Healthy Young Minds in Herts

Child and Adolescent Mental Health Services (CAMHS)
Transformation Plan for Hertfordshire 2015-2020
December 2019 Update
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 2019 refreshed Local Transformation Plan (LTP) provides a high level update of the detail presented in 2018 in order to demonstrate how our vision is becoming embedded in work being undertaken across the system. Further detail regarding the 2018 refresh can be found in the appendix at the end of this document.

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 Home Treatment Team recently won an HSJ award following their work resulting in the number of CYP in out-of-area inpatient beds reduced to zero, and a 42% reduction in average length of stay for those CYP in Hertfordshire beds. Both our community perinatal mental health and eating disorder services received high commendations from the 2019 Positive Practice awards for the work they are delivering.

A second Green Paper trailblazer bid was successfully submitted to NHS England for further Mental Health Support Teams (MHSTs) to work with schools and ensure timely access for CYP to mental health services. There are now four MHSTs in training across the Hertfordshire and West Essex STP footprint. This will ensure earlier intervention in meeting the needs of CYP, as well as facilitating access to more specialist mental health services. We continue to have more than 600 Mental Health Leads in our schools, supported by training and an online toolkit.

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.

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 and Mental Wellbeing Board

Beverley Flowers, Accountable Officer
East and North Hertfordshire CCG

Jenney Coles, Director of Children’s Services
Hertfordshire County Council
## Contents Page

<table>
<thead>
<tr>
<th>Item</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hertfordshire’s Priorities and Update</td>
<td>4 – 44</td>
</tr>
<tr>
<td>CAMHS Transformation in Hertfordshire: A Systemic Partnership Approach</td>
<td>45 – 47</td>
</tr>
<tr>
<td>Governance and Accountability</td>
<td>48</td>
</tr>
<tr>
<td>Hertfordshire CAMHS Transformation Programme 2015-20 Guiding Principles</td>
<td>49</td>
</tr>
<tr>
<td>Financial Investment</td>
<td>50 – 53</td>
</tr>
<tr>
<td>Hertfordshire CAMHS Local Transformation Plan – October 2018 Refresh</td>
<td>54</td>
</tr>
</tbody>
</table>
Hertfordshire’s Priorities and Updates

In this section of the Local Transformation Plan (LTP) we will provide updates against each of the Hertfordshire priorities, as shown below, and a summary table to illustrate our progress alongside the work we continue to undertake as we progress in 2019/20.

1. Increasing the number of children and young people (CYP) who access evidence-based mental health interventions, in line with the government target that 35% of CYP who could benefit, receive support by 2020/21.
2. Reducing waiting times for CAMHS services.
3. Better support in crisis and reducing the number of admissions to inpatient beds.
4. Workforce development to build capacity and the ability to manage mental health concerns at all levels.
5. Work with schools, who are often the first point of contact for CYP around their mental health.
6. Early Intervention Pathway – to intervene early and prevent escalation (including whole system re-design).
7. Eating Disorders – strengthening support for CYP with eating disorders.
8. Developing a Community Perinatal Mental Health team.
10. Parent and Carer support.
11. Providing support for CYP displaying harmful sexual behaviours.
12. Attachment and trauma.
13. Transformation of Care.
14. Care for the most vulnerable.
<table>
<thead>
<tr>
<th>Area of THRIVE</th>
<th>LTP Priority</th>
<th>Progress – 2018</th>
<th>Progress – 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coping / Thriving</strong></td>
<td>Work with schools</td>
<td>Well performing programme of training and support for schools including a whole school approach and kite mark.</td>
<td>Successful bids for Mental Health Support Teams Trailblazer. Initial training programme underway and working towards an operational start date of December 2019, with teams in East and West Herts. Second wave will see a team in Harlow and an innovative and forward-thinking pilot hosted by PALMS, supporting special schools within the Herts and West Essex STP. Whole School Approach kitemark in place.</td>
</tr>
<tr>
<td>“I’m okay”</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Getting Advice</strong></td>
<td>Parent and Carer support</td>
<td>Support group and education programme for parents of CYP involved with NHS CAMHS. Range of parenting support programmes available</td>
<td>Work underway around Herts CAMHS System redesign.</td>
</tr>
<tr>
<td><strong>Getting Help</strong></td>
<td>Early intervention pathway</td>
<td>Well-performing early intervention support available via NHS, voluntary sector and local authority. Children’s Wellbeing Service developed</td>
<td>Work underway around Herts CAMHS System redesign.</td>
</tr>
<tr>
<td><strong>Getting Help &amp; Getting More Help</strong></td>
<td>Increasing the number of CYP who access evidence-based mental health interventions</td>
<td>Meeting national targets but smaller providers experiencing challenges in relation to flowing data to the NHS Mental Health Services Data Set (MH SDS) so currently under reporting. Strong CYP IAPT partnership and training record</td>
<td>All providers need to flow data to NHSE to report accurate progress against target</td>
</tr>
<tr>
<td>Area</td>
<td>Description</td>
<td>Status</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Reducing waiting times for CAMHS services</strong></td>
<td>Good performance against 28 days from referral to assessment target. Group work approaches are helping to reduce waits.</td>
<td>Work underway around Herts CAMHS System redesign, and the national target of 28-day referral to treatment standard.</td>
<td></td>
</tr>
<tr>
<td><strong>Community Perinatal Mental Health</strong></td>
<td>Community Perinatal Team successfully established and meeting national access requirements. 200 multi agency professionals have accessed Infant Mental Health (IMHOL) training.</td>
<td>Key area of focus within national agenda. The service was highly commended at the Positive Practice 2019 awards.</td>
<td></td>
</tr>
<tr>
<td><strong>Care for the most vulnerable</strong></td>
<td>Programme of work to improve transition from CYP to adult services. Dedicated mental health teams for CYP involved with social care, with autism or learning difficulty.</td>
<td>JSNA outstanding. Complex Case panel functional, with specialist psychiatric support. Local review of support offer for Children Looked After currently underway.</td>
<td></td>
</tr>
<tr>
<td><strong>Getting More Help</strong></td>
<td>Strengthening support for CYP with Eating Disorders</td>
<td>Access and waiting time standards remain on track. The service was highly commended at the Positive Practice 2019 awards.</td>
<td></td>
</tr>
<tr>
<td><strong>Attachment and trauma</strong></td>
<td>Well-performing service in place</td>
<td>Local review of support offers for Children Looked After currently underway.</td>
<td></td>
</tr>
</tbody>
</table>
### Getting Risk Support

**Better support in crisis, reducing the number of admissions to inpatient beds**
- CAMHS Crisis Assessment Team operational from 9AM to 9PM.
- Home Treatment Team.
- Dialectical Behaviour Therapy (DBT) team to manage CYP at high risk of self-harm and crisis.
- High risk Clinical Nurse Specialists undertaking outreach with those CYP requiring additional support.
- Introduction of 72 hour admissions

**Provider case note audit completed along with wider system review of crisis provision in order to better understand current challenges within pathways and identify areas of good practice and opportunities to strengthen provisions. Information will be used to inform new Crisis Model in Hertfordshire.**

**Transformation of Care for CYP**
- Dedicated Care, Education & Treatment Review manager in place

**Admissions around the TC cohort remain stable. New CETR protocol drafted.**

**Safeguarding**
- Learning from serious case reviews considered within transformation plan development

**Continued information sharing and joint working between services for most complex cases.**

### Enablers

**Workforce development to build capacity and the ability to manage mental health concerns at all levels**
- 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 review undertaken.**

**Development of a neurodevelopmental pathway**
- Proof of concept pilot of new autism diagnosis pathway being tested and implemented in East and North Herts in 2018/19

**Proof of concept pilot completed and evaluated. Plan underway for implementing in West Hertfordshire.**
PRIORITY 1
Increasing Access to Child and Adolescent Mental Health Services

The NHS nationally has set targets to increase the number of children and young people accessing NHS funded support. The numbers who could benefit from help are based on national estimates of prevalence. This equates to 21,699 CYP in Hertfordshire. In 2017/18 Hertfordshire met the requirement to provide access to provision for 30% of these CYP and in 18/19 met the 32% target. The 19/20 target is 34%. The national NHS Long Term Plan published earlier this year has set out further increases over the next 5 years. This means Hertfordshire services will be required to expand to support extra CYP year on year. Our local ambition is shared with the NHS Long Term Plan to deliver support to 100% of those that need it.

The tables below set out the targets laid out first by Future in Mind (35% by 20/21) and then stretch targets recently published in the NHS Long Term plan for 19/20 and 20/21, (both frameworks will apply whilst transitioning to the Long Term Plan ambition), plus the additional Long Term Plan targets to 23/24 which is also detailed in the second table.

