

Healthy Young Minds in Herts

Child and adolescent mental health
services (CAMHS) Transformation Plan
for Hertfordshire, 2015-20



1	Executive summary	1
2	Introduction	2
3	Hertfordshire vision	2
4	Learning from the Hertfordshire CAMHS Review	4
5	One year on from the Hertfordshire CAMHS review	4
6	How this will affect Hertfordshire children and young people	5
7	Commissioning for outcomes	5
8	Detailed programme and plans for 2017-18 by work stream	13
9	Equality and health inequalities	26
10	Summary	27

1. Executive summary

Child and adolescent mental health services (CAMHS). This document builds on the Hertfordshire CAMHS Local Transformation Plan (LTP) that was submitted in 2015. The historical context has been preserved to provide the rationale behind the development of the plan and work streams. This is a living document for Hertfordshire and will continue to be updated as we move through the Transformation programme. We have captured progress to date and identified our key priorities for the forthcoming years being mindful that we need to respond to emerging needs and priorities across the lifetime of the programme.

“ There is now a welcome recognition of the need to make dramatic improvements in mental health services. Nowhere is that more necessary than in support for children, young people and their families. Need is rising and investment and services haven't kept up. The treatment gap and the funding gap are of course linked. ”

Simon Stevens Future in Mind, March 2015

- 1.01** The UK Government Taskforce report Future in Mind highlighted the national need to address the gaps in children and young people's mental health and wellbeing provision. This, and the whole system review of Hertfordshire's Children and Adolescent Mental Health Service (CAMHS), made it imperative to transform the way mental health and wellbeing is being provided and delivered. The Hertfordshire review of CAMHS was completed by the Centre for Mental Health and signed off by the Hertfordshire Health and Wellbeing Board in June 2015. Over 500 young people, carers, teachers, head teachers, parents, clinicians and other professionals gave their input to the review.
- 1.02** Herts Valleys Clinical Commissioning Group (CCG) and East and North Hertfordshire CCG are leading on the development of a whole system transformation programme for children and young people's mental health. The CCGs are working with the Health and Wellbeing Board and partners from across the NHS (including NHS England Specialised Commissioning), Public Health, local authorities, social care and education sectors to develop and implement the mental health and wellbeing transformation plan for children and young people in Hertfordshire.
- 1.03** NHS England through Specialised Commissioning Teams in 10 hubs across England, directly commissions an element of the pathway for children and young people - specialised CAMHS inpatient provision, which is a small but important part of the provision of mental health services provided in the country. NHS England along with the CCGs and local authorities must work closely to deliver the necessary improvements required and as detailed within the Futures in Mind Report. Within the East of England there are 12 CAMHS hospital sites (15 ward types) in 5 of its 7 counties, both NHS and independent sector. At any one time, approximately 25 young people from the East of England are placed out of region and likewise, approximately 25 young people from out of region, are placed in beds in the East of England.
- 1.04** This transformation plan proposes a new approach to supporting the mental health of children, young people and families in Hertfordshire. The new approach will have a bigger focus on prevention and early intervention, with services that offer swift, evidence-based and engaging support to children and young people who need them through a trusted referral process. Improving support requires the active involvement of a range of local agencies, including not just health services but schools, early years' practitioners, children's services, the voluntary sector and many more: working together to agree a strategy; pooling funds to get best value; and planning services in equal partnership with children, young people and families.
- 1.05** The countywide plan will help to transform children and young people emotional health and wellbeing in Hertfordshire. With this approach, investment will be used to achieve better outcomes for many more children and families, with lifelong benefits.
- 1.06** The key objectives for this transformational change are to:
- Build capacity and capability across the system with focus on early intervention and prevention
 - Use the Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT) as a whole service transformation approach that builds capacity in evidence-based interventions, the best use of feedback and outcomes data, and service user participation

- Develop evidence-based community eating disorder services for children and young people with capacity in general teams released to improve self-harm and crisis service
- Improve the access to and reach of perinatal mental health care
- Bring education and local children and young people's mental health services together around the needs of the individual child through a joint mental health training programme.

2. Introduction

2.01 The national review, Future in Mind, established a clear direction and key principles about how to make it easier for children and young people to access high quality mental health care when they need it. The Hertfordshire whole system review of CAMHS aligns to this national direction and key principles.

2.02 In July 2015, NHS England issued guidance and support for local areas entitled 'Local Transformation Plans for Children and Young People's Mental Health and Wellbeing'. This guidance highlights how CCGs, working closely with their health and wellbeing boards and partners, develop local transformation plans to support improvement in children and young people's mental health and wellbeing.

2.03 Our Hertfordshire CAMHS Transformation board of partners is now well-established. This board is chaired by the Accountable Officer at Herts Valleys CCG, and is taking forward the recommendations of both the national and local reviews of CAMHS. The CAMHS Transformation Manager and CAMHS Commissioners have worked collaboratively with Children's Services and Public Health, existing providers, the voluntary sector and others to reduce duplication of resource and streamline processes with existing partnership initiatives such as Families First which will maximise the use of the funding and build capacity within early intervention and prevention services.

2.04 Our Hertfordshire local review of CAMHS highlighted at least one child in 10 has a diagnosable mental health problem, and many more will need some support to prevent more serious difficulties from emerging. There have been major gaps in the provision of mental health support for children and young

people in Hertfordshire with a marked lack of early intervention services. This impacts on commissioned providers delivering specialist interventions and also school based and community counselling provision. Neither children nor parents expressed satisfaction with the accessibility of support they had received in the county during the CAMHS review in 2015. Major concerns were raised about the accessibility of services, which were regarded as inflexible and which appeared to have very long average waiting times between referral and treatment.

2.05 The Local Transformation Plan is reported to the CAMHS Transformation Board on a 6 weekly basis. The project plan for each identified priority includes key milestones, tasks, and timelines alongside risks, issues and their mitigating actions. A group of CAMHS Transformation Young Commissioners have been identified and trained to support the ongoing transformation programme and ensure that the needs of children and young people are central to all developments, innovation and monitoring.

3. Hertfordshire vision/ Transformation aims

3.01 Following the first year of Transformation it has become increasingly apparent that the proposed Hertfordshire direction of travel fits with national expectations and importantly meets the needs of professionals, schools, children and their families. 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. Hertfordshire's Transformation Plan aims to increase access for children and young people to early intervention and prevention provision across the five years. It also focuses on delivering a seven per cent year on year increase of children and young people with a diagnosable mental health condition receiving treatment.

