

**MINUTES of the meeting of the HERTFORDSHIRE CHILD & ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) TRANSFORMATION PLAN TOPIC GROUP held on FRIDAY, 12 JANUARY 2018 at COUNTY HALL**

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**ATTENDANCE**

**Members of the Topic Group:**

J Billing (Chairman), R C Deering, D Hart, D J Hewitt, N A Hollinghurst, A F Rowlands, M McKay

**Other Members in Attendance:**

T C Heritage

**Officers present:**

Marion Ingram - Operations Director Specialist Services, Children's Services  
Charles Lambert, Scrutiny Officer  
Simon Pattison - Head of Integrated Health and Care Commissioning Team  
Stephanie Tarrant, Democratic Services Officer

**Witnesses:**

Sue Beck – Head of Service (Children & YP)  
Jen Beer – Health Improvement Lead (Children & YP)  
Liz Biggs – Programme Lead, Children and Young People and Maternity HVCCG  
Sandra Brookes - Managing Director, HPFT  
Jackie Clementson – Head of Early Help and Intensive Families Support Service, Children's Services  
Lindsay Edwards - Interim AD Services for Young People  
Steve Gentry - Service Manager, Children's Services  
Lynne Knowles - Head of Joint Commissioning CYP  
Jess Lievesley - Director of Delivery & Service User Experience, HPFT  
Breda O'Neill – CAMHS Schools Link Manager, East and North Hertfordshire CCG  
Joella Scott - Strategy Manager: Early help Commissioning, Children's Services  
Deborah Sheppard – CAMHS Schools Link Manager, Herts Valleys CCG  
Melanie Woodcock - Service Line Lead, CAMHS, HPFT  
Linda Zirinsky - Consultant child and adolescent psychiatrist, clinical lead CAMHS, HPFT

**1. APPOINTMENT OF CHAIRMAN**

**ACTION**

1.1 The Topic Group noted the appointment of J Billing as Chairman of the Topic Group for the duration of its work.

**2. TOPIC GROUP INFORMATION**

2.1 The generic topic group information was noted.

### 3. REMIT OF THE TOPIC GROUP

3.1 The Group noted its remit and scope.

### 4. SCRUTINY OF HERTFORDSHIRE CHILD & ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) TRANSFORMATION PLAN

4.1 The Group received a series of presentations and took evidence from a number of witnesses during the course of the one day scrutiny. The main points arising from witnesses are summarised below.

Background information provided to Members may be viewed at; [Hertfordshire Child & Adolescent Mental Health Service \(CAMHS\) Transformation Plan Topic Group](#)<sup>1</sup>

4.2 **Simon Pattison, Head of Integrated Health and Care Commissioning Team**, gave an introductory presentation and provided Members with an addendum which addressed some early questions that had been raised by Members. The addendum can be viewed here: [Addendum](#)

4.3 The group acknowledged the transformation journey that CAMHS had been progressing through and noted the findings from the CQC review in Autumn 2017. Prevention and early intervention were noted as key elements to improve service capacity and the ability to deliver positive changes to children and young people's mental health.

4.4 Members heard that that NHS had increased CAMHS funding by £2.8 million, although there was a lack of clarity over future funding. It was noted that whilst the additional funding was not ring-fenced, there was a national expectation for Clinical Commissioning Groups (CCG's) to increase the amount of spending on mental health by the same proportion as the overall CCG budget. For 2018/19 this was around 2.8% for both East and North Hertfordshire CCG and Herts Valleys CCG, although this could be spent across all mental health services.

4.5 Concern was expressed over the uncertainty of funding and Members queried how far forward funding was available for. It was advised that NHS funding was reviewed on an annual basis with no expectation from either CCG to reduce funding for 2018/19. The County Council funding was also on an annual basis, following a five year programme.

4.6 The group commented on the NHS set national target for each CCG to be supporting 35% of the children and young people who could benefit from mental health intervention by 2020/21 and discussed the remaining 65% that could benefit. The group heard that the target focussed on NHS input and that services in Hertfordshire were focussing on providing good support in schools and supporting all

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<https://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/811/Committee/81/SelectedTab/Documents/Default.aspx>

children across the system to deliver results.

