as%20of%20January%202022.%20At,rates%20higher%20in%20young%20women%20than%20young%20men.>

health funding, which funded school nurses and public mental health services, had seen a £700 million real term reduction in funding between 2014/15 and 2020/21 - a fall of almost a quarter (23.5%) per person.

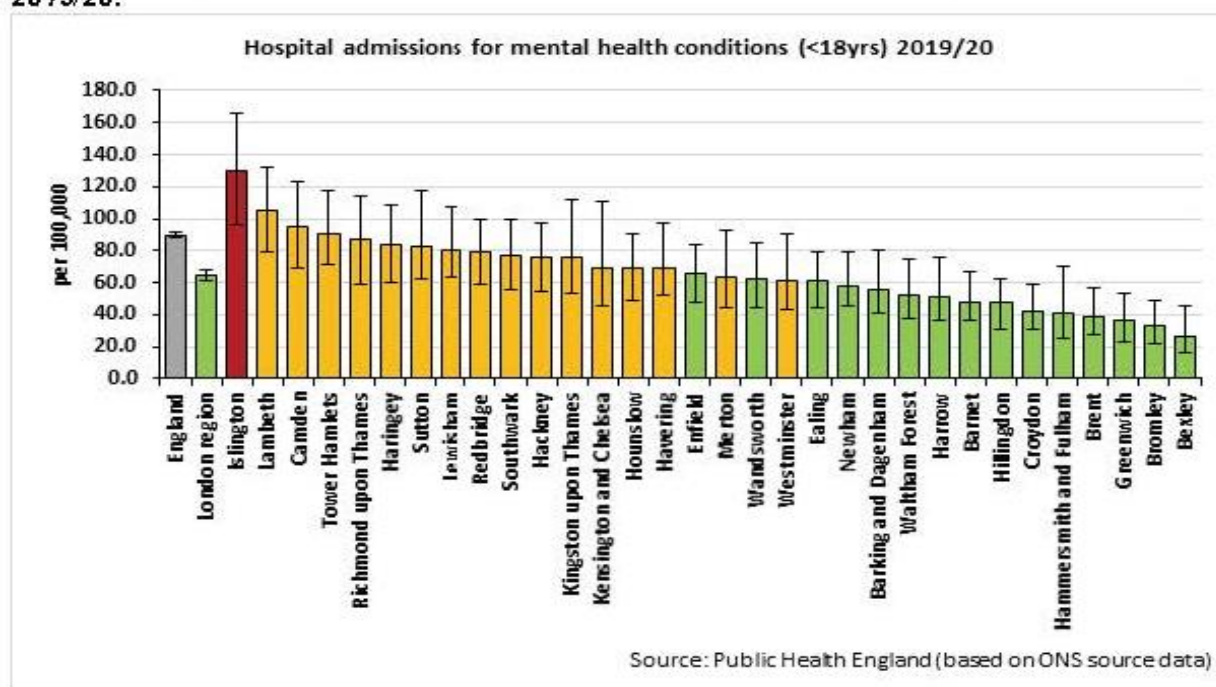
In 2019, specialist services were turning away one in four of the children referred to them for treatment. 4% of children accessed mental health services in 2019/20 which was equivalent to about 1 in 4 children who needed mental health services. There was limited support available for children under the age of five. 42% of CAMHS in England did not accept referrals for children aged two and under and there were only 39 parent-infant teams in the UK.

Around 75% of young people experiencing a mental health problem were unable to access any treatment at all or were forced to wait so long that their condition got worse.

