

HERTFORDSHIRE COUNTY COUNCIL

**HEALTH AND WELLBEING BOARD
4 JUNE 2015 AT 10.00 a.m.**

**SUBJECT: CHILD AND ADOLESCENT MENTAL HEALTH SERVICE
REVIEW AND TRANSFORMATION**

Report of the Director of Public Health, Director of Children's Services,
Accountable Officer Herts Valleys NHS CCG and Accountable Officer East
and North Herts CCG

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1.0 Purpose of report

- 1.1 To report on the outcomes of the Review of Child and Adolescent Mental Health Services (CAMHS) in Hertfordshire and the way forward.
- 1.2 Dr Duncan Law, from the National CAMHS Taskforce says in his foreword to the report that this report... "sets out a vision to provide services that work with, and for, children, young people and their families, and sets out to provide the sort of services and systems needed to provide children with the psychological environments they need to fulfil their potential. "

2.0 Summary

- 2.1 The system for delivery of CAMHS has, according to many stakeholders, not worked cohesively for some time. Pathways, system capacity, system responsiveness and service design have all been among major issues reflected by users, carers and stakeholders as well as those working within the system. A review was established by the four commissioners (The two NHS Clinical Commissioning Groups and the County Council's Directors of Children's Services and Public Health) and hosted by Public Health.
- 2.2 Over 500 young people, carers, teachers, head teachers, clinicians, parents, clinicians and other professionals gave their input to this review across this project. The review team owes them a great debt of thanks.

- 2.2.1 A clinical reference group of clinicians and other stakeholders was established to guide the review. This group included local and national clinicians and included two people who were on the National CAMHS taskforce. The group also had a joint meeting with Head Teachers. The Centre for Mental Health led this group.
- 2.2.2 A Project Steering Board which includes the commissioners and the review consultants, along with representatives of Head Teachers (primary, secondary and special) was established.
- 2.3 The Commissioners extend their thanks to the review project team, CAMHS commissioners, the Centre for Mental Health and the Good Governance Institute, without whom this work could not have been completed.
- 2.4 The review proposes a redesign of the system including new governance arrangements which are laid out in Section 4 below, and in the review report
- 2.5 There are three separate reports arising out of this CAMHS review:
- Appendix 1: The Report of the review which suggests a future model for CAMHS and an action plan (attached)
 - Two further reports the key findings of which have been incorporated into appendix 1 but which are not attached to this report in hard copy because of their size. These will be placed on the website however and are also available by emailing the address below.
 - Appendix 2: A needs assessment (available from lynn.saville@hertfordshire.gov.uk)
 - Appendix 3: The report of the user, carer, parent and stakeholder engagement (available from lynn.saville@hertfordshire.gov.uk)
- 2.6 Future in Mind the report of the National CAMHS Taskforce, recommends that all local areas develop Transformation Plans and sets out what they are expected to cover. The Action Plan proposed in this review provides a model for a Transformation Plan for Hertfordshire.

3.0 Recommendation

- 3.1 That the board note the report and endorse the direction of travel agreed by the Commissioners

- 3.2 That the board gratefully acknowledges the significant input of over 500 young people, carers, parents, clinicians, teachers, heads and other professionals to this review.
- 3.3 That the board notes the work outlined in this report and appendices will form the Hertfordshire response plan required by the National Child and Adolescent Mental Health Taskforce report

4.0 Key Findings

- 4.1 At least one child in 10 in Hertfordshire has a diagnosable mental health problem, and many more will need some support to prevent more serious difficulties from emerging. While Hertfordshire's children enjoy higher than UK average levels of wellbeing and attainment, there are high levels of worry among children in the county and significant variations between districts.
- 4.2 Current levels of mental health support for children, young people and families are inadequate to meet their needs. . We estimate that just over a third of children meeting the threshold for diagnosis with mental health difficulties are having their needs met.
- 4.3 There are major gaps in the provision of mental health support for children and young people. There is a particular paucity of early intervention services, for example to support women experiencing mental health problems during and after pregnancy, to help children with behavioural problems, and to promote positive mental health in schools.
- 4.4 The system currently tends towards crisis management. Referrals to specialist services vary from month to month and many are sparked by a crisis – for example after admission to A&E.
- 4.5 Neither children nor parents are satisfied with the accessibility of support they receive from child and adolescent mental health services in the county. Major concerns have been raised about the accessibility of services, which are regarded as inflexible and which appear to have very long average waiting times between referral and treatment.
- 4.6 There are major gaps in the availability of essential data: about levels of need among children and young people in the county, about provision of services and spending, and for monitoring the outcomes services are achieving.
- 4.7 The views of children and young people and their parents and carers provided vital evidence to the review about their experiences and their needs. The review also engaged with a diverse range of organisations that work with children and young people, including professionals from health and social care services, specialist Child and Adolescent Mental

Health Services, from education, and from community, voluntary and youth services.