- 4.7 In response to a Member question on the capacity of services, it was advised that children who required support with mental illness or their emotional wellbeing were often happy to have a consistent person to speak with opposed to a specialist service. This meant that upskilling people that dealt with children on a daily basis and providing support earlier would relieve pressure on higher tier services.
- 4.8 **Charles Lambert – Scrutiny Officer**, gave an overview to the site visit held at Watford General Hospital on Thursday 11 January 2018, where Members met with three key groups in relation to child and adolescent mental health: YC Herts (previously Youth Connexions), C-CATT (CAMHS Crisis Assessment and Treatment Team) and the Children’s Accident and Emergency Department and relevant wards.
- 4.9 The group heard that YC Herts offered an empathy project run by 16-19 year old volunteers who were trained to provide valuable support 3 days a week between 6pm and 9pm. The volunteers were available to support children presenting at the hospital or at nurses request. It was noted that crisis situations had been eased due to the engagement with the volunteers.
- 4.10 The C-CATT team was run by clinical nurses and practitioners and operated between 9am-9pm as it was rare for a child or adolescent to present outside of these hours. The team were able to assess individuals and complete mental health assessments where necessary. The team also provided ongoing help via phone and home visits as and when required.
- 4.11 The Children’s Accident and Emergency Department was noted as having a separate entrance to the adults, however, the four hour wait target remained, although this was not always met due to length of time a mental health assessment took. Children and young people were triaged on arrival to the hospital and then could follow a standard pathway or mental health pathway. It was noted that tier 4 specialist beds were an issue as there were not many to refer to and therefore children and young people were also treated on general wards whilst waiting for a tier 4 inpatient bed.
- 4.12 The group discussed the differing services received by Hertfordshire children and young people that presented at out of county hospitals. It was noted that it was the host CCG that would be responsible for the services available at each hospital, however it was noted that joint up working had begun with Princess Alexandra Hospital due to the Sustainability and Transformation Partnership plan.
- 4.13 **Lindsay Edwards, Joella Scott, Jackie Clementson, Deborah Sheppard and Breda O’Neill, Children’s Services, Herts Valleys CCG and East and North Herts CCG**, gave a presentation on the early help available for children and young people with mental health issues through Families First. The group noted the model for early

help and prevention and gave an overview of the triage services available.

- 4.14 In response to a Member question on where CAMHS fitted in to the model, it was clarified that the model was a continuum for emotional wellbeing services and that the CAMHS team were at the higher end of the continuum working with the most challenging needs. All of the services in the model were designed to reduce the amount of children and young people from needing to move on to a specialist CAMHS service, by supporting them at the earliest opportunity and prevent unnecessary escalation.
- 4.15 Members heard that children and young people could be referred into the system through any of the partner services, where many members of staff were trained in Mental Health First Aid. All services were free at point of access and in addition some schools traded in additional services from YC Hertfordshire on Health and Wellbeing. In response to a Member question on traded services, it was clarified that not all services had to be brought in by schools and that additional days could be purchased to focus on particular issues. It was noted that schools could access the Families First programme at no cost and following consultation with a Children's Wellbeing Practitioner, a further 6-8 sessions could be provided for a child if required. Schools also had CAMHS Link Managers that worked very closely with schools and it was advised that only 10 secondary schools in Hertfordshire had not engaged with Link Managers and around half of all primary schools were also engaged.
- 4.16 The group discussed how children and young people would engage with the services on offer at an early enough stage. Members heard that over 400 schools in Hertfordshire now had Mental Health Leads that were able to assess and provide support to children within school. Schools were also undertaking a lot of work and training around developing students' resilience and also looking for any emerging behaviours. A new Kite Mark award was being developed to recognise schools that had developed good practices around mental health and emotional wellbeing.
- 4.17 In terms of co-ordination, Members were advised that the Families First programme was created to join up all of the services at a district level and ensure that services were not duplicated. In addition, a number of service leads sat on the CAMHS Emotional Health and Wellbeing Board, with CAMHS commissioners also meeting on a monthly basis working to diminish gaps between services. Referrals to Early Help mental health and emotional wellbeing services are made either via Families First triage panels or HPFT's single point of access to enable a prompt response.
- 4.18 **Lynn Knowles and Steve Gentry, Children's Services**, provided a presentation around how the service responded to children and young people with complex Mental Health needs in social care.