Local context

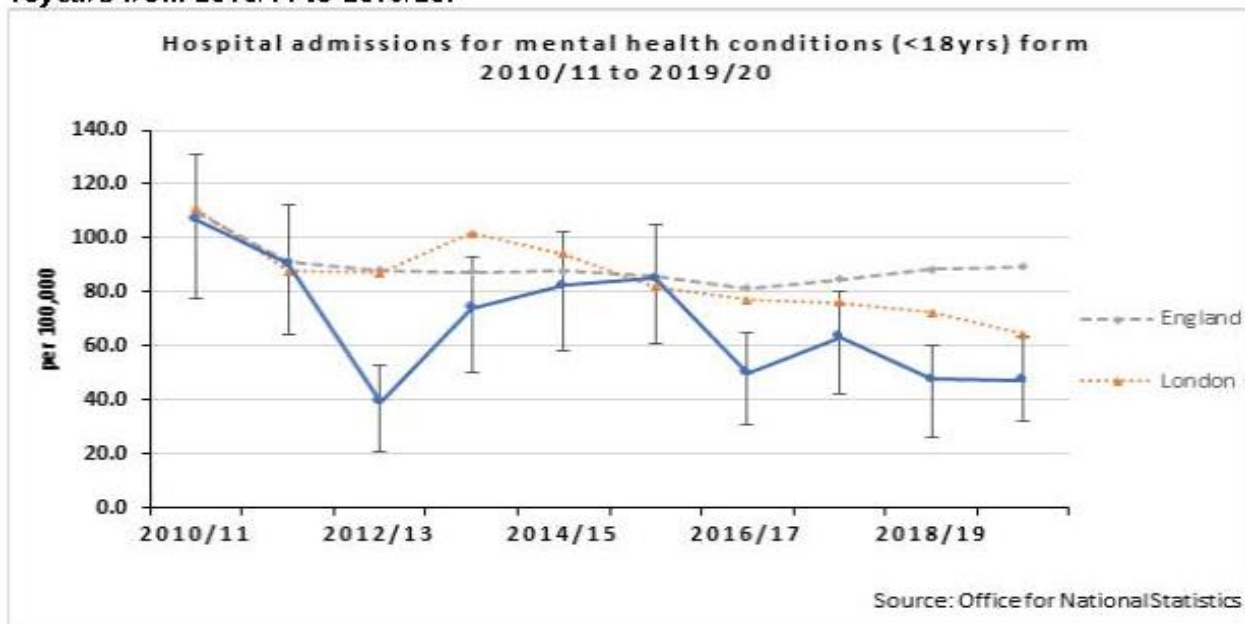
According to Hillingdon’s Joint Strategic Needs Assessment (JSNA⁶), hospital admissions for self-harm in children had increased in recent years for England. In Hillingdon, 85 young people aged between 10-19 were admitted to hospital following self-harm during 2020/21. Hospital admission for mental health conditions for those aged under 18 years was lower for Hillingdon as compared to England and the London region. The trend had decreased between 2010/11 and 2019/20.

Figure 81 Hospital admissions for mental health conditions under 18years for 2019/20.



⁶ https://www.hillingdon.gov.uk/media/9690/Hillingdons-full-JSNA-report-2022/pdf/Hillingdons_Joint_Strategic_Needs_Assessment_2022.pdf?m=1654598108797

Figure 82 Trend in hospital admissions for mental health conditions under 18years from 2010/11 to 2019/20.



CAMHS was a well publicised service which appeared to be the first service that people thought about when dealing with children and young people experiencing mental health issues. However, CAMHS was often not the most appropriate place for these children to be referred and they would often not meet the required threshold. As such, a large number of children and young people experiencing mental health challenges were waiting for a service before then being told that they did not meet the threshold. Improvements are needed to the information that is available to residents and service providers so that children and young people are directed to the most appropriate service in the first instance to prevent escalation of their mental ill health. The improvements should help young people and their families to access the help they need sooner. The earlier young people get the help they need, the better chance there is of minimising the impact of mental health problems. This would not only help the young person themselves, and their families, but also could relieve some of the burden placed on adult health mental services due to resolving mental health issues before the young person reaches adulthood.

The Committee's Findings

The Committee's recommendations to Cabinet

During the course of the Health and Social Care Select Committee's investigations, three areas of improvement emerged:

1. Signposting and accessibility of services – there seemed to be a huge range of services available, but signposting to them did not seem to be as effective as it needed to be;
2. Communication and transparency – some of the communications from service providers seemed overly clinical which could come across as insensitive to some children and young people and their families; and
3. Feedback loop – children and young people and their families need the opportunity to be able to provide and receive feedback on services so that there is a continuous performance improvement loop.