Hertfordshire goes into the Long Term Plan trajectories from the expected position of 32% access for East and North Herts and the exceeded position of 36% for Herts Valleys. We are expected to build on our current access levels, not the minimum target.

<table>
<thead>
<tr>
<th>Number of CYP who could benefit from a CAMHS Service based on national prevalence estimates</th>
<th>East and North Herts CCG</th>
<th>Herts Valleys CCG</th>
<th>Herts</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>30% (Target for 17/18)</td>
<td>10,574</td>
<td>11,125</td>
<td>21,699</td>
<td></td>
</tr>
<tr>
<td>32% (Target for 18/19)</td>
<td>3,172</td>
<td>3,338</td>
<td>6,510</td>
<td>6,661 (30.7%)</td>
</tr>
<tr>
<td>34% (Target for 19/20)</td>
<td>3,384</td>
<td>3,560</td>
<td>6,944</td>
<td>7,449 (34%)</td>
</tr>
<tr>
<td>35% (Target for 20/21)</td>
<td>3,595</td>
<td>3,782</td>
<td>7,377</td>
<td>TBC</td>
</tr>
<tr>
<td><strong>ENH</strong></td>
<td><strong>FYFV</strong></td>
<td><strong>18/19</strong></td>
<td><strong>19/20</strong></td>
<td><strong>20/21</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3405</td>
<td>3595</td>
<td>3701</td>
</tr>
<tr>
<td></td>
<td><strong>LTP</strong></td>
<td>46</td>
<td>46</td>
<td>92</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td>3451 (32%)</td>
<td>3641</td>
<td>3747</td>
</tr>
<tr>
<td></td>
<td><strong>Baseline</strong></td>
<td>3595 (34%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>HV</strong></th>
<th><strong>FYFV</strong></th>
<th><strong>18/19</strong></th>
<th><strong>19/20</strong></th>
<th><strong>20/21</strong></th>
<th><strong>21/22</strong></th>
<th><strong>22/23</strong></th>
<th><strong>23/24</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>4058</td>
<td>4058</td>
<td>4058</td>
<td>4058</td>
<td>4058</td>
<td>4058</td>
</tr>
<tr>
<td></td>
<td><strong>LTP</strong></td>
<td>(48)</td>
<td>(49)</td>
<td>97</td>
<td>250</td>
<td>411</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td>4106</td>
<td>4107</td>
<td>4155</td>
<td>4308</td>
<td>4469</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Baseline</strong></td>
<td>4058 (36%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The National Access Target is based on the national estimated number of children and young people requiring an intervention for a diagnosable mental health condition. It is a narrow definition of activity: two or more contacts with an NHS funded service. Not all of the interventions delivered in Hertfordshire will meet the definition.

A significant amount of activity cannot be included such as:
- A proportion of access to the crisis service which is often a single contact
- A proportion of access to Specialist CAMHS, Step 2, PALMS, Community Counselling and Kooth when a single contact provides sufficient support
- Access to the School Nursing pathway, the Children’s Wellbeing Practitioners, the Supporting You and Empathy projects, Targeted Parenting programmes because they are not funded by the NHS
- Access to part of the provision delivered by community counselling because there are multiple funding streams for these services

If all of this were taken into account, it is estimated that 16,633 interventions were delivered last year which would equate to 76% of the population requiring support based on the Five Year Forward View calculation. This does not include access to services provided by schools, in the community and private sector.

The Mental Health Support Teams in Schools are expected to deliver 500 interventions per year once fully trained and operational; if Hertfordshire were to receive 10 of these teams, they would be providing access to a further 5,000 children and young people a year.
PRIORITY 2
Reducing Waiting Times for Services

Current Performance and action to address waiting times:

Hertfordshire Partnership Foundation Trust (HPFT), as the statutory NHS provider of specialist CAMHS, is contracted to meet a locally determined Key Performance Indicator of assessment within 28 days for all new routine referrals. The 28 days to assessment KPI has been challenging for HPFT to meet consistently over the past three years.

Step 2 is an NHS early intervention service provided by Hertfordshire Community Trust (HCT). Step 2 worked with less cases last year than the year before. Increased complexity has required the service to provide more liaison, consultation and support to other parts of the system. However, in the last 12 months the service has seen the rate of accepted referrals increase to its highest ever rate. Wait times had been creeping up since 2017 to a very high level but are now reducing.

PALMS is a specialist service to support CYP with behaviour that challenges. It has been through a service improvement journey that has seen significant reductions in waiting times and numbers (16 weeks to treatment in September 2019, compared to 27 weeks to treatment in Nov 2017). Continued over delivery is managed by the team. PALMS will also be providing a crisis offer from this Autumn.

The Integrated Health and Care Commissioning Team (IH CCT) commission four Community Counselling providers. Previously there were five, however, in the last year one provider changed delivery model and it was no longer possible to commission them. One of the other existing providers took over the area but faced issues with estate. A further provider nearly ceased to operate last year but merged with another organisation and will recover their position by the end of the year. We are working with the voluntary sector to ensure they are as supported as possible.

Kooth provide online support. The Kooth contract has consistently over performed. Additional funding has been agreed to ensure a rapid response to Herts users is maintained.

The table below captures performance in July 2019. An improvement in performance has been observed more recently:

<table>
<thead>
<tr>
<th></th>
<th>Specialist CAMHS (HPFT)</th>
<th>Step 2 (HCT)</th>
<th>PALMS (HCT)</th>
<th>Community Counselling providers (x4)</th>
<th>Kooth</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Referrals received 18/19 &amp; 19/20 to Jul</strong></td>
<td><strong>9365</strong></td>
<td><strong>3516</strong></td>
<td><strong>867</strong></td>
<td><strong>725</strong></td>
<td><strong>1050</strong></td>
</tr>
<tr>
<td></td>
<td><strong>3246</strong></td>
<td><strong>1307</strong></td>
<td><strong>337</strong></td>
<td><strong>183</strong></td>
<td><strong>682</strong></td>
</tr>
<tr>
<td><strong>Referrals accepted 18/19 &amp; 19/20 to Jul</strong></td>
<td><strong>4147</strong></td>
<td><strong>2103</strong></td>
<td><strong>420</strong></td>
<td><strong>637</strong></td>
<td><strong>1050</strong></td>
</tr>
<tr>
<td>(No. of CYP who went on to be assessed by service with)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CAMHS Transformation Plan for Hertfordshire - December 2019 Update
There are a number of challenges; capacity is not meeting overall demand across the system and there has been a significant increase in referrals in recent months. Acuity in the wider system means services are seeing more complex cases emerging with an increased risk. There is potential duplication of work as referrers adopt a ‘scatter gun approach’ and some CYP could be sitting on waiting lists for more than one service. The system needs educating on how to refer to the appropriate service. Thresholds need reviewing across all providers. There is a lack of clarity in the wider system for Neurodevelopmental issues such as ASD and ADHD and stepping down and between services is not functioning as it should.

**Work to recover the position:**

To meet these challenges, work is underway to create capacity and reduce current waiting lists in the short term, ahead of the system wide redesign for a new Hertfordshire model. Both Step 2 and Specialist Community CAMHS have agreed recovery plans with dedicated teams in place to manage the 28 day backlog and weekly feedback to commissioners on progress is provided. Additional funding has been agreed and recruitment is complete. Waiting lists have been reviewed, prioritised and management of risk strengthened.

The table below shows how the recovery work has decreased the waiting list size and waiting times for specialist CAMHS – the recovery work within Step 2 has just begun and is expected to reduce waits for treatment significantly by March 2020:

<table>
<thead>
<tr>
<th></th>
<th>1531</th>
<th>1064</th>
<th>165</th>
<th>181</th>
<th>682</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current waiting list</strong></td>
<td>335</td>
<td>134</td>
<td>63</td>
<td>54</td>
<td>0</td>
</tr>
<tr>
<td><strong>Current wait to assessment</strong></td>
<td>7 weeks</td>
<td>3.8 weeks</td>
<td>8.8 weeks</td>
<td>2 - 10 weeks</td>
<td>11.5 mins</td>
</tr>
<tr>
<td><strong>Current wait to treatment from assessment</strong></td>
<td>10.8 weeks</td>
<td>4.6 weeks</td>
<td>13.8 weeks</td>
<td>4 – 13 weeks</td>
<td>11.5 mins</td>
</tr>
</tbody>
</table>

In the face of shared capacity issues across the system, HPFT and HCT are proposing to work jointly to identify an appropriate intervention offer that can supplement existing provision. HPFT and HCT have also put forward a proposal to pilot a joint assessment team co-located in HPFT’s Single Point of Access.
(SPA). This model will extend the current offer for the benefit of CYP and families enabling prompt access, assessment and brief interventions where assessed to be appropriate. The services are exploring a joint offer at the interface with each other to ensure CYP do not face delays whilst services identify which one is the most appropriate to meet their needs.