- 3.02** Across the five years of the CAMHS Transformation we aim to implement sustainable system wide change. We will shift incrementally towards embedding a countywide, but locally responsive, early intervention (early help) and prevention model. The model will respond in a timely manner to the needs of children, young people and their families. Once our early intervention and prevention offer becomes embedded we anticipate across a number of years a reduction in demand on the most intensive high cost resources which can then be reinvested to increase early help capacity. The current system has lent itself to reactive crisis management and through the process of Transformation we will be delivering an offer that allows us to intervene at the earliest possible opportunity.
- 3.03** Year Two (2017-18) will see us begin to implement an early intervention and prevention offer in a phased way being mindful of commissioning timescales and the most urgent needs of our children and young people. Each work stream is interconnected and exciting developments are continuing under each strand as we move towards developing our continuum approach.
- 3.04** The Hertfordshire vision will move away from the tiered model of delivery to an empowering Thrive model. This will improve access, join up services, provide a more evidence-based service, and promote transparency and accountability across the system. The new approach has a big focus on prevention and early intervention, with services that offer swift, evidence-based and engaging support to children who need them. This will reduce the cost of mental health needs for children and young people in the long run. Failure to do so will mean more and more children and young people will go without the mental health support they need over the next five years. Hertfordshire is an i-Thrive accelerator site, supported by the Anna Freud Centre, Tavistock and Portman and partners and a strategy has been developed to support us in implementing this.
- 3.05** The £2 million recurrent investment to deliver transformation will ensure (over the lifetime of a child or young person) a £30 return per £1 spent in psychological interventions for depression and anxiety, and a £27 return for every £1 spent in boosting school-based provision. More significantly it will deliver effective support to maintain good mental wellbeing, boost resilience and prevent mental health problems, fill gaps in current service provision, and will meet the mental health needs of children and young people in Hertfordshire more effectively.
- 3.06** This transformation plan is aligned to the overall strategic commissioning objectives of the CCGs. It focuses on early identification and intervention of health and wellbeing problems 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 of the CCG population are met through this plan.
- 3.07** Hertfordshire was also successful in securing additional funding to improve joint working with school settings and CAMHS. Hertfordshire was awarded £100,000 to support the testing of a national training programme with named links to local CAMHS services. Our local transformation plan is committed to embedding this pilot and sustaining preventative work with schools.
- 3.08** Hertfordshire is part of the CYP Improving Access to Psychological Therapies programme and has implemented the national CYP IAPT standards. The CCGs are working towards additional providers signing up to the CYP IAPT collaborative.
- 3.09** Hertfordshire Transformation Plan for children and young people's mental health and wellbeing is aligned with the Hertfordshire and West Essex Sustainability and Transformation Plan (Local STP) and is one of its priorities.
- 3.10** In particular, the Local STP aims to see an increase in access to evidence-based services for children and young people with diagnosable conditions. In addition, it highlights the need for children and young people's mental health and wellbeing services to meet national standards for all urgent, non-urgent and crisis referrals to treatment waiting times. The Local STP also supports the delivery of an enhanced community provision for learning disabilities, including autism.

4. Learning from the Hertfordshire CAMHS review

4.01 There are currently approximately 282,100 under 18 year olds in Hertfordshire. All of these children and young people need support from conception to birth to develop strong emotional wellbeing, healthy behaviour and to promote resilience to help them cope with day to day adversity. Child and adolescent mental health is everyone's business (including parents, children and young people themselves). In Hertfordshire we recognise the importance of reducing the burden of ill health and specialist interventions and want to increase the resilience of our children and young people population, promoting good mental health and wellbeing and reducing stigma.

4.02 It is critical to intervene as early as possible at the first sign of poor child mental health to minimise distress, disruption to life chances and to save longer terms costs. Some children and young people may need extra help and early support to help restore good emotional and behavioural wellbeing following a particular event or experience. Some may have borderline emotional or behavioural difficulties and quick evidence-based and engaging support may be able to help de-escalate distressing and damaging later problems. Others may develop more serious difficulties. Our transformed provision needs to be able to respond to all of these eventualities.

4.03 Evidence from Hertfordshire's CAMHS Review suggests gaps in critical prevention and early intervention activity; furthermore and worryingly only around a third of children with a diagnosable mental health problem appear at present to get the help they need. Need is most likely to be met as children escalate into more serious crises; it is less likely to be met early on.

4.04 While Hertfordshire children enjoy higher than UK average levels of wellbeing and attainment, there are high levels of worry among children in the county and significant variations between districts. This has been identified by our Hertfordshire Health Related Behaviours Questionnaire.

4.05 The 2014-15 levels of mental health support for children, young people and families were inadequate to meet the needs of the population.

We estimate that just over a third of children meeting the threshold for diagnosis with mental health difficulties were having their needs met.

4.06 Referrals to specialist services vary from month to month and many are sparked by a crisis – for example after admission to A&E. This increases difficulty in managing demand.

4.07 There are major gaps in the availability of essential data: about levels of need among children and young people in the county, about provision of services and spending, and for monitoring the outcomes services are achieving.

4.08 Our local Joint Strategic Needs Assessment (JSNA) for mental health provides further information about our current needs.

5. One year on from the Hertfordshire CAMHS review

5.01 The areas for improvement were identified as a result of the Hertfordshire CAMHS review and endorsed by the Health and Wellbeing Board in June 2015. The CAMHS Transformation Board is overseeing the implementation of current priorities and the Local Transformation Plan. These work streams are:

- Eating Disorders
- Early Intervention and Counselling
- Schools Link
- Crisis Care
- Parent and Carer Support
- Workforce Development
- Sexually Harmful Behaviours
- Perinatal Mental Health
- Neuro-development Pathway
- Attachment and Trauma
- Transformation and Communication

5.02 Key achievements to date include:

- Expanded and fully established community eating disorders service
- 97% of accepted referrals into specialist CAMHS have their choice appointment within 28 days
- Expansion of a crisis assessment and treatment team available from 9am to 9pm with plans underway to pilot extension of this

- Commissioning of an online counselling service for children and young people aged 10-25yrs. Over a 1,400 young people have accessed the service since March 2016
- Joint working with Specialised Commissioning in relation to admission and discharge planning through Care and Treatment Reviews (CTR). This collaborative approach has enabled multiagency planning meetings to be held to develop packages of support that work to avoid admission to inpatient provision for children and young people with a learning disability
- Two CAMHS School Link Managers in post and implementing sustainable models for engagement and interface between schools and CAMHS services, this learning will be cascaded across the 500+ schools
- 120 frontline professionals trained in Infant Mental Health Online, a 16 week Warwick University course
- Establishment of innovation fund to support local projects which enhance Hertfordshire CAMHS Local Transformation priorities
- Training of CAMHS Transformation Young Commissioners to support the Transformation agenda
- Successful Perinatal Mental Health & i-Thrive events held for Hertfordshire professionals

Perinatal mental health workforce training programme

By the end of 2016, 120 frontline professionals who work with families of babies and young children in Hertfordshire will have been trained to improve their understanding of infant mental health.

