

Report for: Health and Wellbeing Board – 16 October 2019

Title: 2019 Child and Adolescent Mental Health Services (CAMHS) Transformation Update including the Trailblazer and Schools Link Programmes

Report

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1. Describe the issue under consideration

This paper provides an update of Haringey’s CAMHS Transformation Programme. This includes some exciting new developments, funded externally by NHS England to develop mental health support teams in schools in the east of Haringey and a project to forge better relationships and communication between CAMHS practitioners and all Haringey schools.

The purpose of this paper is to provide the Board with an overview of current issues, strengths and challenges for children and young people’s (CYP) mental health as an introduction and background to the CAMHS Transformation Plan 2019, which will be submitted to the next Health and Wellbeing Board for final sign off.

Each year, the CCG is required to undertake an annual refresh of its CAMHS transformation plan and submit to NHS England for assurance. The plan is currently a working draft and the final date for submission is the 31st October. In previous years, this has been published as a draft on the CCG and council websites until final sign off at the Health and Wellbeing Board.

2. Recommendations

The board is asked to note:

- the key issues, strengths and areas for development outlined in the paper
- the new developments within the Haringey CAMHS Transformation Programme, particularly Haringey’s national *Trailblazer* status

- that the final draft of the CAMHS Transformation Plan 2019 Annual refresh will be produced in draft form by the end of October and will be submitted to the next Board for final sign off.

3. Background Information

3.1 Haringey's CAMHS Transformation Programme

The importance of good emotional health and the wellbeing of our children and young people cannot be underestimated. It is a national priority with the publication of the 2018 *Transforming Children and Young People's Mental Health Provision Green Paper*¹ and is a key strategic local priority in the 2019-2023 Borough Plan which articulates a clear vision for strong families and networks which are resilient and have access to early help and support. This contributes to our aim for children and young people to have the best start in life in Haringey and to lead happy and fulfilling lives.

A significant number of Haringey children and young people require mental health support services. Our Joint Strategic Needs Assessment (JSNA) projected that around 4,800 Haringey children and young people aged 5-15 have a diagnosable mental health condition. There are an additional 5,700 young people aged 16-24 years with the same.

Indeed 50% of mental health problems (except for dementia) are established by age 14 and 75% by age 24. Risk factors such as having four or more adverse childhood experiences (ACEs) indicate that a person may experience mental health problems. ACEs include homelessness, physical or emotional neglect, physical or sexual abuse or experienced domestic violence. Other risk factors such as having long term disabilities or a diagnosis of autism mean these groups are more likely to suffer from poor mental health.

In view of these stark statistics, and the principle of parity of esteem between mental and physical health that is enshrined in law under the 2012 Health and Social Care Act, NHS England has set targets for local areas to improve access to mental health services. We must ensure that a minimum of 35% of under-18s with a diagnosable mental health condition are accessing mental health services by 2021. Nationally and locally this is a challenge as recording of activity on the correct system that allows data to be counted by NHS England has proven problematic. Although we are on track to meet this target and are currently achieving access for around 31% of children with a diagnosable mental health condition, many of the simple process redesigns and quick wins have already been undertaken so increasing and then maintaining our access figures even by just 1-2% will require significant effort across all local partners. It is a concerning statistic that 65% of our children and young people may still not be accessing the support they need.

¹ <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper/quick-read-transforming-children-and-young-peoples-mental-health-provision>

The Haringey CAMHS Transformation Programme and the associated annual transformation plan outlines the borough’s approach to addressing concerns of access and inequality and demonstrates how local partners will work together to make the necessary improvements. NHS England has provided external funding for the five year programme and spend is scrutinised closely to ensure Haringey is delivering its objectives.

Table 1 CAMHS Transformation Plan Investment per annum 2018/19- 20/21 after which funding will be mainstreamed within CCG baseline funding.