This will also enable the Specialist Community CAMHS Teams to focus their specialist resource on delivering treatment in a timelier way; improve throughput and have additional capacity to deliver alternative evidence based therapies such as ‘Group-based programmes’. In addition, Clinicians from the Specialist Community CAMHS Teams will rotate into the SPA ‘Access and Assessment Team’ as part of their role and to ensure a more cohesive way of working between SPA and the community teams.
PRIORITY 3
Better Support in Crisis and Reducing the Number of Admissions to Inpatient Beds

The NHS Long Term Plan has set out expectations that there will be 24/7 mental health crisis provision for children and young people that combines crisis assessment, brief response and intensive home treatment functions.

In August, a workshop to consider this was attended by system stakeholders. It was agreed that not all CYP experiencing crisis have an underlying mental health condition and therefore treatment is not always appropriate. It was also agreed that a multi-agency response is required in relation to supporting the range of possible underlying needs and that our crisis response should deliver ‘Risk Support’ in line with the Thrive model. A multi-agency group of providers are developing a business case to deliver a new integrated model which will be considered in November 2019.

The integrated model will have three core functions: Access, assessment and ongoing support.

Access:
- Will be via a virtual team accessible by telephone 24/7. The single point of access will provide triage, direction on pathways, provide strategies and reassurance, be multi-disciplinary (social care, mental health, working with parents, physical health), and have a range of skills. The core team will be supported by staff from Specialist CAMHS, PALMS, 0-25 team, ARC, Targeted Youth Support etc on a carousel basis.

Assessment:
- Will be provided by a reactive multi agency team, able to mobilise into the community, who are dual trained in mental health and minor injuries and can complete joint assessments. The team will provide de-escalation and onward planning within four hours. They will be boundaried and offer ‘containment’ through practical support, work in a needs based way and provide parent and professional coaching where appropriate. They will initiate a standardised integrated care plan and help to keep CYP out of A&E where possible.

Ongoing support:
- Will be provided over a period of six weeks and will focus on post crisis intensive risk management, shared planning and multi-agency meetings. The providers working together to deliver this varied support will operate as a single team with shared key performance indicators and accountability. They will provide education and strategies to other parts of the system (police, A&E staff, care workers, parents) which may be DBT informed and goal focused.
The Five Year Forward View for mental Health asserted the need for all local areas to have a fully costed work force plan. The STP is the lead for workforce and is considering this on a global level. Workforce is one of our LTP priorities. A formal plan which articulates where we are now and what else we need to do and how is required. Providers will have their own workforce plans; however, we need a whole system strategy that:

1. Acknowledges what we have done already – EG in the last three years we have:
   - Delivered 70 Youth MHFA courses
   - Developed training for schools including the Mental Health Lead programme
   - Delivered the Just Talk campaign
   - Completed mapping exercise to review knowledge and skills of workforce
   - Taken 17 Recruit to Train places from NHS and traded school providers
   - Trained and retained 12 Children’s Wellbeing Practitioners in the local authority
   - Received 16 Education Mental Health Practitioners in four Mental Health Support Teams
   - Developed a Home Treatment Team and a Dialectical Behaviour Team through New Models of Care, Developed and expanded Community Eating Disorder services and Perinatal mental health services.

2. Articulates where we are now:
   - Providers and CCGs are working together to redesign the CAMHS system
   - We are working with the National iThrive Evaluation to map the whole system
   - We have commissioned an external demand and capacity review
   - New prevalence data has been published and Public Health are currently working on a mental health and wellbeing JSNA report which will cover the full life course
   - Stakeholders support additional investment in early intervention provision
   - We have commissioned a review of the mental health needs of Looked After Children and provision for this
   - We have robust models of integrated teams for example Forensic Adolescent Practitioners in Youth Justice / social care teams
   - We want to increase the role of support workers to protect clinician time

3. Captures our existing plans and ambitions for the future such as:
   - Expanding the provision of training to schools, parents and other groups
   - Bidding for more Mental Health Support Teams in schools and Children’s Wellbeing Practitioners
   - Auditing Knowledge and confidence about working with children and young people with LD and / or ASD within mainstream services
   - Increasing access to advice and consultation
   - Meeting the NHS long term plan expectations
   - And aligns with the STP workforce plan
4. Answers the following questions and gives a clear direction on future action:
   - Do we have enough people trained in NICE approved interventions?
   - Do we have adequate supervision in a range of disciplines?
   - Do we utilise Parents as practitioners effectively?
   - Do we have the right skill mix?
   - How will we meet the national access target in the future?
   - Are we delivering support at the right time and if we are more flexible, how will this affect the workforce?
   - How do we increase peer support?
   - What is the evidence for integration?
   - What are our plans for recruitment, retention and retirement
   - What do parents / carers and CYP think?

We have a dedicated team member working on this project for six months to deliver our Workforce Plan. This will take account of:

- NHS long term plan
- STP workforce plans
- Provider workforce plans
- JSNA
- Audit on LD / ASD confidence / knowledge
- CLA review
- Demand and capacity review
- System redesign plan
- National prevalence data
- Nice guidelines
- Early intervention workforce mapping
- Crisis review / business case for new model

**Demand and capacity**

To help us realise our ambitions to deliver system wide change in mental health support, we have commissioned an independent review of demand and capacity to help us understand more about access to provision for families in Hertfordshire. Within the CAMHS system there is a mixture of county-wide and locality services. Although there is joint commissioning for health and social care, which covers major NHS and voluntary sector contracts, some commissioning sits outside that, in terms of early help, public health and schools’ provision.

Data has been analysed and tested with a range of system stakeholders through interviews and workshops. We are now working towards the final report to include the following:

- Analysis of the current demand and capacity across the Hertfordshire system
- Analysis of project demand and capacity analysis – over next 5 years.
- Visual representation of the current pathways and services mapped
- Proposed future model with suggested levels of activity and capacity for each stage of Thrive framework
- Any learning from successful (or unsuccessful) models implemented in other regions.
CAMHS School Link Programme 2018 – 20 Work plan

The following updates relate to two interlinked workstreams delivered by two Strategic Leads for Mental Health in schools:

School Mental Health Lead Programme

- Initial establishment of senior and pastoral mental health leads in ALL schools
  - Not all schools have a Mental Health Lead (MHL) at this time. Over 600 Mental Health Leads and Deputies have attended the MH Level 2 training course to date, across 500 schools.

- Level 1 training / MindEd core curriculum for all school staff
  - All MHL who have attended the Level 2 training are expected to deliver Level 1 (mental health awareness training) and the MindEd curriculum to their whole staff teams within a 2 year period.

- Level 2 training & refresher including staff sharing for school mental health leads
  - Over 600 MHL and Deputies already trained at Level 2. Refresher sessions starting in Oct 19.

- Governor briefing and outline of lead governor for mental health role
  - Mental Health Lead governor role description shared with schools and presentations in governor’s events

- Development of an accessible case consultation model and telephone advice line for schools
  - Peer case consultation model presented in Level 2 training, along with a telephone advice line as part of CAMHS transformation as an interim support until all schools have access to a Mental Health Support Team – priority of system redesign programme.

- Promotion and administration of the whole school approach, self-review and kite mark
  - Whole School Approach kite mark launched in April 19. 6-weekly panel is reviewing on-going numbers of schools applying for the accreditation.

- Promotion and ongoing development of the online toolkit for mental health leads
  - Working together on website improvement as part of front door access to CAMHS.

- Regular newsletter provided to school mental health leads and partners
  - Newsletter circulated termly.

- Co-ordination of Mental Health First Aid Youth
  - Additional 2 days and 1 day training available in 19/20 (25 in total). Extended to the voluntary sector, GP’s, Public Health Nurses, A&E staff, Hospitals, Counselling providers.