Hertfordshire's CAMHS Transformation programme was the first in the country to fund Infant Mental Health Online (IMHOL) training for all kinds of different professionals who work with families, new parents and parents-to-be.

Improving mental health services for women during pregnancy and within the first year after having a baby, known as the perinatal period, was identified as a priority in Hertfordshire's Transformation plan as there is a strong link between parental mental health, particularly mother's) and children's mental health.

Two cohorts of 60 professionals, including GPs, social workers, children's centre staff, midwives and voluntary sector community support workers, undertook the 16-week University of Warwick course to gain improved understanding of the impact of parents' mental health on the unborn and new-born child.

Tracy Oliver, a staff nurse at Hertfordshire's mother and baby unit, said afterwards:

Working with mothers experiencing mental health issues, it has made me more aware of the needs of the babies within our setting and the importance of our role in supporting these mothers in ensuring their babies' emotional needs are met.

She said the course gave a real insight into a baby's emotional needs and had changed the way she worked for the better.

A Hertfordshire GP who graduated from IMHOL added:

Even as a GP I learnt a fair bit of what happen to a young mind.

5.03 CAMHS Transformation and Transition

Transition for children and young people both chronological and artificial (service age ranges) can be a time of great uncertainty and anxiety. For those with emerging emotional and mental health issues this can exacerbate the situation and it is also a time when the most vulnerable children and young people struggle. We have identified the following key transitions:

- Starting school (attachment)
- Primary to secondary school
- Paediatrics into adult health services (from 16+)
- CAMHS to adult mental health
- Children's eating disorders service to adult eating disorders
- Leaving school
- Leaving care

Through our enhancement of early help/early intervention and prevention services we will be able to be much more proactive about the way in which we respond when issues are identified. School-based programmes will be identified and promoted to schools. Parents will be supported to understand the impact of these transitions on behaviour and wellbeing. We have already recruited a Safeguarding Nurse to support Care Leavers and manage the interface between leaving care, child and adolescent mental health services and adult mental health. We are committed to ensuring schools and commissioned providers work to support a sensitive age appropriate transition where necessary.

Improving links and training school staff

Initially 20 schools in Hertfordshire joined the national pilot scheme to give children and young people better emotional wellbeing health help by improving links between schools and NHS mental health services, including CAMHS – child and adolescent mental health services.

Hertfordshire's two NHS clinical commissioning groups (CCGs) each recruited a CAMHS schools link manager to support the pilot schools, giving training, helping them develop pastoral work, improving processes and providing resources to help them respond better to pupils' emotional wellbeing needs.

Yorke Mead Primary, in Croxley Green, signed up because headteacher Lucille Pollard's caring staff were keen to support pupils such as those with behaviour problems, attachment difficulties or whom are withdrawn – like those who are struggling to cope with their parents' break-up, who are shy, anxious and lacking in confidence – as they wanted to catch problems early to prevent emotional wellbeing issues later in life.

The 350-pupils school has invested in a range of early interventions and preventions, including play therapy and is developing a forest school, holding lessons outside.

I know personally that a walk in the fresh air every day makes me feel better,

explained Lucille,

and through our Mind Up curriculum we're taking a more rounded approach to emotional health and wellbeing.

Deborah Sheppard, Herts Valleys CCG's CAMHS schools link manager, said:

Yorke Mead is a great example of a school prioritising resources against mental health and emotional wellbeing. They have curricular approaches, a key worker system, great relationships with parents and family support, coaching and support from staff trained in a number of relevant approaches for younger children.

The CAMHS schools link managers are now looking roll out some of their work across the county and have developed a menu of mental health training for school staff, ranging from youth mental health first aid, referral training, cognitive behaviour therapy (CBT) workshops and dealing with self-harm.

6. How will CAMHS Transformation affect Hertfordshire children and young people?

- 6.01** The Transformation of Hertfordshire mental health and wellbeing services will produce positive mental health outcomes for children and young people in the county.
- 6.02** We are committed to more children and young people having access to evidence-based, early and preventative mental health and wellbeing support year on year across the five year programme.
- 6.03** Children, young people, and parents/carers will be our key partners in developing system-wide transformation of provision.

Innovation Fund for projects to boost young people's mental health

Keen to see creative ways to boost the emotional health and wellbeing of children and young people in Hertfordshire, the CAMHS Transformation Board created an Innovation Fund.

Schools, youth and community groups and other organisations can bid for up to £10,000 towards a project that supports our approach to improve services over the next five years.

We want young people, and groups working with them, to get creative

said Dr Rami Eliad, a Watford GP who leads on services for children and young people for Herts Valleys CCG.

We're looking to fund projects that support vulnerable young people, which tackle topics like bereavement, body image and self-esteem in a different way. This is a real opportunity to make a difference to the emotional health of young people in the county.

We've asked for schemes that address:

- Developing emotional resilience
- Working with hard to reach/vulnerable groups
- improve mental health services for women during pregnancy and within the first year after having a baby, known as the perinatal period
- Providing support for parents
- Transition from services for young people to adult services
- Supporting loss/working with bereaved families
- Working with autism/ADHD/ADD
- Whole school emotional wellbeing
- Early intervention and prevention
- Self-esteem/body image

Young people were on the panel which decided bids towards the end of 2016.

7. Commissioning for outcomes

The tables overleaf detail the key outcomes, milestones, key performance indicators and additional investments for 2016-17 from both Hertfordshire CCGs as a result of CAMHS Transformation funding. The outcomes are broken down into overarching ones for the Transformation plan as a whole and then into specific work stream-related outcomes.