	18/19	19/20	20/21
CAMHS Transformation NHS England	£977,000	£1,075,000	£1,174,000
Trailblazer Pilot and Four Week Waiting time Initiative NHS England	£489,594	£1,339,130	£1,294,063
Health Education England Funding for Trailblazer Pilots		£66,990	£267,960
Schools Link Programme		In-kind support from Anna Freud Centre who are funded by DfE	
Suggested additional funding provided through the Five Year Forward Plan, NHS England		88,873	£328,887

A CAMHS Review was undertaken in 2015 by the council and CCG which assessed access to and take up to services by GP catchment areas and ethnicity. This data showed that the population of west Haringey was using services far greater than those in the east of the Borough. The variation by ethnicity was not conclusive. This review led to specific, needs led commissioning of mental health provision in east Haringey and a series of recommendations which are being implemented through the CAMHS Transformation Plan.

4. The Trailblazer Project and Four Week Waiting Time Initiative²

In 2018, following the publication of the Green Paper on *Transforming Children and Young People’s Mental Health Provision*, the government and NHS England invited

² [Trailblazer Pilot](#)

bids for areas to *trailblaze* new initiatives to support improved access to services and the development of mental health teams in schools.

Haringey submitted its application and was chosen as a Wave 1 *Trailblazer Pilot* which included a commitment to deliver a Four Week Waiting Time for CAMHS.

Haringey is one of four London areas delivering the four week waiting time pilot (4WW). The Haringey pilot involves Open Door and Barnet Enfield Haringey Mental Health Trust. The purpose of the waiting list work is to test various methods aimed at reducing waiting times, particularly for first assessment.

The Trailblazer is being delivered through a strong partnership led by the Clinical Commissioning Group (CCG) including: Haringey CAMHS (BEH-MHT); Haringey Local Authority including Early Help, Educational Psychology, Public Health lead Anchor Project; Haringey Education Partnership; Tottenham Hotspur Foundation; Community Links (More than Mentors); deep:black; and Open Door – Young People’s Counselling and Psychotherapy. The Children and Young People’s (CYP) Transformation Executive chaired by the LBH Assistant Director for Commissioning oversees the governance of Trailblazer and the Four Week Waiting Initiative as part of the overall CAMHS Transformation Programme.

The pilot work is an exciting opportunity for the borough and enables us to test new ideas on behalf of the rest of the UK. It has brought over £1 million of much needed investment into our area and the success of the bid is testament to the strong partnerships that already exist in Haringey.

Two multi-disciplinary Trailblazer Mental Health Support Teams (MHSTs) will be providing support and interventions. The MHSTs are skill mixed to ensure best use of resource and comprise of a senior CAMHS practitioner, a speech and language therapist, an educational psychologist, two children’s wellbeing practitioners³ and two education mental health practitioners⁴. These professionals are further supported by teams from the council’s highly regarded Anchor Project⁵ and the voluntary and charitable sector including the Tottenham Hotspur Foundation. A booklet which explains the structure and work of the MHSTs is currently under development for publication locally.

Each team will cover half of the 36 east Haringey schools (5 secondary, 30 primary and 1 special primary) and will offer interventions including support for mild to moderate anxiety.

5. The Haringey Schools Link Programme

In addition to Haringey’s trailblazer status, Haringey has recently been awarded the Schools Link Programme, which is a four year DfE programme to train a member of

³ <https://cypiapt.com/cwp-services/>

⁴ <https://cypiapt.com/2019/03/13/educational-mental-health-practitioner-2019-update/>

⁵ <https://local.gov.uk/anchor-project-haringey-council>

the Senior Leadership Team as a Mental Health lead within the every school in [England](#).

Haringey will be one of the first Local Authorities to deliver the Schools Link programme which will support the implementation of the CAMHS Transformation Programme. The Schools Link Programme will also assist with the recommendations arising out of the Council's Alternative Provision Review and recommendations on reducing exclusions (please see section 6.2).

The aim of the programme is to bring together education and mental health professionals so that more children and young people get the help and support they need, when they need it. For Haringey this means 72 schools and colleges will attend two workshops through the existing Networked Learning Communities led by head teachers. The model they use is CASCADE which is a useful method for ensuring there is a whole borough/school approach to supporting mental health needs. This work builds on the excellent work of The Anchor Project which provides educational settings with information, advice and support to strengthen whole-school wellbeing and resilience.⁶

6. Key Issues in Haringey for Children and Young People's Mental Health

The above sections of the paper have outlined context to the improvement programme and described some new developments that are in the early stages of implementation. This section outlines some of the key issues with services at present before describing some key achievements to date and the areas for development.

