

MEETING:	Children and Young People's Scrutiny Panel
DATE:	Tuesday 16 th March 2017
TITLE:	Child and Adolescent Mental Health Transformation Update
LEAD DIRECTOR/ MANAGER:	Rachel Lissauer , Acting Director of Commissioning, Haringey Clinical Commissioning Group
AUTHOR:	Catherine Swaile, Vulnerable Children and Young People's Joint Commissioning Manager
CONTACT DETAILS:	Email: Catherine.swaile@haringeyccg.nhs.uk Telephone: 0203 6882712

SUMMARY:

A joint review of Child and Adolescent Mental Health Services (CAMHS) was launched in February 2015 by Haringey Council and Haringey Clinical Commissioning Group. The publication of 'Future in Mind' in March 2015 framed this review in light of national drivers and provided a context by which to review Haringey provision. As part of the national Future in Mind programme each area was required to publish a CAMHS Local Transformation Plan in September 2015. In Haringey the Local Transformation Plan was based on the review, which had significant input from a wide range of stakeholders and was a collaborative process with local organisations delivering support to children and young people.

The review identified that Haringey has a rich array of provision, and a number of innovative partnership projects meeting the needs of vulnerable groups. On the whole CAMHS provision across the Borough is valued, and high quality; however the review also identified a number of areas that require development. Whilst there is a lot of support for families, it requires more coordination, better awareness and promotion amongst universal provision and a greater focus on early intervention. Additionally in late 2014 the Adults and Health Scrutiny Panel completed a panel report on 'Transition from Child Mental Health Services to Adult Mental Health Services'. This identified a number of areas for development which are being taken forward through the local transformation plan.

Since publication of our CAMHS Transformation Plan in September 2015 Haringey CCG and Haringey Council have been working with our local providers to implement our CAMHS Transformation Plan. The Haringey CAMHS Transformation Board has been meeting regularly in order to drive this work and engagement from a broad range of commissioners, providers and patient groups has been sustained. Some elements of our Transformation

Plan are being implemented locally, and others across a broader North Central London footprint. Regular meetings are held between commissioners from the five boroughs of Haringey, Barnet, Enfield, Islington and Camden to share ideas and developments and look for opportunities for close working. The NHS CAMHS Providers across NCL; Barnet, Enfield and Haringey Mental Health NHS Trust, Tavistock and Portman NHS Foundation Trust, Royal Free London NHS Foundation Trust and Whittington Health NHS Trust, have been working closely together on a number of developments. The purpose of this paper is to provide an update and assurance on this work.

SUPPORTING PAPERS:

- Haringey Child and Adolescent Mental Health Services Transformation Plan submitted to Health and Wellbeing Board on 8 December 2016.
<http://www.minutes.haringey.gov.uk/documents/s89612/13.2%20Haringey%20CAMHS%20Transformation%20Plan%20October%20Refresh%20for%20Submission2%202.pdf>

RECOMMENDED ACTION:

The Panel is asked to note the overall progress on the implementation of the CAMHS Transformation Plan

Objective(s) / Plans supported by this paper:

Haringey CAMHS Transformation Plan supports implementation of the following key local policy documents:

- Haringey Health and Wellbeing Strategy (Priority Three)
- Haringey Council Corporate Plan (Priority One)
- Haringey CCG Plan on a Page (Objectives One, Two and Three)
- Haringey's Mental Health and Wellbeing Framework (Priority Two)

Patient & Public Involvement (PPI):

- Children and young people and parents and carers were involved in the development of the CAMHS Transformation Plan, additionally they have co-produced or been engaged in the development of many of the local priority schemes outlined in the plan.

Equality Analysis:

- The CAMHS Transformation Plan seeks to improve equality of access to child and adolescent mental health services and has identified a number of areas for development to support this.

Risks:

- This is an ambitious programme of work, risks are monitored on an ongoing basis for each of the projects and service developments.

Resource Implications:

- NHS England has made available significant additional investment in order to improve access to Child and Adolescent Mental Health Services. National targets include increasing the numbers of those accessing provision, and decreasing waiting times.