7.2 Table 2: Summary of Priorities

Priority	Outcomes	Key Deliverables	Key Performance	Additional Investment
Eating Disorders	<ul style="list-style-type: none"> Improved access for Children and Young People to an evidence based community Eating Disorder Service. Enable Children and Young People with Eating Disorder to receive the care they need at home. Effective specialised mental health support for Children and Young People whose mental health needs fall beyond the skill set of primary mental health support. Enable access for Children and Young People with Eating Disorders to specialist provision, locally 	<ul style="list-style-type: none"> An Enhanced Community Eating Disorders Service Model with a local specialist provision. This includes: <ul style="list-style-type: none"> - Band 4 posts x 4 WTE - Band 6 posts x 4 WTE - Staff Grade Doctor 0.7 WTE - Consultant Psychiatrist 0.4 WTE - Assistant Psychologist 1.00 WTE - Therapist post 8A 0.5 WTE - Therapist post 7 x 2.00 WTE - An Early Interventions Worker 	<ul style="list-style-type: none"> > Percentage increase of CYP receiving NICE Concordant Treatment within Standard Timeframes > Percentage reduction in out of area specialist referral 	£600,000
Early Intervention and Counselling	<ul style="list-style-type: none"> Enhanced access for children and young people to evidence based, early and preventative, Mental Health and Wellbeing support. 	<ul style="list-style-type: none"> Provision of an online Mental Health Counselling Service. The i-Thrive Model of Mental Health Services for children, young people and families. Timely access and increase in provision for brief solution focused therapies and counselling A Service Model delivering NICE compliant treatment for Children and Young People of all ages experiencing psychosis, with a clear pathway. 	<ul style="list-style-type: none"> > Percentage Increase in CYP access to Counselling Services 	£235,000

Priority	Outcomes	Key Deliverables	Key Performance	Additional Investment
Schools Link	<ul style="list-style-type: none"> Improving access for Children and Young People to Mental Health and Wellbeing support in the community. Identifying Children and Young People with Mental Health and Wellbeing needs. 	<ul style="list-style-type: none"> A needs-led Schools training programme A schools Self-Review Tool Enhanced engagement between Schools and Mental and Wellbeing Services which includes the recruiting of two Schools Link managers for Hertfordshire 	<ul style="list-style-type: none"> Number of joint training sessions Delivered 	£136,000
Crisis Care	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> A Crisis Assessment and Treatment Service from 9am to 9pm 7 days a week. Crisis Care referral & pathways guidance Commission a model of care to improve access to 24/7 crisis resolution and liaison mental health services which are appropriate for children and young people. 	<ul style="list-style-type: none"> Percentage of crisis referrals meeting treatment waiting time standards 	£83,000
Parent, Carer and Young Carer Support	<ul style="list-style-type: none"> Improved access for parent/cares to assessment and better signposting. 	<ul style="list-style-type: none"> Increasing capacity for carer assessments, which includes recruiting Care Support Workers. Parent and Young Carer Training Programme 	<ul style="list-style-type: none"> Percentage increase in Parent and Carer Assessments Number of training sessions delivered 	£75,000
Workforce Development	<ul style="list-style-type: none"> Improve clinical outcomes for children and young people by skilling up professionals working with them across a range of settings 	<ul style="list-style-type: none"> System wide Self-Harm training programme for health and social care staff, as well as Children's Centre Staff 	<ul style="list-style-type: none"> Number of training sessions delivered 	£70,000
Sexually Harmful Behaviours	<ul style="list-style-type: none"> Improved access for vulnerable children and young people to evidence based Mental Health support 	<ul style="list-style-type: none"> A model of care providing intensive reactive support for children and young people presenting with sexually harmful behaviour. 	<ul style="list-style-type: none"> Number of children and young people who have been offered intensive reactive support. Number of staff 	£50,000

7.1 Overarching outcomes for a transformed Hertfordshire CAMHS system

Desired outcome	Activity	KPI	Potential measurement
Children and young people's (CYP) mental health will be promoted and their resilience increased.	<ul style="list-style-type: none"> Schools and GPs link. Capacity building within schools. 	<ul style="list-style-type: none"> Year on year Increase in professionals accessing MindEd and other relevant training. 	<ul style="list-style-type: none"> Improvements in Health Related Behaviour Questionnaire. Post training questionnaire follow up (immediately & 3 months after)
Children and young people will experience a culture which does not stigmatise mental health difficulties.	<ul style="list-style-type: none"> MHFA training for a range of frontline professionals CAMHS Consultation model 	<ul style="list-style-type: none"> Schools will have a named lead for mental health 	<ul style="list-style-type: none"> Increased confidence among professional through ECORYS national school CAMHS link evaluation questionnaire/MATIES Improvements in Health Related Behaviour Questionnaire. Youth Connexions feedback from young people
Children and young people's mental health needs will be identified and met earlier.	<ul style="list-style-type: none"> School CAMHS link workers Perinatal mental health support. Diagnostic pathway for neuro development. Early help model proposal Development of training programmes to support specific needs Parenting support and interventions 	<ul style="list-style-type: none"> Single Point of Access to become First Point of Access. Increase in referrals via First Point of Access. 90% of CYP triaged within 5 days. Schools will use tools to assess, monitor and record pupil wellbeing and evaluate interventions. Reduction in number of CYP presenting at Accident and Emergency in crisis, Reduction in the number of CYP who self-harm Number of Community Treatment Reviews resulting in no admission Reduction in the number of CYP requiring an inpatient bed. Reduction in length of stay. 	<ul style="list-style-type: none"> Tools which are standardised/have norms eg SDQ (comparative for interventions) SPA HPFT data CTR data NHSE inpatient data Parental feedback

Desired outcome	Activity	KPI	Potential measurement
<p>Children and young people will have timely access to quality services which meet their needs and expectations and work together to secure good outcomes.</p>	<ul style="list-style-type: none"> • Utilisation of the Thrive model. • Development of a community eating disorder service. • Evidence based practice. • Better crisis support. • Provider collaborative. • Communication standards. 	<ul style="list-style-type: none"> • Improvements in symptomology, coping, sense of wellbeing, reduction in impact. • Services demonstrate personalised care (users set and work towards their own goals). • Alignment with Your Care Your Future local hubs and Early Help Families First local hubs • ED: Increase in the number of CYP accessing treatment. • ED: Improved waiting times and access to rapid response interventions in the community. • ED: 80% of all cases accepted will start NICE – concordant treatment within 4 weeks of first contact with a designated healthcare professional. • ED: 100% of urgent cases accepted will start NICE – concordant treatment within 1 week from first contact with a designated healthcare professional. • 20% decrease in the number of CYP attending out of county tertiary provision. • Increase in the number of CYP accessing evidence based interventions. • 85% of CYP accessing first appointment within 28 days. • 85% of CYP accessing treatment within 6 weeks of first appointment. • 90% of crisis referral seen within 4 hours. • Increase in activity of crisis interventions delivered in the community. 	<ul style="list-style-type: none"> • Symptom tracking eg RCADS, Sense of wellbeing EG SWEMWBS, functioning or impact EG RMQ • Goal setting/tracking tool EG Goal Based Outcomes • Year on year increase in compliments/Friends and Family test • Year on year decrease in complaints. • Increase in service satisfaction through CHI ESQ/NHS Friends and Families test EG

