

Agenda



AGENDA for a meeting of HERTFORDSHIRE CHILD & ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) TRANSFORMATION PLAN TOPIC GROUP on FRIDAY, 12 JANUARY 2018 in COMMITTEE ROOM A, County Hall, Hertford at 10:00 AM

MEMBERS OF THE TOPIC GROUP (7) - QUORUM (3)

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

AGENDA

The meeting of the Topic Group is open to the public (this includes the press) and attendance is welcomed. However, there may be occasions when the public are excluded from the meeting for particular items of business. Any such items would be taken at the end of the public part of the meeting and listed under "Part Two ('closed') agenda".

The meeting room is fitted with an audio system to assist those with hearing impairment. Anyone who wishes to use this should contact main (front) reception.

PART I (PUBLIC) AGENDA

1. APPOINTMENT OF CHAIRMAN

To note that J Billing has been appointed Chairman of the Topic Group for the duration of its work.

2. GENERIC TOPIC GROUP INFORMATION

Report of the Head of Scrutiny

3. REMIT OF THE TOPIC GROUP

Report of the Head of Scrutiny

4. HERTFORDSHIRE CHILD & ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) TRANSFORMATION PLAN TOPIC GROUP

Joint report of the Director of Adult Care Services and the Director of Children's Services

This report includes:-

- (a) Programme for the scrutiny
- (b) Background Report and Appendices

5. CONCLUSIONS AND RECOMMENDATIONS

To agree the conclusions and recommendations of the Topic Group and note the process for taking these forward.

If you require further information about this agenda please contact Stephanie Tarrant, Democratic Services Officer on telephone no. 01992 555481 or email stephanie.tarrant@hertfordshire.gov.uk. Agenda documents are also available on the internet at

<https://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings.aspx>

The Scrutiny Lead Officer for this Topic Group is Charles Lambert, Scrutiny Officer, on telephone no. 01992 553630 or email Charles.Lambert@hertfordshire.gov.uk

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

Work of a Topic Group

1. All scrutiny meetings in Hertfordshire are 'meetings held in public' (not 'Public Meetings')
2. Topic groups in Hertfordshire normally run for one, or occasionally, two days
3. All topic groups work to a pre-prepared scoping document. The scoping document sets out what the topic group is going to do i.e. questions to be answered, any constraints on its work and who will be attending as witnesses. The scope will have been reviewed and agreed by the commissioning committee prior to issuance.
4. There should normally be no more than 4 questions for the scrutiny to address
5. Constraints identify areas that will not be covered by the scrutiny and it is the responsibility of the chairman to ensure that the scrutiny does not digress into areas that are not covered by the scoping document.
6. It is vital to keep the scrutiny focused on the questions (see 4 above). Should members believe a constraint warrants further consideration the topic group report should draw this to the attention of the commissioning committee.
7. The scoping document is drafted by the service lead officer in consultation with the assigned scrutiny officer. The commissioning committee consider the scope and amend, if necessary, and agree the questions (see 3 above).
8. Witnesses can be internal and external to the County Council.
9. Topic group members are appointed by the commissioning committee. Membership can be drawn from the entire council; however, executive members and deputy executive members are excluded from undertaking scrutiny
10. Topic groups usually have 5 members with the exception of Education related items where a schools representative may be included (i.e. parent governor representatives (PGRs) or diocesan representatives) when the topic group will have 7 members. Both Scrutiny Committees have waived political proportionality.
11. Each scrutiny has a designated chairman. The role of the chairman is to ensure that all the questions on the scope are covered. The chairman will ensure that all members are engaged and have the opportunity to raise questions. The chairman will encourage the discussion to move on if he or she believes a point has been addressed or is not relevant to this scrutiny.
12. A pre scrutiny briefing is held for the topic group members in advance of the meeting.

13. Topic group members are expected to have read all the papers in advance of the meeting.
14. Topic group members are expected to attend for the duration of the scrutiny.
15. The scrutinies run to the agenda programme and it is the responsibility of the chairman to ensure that the scrutiny keep to the agreed timetable.
16. At the end of the scrutiny the scrutiny officer summarises the conclusions and recommendations in order to obtain broad agreement as to what they should be.
17. A draft report, concentrating on the evidence and recommendations is prepared by the scrutiny officer. The details of the discussion and papers received at the scrutiny are available via Hertfordshire.gov.uk
18. Reports follow a set structure of
 - Introduction
 - Recommendations
 - Evidence
 - Conclusions
 - Members & Witnesses
 - Appendix 1: Scoping Document
 - Appendix 2: Glossary
19. The draft report is produced within 10 working days of the meeting ending. The draft is sent to the lead officer for factual checking; then onto all topic group members for comment. Deadlines are set by the scrutiny officer for receipt of comments from the lead officer and topic group members.
20. The final report is published within 15 working days of the scrutiny.
21. The final report is sent to the executive member and chief officer and copied to all participants in the scrutiny and the commissioning committee chairman and vice chairman/men.
22. It is a statutory requirement that the executive member responds to the report and its recommendations within two calendar months. A template for the executive response is provided to the executive member and lead officer on publication of the final report.
23. The response is returned to the scrutiny officer and then circulated to members of the topic group and the chairman and vice chairmen of the commissioning committee for their information. It is also placed on the next commissioning committee's agenda so all members of the committee are informed of the response.
24. At the point at which the two month executive response form is returned, the lead officer and the chairman of the topic group are given a date, approximately

six months after the scrutiny, to attend the relevant Impact of Scrutiny Sub Committee.

25. The executive member has responsibility for ensuring the template is completed for the relevant Impact of Scrutiny Sub Committee explaining what steps have been taken regarding each and every recommendation.
26. The Impact of Scrutiny Sub Committees have the responsibility for 'signing off' the recommendations as complete and/or agreeing further actions.
27. The lead officer and executive member attend the Impact of Scrutiny Sub Committee to explain what progress has been made in implementing the recommendations.
28. The chairman of the topic group will be invited to the Impact of Scrutiny Sub Committee.
29. The chairman of each Impact of Scrutiny Sub Committee will be invited to attend the next meeting of its parent committee to give comment on its findings

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

Agenda Item

no:

3

**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 £1.25 billion 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?

