



**CHILD AND ADOLESCENT MENTAL  
HEALTH SERVICES  
TRANSFORMATION PLAN  
TOPIC GROUP**

**12 January 2018**

## Contents

1.0	Purpose of Report	PAGE 3
2.0	Recommendations	PAGE 3
3.0	Evidence	PAGE 4
4.0	Conclusions	PAGE 8
5.0	Members and Witnesses	PAGE 9
	Appendix 1 Scoping Document	
	Appendix 2 Glossary	

# REPORT OF THE CAMHS TRANSFORMATION PLAN TOPIC GROUP

## 1.0 Purpose of Report

1.1 This is the report of the Child Adolescent Mental Health Service (CAMHS) Transformation Plan Topic Group. The Group assessed the progress against the Hertfordshire Child & Adolescent Mental Health Service (CAMHS) Transformation plan; and evaluated the local system's capacity and ability to deliver positive changes in terms of children and young people's mental health. It also considered whether the Children and Young People's Emotional & Mental Wellbeing Board is sufficiently well sighted on the emerging challenges to address them over the 5 year lifetime of the plan

1.2 The Topic Group addressed the following questions:

- How effectively are partners working together to improve outcomes for children and young people experiencing a mental health crisis:
  - How do you prevent mental health crises in the community where children are at high risk of admission?
  - How do you ensure that good quality services are provided for children and young people in acute hospitals (i.e. Lister and Watford General)?
  - How do we ensure that there are good outcomes from admissions to CAMHS inpatient services?
- How can the CAMHS partners intervene effectively and appropriately to support children and young people at the early stages of a mental health issue?

1.3 The scoping document can be seen at **Appendix 1**. Associated papers issued to Members can be found [here](#)

## 2.0 Recommendations

2.1 That Hertfordshire should become a 'trailblazer' and adopt the Green Paper with an amendment as to the amount of time needed to operationalise proposals. This should be reduced to 2020 rather than 2022/23. (Paragraphs 3.14, 3.15, 3.17, 4.1, 4.2)

2.2 Members understand the difficulty in evaluating CAMHS projects. However, the prototype and piloted services should be reviewed ahead of the implementation of the Green Paper. (Paragraphs 3.5, 3.11, 3.14, 3.15, 3.17, 3.18, 4.1, 4.2, 4.6)

2.3 CAMHS partners need to work with schools to make sure that there are designated MH leads can educate schools and community groups, whilst recognising the limit to which classroom teachers can provide this service. (Paragraphs 3.5, 3.9, 3.10, 3.14, 3.17, 4.1, 4.3)

- 2.4 All partners should explore developing further preventative and early intervention models to prevent children and young people reaching crisis. Using The Home Treatment Team model, run by HPFT, as an exemplar. (Paragraphs 3.18, 4.1, 4.6)
- 2.5 It is imperative that officers secure longer term funding for Empathy and similar projects as yearly funding is not sufficient for sustainability of a service. (Paragraph 3.2, 3.3, 3.4, 4.1, 4.4, 4.5)

### **3.0 Evidence**

- 3.1 CAMHS has significant width and depth, therefore the focus of the topic group was on early intervention and managing crisis. Crisis often necessitates a multi-agency approach, requiring partnership working. This is critically important once children and young people (CYP) have reached crisis. However, the topic group heard that early intervention can be delivered by independent or multi-agency approaches and if done correctly can prevent CYP reaching crisis.
- 3.2 During the pre-briefing Members requested further information on funding to be presented on the day. They were informed that the clinical commissioning groups (CCGs) provided an additional investment this financial year of £2.8m which was a 25% increase. However, there is a lack of clarity about the future of additional NHS funding. Members were informed that there has been an increase in funding for MH services, but this is not ring-fenced and the CCGs could choose to spend the funding on other services. Members were concerned that there could be no assurances around the additional investment being spent on mental health.
- 3.3 Members were pleased that NHS England has directed, under parity of esteem, CCGs to increase funding of MH in line with the 2.8% funding increase that the CCGs are receiving next year. However, Members again raised concerns that this was not ring-fenced and so no indication could be given yet as to which services this increase would be directed towards.
- 3.4 Members continued to express disquiet around the sustainability of services due to an uncertainty around the security of future funding, when they learnt that NHS funding is on an annual basis. There are some services that have been contracted for three years, which provides some certainty, however when pressured by Members this is another situation where there was an expectation that the funding would be provided by CCGs but no guarantees. One positive identified was that the CAMHS transformation funding was guaranteed for the duration of its five year programme (beginning in 2015).
- 3.5 Members noted that some children and young people (CYP) do not want to go somewhere identifiable as a mental health facility when their