Desired outcome	Activity	KPI	Potential measurement
Young people up to the age of 25 will be supported and their transition to adult services will be supportive.	<ul style="list-style-type: none"> A range of options are available and appropriate to age and needs 	<ul style="list-style-type: none"> Young people will work with a professional who engages effectively with them. Transitions into adult mental health will be dealt with according to need 	<ul style="list-style-type: none"> Experience of service feedback tool eg CHI ESQ, relationship with practitioner /therapeutic alliance (eg SRS)
Children and young people's parents, carers and families will know how to support their mental health.	<ul style="list-style-type: none"> Psycho-educational parenting courses. Parent support groups. CYP IAPT parenting training by HPFT. 	<ul style="list-style-type: none"> Increase in range of parenting courses and interventions available Increase in number of support groups around early intervention 	<ul style="list-style-type: none"> Tools which facilitate a range of perspectives EG SDQ
The most vulnerable children and young people are identified and supported to improve their mental health.	<ul style="list-style-type: none"> Improved access to a range of evidence-based therapeutic interventions Access for parents to courses and interventions that support improved attachment 	<ul style="list-style-type: none"> 75% of CIN have access to targeted support within 14 days. 10% reduction in tertiary referrals in first year. 	<ul style="list-style-type: none"> Improvement in SDQ scores for LAC. Use of appropriate assessment tools eg HONOSCA. Complexity factors outlined in Current View.

7.2 Table 2: Summary of Priorities

Priority	Outcomes	Key Deliverables	Key Performance	Additional Investment
Perinatal Mental Health	<ul style="list-style-type: none"> Improve access to evidence based perinatal mental health support. 	<ul style="list-style-type: none"> Infant Mental Health Online training for 120 Practitioners Map current service provision and identify gaps. Develop a family focused community provision to support perinatal mental health. 	<ul style="list-style-type: none"> > Number of training sessions delivered > Percentage increase in families accessing perinatal mental health support 	£130,000
Neuro-development Pathway	<ul style="list-style-type: none"> Improved clinical outcomes for children and young people with neuro-developmental disorders. 	<ul style="list-style-type: none"> Clear referral to treatment/management neuro-developmental pathways Service model for the diagnosis and treatment/management of Autism and ADHD. 	<ul style="list-style-type: none"> > Percentage increase in CYP with ASD diagnostic assessment started within 3 months > Percentage reduction in tertiary referrals 	£325,000

Priority	Outcomes	Key Deliverables	Key Performance	Additional Investment
Attachment and Trauma	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Trauma and Attachment Service model providing evidence based interventions <p>This includes recruiting:</p> <ul style="list-style-type: none"> - Band 7 Senior Clinical Social Workers (2 x 0.5 WTE) - Band 7 Clinical Psychologist (1 WTE) - Band 7 Systemic Psychotherapist (1 WTE) 	<ul style="list-style-type: none"> > Number of parents accessing evidence based programmes of intervention. 	£170,000
Transformation and Communication		<ul style="list-style-type: none"> Innovation Fund Effective stakeholder communication and engagement throughout the Transformation. Planning, managing, monitoring and evaluating the transformation of Mental Health and Wellbeing Services in Hertfordshire including recruiting: <ul style="list-style-type: none"> > Transformation Manager > Project Manager > Project Support Officer > Communications Support Officer 		£240,000
			Total Investment	£2,448,000

7.3 Reporting to Children's Services

As part of our commitment to collaborative working and in recognition of the fact children and young people's mental health is central to their ability to enjoy and achieve we have agreed the following outcomes as part of the local dashboard. Across the lifetime of the Transformation programme we intend to capture data from all services supporting emotional / mental health and wellbeing of our children and young people across Hertfordshire.

	Indicator	Data Source
Children and young people have positive emotional and mental health	% of Children and young people engaged with CAMHS	CAMHS
	Disabled children have access to appropriate services that can meet their needs	Data from Positive behaviour, Autism, Learning disability and Mental health Service (PALMS)
	Children are assessed in a timely manner	CAMHS/PALMS/ Step 2
	% with an identified with an emotional or mental health need in the past 12 months have had their needs met with a successful outcome	CAMHS/PALMS/ Step 2

8. Detailed programme and plans for 2017-18 by work stream

Work stream one: Eating Disorders

Which areas of identified need will this programme address?

This programme will:

- Provide enhanced access for children and young people to evidence-based, early and preventative mental health and wellbeing support for eating disorders and emerging issues
- Raise awareness of children and young people's eating disorders
- Move away from a crisis led reactive service
- Develop a Service Model delivering NICE compliant treatment for children and young people with eating disorders accessed via a clear pathway
- Improve the outcomes for children, young people and their families dealing with eating disorders to ensure they feel well supported and can access timely information and advice

Now that the team is fully recruited we have the following objectives:

Develop and agree protocols and guidance with Community Eating Disorders Service and the Children's Emergency Department at Watford General and Lister hospitals following increased investment	January 2017
Promotion of eating disorders service	Jan - March 2017
Development of DXS (Herts Valleys) Eating Disorders Pathway for GPs in Herts Valleys & Map of Medicine for East & North Herts	February 2017
Testing and roll out of DXS (Herts Valleys) Eating Disorders Pathway for GPs	March & April 2017
Review of Enhanced Eating Disorders Service in line with investment	January – February 2017
Engagement with children, young people and families to develop an early intervention model for eating disorders	December – March 2017

Work stream two: Early Intervention & Counselling

Which areas of identified need will this programme address?