4.8 Widely shared concerns, from all stakeholder groups, included:

- The language of 'mental health' and CAMHS create a barrier to seeking help and reinforce the stigma relating to mental ill health.
- CAMHS are delivered in poor facilities, predominantly in clinic locations with inflexible appointment times
- There is poor communication and information-sharing, for example between CAMHS and schools or GPs
- There are long waiting times to get access to any support
- There are gaps in services for specific groups of children and young people, eg those with eating disorders, multiple or emerging mental health needs or ADHD and for younger children.

4.9 The review found that all respondents had a real passion and motivation for seeking solutions where they think change can happen. There was a consensus about:

- The need to build resilience, prevention and early intervention
- The vital role that schools can play in supporting children's mental health
- The need for children and young people's mental health to become a local priority in order to support investment in whole system change

4.10 Although significant work has been done by some providers, there is still much more work to be done to deliver a CAMHS system which works for children and young people.

5.0 Proposed action plan and priorities

5.1 The review examined evidence from international literature and the recent government taskforce report, Future in Mind, to identify what 'good' looks like when promoting and supporting the mental health of infants, children, young people and their families.

5.2 The review Board unanimously recommends a new approach to supporting the mental health of children, young people and families in Hertfordshire. The new approach should have a bigger focus on prevention and early intervention, with services that offer swift, evidence-based and engaging support to children who need them. This new approach should seek to move away from the name CAMHS to a name which is about wellbeing and emotional health.

5.3 Improving support requires the active involvement of a range of local agencies, including not just health services but schools, early years' practitioners, children's services, the voluntary sector and many more: working together to agree a strategy; pooling funds to get best value; and planning services in equal partnership with children, young people and families.

- 5.4 An effective whole system promoting mental health and responding effectively to children's needs should seek to promote wellbeing, to prevent problems from occurring and to intervene as early as possible. The review report contains the detail of the proposed new model.
- 5.5 The local offer should be shaped by both robust evidence and the wishes of children, young people and families. Children and families in Hertfordshire said they wanted services:
- That were easy to access, understand and navigate
 - That felt 'non-clinical'
 - Delivered by empathetic, compassionate and caring practitioners
 - Delivered flexibly in a range of welcoming or familiar settings
 - Which allowed them choice and flexibility in terms of the variety of services/interventions on offer, who provided them, the timing and location of contact and which involved informal and formal as well as good quality online support.
- 5.6 Most young people felt that teachers and schools could play a bigger role in recognising when pupils are struggling and helping them access appropriate support.
- 5.7 Neither young people nor practitioners in Hertfordshire favour the term 'Child and Adolescent Mental Health Services (CAMHS)' or 'service user'.
- 5.8 An effective system should provide a clear offer for all children, young people and families including how to prevent problems, get back on track or get help to de-escalate crisis. Key features of such a system will include:
- A single well promoted gateway to get help
 - Support based on a child's needs not their diagnosis
 - A multi-sector partnership approach focusing on shared assessment processes and outcomes; also where each partner understands their role in the system
 - Improved information-sharing and coordination between universal, targeted and specialist services
 - Support for parents, children and young people to give them the knowledge to promote their own wellbeing and to know how to get help if they need it.
- 5.9 Hertfordshire currently uses the well-established Tiered model to meet children and young people's mental health needs. The Government taskforce report, *Future in Mind*, concluded that this model is no longer fit for purpose. It found that the model was difficult for children, parents and professionals to understand and that it created impenetrable barriers between tiers.

5.10 After considering a number of models, the Review recommends the development of a modified, six-level, Thrive model. This would create a new pathway which should be named by children and young people in the county to give it a clear and credible brand.