Systemic engagement

- Enhancing communication between specialist CAMHS and schools
- Attendance to CAMHS Transformation Board, Head teacher forums, close links with Education Mental Health Support Teams for team’s implementation Wave 1 and 2, CAMHS-Schools conference planning in 2019
- Supporting the early intervention retender and service development
  - Along with CAMHS commissioning team and HCC colleagues, attendance to demand and capacity review meetings, reference group for system redesign.
- Supporting the development of the Families First early help offer
  - This has now gone into the system redesign work stream.
- Enhancing awareness and support in relation to Staff wellbeing / parental wellbeing
  - On-going. This is one of the areas in the Whole School Approach kite mark schools are expected to complete. Some schools are providing parental workshops. Various emotional wellbeing conferences in various schools across the county – fully supported by Strategic Leads for Mental Health in Schools (formally CAMHS-Schools Link Managers).
- Supporting quality assurance processes and tools
  - On-going. Quality Assurance document shared with all schools and available on HYMIH website.
- Supporting the development of links between MH and SEN policy and practice including quality offer for mental health
  - Attendance in SEND transformation groups, Embedding MH in HCC Behaviour Strategy, exploring integrating approaches such as PBS and STEPS.

**Additional points:**
- SEMH network support has been established and is ongoing
- Planning a number of conferences - Primary Pastoral Leads conference, MH Leads conference, Teacher training
- Embedding MH awareness in teacher training

**Green Paper Trailblazer**

In December 2017, central government published “Transforming children and young people’s mental health provision: a green paper”. A primary focus of the green paper was a focus on earlier intervention and prevention, especially in and linked to schools and colleges. Within that ambition, the green paper set out three main proposals:

- A designated mental health lead in each school
- Mental Health Support Teams (MHST’s) working with schools to strengthen support for children and young people with mental health issues
- A reduction in waiting times for CAMHS with the aim that everyone would start treatment within 28 days of referral

In July 2018 Clinical Commissioning Group (CCG) areas, which met pre selection criteria, were invited to apply to become trailblazer sites to deliver points 2 and 3 of the above proposals. East and North Herts CCG and Herts Valleys CCG were among the areas selected.

In September 2018 a partnership application between East and North CCG, Herts Valleys CCG, Hertfordshire County Council (HCC), Hertfordshire Community Trust (HCT) and Hertfordshire Partnership NHS Foundation Trust (HPFT) was submitted. The bid, and partnership approach, had the
full backing of Children and Young People’s Emotional and Mental Wellbeing Board which oversees CAMHS transformation in Hertfordshire.

In December 2018, it was announced that Hertfordshire had been successful in their application and would be one of 25 national trailblazer sites in the first rollout of Mental Health School Teams (MHST). The initial trailblazer for Hertfordshire was for two MHSTs, one in each CCG area.

The two initial Hertfordshire teams cover selected schools in the districts of Broxbourne and St Albans due to the high numbers of CAMHS referrals seen in these parts of the region. Further, children and young people involved in developing the bid were particularly keen for a team to work within an area with high levels of academic pressure.

Training for the initial cohort of MHSTs commenced in January 2019, with the expectation that the MHSTs will be fully operational by December 2019.

The new local MHST’s will address the needs of children and young people by:

- Delivering evidence based interventions in or close to schools and colleges for those with mild to moderate mental health issues.
- Helping children and young people with more severe needs to access the right support.
- Working with and within schools and colleges, referring on to specialist NHS services when required.
- Building on and increasing support already in place, rather than replacing it

Initial central government funding will fully fund these teams up to 2023/24. (The Green Paper ambition and NHS Long Term Plan is to roll these teams out across the country). Each team will be expected to see around 500 children and young people a year.

The Trailblazer Implementation Group has been established to oversee the Implementation of the Trailblazer in Hertfordshire. The group comprises partners across Health, Education, and Children’s Services, and will oversee the Project Plan milestones and provide oversight and support to the project manager. The Implementation group reports into the Children and Young People’s Emotional and Mental Wellbeing Board.

In order to support the programme, a project manager has been recruited to ensure that key milestones are met as well as ensuring stakeholders are informed and engaged. Clinical leadership from within HPFT and an assistant psychologist to support reporting are also in place.

**The Mental Health Support Teams**

The first cohort of trainees came into placement in January 2019 and will be concluding their training in December 2019. A full induction was provided to ensure that they have a good understanding of Hertfordshire and the children’s system.

The MHST trainees have been initially employed by Camden and Islington NHS Foundation Trust whilst undertaking the training and will then move to Hertfordshire Partnership University NHS Foundation Trust employment with effect from December 2019. The CAMHS community managers will supervise the MHST team leader, leading to an integrated system which enhances the Thrive approach.

The MHST structure is as follows:
The trainees are currently on placement three days a week. The course is a postgraduate diploma, similar to the Children’s Wellbeing Practitioner course with the addition of units around working with schools and enhanced assessment. The training will qualify the trainees to deliver evidence-based interventions for low mood, anxiety and behavioural symptoms.

**Schools involved in the Trailblazer**

Settings involved in the programme include mainstream secondary and primary schools, independent Schools, Special Schools, Education Support Centres and FE colleagues. Pre selection criteria for schools included the need to have an established mental health lead already held on the Hertfordshire database. However, the schools have a range of pastoral infrastructure and are at different stages in relation to their whole school / college approach and Hertfordshire Kite Mark status.

A further criteria for schools to apply was the need for them to agree to:

- Appoint a senior point of contact to liaise with the project leads
- Commit to co-producing aspects of the project with CYP and parents
- Commit to monitoring and evaluation requirements
- Commit to the new teams providing additional support, not substituting existing support
- Provide appropriate accommodation to the allocated worker to deliver group, individual interventions and consultation / training with staff
- Understand that the teams are in a pilot learning phase between January and December and as such all parties will be working towards developing the offer and expectations will be managed to this effect
- Offer trainee placements for Education Mental Health Workers during their training year (between March and December 2019)

Schools that could meet the above criteria were invited to submit their expressions of interest. Two Hub schools have been identified to provide space for the team to have meetings / supervision / touchdown for the duration of the pilot. One is an ESC and the other is a mainstream secondary school.

A number of co-production sessions took place in each area so that schools, the teams, parents, pupils and local services co-produce the model and test ideas prior to defining the delivery from December. These have since evolved into regular network meetings across agencies.
Green paper Trailblazer Partner Schools 18/19 cohort:

<table>
<thead>
<tr>
<th>MHST East Herts: Broxbourne Schools</th>
<th>MHST West Herts: St Albans Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haileybury and Imperial Service College</td>
<td>St Albans School</td>
</tr>
<tr>
<td>Hertford Regional College</td>
<td>(Oaklands College)</td>
</tr>
<tr>
<td>Rivers ESC (Hub School EAST)</td>
<td>Links ESC</td>
</tr>
<tr>
<td>Hailey Hall</td>
<td>Batchwood</td>
</tr>
<tr>
<td>John Warner</td>
<td>St Luke’s</td>
</tr>
<tr>
<td>Robert Barclay</td>
<td>St Albans Girls’ (Hub School WEST)</td>
</tr>
<tr>
<td>Broxbourne</td>
<td>Verulam</td>
</tr>
<tr>
<td>Presdales</td>
<td>Beaumont</td>
</tr>
<tr>
<td>St Joseph’s</td>
<td>Marlborough</td>
</tr>
<tr>
<td>St Augustine’s</td>
<td>Nicholas Breakspear</td>
</tr>
<tr>
<td>Wormley</td>
<td>Bernard’s Heath Junior</td>
</tr>
<tr>
<td>Forres</td>
<td>Cunningham Hill Infants</td>
</tr>
<tr>
<td></td>
<td>Fleetville Junior</td>
</tr>
<tr>
<td></td>
<td>Wheatfield’s Infants</td>
</tr>
<tr>
<td></td>
<td>Maple</td>
</tr>
<tr>
<td></td>
<td>St Michaels C of E VA</td>
</tr>
<tr>
<td></td>
<td>Prae Wood</td>
</tr>
<tr>
<td></td>
<td>Killigrew</td>
</tr>
<tr>
<td></td>
<td>Margaret Wix</td>
</tr>
<tr>
<td></td>
<td>Aboyne Lodge</td>
</tr>
</tbody>
</table>

Children, Young People and Parent/Carer Feedback

Feedback from CYP indicated that a range of referral mechanisms is necessary in order to make the service accessible. The key themes identified by children and young people which will be incorporated into the Hertfordshire model are:

- Provision will be delivered in community venues not just schools
- Improved links with specialist CAMHS and the voluntary sector
- MHSTs will target geographical areas of deprivation
- Academic stress is a growing issue so MHSTs will also target high achieving schools/pupils

HPFT’s Youth Council is also keen to develop a working group specifically around the development of MH Support in schools supported by the CYP Engagement worker and the CAMHS School Link Managers. This working group will continue with co-production and ongoing engagement throughout the Trailblazer pilot.