The Select Committee has included recommendations within its report that, it is hoped, will reduce the amount of time that children and young people are spending navigating the system rather than receiving treatment. This should reduce the opportunity for young people's mental health to deteriorate further.

Signposting and accessibility of services

There are so many services offered to support children's mental health that it can make it difficult for parents and GPs to know where a child should go to get the best support for their situation. This can be particularly challenging at a time of significant emotional turmoil. If there is any uncertainty about where the child should be referred, it is likely that the child will be referred to CAMHS by default, even if it isn't the most appropriate place for them.

Primary care has made more referrals to CAMHS than any other sources including urgent care, social services and paediatrics. Despite being a non-medical environment, schools make the second highest number of CAMHS referrals. To help reduce the number of referrals made to CAMHS by schools, pilots had started in the Borough whereby Mental Health Support Teams had been visiting schools for two days each week to work with young people on issues of worry, low mood, anxiety, etc. Supporting this low-level mental health need through early intervention would make it much easier to manage and prevent escalation.

The Thrive methodology had been introduced in Hillingdon to look at the needs-based roots of children's mental health issues and to develop a systems approach to the support that was then provided at the earliest opportunity. Healthwatch Hillingdon and the North West London Integrated Care System have undertaken a mapping exercise to identify all of the help that is currently available to support children and young people with their mental health and this

information has been sifted through to develop a shared understanding of where each service sits. Although the micro and macro levels have been worked through with partners to identify where improvements need to be made, further work is still needed to identify referral criteria and to provide contact information and further detail about each of the services that are available. It is hoped that the mapping exercise will culminate with each of the services being listed on the Internet with an explanation about the service that is provided and whether or not a referral is needed (and who can make the referral).

Mental Health support services that are available to children and young people include:

1. KOOOTH - a digital offer to children and young people for online counselling and support. Some young people do not want to use Kooth as they are required to sign up for the service and can therefore be deterred by the fact that they could be identified (some young people might not want anyone, including their parents, to know that they are experiencing mental health issues).
2. HACS (Hillingdon Autistic Care and Support) and the Centre for ADHD and Autism (CAAS) provide support for those with autism and ADHD as these young people are statistically more likely to have mental health issues. There are many families that don't know about the services provided by CAAS but who would benefit from them to prevent their child's mental health from deteriorating during their wait for CAMHS. The organisation supports mental wellbeing rather than providing mental health services.
3. Hillingdon Young Adults Programme - a range of support including 121 work and holistic social worker assessments, as well as signposting and referring to other services. A directory of support has been put together for young people up to the age of 18 which includes arts therapy.
4. CAMHS - 24 hour advice and support service that also provides an opportunity to signpost to other services.
5. CNWL - a single point of access for assessment (SPA service) has been set up for young people to contact for advice on where to go but this needs to be more widely publicised through newsletters, apps and posters. Young people have found that their calls are not always being picked up and have been left unanswered, and sometimes the calls go through to adult services. This facility does not seem to be as accessible or available as parents and young people need it to be.

Parents of children with mental health issues regularly turn up at A&E when their child's mental health has deteriorated to such an extent that they don't know what else to do and therefore need the hospital to make an emergency CAMHS referral. Although additional mental health beds would address the issue of not enough beds, it is clearly not in every child's best interest to be admitted and it might be more beneficial to have a separate mental health crisis centre to meet young people's mental health needs rather than presenting at A&E. This could be addressed by having a crisis space for young people included in the new hospital development, co-located with the ability to address any physical health needs.

With regard to children's mental health services, there is a perception that CAMHS is the only service available. As such, GPs often refer children to CAMHS whereas, for adults, there is a greater awareness of a range of services provided to support the mental health of adults. Unnecessary GP CAMHS referrals can sometimes be made because they are not aware of the most appropriate place to refer a young person with mental health issues and sometimes because there is not enough capacity in the services that are available. Not all GPs will be aware of the range of services that have been identified during the Thrive mapping process and a single point of access for these would be useful.

Work has been undertaken by partners in Hillingdon to improve access to the front door. Whilst a lot of support is available for children and young people's mental health in the Borough, many parents and young people find it difficult to know how to access these services and which ones are the most appropriate to meet their needs.

When a child is in distress, they need help so should never be turned away because they don't meet a particular threshold. Children and young people need to be able to access a simple but detailed list of services that sets out what each would be able to offer the child. The child and their family should then be able to make contact with one of these services to ask for help. If it transpires that this is not an appropriate service for that particular child, the service should make contact with other services as soon as possible to find the service that would be most appropriate and then make sure that they hand over the case without the parents or children having to take any further action. During this transition process, the parents and children should proactively be kept updated on the action that has been taken. This is known as "No Wrong Door". Irrespective of whether or not the child has presented at the correct service, action should be taken by partners to ensure that the child receives the most appropriate care and support as quickly as possible without the child or their family having to present anywhere else. Whilst it is recognised that this will pose a resource issue, it is also recognised that the treatment for a child who has deteriorated will be far more costly in terms of the long term impact on their wellbeing as well as on services that are provided. The CAMHS service is currently overworked and there needs to be an honesty with parents about capacity and timelines so that they can manage expectations. Any communication with parents needs to include applicable timelines which need to be adhered to by service providers.

Publicity needs to be improved to advertise the services that are available but also to manage expectations. Work has been undertaken with the North West London Integrated Care Board (NWL ICB) to develop clinical decision trees that provide the options that are available for a range of conditions and highlight where an individual can be referred to. These clinical decision trees are available to GPs on the ICB website. It has been suggested that this information should also be available to schools and CAMHS staff for those young people that do not meet the threshold for CAMHS services.

Action needs to be taken to reduce the need for children and young people to use specialist CAMHS services (rather than just looking at increasing capacity in CAMHS) and to put more

preventative measures in place. To do this, action is needed to complete and publicise the work on the Thrive map and to develop and publicise associated clinical decision trees for GPs.

On that basis, it is recommended that:

1

That Cabinet ask the North West London Integrated Care Board (NWL ICB) to:

- a) provide a comprehensive action plan by 28 March 2024 detailing how and when the Thrive mapping strategy will be completed;**
- b) complete and implement the Thrive Mapping strategy by the end of January 2025;**
- c) provide Hillingdon's Health and Social Care Select Committee with 6-monthly updates on the progress being made on implementing this action plan;**
- d) initiate a "No Wrong Door" policy for parents / children and young people who seek support;**
- e) ensure that all children and young people's services in Hillingdon are asked to adopt the THRIVE philosophy/model to ensure there is "No Wrong Door" for children, young people and their families to access mental health and emotional wellbeing support, and that support is provided based on children and young people's needs and preferences; and**
- f) consider how parents can be offered early support on how to navigate the system including the provision of information about where to get this support to schools and GPs (as they are often the first place parents go to).**

Communication and transparency

CAMHS in Hillingdon is under significant pressure, which is not helped by the number of inappropriate referrals that it receives. If the number of CAMHS referrals are reduced by removing those children and young people that do not need to see CAMHS, and instead referring them to appropriate alternative services, the demand will be better spread, patients will get a better and quicker service and will therefore be less likely to deteriorate.

In Hillingdon, 636 CAMHS referrals were declined between 1 April 2022 and 31 January 2023. It can take a long time for an assessment to be undertaken after a referral has been made to CAMHS and, if accepted, for subsequent interventions to then be put in place. During this intervening period, parents and children need to be advised of any alternative non-statutory services that are available to them. The Waiting Well initiative had been put in place to provide regular touch points for CAMHS and parents but this was not always working reliably.

The national CAMHS target from referral to treatment is 18 weeks. CAMHS locally has been achieving 100% within 18 weeks from referral to first and second contact. However, this is still a significant period of time for a young person to be waiting without parents being routinely advised about other services that are available to support their children in the interim. Furthermore, timescales for contact are not always provided by CAMHS and the various agencies involved in supporting children and their families are not always communicating effectively (either with the families or with each other). All communication needs to use simple, non-medicalised language and be honest and transparent and, if a referral is not accepted, provide clear reasons as to why the child has not met the threshold and what alternative services are available. Parents need to be proactively advised at the outset of their initial contact with CAMHS about timescales and about the procedure for making a complaint if the process is not working effectively. It is important to receive feedback when this is not the experience of parents so that action can be taken to rectify the situation for those parents as well as others.