Child and Adolescent Mental Health Transformation Update

1. EXECUTIVE SUMMARY

The Review completed in 2015 identified a number of areas for development, these included key findings for both commissioning and CAMHS provision. The CAMHS Transformation Plan is a five year plan, but significant progress has been made in addressing these since the plan's publication in September 2015. The Review outlined the following key recommendations:

1. Develop and implement a joint commissioning model which allows us to develop a whole system approach to child and adolescent mental health and emotional wellbeing
2. Ensure evidence-based, quality assured services which promote participation of children, young people and their families in all aspects of prevention and care
3. Develop an early intervention approach that is embedded across the whole system.
4. Transform the model of care to improve access, deliver seamless care, improve outcomes and promote enablement.
5. Ensure that all groups of children and young people are able to access appropriate support, and that those where there are higher vulnerabilities have tailored support to their needs.
6. Promote the recognition of emotional health and wellbeing across the wider children and young people's workforce, ensuring staff are engaged in transformation.

Significant work has been done to deliver these recommendations including:

- Development of a section 75 for CAMHS Commissioning
- Mental Health Links in Schools Pilot and Anchor Project promoting attachment in schools
- Introduction of new 'Choices' Service
- Development of a Transition Action Plan to improve working arrangements between CAMHS and adult mental health services over the next two years.
- Development of First Step Plus looked after child service
- Mapping and planning for increased resource into youth justice services
- Introduction of post-assessment support for Children and Young People on autism diagnostic pathway
- Delivery of a significant training programme for professional across children and young people's services

2. INTRODUCTION

Haringey CCG and Haringey Council commission a broad range of Child and Adolescent Mental Health Services (CAMHS) and perinatal mental health services from a number of providers including:

- Barnet Enfield and Haringey NHS Mental Health Trust
- Tavistock and Portman NHS Foundation Trust
- Royal Free London NHS Foundation Trust
- Open Door
- Mind in Haringey
- The Whittington Hospital NHS Trust
- Camden and Islington NHS Foundation Trust

These services deliver interventions such as counselling, psychotherapy, psychological therapies and psychiatry for Haringey families. Referrals to CAMHS go to a single point of access to ensure coordination of these services. This point of access is facilitated by Barnet, Enfield and Haringey NHS Mental Health Trust and accepts referrals from all professionals working with Haringey children and young people. From October 2016 self-referrals and parental referrals are also being accepted into a new first contact service called 'Choices'.

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3. KEY AREAS OF WORK

3.1 Develop and implement a joint commissioning model which allows us to develop a whole system approach to child and adolescent mental health and emotional wellbeing

The Review found that commissioning arrangements mean there was no 'whole system approach' and a lack of coherence to provision. Funding arrangements did not allow us to accurately determine levels of investment, spend and associated outcomes. Future in Mind required a lead accountable commissioning body and a single separately identifiable budget for children's mental health services. Whilst there is was a joint commissioner in place for this area, joint commissioning arrangements needed further refining to deliver single contracts per provider, clearer more transparent investment and monitoring of spend and joint planning and integrated services.

A Section 75 agreement has now been signed between Haringey Clinical Commissioning Group and Haringey Council in order to develop a framework for joint commissioning and single contracts. These are currently in development for 2017/18. Joint planning continues and work is being undertaken to work with providers to increase transparency of investment and spend.

3.2 Ensure evidence-based, quality assured services which promote participation of children, young people and their families in all aspects of prevention and care

Child and Young People's Improving Access to Psychological Therapies (CYP-IAPT) is a national programme to improve the measurement of clinical outcomes, promote child/young person participation and improve access to evidenced based interventions by offering training to CAMHS Staff on accredited training programmes. Haringey was part of the London and South East Collaborative for CYP-IAPT in the first wave, however this partnership included only Barnet, Enfield and Mental Health Trust and the Council's Educational Psychology Service. Both Open Door and the Tavistock and Portman's Haringey services are now part of CYP-IAPT. Over the last year two trainees from Open Door have undertaken Interpersonal Psychotherapy for Adolescents (IPT-A) Training. Additionally all services have arranged for whole-service training on the principles of CYP-IAPT to ensure it is embedded across the whole CAMHS network.

Significant investment in IT means that providers are now reporting into the Mental Health Minimum Data Set, which will give us comparable data nationally with other trusts and better outcome reporting. In addition the IT investments mean better IT interface with children and young people with text reminders for appointments and iPads for session by session outcome tracking. Barnet, Enfield and Haringey Mental Health Trust are also developing their website to ensure more accessible information for families, and this will be completed by September 2017.