emotional wellbeing is not good. As a result, officers have begun to develop services to engage CYP earlier, in youth groups, schools and other settings. Members encouraged increased early intervention work in schools but raised issues around capacity. Officers acknowledged that there is a capacity issue, but the prototype services underway or planned look at changing the way services are delivered so that pressures are reduced. Members were reassured of this when hearing more detail of the prototype services throughout the day.

- 3.6 Members drew on evidence from the site visit to Watford General Hospital, where they spoke with officers and clinical staff about the services provided. Members were positive about how the service was dealing with the crisis end of care, but continued to be uneasy about the sustainability of projects such as the Empathy project provided by YC Hertfordshire (previously known as Youth Connexions).
- 3.7 Members questioned officers on how they make sure that all Hertfordshire CYP who present in crisis at hospitals out of county do not fall through the net. Officers confirmed that they have discussions with other local authorities and CCGs and advise as necessary regarding care for Hertfordshire CYP who have presented in crisis. However, they do not direct other authority's services and so rely on these other organisations to work towards similar aspirations. The advent of the Sustainability and Transformation Partnership (STP) between Hertfordshire and West Essex has been of benefit through more collaborative working and information sharing as well as a direct link to agree common practice across the patch.
- 3.8 Members heard of the Early Help Mental Health and Wellbeing Model. This aims to intervene early to prevent escalation to crisis. However, trained practitioners are needed to identify when a CYP is facing crisis and refer to alternative services as required. To prevent duplication of work and promote joined up services, officers that sit on the Emotional Health and Wellbeing Board also direct services in the Early Help Model. In addition Members were pleased that all CAMHS partners are working to have all staff who engage with children and young people with MH concerns trained in MH first aid.
- 3.9 Members challenged officers on how well schools are being engaged to understand and handle MH concerns to prevent CYP reaching crisis. Officers assured Members that many schools purchase training from YC Hertfordshire. One concern Members raised is that YC Hertfordshire services are chargeable. This could prevent some schools from accessing the service, especially as it is not mandatory. Members concerns were realised when they found 10 secondary schools in Hertfordshire still did not engage with CAMHS services. Officers evidenced that some schools take up more than the standard package and all schools are free to access regular training events. In addition CAMHS partners stated that despite academisation of schools in Hertfordshire there is still good engagement.

- 3.10 Members queried how services identifying CYP in schools with MH have not yet presented and how schools are encouraged to refer to practitioners. Members were informed of a reward programme for schools that has been developed by Children's Services called 'Kite Mark'. This award is given to schools in recognition of their work towards supporting CYP when MH concerns have been substantiated as well as helping CYP to recognise MH signs themselves.
- 3.11 Officers shared information on the Attachment self –Regulation and Competence (ARC) pilot that is taking place not just in Hertfordshire but is a programme that has been adopted across an alliance of Hertfordshire, Luton, Suffolk, Essex and Southend. The alliance shares best practice and it uses this to develop new pathways. Hertfordshire is the host for the ARC pathway, provisionally for children in care, and has ensured it is consistent across Hertfordshire. ARC is a community based hub of expertise for professionals and officers. All CYP who enter this programme receive psychiatric services. Additionally, Members were informed of a service being developed further to target CYP at the threshold of hospital admission.
- 3.12 All CAMHS services' partners in Hertfordshire know which service to contact and how to refer CYP into these services..
- 3.13 A significant issue for members regarding the changes to CAMHS was a perceived miss-match in what they witness in local communities. There is a perception that a diagnosis of autism is delayed or not forthcoming slowing down the implementation of education health and care plans. Officers confirmed that this is not the case; however, there are occasions when early intervention does not need a diagnosis and so it was suggested to officers that further communication work is needed on these new programmes and how to access services. Officers stated that generally professionals will not 'diagnose autism as a mental illness' in a CYP under the age of 18 and that HCC is trying to meet CYPs needs without a diagnosis or educational health and care plan.
- 3.14 Information on the Green Paper was brought to the topic group's attention for implementation of innovative CAMHS services and the necessary timeframe. Hertfordshire partners were planning to submit a bid to be a trailblazer in offering CAMHS services and Members fully supported this. The three key points in the paper were for senior leads for MH to be identified in schools, development of MH support teams and a reduction in waiting times for intervention.
- 3.15 Built into the changes of support teams is the requirement of a Single Point of Access (SPA), which Members were pleased to be reminded that Hertfordshire already has one in place, managed by Hertfordshire Partnership Foundation Trust (HPFT). Members were interested in the