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

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

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

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

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 ✓

**HERTFORDSHIRE CHILD & ADOLESCENT MENTAL HEALTH
SERVICE (CAMHS) TRANSFORMATION PLAN TOPIC GROUP**

FRIDAY, 12 JANUARY 2018 AT 10:00AM

Programme

Time	Item	Officers
10.00	Welcome and introductions Scrutiny objective, questions and constraints.	Chair: Judi Billing Charles Lambert
10.10	Background information and outline of programme	LEAD OFFICERS: Simon Pattison, Head of Integrated Health and Care Commissioning Team and Marion Ingram, Operations Director Specialist Services, Children's Services
10.30	Feedback from visit to CAMHS Crisis Team at Watford General Hospital	Charles Lambert – Scrutiny Officer
10.40	Early help for Children and Young People with mental health issues through Families First	PRESENTERS: Lindsey Edwards, Joella Scott, Jackie Clementson, Deborah Sheppard and Breda O'Neill, Children's Services, Herts Valleys CCG and East and North Herts CCG
11.10	Break	
11.30	Responding to Children and Young People with complex Mental Health needs in social care	PRESENTERS: Lynne Knowles and Steve Gentry, Children's Services
12.00	Summary of Green Paper "Transforming Children and Young People's Mental Health Provision" and the Hertfordshire response to the issues raised	PRESENTERS: Liz Biggs, Deborah Sheppard and Breda O'Neill, Herts Valleys CCG and East and North Herts CCG
12.30	Lunch	
1.30	Summary of the morning's scrutiny	Charles Lambert
1.40	Prevention and Early Help for Children and Young People with mental health issues through Public Health	PRESENTERS: Sue Beck / Jen Beer, Public Health
2.15	Responding to Children and Young People with a mental health crisis in the community	PRESENTERS: Sandra Brookes, Managing

		Director, HPFT and Melanie Woodcock, Service Line Lead, CAMHS, HPFT
2.45	Responding to Children and Young People with a mental health crisis who may require admission to an inpatient bed	PRESENTERS: Sandra Brookes, Managing Director, HPFT and Linda Zirinsky, Consultant child and adolescent psychiatrist, clinical lead CAMHS, HPFT
3.15 pm	Summary and Recommendations	Members & Charles Lambert
4.00pm	Conclusion	

**BACKGROUND PAPER FOR HERTFORDSHIRE CHILD & ADOLESCENT
MENTAL HEALTH SERVICE (CAMHS) TRANSFORMATION PLAN TOPIC GROUP**

*Joint Report of the Director of Adult Care Services and the Director of Children's
Services*

Author: Simon Pattison, Head of Integrated Health and Care Commissioning
Team, (Telephone: 01438 845392)

1. Purpose of the report

1.1. To provide members with background information to the Child and Adolescent
Mental Health Services (CAMHS) scrutiny, namely:

- To summarise current CAMHS services and transformation plans.
- To provide an overview of the two areas under detailed consideration,
namely “early intervention and prevention” and “crisis”.
- To introduce the government’s recent green paper on CAMHS.

2. Background

2.1. The scrutiny was agreed by Health Scrutiny Committee on 12th December 2017.
The scrutiny’s objectives are:

- To assess the progress against the Hertfordshire Child and 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.
- To consider whether the Children and Young People's Emotional and
Mental Wellbeing Board is sufficiently well sighted on the emerging
challenges to address them over the 5 year lifetime of the plan.

2.2. Members will be seeking information to address the following questions:

2.2.1. 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?

2.2.2. How can the CAMHS partners intervene effectively and appropriately to support
children and young people at the early stages of a mental health issue?

2.3. The scope of the review is not the whole of the CAMHS Transformation Plan but two key elements of it - “early intervention and prevention” and “crisis”.

3. Mental Health Services for Children and Young People

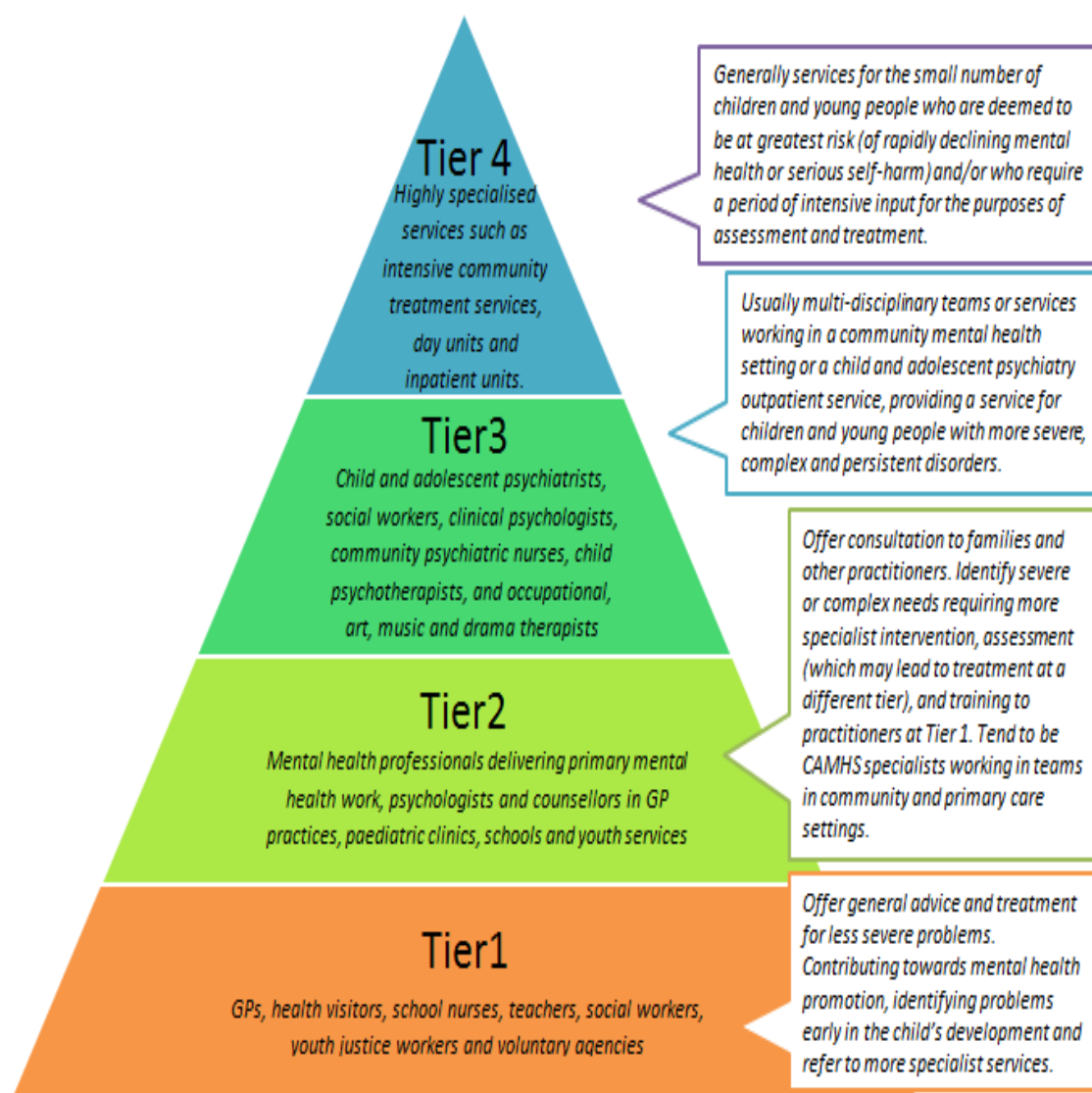
3.1. A local review of CAMHS was presented to Hertfordshire Health and Wellbeing Board in 2015. This was closely followed by the national government report into CAMHS (Future in Mind) and the announcement of £1.25 billion in additional funding for CAMHS over the following five years. The expectation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