This programme will:

- Provide enhanced access for children and young people to evidence-based, early and preventative mental health and wellbeing support
- Increase capacity of early intervention and prevention services
- Raise awareness of children and young people's emotional and mental health
- See the development of a whole system approach (continuum) of provision
- Commission an early intervention and prevention offer for Hertfordshire
- Implement early intervention pathfinders to support the development of a single point of access
- Move away from a crisis led reactive service
- Embed Thrive into commissioned provision
- Increase the range of available evidence based therapies
- Include the provision of an online mental health counselling service.
- Develop a service model delivering NICE compliant treatment for children and young people of all ages experiencing psychosis, with a clear pathway
- Improve experience of referrers to existing specialist Single Point of Access
- Improve communication between commissioned CAMHS provision and children, young people, families and referrers.

What does the work stream include?

The work stream includes all aspects of early intervention and prevention and is a key focus of the Transformation plan for Hertfordshire. As part of our five year programme we will be gradually implementing elements of our core early intervention offer as we move towards a countywide single point of entry to emotional and mental health services with a single trusted referral. Alongside this we will be delivering improvements to existing commissioned provision and identifying areas of innovation that will improve outcomes and inform more detailed developments.

The alignment of Families First with CAMHS transformation would enable commissioners to work in partnership in developing a localised and community driven emotional / mental health and wellbeing offer to

support families within their communities. Investing in a local community mental health and wellbeing offer will support the 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.

Within Hertfordshire we have a single point of access but at present this acts as a gateway into specialist Child and Adolescent Mental Health Services delivered by Hertfordshire Partnership Foundation Trust (HPFT). Increasingly the CAMHS element of the Single Point of Access (SPA) is dealing with referrals that are then passed to Step 2 within Hertfordshire Community Trust (HCT). This demonstrates the need for effective triage that captures information from all professionals engaged with the child, young person and / or their family in order that a decision can be made as to which service is most appropriate.

As part of CAMHS Transformation, £215,000 investment was made to increase the number of professionals working within the CAMHS SPA with a view to referrals having been triaged within five working days. Whilst this is now being achieved there is a comprehensive work plan in progress looking at all aspects of the journey to and through SPA. HPFT have engaged in the process and we have identified a range of opportunities to increase understanding across services and try to alleviate frustration. The main issue arising is the lack of provision and capacity to support emerging emotional and mental health issues that cause great concern amongst families and professionals but who do not meet criteria for a specialist intervention.

The SPA activity indicates that a significant proportion of time is spent on signposting and providing advice and guidance to parents and professionals concerned about a child or young person. This is mirrored by other existing commissioned providers who report spending time required to deliver face to face interventions with young people in supporting parents and professionals. We also know that up to 80% of referrals to the Customer Service Centre within Hertfordshire County Council end up in signposting and advice.

In response to this Families First has been developed. Families First is Hertfordshire's whole system, multi-agency partnership response to supporting family outcomes at a local level, by bringing together organisations who provide early help services under one 'umbrella' of consistent practice and clearer process. The aim of Families First is to provide support as early on in a problem as possible, is needs led and is based (through local hubs), and designed, within communities, making the most of local resources and delivering services at the most local level. Through collaborative working Families First has been developed using the Thrive model we have adopted as part of the CAMHS Transformation agenda.

The key outcomes for families and services from the Families First model are;

- Quicker access to the right support, including self-help where appropriate
- Problems are addressed before they escalate, improving overall outcomes and promoting whole family resilience
- There is less duplication of processes, assessments and resources
- The benefit of shared local knowledge, trends and resource will be maximised
- A move away from a 'respond to crisis' culture
- Reductions in requests for services as families are empowered to self-help where appropriate
- Upstream system efficiencies as families are better supported to become resilient.

The Families First teams will also provide support, advice and guidance to the wider workforce and will work in a joined up cohesive way across the system to support families receiving support as early on as possible, to promote resilience and stop escalation.

Effective collaborative working has led to significantly improved outcomes for children and young people supported by Thriving Families. Therapists formed part of the main team and were introduced to families by workers providing other sources of support. This led to increased engagement and also generations of families averse to mental health services accessing counselling for the first time. For us to develop a responsive countywide early intervention and prevention offer child and adolescent mental health workers should be embedded within this framework.

We have just been notified that a bid we submitted to CYP IAPT for four Psychological Wellbeing Practitioners has been approved. This will enable us to develop pathfinders for this approach for one year as we move to the next phase of implementation.

When will the change occur?

Activity	Timescale
Stakeholder engagement on i-THRIVE model <ul style="list-style-type: none"> Introduce the i-THRIVE model Engage with stakeholders to agree the model 	October - November 2016
CAMHS Transformation Board (Governance of CAMHS Transformation programme in Hertfordshire) <ul style="list-style-type: none"> Present and agree the Hertfordshire i-THRIVE early intervention embedded Families First model 	8th November 2016
Provider and CYP engagement: <ul style="list-style-type: none"> Co-production with Hertfordshire providers to develop and agree the model Co-production with CYP stakeholder groups to agree the model Co-production with parent/carer representatives to agree the model 	November 2016 - January 2017
Specialist Single Point of Access Referrer survey	December 2016
Development of a Single Point of Access steering group to look at existing specialist service and develop protocols and guidelines for referral to initial early intervention helpdesk	January 2017
Pilot early intervention model <ul style="list-style-type: none"> Pilot the early intervention Families First Model (bid for PWP's) 	February 2017
Launch of Healthy Young Minds in Herts website	February 2017
Early intervention model to be finalised and decisions for re-procurement of current Tier 2 providers:	February 2017
Plan and commence re-commissioning of Tier 2 providers with the new service to be in place from April 2018	April 2017 - March 2018

Work stream three: Schools Link

Initial focus:

Top level outcomes identified as being:

- Better pastoral provision in school
- Better access to other emotional / mental health services when needed
- Maximising capacity across the existing system whilst we move into Transformation
- Ensuring the voice of schools, CYP and Families are heard in the CAMHS Transformation agenda and implementation

Key strands to support the delivery of these outcomes are:

- Communication and Information Sharing, Training and Support, Data capture and interrogation:
- Developing and refining school processes for responding to pupils' mental health needs including referral processes

- Developing the role of the school lead for mental health, strengthening Pastoral Lead Networks, frontline pastoral worker peer supervision sessions, case consultation surgeries
- Improving resources including a refresh of Tools for Schools, information sharing between schools and other providers, a self-review for schools and information about school led interventions
- Ensuring data is being collected and meaningfully explored by service providers and schools
- Training and support including Mental Health First Aid training and mental health awareness and referral training
- A dashboard is currently being developed to demonstrate the range of outcomes being delivered by the CAMHS School Link Managers.