incentives that Central Government is providing support organisations developing services in line with the Green Paper.

- 3.16 In the afternoon Members challenged officers on how they measure outcomes of prevention projects for CAMHS. Officers agreed that this can be hard to measure but have utilised surveys before and after a prevention campaign, such as #JustTalk, to assess impact. The survey responses are compared to note any shifts in the perception of MH as well as increasing use by certain groups. The specific group focused on in the #JustTalk campaign was boys as research had found that the numbers of boys accessing MH services were limited except when presenting in crisis at Emergency Departments. With a drive to prevent reaching crisis and get CYP engaged with services earlier, boys were then targeted. Members were very positive about this programme and supported its continued use.
- 3.17 Following these responses Members were interested in how CAMHS services engaged with parents, as they are key in supporting and helping their children. Officers concurred as it was something that was identified in workshops with parents and carers on CAMHS services. The plans for community, home and schools based support expands the opportunity for parental engagement and form part of the Green Paper developments and its associated timeframe.
- 3.18 Members probed officers about the need for more home and community based MH services to increase early intervention. In response HPFT shared how it had been selected by NHS England to lead a pilot, the Home Treatment Team that is aimed at reducing the number of inpatient beds as well as other services. The new team has been developed to provide services in the home, for people who would otherwise attend hospital. It is anticipated that the team will be staffed by February or March 2018 and work will begin at that time. To support early intervention, community services such as community counselling, which is out to tender currently, are to receive additional investment. Members commended these new developments as consistent with the objectives of the scrutiny and aims of the Transformation Boards.
- 3.19 Another area for Member apprehension was out of county treatments and the rationale for sending Hertfordshire residents elsewhere to receive MH treatment. Members were informed that this is due to a lack of clinical expertise or, for the majority, that the treatment is not available in Hertfordshire. However, with the new model for treatment at home, outlined in the previous paragraph, these numbers will reduce. Furthermore, it was clarified that specialised services are commissioned by NHS England and HPFT or CCGs do not have the authority to develop those services or change the location.
- 3.20 Members were anxious about capacity and pressed the issue throughout the scrutiny. In response all officers were candid that demand means current services are not sustainable in their current

format. The new models highlighted above are predicated on promoting prevention to cope with increased demand and reduce pressure on Emergency Departments.