3.2. In Hertfordshire, our vision and overall aim is that children, young people, their families and professionals can access timely and responsive emotional and mental health information, advice and support through a single multiagency gateway. This gateway will lead to effective triage based on needs rather than presenting issues or diagnosis. This single front door will also provide access to a continuum of emotional and mental health provision through a single trusted referral.

3.3. Hertfordshire’s CAMHS Transformation Plan, which is annually nationally assured by NHS England, aims to increase access for children and young people to early intervention and prevention provision across the five years of the programme to 2020. 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. Hertfordshire’s CAMHS Transformation Plan is available at <http://www.enhertscg.nhs.uk/transforming-mental-health-services-children-and-young-people-camhs>

3.4. The Hertfordshire vision moves away from the tiered model of delivery to an empowering nationally recognised Thrive model. This will improve access, join up services, provide a more evidence-based service, and promote transparency and accountability across the system. The traditional tiered model is set out below:

Figure One: CAMHS Tiered Model of Services



3.5. Locally, key services include:

- Tier 4 – inpatient beds historically commissioned by NHS England’s specialised commissioning teams.
- Tier 3:
 - NHS funded specialist community CAMHS services, run by Hertfordshire Partnership University NHS Foundation Trust (HPFT).
 - PALMS – a specialist service for children and young people with Autism / Learning Disability / challenging behaviour run by Hertfordshire Community NHS Trust (HCT).
- Tier 2:
 - Step 2 – early intervention service run by HCT.
 - Community counselling services provided by organisations such as TileHouse, Rephael House Youth Counselling and Young Concern Trust (YCT).
- Tier 1 – universal services where good mental health and emotional wellbeing can be promoted.

3.6. The Thrive model is a needs based framework that enables care to be provided in four distinct groupings, determined by the person's needs and preferences for care as shown in the diagram below:



- 3.7. Emphasis is placed on prevention and the promotion of mental health and wellbeing. It provides a clearer distinction than before between:
- Treatment and support
 - Self-management and intervention
 - More systematic integration of shared decision making and routine collection of preference data

More detail on Thrive and how this maps to current services are set out in Appendix A.

- 3.8 In October 2017, Hertfordshire was selected as one of 10 Health and Wellbeing areas to be involved in the CQC's Thematic Review of Mental Health Services for Children and Young People.
- 3.9 The thematic review focused on what is working and what is not for children and young people's mental health services. The findings from the review fed into the new Green Paper on children and young people's mental health. As part of the review local partners were asked to do an introductory presentation to the inspectors. This presentation is attached as Appendix B.
- 3.10 Feedback from CQC was positive, the team recognised the progress of our CAMHS transformation programme and in particular our approach to early intervention, our clear educational strategy, the Hertfordshire Community Eating Disorder team, Positive behaviour Autism Learning disability Mental health services (PALMS) and the targeted team. They also commented on the trusted assessment process and our overall approach to mental health, especially our boys' stigma project.

Key outcomes to be achieved by the CAMHS Transformation Plan by 2020

- 3.11 The following are the key outcomes that the plan sets out for delivery by 2020:
1. Children and young people will feel their emotional and mental health is improved and that they are better able to manage their thoughts and feelings and deal with challenges and issues.
 2. Parents/Carers and the professional networks around children and young people feel better equipped to promote positive mental health and well-being, provide support where needed and are able to easily access timely advice and guidance.
 3. Increasing numbers of children and young people will be able to access emotional and mental health support provided by evidence based interventions. (There is a target of 35% of 0-18 population in Hertfordshire by 2020).
 4. Children, young people, parents/carers and professionals will report improved satisfaction with the continuum of provision available to support emotional and mental health and well-being.
 5. In times of mental health, crisis pathways will be clear, relevant service staff will feel sufficiently skilled and supported to respond. Families and professionals will be involved with discharge planning and there will be a clear follow up plan.
 6. The Hertfordshire workforce that help to promote and support the emotional and mental health and well-being of children and young people will have access to regular advice, guidance and training to support the early identification of emerging difficulties.
 7. Schools report improvements in whole school well-being which is supported by the views of children, young people and their families.
 8. Children, young people and their families feel involved, engaged and equal partners in the assessment process, the development of treatment, discharge and risk management plans and feel well informed of their choices.