The CAMHS Parent and Carer forum fully supports the proposed approach and is supportive of MHSTs being located or working with ESCs. They felt that they could add value to the offer for pupils at the centre as well as those in mainstream schools linked to the ESC by providing timely support co-ordinated with educational interventions. Existing CWPs have raised that interventions for mild to moderate need may not be appropriate for our high needs’ settings – it is important we test this and demonstrate to NHS England the complexity of some of the young people in our schools and other settings.

Parents 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.
**Two Further teams announced June 2019**

In May, Local areas were invited to submit expressions of interest for the second wave of funding and trainees. Local areas were asked to submit these on STP footprints. Therefore, our second bid was made on behalf of Herts Valleys, East and North Herts and West Essex CCGs. NHS England also required local areas to demonstrate how the new teams would support vulnerable groups and particularly areas of high deprivation.

The second bid requested a further four teams – one for Harlow (the most deprived ward in the STP), followed by Stevenage and Watford. The bid also laid out a pilot within a pilot to test a team for special schools. In June, Hertfordshire and West Essex were informed that the bid had been successful in respect of the team for Harlow (to be hosted by Mind in West Essex) and the special schools team (to work across the STP and be hosted by the Positive Behaviour, Autism and Learning Difficulty Mental Health Service (PALMS)).

On this occasion, the providers were able to be part of the selection process and trainees were clearer on their final destination. The programme support from Wave 1 will wrap around these new teams and providers to provide support and develop consistency and shared learning. The PALMS service are working closely with the Higher Education Institution to make the special school team work; there is no training in the existing programme to equip the trainees to work in special schools – PALMS will provide additional training, shadowing and close supervised co-delivery: this will evolve into a blueprint for the future national training model.

We cannot underestimate the volume of work involved for the providers in establishing an electronic patient record that meets both the requirements of the course and the national expectations around sharing data on access and outcomes, ordering equipment, agreeing procedures, agreeing JDs and recruiting to posts etc without precedent. They are to be commended for their supportive approach to this project.

The new cohort of trainees starts in October 2019 and will be fully operational in September 2020. Green paper Trailblazer Partner Schools 19/20 cohort:

<table>
<thead>
<tr>
<th>MHST West Essex: Harlow Schools</th>
<th>MHST Herts and West Essex: Special Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Longwood Primary Academy</td>
<td>Forest Hall School</td>
</tr>
<tr>
<td>Burnt Mill Academy</td>
<td>Oak View School</td>
</tr>
<tr>
<td>Cooks Spinney Primary Academy and Nursery</td>
<td>Wells Park School</td>
</tr>
<tr>
<td>Passmores Academy</td>
<td>The Collett School</td>
</tr>
<tr>
<td>Epping St Johns Church of England School</td>
<td>Southfield School</td>
</tr>
<tr>
<td>Freshwaters Primary Academy</td>
<td>The Valley School</td>
</tr>
<tr>
<td>Little Parndon Primary Academy</td>
<td>Woolgrove School</td>
</tr>
<tr>
<td>Harlow College</td>
<td>Garston Manor</td>
</tr>
<tr>
<td>Pear Tree Mead Academy</td>
<td>Colnbrook School</td>
</tr>
<tr>
<td>Sir Frederick Gibberd College</td>
<td>Middleton School</td>
</tr>
<tr>
<td>St Alban's Catholic Academy</td>
<td></td>
</tr>
<tr>
<td>St Luke’s Catholic Academy</td>
<td></td>
</tr>
<tr>
<td>Hare Street Community Primary School &amp; Nursery</td>
<td></td>
</tr>
<tr>
<td>Longwood Primary Academy</td>
<td></td>
</tr>
<tr>
<td>Abbotsweld Primary Academy</td>
<td></td>
</tr>
<tr>
<td>Jerounds Primary Academy</td>
<td></td>
</tr>
<tr>
<td>Katherines Primary Academy</td>
<td></td>
</tr>
<tr>
<td>Latton Green</td>
<td></td>
</tr>
</tbody>
</table>
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. We have successfully bid for Health Education England (HEE) funding since 2017 to ensure that we are able to retain these much needed and effective professionals within the system. This year we have expanded our workforce to include professionals from Public Health School Nursing Service. There are also 3 Primary Mental workers that work across the children wellbeing team and step2. We have been able to deliver a sustainable model for the CWP workforce by ensuring that we second trainees from existing family support roles.

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.

The CWP team has made a significant impact across the system since they began in post in 2017 to ensure that interventions can be offered at the earliest point in an emerging problem and reduce escalation into more costly services.

A new Model for Child and Adolescent Mental Health Services in Hertfordshire

Further to our revised Local Transformation Plan for 2018, partners agreed to undertake a whole system re-design rather than just focusing on early intervention provisions. In Hertfordshire, our vision and overall aim is that 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.

It is recognised that the current CAMHS system offers a range of support for CYP and their families, but this isn’t always well co-ordinated and is often fragmented, difficult to access and confusing. Further, it can be a system that lends itself to crisis management with not enough being done at the earliest point to address emerging concerns and an overreliance on specialist HPFT CAMHS as the NHS experts.

In response to this, service leads from HCC Children’s Services, Hertfordshire Community Trust (HCT) and Hertfordshire Partnership NHS Foundation Trust (HPFT), with support from Integrated Health and Care Commissioning Team (IHCCT), have been working together to explore how we can work collaboratively as a system to strengthen the Early Help offer for children, young people, their families and the professionals that support them and develop an improved offer of support across the whole CAMHS system.

The key strategic objectives that are expected to be achieved with the remodelled system include:

- CYP are at the centre of the model and involved in their care, through a co-ordinated care approach that allows them to move up and down the continuum of need as appropriate
- The wider determinants of emotional wellbeing concerns and poor mental health (e.g. environmental, whole family) will be considered to ensure holistic approaches to care and support
- The development of a shared performance management framework, shared and defined outcomes and systemic monitoring arrangements
- A system of continuous improvement that seeks to use evidence to support best practice and systemic service improvement.
- Trusted referral mechanisms and consistency in practice across the county to ensure an equitable offer of support, wherever the CYP is based.
- An upskilled more knowledgeable workforce and a reduction in inappropriate referrals

The table below shows the current concerns, as received through CYP feedback and mitigating action within the remodelled system.
<table>
<thead>
<tr>
<th>Issue</th>
<th>Mitigation</th>
<th>Added Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessibility, advice and guidance</td>
<td>Single front door ensures all contacts/referrals are initially triaged to ensure that needs are considered holistically to ensure the most appropriate service/intervention is offered. Consultation for professionals Parents/Carers have better information and access to strategies and other support to enable them to provide better care for their CYP Development of training and advice to enable a more knowledgeable and confident workforce with a shared understanding of the CAMHS system</td>
<td>CYP most in need are able to access specialist HPFT provision, due to less clogged system CYP have improved emotional wellbeing and mental health through improved access Wider workforce is upskilled and more informed, duplication is reduced Potential reduction in referrals as more CYP/Families are encouraged to self-help where appropriate. Reduction in inappropriate referrals Parents/Carers feel empowered and more resilient</td>
</tr>
<tr>
<td>System Fragmentation</td>
<td>Partnership Framework overseen and monitored by commissioners Systemic approach to co-ordinating care to ensure the right service at the right time Partners work together to improve pathways for CYP</td>
<td>Seamless service delivery for CYP, not limited by organisational boundaries Professionals who are supporting CYP and their families are able to navigate the system</td>
</tr>
<tr>
<td>CYP bouncing around the system</td>
<td>Single front door ensures all contacts/referrals are initially triaged to ensure that needs are considered holistically to ensure the most appropriate service/intervention is offered. Triage enables access to the right service at the right time Trusted assessor. Informed services support a move away from a ‘refer on’ culture</td>
<td>Reduction in number of professionals involved in a CYP care Reduction in the need to ‘re-tell my story’ through better pathways, more co-ordinated care and reduction of ‘refer-on’</td>
</tr>
<tr>
<td>Waiting times for specialist services</td>
<td>More accessible early help will ensure that only those that really need to access specialist services are waiting for those services.</td>
<td>Data being monitored across system to allow holistic and responsive commissioning of the right services.</td>
</tr>
</tbody>
</table>
Whilst the ambitions of the CAMHS system will take time to develop and embed it is recognised that there needs to be some immediate changes to improve capacity. An immediate focus is on understanding the current demand and capacity of services, and a review of existing pathways and service provision. An independent organisation has been commissioned to analyse data from a range of providers.