## **4.0 Conclusions**

- 4.1 Members believed that the message of good MH and parity of esteem being in everyone's interest to ensure a healthy population does not come through as clearly as it should. They supported increased communication of this message to residents. Members endorsed the excellent work that Public Health colleagues are doing engaging with CYP to raise the profile of MH. Members also commended the good partnership working between all those involved with commissioning and planning for CAMHS support services.
- 4.2 The Green Paper shared with Members suggested all changes to CAMHS should be implemented by 2022/23. However, with the large amount of work already completed Members believed that this timescale was far too long and that a more appropriate deadline would be 2020. Responses to the green paper must be fed back to Central Government by 2 March 2018. Additionally, Members wanted officers to highlight the capacity and resource problems that are present nationally, and that the expectations in the Green Paper need to take this into account. It was suggested by Members that the priorities of the Green Paper need to line up with the directive of the implementing new models of care from NHS England.
- 4.3 Members expressed concern that 10 secondary schools have not engaged with CAMHS services. It was seen that educating children and young people to recognise and understand MH is vital. It is also essential that support services and training are made available to schools through a lead MH practitioner. Early Intervention is seen as best practice which will prevent greater numbers reaching crisis.
- 4.4 Concern was expressed around the sustainability of a range of support services that provide critical support and early intervention work for CYP. For CAMHS services to forward plan and maintain the good work to date requires longer term funding. The current annual model means that it is a challenge to recruit and retain staff because of this funding uncertainty. Members urged that consideration should be given to longer term contracts for greater security around funding.
- 4.5 Further to the challenge of funding, Members were also anxious around the commitment of funding from Central Government as well as the contributions from CCGs to the CAMHS joint fund. With no funds being ring-fenced and annual funding arrangements in place it is challenging for all CAMHS services to forward plan. Without committed funding from specific sources, fundraising through alternative means and joint ventures would be significantly harder. Therefore, Members encouraged a need for longer term funding arrangements to be



established between all CAMHS partners as well as NHS England and Central Government.

- 4.6 Members were very pleased with the work of Hertfordshire CAMHS partners to lead on pilots and new models of care. They supported the spreading of tested pilots countywide so that greater impact can be achieved by early intervention programmes such as the Home Treatment Team model. Members believe that support at home and in the community is essential in making an effective service that can support increasing demand without putting further pressure on an already pressurised system.

## 5.0 Members and Witnesses

### Members of the Topic Group

Anthony Rowlands  
 Bob Deering  
 Dave Hewitt  
 Dee Hart  
 Judi Billing (chairman)  
 Maureen McKay  
 Nick Hollinghurst

### Other Members in Attendance

Terry Heritage                      Executive Member Children’s Services

### Witnesses

Breda O’Neill	CAMHS Transformation Team East and North Herts CCG
Deborah Sheppard	CAMHS School Link Manager Herts Valleys CCG
Jackie Clementson	Operational and Strategic Manager, Children’s Services
Jen Beer	Health Improvement Lead CYP, Public Health
Jess Lievesley	Director of Service Delivery and Customer Experience
Joella Scott	Strategy Manager, Children’s Services
Linda Zirinsky	Consultant Child and Adolescent Psychiatrist, Clinical Lead CAMHS, HPFT
Lindsey Edwards	Interim AD Services for Young People, Children’s Services
Liz Biggs	Programme Lead for Children, Young People and Maternity at Herts Valleys CCG
Lynn Knowles	Head of Joint Commissioning CYP, Children’s Services

Marion Ingram	Operations Director Specialist Services, Children's Services
Melanie Woodcock	Service Line Lead CAMHS, HPFT
Sandra Brookes	Managing Director, HPFT
Simon Pattison	Head of Integrated Health and Care Commissioning Team
Steve Gentry	Service Manager, Children's Services
Sue Beck	Head of Service CYP, Public Health

Officers

Stephanie Tarrant  
Charles Lambert

Democratic Services Officer  
Scrutiny Officer

## **APPENDIX 1 Scrutiny Scope**

### **SCRUTINY REMIT: PORTFOLIO CAMHS TRANSFORMATION PLAN TOPIC GROUP**

**DATE DUE AT OSC / HSC: OSC (15 Nov) and HSC (12 Dec)**

**COMMITTEE APPROVED: HSC: 12 Dec 2017**

**WORK PROGRAMME: Q4 2017/8**

#### **OBJECTIVES:**

1. To assess the progress against the Hertfordshire Child & Adolescent Mental Health Service (CAMHS) Transformation plan; and to evaluate the local system's capacity and ability to deliver positive changes in terms of children and young people's mental health
2. To consider whether the Children and Young People's Emotional & Mental Wellbeing Board is sufficiently well sighted on the emerging challenges to address them over the 5 year lifetime of the plan.

#### **BACKGROUND:**

A local review of CAMHS was presented to Hertfordshire Health and Wellbeing Board in 2015. This was closely followed by the national government report into CAMHS (Future in Mind) and the announcement of £1.25billion in additional funding for CAMHS over the following five years. The expectation is that this funding would be used to transform CAMHS services across the country.