CAMHS Funding and Transformation Workstreams

- 3.12 Table One below summarises CCG investment into CAMHS services in Hertfordshire. This includes the additional national funding identified for CAMHS Transformation by NHS England. The Cambridge and Peterborough CCG funding covers Royston.

Table One: Total 2017/18 NHS CAMHS Funding

	E&N Herts CCG £'000	C&P CCG £'000	Herts Valleys CCG £'000	Total £'000
HPFT CAMHS	5,035	144	4,731	9,910
PALMS	635	15	640	1,290
Other small contracts	1,256	17	1,265	2,538
Total	6,926	176	6,636	13,738

- 3.13 Of this funding, just over £2.4million was released on a part year basis in 2015/16 and then funded on a full year basis in 2016/17. This was the amount identified as CAMHS transformation funding in the original national funding allocation, although it was not ringfenced. An additional £400,000 has been allocated for 2017/18.
- 3.14 Children’s Services, Hertfordshire County Council places significant value on the well-being of children and young people, currently investing approximately £21m per annum to deliver a range of provision which contributes to supporting emotional wellbeing. This includes provision within the Family Centre Service, Families First, counselling service, YC Hertfordshire, fostering and adoption, 0-25 together and the virtual school.
- 3.15 The key CAMHS Transformation work streams are set out below:
1. Increasing the number of children and young people who access evidence based mental health interventions, in line with the government target that 35% of children and young people who could benefit receive support by 2020/21.
 2. Reducing waiting times for CAMHS services.
 3. Better support in crisis, and reducing the number of admissions to tier 4 inpatient beds.
 4. Workforce Development to build capacity and the ability to manage mental health concerns at all levels.
 5. Work with schools, who are often the first point of contact for children and young people around their mental health.
 6. Early Intervention Pathway – to intervene early and so prevent escalation.
 7. Eating Disorders – strengthening support for children and young people with eating disorders. (National targets for waiting times are now being met, namely urgent referrals seen within 7 days and routine referrals within 28 days).
 8. Development of a community perinatal mental health team.
 9. Neurodevelopment – strengthening diagnosis pathways for autism and Attention Deficit Hyperactivity Disorder (ADHD).
 10. Parent and carer support – ensuring that parents / carers receive the necessary support.
 11. Ensuring that children and young people who are displaying harmful sexual behaviours have access to appropriate support and intervention in a timely manner.
 12. Developing an attachment and trauma service.

4. SUMMARY OF TOPICS FOR DISCUSSION AT SCRUTINY

- 4.1 Two topics will be covered in depth at Scrutiny – firstly “early intervention and prevention” and secondly “crisis”.

Early Intervention and Prevention

- 4.2 Hertfordshire has a whole system approach, across the continuum of need and through collaborative partnerships, to identify, assess and support children and young people with mental health.
- 4.3 At the earliest stage, Children's Services, CCGs, Public Health and CAMHS providers have collaborated to support the development of an early help mental health and wellbeing model to support children, young people and their families at the earliest opportunity, improve outcomes and manage demand on specialist provision.
- 4.4 As part of this model, and through a successful funding application to Health Education England, Hertfordshire has recruited 4 Children's Wellbeing Practitioners (CWP). The recruitment of 3 additional senior CWPs has further strengthened this provision to bridge the gap between lower level and specialist provision, ensuring that children and young people are receiving appropriate assessments and support at the earliest opportunity. This countywide provision, co-located within the Intensive Support Families First Teams, supports children, young people and families with emerging mental health concerns, offering the following interventions:
- Brief parent training for behavioural problems in children and young people;
 - Behavioural treatment for anxiety/depression and guided parent-led self-help;
 - Behavioural treatment for self harming.
- 4.5 The Hertfordshire review in 2015 identified the importance of working with schools to ensure a focus on early intervention and prevention. Hertfordshire made a successful application to be part of the national schools and CAMHS pilot programme. In addition, Hertfordshire's two NHS clinical commissioning groups (CCGs) appointed a link officer in each CCG to support schools and to sustain the interface between schools and local CAMHS services.
- 4.6 Hertfordshire's online Tools for schools, Tools for GPs and Tools for Social Workers include downloadable referral guidance, criteria, multiagency referral forms, 'when to worry' questionnaire for all staff, records for concern and parent consent forms via a password-protected website. Also included is a guide to match interventions to needs and protocols include using the Strengths and Difficulties Questionnaire as a validated measure to screen for, assess and monitor potential mental health difficulties.
- 4.7 Mental Health First Aid training (MHFA) has been rolled out across Hertfordshire to school professionals as well as social workers, foster carers, YC Herts, Families First, Residential Children's home staff, voluntary sector organisations and attendance officers. By the end of the financial year, nearly 1,000 professionals will have received training in the two day evidence based course.
- 4.8 To support a whole-system approach and a skilled and knowledgeable workforce, mental health referral training is available to all professionals,

including GPs, health professionals, social workers and school staff. Professional can also access guidance [online](http://www.healthyyoungmindsinherts.org.uk/professionals/making-referral) (<http://www.healthyyoungmindsinherts.org.uk/professionals/making-referral>).

- 4.9 A single point of access (SPA) handles all mental health and learning disability referrals by telephone, email and post, including child and adolescent referrals. This is run by mental health services provider, Hertfordshire Partnership NHS University Foundation Trust (HPFT). Advisors are specially-trained call handlers and work alongside clinicians in reviewing and assessing incoming referrals. Monitoring systems are in place to ensure Hertfordshire's SPA operates to required standards, e.g. response and waiting times.
- 4.10 Our two key CAMHS providers (HPFT and HCT) have jointly established standards and protocols in assessing children and young people's mental health through a trusted assessment process to ensure that families are accessing the right service. SPA triage uses the Choice and Partnership Approach (CAPA) for Specialist CAMHS, with a target that 95% of choice appointments take place within 28 days of referral.
- 4.11 In December 2017, the government published a green paper, "Transforming Children and Young People's Mental Health Provision: a Green Paper". Early intervention and prevention is a key focus of this paper. Three key proposals are detailed:
1. Each school is incentivised to identify and train a designated senior lead for mental health and wellbeing and have access to rapid advice, consultation and signposting from mental health services.
 2. New mental health support teams are proposed, jointly managed by schools, colleges and the NHS. It is proposed that these teams would be linked to groups of schools, providing interventions to support those with mild to moderate needs and to promote good mental health and wellbeing.
 3. A reduction in waiting times for NHS services, trialling a four week waiting time for specialist NHS children and young people's mental health services.