6.1 Access to services for more vulnerable groups and Children and Young People who do not attend appointments

Overall, young men and women access CAMHS in line with expected rates, which is very positive however more can be done. The introduction of a new digital support programme, Kooth⁷ may attract greater numbers of young men and others who would not normally sit and talk to someone face to face.

The 2015 CAMHS Review stated there were few local services for young people identifying as LGBTQ+. Within CAMHS there is not a specific service for LGBTQ+ but CAMHS are trained to work with young people questioning their sexuality, sexual identity and gender issues. Given the vulnerability of young LGBTQ+ further support in school, youth groups and Early Help, still needs to be considered as with other vulnerable groups.

The CAMHS Learning Disability team is a very experienced team and has recently expanded. This has allowed them to provide some more intensive input for this cohort

⁶ <https://www.haringey.gov.uk/social-care-and-health/health/public-health/anchor-approach/anchor-approach-information-schools>

⁷ Kooth is an online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop and free at the point of use. <https://www.kooth.com/>

of vulnerable children and young people but there is still not enough capacity overall and this is an area for development.

It can be difficult to identify and to work with vulnerable young people. Training in Adverse Childhood Experiences (ACEs) has been shown to be helpful in changing attitudes and increasing confidence in responding to vulnerability by adopting a trauma-informed approach. Currently, the Trailblazer Pilot work, Virtual Head, Youth Offending Service and the Anchor Project use a trauma-informed approach. This can be cascaded across services.

The Trailblazer Pilot partnership includes More than Mentors, Tottenham Hotspurs Foundation and deep:black because engaging with a mental health practitioner can be frightening. Each of these organisations is offering activities and in turn their sports/arts/youth workers are being supported by CAMHS practitioners. This provides a therapeutic approach to the intervention. Increasingly, youth clubs have trained therapists within their teams/activities

6.2 Lack of Early Intervention and Limited School Offer

The 2015 CAMHS Review showed that there were few early intervention programmes and those that existed were not coordinated. At any one time, schools will be able to identify a number of vulnerable pupils whose learning needs, medical needs, behavioural challenges, social difficulties or family circumstances combine to have an impact on their ability to fully participate in, and benefit from, the curriculum. A proportion of these pupils may at some point, therefore, require additional support or alternative provision to be made for their education.

Haringey schools and colleges do not have a comprehensive social emotional mental health offer. NHS England's Trailblazer Pilot and the DfE's Schools Link Programme will assist schools and colleges in recognising mental health issues and improving communication.

6.3 Waiting Times

Waiting times for services have been very long although this is now starting to improve thanks to additional investment, the role of Open Door (a local voluntary sector provider) and internal service improvements at Barnet, Enfield and Haringey Mental Health Trust (BEH). Parents report that this is a particular concern for them, especially the lack of support received while waiting.

Reducing long waits

- In October 2018, 21% of young people were waiting over 18 weeks for a first appointment.
- As of July 2019, this had reduced to 4% of young people waiting over 18 weeks.

Delivering 4wk waiting times

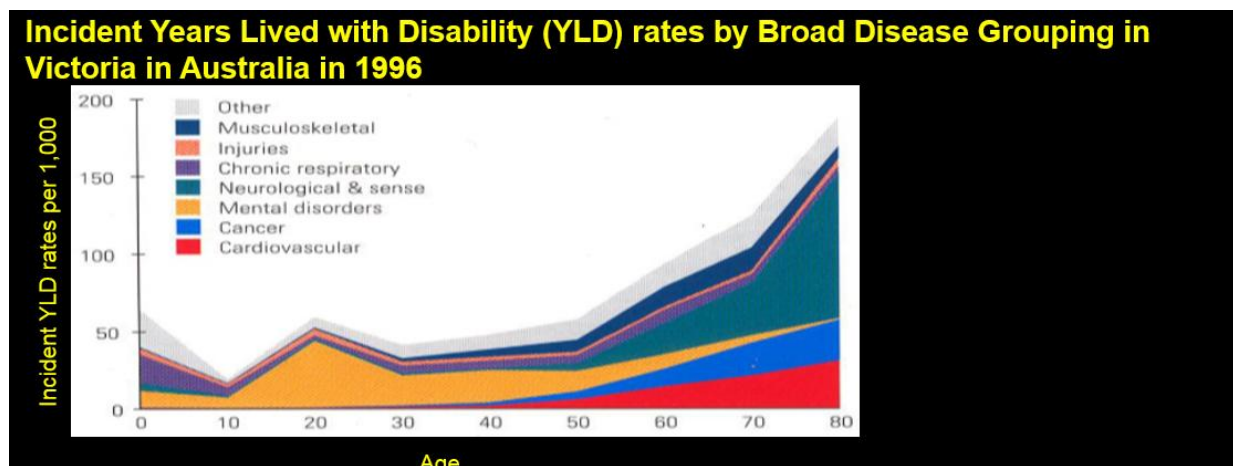
- In October 2018, 60% of young people were seen within four weeks for a first appointment.
- By July 2019 this had increased to 67%.