Training, events and networking

- The Mental Health and Referral course will run three times during June and July. Feedback is positive. We are seeking to raise awareness of this course and MHFA Youth with schools.
- We have attended one county wide conference and two local events organised by schools.
- We are attending pastoral network meetings and supporting colleagues in Public Health to develop these in localities where they do not currently exist.
- We will develop peer supervision sessions to support frontline pastoral workers and are investigating a model for this.
- We will have attended around 40 meetings with colleagues from a range of stakeholders including HPFT, Step2, HCC and the voluntary sector.
- Training is delivered as part of DSP refresher training on a monthly basis.
- Head teacher forum chairs have been contacted and met where requested.
- A termly newsletter for school mental health leads and another for health colleagues will be continued. More than 300 schools have a nominated lead for mental health.

Planning and evaluating

- A logic model and key strands planning document have been created to shape the scope of the work.
- A flow chart to outline the basic infrastructure needed in schools with identified communication routes has been drafted.
- Ecorys, leading the independent evaluation of the national pilot, has shared their questionnaire format and agreed to share the baseline data from our schools (with their consent) so as we can align our local evaluation and ensure it is robust and valid.
- Terms of Reference for the Schools Implementation Group have been drafted and are due to be circulated with dates in due course.

Research and pilots

- Whilst investigating evidence-based approaches, contact has been made with a number of organisations licensed to train in various models. One organisation, Mentor UK, has approached us to work together on a bid to the Department for Education (DfE) Character Education and Resilience Grant. 14 primary schools have agreed to participate if the bid is successful. The pilot will focus on The Good Behaviour Game (cited in the CAMHS review), proven to have an impact on behaviour, attainment and mental health and other problems in the future.

- We have facilitated one provider and two schools to share information on good practice with an independent research organisation pulling together information for DfE.
- Case consultation surgeries are used by a number of services in Hertfordshire such as Educational Psychology and SALT to maximise reach and build capacity among other professionals. Not all of the schools involved in the link pilot successfully make a connection with specialist CAMHS and this is still very much desired. The link model cannot be developed further in Hertfordshire due to the large number of schools, but surgeries will enable most schools to have contact with specialist CAMHS workers to discuss their most complex and concerning pupils. A consultation surgery pilot in one Education Support Centre is being closely evaluated prior to recommendations being made.

Work stream four: Crisis Care

A significant piece of work is being done in this area as part of the CAMHS Transformation programme. Following the initial investment we now have a Crisis Assessment and Treatment Service available from 9am to 9pm 7 days a week within Hertfordshire. We continue to build on this work by developing Crisis Care referral and pathways guidance that supports our colleagues in Paediatrics and Children's Emergency Departments across the county to feel confident in dealing with children and young people and their families who present in a crisis.

Crisis waits (4 hour target)

The target wait for crisis referrals is 4 hours from the point that the referral is received. Crisis referrals are managed by the Children's crisis and assessment treatment team (C-CATT) team. The target is for 90% of young people to be seen within the 4 hour period.

Some of our ongoing objectives

CCATT to do a piece of work with clinics to develop equity in the duty systems and train on the agreed high risk pathway	January - March 2017
Education required to schools and GPs around the need to refer to SPA for access to CCATT rather than recommend A&E for potential crises	October 2016 - March 2017
Guidelines to be developed by CCATT in conjunction with CED / PAEDS (to cover both hospitals) that support the 9pm to 9am period i.e. how to conduct a temporary risk assessment	February 2017
Integrated Care A collaborative crisis pathway should be drawn up between East and North Herts Acute Trust, HPFT, Children's Services and HCT	March 2017
Immediate improvement of the pathway Mobilise operational actions which will improve visibility of C-CATT and increase knowledge of CYP MH of acute staff	November 2016 - March 2017
Pilot integrated models of working Test the outcomes of integrated mental health liaison and social care within acute provision	March 2017
Pilot C-CATT until 12midnight Move towards extended hours for crisis care as recommended in the five year forward plan Extend the hours of C-CATT until 12midnight for a 6 month period and assess outcomes/improvements to the pathway	April 2017
Review the High risk pathway and Community CAMHS clinics interventions Assess the outcomes of the high risk pathway and identify those CYP who are frequent attenders to ED.	March 2017
PARIS/EHNT Patient records Accurate management and recording of Patient records Access to records for staff across organisations	April - June 2017
RAID Clarity of offer to 16-18 year olds	December 2016
Co-production with CYP and families - Obtaining views of families and CYP who have experienced crisis to develop future plans Co-production with CYP and parents in any redesign of crisis services	December 2016
Development of collaborative co-commissioning plans (Tier 4)	Development of Tier 3.5 options (i.e. assertive outreach), alternative models in the community required to manage crisis.
Identification of Champions in CED / Wards at Lister and WGH – These can be offered additional levels of training	January 2017
Development of information for parents on what to expect, FAQs and details of services etc	December – March 2017

Work stream five: Parent & Carer Support

Investment was made into Hertfordshire Partnership Trust to employ two part time (18.75hrs) senior support workers (band 4) to carry out parent and carer assessments. This is due to be reviewed for effectiveness now the funding has been in place for over six months.

Work stream six: Hertfordshire CAMHS Transformation Workforce Development Plan overview

<p>Universal / Early Help</p>	<p>Aim of training courses at this level: Raise awareness; enable parents, professionals and young people to feel more confident talking about mental health and be able to advise and signpost to sources of support.</p> <p>Courses include:</p> <ul style="list-style-type: none"> • Youth Mental Health First Aid • Young Commissioners (CAMHS) • Mental Health lite bites for parents • My Teen Brain (Young People's delivery) • Spot the signs <p>Future plans: Development of training to understand the different responses to emotional / mental health in boys and girls</p>
<p>Targeted</p>	<p>Aim of training courses at this level: To provide specific skills and expertise to support identified cohorts of children and young people i.e. those displaying sexually harmful behaviour</p> <p>Courses include:</p> <ul style="list-style-type: none"> • Infant Mental Health Online for Maternity / Perinatal professionals • Sexually Harmful Behaviour Training • Self-Harm training
<p>Specialist</p>	<p>Aim of training courses at this level: Develop skills and knowledge of therapeutic staff to be able to deliver a range of evidence-based interventions that best meet the needs of the child or young person they are working with</p> <p>Courses include:</p> <ul style="list-style-type: none"> • evidence-based Counselling Practice • Postgraduate Diploma in Child and Young Person's IAPT Therapy (0-5s) <p>Future plans: Identification of co-commissioned parenting courses to support ADHD / Autism</p>

Hertfordshire CAMHS Transformation training and workforce development plan overview:

Introduction:

In order for Hertfordshire's CAMHS Transformation programme to have maximum impact we recognise the importance of equipping children, young people, parents and professionals with the skills required to empower them in their dealings with emotional and mental health; both their own and that of others.