A link to the green paper is in the background reading section.

- 4.12 Across the system, child protection and safeguarding policies are followed and include Hertfordshire Safeguarding Children's Board guidance and risk assessment offering an informed and systematic approach to addressing the needs of children and young people at risk of self-harm or suicide and ensuring that children and young people gain appropriate support are assessed and referred appropriately.

Crisis

- 4.13 Children and young people experiencing a mental health crisis often present at hospital. The two main acute hospitals in Hertfordshire are Watford General Hospital and Lister Hospital in Stevenage, although there are a number of other hospitals just outside the Hertfordshire border which are also used by Hertfordshire residents. The HPFT Children's Crisis, Assessment and Treatment Team (C-CATT) provides assessments for children and young people presenting at Emergency Departments (also known as A&E) or who are

on paediatric wards. Where appropriate, they provide a range of short term community based assessment and treatment options and provide advice to parents/carers.

- 4.14 If children and young people require a mental health inpatient bed these have historically been provided by NHS England's Specialised Commissioning Team. NHS England have national responsibility for inpatient beds for children and young people. Over the last few years there have been usually around 40 – 45 children and young people from Hertfordshire in mental health inpatient beds. There has been considerable national discussion about this issue with stories in the media of children and young people being placed hundreds of miles away from their families.
- 4.15 During 2017, NHS England ran an expression of interest process for mental health trusts to make a case for taking on the management of these inpatient beds for children and young people in their local area. HPFT were successful in this process and took on management of beds from the start of December 2017. The new model aims to reduce the number of children and young people who require admission to an inpatient bed and, should an admission be necessary, to reduce the length of time the child or young person stays in the inpatient bed.
- 4.16 HPFT's new model is based on an expansion of the C-CATT team to create a Home Treatment Team. The same consultants will be responsible for the crisis, inpatient and discharge services, giving continuity of care throughout this time.
- 4.17 Alongside this we are trialling a model of volunteer support for children and young people waiting in the Lister or Watford General Emergency Departments run with Youth Connexions Hertfordshire. This is known as the Empathy Project.

Background Information

The 'Future in Mind' report national report was published in March 2015. This report is available at <https://www.england.nhs.uk/mental-health/cyp/>

Health and Wellbeing Board Report on local CAMHS review (4 June 2015) – item 7: <http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/34/Committee/13/SelectedTab/Documents/Default.aspx>

Transforming children and young people's mental health provision: a green paper. This is available at:

<https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>

Child and Adolescent Mental Health Needs Assessment (2015, published as part of Public Health led CAMHS review):

https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=5&ved=0ahUKEwia6PuTi63YAhVJL8AKHQH9DQgQFghCMAQ&url=https%3A%2F%2Fwww.hertfordshire.gov.uk%2Fmedia-library%2Fdocuments%2Fpublic-health%2Fjsna-documents%2Fassessment-of-the-mental-health-needs-of-children-and-young-people-in-hertfordshire.pdf&usq=AOvVaw2J -PziVEbFwi8FcCZYT_y

Appendix A - Quick Reference Guide on Child and Adolescent Mental Health - This helps practitioners identify the level of need according to presentation and gives an indication of services available to support the child or young person.

Appendix B – Presentation on Transforming children and young people's emotional and mental wellbeing in Hertfordshire.

		Presentation or issue	Intervention	Service	
Specialist Specialist Needs & Safeguarding Getting Risk Support Crisis	Consider if the feelings or behaviour are proportionate to life events, what the impact is, whether they are age appropriate. Establish if the feelings or behaviour are apparent at home, school and all other environments. Consider the impact of pursuing a mental health service for a child or young person who is experiencing feelings appropriate to their situation.	<ul style="list-style-type: none"> Deliberate self-harm requiring hospital treatment Suicidal ideation with imminent plan and means Psychotic episode (hearing unexpected voices, disjointed, unrealistic or racing thoughts not related to physical or substance misuse factors) Intentional overdose Other mental health crisis 	<ul style="list-style-type: none"> Emergency / safeguarding / risk management / intervention (including possible use of the Mental Health Act) Short term treatment / intervention for high risk cases Sometimes a referral to Tier 4 for specialist inpatient support, eg Forest House 	<ul style="list-style-type: none"> A&E / Children's Emergency Department Children's Services Urgent specialist CAMHS referral via SPA CAMHS Crisis and Treatment Team (C-CATT) Family Safeguarding Teams 	
		Getting More Help Tier 3	Mental health problems which are: <ul style="list-style-type: none"> Persistent Complex Severe Present in all environments – school home, community, with peers Beyond a normal response range to life problems 	Where intervention at Tier 1 and 2 has not been successful OR the difficulties are of such a severity and are causing impairment to such a degree that a referral straight to specialist CAMHS is indicated e.g. psychosis, risk of suicide or severe self – harm, severe depressive episode, eating disorders A diagnosis or on the diagnostic pathway for either autistic spectrum disorder or global learning disability with an additional emotional, behavioural or other mental health need.	Specialised community, multi-disciplinary services: <ul style="list-style-type: none"> Individual interventions Systemic Family therapy Other psychological therapies Risk management plans Weight management plans
Early Help & Targeted Additional / Complex Needs Getting Help Tier 2	Consider if the feelings or behaviour are proportionate to life events, what the impact is, whether they are age appropriate. Establish if the feelings or behaviour are apparent at home, school and all other environments. Consider the impact of pursuing a mental health service for a child or young person who is experiencing feelings appropriate to their situation.	Mild to moderate emotional or mental health issues, For example: <ul style="list-style-type: none"> Experiencing difficulty as a result of being a Young Carer Experiencing difficulty as a result of being in care Experiencing difficulty as a result of parental mental ill health Loss of a significant adult Deliberate self-harming Possible eating disorder Experiencing difficulty as a result of being LGBT ADHD 	<ul style="list-style-type: none"> Significant low self esteem Behaviour puts peers at risk Persistent or high risk substance misuse Risk taking behaviour Unable to display empathy Difficulty coping with anger / frustration Withdrawn / unwilling to engage Disruptive / challenging behaviour Unable to maintain peer relationships (bullying, bullied/ aggression etc) 	Short term psychological or counselling interventions delivered by a trained mental health professional EG: <ul style="list-style-type: none"> Counselling Cognitive Behavioural Therapy (CBT) Art therapy Solution focused brief therapy 	<ul style="list-style-type: none"> Step 2 Community counselling Counselling or Mentoring in Schools Educational Psychologist Education support centre / outreach Multi Agency Safeguarding Hub (MASH) Families First Early Help Targeted Youth Support Team Wellbeing Service (16+) AF-DASH Specialist CAMHS provide a Tier 2 service for CLA and those known to Children's Services www.kooth.com online counselling (for 10-25s)
		Getting Advice & Help Tier 1	<ul style="list-style-type: none"> Difficulties with normal life problems Poor self confidence Low self esteem Low aspirations Subject to discrimination Difficult family relationships Poor peer relationships 	<ul style="list-style-type: none"> Experimental substance misuse Not always safe choices Bereavement (not complex) Separation anxiety Poor concentration Difficulty sustaining relationships Not always engaged 	Practical support to resolve / reduce the emotional burden of life problems EG: <ul style="list-style-type: none"> Family support Mentoring Support to universal services: <ul style="list-style-type: none"> Consultation Training supervision