In addition to understanding the demand and capacity and pathways, further understanding and analysis to inform the Early Help system will be undertaken to consider:

- How best to meet the mental health needs of Children Looked After
- How to develop the workforce to increase capacity for evidence based support
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 of support for Children and Young people diagnosed with eating disorders in Hertfordshire. CAMHS Transformation funding has enabled HPFT to successfully establish a Community Eating Disorder Service for Children and Young people in line with National requirements and have been successfully meeting the national requirement for access and waiting times. The service is commissioned by the 2 CCG areas in Hertfordshire, Herts Valley CCG and East & North Herts CCG.

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 Community Eating Disorder Service

The 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, before the referral rate increased, we reduced admissions from 12 to 2 on average per year.

New Care Model:

Since January 2018, and the implementation of HPFTs New Models of Care, the project is demonstrating reductions in admission to mental health hospitals, reduced lengths of stay; care closer to home and improved outcomes for children and young people and their families.

We have found that those CYP with eating disorders who are admitted to out of area provision have the poorest outcomes with lengthy admissions. The team at Forest House, overseen by the Consultant Psychiatrist, has actively managed the prevention of Eating Disorder cases being admitted to out of area beds. However, they have seen an increase in the number of CYP with ED and co-morbid emerging personality disorder requiring admission. This together with the significant increase in referrals to the Community Eating Disorder team has impacted on their capacity to provide the intensive support in the community.
**Additional investment**

Additional staffing for the CAMHS Community Eating Disorder Team:

We had notification in-year that additional resource of £209,000 (FYE) is available for the current year (2019/20) and on a recurrent basis. The following proposals to increase staffing levels to meet the growing demand as outlined below were agreed in September 2019:

- **Increase in staffing for the Community Eating Disorder team** which will be flexed to support in the community with the aim to prevent admission; reduce admissions and lengths of stay; treat young people locally, close to home with ability to step down to community service

- **Increase in the ability to deliver psychological interventions within the service**, this will provide a ‘holistic service’ delivered by one team and reduce the need to refer onto the stretched Community quadrant teams

- **Ensure early intervention** (some of the cases are presenting at the stage where CYP are acutely unwell and require immediate admission)

- **Delivery of specialist training for the team from SLaM** - Top treatment recommended by NICE “anorexia-nervosa-focused family therapy for children and young people (FT-AN)” (non-recurrent basis). This is in addition to the Family Therapy training that the team has already received.

- **Additional staffing is based on the Community Eating Disorder Service (CEDS)** in line with the model recommended in NHS England’s commissioning guidance

Recruitment is underway for the following new posts:

- 2 WTE Support workers (Band 3/4)
- 1 WTE Nurse Associate
- 0.5 WTE Psychology Post (Band 8B) to offer therapeutic interventions to growing cohort of referrals
- 0.4 WTE Consultant Psychiatry oversight of cases
- 0.6 WTE Administrator (Band 3)
- 3 (WTE) X Band 4 Support workers for 6 months (in 2019/20, we will recruit Bank staff on a non-recurrent basis to meet the growing demand whilst we recruit to the substantive posts)

We are also planning to use additional investment to pilot joint working with the charity BEAT. This model harnesses the benefits of a formal partnership with BEAT who already deliver telephone support services for those affected by eating disorders.

Beat is a national charity commissioned by NHS Trusts, clinical networks, CCGs, local authorities and private sector organisations to provide services that:

- Increase intervention rates with the aim of reducing the number of people who wait until crisis point before seeking and accessing the treatment they need.
- Empower families and carers so they can support their loved ones into, during and out of treatment, so promoting and sustaining their recovery.

The ‘Echo’ programme tackles isolation through Beat’s network of telephone support coaches for families devastated by eating disorders. Carers receive a weekly telephone call from a coach who has experience caring for a loved one with an eating disorder. Over the six months of the programme, carers gain skills that will help them support a loved one with an eating disorder and guide them towards sustained recovery.

**CAMHS Transformation outcomes (LTP), Five year forward view:**
• Directly linked to the Eating Disorders Pathway/access and waiting time targets
• Timely access to assessment and treatment (national waiting time/access requirement)
• Early intervention and appropriate treatment

**Outcomes and Success measures**

The service has demonstrated a number of positive outcomes as outlined below:

We routinely ask young people and parents to complete outcome measures at the start and end of treatment which have all shown an improvement in symptoms by the end of treatment.

• 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
• Improved clinical outcomes for CYP
• Meeting NICE guidance for CYP with ED
• Timely access to diagnosis and appropriate intervention – waiting time data

“We’re getting more referrals than last year but are able to help young people sooner as we’ve expanded our team so that we can support more families, without long waiting lists and we can do more educational, preventative work with training programmes in schools.”

**Penny Smith, CAMHS Community Manager – Eating Disorders**

“We are so lucky to have such a dedicated and passionate specialist team working in our community eating disorder service. They really are unique and very much valued for supporting young people and their families through difficult times,”

**Dr Prag Moodley, a Stevenage GP who leads on mental health services for East and North Hertfordshire CCG**

We receive incredible feedback from young people and parents, and this is something the service is exceptionally proud of. Here are some examples:

‘Without (Nurses Name) help, our daughter would not have survived. We are forever in her debt’

‘The vast experience and understanding this team has in relation to adolescent eating disorders makes treatment for each individual uniquely targeted and therefore highly effective. It is imperative that anyone suffering with an eating disorder be given access to specialist diagnosis and care quickly, if lasting recovery is to be possible’

‘Quite simply, we were given a safety net at a time when we felt completely powerless and adrift. Our daughter’s nurse walked alongside us all, with encouragement and laughter, whilst providing firm and unwavering guidance and care for our daughter’

‘Thank you for being the best person in the world and making me happy again. I can’t thank you enough for what you’ve done for me and my family’

‘We found our fairy godmother...thank you from the bottom of our hearts for giving us our daughter back’
National Quality Improvement Programme

The service is a member of the QNCC-ED (Quality Network for Community CAMHS – Eating Disorders). This enables the following as a member:

- Peer Review - The service has been peer reviewed by the QNCC-ED with some very positive feedback
- Sharing good practice with the review team and getting advice on any challenges
- Being part of the QNCC discussion group: post queries and offer advice to staff at other services
- Attending Special Interest Days and study days
- QNCC Annual Forum, where the latest nationwide results are presented and a programme of interesting speakers

National Awards

In addition, the service has been nationally recognised for its expansion and success and received National awards on numerous occasions. The service is renowned as a high performing team with a good reputation for best practice and innovation.

- Trust award for ‘making a difference’ and the John Lewis team award ‘Valuing our Customers’ (2014)
- Shortlisted as a finalist for the 2015 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 Disorder Care (NHS England) saw HPFT highly commended for CAMHS Eating Disorders (Service Expansion) in October 2017
- Shortlisted for the national Positive Practice in Mental Health Awards (PPiMH) in August 2019 for embracing and supporting the newly created Nursing Associate role and training their team’s Nursing Associate to carry out ECGs and blood tests for their young service users. This means that results are being analysed quicker and any concerns are being addressed sooner.
Artwork produced by HPFT CYP service users, and kindly provided for inclusion in the Hertfordshire LTP refresh for 2019.
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 enabling 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.
PRIORITY 9
Developing a Neurodevelopmental Pathway

**ASD Workstream**
- The Hertfordshire ASD Diagnosis Programme for children and young people aged 0—16, has been launched to re-design the clinical pathway, clear the waiting list and develop a neurodiversity support offer pre/post-diagnosis. This aims to complete the following by October 2020:
  - Clear the county’s ASD diagnosis waiting list for children and young people aged 0—16.
  - Establish a new, more efficient and effective clinical diagnosis pathway.
  - Embed a holistic support pathway for families and children/young people before and after diagnosis.
- The programme has successfully completed the ASD diagnosis proof of concept at East and North Herts Hospital Trust.
- For those CYP aged 17-18, ASD diagnosis is currently conducted by Tavistock & Portman NHS Trust. Mental health commissioners are investigating how this diagnosis pathway could be more closely aligned to adult ASD diagnosis pathways.
- These improvements are in response to Hertfordshire’s Autism diagnosis waiting list for 0—16 year olds which is currently 1,488.

**ADHD Workstream**
- An expert ADHD practitioner has been commissioned to lead on the ADHD workstream. The ADHD workstream aims to:
  - Develop a clearer understanding of statutory and third sector services supporting CYP with (or showing presentations of) ADHD in Herts.
  - Clarifying the interrelated elements of the ADHD and ASD pathways, recognising points of the pathways where there is convergence.
  - Outline a pathway for CYP presenting with behaviours suggestive of ADHD, ranging from early support through to diagnosis and interventions. The aim is to have a new ADHD pathway agreed by partners that assesses, diagnoses and manages CYP with ADHD by January 2020.
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. The Mental Health Support Teams in schools and a training post hosted by Mind are providing this kind of support to parents and carers.