Hertfordshire's Transformation Plan aims to increase access for children and young people to early intervention and prevention provision across the five years of the programme to 2020. Across the five years of the CAMHS (Child and Adolescent Mental Health Services) Transformation we aim to implement sustainable system wide change. We will shift incrementally towards embedding a countywide, but locally responsive, early intervention (early help) and prevention model. The model will respond in a timely manner to the needs of children, young people and their families. It also focuses on delivering a seven per cent year on year increase of children and young people with a diagnosable mental health condition receiving treatment.

Another priority is to improve support for children and young people who experience a mental health crisis. At times children and young people in a crisis receive treatment in inappropriate locations, such as inpatient beds a long way from Hertfordshire, or stay in hospital A&E departments longer than is necessary.

**QUESTIONS TO BE ADDRESSED:**

1. How effectively are partners working together to improve outcomes for children and young people experiencing a mental health crisis:
  - a. How do you prevent mental health crises in the community where children are at high risk of admission?
  - b. How do you ensure that good quality services are provided for children and young people in acute hospitals (i.e. Lister and Watford General)?
  - c. How do we ensure that there are good outcomes from admissions to CAMHS inpatient services?
2. How can the CAMHS partners intervene effectively and appropriately to support children and young people at the early stages of a mental health issue?

**OUTCOME:**

There is clarity about the local system's capacity and ability to deliver positive changes in terms of children and young people's mental health.

**CONSTRAINTS:** *the topics that will not be addressed as part of this scrutiny*

The scrutiny will not consider the causes of the perceived increase in mental health issues in Children and Young People over time

**RISK & MITIGATION AFFECTING THIS SCRUTINY:** i.e. how confident are members that the department/organisation has identified risks, impact to services, the budget proposals and has mitigation in place.

**RISK/S:**

The academisation of schools has meant less ability to centrally direct school work on emerging mental health issues.

**MITIGATION:** *e.g. what mitigation does the department/organisation have in place if a partner pulls out?*

**EVIDENCE**

Jess Lievesley, HPFT Executive Director Service Delivery & Service User Experience	Carers in Herts for parent views on CAMHS
Jenny Coles / Marion Ingram, Children's Services	
Simon Pattison / Sarvjeet Dosanjh, CAMHS Commissioners (Integrated Health and Care Commissioning Team)	
David Wright, NHS England commissioner of inpatient beds	
Liz Biggs Strategic Lead for CAMHS Transformation (HVCCG)	
Maria Nastri CAMHS Transformation Manager	

Jim McManus / Jen Beer, Public Health	
Liz Lees, Director of Nursing, East and North erts Hospital Trust	
Kate Barker Strategic Lead for CAMHS (ENHCCG) Transformation	

**METHOD:** 1 day Topic Group      **DATE:** 12 Jan 2018

**SITE VISIT:** Lister Emergency Department      **DATE:** tbc

**MEMBERSHIP:** X7 Judi Billing (chairman); Anthony Rowlands; Nick Hollinghurst; Dave Hewitt; Dee Hart, Bob Deering, Maureen McKay

**SUPPORT:**  
**Scrutiny Officer:** Charles Lambert  
**Lead Officer/s:** Simon Pattison & Marion Ingram  
**Democratic Services Officer:** Stephanie Tarrant

**HCC Priorities for Action: how this item helps deliver the Priorities *delete as appropriate***

1. Opportunity To Thrive ✓
2. Opportunity To Prosper ✓
3. Opportunity To Be Healthy And Safe ✓
4. Opportunity To Take Part ✓

**CfPS ACCOUNTABILITY OBJECTIVES: *delete as appropriate***

1. Transparent – opening up data, information and governance ✓
2. Inclusive – listening, understanding and changing ✓
3. Accountable – demonstrating credibility ✓

## Appendix 2

### Glossary

CYP	Children and Young People
MH	Mental Health
CCG	Clinical Commissioning Group
PH	Public Health
CS	Children’s Services
HPFT	Hertfordshire Partnership Foundation University Trust
ARC	Attachment self –Regulation and Competence
CAMHS	Child and Adolescent Mental Health Services
HCC	Hertfordshire County Council
SPA	Single Point of Access