Language key:

Safeguarding Meeting the Needs Thrive CAMHS Tiers

CAMHS System Overview 2017

CAMHS (Child and Adolescent Mental Health Services) in Hertfordshire is made up of a number of providers. Thresholds and eligibility criteria are subject to change and as such, it is sometimes difficult to navigate the provision landscape. Provision is currently arranged across four tiers but this is moving towards a needs led model (Thrive).

This document has been prepared to illustrate some common presentations or issues and how we might categorise them into tiers or needs. Alongside these are the types of interventions that are helpful in meeting needs at each level and which services might provide such interventions. This document takes account of provision which covers most, if not all of Hertfordshire and therefore may not represent what is available locally.

Making a judgement about a child or young person's mental health needs is not an exact science; for example, a child with ADHD might present in any of these categories. Therefore, this guide is intended as an aid to professionals as opposed to a rigid framework to follow. We hope you find it helpful.



Transforming children and young people's emotional & mental wellbeing in Hertfordshire



Introductions

- **Kathryn Magson**, Chief Executive, Herts Valleys CCG (HVCCG)
Chair of Hertfordshire Children and Young People's Emotional & Mental Wellbeing Board, member of Hertfordshire Health and Wellbeing Board
- **Jenny Coles**, Director of Children's Services, Hertfordshire County Council (HCC) Member of Hertfordshire Health and Wellbeing Board
- **Jess Lievesley**, Executive Director Service Delivery & Service User Experience, Hertfordshire Partnership NHS Foundation Trust (HPFT)
- **Sheilagh Reavey**, Director of Quality and Nursing, East and North Herts CCG (ENCCG)
- **Liz Biggs**, Children, Young People & Maternity Programme Lead, HVCCG
- **Simon Pattison**, Head of Integrated Health and Care Commissioning, working on behalf of HCC, HVCCG and East & North Herts CCG
- **Maria Nastri**, CAMHS Transformation Manager, working on behalf of HVCCG and ENCCG
- **Fiona Winspear**, CAMHS Transformation Communications Manager, HVCCG & ENCCG, and Health & Wellbeing Board coordinator for CQC Review

Hertfordshire – an overview



County Council
and 10 District /
Borough
Councils

More than 130
GP practices
across 2 CCGs

Population
estimated at
1,176,700

Hertfordshire – an overview

- 282,000 children and young people (CYP) under 18
 - of these, 172,000 attend one of more than 530 educational settings
 - 91.7% of Hertfordshire schools rated good or outstanding by Ofsted
- 21,700* CYP could benefit from a CAMHS service
- Lower than national average of CYP with statement of educational needs or Education, Health and Care Plan
- Lower than national average for CP, CiN and CLA
- Around 2,700 on current HPFT CAMHS caseload
- A number of local NHS providers with strong CQC ratings for children and young people
- Children's Services rated GOOD at last Ofsted inspection

* 2004 prevalence estimates

Hertfordshire – our local story

- Local review in 2015 and comprehensive needs assessment made case for change, with:
 - a system that lent itself to crisis management
 - concerns about waiting times, in particular from children and young people
 - One in 10 CYP likely to need support
- Hertfordshire's CAMHS Transformation Plan signed off by Hertfordshire Health and Wellbeing Board

Young People say

“Sometimes it feels like we have to go to one service to get one thing fixed and then another for something else, it would be better if we could do all of it at once and not have to keep saying the same thing but to different people”

“Having to miss school to go to appointments makes me feel worse as I have to catch up on school too”