3.3 Develop an early intervention approach that is embedded across the whole system.

Haringey has been part of a national pilot to develop mental health links in schools. As part of this pilot 11 schools (a mix of primary, secondary and special schools) were involved in developing a communication protocol with CAMHS and improving links with child and adolescent mental health services. The role of MH Link in school has now been developed into emotional wellbeing coordinators and each school in Haringey has been requested to nominate someone. This group provides access to a forum, training opportunities and email updates on resources and services. This is now being managed through the Anchor Project based in public health which is working with schools to develop attachment aware practice. Additionally the outcomes from the MH Links in Schools pilot are being reflected through the work that Young Minds are doing to develop a resilience framework across Haringey schools.

As part of our CAMHS Transformation Plan we have been piloting group interventions offering early help for eating problems and self-harm with Open Door and peer support which is being supported by Barnet, Enfield and Haringey Mental Health Trust. The review identified a relative lack of early intervention support and we are currently looking at our early help offer which is a key area for concentration over the next year, looking at how we increase our offer of brief interventions to improve accessibility to children and young people with developing mental health issues, and how we might deliver differently to improve engagement.

3.4 Transform the model of care to improve access, deliver seamless care, improve outcomes and promote enablement.

One of the key findings of the Review was that there is a lack of out of hours support around crisis presentations. We are now working across North Central London to develop an out of hours model that provides support to the hospitals, but also offers an alternative to A&E where appropriate. A pilot will be starting in 2017/18 and we are working with providers to design this.

The Review also echoed national findings that access should be improved and that better information should be available to families early on and appropriate use should be made of community assets at the earliest stage to prevent escalation of mental health concerns. A new service called 'Choices' has been established. This service offers a one off consultation to any child/young person or parent with concerns around mental health. The Service will signpost to the most appropriate service, or identify an appropriate CAMHS provision in partnership with the child/young person or parent. As part of the evaluation there is a follow up call several weeks later which establishes how things are going and if the consultation was helpful. This service marks significant investment at the entry point to child and

adolescent mental health service and has a waiting time target of 4 weeks from first contact to face to face appointment. Appointments are offered in a range of community locations including Bruce Grove Youth Centre, primary care and children's centres/schools.

There is a need for improved transition between CAMHS and adult mental health services and increased flexibility in age eligibility criteria with appropriate and timely step-down for those who will not require ongoing support. We now have a detailed action plan outlining how we will commission differently to ensure that the most appropriate service accepts the referral, based on the needs and developmental maturity of the young person. We will also be piloting working protocols between adult mental health services and CAMHS and improving intelligence on those reaching transition age. Over the last year Barnet, Enfield and Haringey Mental Health Trust in partnership with DeepBlack have been running a co-produced lifeskills group facilitated by young people, for young people at transition age to step them down from more formalised support. There were some good outcomes, but limited numbers accessing the course, how this will be taken forward is currently being discussed as part of a broader look at the various group and peer support projects that have been running over the past year. This includes parental peer support that Mind in Haringey have been running, also on a course basis. Evaluation shows that a less formalised structure may encourage greater engagement, so the model is being adapted for 2017/18.

3.5 Ensure that all groups of children and young people are able to access appropriate support, and that those where there are higher vulnerabilities have tailored support to their needs.

The Review recommended that targeted services should be enhanced for vulnerable children and young people e.g. Children in Care, Care Leavers, children with learning disabilities and/or Autistic Spectrum Disorder (ASD), those within the Youth Justice pathway, Young Carers and children who have been abused.

For children in care Tavistock and Portman NHS Foundation Trust have piloted First Step Plus over the course of a year to evaluate the impact of offering intensive support to a small number of children and young people who have experienced multiple placement moves meaning that they have been unable to engage with their local CAMHS service. The service works with the children regardless of where they are placed in the Country, and where the child or young person does not engage support is still available to the network. This pilot is currently being evaluated, and will inform the future model for the commissioning of mental health support for Haringey's looked after children. Further work needs to be done to understand and support the mental health of care leavers, but this is an area of interest to both adult mental health services and CAMHS and will be considered over the next year.

The review identified gaps in post-diagnostic psychological support for families who have been through the autism assessment process. In order to improve this we have established a post, employed by Barnet, Enfield, Mental Health Services and hosted into the Child Development Centre to work with families. We are also as part of the Special Educational Needs and Disabilities Commissioning Strategy going to be looking at autism diagnostic pathways for children and young people as the pathway is currently fragmented. We are also doing work across North Central London to implement Transforming Care, a national programme to improve care and treatment

of those with learning disabilities and/or ASD who suffer from mental health conditions. We have implemented Care and Treatment Reviews (CTRs) for those at risk of an inpatient admission and those currently in hospital to ensure timely discharge. We are also developing a risk register to provide earlier coordinated support to prevent inappropriate use of residential or inpatient accommodation and are looking at how we can promote positive behaviour support within the Borough.