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 is being delivered in partnership with the (school based) DSPL areas.

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. The group take a workshop approach to identified issues within the system and consider for each topic, what exactly are the challenges or issues, what is working well and what else needs to be done. In 2019, the group explored mental health in schools, pupils not accessing school because of mental health problems, crisis support and the new ASD pathway.

**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.
<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>
</table>
| Antenatal support | Courses designed to improve the transition to parenthood, improve the attachment process and the social and emotional wellbeing | • MBB Antenatal (Delivered through Family Centres)  
• Welcome to the World (Family Links—delivered through Family Centres) | ✓                                                                                 | 0-5  | 5-11 | 11+   |
| Perinatal Mental Health | A mixed model with both a dedicated specialist team and a range of upskilled professionals across the workforce | • Community Perinatal Team  
• IMHOL training via multi-agency staff (family centres, health visitors, midwives, MH staff, GPs, social workers) | ✓                                                                                 | 0-5  | 5-11 | 11+   |
| Special Educational Needs | Courses will focus on one or multiple types of SEN (and provide parents with strategies with managing behaviours related to SEN.) | • Add-vance  
• Families in Focus  
• Family Lives  
• Supporting Links | ✓                                                                                 | 0-5  | 5-11 | 11+   |
| ADHD              | Courses will focus specifically on ADHD only                             | • Add-vance  
• Families in Focus  
• Family Lives | ✓                                                                                 | 0-5  | 5-11 | 11+   |
| ASD               | Courses will focus specifically on ASD only                              | • Add-vance  
• Families in Focus  
• Family Lives  
• Supporting Links | ✓                                                                                 | 0-5  | 5-11 | 11+   |
| Practical Parenting | 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) | • Families in Focus  
• Supporting Links | ✓                                                                                 | 0-5  | 5-11 | 11+   |
<table>
<thead>
<tr>
<th>Lot</th>
<th>Description</th>
<th>Topics</th>
<th>Providers</th>
</tr>
</thead>
</table>
| 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 | ✓  
✓  
✓  
✓  
✓ |
| 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. | ✓  
✓  
✓  
✓  
✓  
✓ | |
| 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. | ✓  
✓  
✓  
✓  
✓  
✓ | |
| 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. | ✓  
✓  
✓  
✓  
✓  
✓ | |
CURRENT SERVICE PROVISION

PRIORITY 11
Harmful Sexual Behaviour (HSB)

Current Service Provision

The current service provision at the Adolescent Resource Centre (ARC) comprises two 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 an increase in referrals. They do offer consultations to professionals as well as assessments and intervention. We can capture data as all children referred with HSB go through the ARC service first.

The ARC operates 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 must 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.

Child Sexual Abuse Workstream:
- Exploring usage of video-technology to facilitate multi-agency operational meetings.
- Started to develop a clearer and more coherent child sexual abuse pathway.

Complex Case Consultation Panel:
- Established specialist psychiatric support for the Complex Case Consultation Panel.
- Established complex case outreach worker roles to support the Complex Case Consultation Panel.
- Revised the Complex Case Consultation Panel’s terms of reference to clarify its purpose and criteria for cases that it would consider.

Harmful Sexual Behaviour Workstream
- Doubled the capacity of the Harmful Sexual Behaviour team by recruiting additional members of staff, establishing a team manager role and embedding the harmful sexual behaviour assessment tool/competency framework.
- Developed the Hertfordshire Harmful Sexual Behaviour Strategy, Pathway and Competency Framework.
- Established working ties between the Integrated Services for Learning service and the Harmful Sexual Behaviour Team.
PRIORITY 12
Attachment and Trauma

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 national / tertiary specialist 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 several 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 hardest 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 adulthood, 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.

**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 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’3 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 LGBT+ 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.

**Herts Youth Justice Overview of Forensic Adolescent Service (FAS)**

The FAS is part of the multi-agency Hertfordshire Youth Justice Service and is made up of four Forensic Adolescent Practitioners (FAP) who cover particular areas in Hertfordshire, these are; North, South, Central/East and West. The Forensic Adolescent Service has access to 2 adolescent psychiatrists should a case require additional input, who are able to offer 0.2 equivalent of a post. FAP workers are able to contact them if there is a need and meet monthly at the Forensic Adolescent Team Monthly meeting, along with HPFT and FAS manager.

The FAS practitioners are located within each of the Targeted Youth Support Teams (TYS) in Hertfordshire. The overall aim is to provide support to young people with emotional and/or mental health needs, specifically when these needs may be impacting on their offending behaviours. The hope is that this input will help to reduce or prevent any further offending.

All young people subject to a Youth Court Order are assessed using the national assessment tool ‘Assetplus’ which is completed by their Youth Justice caseworker. The section in Assetplus related to emotional well-being and health is completed by the caseworker. Should the young person answer yes to any of the questions this triggers the caseworker to undertake a consultation with a FAP. It is then determined if an official referral should be made and details of the consultation will be logged on ChildView (CV) which is the Youth Justice management information system.

Brief emotional/mental health intervention can be offered to young people under the Ministry of Justice but if longer term or specific work/therapy is identified they should be referred to an appropriate service.

Much of the work undertaken by the FAP is supporting workers in understanding, managing and planning interventions for young people with emotional, behavioural and mental health needs and empowering the worker to feel confident in this. They can offer short pieces of work and brief interventions based on Cognitive Behavioural Therapy (CBT) (and shortly DBT) for various issues such as anxiety, anger. We also offer multi-modal approaches to various emotional and mental health needs.
In addition to the usual FAS role the FAP will also offer consultations and attend meetings about other young people who are under the TYS team where there are mental health concerns, although these consultations are additional to the formal FAS role and usually only for very complex high risk cases, or where liaison work is required. This can be ongoing support for the worker involved with strategy planning and support briefings due to the complexity of the case.

FAS gatekeep the Virtual Baby facility. The aim of this service is to help young people who are pregnant or at risk of getting pregnant to understand what is entailed in caring for a potential or actual baby. A programme with the young person has been devised to assess how well or how motivated they are able to look after a baby. This is attained by way of the young person completing different tasks such as; attending appointments, cooking and shopping. This is proving to be a successful project and a total of five young people have been assessed in the first quarter the report was completed. Unfortunately, the Virtual Baby was damaged in December 2018, so this service has now been postponed until it has been repaired or replaced.

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 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. Those CYP aged 14-16 years old experiencing FEP will be supported by the CAMHS service, but the team will follow guidance from within the adult pathway. Clinical responsibility will stay with CAMHS, although advice may be sought from the adult Early Intervention in Psychosis team.

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.

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

HPFT has been working towards a 2 year transition CQUIN to improve the experience of young people and their family/carers transitioning out of CAMHS either into Adult Mental Health Services or to alternative care providers. The work has been co-produced with young people and has been a joint piece of work with adult and PALMS colleagues. HPFT has worked to an action plan over the 2 year period and established a Transition Steering Group to support the process.

HPFT have developed a range of tools including a new Transition Care Plan template that has been launched as an electronic assessment tool on PARIS, Pre and Post Transition Questionnaires designed by our young people, Transition Postcards and a Transition Workbook also designed by Young People.

The CQUIN was for 2 years and has officially ended but as a service HPFT recognise there remains the need to continue to embed and continue the work to date. As an organisation, HPFT has signed up to being part of the Improving Healthcare Transition Collaborative.
**The 0-5 and 16 – 25 Cohorts**

The NHS Long Term Plan has set out expectations that mental health support for Children and Young People should be extended from 18 to 25 to mitigate the challenges of transition at a point when young people are already experiencing multiple changes and are vulnerable.

Hertfordshire has been successful in bidding for community funding to strengthen support for the 16 to 25 age range and a range of models are currently being explored.

There is a range of interventions available for the under 5s in Hertfordshire, however this needs to be joined up under one pathway. We are exploring how support for the under 5’s is delivered in other parts of the country to see what good practice we can develop locally.
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.
Implementing THRIVE in Hertfordshire

Both Future in Mind and the Hertfordshire CAMHS Review identified that the current tiered system is no longer fit for purpose and that it creates barriers to services, ultimately making it complex for families and professionals to navigate during times of need.

As such, the Thrive Model has been adopted locally in order to holistically meet the needs of a child or young person and to offer greater flexibility to step care up or down in line with needs escalating and de-escalating.