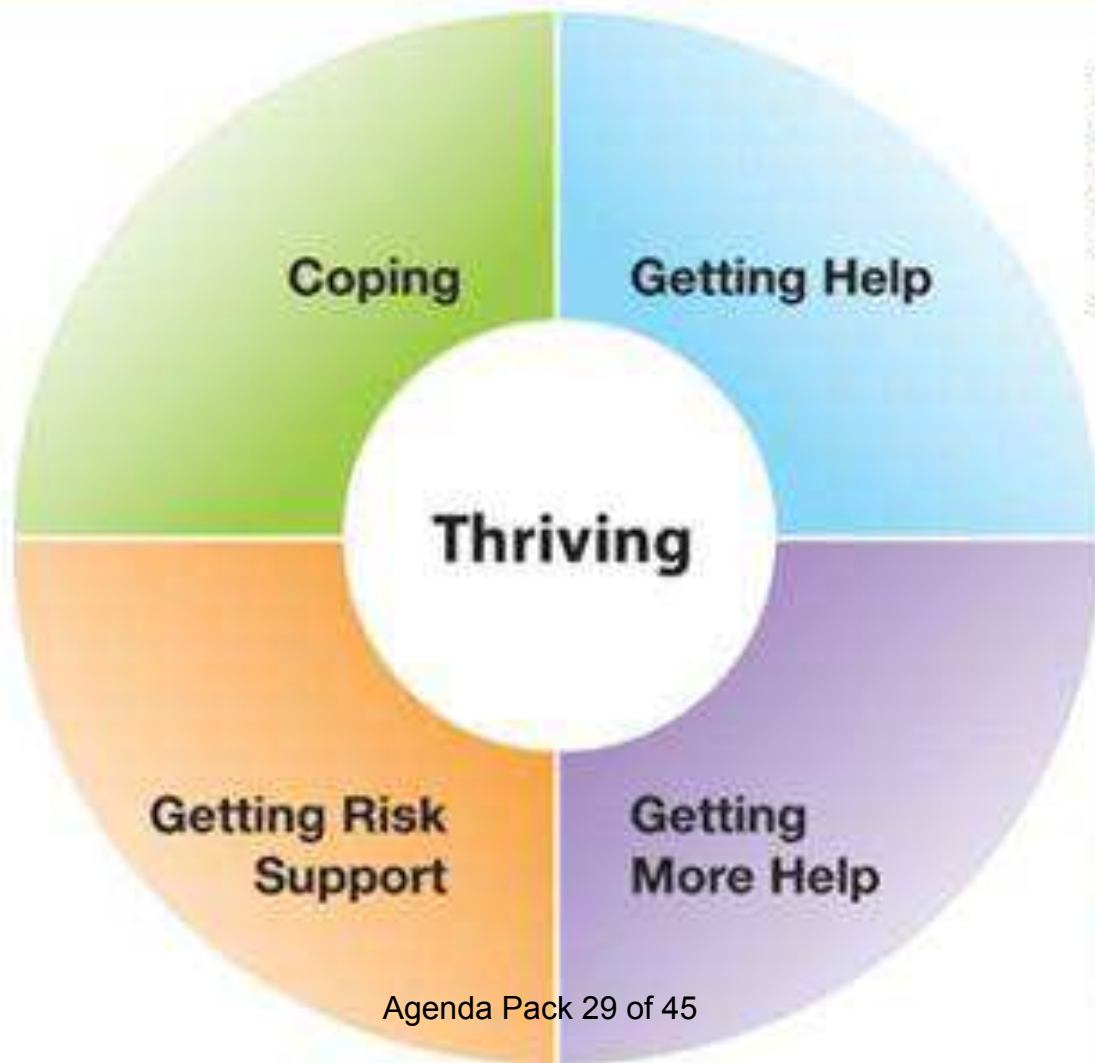
“We want to help ourselves, sometimes we just need pointing in the right way”

“I've worked with lots of professionals and fancy titles don't mean anything, it is the people who really care and I can talk to that make the difference”

“I want someone I can talk to who respects me and what is important to me”

Hertfordshire's I Thrive pathway for children and young people's emotional wellbeing & mental health

Countywide key messages on promoting wellbeing and resilience of our children and young people



Breaking down the barriers to accessing provision

Jointly produced and owned risk management plans

Step up and step down pathway

Hertfordshire – our success story

- Improving emotional and mental wellbeing of children and young people, needs – not a diagnosis
- A strong, strategic local system
- Embedded, long-standing partnership arrangements
- We know our strengths and areas of development
- Committed to ensuring a positive and timely journey for CYP needing emotional & mental wellbeing support
- Relentless in our drive to ensure emotional and mental wellbeing of children and young people is everyone's business – and coproduced with CYP

Community Eating Disorders Team

- April-June 2016: average 12 CYP in a Tier 4 inpatient bed with an eating disorder. By December 2016, this reduced to an average of 5.75
- April-July 2017: 100% of urgent referrals seen within 3 days and 100% of routine referrals seen within 28 days



Healthy Young Minds in Herts

A £600,000 funding boost has expanded the eating disorders team from 3 to 18 staff so all children and young people with an eating disorder can be supported by specialists.

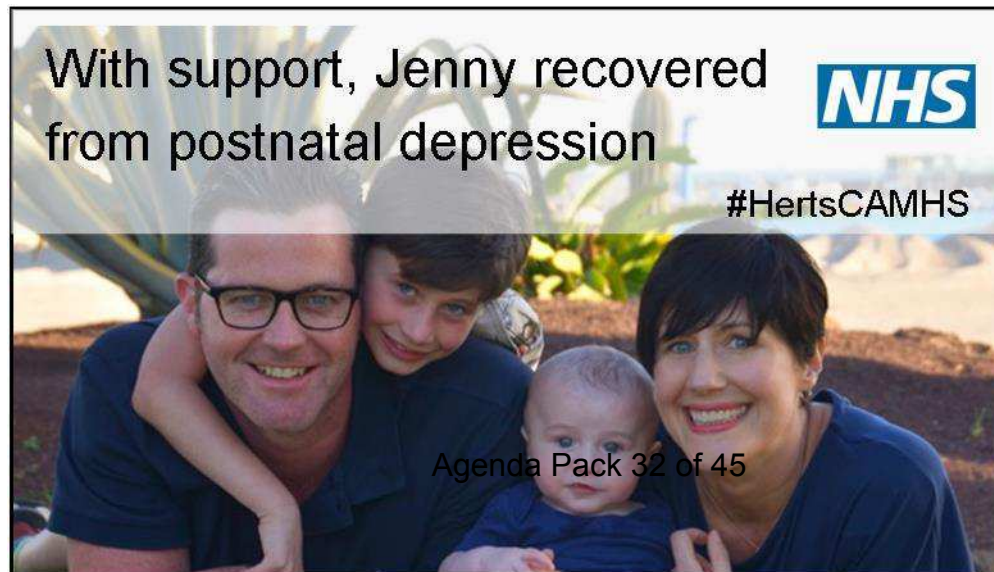


#HertsCAMHS



New Community Perinatal Mental Health Team

- Successful bid for NHS England start up funding of £800k a year
- Went live March 2017 with an expected capacity of 300 – have seen 650 people already
- Infant Mental Health Online training delivered to 120 professionals with 60 more in next cohort
- VIG (Video Interactive Guidance) has started and will run until March 2018. Supporting 16 families