5.11 The six levels of need for the modified Thrive model would be:

1. I am doing well and I am supported or know how to develop good emotional health: all local services support children and young people to build resilience
2. I am coping: all local services support children and young people to negotiate adversity and build resilience, for example through families and schools
3. I need help: prompt help from a choice of providers of evidence-based interventions
4. I need more help: more intensive support, offered from a choice of providers in a way children and young people find helpful
5. I have unmet needs: children with unclear or multiple needs, who are struggling to cope and at risk of poor mental health, who need multi-agency support
6. I need help preparing for adult years: joint working and commissioning with adult services to meet needs as young people mature, with a mix of services from pooled budgets.

5.12 The model would include the following key features:

1. A strong foundation of universal mental health promotion and self-care: This will require investment in a systematic programme of training to raise awareness about mental health, about resilience and to enable children to disclose difficulties and help them find support, and investment in primary prevention strategies.
2. Early help or youth hubs: Hertfordshire should consider how to coordinate and 'glue together' primary and specialist mental health work with other multi sector activity including early years services, schools, children's services, the voluntary sector and youth work. Activity should be underpinned by shared assessments (e.g. the Common Assessment Framework)
3. A whole system pathway approach: A series of pathways should be developed by a range of agencies for a range of different needs. Priority may need to be given to pathways for children who self-harm, for ADHD, for children with anxiety, for those with conduct problems and for looked-after children.
4. The primary mental health worker: This worker will become a central reference point in the system, bridging between a range of services, training and advising other professionals, and delivering simple, evidence-based interventions. This role should be backed up by a mixed economy of commissioned services including Improving Access to Psychological Therapy (16-18 years), voluntary sector and online counselling (which is well integrated with local provision).
5. A highly skilled single-point of access worker: For children whose needs fall outside the skills set of primary mental health support, requiring a highly skilled practitioner who can triage, refer and negotiate access to effective support; offer help until the young person is successfully engaged; and troubleshoot access problems.
6. Effective crisis care: Building on the crisis care concordat, with routine monitoring to manage performance and develop action plans to address weaknesses.

7. Specialist provision: A mixed economy of providers should be drawn together and commissioned through pooled funding to provide evidence-based support where it is needed. All providers will require clear roles and responsibilities and should measure outcomes and satisfaction using standardised tools and processes.

5.13 Protocols should drive joint work to support vulnerable children and those with complex needs, using multi-agency assessment processes and the appointment of a lead professional favoured by the young person.

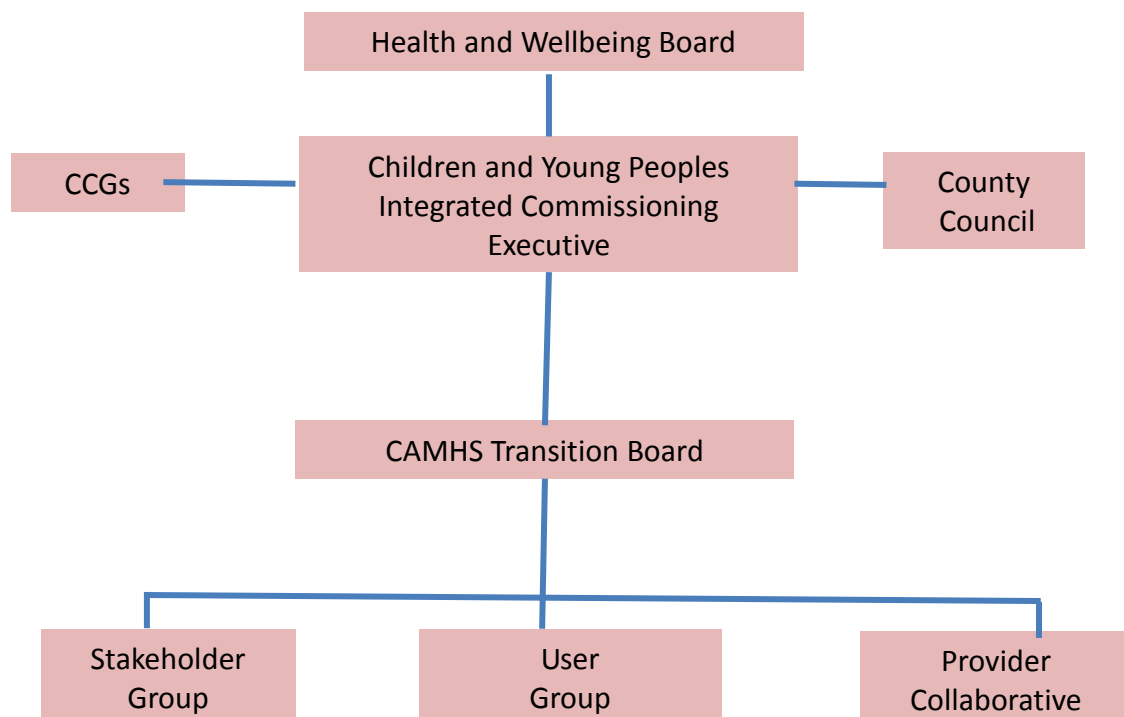
5.14 The Review report discusses these and other areas in much more detail.