- 4.19 The group noted that a small group of children and young people in social care had very complex needs and required the highest level of support which involved a level of multiagency work and owning the risks jointly. Members were informed that Luton, Essex, Suffolk, Southend and Hertfordshire had created a regional alliance to develop a centre of excellence for Adoption support with Hertfordshire as the host by learning from each other's practices and develop clear pathways working with colleagues in CAMHS.
- 4.20 With regards to ongoing projects, Members heard that in-house Foster Carers had been trained in the ARC (Attachment, Self-Regulation and Competency) model to help prevent escalation. The Fostering Service was running a pilot of the Mockingbird Model starting in March 2018 for specialist carers to provide support and upskill other carers.
- 4.21 Members were informed that a new Complex Case Panel had been created following NHS England funding and it would meet once a month to consider the best pathway for the most complex cases. In addition, joint pathways had been created across social care to keep communication lines open between services. Members noted that having Social Workers working alongside Mental Health Practitioners was improving outcomes for children and young people in care.
- 4.22 In response to a Member questions on children not getting the support they needed due to being undiagnosed with health and educational needs such as autism, it was advised that diagnosis was not essential and that support could be provided regardless to improve a situation. Members heard that East and North Hertfordshire CCG were putting plans in place on behalf of both CCGs to eradicate the waiting list for autism diagnosis. It was clarified that children under 18 would not usually be diagnosed with an enduring mental illness.
- 4.23 Members discussed the number of young people being supported each year and it was advised that the Adolescent Resource Centre (ARC) Families Together programme could accommodate three children/young people at a time for a 6 week residential programme and that an additional four children/young people could access short breaks every weekend. In addition there were approximately 150 outreach cases each year.
- 4.24 **Liz Biggs, Herts Valleys CCG**, gave a presentation which provided a summary of the Green Paper "Transforming Children and Young People's Mental Health Provision" and the Hertfordshire response to the issues raised in the paper.
- 4.25 Members acknowledged the three key proposals of the green paper as each school to identify and train a designated senior lead for mental health, new mental health support teams and a reduction in waiting times for NHS services. The national agenda was welcomed by the service, with a view to becoming a trail blazer area, however the delivery pace was highlighted to be slower than what would like to

be achieved in Hertfordshire and a lack of focus on children in their younger years. These concerns were to be raised as part of the response to the consultation.

- 4.26 Wider actions were discussed with mental health awareness training to be delivered in schools and mental wellbeing included in the new PSHE curriculum. In addition, Ofsted were to recognise the importance that schools played in emotional wellbeing. Members discussed the impacts of Ofsted reviewing school on their emotional support but it was noted that it was important for a schools emotional ability to have the same level of profile as a school's academic profile.
- 4.27 In response to a Member question on waiting times, it was advised that the current HPFT waiting times had already seen a big improvement as for routine first assessments 95% of people were seen within 28 days with follow up treatment starting on average after a further six weeks, totalling on average 8-10 weeks from a referral to treatment starting in routine cases.
- 4.28 Members discussed if there was the staff capacity to achieve the proposals and it was advised that whilst CAMHS staff was limited, children and young people were happy to receive consistent support rather than technical clinical support which would free up CAMHS capacity for the most complex cases.
- 4.29 The group discussed the intention to become a trail blazer area queried if there was anything holding the service back from running quicker than the proposals in the Green Paper. Members heard that the proposed response had been presented to the Health and Wellbeing Board which had supported the feedback to become a trail blazer area and it was agreed that as a trail blazer the service could show what could be achieved in a shorter time frame.
- 4.30 **Sue Beck and Jen Beer, Public Health**, gave a presentation on prevention and early help for children and young people with mental health issues through Public Health.
- 4.31 The group heard that Public Health worked with the School Nursing Service and the Health Visiting Service on the Healthy Child Programme which aimed to identify and intervene on any emerging issues at an early stage.
- 4.32 In terms of identifying needs early, Members heard that a health related behaviour questionnaire was run every two years which covered a number of topics and assisted with commissioning decisions. Training was also being developed around Mindfulness, Mental Health First Aid Youth, Exams, Anxiety, Risky Behaviours, Self-Harm for the workforce surrounding children and young people.
- 4.33 Members heard that the Pastoral Leads network for secondary schools had a high attendance rate and information and training was shared at these meetings. It was noted that the service were looking

at how this networking model could be developed for primary schools.

- 4.34 The suicide prevention programme was discussed and it was noted that there was a subgroup that focussed on boys and men as they were three times more likely to take their own life. In addition to this a mental health programme which targeted boys 'Just Talk' was discussed. It was noted that although the campaign was targeted at boys, it did not exclude girls and girls were also responsive to programmes aimed at boys.
- 4.35 Members discussed how the outcomes of projects were measured and it was advised that there was not a standard way to measure most of the programmes, however a survey was run at the start of the 'Just Talk' programme and would be repeated after the campaign to gauge any shifts in attitude. In addition, the health related behaviour questionnaire was repeated every two years and could be used to establish any changes overtime.
- 4.36 Members queried how parents were being engaged and supported and it was advised that there was a phased programme which looked at how to best engage parents, with a number of engagement techniques being trialled e.g. the use of social media and providing training for partners that had direct contact with parents. It was advised that best practise in this area was being reviewed and that there was still more work required in this area.
- 4.37 The group discussed capacity for collecting and sharing data around mental health and it was advised that whilst there was a range of agencies that already worked together and shared data, there was room for this to be built on in order for data to be used more effectively.
- 4.38 **Sandra Brookes, Managing Director, HPFT, Melanie Woodcock, CAMHS, HPFT and Linda Zirinsky, CAMHS, HPFT**, gave a presentation on how the service responded to Children and Young People with a mental health crisis both in the community and those that required admission to an inpatient bed.
- 4.39 The group were given an overview of the Children's Crisis Assessment Team and the Complex Case Panel which aimed to stop children and young people from going into crisis.
- 4.40 It was noted that Hertfordshire had been selected by NHS England to reduce patients in acute (tier 4 inpatient) beds and as part of an initiative to achieve this a Home Treatment Programme was being created.
- 4.41 A standalone Dialectical Behaviour Service had been created to help people with emerging personality disorders. The service used techniques created by a psychologist on different ways of working around mindfulness and problem solving.

- 4.42 The group discussed out of area treatment (OAT) for inpatients and it was noted the majority of out of area treatment was due to the expertise treatment required opposed to not enough beds locally. Members acknowledged that families found it difficult to connect with patients that were based out of area and that young people could feel isolated. Members queried if there was help available for families with travelling costs when children/young people were placed out of area and it was advised that some costs would be covered and that the service would work with social care to support families as much as possible.
- 4.43 Members heard that Hertfordshire was fortunate to have acute beds within the county but until 4<sup>th</sup> December 2017 the beds were commissioned by NHS England. The beds were now under control by HFPT and the aim was to keep inpatients as close as possible to Hertfordshire and where possible to provide treatment at home.
- 4.44 The group discussed how many children and young people were currently placed in beds and it was advised that there were currently 16 patients in Hertfordshire beds at Forest House and 21 patients in out of areas beds. It was advised that six of the out of area beds were low secure beds of which the facility is not available in Hertfordshire, one Special Educational Needs bed and three patients under the age of 13, which is below the age range for Forest House and the remainder were in general adolescent beds due to Forest House being full. It was noted that the out of area beds were a mix of NHS and private but that NHS options were always approached first.
- 4.45 Members discussed whether it would be more economic for Hertfordshire to have its own provision of services but it was advised that some needs were so specialist that it would not be viable.
- 4.46 It was queried if the lack of local beds was due to a lack of provision within London and it was advised that the issue was not due to geographical location and rather an increased demand on CAMHS services. It was noted that tier 3 specialist CAMHS services were seeing a 24% year on year increase, with a higher number of people in crisis.
- 4.47 Members commented on whether there was staff capacity to implement the Home Treatment Programme and it was advised that whilst recruitment was tough nationally the Home Treatment Team had made good progress with recruitment and that the team would commence work in February/March 2018. It was noted the team were working alongside an established Home Treatment Team in London to share learning and take training from.
- 4.48 The group noted the increase in demand on services and noted a newspaper report that there was one psychologist available per 20,000 children in England and queried if capacity would compromise the service if the long run. It was advised that the increase in demand meant that the service had to work more effectively and look at the



system as a whole to reduce high end demand. It was acknowledged that there was fantastic support available from other workers within the service and that the misconception that specialist help had to be from CAMHS needing to be addressed.

- 4.49 Members discussed whether links had been made with Hertfordshire University in terms of future staffing and it was noted that links had been made and HPFT work with the university to train mental health nurses for both adults and CAMHS.

## **5. FINDINGS AND RECOMMENDATIONS**

- 5.1 Members believed that Hertfordshire should become a 'trailblazer' and adopt the Green Paper but an amendment should be made to the amount of time needed to operationalise proposals, which should be reduced to 2020 instead of 2022/23.
- 5.2 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.
- 5.3 CAMHS partners need to work with schools to make sure that there are designated MH leads who can educate in schools and community groups, whilst recognising the limit to which classroom teachers can provide this service.
- 5.4 Supported the Home Treatment Team model, run by HPFT, and want all partners to explore developing this model countywide for community and home based CAMHS services to prevent children and young people reaching crisis.
- 5.5 That officers make efforts to secure longer term funding for Empathy and similar projects as yearly funding is not sufficient for sustainability of a service.

Stephanie Tarrant  
Democratic Services Officer  
January 2018