"Thank you so so much for talking to me. You've really helped me think about why I'm feeling bad"

Quarter Summary

New Registrations

Total



By Gender



808



242

1 in 4 New Registrations were Male

BME

261 of the New Registrations identified as BME (25%)

By Age

Age	Percentage
11	3%
12	8%
13	9%
14	15%
15	15%
16	14%
17	12%
18	7%
19	4%
20	3%
21	2%
22	3%
23	2%
24	2%
25	1%
26	0%

Heard From Top 3

1	School	46%
2	GP	15%
3	Internet	7%

Logins

Total

Total Logins

5,112



Unique YP

1,164



Out of Office Logins

Office Hours
28%



Out of Office Hours
72%

Returning YP

New YP
21%



Returning YP
79%

Feedback

98% are planning on coming back soon*

95% would recommend this service to a friend*

Agenda Pack 33 of 45

*From 185 responses from 121 YP.

Usage

Chat Sessions

Sessions

481



Unique YP

270



Messages

Messages

3,173



Unique YP

625



Articles

Views

1,190



Unique YP

285



Self Help Documents

Times Accessed

619



Unique YP

417



Ask Kooth

Views

171



Unique YP

42



Forum

Views

5,222



Unique YP

400



KLOE 1: Identifying & responding to mental health needs – our strengths

- System-wide agreement, strategic oversight
- Delivery against many local priorities in the past 2 years:
 - Families First Early Help Model
 - Kooth and Tier 2 expansion – over 3,000 CYP engaged and supported
 - Crisis support – 9am-9pm 7 days a week
 - National CAMHS Schools link pilot developed into sustainable model for CAMHS School links
 - PALMS development
 - A multi-agency countywide Mental Health First Aid Training programme

Identifying & responding to mental health need – our areas for development

- Clarity and understanding from the wider workforce on promoting emotional wellbeing, particularly on tier 1 & 2 services
- More to do on identified national and local priorities up to 2020 – e.g. improving access

KLOE 2: Working together – our strengths

Strategic

- Strong, well established local partnerships
- Emotional & mental wellbeing a shared priority through HWBB
- Longstanding joint commissioning – 10 years+

Operational

- Joint working protocol and trusted assessment in place
- Innovation Fund to develop and grow practice
- Tools for Schools, GPs and social workers
- Multi-agency Families First and Family Safeguarding team models
- Engagement from Safeguarding Children Board

Working together – areas for development

Operational

- Multi-agency pathways which allow children and young people to move seamlessly through the system
- Using existing partnership arrangements with schools, continue the development of sustainable models for CAMHS and schools

KLOE 3: Experience of care – our strengths

	<p>My mental health story </p> <p>"I now come into school every day whereas I didn't before because of anxiety about it."</p> <p>Herts young person who used school counselling service Safe Space</p> <p>#HertsCAMHS</p>	<p>My mental health story </p> <p>"Thank you for listening, well, reading and responding. I think what you do is so great and amazing."</p> <p>Herts young person who used online counselling service Kooth</p> <p>#HertsCAMHS</p>	<p>My mental health story </p> <p>"I am less stressed, Mum and Dad say I am less short-tempered and not as angry."</p> <p>Herts young person who used school counselling service Safe Space</p> <p>#HertsCAMHS</p>
	<p>My mental health story </p> <p>"Sometimes things get worse before they get better, but they do get better."</p> <p>Herts young person who has had specialist mental health support</p> <p>#HertsCAMHS</p>	<p>My mental health story </p> <p>"It is really good to get help with my problems, so that now I can be the best I can be."</p> <p>Herts young person who has had specialist CAMHS support</p> <p>#HertsCAMHS</p>	<p>My mental health story </p> <p>"Thank you so, so much for talking to me. You've really helped me think about why I'm feeling bad."</p> <p>Herts young person who used online counselling service Kooth</p> <p>#HertsCAMHS</p>

Experience of care – our strengths

- Ongoing engagement with CYP leading to change
- HPFT 2016 NHS benchmarking against other Tier 3 CAMHS providers:
 - better performance for waiting times
 - lower than average DNAs,
 - better than average compliments
 - Re-referrals well below average
 - 2016/17 – 24 complaints and 342 compliments

Experience of care – our strengths

What was really good about your care?



Experience of care – our areas for development

- Information sharing in a timely way
- Better support for children and young people with challenging behaviour, including capacity issues with our good practice PALMS model
- Ongoing development around crisis support
- Workforce pressures – just under 20% vacancy rates in HPFT CAMHS (covered by agency and bank) and recruitment issues elsewhere

KLOE 4: Funding in Hertfordshire

- CCG additional investment of £2.8million on an ongoing basis – a 25% increase (total investment now £13.7million)
- Lack of clarity about future additional NHS funding
- Investment by other partners is less clear cut as many services have an element of prevention and early intervention - Children's Services invests over £21million per annum in services that contribute to supporting improving emotional wellbeing

Local messages for the national review

- Good emotional wellbeing is everyone's business:
 - Solutions: strong & well-embedded strategic arrangements and multi-agency partnership working
 - Building prevention and resilience early is crucial
 - Incorporate into commissioning agreements
 - Increase understanding of emotional wellbeing
- National systems can impact on local organisations and arrangements to work as effectively as possible
 - Data sharing issues need resolving

Local messages for the national review

- A range of skill mix, knowledge and confidence across agencies is key to addressing and supporting capacity
- NHS Access target is limiting. There needs to be a recognition of the whole system and encouraging the focus on early intervention and prevention community models which are coproduced with children, young people and their families
- Fragmented commissioning across the children and young people's landscape

What's next on our transformation journey with children, young people & families?

- Commitment to coproduction
- Embedding 'everybody's business' in existing arrangements
- Multi-agency pathways starting from early help
- Increasing access to NHS funded counselling
- Taking on responsibility for Tier 4 inpatient beds
- Development of a dedicated S136 suite



Healthy Young Minds in Herts



#HertsCAMHS