When a parent receives their first contact letter from CAMHS with an appointment date, they are often under the impression that this will be for the child's assessment. However, this appointment is usually used to triage the child and determine whether or not they meet the threshold for treatment. Parents understand that the process can take time but they need to be given accurate information about timescales and directed to services that they can access in the interim.

There also seemed to be limited support available for young people who were transitioning to adult mental health services, increasing the possibility that their mental health will deteriorate further in the interim. Clear signposting to support is needed for these young people to address the confusion that exists about what is actually available and how it can be accessed and manage their expectations.

Improving communication between the different service providers would improve awareness and prevent young people from being passed from one service to another. Each organisation should be responsible for making sure that a child is passed to the most appropriate service that will ensure that their needs are being addressed.

On that basis, it is recommended that:

2

That Cabinet ask that the Health and Wellbeing Board ensure that all commissioners of CYP mental health services are asked to include requirements in their service provider contracts that:

- a) parents be given a realistic description of the assessment / treatment process, including estimated timelines and information on where they can direct their feedback if the expectations set are not met; and**
- b) all communications sent to parents be reviewed to make sure that the information and tone is sensitive to their situation, not overly**

medicalised and contains accurate information on other places they can look for support.

Feedback loop

It appears that there is little accountability to patients for the service that CAMHS (and others) provide. It is important that a positive and neutral environment is available for both sides to provide feedback and resolve issues. This forum needs to be person centred and accountable to service users. In order to ensure that the patient voice is heard, participation groups have been set up (Children and Young People Shadow Board and Parent Shadow Board) and a dedicated feedback week has been created to provide an informal feedback opportunity. Furthermore, routine site visits are undertaken and the Friends and Family test continues to be publicised. The Urgent Care Team is also available to provide intensive community support to children, young people and their families to help them to maintain school attendance. Whilst these are all useful interventions, it does not appear that they offer proper accountability and do not necessarily provide a progressive environment, offering understanding, empathy and support to improve the service user experience.

A negative experience of CAMHS can become fraught and, if the parents do not feel that their concerns are being heard, the relationship with CAMHS can become confrontational. The availability of a parent support group where parents can provide feedback in a less confrontational way would be invaluable in making sure that concerns can be dealt with in a way that is sensitive to the situation that parents are in.

The CAMHS Parents' Support Group is run by a family therapist and is attended by clinicians who present on specific topics and receive feedback. There are also participation groups for children and young people and an ethos of co-production with them and their families. It has been suggested that these be further developed as sounding boards for service users to be involved in any new service developments, for example, speaking to parents about their anxiety around their child being discharged and the continued support that would be available.

On that basis, it is recommended that:

3

That the Cabinet Member for Health and Social Care asks CAMHS to develop a service-user involvement strategy that provides opportunities for scrutiny and coproduction of services and includes the formation of a parents/Young People Board so that they can hold the organisation to account for the communications and service they provide.

About the review - witnesses and activity

The following Terms of Reference were agreed by the Committee from the outset of the review:

1. to gain a thorough understanding of how children and young people are referred to CAMHS and the associated timescales;
2. to scrutinise the referral pathway and review its effectiveness;
3. to review the current availability of alternative support and how these options are communicated to children, young people and their families;
4. to explore the effectiveness of the different agencies in communicating with each other as well as the effectiveness of their communication with the child, young person and their family on their journey to assessment and treatment; and
5. subject to the Committee's findings, to make any conclusions, propose actions and make service and policy recommendations to the decision-making Cabinet.