As part of the Trailblazer pilot, service redesign is underway to make sure no-one waits more than 4-6 weeks for an appointment. However, it is unclear if this can be

achieved within the existing financial envelope. Additional non-recurrent investment poses a risk for sustainability of meeting this target in the longer term and so the focus is on transformational pathways. The Kooth digital support online programme will support young people who may not meet the threshold for a CAMHS service but nevertheless wish to talk and to explore any problems they are encountering. It can also meet some of the needs of young people on a waiting list.

6.4 Transitions and lack of 0-25 services

There is an increased drive nationally towards greater focus on early intervention and prevention for those children and young people with long-term mental health needs. Major psychological changes and life transitions may happen together during young adulthood including mental health disorders and other physical injuries. In Australia, a study of incidence of a range of physical and mental health conditions showed the incidence of mental health disorders appeared highest when young people are 15 to 25 years old. This indicates that mental health services need to be ready to meet the demand during this time period. Services need to be developed and targeted appropriately to meet the challenges which people under 25 face in order to reduce the risk of these issues manifesting further into adulthood.



For services targeting 0-25 year olds there needs to be an integrated approach across health, social care, education and the voluntary sector. There is now a recognition of the benefit of an all age approach to commissioning, especially for mental health and SEND. This is a key priority in the NHS Long Term Plan.

Parents and young people report that there is a 'cliff edge' at transition from children's to adult services at the age of 18.

There is also a particular issue for our young people with autism without a learning disability. These young people do not often meet the threshold for adult mental health services or adult services feel they cannot meet their needs (young adults with autism and a learning disability would be seen by the Haringey Learning Disability Partnership).

Open Door provides a service for 18-25 year olds but waiting times are significant. There is specific further work to do on transition services for mental health and for

autism, breaking down the arbitrary divide between adults' and children's commissioning to deliver better outcomes

7. Some Key Strengths/Achievements to date

- A strong Haringey CAMHS Transformation Partnership has brought together all key stakeholders to drive change. The CYP Transformation Executive is chaired by the Assistant Director for Commissioning and supported by Educational Psychology, Special Educational Needs and Disabilities (SEND), public health, Healthwatch, a GP, a head teacher and a parent representative.
- Overall achievements have been made in the CYP mental health workforce being able to offer a greater number of evidence-based therapies through appointing new members of staff, implementing further staff training and introducing a better skills mix.
- Patient reported outcomes (PROMs) have also improved.
- Excellent work has been undertaken in engaging young people and parents to help redesign and improve services and a parent/carer rep sits on the Transformation Board. Healthwatch children and young people and parent/carer events are taking place from September 2019.
- Mental Health Support Teams are now present in all East Haringey Trailblazer schools.
- More Than Mentors (year 7 peer to peer support for 11 year olds transitioning to secondary school has been extended in partnership with 10 schools and Bruce Grove Youth Centre.
- Deep:black are providing creative arts sessions held at Woodside High School
- Exam stress reduction sessions held for young people as part of the Trailblazer.
- A pilot project for autistic young people is now run by Tottenham Hotspurs Foundation to help provide therapeutic interventions while undertaking sports activities
- Parent training held and there are plans to extend training for parents of autistic young people

8. Key Areas for Development

- Continued focus on access targets and reducing waiting lists
- Roll-out of school and college programme
- Development of 0-25 services within existing resources. Currently services are fragmented and commissioned and delivered for children and young people 0-17 and then 18+. This does not sit well with responsibilities for SEND (Special Educational Needs and Disabilities) which extend to 25. This will involve bringing together adult and children's commissioners to work differently across a pathway

- More local support for young people with autism/LD and challenging behaviour to reduce out of borough residential placements. This includes specialist training and evidence- based interventions. Key to supporting young people to stay locally is improved day and overnight respite provision and there is a programme of work planned for respite and short breaks to improve our local offer.
- Implement a whole system approach to thinking differently about emotional health and wellbeing- focussed on early intervention (this is the i-THRIVE model)⁸
- The future of the CHOICES service and how we make this work. <https://www.haringeychoices.org/>. This service is open access offering brief intervention and signposting to services but uptake/ number of contacts is still quite poor, even when the service is now in schools. We need to think about new ways of working e.g. a helpline, therapeutically informed youth services/clubs which are already in place in some areas e.g. Camden.
- Finding investment for the expectations set out in the Ten Year Plan - home treatment, Out of hours, 18-25 year old services and transition.

9. North Central London Sustainability and Transformation Partnership Programme - CAMHS (NCL STP)

Haringey CCG leads on the Crisis and Urgent Care workstream on behalf of North Central London (NCL). The Out of Hours Service for children presenting in mental health crisis (usually at an A&E department who then have to be admitted inappropriately to a children's medical ward with specialist support) began in July 2019 and will be expanded to all hospitals in NCL by December 2019. This will make a significant difference in reducing inappropriate admissions to beds in hospitals and enable more effective use of resource.

10. CAMHS Transformation Programme- Some Key risks

Although there have been some significant achievements in the early stages of the Trailblazer pilot, there are ongoing risks to delivery of our CAMHS Transformation Programme. There is a need to bear in mind the changing landscape of both the NHS and Social Care systems and the demands and pressures therein that need a coordinated response. Seemingly small funding changes can have a detrimental effect on another part of the local social emotional mental health support offer.

Staff recruitment is a key risk and this can be mitigated through the strong CAMHS Partnership Board members who can support recruitment. Increased referrals to services (rising demand) and increasing complexity are also risks to delivery of our programme, particularly the 4 week waiting time initiative.

Collaboration between schools, Early Help, Youth Services, CAMHS, traded services such as Haringey Education Partnership (HEP), Anchor Project, Educational

⁸ <http://implementingthrive.org/>

Psychology and voluntary sector are needed to effectively implement and coordinate programmes.

11. Contribution to strategic outcomes

The CAMHS Transformation, Schools Link Programme and the Trailblazer Pilot work contributes to the delivery of the Borough Plan 2019-2023 *People* priority ensuring our children and young people have the best start in life, a happy childhood and that, 'every young person, whatever their background has a pathway to success for the future'. The aims of the emotional social and mental health work supports outcome 6: educational achievement, school exclusion, first time entrants in the criminal justice system and young people who are not in education, employment or training.

The trailblazer project in particular realises our ambition to provide early support and responses to our children and young people before escalation of need.

12. Statutory Officer Comments (Legal and Finance)

12.1 Legal

The contents of the report do not present any direct legal implications to the council. The projects detailed in the report are directly funded by NHS England, the CCG and DfE.

12.2 Finance

The contents of the report do not present any direct financial implications to the council. The projects detailed in the report are directly funded by NHS England, the CCG and DfE.

13. Environmental Implications

There are none.

14. Resident and Equalities Implications

The CAMHS Review undertaken in 2015 by the council and CCG assessed access to and take up of services by GP catchment areas and ethnicity. This data showed that the population of west Haringey was using services far greater than those in the east of the Borough. The variation by ethnicity was not conclusive. This review led to specific, needs led commissioning of mental health provision in the east of the borough and has shaped our CAMHS Transformation Programme. Many vulnerable young people are unable to engage with a variety of services including mental health for a complexity of reasons. The Trailblazer Pilot work was specifically established to overcome such barriers to access by partnering CAMHS practitioners with sports clubs, arts and peer mentors. NHS England has fed back that our pilot bid was successful because of the strength of partnerships with voluntary sector and charitable organisations. The pilot work is aimed at addressing health inequalities in the eastern part of the borough.

The Schools Link Programme will benefits all Haringey Schools, alternative provision and Colleges.

15. Use of Appendices
None

16. Background Papers
None