Haringey has been one of only ten local authorities to have a Liaison and Diversion worker for children and young people working to assess those coming into contact with the youth justice system. This programme is now being rolled out nationally and additional resource has also been identified for Haringey. We have mapped the pathway and are investing in additional psychological resource within youth justice services, as well as training for the adult liaison and diversion workers who provide out of hours support so that they are confident around childhood diagnoses and consent and capacity issues.

Using national pilot funding we have been working with schools in the borough to improve awareness of, and support to young carers. The pilot has been delivered by a partnership between Haringey SHED, Haringey Council, Barnet, Enfield and Haringey Mental Health NHS Trust and Family Action, with support from Haringey CCG. Haringey SHED worked with young people to produce a video, which is available on youtube as a training resource to professionals on what it means to be a young carer: This resource has been integrated into a training package that has been delivered to adult mental health teams, and Children's Services staff in the Council. The training seeks to explore the emotional impact of being a young carer, and how they can be supported. Additionally parent information sessions and drop-ins have been established in pilot schools. We are now reviewing our Young Carer offer and using the outcomes of the pilot to inform this.

Across North Central London we are working to improve access to emotional support for children who have been the victims of sexual abuse or exploitation. A child-house model is being developed and North Central London is a pilot site with investment from the Mayor's Office for Policing and Crime and NHS England. The Hub will provide access to a number of support agencies within one building, which is being designed to be a safe place for children and young people who have been abused.

Additionally the review identified that there are proportionally fewer children and young people accessing services from the most deprived areas in the Borough and that work needed to be done to target referrers and families in these areas, especially in Black/Black British African communities who are under-represented in provision. Barnet, Enfield and Haringey Mental Health Trust is working with Mind in Haringey to engage with community and religious leaders to improve awareness and engagement with services. Additionally Choices is showing good progress at engaging those in the more deprived areas of the borough and this will continue to be reviewed.

3.6 Promote the recognition of emotional health and wellbeing across the wider children and young people's workforce, ensuring staff are engaged in transformation.

Over the last year significant work has been done to develop the universal workforce including a CAMHS Training conference available to multi-agency professionals including school staff working with Haringey families, which was attended by over 100 professionals. In addition the Tavistock and Portman NHS Foundation Trust and Barnet, Enfield and Haringey Mental Health Trust have developed training currently being rolled out to all teams across Haringey Council's Children and Young People's Services, tailored for each team. The aim of this training is to increase understanding of mental health, how to support it, and raise awareness of resources and services and how to access them. The Young Carers project includes training on identifying young carers and the impact of caring on the emotional wellbeing of young carers. This training has been rolled out to adult mental health services as well as children's teams across early help. Training on child and adolescent mental health has also been delivered to GPs by Barnet, Enfield and Haringey Mental Health Trust, though uptake was not as high as hoped and further work is required in this area.

A key part of CAMHS Transformation is increasing the workforce in order to support children and young people requiring Child and Adolescent Mental Health Services. This has seen the workforce increase from 39.22 WTE clinical staff in 2015 at the time of the Review, to 44.44 WTE clinical staff at 31st October 2016, with a further 2 WTE clinical staff to be recruited into permanent positions by the end of the year. Additionally we intend to use additional workforce to provide temporary staffing in order to clear the current waiting lists, with the new Choices model expected to support the ongoing sustainability of reduced waiting times. Over the coming years the workforce will further increase in line with investment. The exact numbers are difficult to project as it depends on the final models agreed for both Tier 2 provision and crisis support. We will be evaluating the success of all pilots over 2017-2018 and will then commission based on what has worked well and delivered the required outcomes for children and young people.

4. CONCLUSION

As outlined above, significant work has taken place over the last year through a collaboration of commissioners and providers, stakeholders and children, young people and their parents to transform Haringey Child and Adolescent Mental Health Services. There are a number of innovative projects and new service developments within Haringey as part of the CAMHS Transformation Plan. We will ensure that we use the learning from these to inform future commissioning intentions and further investment of CAMHS Transformation funds.

5. RECOMMENDATION

The Panel is asked to note the overall progress on the implementation of the CAMHS Transformation Plan