The Committee received evidence from the following sources and witnesses:

<p>Virtual Chairman's briefing – 11 January 2023</p>	<p>External attendees:</p> <ul style="list-style-type: none"> • Jane Hainstock, Head of Joint Commissioning, North West London Integrated Care Board (NWL ICB) - Hillingdon • Enoch Aboagye, Clinical Nurse Manager, NHS NWL
<p>Select Committee Witness Session 1 – 21 February 2023</p>	<p>External witnesses:</p> <ul style="list-style-type: none"> • Richard Ellis, Joint Lead Borough Director, North West London Integrated Care System (NWL ICS) • Jane Hainstock, Head of Joint Commissioning, North West London Integrated Care Board (NWL ICB) - Hillingdon • Dr Paul Hopper, Divisional Medical Director, Central and North West London NHS Foundation Trust (CNWL) • Dr Ritu Prasad, Co-Chair, Hillingdon GP Confederation • Keith Spencer, Managing Director, Hillingdon Health and Care Partners (HHCP) • Tina Swain, Service Director for CAMHS & Eating Disorders - Goodall Division, Central and North West London NHS Foundation Trust (CNWL) <p>Council officers in attendance:</p> <ul style="list-style-type: none"> • Alex Coman, Director - Safeguarding, Quality Assurance and Partnerships, LBH • Kelly O'Neill, Interim Director of Public Health, London Borough of Hillingdon

<p>Private / Confidential Witness Session 1 – 21 February 2023</p>	<p>Committee Members in attendance: Councillors Tony Burles, Philip Corthorne, Reeta Chamdal, Nick Denys, June Nelson and Barry Nelson-West</p>
<p>Private / Confidential Witness Session 2 – 2 March 2023</p>	<p>Committee Members in attendance: Councillors Philip Corthorne and Nick Denys</p>
<p>Virtual Chairman’s briefing - 15 March 2023</p>	<p>External attendees:</p> <ul style="list-style-type: none"> • Tina Swain, Service Director for CAMHS & Eating Disorders - Goodall Division, Central and North West London NHS Foundation Trust (CNWL)
<p>Select Committee Witness Session 2 – 21 March 2023</p>	<p>External witnesses:</p> <ul style="list-style-type: none"> • Clare Byrne, Divisional Nurse for Acute Medicine and Governance in Unplanned Care, The Hillingdon Hospitals NHS Foundation Trust (THH) • Evelyn Cecil, Head of Adult Mental Health Services, Hillingdon Mind • Amanda Erasmus, SENCO, Uxbridge High School • Alison Foster, Deputy Head and Deputy Designated Safeguarding Lead, Vyners School • Therese Glynn, Director of Services, Centre for ADHD & Autism • Eamonn Katter, Deputy Chief Operating Officer, The Hillingdon Hospitals NHS Foundation Trust (THH) • Lisa Taylor, Managing Director, Healthwatch Hillingdon • Katrina Warkcup, Emergency Department Matron, The Hillingdon Hospitals NHS Foundation Trust (THH) • Summer Wessels, Deputy Designated Safeguarding Lead and Senior Mental Health Lead, Douay Martyrs School LBH Officers
<p>Select Committee Witness Session 3 – 20 June 2023</p>	<p>External witnesses:</p> <ul style="list-style-type: none"> • Richard Ellis, Joint Lead Borough Director, North West London Integrated Care System (NWL ICS) • Jane Hainstock, Head of Joint Commissioning, North West London Integrated Care Board (NWL ICB) - Hillingdon • Dr Paul Hopper, Divisional Medical Director, Central and North West London NHS Foundation Trust (CNWL) • Dr Azer Mohammed, Clinical Director, Central and North West London NHS Foundation Trust • Vanessa Odlin, Managing Director for Hillingdon and Mental Health Services, Goodall Division, Central and North West London NHS Foundation Trust (CNWL) • Alastair Penman, Hillingdon Mental Health, Central and North West London NHS Foundation Trust • Dr Ritu Prasad, Co-Chair, Hillingdon GP Confederation

	<ul style="list-style-type: none">• Tina Swain, Service Director for CAMHS & Eating Disorders - Goodall Division, Central and North West London NHS Foundation Trust (CNWL)• Lisa Taylor, Managing Director, Healthwatch Hillingdon
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Appendices