Over the past 12 months, the Integrated Health and Care Commissioning Team has continued to work closely with colleagues from the national Thrive Research Team in developing a system map of current provisions offered in Hertfordshire, compared to those of 2015, in order to allow us to demonstrably identify how our system has transformed over time.

A successful workshop was held with system partners in June 2019 in order to evaluate how Thrive-like our existing system is, to establish local terminology, and to discuss the actions to be taken as we move forwards. As a result of the discussions that took place, a plan is being developed to determine actions, owners, and next steps for creating a Thrive system in Hertfordshire.

Continuum of Need

The THRIVE approach has been applied across Children’s Services to demonstrate how it fits with Hertfordshire’s 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 key element of a THRIVE-like model.
Sustainability and Transformation Partnership (STP)

Hertfordshire and West Essex Sustainability and Transformation Partnership (STP) consists of NHS and local government organisations, supported by the community and voluntary sector, who are finding ways to work closely together to:

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


This Integrated Health and Care Strategy aligns with the direction of travel outlined in the NHS Long Term Plan (December 2018) and sets out the blueprint for the delivery of improved, affordable, health and care services of quality, delivered in local neighbourhoods wherever possible and targets resources where they will have the greatest impact. This approach improves support, prevents, reduces or delays needs and prevents people with complex needs from reaching crisis points. The strategy is underpinned by our population health management plan, medium-term financial plan and our workforce strategy. As part of our STP workforce planning and Health Education England requirements, we are building on the Mental Health Five Year Forward View Deliverables to fully align our local MH workforce plan with the Mental Health Long Term Plan Framework, and MH investment standards to go beyond just delivering adequately funded and staffed services but to ensuring we have the right staff, culture and systems in place to support a wholesale transformation for children and young people living within the STP footprint and ensuring sustainable, resilient and integrated care is delivered.

Within the STP footprint, the Women and CYP workstream will have mental health as a key focus and a CYP STP sub-group.

The work within the Hertfordshire CAMHS LTP* supports the local STP, regional and national ambitions across the Thrive continuum and the work of the plan is very much aligned to achieving the overarching improved outcomes for all our children and young people population.

*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 STP Children’s Executive.

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.
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).
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 2019/20 NHS CAMHS Funding

<table>
<thead>
<tr>
<th></th>
<th>E&amp;N Herts CCG</th>
<th>C&amp;P CCG</th>
<th>Herts Valleys CCG</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPFT CAMHS</td>
<td>£5,577</td>
<td>£153</td>
<td>£5,712</td>
<td>£11,442</td>
</tr>
<tr>
<td>PALMS</td>
<td>£775</td>
<td>£15</td>
<td>£788</td>
<td>£1,578</td>
</tr>
<tr>
<td>Other small contracts</td>
<td>£1,932</td>
<td>£23</td>
<td>£1,988</td>
<td>£3,943</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£8,285</strong></td>
<td><strong>£191</strong></td>
<td><strong>£8,488</strong></td>
<td><strong>£16,963</strong></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 2019/20.

### Specific CCG Investment into CAMHS Transformation for 2019/20

<table>
<thead>
<tr>
<th>No.</th>
<th>Work stream</th>
<th>Outcomes</th>
<th>2019/20 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>£944,844 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>3</td>
<td>Care Leaver Support Worker / HPFT SPA CAMHS Pod / C-CATT (Crisis and Assessment Treatment Team) / Attachment and Trauma</td>
<td>Improving the interface of care leavers with Mental Health Services. Recommendation from local Serious Case Review.</td>
<td>£488,319</td>
</tr>
<tr>
<td></td>
<td></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></td>
</tr>
<tr>
<td>No.</td>
<td>Work stream</td>
<td>Outcomes</td>
<td>2019/20 Funding</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td></td>
<td>Better access to support before and at the point of crisis for Children and</td>
<td>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. 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.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>counselling and increased funding for CAMHS Early Intervention</td>
<td>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.</td>
<td>£486,632</td>
</tr>
<tr>
<td>5</td>
<td>Increasing PALMS capacity</td>
<td>Additional capacity in PALMS to respond to review of the service completed January 2017</td>
<td>£288,333</td>
</tr>
<tr>
<td>6</td>
<td>Schools Link Managers / Training role to deliver training to schools /</td>
<td>Improving communications between schools and emotional health and wellbeing service. Development of children and young people IAPT model across schools and community settings. Training for schools to support emotional and mental wellbeing.</td>
<td>£236,700</td>
</tr>
<tr>
<td></td>
<td>Other school related priorities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Primary Mental Health workers</td>
<td></td>
<td>£135,000</td>
</tr>
<tr>
<td>8</td>
<td>Parent Carer Support and Assessment</td>
<td>Improved access for parent/carers to assessment and better signposting.</td>
<td>£45,000</td>
</tr>
<tr>
<td>No.</td>
<td>Work stream</td>
<td>Outcomes</td>
<td>2019/20 Funding</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>9</td>
<td>Parent and Young Carer Training</td>
<td>Improved access for parent/carers to assessment and better signposting.</td>
<td>£15,000</td>
</tr>
<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.</td>
<td>£96,360</td>
</tr>
<tr>
<td>11</td>
<td>CETR Commissioning Manager</td>
<td></td>
<td>£59,870</td>
</tr>
<tr>
<td>12</td>
<td>Mental health awareness and resilience training for front line health,</td>
<td></td>
<td>£0</td>
</tr>
<tr>
<td></td>
<td>education and social staff</td>
<td>Funding transferred to Line 6</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Just Talk campaign</td>
<td>To promote positive mental health messages for young men and boys.</td>
<td>£7,000</td>
</tr>
<tr>
<td>14</td>
<td>Young Commissioner programme</td>
<td></td>
<td>£6,000</td>
</tr>
<tr>
<td>15</td>
<td>Consultation and events funding</td>
<td></td>
<td>£9,300</td>
</tr>
<tr>
<td>16</td>
<td>Perinatal Mental Health</td>
<td>Multi-agency pathway to enable future commissioning of perinatal mental health services (local contribution over and above national funding for Community Perinatal Team).</td>
<td>£6,719</td>
</tr>
<tr>
<td>17</td>
<td>Neuro-development pathway / Autism / ADHD new pathways</td>
<td>Establish a multi-agency pathway to inform future commissioning for neuro development.</td>
<td>£877,499</td>
</tr>
<tr>
<td>18</td>
<td>Transforming Care CYP Programme</td>
<td></td>
<td>£61,870</td>
</tr>
<tr>
<td>No.</td>
<td>Work stream</td>
<td>Outcomes</td>
<td>2019/20 Funding</td>
</tr>
<tr>
<td>-----</td>
<td>-------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>19</td>
<td>Sexually Harmful Behaviour</td>
<td>Improved access for vulnerable children and young people to evidence based mental health support.</td>
<td>£78,276</td>
</tr>
<tr>
<td>20</td>
<td>CAMHS Crisis – Complex Case Panel</td>
<td></td>
<td>£33,000</td>
</tr>
<tr>
<td>21</td>
<td>All Age Autism Partnership Board contribution</td>
<td></td>
<td>£18,000</td>
</tr>
<tr>
<td>22</td>
<td>CAMHS Transformation – LAC Review</td>
<td></td>
<td>£30,000</td>
</tr>
<tr>
<td>23-26</td>
<td>Current Business Cases</td>
<td></td>
<td>£1,154,166</td>
</tr>
<tr>
<td>27</td>
<td>Non-recurrent items</td>
<td></td>
<td>£178,250</td>
</tr>
<tr>
<td></td>
<td><strong>Total Funding Committed</strong></td>
<td></td>
<td><strong>£5,316,138</strong></td>
</tr>
</tbody>
</table>

NHS England have released expected investment over the first five years of the Long Term Plan. For Hertfordshire this is summarised below:

<table>
<thead>
<tr>
<th></th>
<th>2020/21</th>
<th>2021/22</th>
<th>2022/23</th>
<th>2023/24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumulative Additional Funding for Herts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community based services and crisis services</td>
<td>£705,757</td>
<td>£1,298,063</td>
<td>£2,423,424</td>
<td>£3,671,999</td>
</tr>
<tr>
<td>Eating disorder services</td>
<td>£216,065</td>
<td>£227,510</td>
<td>£235,269</td>
<td>£242,887</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£921,822</strong></td>
<td><strong>£1,525,573</strong></td>
<td><strong>£2,658,693</strong></td>
<td><strong>£3,914,886</strong></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
Appendix

The 2018 iteration of the Hertfordshire CAMHS Local Transformation Plan, which provides further detail in respect of our work, can be accessed from both Hertfordshire Clinical Commissioning Group websites: