Healthy Young Minds in Herts

Child and Adolescent Mental Health Services (CAMHS) Transformation Plan for Hertfordshire 2015-2020

October 2018 Update
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Foreword

Hertfordshire has continued to make positive progress towards improving the emotional and mental wellbeing of the county’s children and young people (CYP). The 2018 refreshed Local Transformation Plan (LTP) demonstrates how our vision is becoming embedded in work being undertaken across the system.

We continue to invest in and work towards increasing access to evidence based mental health interventions in a timely way to help CYP at the earliest opportunity, developing support for parents and carers and improving support for CYP experiencing crisis, and trauma and engaging in sexually harmful behaviours. Our perinatal mental health service has been shortlisted for an award two years in a row and our eating disorder service has received an award and a number of commendations. Hertfordshire was successful under the second wave of the national New Care Models (NCM) programme which aims to offer a viable community alternative to inpatient admission, provide care closer to home and reduce lengths of stay through closer integration with community teams.

A Green Paper trailblazer bid has been submitted to NHS England for Mental Health Support Teams (MHSTs) to work with schools and to reduce waiting times for intervention from mental health services. At the time of the LTP being refreshed the outcome is currently being awaited. Hertfordshire is already ahead in relation to the Green Paper which was published in December 2017 with more than 400 schools with a Mental Health Lead supported by training and an online toolkit. Our Children’s Wellbeing Service continues to succeed in bidding for recruit-to-train positions, growing the team supporting CYP and their parents and carers with emerging mental health problems.

The key areas of focus for the refreshed LTP are improving the availability of early help, expanding support for CYP with autism and/or ADHD, and whole system support for those CYP with more complex needs. A review of support for our most vulnerable CYP including those in the Youth Justice System has been pledged for 2019.

Hertfordshire is committed to ensuring that the emotional and mental wellbeing of our children and young people is everyone’s responsibility, and therefore we must continue to work together as a system to ensure our young people are well supported and given the opportunity to have the best start in life.

Kathryn Magson, Chief Executive
Herts Valleys CCG and Chair of Hertfordshire Children and Young People’s Emotional & Mental Wellbeing Board

Beverley Flowers, Accountable Officer
East and North Hertfordshire CCG

Jenny Coles, Director of Children’s Services Hertfordshire County Council
Hertfordshire’s Priorities and Updates

In this section of the Local Transformation Plan we will provide updates on each of the Hertfordshire priorities, as shown below, and a summary table to illustrate our progress alongside the work we continue to undertake.

<table>
<thead>
<tr>
<th>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</th>
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<tbody>
<tr>
<td>2. Reducing waiting times for CAMHS services</td>
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<td>3. Better support in crisis, and reducing the number of admissions to tier 4 inpatient beds</td>
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<tr>
<td>4. Workforce development to build capacity and the ability to manage mental health concerns at all levels</td>
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<td>5. Work with schools, who are often the first point of contact for children and young people around their mental health</td>
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<td>6. Early Intervention Pathway – to intervene early and so prevent escalation</td>
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<td>7. Eating Disorders – strengthening support for children and young people with eating disorders</td>
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<td>8. Developing a Community perinatal mental health team</td>
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<td>9. Development of a neurodevelopmental pathway</td>
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<td>10. Parent and carer support</td>
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<td>11. Providing support for children and young people displaying sexually harmful behaviours</td>
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<td>12. Attachment and trauma</td>
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<tr>
<td>13. Transformation of care</td>
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<td>14. Care for the most vulnerable</td>
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<td>Area of Thrive</td>
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<tr>
<td>Coping / Thriving</td>
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<tr>
<td>Getting advice</td>
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<td>Getting help</td>
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<td>Getting help &amp; Getting more help</td>
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<td></td>
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<tr>
<td>Community perinatal mental health</td>
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Hertfordshire Local Transformation Plan – October 2018
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<thead>
<tr>
<th>Getting more help</th>
<th>Strengthening support for children and young people with eating disorders</th>
<th>Community Eating Disorder service successfully established and meeting national requirements for access and waiting times</th>
<th>Evaluate the capacity of the Community Eating Disorder service to ensure that access and waiting times can be met.</th>
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<tbody>
<tr>
<td>Sexually harmful behaviours</td>
<td>Dedicated workers in Adolescent Resource Centre linked with NCATS. Brook Traffic Light Tool training rolled out across partner agencies</td>
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<td>Attachment and trauma</td>
<td>Well performing service in place</td>
<td>Review of mental health support within Children’s Services planned</td>
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<tr>
<td>Getting risk support</td>
<td>Better support in crisis reducing the number of admissions to tier 4 inpatient beds</td>
<td>CAMHS Crisis Assessment Team operational from 9AM to 9PM. Home Treatment Team. DBT team. High risk outreach nurses. Short term admissions.</td>
<td>New section 136 suite for CYP being built. Review of crisis support</td>
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<td>Transformation of care for CYP</td>
<td>Dedicated Care, Education &amp; Treatment Review manager in place</td>
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<td>Safeguarding</td>
<td>Learning from serious case reviews considered within transformation plan development</td>
<td>Ensure that outcomes from complex case work lead to improved information sharing and joint working between</td>
<td></td>
</tr>
<tr>
<td>Enablers</td>
<td>Services for the most complex cases</td>
<td></td>
<td></td>
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<td>------------------------------------------------------------------------</td>
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<tr>
<td>Workforce development to build capacity and the ability to manage mental health concerns at all levels</td>
<td>MHFA programme. Multi agency training survey / mapping. School training programme. STP workforce plan. Engagement in CYP IAPT and recruit to train opportunities. Demand and capacity exercise to review workforce mix required and further development of local plan. Needs of early year professionals and universities need to be met.</td>
<td></td>
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<tr>
<td>Development of a neuro developmental pathway</td>
<td>Proof of concept pilot of new autism diagnosis pathway being tested and implemented in East and North Herts in 2018/19. Test feasibility of integrating other neurodevelopmental conditions into model and rolling out across West Herts.</td>
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The government has set a target for each CCG to be supporting 35% of the children and young people who could benefit from mental health interventions by 2020/21. For East and North Herts CCG, national prevalence estimates are that there are 10,574 children and young people who need an intervention. Therefore 35% equates to 3,701 children and young people. For Herts Valleys, the prevalence estimates are that 11,125 children and young people could benefit from an intervention. 35% is 3,894 children and young people. 35% of the combined population of both CCGs for children and young people who could benefit from mental health interventions total 7,595.

There are also interim targets before 2020/21, with a target of 30% for 2017/18. In 2016/17, we were providing support to about 24% of children and young people in East and North Herts and 26% in Herts Valleys. There was agreement that 16 and 17 year olds accessing adult IAPT services could be counted towards the target and we anticipated this would increase our performance by about 3% in each CCG area alone. This left a gap of around 1,500 additional children and young people countywide that would need to receive a service that could be counted towards the target by 2020/21.

There has been national debate about which services should be included in this target. Locally we have a number of services that are not counted in the current figures but are delivering useful interventions so our performance remains understated.

**In order to address this we:**
- Linked our community counselling providers with HPFT to stream their data into the Mental Health Minimum Data Set so that we could count the additional investment into these valuable services as part of our increased numbers accessing support
- Communicated with the National Clinical Director for Mental Health requesting clarity around whether or not services that focus on online support could be included and discussions about how we count these towards the target took place with the national team
- Reviewed the way in which co-located posts record their data to ensure everything is accurately captured.

In addition, through the CAMHS Transformation programme, commissioners made additional resource available to increase capacity in the early intervention provision as well as commissioning Kooth, which provides support online. This has proved to be very successful with over 3,000 children and young people currently registered. Commissioners are in the process of retendering the early intervention provision.

Currently, Hertfordshire Partnership Foundation Trust (HPFT) provide our specialist community support and the Wellbeing Service (which works with people from the age of 16) provide access data to the Mental Health Services Data Set (MHSDS) which is NHS England’s method for capturing access numbers across the country. Hertfordshire Community Trust (HCT) provides our Early Intervention Step 2 service and Positive Behaviour, Autism and Learning Difficulties Mental Health Service (PALMS) and has begun flowing their data to the MHSDS this year. The National Access Indicator requires all NHS
funded providers to submit data on the number of children and young people that have at least two meaningful contacts with their service.

In order to secure a comprehensive national record of 2017/18 performance, a single one-off SDCS (Strategic Data Collection Service) collection on CYP activity was run in June 2018. All NHS-commissioned services, including third sector organisations, were required to provide their 2017/18 access figure via the SDCS collection. This was validated and published.

The result of the one off collection for Hertfordshire was as follows:

<table>
<thead>
<tr>
<th>E&amp;N</th>
<th>HV</th>
<th>Total</th>
<th>Actual recorded E&amp;N</th>
<th>Actual recorded HV</th>
</tr>
</thead>
<tbody>
<tr>
<td>10,574</td>
<td>11,125</td>
<td>21,699</td>
<td>3,254 (30.77%)</td>
<td>3,407 (30.62%)</td>
</tr>
</tbody>
</table>

Hertfordshire successfully met the 30% target for 2017/18.

It has been a significant challenge for Hertfordshire’s community counselling providers to establish the correct framework for capturing and sharing information with NHS digital and ensuring compliance with the General Data Protection Regulations. They have required support from both NHS England and Hertfordshire Partnership Foundation Trust to modify their systems to accommodate a data flow to the Mental Health Services Data Set. These providers are working hard to meet the national expectation that all NHS commissioned activity will be nationally recorded.

It is anticipated that our community counselling providers and Kooth (online counselling) will send their data to be included in the National Access Indicator via the MHSDS by the end of 2018.

Children and Young People’s Improving Access to Psychological Therapies (CYP IAPT)

The Children and Young People’s Improving Access to Psychological Therapies programme (CYP IAPT) is a service transformation programme that aims to improve existing Child and Adolescent Mental Health Services (CAMHS) and is funded by NHS England and Health Education England. Hertfordshire has worked with the London & South East CYP IAPT Programme Team since its inception to enable providers and commissioners to reflect on progress in implementing the principles of CYP IAPT in the context of system wide change underway through the Local Transformation Plans and Sustainability and Transformation Plans.

The core principles of the CYP IAPT programme are:

- Value and facilitate authentic participation of young people, parents, carers and communities at all levels of the service.
- Provide evidence-based practice and while being flexible and adaptive to changes in evidence.
- Raise awareness of mental health issues in children and young people, and take an active role in decreasing stigma around mental health difficulties.
• Demonstrate accountability by adopting the rigorous monitoring of the clinical outcomes of the providers and feedback from young people and families about their experiences of using the service.
• Actively work to improve access to and engagement with services.

These principles are co-dependent and are applied within a culture of collaboration and shared decision-making. 45 Hertfordshire professionals across a range of services have accessed management, supervision or therapy training via this initiative since 2011.

### Priority 2: Reducing waiting times for services

Local information on access and waiting times has been the basis of our focus on improving access and reducing waiting times in our transformation plan. Our investment into Eating Disorder services early on the transformation programme has enabled us to meet the national ED waiting time targets well ahead of the 2020/21 deadline.

The following waiting times are in place for services in Hertfordshire and performance against these standards is monitored routinely:

<table>
<thead>
<tr>
<th>Service</th>
<th>Waiting time standard for initial assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist Community CAMHS routine referrals</td>
<td>28 days</td>
</tr>
<tr>
<td>Specialist Community CAMHS priority referrals</td>
<td>7 days</td>
</tr>
<tr>
<td>Targeted Service* contact with social worker / referrer</td>
<td>14 days</td>
</tr>
<tr>
<td>Targeted Service consultation or assessment</td>
<td>28 days</td>
</tr>
<tr>
<td>Crisis assessment (when presenting at A&amp;E)</td>
<td>4 hours</td>
</tr>
<tr>
<td>Eating Disorder Service routine referrals</td>
<td>14 days</td>
</tr>
<tr>
<td>Eating disorder Service priority referrals</td>
<td>5 days</td>
</tr>
<tr>
<td>Community Counselling Agencies</td>
<td>28 days</td>
</tr>
<tr>
<td>Step 2</td>
<td>28 days</td>
</tr>
<tr>
<td>PALMS</td>
<td>28 days</td>
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*The targeted service is a countywide team who work together with children’s services. They provide a mental health service for Children who are Looked After as well as children and families who are actively working with social workers in Children’s Services. The service was established to provide support for children and families who do not meet thresholds for specialist CAMHS provision but who have significant emotional, mental health needs as a result of social care issues.

The PALMS service have recently introduced group interventions for two common issues for the children and young people and parents that access the service – feeding and sleeping. Providing a group approach has enabled the service to see more families and thus enabled them to provide initial assessments in a more timely way. This change in delivery reduced waiting times for assessments by 50% between April and July 2018.

Other services will be considering group approaches and other initiatives in order to meet demand and reduce waiting times. As part of the Green Paper trailblazer bid Hertfordshire
submitted in September 2018, models to explore potential waiting times to interventions were included for investment and piloting.

In addition to waiting time standards, all commissioned providers in Hertfordshire contribute to a monthly dash board which allows commissioners to view demand and flow, workforce and capacity, activity and caseload, spend and collection rates of outcome measures and act on issues and trends.

**Priority 3: Better support in crisis and reducing the number of admissions to tier 4 inpatient beds**

### The New Model of Care for Hertfordshire

Hertfordshire was successful under the second wave of the national New Care Models (NCM) programme; starting in October 2017. The aim is to provide care closer to home, reduce lengths of stay through closer integration with community teams and offer a viable community alternative to inpatient admission. The cohort baseline was 40 CYP, 16 within Forest House and 24 out of area including those accessing beds within General Adolescent settings, Eating Disorder units, Learning Disability settings, PICU, and Low Secure settings. The cohort excludes under 13s within children’s units.

Pre-existing support includes:
- Forest House Adolescent Unit- 16 bedded general adolescent unit with multi-disciplinary team and a co-located educational facility (3 of the beds designated for eating disorders).
- CAMHS Crisis Assessment and Treatment Team (C-CATT) providing 9am-9pm crisis assessment and follow up.
- Quadrant CAMHS teams offering clinics with embedded ‘high risk’ outreach nurses.
- Community Eating Disorders Service.

The Hertfordshire model as part of the NCM programme includes the following:

**Establishment of a Home Treatment Team (HTT)**

This Team provides risk assessment and intensive home support and has been modelled to provide 3 home visits a day for a caseload of 15 young people. Gatekeeping for access to this team is through a ‘Form 1’ so that it is able to be offered as an alternative to admission in cases that previously would have resulted in admission due to capacity within community teams to offer an intensive outreach approach. Progress to date has indicated that a proportion of the caseload do not require 3 home visits a day, which means the team is currently delivering to a caseload of 15, without the full staffing complement.
Establishment of a Dialectical Behavioural Therapy Team (DBTT)

The DBT Team will provide support to the cohort at an earlier stage, as a preventative approach to admission. We identified that approximately 40% of those accessing inpatient provision had a clinical picture compatible with Emerging Personality Disorder (EPD). Many of these young people have had multiple A&E attendances, lengthy stays in hospital and high re-admission rates. So far there have been difficulties in recruiting staff to this team, and the team has not been established in the first year of the NCM programme. HPFT have now recruited to key posts and envision that the Team will be operational by the end of 2018.

<table>
<thead>
<tr>
<th>Full Home Treatment Team Establishment</th>
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<tbody>
<tr>
<td>1 WTE x Consultant Psychiatrist</td>
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<tr>
<td>1 WTE x Band 8a Modern Matron</td>
</tr>
<tr>
<td>1 WTE x Band 7 Team Leader</td>
</tr>
<tr>
<td>6 WTE x Band 7 Clinicians</td>
</tr>
<tr>
<td>7 WTE x Band 4 Support Workers</td>
</tr>
<tr>
<td>1 WTE x Band 6 or 7 Social Worker</td>
</tr>
<tr>
<td>0.5 WTE x Band 4 Administrator</td>
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72 Hour Admissions into Forest House Adolescent Unit

HPFT have introduced a protocol for short-term admissions to reduce inappropriate long admissions for those who may be negatively affected by long term hospitalisation including those with Emotionally Unstable Personality Disorder (EUPD) and for a small group of patients who do not present acute risk but where a long admission could do more harm than good.

The 72 hour admission process is used for informal admissions and an agreement is signed outlining that a discharge meeting will be held on the third day, with attendance by the referrer. At the discharge meeting the nursing team will feedback their observations and where appropriate will give the young person and family useful management suggestions. The consultant will feedback the psychiatric assessment and will advise on diagnosis and management as appropriate. The unit social worker will join to offer advice on useful community resources. The discharge summary will include all this information and will be given to the young person and their family on discharge. If a home care plan is thought to be useful, this will also be drawn up with the young person and their family. So far these admissions have been working well and have been used 25 times in the first six months. Of the twenty four, three needed to be extended as new diagnoses made and treatment in hospital was appropriate and there have been two re-admissions from this group in the time period so far. Both readmissions came to same conclusion as initial admission, though perhaps added weight to the conclusion.

<table>
<thead>
<tr>
<th>Full Dialectical Behavioural Therapy Team Establishment</th>
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<tbody>
<tr>
<td>1 WTE x Consultant Psychiatrist</td>
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<tr>
<td>1.29 WTE x Band 8B Psychologist</td>
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<tr>
<td>0.6 WTE x Band 8A Family Therapist</td>
</tr>
<tr>
<td>3 WTE x Band 7 MHP</td>
</tr>
<tr>
<td>3 WTE x Band 6 MHP</td>
</tr>
<tr>
<td>0.5 Administrator</td>
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Red to Green Case Management Approach

All providers are being asked to complete a weekly return RAG rating the progress of the child and young person. This approach encourages critical discussion about treatment offered and whether positive change is occurring. It picks up when young people are not benefiting significantly from admission and encourages discussion of alternative treatment approaches. Discharge dates are being set at the early stages of admission, and within Forest House Adolescent Unit are now being set in weeks rather than months. Within Forest House Adolescent Unit the Consultant, Bed Management and Home Treatment Team Leader meet weekly to review the cohort.

Partnership working between providers, CCGs and Hertfordshire County Council

The NCM Programme is overseen by a Programme Board with HPFT, NHSE, STP and local commissioning representation. The STP Mental Health Lead then reports on progress through to the Mental Health Workstream Board so that learning can be shared across the STP. Children's Services are in attendance at the more operational project group and the work to keep our children close to home and where possible in the community is very much seen as everybody’s business and we have had experienced excellent multi-agency working to facilitate this for young people, including joint health and social care packages in the home. Where children are LAC HPFT have supported use of beds local to their placement in order to maintain relationships and involvement from carers.

Integration of Tier 3 and 4 pathways

HPFT are working to ensure each episode of care from start to finish is seamless and places the responsibility on professionals to ensure the least restrictive option is used at all times. Communication between professionals is more efficient and care and discharge planning more consistent between teams. HPFT are providing active support and case management of young people, which is allowing the service to move away from a silo model whereby care is managed within a specified 'care setting' towards an integrated approach delivered across services through individual care packages. Close links are retained by community quadrant teams for admitted children including attendance at CPAs and discharge planning meetings. Therapeutic treatment being offered by community teams will be sustained while young people are under the care of the Home Treatment Team. Integration of community and highly specialist pathways also means enhanced services and choice for young people to receive support and treatment, with a positive risk management approach and a package of care that offers a clear alternative to inpatient admission.

Successes

As demonstrated below, we are beginning to see a change in the profile of how our children and young people with an acute profile are treated and are able to offer an intensive community package as a viable alternative to admission for the first time. We have seen a significant reduction in the use of out of area beds, which has now reached a level to cover the cost of the community teams. We are monitoring clinical outcomes, length of stay in addition to placement data, and this is showing a positive outcome from the programme for Hertfordshire children and young people. Outcome data from the first six months of the Home Treatment Team
demonstrates positive change across a number of clinical measures (HONOSCA, SDQ and CGAS) collected from children, young people and parents. Feedback from families included:

“We can’t thank the team enough; we have had 10 years of these issues. The worry and pain were indescribable. Now we feel like we can actually plan for our future as a family. Sometimes we feel scared things will go back to the way they was. However we now feel that we have the skills to manage and help our child. It’s so amazing to see our child happy and enjoying life.”

Next Steps

During 2017/18 partners across Hertfordshire were successful in securing national funding to expand psychiatric liaison services in Watford General Hospital and the Lister Hospital in Stevenage to meet the national Core 24 standard for liaison psychiatry. These are the two acute hospitals geographically located in Hertfordshire and this is being delivered through the RAID teams. The Core 24 standard ensures that there is mental health support on the hospital site 24 hours a day 7 days a week.

C-CATT provide dedicated CYP crisis assessment in the community and both acute hospitals in Hertfordshire between 9AM and 9PM Monday to Friday. Outside of these hours, CYP presenting to Accident and Emergency will be reviewed and supported by RAID. A doctor will assess them and make a decision about what is needed. If as per NICE Guidelines a CYP needs an admission to a paediatric or medical ward they will be picked up by C-CATT the next day. If the young person is identified as having an acute psychiatric need or is awaiting a tier 4 bed or under a section, an RMN will be provided to support until a discharge plan is in place.

Currently HPFT have C-CATT providing A&E liaison, support to the Section 136 suite and community follow up and high risk pathway nurses embedded within the quadrant teams. With the introduction of the Home Treatment Team and retention issues within the C-CATT Service it is timely to consider the structure and model of crisis services. We will benchmark and learn from good practice elsewhere in the Country to develop a responsive service that meets local needs, reduces A&E attendances and provides better risk management for those within our care, in line with national guidance. HPFT are also building a new child and young person Section 136 suite to provide more appropriate access and provision for CYP, adjoined to Forest House Adolescent Unit.
The New Models of Care pilot will be evaluated over the remainder of the pilot period (until March 2019) and the next steps considered. The evaluation will include input from NHS England and local partners and will be informed by the national policy direction on CAMHS tier 4 commissioning. Improving outcomes for children and young people either receiving care in inpatient beds, or at risk of admission to an inpatient bed, remains a local priority. As a result we will carefully consider the best approach to improving outcomes.

### Priority 4: Workforce Development

#### Recruitment and Retention

Recruitment and retention is one of the most pressing challenges facing all CAMHS services. HPFT are developing new approaches to recruitment and vacancy advertising including open days, working with recruitment specialists, and reviewing other Trusts’ approaches to recruitment. HPFT are starting work on their recruitment process to ensure it is streamlined and that vacancies are filled within reasonable timescales to reduce pressure on other staff within the team, which will support retention. Additionally the Trust will start to ensure supervision is recorded and will complete an audit of exit interviews to inform how they can better retain staff. In November 2018 HPFT have organised a CAMHS conference to provide staff with the opportunity to reflect on good practice from elsewhere and contribute to transformation within the Trust.

#### Training, Skills Mix and Competencies

In order to provide evidence based interventions, appropriate risk management and a holistic approach to the wellbeing of children and young people we need to ensure that we have the right skills and staffing levels across services, looking at new roles in line with the direction of Transformation. Initially HPFT are looking at the inpatient workforce, to ensure that they have the right number and mix of staff to move to the new ways of working being implemented under the New Care Models pilot. HPFT are also doing talent mapping across the Service to ensure that staff have the right competencies and that there are clear progression routes. We will continue to participate in CYP-IAPT and provide staff with training opportunities through the CYP-IAPT partnership. Additionally HPFT are joining a teaching partnership with the University of Hertfordshire, Hertfordshire County Council and the Tavistock and Portman NHS Foundation Trust which will support the development of social work roles within CAMHS.

#### Youth Mental Health First Aid

In 2016, Herts Valleys CCG and North and East Herts CCG funded 13 professionals to become Mental Health First Aid Youth instructors. Eleven of the instructors went on to deliver the two courses required for full accreditation.

- In total, 20 courses were delivered up to 2016/17, with a further 20 commissioned for 2017/18
- Training has been delivered to a cohort including GPs, educational professionals, Family Support teams, Youth Connexions, and residential children’s homes
- Education professionals (teachers and support workers from primary and secondary schools and colleges),
- Families First Intensive Family Support teams (Thriving Families),
- Youth Connexions,
- Residential Children’s Homes.

The analysis against the MHFA England evaluation form showed self-reported confidence in ability to help young people with mental health issues increased from a mean of 4/10 to 8/10 (or by four points, greater than the national evaluation study). Knowledge in how to support young people with mental health issues increased from a mean rating of 5/10 to 9/10 (or by four points, again out-performing the improvements noted in the national evaluation study). This is a testament to the skill of the professionals delivering the course in Hertfordshire.

**CAMHS Schools Link Training:**

In addition to the Mental Health First Aid Youth Training our CAMHS School Link Managers deliver a robust programme of support through our Delivering Specialist Provision Locally (DSPL) hubs across Hertfordshire. In 2017/18, 2,000 school professionals attended courses in the following disciplines:

- Youth Mental Health First Aid
- Everything you need to know about Mental Health (almost)
- Staff Sharing and Peer Supervision
- Responding to Self-harm
- Anxiety Awareness Workshop
- Mental Health Awareness for staff
- Mental Health Awareness workshops for young people

In anticipation of the green paper we believe embedding the mental health training within schools and school partnerships is fundamental to the sustainability of the model moving forwards. The work of the CAMHS School Link managers has proven very effective at the promotion and cascade of this training and we want to develop this over the remaining years of the Transformation programme.

**New workforce training (Improving access to Psychological Therapies - Children and Young People)**

The new Workforce Initiative covers the Children’s Wellbeing Practitioner programme (CWP) and the Recruit to Train programme (RTT) with the aim of increasing mental health workforce capacity by training 1700 new staff in evidence-based treatments by 2020 offering support to 70,000 more children and young people.

The below table illustrates the number of RTT opportunities that have been taken up by Hertfordshire partners. Further detail around the CWP workforce can be found under Priority 6.

<table>
<thead>
<tr>
<th>Service</th>
<th>Course</th>
<th>No. of Trainees</th>
<th>Finish date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 2</td>
<td>Evidence Based Counselling</td>
<td>1</td>
<td>2018</td>
</tr>
<tr>
<td>Step 2</td>
<td>Infant mental health</td>
<td>2</td>
<td>2018</td>
</tr>
<tr>
<td>NESSIE</td>
<td>Evidence Based Counselling</td>
<td>2</td>
<td>2018</td>
</tr>
</tbody>
</table>
NESSIE  | Infant mental health          | 2          | 2020  
NESSIE  | Autistic spectrum disorders and learning difficulties | 2          | 2020  
NESSIE  | Parent Training               | 2          | 2020  
NESSIE  | Systemic Family Practice      | 1          | 2020  
HPFT    | Interpersonal psychotherapy for adolescents            | 4          | 2020  
Safe Space | Evidence Based Counselling  | 1          | 2019  

Commissioned workforce:

The table below demonstrates the total number of staff as reported on our local Dashboard for commissioned providers:

<table>
<thead>
<tr>
<th>Whole Service Staffing across commissioned providers</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Staff (FTE)</td>
<td>194</td>
</tr>
<tr>
<td>Admin / Non Clinical (FTE)</td>
<td>43</td>
</tr>
<tr>
<td>Clinical Staff (Heads)</td>
<td>229</td>
</tr>
<tr>
<td>Admin / Non Clinical (Heads)</td>
<td>47</td>
</tr>
<tr>
<td>Percentage of staffing that are clinical (FTE)</td>
<td>82.45%</td>
</tr>
</tbody>
</table>

In order to establish whether the ambitions of the LTP for workforce development are being realised across Hertfordshire, Family Services Commissioning carried out a mapping exercise in order to:

- Determine whether the workforce across the whole system has the relevant skills and knowledge to support CYP (Children and young people) in their care with emotional wellbeing/mental health concerns.
- Identify gaps in provision due to lack of workforce/knowledge.

In order to gain a true picture of what is currently going on across Hertfordshire, direct feedback was requested from the professionals working with and supporting children and young people via a survey which was created and circulated across the workforce. The survey was live throughout September and October and was cascaded across the workforce via email, News Bulletins, promotion at events and the schools Bulletin.

The survey asked a number of questions to determine the training that has been undertaken in the last 2 years, the levels of confidence in supporting CYP with emotional well-being/mental health concerns and to help identify gaps in knowledge/ further training needs of the workforce.

Feedback from the responses to date showed that 51.9% of respondents who completed the survey said that they had received one or more training or development opportunities intended to enhance their skills and knowledge to help them support children and young people with emotional wellbeing/mental health concerns. Of these, 97.4% said that their skills/knowledge had improved as a direct result of the training and 80.26% said that they had been able to use the skills and knowledge learnt in their role, supporting young people.
Recommendations from the survey and mapping for 2019/20:

- Strategic oversight is needed to ensure that the workforce possess the necessary skills to deliver a good level of support to the children and young people of Hertfordshire.
- More clarity on a workforce offer - identify the basic training needs of a CAMHS practitioner and the preferred training options.
- The results have shown that different organisations have varying training needs, therefore each organisation needs to take responsibility for upskilling their staff and collating this information.
- Development of a list of approved training programmes.
- The Family Centre service are now supporting children up to the age of 11 so more awareness training will be needed for staff.
- Awareness training for Early Years settings to help identify those children in need of extra support.
- Further support for Universities.

**Priority 5: Work with Schools**

**CAMHS School Link Programme**

Building capacity and consistency in schools in relation to mental health and improving communication between schools and CAMH services have been recommendations made in the Hertfordshire CAMHS review, the Hertfordshire CAMHS Transformation Plan, the Future in Mind report, the CQC thematic review and government green paper.

Hertfordshire successfully applied to be part of the National School CAMHS Link pilot and invested additional transformation funding to extend the work stream. Two School CAMHS Link Managers established key outcomes for the work stream:

- Ensuring the voice of schools are heard in the CAMHS Transformation
- Working towards better and consistent pastoral provision in school
- Improving communication with Specialist CAMHS in a range of ways
- Building capacity across the existing system

The following is an overview of the outputs and outcomes of the work stream from May 2016 to March 2018.

**Key outputs**

- An initial survey to gather feedback from schools on the current issues and needs was conducted and the findings and recommendations presented to stakeholders.
- 400+ schools in Herts have nominated a mental health lead. They receive a termly newsletter and can access a one day training course via their DSPL to help them in their role.
- An online toolkit to support school mental health leads is online at [www.healthyyoungmindsinherts.org.uk](http://www.healthyyoungmindsinherts.org.uk) – more than 600 people have registered to access the toolkit to date.
- All nine school cluster areas have hosted a funded course on anxiety, self-harm, Mental Health First Aid, staff sharing and a course for school mental health leads this financial year.
- Whole school mental health awareness training has been delivered in a number of schools.
- Training has been delivered to over 2,500 professionals this financial year – approximately 2,000 of these have been school staff. Almost every secondary school and approximately half of primary schools have been represented on the training courses.
- A whole school approach has been developed and a self-review tool has been established to help schools consider their current practice and support further improvement.
- A kite mark will be launched to recognise schools with good practice. This will include an extension option to receive Suicide Aware School Status.
- Case consultations were available for special schools, Education Support Centre’s and other high need settings.
- Training on the use of outcome measures has been piloted and recording tools are being explored.
- The School CAMHS Link Managers are working with specialist CAMHS to increase consent to share with schools and have developed templates to facilitate information sharing between agencies.
- Toolkits to support schools with anxiety and self-harm have been published.
- Support and capacity to CAMHS commissioning, community counselling agencies, Wellbeing Service, Families First early help, school health, ESMA, Attendance Improvement.

Key outcomes
- Training outcomes include increased knowledge and understanding, greater confidence, more awareness of mental health issues and pathways, key resources and where to find them, empowerment of staff, increased recognition and curiosity. (An average increase from 5/10 to 8/10.)
- The training has also had a positive impact on participants’ own sense of wellbeing, for example by reducing anxiety about mental health or identifying support for themselves. (A score of 3/5 on average.)
- Comparative analysis of online survey data from 2016 and 2018 shows that Hertfordshire school staff are significantly more likely to agree or strongly agree that they are able to recognise behaviour that may be linked to a mental health issue, that all classroom teachers have appropriate support to identify mental health issues in pupils, that they are more knowledgeable about mental health issues, risk factors and how to help pupils access appropriate support.
- The same study found that 17% more Hertfordshire school staff are likely to report feeling very or quite confident to talk to pupils about their mental health and emotional wellbeing with 93% now stating positive confidence and 7% stating low confidence.
- The same study found that schools are on average 35% more likely to have participated in activity to support pupils in the last year. The most significant increases have been in one to one discussions with pupils about mental health issues (an increase of 56%), signposting pupils to written or online information and school based or external support.
- Comparative analysis of online survey data from 2016 and 2018 shows that poor communication between different agencies is a more significant barrier to providing effective mental health support within school and that communication with specialist CAMHS has not improved.
• Schools continue to feel that their concerns and expertise are dismissed by specialist services. There is greater understanding of the high caseloads of specialist CAMHS but frustrations about thresholds, waiting times, poor communication and feedback and lack of clear eligibility criteria remain.

2018 – 20 Work plan
The next phase of the CAMHS School Link Programme will consist of two interlinked work streams as follows:

School Mental Health Lead Programme
• Initial establishment of senior and pastoral mental health leads in ALL schools
• Level 1 training / MindEd core curriculum for all school staff
• Level 2 training & refresher including staff sharing for school mental health leads
• Governor briefing and outline of lead governor for mental health role
• Development of an accessible case consultation model and telephone advice line for schools
• Promotion and administration of the whole school approach, self-review and kite mark
• Promotion and ongoing development of the online toolkit for mental health leads
• Regular newsletter provided to school mental health leads and partners
• Co-ordination of Mental Health First Aid Youth

Systemic engagement
• Enhancing communication between specialist CAMHS and schools
• Supporting the early intervention retender and service development
• Supporting the development of the Families First early help offer
• Implementing Green paper / CQC recommendations
• Enhancing awareness and support in relation to Staff wellbeing / parental wellbeing
• Supporting quality assurance processes and tools
• Supporting the development of links between MH and SEN policy and practice including quality offer for mental health

Green Paper
The government launched a green paper on CAMHS in December 2017. This set out three main proposals:

1. A designated mental health lead in each school
2. Mental Health Support Teams working with schools to strengthen support for children and young people with mental health issues
3. A reduction in waiting times for specialist CAMHS with the aim that children and young people would start treatment within 28 days of referral

The Government announced funding to implement these proposals: an additional £215m funding over the course of 2018/19-2020/21 to support the roll out of the Mental Health Support Teams and to pilot a 4 week waiting time for access to children and young people’s mental health services. In addition to £15-£20m a year for dedicated training funds to support the creation of Designated Senior Leads in schools over the course of 2019/20-2023/24. In year one there is £16m to establish Mental Health Support Teams and £8m towards waiting time pilots.
In July 2018 a number of CCG areas were invited to apply to become trailblazer sites for the second and third of these proposals and both East and North Herts CCG and Herts Valleys CCG were among the areas selected. Hertfordshire submitted a partnership bid between East and North Herts CCG, Herts Valleys CCG, Hertfordshire County Council, Hertfordshire Partnership NHS Foundation Trust and Hertfordshire Community Trust agreed by the Children and Young People’s Emotional and Mental Wellbeing Board.

The new local Mental Health Support Teams (MHSTs) to address the needs of children and young people will:

- Deliver evidence based interventions in or close to schools and colleges for those with mild to moderate mental health issues.
- Help children and young people with more severe needs to access the right support.
- Work with and within schools and colleges, providing a link to specialist NHS services.
- Build on and increase support already in place, not replace it.

In our bid, we proposed 5 teams covering the 2 CCGs in Hertfordshire. Of the 5 MHS Teams, 4 will be based in localities providing support to selected schools within the area, and 1 will be county-wide and will provide support to 12 special schools. Each team would be expected to work with 20 schools and see around 500 children and young people a year (Special school team 10 schools).

The 4 locality teams will be supervised by the CAMHS Community Managers within Hertfordshire Partnership University NHS Foundation Trust, and the special school team by PALMS (Positive behaviour, Autism, Learning disability and Mental Health Service) within Hertfordshire Community NHS Trust. Each team would include four trainees that will attend the national training programme developed by Health Education England and Higher Education Institutions.

In addition to the MHST there is the option to apply for the four week waiting time pilot. The aim of the pilot is to design what a 4 week waiting time standard should look like and what is required to deliver it at a local and then national level, in order to move from pilot to implementation across 25% of the country by 2022/23.

The HPFT CAMHS Transformation Development Lead and the CAMHS School Link Manager attended the HPFT Youth Council in August to obtain views on the proposal. The key themes were:

- Provision should be delivered in community venues not just schools
- Improved links with specialist CAMHS and other charities
- MHSTs should target a range of geographical areas including those with high levels of deprivations and CAMHS referrals
- Academic stress is a growing issue hence the MHSTs should also target areas where there are high achieving schools/pupils to test the model across a range of difficulties

Parents attending the Parent Carer Forum in September were supportive of the MHST proposal and also raised the need to support pupils that have stopped attending school as a result of mental health issues and felt that dedicated workers to focus on this cohort would be an effective use of the resource. An announcement in relation to successful bids will be made in the autumn of 2018.
What will we offer by 2020?

1. Increased capacity across the system including targeted training to address the need across Early Years settings, Specialist Schools, Paediatric/A&E, Social care.

2. Access for schools and settings to a robust integrated model of accessible Specialist CAMHS telephone advice, improving access to Specialist advice, increasing partnership working in keeping with the Thrive model.

3. Identification of Mental Health Leads across all schools, targeting schools who have not yet engaged and providing access to a range of Mental Health resources including Assembly guidance, parent workshop resources, guidance in recognition and management of Anxiety, as part of the Mental Health Leads toolkit.

4. Increased access to flexible community based early intervention models via Families First addressing the gap in availability of flexible, accessible early help improving outcomes for children and young people who do not reach current thresholds and supporting schools in identifying addressing needs at an early stage and signposting appropriately.

5. Guidance for schools/setting around quality assurance in relation to direct commissioning of emotional wellbeing/mental health.

6. Implementation of agreed and consistent information sharing protocols across CAMHS/Schools leading to improved communication and outcomes for children and young people and increased partnership working, reduced duplication and frustration across the system.

7. Increased access for parents to school based advice in relation to emerging difficulties and parental emotional wellbeing/mental health including development of a range of parent workshops and a parent telephone advice line focusing on emotional wellbeing/mental health.

8. Improved consistency and quality of emotional wellbeing/mental health whole schools models across Hertfordshire schools – through implementation of Hertfordshire Kite Mark for schools.

9. Consistent implementation of agreed outcome measures across schools and settings. A system for recording school administered outcome measures is needed.

Priority 6: Developing the Early Intervention Pathway

Hertfordshire is committed to supporting all children, young people and their families to have timely access to information, advice, and guidance and, where necessary, interventions or support to enable them to develop and maintain positive emotional wellbeing, demonstrate healthy behaviours and feel more resilient and empowered to cope with the day to day adversity.
and stress that they may experience. Across the five years of the CAMHS Transformation programme there has been an overarching aim to implement sustainable system wide change.

Through joint working and commissioning partnership arrangements we have made great strides to implement system wide, joined-up approaches to address the needs of children, young people and their families and improve their mental health and emotional wellbeing at the earliest opportunity. Whilst it is recognised that there is still much to do to embed a whole system approach and move away from a fragmented system, there is a clear drive and commitment across the children’s system to make mental health and emotional wellbeing a key priority embedded across strategies and objectives.

More training across the system to up skill the workforce to give them more confidence to hold and support children, young people and their families, rather than reliance on escalation to more specialist services, has enabled the development of a responsive and locally driven emotional wellbeing offer. Further, there is greater understanding within the children’s workforce of mental health and emotional wellbeing and SEN/D and how they can support families in a holistic way.

By embedding the Families First approach and making mental health and emotional wellbeing everybody’s business has enabled a countywide, but locally responsive, system that works together to engage with, and respond to, children, young people and their families through advice, information and guidance and needs led interventions to improve mental health and emotional wellbeing outcomes.

Children Wellbeing Practitioners

The Children Wellbeing Practitioners have been in post since May 2017. Hertfordshire was able to successfully bid for 4 places in 2017. Since then there has been more successful bids. May 2018 3 places and January 2019 3 mores places. There are also 3 Primary Mental workers that work across the children wellbeing team and step2. In total the team is now made up of 14 with supervisor who is the service development lead.

These posts are offer support earlier recognition of problems to prevent escalation of mental health issues with upstream service efficiencies, ensuring only the most appropriate cases are supported through specialist intervention.

The children and young people’s wellbeing practitioners are delivering evidence based and NICE recommended low level interventions:

1. Brief parent training for behavioural problems in young children;
2. Behavioural treatment for anxiety and guided parent-led self-help;
3. Behavioural activation for depression

The interventions are low intensity and short term (usually up to 8 sessions) to help children and young people who demonstrate mild to moderate anxiety, low mood and behavioural difficulties linked to anxiety. The team work in a flexible way including providing telephone consultations. The service does not provide diagnoses. The team have access to Children’s Services and Health systems in order to support integration.
Since May 2017, 312 cases have been referred and 152 of those cases have received a service from the children wellbeing team. The most significant presentation supported by the team is anxiety and the service has worked with more males than females to date. Examples of some of the feedback received to date are shown below:

“I wish this service goes on because it is really important and helpful and I hope more people could be able to have it too. Many thanks for the support”

“I felt like I was listened to and I was given really good advice as what to do when I felt uncomfortable or anxious”

“Can I thank you and everyone else who has been involved so far for all your help”

“Personal contact. Extremely understanding and supportive. Non-judgemental.”

In addition to the successful outcomes achieved, the team has also added value by achieving the following successes:

- Development of the system, including partnerships, pathways and improved access between Tier 2 and specialist services to improve the transfer of services users who need to ‘step up’ or ‘step down’
- Senior workers have supported several Tier 2 caseloads. This support has been invaluable in supporting CYP and significantly contributed to preventing escalation into specialist CAMHS.
- Have supported the whole family (not just the service user) by applying a whole family approach, resulting in improved and sustainable family resilience.
- Have made links and improved referral pathways to improve access for key partners including:
  - Schools and Education Settings
  - Family Support Services (including Children’s Centres)
  - Health (inc. GPs, Public Health Nursing, A&E and Community)
  - Police
- Further development and delivery of Parenting Master Class and group work to support parents with strategies to enable them to provide effective support to their CYP

Next steps:

Our Integrated Health and Care Commissioning Team (IHCCT) currently commission Early Intervention provision (early intervention services for children and young people’s mental health). We contract with 8 providers which include NHS provider HCT (Step 2 countywide provision) and a number of smaller voluntary sector counselling providers (YCT, Tilehouse and Rephael House in East and North Herts CCG area and Signpost and Youthtalk in Herts Valleys CCG area) and Kooth online digital provision. The current contracts are until the end of October 2019.

Commissioners commenced a Tender process for Early Intervention in 2017. A project group was established to oversee the tender, co-production with Children and Young People (Young Commissioners) and parent representatives was central to the development of the specification and tender evaluation. Two bids were received, however, the commissioners
were not able to proceed to full evaluation of either bid and the tender process was halted. The panel advocated that providers share ideas and consider how the service can be delivered in the future. A workshop to facilitate co-production of models for delivering good quality, value for money Early Intervention services that support children and young people in Hertfordshire with their mental health was facilitated by The Centre for mental Health in August 2018.

In keeping with findings from the Care Quality Commission report (Care Quality Commission, 2018), children and young people in Hertfordshire found the system of specialist CAMHS and broader earlier support confusing, fragmented and complex. Despite a wide range of services being available at this early support stage in Hertfordshire there was poor awareness by young people in the workshop about the broader range of services they might access – with the system still orientating generally towards use of specialist CAMHS.

Any new integrated early help service would need to help local commissioners meet new national ‘access’ targets increasing the offer of help to more children and young people with mental health needs. The Government’s response (Department for Health and Social Care and Department for Education, 2018) to the recent green paper has identified schools as being central to any system of providing effective earlier support. The majority of children and young people are located in around 550 schools, colleges and special schools in Hertfordshire making the reach of support services to all these settings a challenge. Newly funded activity would need to help at least 2500 more children and young people a year access help across Hertfordshire.

To count towards access targets, contacts with services must involve at least two sessions of contact with a service. However, based on emerging evidence in Hertfordshire), any new emotional and mental health service or system would also need to play a significant role in simplifying, overall, the pathway to getting help at this early stage as well as contributing to the access targets directly.

A workshop facilitated by The Centre for Mental Health in August 2018 identified several key themes as important to the development of a new early intervention service for Hertfordshire: prevention, de-escalation, self-care, choice, integration and information sharing. Recommendations focused on the development of a digital front door feeding into locality based triage hubs.

Early Intervention provision in Hertfordshire will go back out to tender in late 2018 / early 2019. The indicative funding available for this service is likely to be a maximum of £1.3million per annum.

**Demand for early intervention support in Hertfordshire:**

- An estimated 1 in 10 (10%) children and young people (aged 5-16) have a clinically diagnosable mental health problem

- It is estimated that 21,700 children and young people in Hertfordshire would benefit from a children and young people’s Mental Health service

- National targets require 35% (7,600) of children and young people with a diagnosable MH condition receive treatment from an NHS-funded community MH service by 2020/21

- The current county wide service accepts over 2,500 referrals per year
The community counselling services treat approximately 600 children and young people per year
Over 3,000 children and young people are registered on the online digital offer provided by XenZone (Kooth)

The Service will be provided for children and young people from 0-18 living in Hertfordshire who are experiencing mild to moderate emotional well-being and mental health problems

Overall aims of the new service

- To ensure equity of access to high quality early intervention support across the county.
- To ensure the Service is supportive of inclusion and integration and delivered in a culture which embraces diversity and difference.
- To ensure that the Service is responsive and flexible to meet the ever changing and emerging needs of children, young people and families
- To deliver timely and responsive provision, advice and support at its earliest:
  Quick and easy access to Guided self-help, advice and strategies for support
- To deliver outcome focused interventions: Brief evidence-based interventions (individual, group and family interventions)
- To develop partnerships with children and young people, families and carers and statutory and non-statutory organisations, in order to provide more integrated preventative and early intervention provision
- To provide an environment which is physically and emotionally safe for children and young people, families/carers and staff

Priority 7: Developing a community eating disorders service for Hertfordshire

HPFT Community Eating Disorders Service

The availability of dedicated, community eating-disorder services has been shown to improve outcomes and cost effectiveness for Children and Young people diagnosed with eating disorders in Hertfordshire. CAMHS Transformation funding has meant that HPFT have successfully established a Community Eating Disorder Service for Children and Young people in line with the National requirements and have been successfully meeting the national requirement for access and waiting times.

Incidence of ED from 2009 data indicates that 151 CYP (age 10-19) per 100,000 population, hence for Hertfordshire there is likely to be incidence of eating disorders amongst 300-375 CYP per annum.
**Dedicated Eating Disorder Team**

HPFTs community eating disorder team provides an enhanced model of care which includes:

- A hospital at home alternative to the traditional inpatient model of care – for children and young people presenting with severe eating disorders and associated symptoms.
- Community input for children and young people with moderate to severe eating disorders:
  - a Consultant Psychiatrist overseeing both inpatient and community cases
- The earlier intervention has impacted on the long term prognosis for a full recovery

The service receives very positive feedback from CYP and parents with a high number of compliments. The Families and Friends Test (FFT) achieves 100% positive feedback. In the first year of expansion we reduced admissions from 12 to 2 on average per week. Success measures:

- Improving health outcomes through reduction in relapse rates
- Improving children and young people’s quality of life through greater continuity of care
- Reducing hospital admissions
- Reducing disruption to school, family and social life
- Timely access to diagnosis and appropriate intervention – waiting time data
- Improved clinical outcomes for CYP
- Meeting NICE guidance for CYP with ED

The service is a member of The Quality Network for Community Eating Disorder services for children and young people (QNCC-ED), a network that works to improve services for children and young people through a supportive, standards-based review process.

**National awards**

In addition the CAMHS Community Eating Disorder service has been nationally recognised for its expansion and success:

- The service was one of the finalists and ‘highly commended’ at the National Positive Practice Awards (2014) in the ‘Patient Experience Award’.
- The service was also shortlisted as a finalist for the 2105 HSJ Value in Health Care Awards (Category: Value and Improvement in Specialist Services).
- In 2016, the service won an HSJ award for Compassionate patient care.
- The Specialist Eating Disorders Care (NHS England) saw HPFT highly commended for CAMHS Eating Disorders (Service Expansion) in October 2017.

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**Priority 8: Perinatal Mental Health**

**Infant Mental Health Online (IMHOL):**

Infant Mental Health Online (IMHOL) is standardised training in infant mental health for front line professionals who work with babies/children and their families. One of the aims of IMHOL is to promote understanding of the concept and development of emotional regulation in the early years and the relationship between emotional regulation and dysregulation to psychopathology.
We have trained approximately 200 multi-agency professionals (including midwives, children's centres, adult mental health workers, midwives, social workers, voluntary sector, and Thumbswood MBU staff) in IMHOL to date to support the perinatal pathway and support women and young babies as locally as possible without the need to escalate to more specialist services.

**Community Perinatal Team (CPT):**

The CPT were successful in receiving additional Wave 2 funding from NHS England which has allowed the team to expand allowing them to more fully meet the needs of Hertfordshire families. The new team is now able to support the required 5% of women giving birth in Hertfordshire. This equates to 730 women, double what the team originally had capacity to do. In addition, for two years in a row the CPT were shortlisted for a Positive Practice in Mental Health Award, under the category of Perinatal Award, and in 2018 the team were Highly Commended.

**Measuring outcomes:**

Following a successful pilot that was co-produced alongside key stakeholders the Parent and Baby Outcome Star was launched in September 2018. The star focuses on the following key areas:

- Mental and emotional health
- Physical health
- Housing and essentials
- Relationship
- Support network
- Looking after your baby
- Connecting with your baby

The new star will provide a consistent tool for measuring outcomes across a range of professionals who work with families in the perinatal period.

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**Priority 9: Developing a Neurodevelopmental pathway**

A “Proof of concept” pilot of a new Autism Diagnosis pathway for children is being tested and implemented in East & North Hertfordshire in 2018/19. Following the learning from the local multi-agency Clinical Reference Group (CRG) and stakeholder feedback (which includes parents/carers, teachers and clinicians).

The pilot includes a newly developed diagnostic pathway with a multi-agency focus, with East and North Herts NHS Trust, Hertfordshire Community Trust and HPFT working together, forming a virtual team. It is anticipated that changes to this pathway will result in significantly reduced waiting times, better collaboration and improved experience of children and families.

Following the proof of concept our intention is to test the feasibility of integrating other neurodevelopmental conditions into the model and rolling out across West Hertfordshire.
Priority 10: Developing parent and carer support

Across the continuum of provision we have identified a range of areas where we need to improve access to the range of information and advice available to parents and carers to enable them to make informed choices and decisions around the wellbeing and mental health of their children.

In order to access as many parents and carers as possible we are:

- Developing the pages on the Healthy Young Minds in Herts site in collaboration with parents to provide information missing from other sites (local and national)
- Cascading our information to make it available across partnership sites and centres that can be accessed either digitally or signposted to
- Exploring how we provide the best access to parents and carers with concerns around potentially emerging emotional health issues
- Working with commissioned providers to develop consistent information and advice and share good practice so parents feel better supported
- Increase the number of workshops and sessions to support parents with identified mental health issues so they feel better equipped to manage, particularly in the event of a crisis
- Providing signposting to local and national resources and websites that can be reviewed alone

Sessions have been planned at a range of workshops and events involving parents and carers that will allow us to develop provision across the continuum of need for those supporting children and young people with emotional, mental health issues and empower them. The sessions will include information, guidance and practical strategies as well as offering information on local sources of support.

Following a range of consultations with parents we are now keen to develop a robust programme of support that will be available for parents and carers and will embed the importance of emotional well-being into their understanding of the development of children and young people. It will also offer more targeted groups or sessions for those with children with emerging or diagnosed emotional, mental health issues. We want to have a core offer within each of the Thrive groupings to ensure parents / carers are as well supported as is possible.

HPFT trialled a parent carer support service for 12 months which ended in March 2017. The trial found that the complexity of the issues parent carers needed support with required a different approach.

At the same time, Carers in Hertfordshire were funded to work with parents/carers of children and young people attending HPFT CAMHS, the Step 2 Early Intervention Service, or a counselling service, and set up a parent/carer support group in collaboration with HPFT. This group meets in the evening in Hatfield on the first Tuesday of every month. In response to direct feedback from parents, Carers in Hertfordshire has now developed and piloted a short course, again specifically for parents/carers of children and young people attending HPFT CAMHS or the Step 2 Early Intervention Service. This course will be delivered in partnership with the DSLP areas and will start in November 2018.
A Parent / Carers group was established by IHCCT as part of the PALMS Review and in collaboration with the CAMHS Commissioner the Transformation agenda has also been embedded into these meetings. It is providing much value in terms of reviewing proposed developments, leaflets and training to support parents and carers. Their views have been invaluable around discussions on DNA rates (Did Not Attend rates), production of information to alleviate concerns or queries and many other areas. As a group it goes from strength to strength with Step 2 recently having joined, with the intention being to include representation from the HPFT CAMHS service.

Supporting parents with their own vulnerabilities

A key area that we have identified as needing to be addressed through the work of transformation and in collaboration with partners across Adult Health and Social Care is how we develop appropriate needs led support for parents or carers with their own vulnerabilities to effectively parent.

Through the work of the Families First Early Help hubs the greater focus on working with the family as a whole is increasingly identifying the parental need. In addition schools are reporting the challenges of working in partnership with families where they may be parental mental ill health and the impact this has on the ability of teams to deliver effective interventions in the longer term.
Family Services Commissioning commission a range of parenting supporting options across the continuum:

<table>
<thead>
<tr>
<th>Area of need</th>
<th>Synopsis</th>
<th>Course and provider</th>
<th>Continuum of need</th>
<th>Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Universal (getting advice)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Early Help (getting help, getting more help)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Specialist and Safeguarding (getting more help, getting risk support)</td>
<td></td>
</tr>
<tr>
<td>Antenatal support</td>
<td>Courses designed to improve the transition to parenthood, improve the attachment process and the social and emotional wellbeing</td>
<td>• MBB Antenatal (Delivered through Family Centres)</td>
<td>✅</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Welcome to the World (Family Links—delivered through Family Centres)</td>
<td>✅</td>
<td></td>
</tr>
<tr>
<td>Perinatal Mental Health</td>
<td>A mixed model with both a dedicated specialist team and a range of upskilled professionals across the workforce</td>
<td>• Community Perinatal Team</td>
<td>✅</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• IMHOL training via multi-agency staff (family centres, health visitors, midwives, MH staff, GPs, social workers)</td>
<td>✅</td>
<td></td>
</tr>
<tr>
<td>Special Educational Needs</td>
<td>Courses will focus on one or multiple types of SEN (and some specifically ADHD) and provide parents with strategies with managing behaviours related to SEN.</td>
<td>• Add-venge</td>
<td>✅</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Families in Focus</td>
<td>✅</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Family Lives</td>
<td>✅</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Supporting Links</td>
<td>✅</td>
<td></td>
</tr>
<tr>
<td>Practical Parenting</td>
<td>Courses within will equip parents with the foundations of a positive parenting style. Courses will focus on one or multiple of the following topics:  • boundaries  • neglect (physical and or emotional)</td>
<td>• Families in Focus</td>
<td>✅</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Supporting Links</td>
<td>✅</td>
<td></td>
</tr>
</tbody>
</table>

Hertfordshire Local Transformation Plan – October 2018 31
| Pre-teens/teens | Courses within this Lot will provide parents with skills, knowledge and techniques to support them with the challenges that pre-teens/teens are more susceptible to. Courses will focus on one or multiple of the following topics:  
|                | - challenging behaviour and risk taking  
|                | - internet safety (including child sexual exploitation)  
|                | - sexualised behaviour  
|                | - gang involvement |  
|                | • Family Lives  
|                | • Supporting Links | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

| Dads | Engagement and attendance of dads at courses specific to them are greater than mixed classes. Courses that will be delivered in this Lot will be solely for Dads, will also include courses for Dads who are perpetrators of domestic abuse. |  
|      | • Families Feeling Safe  
|      | • HACRO  
|      | • Supporting Links | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

| Protective Behaviours | Protective Behaviours (PBs) is a safety awareness and life skills programme which builds confidence and resilience by exploring our right to feel safe. Course delivery would need to adhere to programme fidelity. |  
|                      | • Families Feeling Safe  
|                      | • Natural Flair | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

| Strengthening Families Strengthening Communities | This course is aimed at parents of children aged between 8-16 where there is anti-social behaviour. The course looks at role modelling, boundaries and developing local support networks. |  
|                                                    | • TYS  
|                                                    | • IFST  
|                                                    | • LSP  
|                                                    | • REF (commissioned provider) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
Priority 11: Harmful Sexual Behaviour (HSB)

Current Service Provision

The current service provision at the Adolescent Resource Centre (ARC) comprises 2 workers with management oversight and clinical supervision from NCATS. One worker is funded by health and the other by social care. The more complex cases are referred onto NCATS. The service is currently running a waiting list due to increase in referrals. They do offer consultations to professionals as well as assessments and intervention. We are able to capture data as all children referred with HSB go through the ARC service first.

The ARC operate under a therapeutic model which is trauma based. It has been recognised that the referrals need to consider any children who have been abused in this context, including siblings, and ensure they have access to the right support. The referred child themselves may have also been the victim of sexual abuse and this has to be considered in the light of any treatment programme. We are clear that the sexual abuse pathway which is under development is linked across to this pathway. The Brook Traffic Light Tool training has been rolled out across partner agencies to ensure consistency in reporting and aid understanding. The Lucy Faithful Foundation is still involved and we will consult again with them once we have strategy and guidance in draft.

Project Management

A Project Manager has been identified to start in the near future to develop a Hertfordshire wide strategy and guidance documents. The Project Manager will begin to develop the pathway to include current available resources and gaps, what the advantages and challenges are with the current ARC service in terms of capacity and outcomes and what the wider offer is. The key deliverables are:

1. Develop a Hertfordshire wide HSB Strategy.
   - The Strategy can use existing information and data to clarify the level of need in this area.
   - The Strategy should use the HCC and HSCB procedures.
   - Reference should be made to HSC Strategies of other councils where best practice in this area is taking place elsewhere.
   - Mapping of the current service provision using a questionnaire should be undertaken. This should detail the service that the relevant organisation offers, referral/threshold criteria, nature of work etc. This will assist in mapping the pathway.

2. Develop HSB pathways which details multi-agency provision across the continuum of need
   This should include:
   - Current provision for support and interventions by services
   - Thresholds for referral, including ages, nature of harm etc.
   - The nature of assessment work and interventions
   - Discharge criteria from services.
Providers that are known to currently make an offer in this area of work include:

- Children’s Services
- ARC
- NCATS (Specialist NSPCC national provider)
- CAMHS
- YOT
- Residential Schools
- Mental Health Units

**Priority 12: Attachment and trauma service**

Historically, Hertfordshire services have made out-of-county referrals for local children with the most complex attachment difficulties to clinics such as Great Ormond Street.

This is expensive and can be inconvenient for families. We are keen for families to be seen as locally as possible in the first instance to enable them to maintain important links to work, schools and their communities.

The Hertfordshire Attachment and Trauma Team (HATT) were bought into being so that comprehensive, evidence-based assessments of attachment and developmental trauma could be undertaken locally with appropriate interventions delivered. The team is integrated within the CAMHS Targeted Team with all referrals needing to meet the same criteria as for the Targeted Team (open to a social worker who will remain involved and an up to date SDQ of 15 or above).

HAT team referrals are children and young people with a background of known complex attachment difficulties, abuse, neglect, and/or trauma, which is causing psychological distress. They will be experiencing difficulties across multiple contexts in their life (i.e. at home, at school/college, with peers) and multiple areas of need identified (e.g. social, emotional, behavioural, learning).

Attachment assessments can highlight where difficulties in relating are focused and the nature of the defensive strategies that children have employed to survive in neglectful or abusive contexts. This assessment can then lead to better informed decision making and planning of the most effective clinical intervention as well as providing a structure to work with parents and carers on understanding the behaviour and needs of their children.

The team aim to achieve the following:

- We recognise the importance of attachment in working with children and young people - we try to help the team around the child.
- We work to keep processes and structures as stable and consistent as we can.
- We try to create stability in families or alternatives placements.
- Preparing a child for any changes in placement, keeping siblings together if possible (and when all their needs can be met).
- It is important to ensure that all children have a coherent and consistent sense of their personal history - a coherent narrative.
- Support for schools and education settings in understanding the impact of the children’s particular attachment difficulties so that learning can develop.
- To work closely with specialist tier 4 services when needs cannot be met locally or interventions have been exhausted without adequate change and to remain involved as a local connection to services.

**Priority 13: Transformation of Care for Children and Young People**

Transforming Care Partnerships are responsible for meeting the needs of a diverse group of children and young people with a learning disability, autism or both who display, or are at risk of developing behaviour that challenges, including those with mental health conditions.

CETR and LAEP arrangements are in place led by the Integrated Health and Care Commissioning team, where Commissioners oversee the CETR process, ensuring that those CYP who require a Community CETR is in place with the aim of preventing an admission to an inpatient bed wherever possible:

- Prior to any hospital admission children and young people have a community/pre-admission Care, Education and Treatment review (CETR) as defined in the Care and Treatment review policy, 2017 which actively explores all possible alternatives to admission
- There is a clear rationale for admission to any specialist provision and discharge planning starts at the point of admission

**Priority 14: Developing provision to support our most vulnerable children, young people and their families**

Promoting equality and reducing health inequalities

Promoting equality and addressing health inequalities is at the heart of the values of all of our key partners and these ambitions are a guiding force within all of our work. Throughout the development of the CAMHS Transformation plan there has been a strong focus on the need to increase parity of esteem and provide additional support for some of our more vulnerable groups of children, young people and their families who may have additional barriers to accessing information or services.

Our whole system approach to achieve positive outcomes for all children and young people, regardless of gender, sexuality, ethnicity, religion and disability is supported by our partnership working and well established engagement with children and young people who tell us they do not want to be pigeon holed and are first and foremost children and young people. We believe by offering a range of provision across a number of community based settings and by upskilling professional networks to be able to effectively identify and support low level emotional health issues we increase access to the most hard to reach and vulnerable.

The Care Quality Commissioning (CQC) visited us in October 2017 as part of their fieldwork to support the development of the Green Paper. We discussed our current understanding of
needs with CQC and identified a need to understand BME needs better. LAC is also a local concern - these will be significant elements of the updated JSNA. There is a growing perception that children and young people that live in affluent parts of the county and/or attend high achieving schools can experience complex mental health difficulties, however this needs local research as deprivation is nationally cited as a key risk factor for mental ill health.

Interim estimates of mild to moderate need in relation to vulnerable groups in Hertfordshire:

<table>
<thead>
<tr>
<th>Group</th>
<th>Number in Herts</th>
<th>Estimated prevalence (mild to moderate) in group</th>
<th>Estimated need in Herts</th>
<th>Specific Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLA</td>
<td>918</td>
<td>35%</td>
<td>321 - 918</td>
<td>Targeted CAMHS Service</td>
</tr>
<tr>
<td>LGBT</td>
<td>8,724</td>
<td>40%</td>
<td>3,489 – 8,724</td>
<td>YC Herts</td>
</tr>
<tr>
<td>LD</td>
<td>11,123</td>
<td>36%</td>
<td>4,004 – 11,123</td>
<td>0-25 Team, Transforming Care Programme</td>
</tr>
<tr>
<td>Young Carers</td>
<td>8,000</td>
<td></td>
<td>Up to 8,000</td>
<td>Carers in Herts</td>
</tr>
<tr>
<td>Youth Justice</td>
<td>1,090</td>
<td>95%</td>
<td>1,035 – 1,090</td>
<td>Targeted Youth Support</td>
</tr>
<tr>
<td>Substance misuse</td>
<td>10,905</td>
<td>18%</td>
<td>1,963 – 10,905</td>
<td>AF-DASH</td>
</tr>
<tr>
<td>Poverty</td>
<td>30,534</td>
<td>40%</td>
<td>12,213 – 30,534</td>
<td></td>
</tr>
<tr>
<td>Parental mental ill health</td>
<td>110,000 parents</td>
<td></td>
<td></td>
<td>Mental health input to Family Safeguarding</td>
</tr>
<tr>
<td>BME groups</td>
<td>52,344 CYP</td>
<td>Under-represented in Early Intervention</td>
<td></td>
<td>Appropriately represented on Kooth</td>
</tr>
<tr>
<td>Bullied</td>
<td>65,430 CYP</td>
<td>20% moderate +</td>
<td>13,086 – 65,430</td>
<td></td>
</tr>
<tr>
<td>All 5-19</td>
<td>218,100 CYP</td>
<td>15%</td>
<td>32,715</td>
<td>Step 2, community counselling, Kooth</td>
</tr>
</tbody>
</table>

Adolescence in itself is a time of vulnerability for our children and young people as they experience transition to Secondary School, chemical and hormonal changes within their bodies as well as increased academic expectations. When these changes are coupled with childhood trauma, abuse, neglect, bereavement and a number of other risk factors we know that these children and young people are particularly vulnerable to poor emotional and mental health.

We know that for children and young people who do not have their emotional and mental health needs addressed as they progress through adolescence and into early adult hood they are more likely to:

- have poorer physical health in the both the short and longer term
- use coping strategies that have health implications such as smoking, excess drinking and substance misuse
- poor social, educational and employment outcomes.
An initial Equalities Impact Assessment (EQIA) was completed at the beginning of the Transformation Plan. It has been reviewed as part of the ongoing refresh of the local transformation and will be attached as an appendix in due course. The EQIA ensures we have given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it. The EQIA also recognises the need to reduce inequalities between individuals in access to, and outcomes from, education, health and social care services and in securing that services are provided in an integrated way where this might help reduce health inequalities. Increasingly we are working with our providers and partners to develop the understanding of unconscious bias and how this can impact on work delivered.

**Ensuring children and young people who have been sexually abused and / or exploited have timely access to appropriate evidence-based services**

**Where are we now?**

- Our Hertfordshire Safeguarding Children’s Board carried out a JSNA from a safeguarding perspective 3 years ago which we have responded to by implementing changes and driving forwards joint developments

- Our work under the Harmful Sexual Behaviours work stream will increase awareness across the Thrive continuum. Using the traffic light model we are keen to develop supportive interventions for children, young people and their families displaying and affected by sexually harmful behaviour, we want to identify a consistent pathway of support to children and young people demonstrating these behaviours to ensure parity of offer

- Developing advice and guidance to support parents, carers and professionals in how to manage and respond to behaviours identified

- Our CAMHS system has a Targeted team in place which is specifically commissioned to work with children who have suffered abuse and neglect (Further details about the Attachment and Trauma team can be under the relevant work stream). We enhanced this service through CAMHS Transformation resources to include a specialist service for children and young people with attachment and Trauma. The service offers intensive interventions, a short description is below The service is for Children and young people aged 0-18 with a background of developmental trauma, neglect, and/or abuse who are experiencing complex attachment difficulties/significant psychological distress. The new team is based on NICE guidelines and offers:
  
  - A local specialist service (reducing the need for tertiary referrals to providers such as GOSH)
  - Comprehensive assessment, intensive intervention and support including one to one work
  - Systemic-oriented face to face sessions for families experiencing relationship difficulties related to attachment issues
  - Consultations with social care and the network around the child
- ‘Understanding attachment’ Psycho-social education sessions offered to families

Making multi-agency teams available with flexible acceptance criteria for referrals concerning vulnerable children and young people. These should not be based only on clinical diagnosis, but on the presenting needs of the child or young person and the level of professional or family concern.

Where are we now?

As part of Hertfordshire’s commitment to improving outcomes for some of our most vulnerable children and young people an element of the CAMHS Transformation funding was invested within our specialist mental health provider to expand the existing Targeted service to support children and young people who have experienced complex loss and trauma. Whilst this service is still in its infancy a number of joint working opportunities have been identified with our Children’s Services colleagues that will enable us to strengthen the new model further.

In addition with the Transformation funding we have also increased the investment into PALMS. The Positive behaviour Autism Learning disability Mental Health Service (PALMS) provides integrated mental health and challenging behaviour support to families with children with a learning disability or Autistic Spectrum Disorder. It underwent a review recently by Dr Peter Baker from The Tizard Centre, University of Kent who identified that:

- The service operates with a clear family centered model and has made great strides in creating a coherent, equitable and transparent care pathway.
- A clearly described and differentiated care pathway is in operation. Referrals are triaged within one week by highly skilled clinical staff.
- Outcome measures used by the service are robust and indicate positive outcomes.
- PALMS is a unique service with very little similar services in the country and are demonstrating some ‘ground-breaking’ practice which should be publicised more widely across the country.
- Any cost savings from the service are likely to be down the line (i.e. years to some) and possibly in adult services. A whole system approach is needed to identify savings.

An ongoing challenge for the service is managing demand as it is currently operating over the commissioned threshold of 5-600 families. PALMS work in partnership with ADD-advance (a local autism and ADHD charity) to offer additional courses and individual coaching sessions to families whilst they are waiting for an initial assessment and treatment. In 2018, PALMS introduced group based support to parents and this has reduced their waiting time for an initial intervention by 50%.

The service provided by PALMS, is unique and innovative. A recent independent assessment identified a small number of similar services to PALMS across the country, however none of those asked at the time delivered to CYP who had a sole diagnosis of ASD. The assessor highlighted that PALMS is doing some ‘ground breaking work’ for this cohort of CYP/Families.
What will it look like by 2020?

1. Social care teams will be supported by co-location, increased joint training and specific mental health training to support early identification of emerging issues

2. Improved communication between social care and specialist mental health services

3. Ability for specialist mental health teams to access alternative interventions by providing clinical support and supervision to lead professionals with whom there is a trusting relationship

4. Working collaboratively to deliver the Adoption Excellence project plan which includes improving emotional and mental health of adopted children and their families.

5. Protocols to improve joint working, shared and jointly owned risk management plans

6. Parents and carers will have a better understanding of the needs of their children and feel more equipped to respond

7. The increased linkage of teams across health and social care collaborating to a joint holistic plan of support for some of our more complex children, young people and families.

Developing support for children and young people identifying themselves as LGBT+

A pioneering development for young people has been put together by Hertfordshire Partnership University NHS Foundation Trust (HPFT) with London and South East CYP IAPT Learning Collaborative, a group of organisations involved in improving children and young people’s mental health services.

The guide was developed to promote equity, equality and inclusion and to help clinicians to enable young people to talk more openly about sexual orientation and gender identity through creating friendly and inclusive environments, the use of monitoring forms and having sensitive conversations. It supports clinicians to not assume sexual orientation or gender identity and to be sensitive to individual needs.

The guide is available free online at https://cypiapt.files.wordpress.com/2017/04/so-and-qiclinicians-guide-03-04-17.pdf

The report details that being proactive in supporting young people who don’t feel they match with common assumptions and labels has shown to improved outcomes in terms of wellbeing and improve self-worth. The 2016 ‘Queer Futures’ report found that LGBT+ young people would like to approach mental health services for help but many of those that did found mental health services ‘unhelpful’ due to limited knowledge and understanding of LGBT+ issues or focus on symptoms rather than cause of distress.
In Hertfordshire as part of a CAMHS Transformation innovation project we funded one of our community counselling agencies to offer a bespoke provision for young people identifying themselves as LBGT+ who wanted to access therapy to support them with their journeys. This was a need identified by young people themselves and their willingness to engage in sessions provided increased recognition for the value of our voluntary sector counselling agencies that deliver a vital local service for children and young people across Hertfordshire.

Our colleagues in YC Herts (formerly Youth Connexions) established the Herts1125 Who Not What group of 13–19 year olds, up to 24 with learning disabilities, who have come together to represent the voice of the young Lesbian, Gay, Bi-sexual, Transgender and Questioning community of Hertfordshire.

We continue to work in partnership with our young people through our various groups who provide us with invaluable feedback from an LGBT+ perspective that allows us to improve and develop provision that is better able to meet their needs and enables them to feel more able to access support without feeling misunderstood or stereotyped by clinicians.

**Ensuring young people within Youth Justice have access to appropriate support and interventions**

There is now a national commissioning approach in place for Forensic CAMHS (FCAMHS), and as such, this area has been identified as a new area of focus for Hertfordshire. As a result of this, a deep-dive review of the existing provision for young people within Youth Justice will be undertaken ahead of the 2019 refresh in order to determine whether there is adequate access to appropriate support and interventions.

**Supporting young people experiencing first episode of psychosis**

People experiencing a first episode of psychosis (FEP) will receive treatment from Adult Community Mental Health Services, but will follow the FEP pathway. This service is for people experiencing a first episode psychosis (FEP) from the age of 16 onwards, who will be supported in treatment within care cluster 10 on the First Episode Psychosis pathway for a period of up to 3 years. People experiencing First Episode Psychosis under the age of 16 will be supported by the CAMHS service.

The FEP service is provided predominantly by the Targeted Treatment Team, in an integrated service model within the Adult Community Mental Health Service. If the person is presenting in crisis, they will be supported by the Crisis Assessment and Home Treatment Team (CATT) team or admitted to an in-patient unit.

Children and young people aged under 16 and presenting with a first episode of psychosis will follow the same pathway of care as adults, but this service will be provided by CAMHS.

**Transitions out of Children and Young People’s Mental Health Services**

Transition between services for children and young people and adults typically occurs at age 18. Many young people experience a poor transition to adult services and up to 50% of under 25s disengage from adult mental health services on transition from services for children and
young people (CYP). Some young people (YP) with mental health (MH) problems who have received care from secondary care services for children and young people do not meet criteria for secondary care adult mental health services.

NHS England has developed a framework to support improvements in the quality of services and the creation of new, improved patterns of care. CQUIN stands for commissioning for quality and innovation. The system was introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care. The transition CQUIN applies to all community CYP MH services providing services up to transition age (the ‘sending service’) and any relevant CCG-commissioned service the YP is transitioning into (the ‘receiving service”).

HPFT have a clear Implementation plan for the Transition CQUIN which has been developed in line with Adult and Learning Disability colleagues and importantly in conjunction with young people and parent/carers. We have developed a process flow which includes a new transition care plan, new questionnaires, for and designed by, young people and carers covering both pre- and post-transition feedback. This is to ensure we can collect information on how the process is working and where further work still needs to take place. There have been a number of workshops with clinical staff to promote the new documentation we have developed and to work on embedding the process into teams so it becomes business as usual. Work is also taking place to ensure our IT systems better support the transition process and there are developments taking place on our electronic patient record system so we can more easily monitor, audit and report on progress.

Current projects around transition include further developing our CAMH Website due for re-launch in December and a new Transition Leaflet being developed by our service user representatives to share with young people what transition means and what they can expect from services both CAMHS and Adult. Although the CQUIN has been a 2 year target between 2017 and 2019 we want to ensure the systems we put in pace and the learning taken from it continues to ensure the reality for those young people and families going through the transition process is as supportive as possible but is also transparent and prepares them to move on from CAMHS which for many young people can be extremely difficult.

What will it look like by 2020?

Our key providers will ensure that:

1. There is flexibility around the age of transition of vulnerable children and young people from CAMHS into Adult Mental Health Services depending on their individual needs and abilities

2. Joint planning takes place for young people known to a range of services to ensure there is an agreed and holistic plan in place to support their mental health

3. Those not requiring a transition into Adult Services will have a discharge plan that includes sources of support should a new need emerge

4. The Looked After Children and Care leaver Liaison Nurse within HPFT will continue to act as the interface between health and social care providing challenge and
supporting the delivery of partnership working to improve the outcomes for CLA and Care Leavers

5. Work delivered by the HPFT Youth Council, Children in Care Council and Young Commissioners is used to inform and drive forward improvements in transition
Setting the Scene

In this section of the Local Transformation Plan, we summarise the available information on emotional and mental wellbeing across Hertfordshire.

Levels of need for mental health support

We want all children and young people in Hertfordshire to have timely access to information, advice, and guidance and where necessary interventions or crisis support to enable them to develop and maintain positive emotional wellbeing, demonstrate healthy behaviours and feel more resilient and empowered to cope with the day to day adversity and stress that they may experience.

Through our work within CAMHS Transformation and across our partnership we are reinforcing that it is everyone’s business (including parents, children and young people) to support Hertfordshire in improving children and young people’s emotional wellbeing and mental health.

- Hertfordshire has one of the highest numbers of children and young people aged under 18 in England (282,100).
- Children make up a quarter of Hertfordshire’s total population.
- About 23,000 0-19 year olds in Hertfordshire will have a diagnosable mental health condition.
- The population of young people in the county is projected to expand by 14% by 2020.
- Taking into account the population change will lead to a potential increase of about 2,000 children and young people presenting for help with a diagnosable mental health need over the next five years. Many more children will have borderline needs requiring help to restore good wellbeing.
- Evidence from our Hertfordshire CAMHS Review in 2015 suggested gaps in critical prevention and early intervention activity; with only around a third of the estimated children with a diagnosable mental health problem appearing to get the help they needed before Transformation began.

Our local Joint Strategic Needs Assessment (JSNA) for mental health provides more detailed information on our population.

Hertfordshire’s Health Related Behaviours Questionnaire – a biannual survey of children and young people with a specific focus on health and wellbeing – is a very important tool for services. In last year’s survey (2018) a total of 5,627 pupils took part from 53 primary schools and 14 secondary schools.

Recent trends:
- Primary school pupils in Hertfordshire are less likely to respond that their school deals well with bullying (53%) compared with pupils in the wider UK sample (58%) (2016 survey).
- The biggest worry for secondary school pupils in Year 8 & 10 is ‘exams and tests’. In 2018, 53% of pupils said that they worried about exams and tests ‘quite a lot’. This is a slight decrease compared to 55% of pupils in 2014 and 2016.
• However, for the first Year 12/13 survey conducted in 2018, worry relating to ‘exams and tests’ rated much higher for the older pupils (67%), with ‘school/college work problems’ coming second at 53%.

• In 2018, pupils were asked questions about self-harm. 75% (vs. 81% in 2016) of pupils said they have never self-harmed. 364 people (14%, vs. 10% in 2016) said they had and 286 (11%, vs. 8% in 2016) didn’t want to say. This indicates an increase in self-harming behaviour.

• 22% (compared to 17% in 2016) of Year 10 girls self-harmed, and 9% (compared to 10% in 2016) did not have any support. For those who received support there were mixed views on how useful it was.

• The survey also indicates that more could be done in schools to build resilience and emotional wellbeing. In secondary schools, 35% of pupils said that the information and advice from PSHE school lessons had been ‘quite’ or ‘very useful’. 22% said they can't remember any PSHE lessons. 14% said their information and advice hadn't been very useful. 32% (vs. 37% in 2016) of pupils said that their school taught them to deal with their feelings positively.

• In 2018 20% of pupils said they had worried about relationships 'quite a lot' or 'a lot', which remained static from 2016, compared with 22% in 2014 and 29% in 2012. This continues a downward trend from the 32% reported in 2010 and 33% seen in 2008.

• 41% of pupils said their school cares whether they are happy or not, which is slightly lower that 45% in 2016. However, compared to previous years it is still higher, 33% in 2008, 36% in 2010, 39% in 2012 and 37% in 2014.

**FACTS**

The period of adolescence and early adulthood is one in which individuals are highly susceptible to the development of mental health issues:

- 75% of mental illness in adult life (excluding dementia) starts during adolescence
- Existing mental health issues often become more complex during adolescence

(Youth Mental Health: New Evidence 2016)

Despite the burden of distress, it is estimated that as many as 60-70% of children and adolescents who experience clinically significant difficulties have not had appropriate interventions at a sufficiently early age.


It is critical to intervene as early as possible at the first sign of poor emotional health to minimise distress and disruption to life chances and increase positive outcomes for the child or young person and their family. This will also help save longer term costs to society. Some children and young people may need extra help and early support to help restore good emotional and behavioural wellbeing following a specific event or change in circumstances. Some may have borderline emotional or behavioural difficulties and quick, evidence based and engaging support may be able to help de-escalate distressing problems that may become entrenched if there is no intervention.
We know other children may develop more serious difficulties as a result of trauma or particular mental illnesses both before and after diagnosis.

Through the Transformation programme we want to:

- Build a continuum of provision that can support all of our children and young people at the earliest possible opportunity.
- Have an early help single point of access using single trusted referrals.
- Offer a choice of evidence based talking and creative therapies.
- Provide triage, assessments and interventions in a range of community based settings.
- Upskill and empower children, young people, families and professionals in understanding mental health and how to respond if difficulties arise.
- Increase the parity of esteem between mental and physical health.
- Develop a sustainable, sufficiently skilled workforce who can contribute to improving outcomes for our children and young people.

**Hertfordshire’s demographics at a glance**

![Map of Hertfordshire showing services and locations](image)

**Healthy Young Minds in Hertfordshire**

As at March 2018:

- **90.1% of Hertfordshire’s 530+ schools** were rated good or outstanding by Ofsted
- **5,053 children in need**, a rate of 188 per 10,000 compared with a 2017 national average of 330 and 2017 statistical neighbour average of 288
- **522 children subject to a child protection plan**, a rate of 19.4 per 10,000 compared with a 2017 national average of 43.3 and statistical neighbour average of 42.4.
- **890 children looked after**, a rate of 33 per 10,000 compared with a 2017 national average of 62 and 2017 statistical neighbour average of 49.
• 2.1% of children in Hertfordshire schools have a statement of special educational needs or Education, Health and Care Plan, compared to 2.9% in England.

• The latest data available from 2014 shows that 11.3% of children under 16 are deemed to be living in poverty within the Hertfordshire area. This equates to 27,281 children.

• Health outcomes across Hertfordshire are good with low rates of infant mortality and teenage conception compared with the national and eastern region averages.

• Hertfordshire also has one of the lowest proportion of children who are obese in both reception (19.98% compared to 22.63% nationally) and year 6 (28.92% compared to 34.25% nationally).

• In the 2011 Census, the proportion of the total population in Hertfordshire that were in a minority ethnic group (i.e. not White-British) was 19.18%. This compares to a proportion of 11.23% at 2001.
CAMHS Transformation in Hertfordshire: A Systemic Partnership Approach

Following a local Hertfordshire CAMHS review in 2015 the following key themes were identified and agreed upon locally:

- the need to build resilience, prevention and early intervention provision
- the vital role that schools can play in supporting children’s mental health
- the need for children and young people’s mental health to become a local priority in order to support investment in whole system change.

The Hertfordshire CAMHS Transformation plan has demonstrated a new approach to supporting the emotional and mental health of children, young people and families in Hertfordshire. With a bigger focus on prevention and early intervention and the development of services that offer swift, evidence-based and engaging support to children and young people on a needs led basis the Future in Mind investment is being used to achieve better outcomes for many more children and families across the continuum. By empowering our children, young people, families and the professional networks around them we are increasing resilience and the potential for people to take ownership of their own emotional wellbeing and physical health which we believe will have a lasting impact.

Improving emotional and mental health support in this systemic way requires the active involvement of a range of local agencies and services beyond health, including schools, early years’ practitioners, children’s services, the voluntary sector and many more. The ethos of our Transformation programme is to re-establish the view that children and young people’s emotional and mental health is everyone’s responsibility and we all have a part to play in how we identify, understand and respond to issues that arise for the children and families we work with.

A Hertfordshire CAMHS Transformation board of partners evolved into a Children and Young People’s Emotional and Mental Wellbeing Board following the dissemination of the Future in Mind funding to Clinical Commissioning Groups (CCG) to support the development of co-produced local plans to develop services. This board is chaired by the Chief Executive Officer at Herts Valleys CCG, and takes forward the recommendations of both the national and local reviews of CAMHS to ensure that our services are developing accordingly. The scope of this group has widened to reflect the need for systemic change across the continuum from early help to getting risk support.

As a county we have used the Transformation investment to build upon the following multi-agency commitments which demonstrate that emotional and mental health is the golden thread running throughout children’s health, public health, education and social care:

- Children and young people’s emotional and mental health is a Hertfordshire Wellbeing Board priority signed up to by all partners;
- Children and Young People’s Integrated Commissioning Executive (CYPICE) - a multi-agency, multi-disciplinary group/board with a strong focus on emotional health and wellbeing;
- Longstanding joint commissioning arrangements in place for CAMHS with a formal Section 75 agreement (an agreement between a local authority and an NHS body);
- Children’s Services and Hertfordshire Partnership NHS University Foundation Trust (HPFT) have developed a joint working protocol and now undertake regular liaison meetings to improve collaboration and communication to improve outcomes.
**Sustainability and Transformation Partnership (STP)**

Hertfordshire and West Essex Sustainability and Transformation Partnership (STP) consists of NHS and local government organisations, who are finding ways to work together and prevent our communities becoming unwell or needing support unnecessarily. The STP is aligning its Medium Term financial plan, and newly developed clinical strategy with programme deliverable in order to achieve this. More information on the plan and the vision can be accessed here: [https://www.healthierfuture.org.uk/](https://www.healthierfuture.org.uk/)

Our STP: A Healthier Future sets out the four main ways in which NHS health and care organisations in Hertfordshire and West Essex plan to improve health and care in the area:

- Helping people to live healthier lives, avoiding preventable illnesses
- Improving the health and care services offered at home or in local communities
- Using hospital care for specialist and emergency treatments only
- Improving the efficiency of health and care services.

There are a series of workstreams supporting these objectives. The work of the LTP sits under the mental health and learning disability workstream, with strong alignment between the LTP priorities and the overarching STP objectives. Oversight from this workstream also allows discussion with, and learning from, the Essex LTP through the West Essex elements of the STP.

As part of our STP workforce planning and Health Education England requirements, we are aligning our local mental health workforce plan with the Mental Health Five Year Forward View Deliverables, and the mental health investment standards to help deliver adequately funded and staffed services.

The Mental Health and Learning Disabilities work stream is working across the Hertfordshire and West Essex Sustainability and Transformation Partnership (STP) to deliver the Five Year Forward View ([https://www.england.nhs.uk/publication/nhs-five-year-forward-view/](https://www.england.nhs.uk/publication/nhs-five-year-forward-view/)) priorities across children and adult mental health. The relevant STP wide priority is to deliver a new model of care for children and young people who present in crisis and would normally be admitted. The new model delivered by HPFT aims to reduce admissions to an in-patient unit by developing intensive support in the community through Home Treatment Teams and the development of a Dialectical Behavioural Therapy service for CYP with an Emerging Personality Disorder to try and reduce crisis presentations.

Both Herts Valleys CCG and East and North Herts CCG are committed to delivering the mental health investment standard by increasing investment into CAMHS alongside investment into adult mental health services. Partners in the STP are currently developing a 10 year financial plan to jointly consider the challenges and opportunities for health and social care organisations in Hertfordshire and west Essex over the next 10 years to 2028/29. As part of the development of this plan we will be considering the sustainability of all health and social care services including mental health services for children and young people. (Please note that CAMHS services within West Essex fall outside of this Local Transformation Plan as they are commissioned by the North Essex Clinical Commissioning Group).
Governance and Accountability

Progress against the Local Transformation Plan is reported to the Children and Young People's Emotional and Mental Wellbeing Board every two months. The project plan for each identified priority includes key milestones, tasks, and timelines alongside risks, issues and their mitigating actions. This is also reported to the Joint Commissioning Partnership Board in East and North Herts CCG and the Children, Young People and Maternity Programme Board in Herts Valleys CCG. To ensure the work of the plan is embedded across all services commissioned for children and young people a regular update is also given to the Children and Young People’s Integrated Commissioning Executive (CYPICE).

This Local Transformation Plan is aligned to the overall strategic commissioning objectives of the CCGs. It focuses on early identification and intervention of health and wellbeing issues for children, young people and maternity. We are working together with colleagues from neighbouring CCGs, where boundaries are not coterminous; to ensure the needs of all the CCG population are met through this plan.

Co-production is at the heart of CAMHS Transformation reinforcing the importance of the partnership approach with children, young people and families in order to improve and develop services that are easy to access, offer choice and shared decision making. Our Early Intervention re-tender process was fully co-produced with our Young Commissioners.
Hertfordshire CAMHS Governance Structure

Hertfordshire Health and Wellbeing Board
Chair: Colette Wyatt-Lowe, Lead Member, Adult Social Care, HCC

Hertfordshire Children and Young People’s Emotional and Mental Wellbeing Board
Chair: Kathryn Magson, Chief Executive, Herts Valleys CCG
Other members include Jenny Coles (Director Children’s Services, HCC), Jim McManus (Director of Public Health, HCC), Sheilagh Reavey (Director of Nursing and Quality, E&N Herts CCG), senior representatives from HPFT and HCT, CAMHS Commissioners

CAMHS Transformation Operational Group
Meets monthly with partners across the system to co-ordinate and drive delivery of CAMHS Transformation

CAMHS Parent Carer Forum
Meets quarterly with members of Herts Parent Carers Involvement and Carers in Herts (voluntary sector)

Hertfordshire Young Commissioners
Contribute to commissioning decisions

School CAMHS Link Implementation Group
Chaired by School CAMHS Link Manager, and attended by school leadership and representatives from relevant services
Hertfordshire's Vision for Transforming Children and Young People's Emotional, Mental Health and Wellbeing

In Hertfordshire our vision and overall aim is that all children, young people, their families and professionals can access timely and responsive emotional and/or 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 accessed by a single trusted referral where services will work in partnership to deliver the best possible outcomes for children and young people considering their holistic needs.

Across the five years of the CAMHS (Child and Adolescent Mental Health Services) Transformation we will implement sustainable system wide change developed in co-production with our children, young people and families. We will shift incrementally towards embedding a countywide, but locally responsive, early intervention (early help) and prevention model that offers proactive approaches to engaging even the most hard to reach. As a system we will be able to respond in a timely manner to the needs of children, young people and their families, offer advice, information and guidance and needs led interventions by services that work in partnership with each other and most importantly with those accessing support to improve emotional and mental health outcomes.

To achieve this we will:

- Increase the number of children and young people who have access to evidenced based, early and preventative, mental health and wellbeing support
- Improve access for our most vulnerable children, young people and their families to evidence based interventions and a flexible creative workforce that can engage them
- Offer increased access to support before and at the point of crisis for children and young people with mental health problems including those who self-harm
- Provide effective specialist mental health support for children and young people whose mental health needs fall beyond the skill set of primary mental health support available within the community. This will be delivered in a range of settings with co-located posts embedded within our partner services to improve accessibility and choice
- Improved access for children and young people to an evidence based community eating disorder service
- Improve access for parents to evidence-based programmes of intervention and support to strengthen attachment between parent and child, build resilience and improve behaviour.
Hertfordshire’s CAMHS Transformation programme 2015-20 guiding principles

The guiding principles for the development of children and young people’s emotional and mental health provision across the lifetime of the CAMHS Transformation programme are:

- **EMPOWERING** professionals and parents through workforce development, training, education and communication to recognise the part we all have to play in children and young people’s emotional and mental health. This is a significant culture change from the idea that mental health is just the responsibility of NHS Specialists

- **SIGNPOSTING and NAVIGATION** that allows children, young people and their families to make an informed choice about interventions and services that could best support them

- The development of a **CONTINUUM** of provision that can be accessed quickly at an appropriate level of need and that will offer support to a child / young person or the system around them for as long as it is required

- **SINGLE TRUSTED ASSESSMENT** that will be the gateway to provision within the emotional, mental health continuum, reducing duplication of assessment and importantly minimising the need to ‘retell’ a story to a range of different teams

- **PARTNERSHIP** working with parents, colleagues from the voluntary sector, schools, health and Children’s Services to provide a holistic package of support that meets the needs identified and values the views of others

- **SEEING** the whole child, young person and /or family not just the presenting issues or diagnosis; hearing what has brought them to need and seek help and addressing this

- **FLEXIBLE** proactive delivery of services that empowers children, young people and families to own their journey and be able to fully participate as equal partners

- A range of **CREATIVE, TIMELY EVIDENCE BASED INTERVENTIONS** and approaches that can combine with provision from other services to form a holistic package or include more specialist input such as medication but that can respond to individual need

- System wide recognition of the importance of reducing the burden of ill health and the need for specialist interventions. Shifting the focus to increasing the **RESILIENCE** of our children and young people population, promoting good mental health and wellbeing and reducing stigma

- **OUTCOME FOCUSED** services that will concentrate on goal based outcomes that are meaningful to the child or young person. These will be supported by consistency of outcomes reported across the continuum to measure progress and effectiveness of resources.
All of the above have been developed based on the ideas and recommendations of young people, parents and professionals in Hertfordshire as part of the 2015 CAMHS review and since the Transformation programme commenced. These also align with recommendations made by the national review of CAMHS - Future in Mind (March 2015).

**Key outcomes to be achieved 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, 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 wellbeing of children and young people will have access to regular advice, guidance and training to support the early identification of emerging difficulties.

7. There are improvements in whole school wellbeing across Hertfordshire. This will be supported by the views of children, young people and their families as well as self-evaluation tools

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.
Co-Production with Children, Young People, Parents and Carers

What a child and young person friendly service should look like? (As identified by young people)
The voice of children, young people, and parents and carers at the heart of CAMHS Transformation

Working alongside Children’s Services colleagues we have been able to identify our own Young Commissioners to help us develop our CAMHS Transformation programme so that it is truly child and young person focused. We have also been fortunate enough to be supported by young people from our Children in Care Council (CHICC) and Hertfordshire Partnership Foundation Trust’s Youth Council on pieces of work.

Our committed group of young people and a number of schools initially supported us to:

- Develop young people’s pages for Healthy Young Minds in Herts website
- Co-host a joint session with Children and Young People’s Emotional Health and Wellbeing Board members and young people
- Input to the CQC Thematic Review for children and young people’s mental health services
- Design the Sound Thoughts concept as a non-stigmatising image
- Co-produce marketing materials / campaign message for boys and young men campaign to be launched in 2018
- Co-produce our Early Intervention re-tender programme
- Create and promote questionnaires to gain the views of other young people
- Co-design leaflets and information for other young people on keeping emotionally healthy
- Present at provider engagement events
- Support the Hertfordshire Thrive event and delivered a workshop
- Work with our partners to identify projects for our Innovation Fund
- Identify the areas of their own well-being and mental health that they would like additional information on as part of developing the My Teen Brain for young people programme.
- Helping us tackle jargon used in documents, websites and leaflets to make them more user friendly
- Sharing their experiences – good and bad, of services, attempts to access provision, supporting friends and parents / siblings, attitudes of schools and health staff.

Over the last year, children and young people, parents and carers have been involved in a range of activities across the system, helping us to make decisions and keeping us on track, including:

- Interviews for commissioning posts
- Evaluating the early intervention tender submissions
• Further contributions at events such as the iThrive conference
• Further development of the web offer
• Feeling Good Week application scoring
• Step 2 started their own children and young people focus group, this group discussed ‘treatment contracts’ so that young people and the service commit to the treatment / intervention. This contract is now being implemented.
• HPFT’s new Home Treatment Team (HTT) met twice with the Youth Council with regards to service planning. The service manager met a young person individually at their home to include them in the shaping of the HTT.
• As part of the Transitions CQUIN young people have been involved in formulating surveys to evaluate this transition process with the hope of identifying areas that can be improved. A small working group of 3 young people produced a workbook (currently in draft format) for young people to use when working through transitions.
• HPFT co-produced and co-delivered a training session to staff on inpatient wards around engaging with young people. The outcome was a boost to staff confidence and young people at Forest House feeling safer on the unit.
• HPFT are redoing the CAMHS webpage and have been working jointly with young people and parent/carers to shape the content for the new site which includes co-producing POD walk videos of each clinic to settle anxieties around coming to CAMHS. The new webpage is due to launch end of September 2019. The hope is that it will raise awareness and provide support.
• HPFT have also coproduced a welcome pack for new individuals coming into the service. The young people and parent/carers have been involved from the very first stages. They have given input into what the content should look like, the format of the pack and the design.
• The Spot the Signs (STS) project held focus groups with young people across a range of general population backgrounds (Hertfordshire-wide, mix of socioeconomic status, ethnicity, culture etc.) and LGBTQ+ groups. This informed service delivery as mental health awareness workshops were created, and a signposting guide developed. Feedback from young people is collected following workshops to ascertain impact. This feedback is implemented in further workshop planning and delivery.
• Children, young people and parents / carers coproduce the harmful sexual behaviour intervention; reviewing progress and their experience of the service thus ensuring the intervention is as effective as it can be and adapting it if needed. Having honest conversations with families this continues to build on our positive relationships with them and they feel heard and supported, ensuring continued engagement and more opportunity for positive outcomes at the end of work. This also helps us to develop our service for other families going forward.
• The Adolescent Resource Centre (ARC) council meet with commissioners to discuss the service they are receiving from ARC and also other services for young people. Young people feel heard, empowered and that they are able to make a positive contribution to develop services for other young people. This also helps the team to review the service accordingly through comments made by young people.
• The ARC continue to adjust and adapt the service in response to evaluations. An example of this is more parents/carers wanting evening or weekend sessions due to
work commitments which the service are now able to offer to be more inclusive and flexible, leading to better, more positive outcomes for the family/young person.

- A CAMHS Parent / Carer forum meets regularly to review service monitoring data and work through feedback from parents and share it directly with services to consider change or information that needs to be communicated to parents and carers.
- As part of the needs assessment for the recommissioning of the Targeted Parenting Framework, parents were consulted to understand what their parenting needs were from across the county. This was collected through parents completing surveys once they finished a parenting course. The survey asked them what other support they were accessing, what there wasn’t enough support for and how they would access this support.
- STS surveyed parents and carers about how able they felt to support their child’s mental health. A need for parent / carer information workshops was identified and developed.

For 2019, a plan has been developed to ensure we have identified as many opportunities for co-production with young people and parents / carers as possible including a number of planned service review areas as well as quality assurance visits to services, involvement in school self-review panels and supporting us to understand how to reach out to more Black and minority ethnic children and young people. The Young Commissioner programme provided by YC Herts has also reached out to other organisations with their own youth councils and user groups to help them develop their skills and activity and ensure coordination across participation groups.
What is co-production important to people?

The below provides an overview of the key themes identified through engagement with children and young people as to why being involved in transforming CAMHS provision in Hertfordshire is important to them:

- **I want to use my experiences to make things better for others**
- **Involving children and young people in this work means we will be adults who understand mental health much better**
- **I've seen things suggested actually happen, that's a great feeling!**
- **So many of my friends are affected by mental health problems it is great to be involved in something like this**
- **It’s one of those roles that you really get involved with, because every single meeting that you have has a direct impact on the service that is provided, and in the long term, how young people receive the best possible outcome**
- **What a legacy for the future**
Developing a needs-led approach in Hertfordshire: The Thrive Model

Both Future in Mind and our local CAMHS review identified that the current tier system is no longer fit for purpose and that it creates artificial barriers to services and can be complex to navigate for both families and professionals.

Hertfordshire wanted a model that would meet the holistic needs of a child or young person and would offer greater flexibility for step up or down as needs escalated or de-escalated. The Thrive model was recommended as best meeting the local needs and Hertfordshire was subsequently selected as an iThrive accelerator site.

Thrive has been developed as a collaboration between the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust.
Hertfordshire’s early help Families First work is supported by mental health promotion and awareness raising work. This approach works in communities, rather than individual children and families, and requires all agencies working with children to work effectively together.

The strategies employed by Public Health, Education, Health and Children’s Services recognise the importance of resilience, emotional and social wellbeing, which are supported by vital skills, such as emotion regulation, social skills to support positive relationships and the increasing of resilience often through whole school wellbeing approaches.

Children, young people and their families have consistently told us that they felt work around mental health in schools and in the public domain focused on mental illness rather than empowering people to understand what they can do to take control of their own wellbeing.

Responding to what our children, young people and families have told us we have ensured our universal approach is around positive health promotion messages and the provision of information, advice and guidance in a range of settings to increase its accessibility and reduce stigma.

What do we have in place?

Feeling Good Week

This has been going in Hertfordshire for more than 10 years but has more recently moved to a co-produced model led by our Young People’s Ambassador within Health Watch. It is a great opportunity to celebrate children and young people’s emotional and mental health and offers small grants for pieces of work that raise awareness, promote positive mental health and importantly engage children and young people in the process.

Healthy Young Minds in Herts website

The Healthy Young Minds in Herts website was launched to support the CAMHS Transformation principles and develop our offer around providing information and advice. It was developed as a direct result of feedback that there was no one central place to access emotional health and well-being information and resources in Hertfordshire. Our continuously developing portal for providing information on emotional, mental health and wellbeing in Hertfordshire links to local and national services, support and good practice. We worked with young people and parents to develop their pages and a password-protected area was been developed for schools.

As part of our review of early intervention provision, workshops with a range of stakeholders were facilitated, including one to specifically focus on our web offer. Young people involved in the Just Talk campaign had fed back that the site was not very engaging and school staff users of the password protected area reported difficulties accessing resources and the lack of prompts to help users navigate and login. At our 2018 workshop to develop thinking on what an effective integrated early support system might look like to support children and young people’s mental health in Hertfordshire, the discussion was dominated by thoughts on
access and information. The workshop was facilitated by The Centre for mental Health and their report noted the following:

“Commissioners should tender for a coalition of organisations to work collaboratively to create a clearer ‘front door’ for the broad local landscape of early help and support. This front door should create a digital doorway as a first step to getting help locally with the capacity to help young people check their wellbeing and mood, provide advice, web chat, broad signposting, to direct to good quality self-management strategies (with built in review by young people/parents/carers). The website would encourage the use of self-help strategies as a first port of call for most children and young people and families.”

Further to this workshop, we held another session to focus on the website which was attended by providers, young people, parents and other stakeholders. The group developed some ideas which they put to the young people, parents and other stakeholders. Young people confirmed that a website would best meet the needs of all users and the group. The desired functions and features of the website included:

- The website to have a Web chat/text/WhatsApp 24 hours a day or at the very least throughout the night. The group was particularly keen on ensuring access to help virtually throughout the night as they feel this is a time a lot of young feel at their most vulnerable.
- The front page should have a rolling information feed which is accessible to all but that has links to other section.
- The ability to filter support/local services by postcode.
- It was important to the group the website:
  - Is jargon Free
  - Is phone friendly
  - Is fun to use
  - Has an Urgent help button
  - Includes personal stories
  - Includes reviews of self-help apps/resources (by real people)
  - Includes psychoeducational messages to empower and increase self-help
  - Facilitates group chat with peer support which is moderated live
  - Includes games with therapeutic outcomes
  - Is colourful & engaging
  - Includes a mood diary which can be shared with professionals and parents
  - Includes information on how to help a friend in need of support for their mental health
  - Includes information and advice for young people about parental Mental Health
  - Helps young people and parents to consider what is “Normal to go through when growing up” and when to seek help
  - Includes early identification and strategies
  - Includes information about specific related issues EG exam stress
  - Includes a link to a proposed Wellbeing Passport

The website will therefore be enhanced to include as much of this feedback as possible. Some of the features will need to be facilitated by a provider so the functionality will be developed over time. Some features are possible and are a project to update Healthy
Young Minds in Herts will commence in the Autumn of 2018 with significant input from stakeholders. The updated site will link with the Families First Portal which is the overarching framework for early help in Hertfordshire.

**Pastoral Leads Networks**

Secondary School Pastoral leads networks are in place in each of the County’s ten districts. These provide termly (sometimes bi-termly) opportunities for schools and partner agencies to share information and best practice, and to identify any emerging issues and strategies for handling these.

Primary School Pastoral leads networks are in the process of being established, with a conference taking place on 7th December 2018.

**My Baby’s Brain: five to thrive**

My Baby’s Brain is a multi-agency initiative set up by Hertfordshire County Council alongside Kate Cairns Associates (KCA). My Baby’s Brain supports emotional wellbeing at the earliest opportunity by encouraging healthy brain development and developing a positive, healthy attachment. This is done through the five building blocks: Respond, Cuddle, Relax, Play and Talk.

My Baby’s Brain was developed in response to the growing body of research in neuroscience and the recognition of:

- a) The vital importance of brain development between the ages of 0 and 3, for a child’s learning and social and emotional wellbeing, and positive outcomes in adulthood, and
- b) The importance of everyday attachment interactions in the home learning environment, in promoting healthy brain development.

Over 2,000 front-line practitioners have been trained to embed My Baby’s Brain in their daily practice. These have included Public Health Nurses 0-5, social workers, family support staff, library staff, voluntary sector, and other practitioners in both the statutory and private and voluntary sector.

It is the vision that all families with children aged between 0-3 have My Baby’s Brain messages shared with them so that all children are given the opportunity to thrive. My Baby’s Brain is within the red book that all families receiving following the birth of their baby, is shared again at all new birth visits by Public Health Nurses 0-5 for the 15,000 Hertfordshire births, and is embedded into all baby groups at Family Centres.

My Baby’s Brain has now developed to have a suite of both professional training and parent courses. Also available is My Baby’s Brain: vulnerability, trauma and recovery and My Baby’s Brain: antenatal.

**My Baby’s Brain: vulnerability, trauma and recovery**
This is second level training available for practitioners who have already completed My Baby’s Brain: five to thrive and work with higher need families where there are attachment concerns. The training day will primarily look at vulnerability, toxic stress, trauma and recovery but also incorporate elements of secondary trauma. To date around 700 multi-agency staff have been trained and are embedded this into their work with higher need families.

**My Baby’s Brain: antenatal**

In 2018 My Baby’s Brain antenatal was launched following developed alongside University of Hertfordshire. The programme encourages early interaction during the antenatal period to support attachment, bonding and brain development during pregnancy. The course is delivered by Family Support staff and regularly done as part of a four week antenatal course alongside midwives and health visitors.

**My Teen Brain**

My Teen Brain encourages positive emotional wellbeing by giving families, professionals and young people both the knowledge of changes that take place in the teenage brain and the skills to manage this.

My Teen Brain focuses on a key stage of brain development and shows how changes in the adolescent brain, in conjunction with experience and environment, can affect emotions, relationships, behaviours, sleep and attitudes to risk.

- **For professionals:** This multi-agency training looks at changes to the adolescent brain, risks and behaviours and how the learning can help strength based approach to practice. The aim of the training is to raise awareness and provide practical information and strategies to professionals. Through training and a range of resources, professionals working with young adolescents or their parents will gain the knowledge to empower them to support young people through this time of change.

- **For schools:** Following the success of My Teen Brain professional multi-agency training, Hertfordshire County Council and Professor John Coleman have now developed ‘My Teen Brain for Schools’. This is designed to be delivered to young people at school. The module has three learning objectives:
  - To learn about the changes that take place in the teenage brain;
  - To understand how memories are formed, and how this underpins learning;
  - To have some knowledge about emotion and stress and to recognise that there are things young people can do to manage their stress.

- **For parents** A group-based parenting workshop has been developed to be delivered to parents to support the emotional wellbeing of their young adolescents whilst encouraging positive parental efficacy.
Youth Health Champions

The Youth Health Champions (YHC) course has been delivered by YC Hertfordshire (formerly Youth Connexions) in a number of local schools in the past 3 years. The training is aimed at pupils with an interest in health, who wish to support their peers in particular to develop a healthier lifestyle. Previous evaluations have shown the YHC course to be an effective means of equipping young people to cascade information about health and local services to their peers.

Health Related Behaviour Questionnaires

This survey takes place every two years and provides Hertfordshire (including district councils and schools) with useful insight and data on the mental health (and other areas of health) of our young people. The survey provides data on self-harm, bullying, and the key worries that young people face. This health intelligence is used widely to inform policy and commissioned services.

Suicide Prevention work

Public Health are coordinating the implementation of an all-age suicide prevention plan for Hertfordshire.

Various multi-agency task and finish groups which feed into an over-arching steering group, have been established as part of this plan. The Children and Young People’s Suicide Prevention Task and Finish group is working to:

- Agree an approach to minimising exposure and maximising appropriate messages to young people about suicide. This will result in a detailed guidance document.
- Explore the feasibility of a ‘community café’ approach to providing support for young people in the community. This would have a strong element of peer support and provide an appropriate structure for young people to become involved in supporting this work.
- Explore the feasibility of a programme to help parents to support their children. The programme could be proactive in providing information for parents, reducing parental ignorance and increasing confidence.
- Develop a consistent approach to suicide prevention and good mental health in schools through a kitemark programme to cover training for staff, information for parents and young people and a commitment to key principles underpinned by a whole school approach to supporting young people’s mental health and wellbeing.

The Boys and Men Suicide Prevention Task and Finish group is working to:

- Identify and promote case studies/role models for boys and men that model healthy coping strategies and positive help seeking behaviours
- Create guidance for services and organisations on how best to ensure boys and men are engaged in their mental health offer
- Gain insight into crisis behaviours and ensure systems are in place to support boys and men in crisis.
Create a social media shared plan for Hertfordshire that aims to engage boys and men (and other target audiences) in positive mental health messages, raise awareness of support available, and share stories of recovery and hope.

### Spot the Signs project

Spot the Signs (STS) is a project with the aim of reducing suicide. The young people’s project has focused considerably on training for professionals. The purpose of the training is to increase professionals’ knowledge and awareness about youth suicide, warning signs and risk factors, and to increase individual confidence in responding to youth suicidal ideations. A total of 32 sessions were delivered between January and October 2018, with 542 professionals trained. Professionals from a variety of backgrounds working with children and young people have attended, including; various school and college staff, University of Hertfordshire student support, statutory healthcare, counselling providers, targeted youth services, county council, emergency services, and other charity sector workers.

Key outcomes include; 98% of attendees stating the training was relevant, 99% stated it was useful, and 97% stated they would recommend the training. Overall 92% of attendees rated the delivery of training as good or excellent, and 95% of attendees rated the trainers as good or excellent. Professionals have stated the training has left them “feeling more comfortable discussing and responding to suicidal thoughts”, and altered practice as “more early help will be placed into our safeguarding practice”.

Workshops have been offered to young people aged 16 years and older, and at risk groups e.g. bereaved by suicide, LGBTQ+ that aim to empower young people to better understand and manage their own mental health, and know when to seek further support to manage risky behaviours. A total of 89 workshops were delivered between February 2017 and October 2018, with 1864 young people attending. Key outcomes included young people feeling “able to talk and express our opinions in a safe and non judgemental environment” and that the workshops “broke down the stigma that was previously around”.

### Normalising mental health and healthy coping strategies

Public Health coordinates the multi-agency Just Talk campaign. Based on local and national research and insight, the campaign was designed by teenage boys for teenage boys, although the messages are relevant for all, aiming to increase understanding of mental health, increase knowledge of support available, and normalise talking more openly about mental health.

Originally the campaign targeted secondary schools, but now includes Special Schools, colleges, and year 5 and 6 in primary schools also.

### Key features of the Just Talk Campaign

- Annual campaign week (the next one is taking place W/C 4th January 2019)
- Practical resources for use in schools, colleges and other agencies e.g. lesson plans, presentations, short activities, leaflets, posters
- Parents information
• Social media activity
• Campaign films designed by young people
• Celebrity role models sharing stories
• Local relatable role models sharing stories

It has been agreed in Hertfordshire that all social media activity relating to positive mental health should use the Just Talk branding

Physical activity for life

In recognition of the fact that mental health and participation in physical activity are closely interlinked, Public Health, working with various partner agencies, are building a life course approach to physical activity, ensuring that resilience and mental health promotion is woven into these projects as a core strand.

Early Years
The Healthy Children’s Centres programme includes key strands in relation to both physical activity and emotional wellbeing

School years
The Daily Mile is currently being run in 70 primary schools in Hertfordshire. It is a free, flexible and sustainable approach to physical activity, and involves getting children outside and moving for 15 minutes every single day.

Watford FC CSE, funded by the Premier League, and with matched funding from Public Health and CCGs, are delivering a 2 year programme in primary and secondary schools across Watford and Hemel Hempstead to promote mental health and wellbeing and teach healthy coping strategies including physical activity. Topics covered include resilience, social media, body image, and stress and anxiety.

Out of School
The 2018 ‘Never Too Late’ campaign has promoted physical activity to young people and parents.

Public Health are supporting the development of Junior Park Runs across Hertfordshire, with a particular focus on areas with higher levels of obesity.

Watford FC CSE are providing mental health training for sports coaches across the county, and are delivering community based physical activity and mental health programmes for young people in Watford and Hemel Hempstead with early signs of mental health issues.
Getting advice in Hertfordshire: What does it look like?

Information and advice for children, young people, parents and carers should be easily accessible through a digital platform, as well as in schools, primary health settings and the wider community. Information and advice for parents and carers about a child’s emotional development and mental health are available and accessible. Regular training and support for schools and professionals working with children around emotional and mental health.

- Children and young people whose needs fit within Getting Advice are usually responding to life circumstances and suffering from low level and / or temporary difficulties.

- Interventions at this level could include navigation, signposting, one off contact for strategies or advice giving, self-help and online or digital offers.

- These do not have to be delivered by Specialist Mental Health workers. E.g. children and young people suffering from anxiety relating to exams and fear of failure.

What we will offer by 2020?

1. Information and advice for children, young people, parents and carers will be easily accessible through a digital platform, as well as in schools, primary health settings, and the wider community
2. Information and advice for parents and carers about a child’s emotional development and mental health including when to seek help
3. Training and support for schools and professionals working with children both general and specific to the needs of particular children with emerging difficulties that enable the setting to intervene at the earliest opportunity
4. A range of tools and interventions that can be used across community settings by staff who feel empowered and skilled up to respond as issues arise
5. Developing group work to provide support to larger groups of children and young people who will benefit from the engagement with others.
Getting help in Hertfordshire: What does it look like?

This element provides access to early local support in schools, primary care and community settings; and use of creative evidence-based interventions for children and young people. Assessments will be effective and holistic to ensure that those who need specialist mental health services have access to them and those with the most complex needs will be supported by a multi-disciplinary team.

Goal-based, brief evidence based interventions of up to six sessions (although there should be flexibility according to need) on an individual or group basis to prevent escalation of difficulties. There will be a choice of locations and intervention types. These services are often delivered by a range of providers.

In a thrive like continuum children and young people will have the ability to access this as part of a step up or step down programme according to their level of need.

What will we offer by 2020?

1. A range of engaging evidence based creative therapies (e.g. art and drama therapies) to support those who do not wish to / cannot participate in talking therapies.
2. A single trusted assessment process that enables children and young people to move seamlessly between provision as per their level of need
3. Access to shared information systems / development of a passport approach to well-being services
4. Increased capacity across early intervention and prevention provision in a range of community settings
5. Information for parents on supporting their child / children as well as an understanding of when to seek additional help
6. Improved communication across the network to support the child, young person, and / or family.
Getting more help in Hertfordshire: What does it look like?

This area of support is for children and young people who require access to extensive treatment from specialist mental health services and teams with the right skills and the right capacity to meet their needs; A clear response for those needing risk support and focused evidence based interventions for different disorders e.g. eating disorders and post-traumatic stress disorder (PTSD). Children and young people will be fully engaged in treatment choices and decisions to ensure they feel empowered and able to engage.

![Diagram showing Getting Advice, Getting Help, Getting Risk Support, and Getting More Help]

Particular thought must be given to the support for children and young people when therapeutic work is drawing to a close. Shared decision making and contributions from family and professional networks would see the use of a range of providers working in partnership with health to develop a holistic supported discharge plan that empowers all.

What will we offer by 2020?

1. Early help choice and partnership combined with a holistic assessment and shared
decision making that influences the outcomes of the longer term intervention
2. Regular reviewing of progress and goal based outcomes to ensure effectiveness and
appropriateness of intervention
3. An agreed process spanning across the continuum for preparing for endings where
communication is shared and other partners can provide continued support
4. Process for fast tracking children and young people who have already accessed
support at this level and who would benefit from a rapid response to prevent
escalation to crisis
5. A range of NICE Compliant, evidence based interventions that can support a range
of complex emotional and mental health needs either in collaboration with other
interventions from partners as part of a holistic package
6. Agreed approaches to provide alternative access for children, young people and
families who are unable to engage with specialist mental health provision i.e. Getting
risk support approach if level of need is such.
Getting risk support in Hertfordshire: What does it look like?

This is perhaps most complex area of the Thrive framework. At this stage there is a need for effective and well-coordinated multi-agency working across all services working with children and young people with the highest risk and / or vulnerability. Mental health support for professionals working with children for whom engagement is a challenge should be offered to ensure some level of intervention or mental health monitoring is available to avoid crisis through proactive management of the children or young person’s level of need.

The THRIVE model suggests that there be an explicit recognition of the needs of children, young people and families where there is no current health treatment available, but where they remain at risk to themselves or others. This is where jointly owned risk management plans are essential to provide effective support and proactive identification of issues across health and social care settings.

What will we offer by 2020?

1. Development of multi-agency / multi-disciplinary teams working to jointly agreed outcomes and accountability of a holistic care plan to the child, young person, their parent or carer and where appropriate the network around them
2. Co-production of safety plans with young people
3. Co-location of teams to provide best possible communication and outcomes for the most complex children and young people
4. Agreed multi agency escalation protocols for supporting increased need, anticipated need changes at times of transition, updates to plans for children and young people that have additional and / or multi agency resource implications
5. Provision that offers specialist support and training for parents or carers on complex issues such as attachment, Mentalization Based Technique etc. This will offer theoretical and practical elements to enable it to be ‘translated’ into the home environment.

The diagram on the following page depicts the existing emotional and mental health provision within Hertfordshire on the basis of the presenting need, potential interventions to support this and links to the services within the Thrive Framework.
### Presentation or issue

- Deliberate self-harm requiring hospital treatment
- Suicidal ideation with imminent plan and means
- Psychotic episode (hearing unexpected voices, disjointed, unreal or racing thoughts not related to physical or substance misuse factors)
- Intentional overdose
- Other mental health crisis

**Mental health problems which are:**
- Persistent
- Complex
- Severe
- Present in all environments – school home, community, with peers
- Beyond a normal response range to life problems

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.

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

### Intervention

- 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

**Specialised community, multi-disciplinary services:**
- Individual interventions
- Systemic Family therapy
- Other psychological therapies
- Risk management plans
- Weight management plans

**Short term psychological or counselling interventions delivered by a trained mental health professional EG:**
- Counselling
- Cognitive Behavioural Therapy (CBT)
- Art therapy
- Solution focused brief therapy

Practical support to resolve / reduce the emotional burden or life problems EG:
- Family support
- Mentoring

Support to universal services:
- Consultation
- Training
- Supervision

**NB** At this stage, the behaviour or symptoms may be related to a practical or social problem. De-escalating this problem could support de-escalation of the associated emotional distress. Therefore appropriate interventions may be more practical or social in nature as opposed psychological.

### Service

- **A&E / Children’s Emergency Department**
- **Children’s Services**
- **Urgent specialist CAMHS referral via SPA**

- **Specialist CAMHS** – including clinical CAMHS Social Worker, Clinical Nurse Therapist, Practitioners in Psychiatry, Psychology, Psychotherapy, Family Therapy

- **Positive behaviour, Autism, Learning**

- **Step 2**
  - **Community counselling**
  - **Counselling or Mentoring in Schools**
  - **Educational Psychologist**
  - **Education support centre / outreach**
  - **Multi Agency Safeguarding Hub (MASH)**
  - **Families First Early Help (CAF)**
  - **Targeted Youth**

- **Schools & Children’s Centres**
- **Health Visitors**
- **School Nurses**
- **GPs**
- **Youth Connexions (YC Herts)**
- **Helplines and websites** for support with external factors

### Language key:
- **Safeguarding**
- **Meeting the Needs**
- **Thrive**
- **CAMHS Tiers**

---

**Updated in October 2017**

**Support to universal services:**
- Consultation
- Training
- Supervision

**Additional / Complex Needs:**
- Difficulties with normal life problems
- Poor self confidence
- Low self esteem
- Low aspirations
- Subject to discrimination
- Difficult family relationships
- Poor peer relationships

**Language key:**
- **Safeguarding**
- **Meeting the Needs**
- **Thrive**
- **CAMHS Tiers**
Continuum of Need

The Thrive approach has been applied across Children’s Services to demonstrate how it fits with our Continuum of Need. Importantly it reflects that many services can support families as needs escalate and de-escalate maintaining the continuity of relationships and care, a very important element of a Thrive like model.
Financial Investment into Children and Young People's Emotional and Mental Health in Hertfordshire

The table below summarises the investment made by our Clinical Commissioning Groups 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.

Whilst funding from NHS England was not ring-fenced Hertfordshire’s continued financial commitment to improving children and young people’s emotional and mental health has enabled greater parity of esteem between children and young people’s mental and physical health.

**Total 2018/19 NHS CAMHS Funding**

<table>
<thead>
<tr>
<th></th>
<th>E&amp;N Herts CCG £'000</th>
<th>C&amp;P CCG £'000</th>
<th>Herts Valleys CCG £'000</th>
<th>Total £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPFT CAMHS</td>
<td>4,903</td>
<td>144</td>
<td>4,841</td>
<td>9,888</td>
</tr>
<tr>
<td>PALMS</td>
<td>635</td>
<td>15</td>
<td>640</td>
<td>1,290</td>
</tr>
<tr>
<td>Other small contracts</td>
<td>1,524</td>
<td>15</td>
<td>1,534</td>
<td>3,073</td>
</tr>
<tr>
<td>Total</td>
<td>7,062</td>
<td>174</td>
<td>7,015</td>
<td>14,251</td>
</tr>
</tbody>
</table>

The next table sets out the specific additional investment from East and North Herts CCG and Herts Valleys CCG into CAMHS transformation in 2018/19.

**Specific CCG Investment into CAMHS Transformation for 2018/19**

<table>
<thead>
<tr>
<th>No.</th>
<th>Work stream</th>
<th>Outcomes</th>
<th>2018/19 Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Eating Disorders - expansion of HPFT service</td>
<td>Improved access for Children and young people to an evidence based community Eating Disorder Service.</td>
<td>£710,000 Within HPFT contract</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enable Children and young people with Eating Disorder to receive the care they need at home.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Effective specialised mental health support for Children and young people whose mental health needs fall beyond the skill set of primary mental health support.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Eating Disorders - cost of tertiary referrals to Great Ormond Street Hospital</td>
<td>Delivery of specialist provision locally</td>
<td>£60,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meeting unmet need</td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Work stream</td>
<td>Outcomes</td>
<td>2018/19 Funding</td>
</tr>
<tr>
<td>-----</td>
<td>-------------</td>
<td>----------</td>
<td>-----------------</td>
</tr>
<tr>
<td>3</td>
<td>Care Leaver Support Worker</td>
<td>Improving the interface of care leavers with Mental Health Services. Recommendation from local Serious Case Review</td>
<td>£35,000 Within HPFT contract</td>
</tr>
<tr>
<td>4</td>
<td>HPFT SPA CAMHS Pod</td>
<td>Effective mental health support for Children and young people whose mental health needs fall beyond the skill set of primary mental health support.</td>
<td>£215,000 Within HPFT contract</td>
</tr>
</tbody>
</table>
| 5   | Increasing the number of children and young people accessing CAMHS services  
- Additional community counselling  
- PALMS Service | To contribute towards the delivery of the operating plan target to increase access to 35% of the children and young people who could benefit by 2020/21. More children and young people have access to evidenced based, early and preventative, Mental Health and Wellbeing support – will improve the accessibility to services and increase the proportion of the population accessing support
Additional capacity in PALMS to respond to review of the service completed January 2017 | £570,000 |
| 6   | Schools Links | Improving communications between schools and emotional health and wellbeing service
Development of children and young people IAPT model across schools and community settings
Primary Mental Health workers Training for schools to support emotional and mental wellbeing | £361,000 |
| 7   | C-CATT (Crisis and Assessment Treatment Team - expansion to 7 days  
9am to 9pm) | Better access to support before and at the point of crisis for Children and young people with mental health problems and those who self-harm | £83,000 Within HPFT contract |
<p>| 8   | Parent Carer Support and Assessment | Improved access for parent/carers to assessment and better signposting. | £45,000 |
| 9   | Parent and Young Carer Training | Improved access for parent/carers to assessment and better signposting. | £15,000 |</p>
<table>
<thead>
<tr>
<th>No.</th>
<th>Work stream</th>
<th>Outcomes</th>
<th>2018/19 Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Management of CAMHS transformation programme and communications</td>
<td>Ensure the planning, delivery and consultation of the CAMHS Transformation Programme in time and within budget Including Children’s Care, Education and Treatment Review (CETR) post</td>
<td>£164,190</td>
</tr>
</tbody>
</table>
| 11  | Workforce Development                           | Mental health awareness and resilience training for front line health, education and social care staff  
Improved clinical outcomes for Children and young people  
Salary support for CYP IAPT training  
Improvement in SDQ scores for LAC in CAMHS  
Young Commissioner Programme | £68,000          |
| 12  | Perinatal Mental Health                         | Establish a multi-agency pathway to enable future commissioning of perinatal mental health services (local contribution over and above national funding for Community Perinatal Team) | £31,000         |
| 13  | Neuro development pathway - Autism / ADHD       | Establish a multi-agency pathway to inform future commissioning for neuro development                                                                                                           | £663,000        |
| 14  | Sexually harmful behaviour                      | Improved access for vulnerable children and young people to evidence based mental health support                                                                                                   | £42,000         |
| 15  | Attachment and Trauma                           | Improved access for parents to evidence-based programmes of intervention and support to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour | £170,000  
*Within HPFT contract* |
<p>| 16  | CAMHS Crisis                                    | Development of CAMHS crisis support - either directly in acute hospitals or through community interventions                                                                                     | £33,000         |
| 17  | Just Talk campaign                              | To promote positive mental health messages for young men and boys                                                                                                                                    | £7,000          |
| 18  | Challenging behaviour pathway work              | To review pathway for children and young people with very complex needs (Lenehan review)                                                                                                               | £50,000         |</p>
<table>
<thead>
<tr>
<th>No.</th>
<th>Work stream</th>
<th>Outcomes</th>
<th>2018/19 Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Currently unallocated</td>
<td>Prioritisation process underway to utilise funding effectively</td>
<td>£136,810</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>Funded by:</strong></td>
<td><strong>£3,459,000</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Herts Valleys CCG</td>
<td>£1,780,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>East and North Herts CCG</td>
<td>£1,679,000</td>
<td></td>
</tr>
</tbody>
</table>

Over the remaining two years of the national transformation programme the additional funding expected as part of CCG baselines for CAMHS is set out in the table below:

<table>
<thead>
<tr>
<th></th>
<th>2019-20</th>
<th>2020-21 (in addition to 2019-20 funding)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NHS East and North Hertfordshire CCG</strong></td>
<td>£200,000</td>
<td>£241,000</td>
<td>£441,000</td>
</tr>
<tr>
<td><strong>NHS Herts Valleys CCG</strong></td>
<td>£211,000</td>
<td>£255,000</td>
<td>£466,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>£411,000</td>
<td>£496,000</td>
<td>£907,000</td>
</tr>
</tbody>
</table>

Our priorities for additional funding over the lifetime of the Transformation Plan will be reviewed annually. These will reflect the priorities set out in this transformation plan, in particular the national NHS requirements for CCGs. Our current priorities for future funding are the same as set out in the 2017/18 plan, namely:

- Increasing the number of children and young people accessing evidence based interventions
- Improving the availability of early help, both in schools and in other community settings
- Expanding the support available for children and young people with autism and / or ADHD
- Whole systems support for the most complex children and young people
Risks to Delivery of CAMHS Transformation Plan Objectives

The following overarching risks have been identified as being likely to have an impact on our ability to deliver the programme over and above the challenges identified earlier in this document. These are regularly reported on and reviewed by our board.

1. Financial:
   - Implementing sustainable financial and workforce solutions when short term funding streams end
   - Maintaining service delivery and transformation where health and social care budgets may be affected by external pressures which impacts on provision across the continuum and / or the ability to develop new services
   - Viability of voluntary sector counselling providers in difficult financial climate given the significant impact they have on the mental health of our local communities

Mitigation: Both CCGs are committed to increasing investment in CAMHS in line with the additional national funding, currently confirmed until 2020/21.

2. Workforce:
   - Recruiting and retaining staff with clinical expertise and ability to develop trusting and effective therapeutic relationships from a diminishing pool
   - Staff from across the continuum not feeling empowered to deliver creative and holistic solutions across services and agencies and provision continuing to be delivered based on presenting issues
   - Infrastructure around CAMHS Transformation and schools ensuring the roles that enable the delivery of change in the relationships between schools and emotional and mental health provision are able to continue and are supported by commissioners and providers.

Mitigation: School CAMHS Link Posts made permanent, additional capacity within commissioning team to support iThrive development at system, service and individual level, demand and capacity exercise to review skill mix required to support presenting need.

3. Service Delivery Targets vs Capacity:
   - The increased awareness of emotional and mental health brings an additional challenge for commissioners who identify additional pressures and demand on existing services as well as trying to develop additional resources to meet targets.
   - Whilst early intervention and prevention is developing there is still a cohort of children and young people who will not be getting their needs met through the HPFT Single Point of Access into specialist provision or via the early intervention Wellbeing workers within the Families First Early Help hubs.

Mitigation: Early Intervention re-tender, improved access and triage infrastructure, more self-help material available, research to understand increasing prevalence.
Successes: Making Our Vision A Reality

How will we know we’re making a difference?

- Increased numbers of children and young people who report having high self-esteem through the HRBQ
- Increased awareness in children, young people and their parents of mental health issues, understanding of resilience and self-care strategies
- Increased satisfaction in feedback from referrers, children, young people and families across Single Point of Access and commissioned providers
- Increased numbers accessing support for emerging emotional and mental health difficulties through early help.
- A more knowledgeable workforce, across health, education and care service (including early years) who are:
  - Skilled at identifying potential emotional wellbeing / mental health risk factors early on
  - Able to offer accessible, evidence-based guidance and support to children, young people and parents
  - Knowing when and how to refer children, young people and parents with the most need for further support and evidence-based intervention
- Improved identification and support for women and their families affected in and post pregnancy by mental health conditions
- Improved access for parents to evidence-based programmes of intervention and support to strengthen attachment between parent and child, build resilience and improve behaviour
- Adoptive parents and foster carers feeling better supported to understand the emotional and mental health needs of the child or young person and how to respond effectively, impacting on improved outcomes for the family
- Meeting / exceeding access targets for increasing the numbers to 35% of children and young people in need of a mental health intervention by 2020
- Improved access for children and young people with additional vulnerabilities as a result of community based early help support
- Reduction of the number of children and young people requiring access to inpatient provision
## 1. Overarching outcomes for a transformed Hertfordshire CAMHS system

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Activity</th>
<th>Key performance indicator (KPI)</th>
<th>Potential measurement</th>
</tr>
</thead>
</table>
| Children and young people’s mental health will be promoted and their resilience increased. | • Schools and GPs link  
• Capacity building within schools | • Year on Year increase in professionals accessing MindEd and other relevant training. | • Improvements in Health Related Behaviour Questionnaire.  
• Post training questionnaire to follow up (immediately & 3 months after) |
| Children and young people will experience a culture which does not stigmatise mental health difficulties. | • MHFA training for a range of frontline professionals  
• CAMHS Consultation model | • Schools will have a named lead for mental health | • Increased confidence among professional through ECORYS national school CAMHS link evaluation questionnaire / MATIES  
• Improvements in Health Related Behaviour Questionnaire  
• Youth Connexions feedback from young people |
| Children and young people’s mental health needs will be identified and met earlier. | • School CAMHS link workers  
• Perinatal mental health support  
• Diagnostic pathway for neuro development  
• Early help model proposal  
• Development of training programmes to support specific needs  
• Parenting support and interventions | • Single Point of Access to become First Point of Access  
• Increase in referrals via First Point of Access  
• 90% of CYP triaged within 5 days  
• Schools will use tools to assess, monitor and record pupil wellbeing and evaluate interventions  
• Reduction in number of CYP presenting and Accident and Emergency in crisis  
• Reduction in the number of CYP who self-harm  
• Number of Community Treatment Reviews resulting in no admission | • Tools which are standardised / have norms EQ SDQ (comparative for interventions)  
• SPA HPFT data  
• CTR data  
• NHSE inpatient data  
• Parental feedback |
Children and young people will have timely access to quality services which meet their needs and expectations and work together to secure good outcomes.

- Utilisation of the Thrive model
- Development of a community eating disorder service
- Evidence based practice
- Better crisis support
- Provider collaborative
- Communication standards

- Reduction in the number of CYP requiring inpatient bed
- Reduction in length of stay

- Improvements in symptomology, coping, sense of wellbeing, reduction in impact
- Services demonstrate personalised care (users set and work towards their own goals)
- Alignment with Your Care Your Future local hubs and Early Help Families First local hubs
- ED: Increase in the number of CYP accessing treatment
- ED: Improved waiting times and access to rapid response interventions in the community
- ED: 80% of all cases accepted will start NICE-concordant treatment within 4 weeks of first contact with a designated healthcare professional
- ED: 100% of urgent cases accepted will start NICE-concordant treatment within 1 week from first contact with a designated healthcare professional
- 20% decrease in the number of CYP attending out of county tertiary provision

- Symptoms tracking EG RCADS, Sense of wellbeing EG SWEMWBS, functioning or impact EG RMQ
- Goal setting / tracking tool EG Goal Based Outcomes
- Year on year increase in compliments / Friends and Family test
- Year on year decrease in complaints
- Increase in service satisfaction through CHI ESQ / NHS Friends and Families test EG
| Young people up to the age of 25 will be supported and their transition to adult services will be supportive. | A range of options are available and appropriate to age and needs | Young people will work with a professional who engages effectively with them | Experience of service feedback tool EG CHIESQ, relationship with practitioner / therapeutic alliance (EG SRS) |
| Children and young people’s parents, carers, and families will know how to support their mental health. | Psycho-educational parenting courses | Increase in range of parenting courses and interventions available | Tools which facilitate a range of perspectives EG SDQ |
| The most vulnerable children and young people are identified and supported to improve their mental health. | Improved access to a range of evidence-based therapeutic interventions | 75% of CIN have access to targeted support within 14 days | Improvement in SDQ scores for LAC |
| | Access for parents to courses and interventions that support improved attachment | 10% reduction in tertiary referrals in first year | Use of appropriate assessment tools EG HONOSCA |
| | | Complexity factors outlined in Current View | |
2. Measuring outcomes for emotional, mental health and wellbeing

One of the challenges of measuring early intervention and prevention in emotional and mental health is that many factors can impact on an improvement or deterioration particularly where there is a multi-agency input. As part of our continued commitment to address the holistic needs of the child or young person in all we do, the Hertfordshire Outcome Bees were developed with young people to help us demonstrate change as measured by them and their goals. Importantly these outcomes are being embedded within commissioning plans across the partnership to ensure our golden thread is woven into all that we do.

An introduction to the Hertfordshire Outcomes Bees:

A new model for capturing outcomes in Hertfordshire has been developed by Children’s Services in collaboration with all partners – it has been named “The Outcome Bees” framework.

The new framework aims to ensure that there is a shared vision and objectives for children, young people and their families in Hertfordshire. The Outcome Bees have been tested with a wide range of stakeholders to ensure that all views are incorporated into the framework.
- I feel like I belong, have a sense of purpose and am part of a family/community
- I feel valued, loved and cared for
- I have a good quality of life
- I do the things that matter to me and have a social life of my choice
- I have a voice and my opinions are heard and valued.
- I feel that my life has meaning
- I am protected from abuse, neglect, violence and sexual exploitation
- I am safe from accidental injury and death
- I am safe from bullying and discrimination, including through social media
- I am safe from crime and anti-social behaviour
- I have safe relationships and feel safe and cared for in a home environment
- I make safe choices and am able to resist peer pressure
- I am ready and able to access learning at school, college or another setting. I attend, engage and enjoy school/other learning settings
- I have the motivation and opportunity to learn and develop
- I am supported to perform to the best of my ability
- I am encouraged to learn and try new things, both in and outside the classroom
- I am developing the skills I will need in adulthood
- I am aware of, and can express, my rights and responsibilities
- I have good relationships with friends, family and in the community
- I am self-confident and able to deal with life’s challenges
- I can understand and manage / regulate my emotions
- I am positive about my identity and accept myself for who I am
- My talents are recognised and nurtured
- I am able to make good/positive choices in my life
- I get the help I need to manage my money
- I am developing the skills I need to be self-sufficient/manage my own care and support
- I am engaged in further education, employment or training on leaving school
- I am given the preparation and support I need to move into adulthood
- I am supported to work and to make a positive contribution to society
- I am physically healthy
- I am mentally and emotionally healthy
- I have a positive and respectful approach to sexual health and relationships
- I live a healthy lifestyle and make healthy choices relating to diet and exercise
- I have spiritual wellbeing – I enjoy today and look forward to the future
- I have the information I need to understand risks and make the right choices.

Be Healthy

Be Safe

Be Ambitious

Be Resilient

Be Independent

Be Happy
Children and young people feel that their views and choices are listened to and heard and that these impact on the goals set and the care they receive.