6.0 Proposed governance and commissioning

6.1 The governance of the transformation of CAMHS services into an emotional wellbeing service which works on the model described above is required. This will be led by a CAMHS Transformation Board which will comprise members of the current CAMHS Review Project Board (including school heads) plus key members of the existing CAMHS Strategic Commissioning Group. This Board will report into the Children and Young Peoples Integrated Commissioning Executive and from there to each CCG and the two County Council Directors.

6.2 The proposed governance structure is as shown in figure 1.

Figure 1: Proposed CAMHS Governance Arrangements



6.3 The respective roles of the parts of the structure will be as follows:

- Transformation Board – to oversee implementation of the new model and oversee commissioning
- Stakeholder Group – to ensure stakeholders as widely as possible inform the Transformation Board of issues, priorities and needs and stakeholders users have a strong voice on the design and performance of the system and to report to and from the Transformation Board
- User Group – to ensure users have a strong voice on the design and performance of the system and to support users in identifying members to attend the Transformation Board
- Provider Collaborative – to work with users and stakeholders on pathways, inclusion and referral criteria and delivery model implementation

6.4 Best practice commissioning to support children’s mental health and emotional wellbeing will require:

- Having effective, strong and clear leadership with multi sector sign up and commitment to a jointly determined and shared vision
- Shifting resources towards preventative activity and invest to save principles
- Building on a comprehensive joint strategic needs assessment which prioritises children’s mental health and risk and protective factors compromising and supporting children’s wellbeing;
- Developing an integrated multi sector Transformation Plan building on strengths and addressing current problems in the system.

6.5 Routine use of high quality, timely data is also critical for effective commissioning. This should include data on whole-system activity and spending; on staff numbers, skills and roles; and on referrals, assessments, waiting times and interventions in different services. Prevalence data and national benchmarking are also invaluable to inform commissioning decisions locally.

6.6 Additional commissioning capacity will be needed and commissioners are working on ensuring this is in place.

Report signed off by	Children and Young People's Integrated Commissioning Executive
Sponsoring HWB Member/s	Jim McManus, Director of Public Health Jenny Coles, Director of Children's Services Nicola Bell, Accountable Officer, Herts Valleys NHS CCG Lesley Watts, Accountable Officer, East and North Herts NHS CCG
Hertfordshire HWB Strategy priorities supported by this report	Identify which priority/ies: Children's Priorities identified by the Board in 2014
Needs assessment (activity taken)	
<p>A detailed needs assessment on mental health across the lifespan, for the JSNA, was undertaken by UCL Partners and led by Professor Jonathan Campion which fed into a specific needs assessment undertaken for this project</p> <p>Copies of the needs assessment are available from lynn.saville@hertfordshire.gov.uk</p>	
Consultation/public involvement (activity taken or planned)	
<p>Over 500 young people, service users, parents, carers, clinicians, teachers and head teachers were consulted and engaged in this exercise</p> <p>Copies of the summary report of this work are available from lynn.saville@hertfordshire.gov.uk</p>	
Equality and diversity implications	
<p>The work outlined in the report is essential if we want to ensure equal access for all of Hertfordshire's children and young people to the appropriate services.</p>	
Acronyms or terms used	
Initials	In full
CAMHS	Child and Adolescent Mental Health Services
SPA	Single Point of Access