We want professionals who work with children, young people and their families to feel confident in recognising and responding to emotional and mental health issues at the earliest possible opportunity. This will increase capacity within early help/ universal services and enable us across the five year Transformation programme to enhance timely access to support as and when needed.

Within the first year of our Transformation plan we have already:

- Trained 12 Mental Health First Aid trainers to cascade the training across the universal workforce (12 courses already delivered)
- Trained 120 professionals supporting parents to be and new parents in Infant Mental Health Online training
- Delivered sexually harmful behaviour training to a multiagency panel
- Begun developing 'My Teen Brain' for young people in collaboration with our young commissioners for CAMHS to help them understand their thoughts and feelings
- Delivered mental health referral training to schools
- Begun developing a 'one stop online shop' for children and young people's emotional and mental health which will include signposting, advice and access to training and development.

Our Workforce Training and Development Plan has been designed to:

- Build capacity, confidence and knowledge within the Universal and Targeted/Early Help services that support children, young people and their families/carers
- Improve partnership working by facilitating shared learning and understanding through the delivery of consistent training, knowledge and practice.
- Provide professionals (particularly schools) with the tools and resources to develop and deliver evidence based interventions, record outcome measures and support a systemic approach to child and adolescent mental health

- Empower children, young people and their families to better understand their emotional and mental health and make informed choices
- Allow trusted professionals to be able to respond in the first instance when a child or young person confides in them
- Increase the skills of the workforce to enable them to deliver a wider range of evidence based interventions

Evaluating the impact:

We seek participant feedback immediately after the training and then follow up approximately three months later to identify how it has changed practice, confidence and understanding.

Work stream seven: Sexually Harmful Behaviour

This is a collaborative piece of work with Children's Services colleagues. We have been working on the following objectives and now following the publication of the NICE guidelines we will move the work forward. Using the traffic light model we are keen to develop supportive interventions for children, young people and their families displaying and affected by sexually harmful behavior, we want to increase awareness of effectiveness and identify a consistent pathway to ensure parity.

To work alongside the Adolescent Resource Centre to develop and monitor a short term specification for two intensive support workers to support children and young people identified from across the partnership who are demonstrating sexually harmful behaviour	September 2016 - March 2017
Review all AIM assessments for children and young people to identify recommendations and consistency of offer	September 2016 - March 2017
To bring together teams and services working with children and young people who display sexually harmful behaviour through a multi-agency stakeholder event	December 2016
To link in with existing work in Hertfordshire and regionally on sexually harmful behaviour	December - February 2017
To develop a clearly defined pathway to provide support for Harmful sexual behaviour among children and young people in line with NICE guidance	December - February 2017
To ensure guidance for professionals working with children and young people displaying behaviour across the spectrum from sexualised to sexually harmful is evidence based and consistent across the partnership	January - March 2017
Development of education programme for professionals on differences between sexually harmful behaviour and CSE and how to respond	March 2017
Roll out of agreed guidance across partnership agencies and services	April 2017
Commissioning of resources to support the pathway (ad hoc and planned)	February 2017 - March 2018

Work stream eight: Perinatal Mental Health

This work stream supports:

- Increased understanding of perinatal mental health across universal professionals
- Development of a training programme across all provision to ensure staff are equipped and confident to identify and provide support and guidance
- Awareness raising campaigns and literature for parents to be and new parents on sources of support, signs to look out for
- Development of a whole family community team to support perinatal mental health issues emerging in a holistic way
- Skills audit of professionals working within Hertfordshire
- Developing a directory of perinatal support and provision

In addition to our preventative and awareness raising work the following items were part of our successful bid to NHSE for additional funding to develop a community perinatal mental health service.

Stages of delivery and key activities	Start Date	End Date	Lead
Share bid success with the virtual multi-disciplinary perinatal network	By end October 16	By end October 16	Commissioning Manager (CCGs)
Recruit Project Manager	1 November 16	11 November 16	Service Manager (HPFT)
Set up steering group (with service user and carer involvement)	1 November 16	11 November 16	Business Manager (HPFT)
Identify internal staff for secondment	1 November 16	2 December 16	Service Line Lead & Clinical Director (HPFT)
Recruitment to all remaining posts within the SCPMHT (to include service user representation on interview panels)	2 December 16	1 March 16	Service Manager & Clinical Director (HPFT)
Deliver specific perinatal MH induction training for the SCPMHT	2 December 16	1 March 16	Perinatal Consultant Psychiatrist & Head of Nursing
SCPMHT set up on local electronic patient record system to enable separate reporting	1 November 16	2 December 16	Project Manager (HPFT)
Confirm staff base in each half of the county & order staff laptops	1 November 16	30 December 16	Project Manager (HPFT)
Develop reports to enable performance reporting	1 November 16	31 January 16	Project Manager (HPFT)
Development of training and education packages for a. HPFT staff and b. external colleagues in partnering organisations	1 November 16	31 January 17	Consultant Psychiatrist (HPFT)
Develop implementation plan for delivery of training and education and commence phased delivery	1 January 17	31 January 17	Project Manager (HPFT)
Develop clear referral criteria and thresholds to clarify service offering	1 November 16	30 December 16	Project Manager (HPFT)
Ongoing monitoring of clinical and activity reporting to enable information reporting	1 January 16	Ongoing	Project Manager (HPFT)
Developing / strengthening already existing clinical links with maternity services, health visitors, children's services, GPs	1 November 16	Ongoing	Consultant Psychiatrist & Team Leader (HPFT)
Identify & map out localities / clinics from where the SCPMHT can deliver clinical work with partnering organisations	1 November 16	30 December 16	CCGs
Write operational policy	1 January 17	28 February 17	Team Leader (HPFT)
'Go Live'	1 January 17	1 January	SCPMHT (HPFT)
Phased increase in caseload as staff come on board and team is established	1 January 17	31 March 17	SCPMHT (HPFT)

Stages of delivery and key activities	Start Date	End Date	Lead
Engagement with service users and carers on ongoing service development (utilising the MBU coffee mornings)	1 January 17	Ongoing	Team Leader (HPFT)
Development of whole family assessment. Set up fathers / partners group	1 January 17	30 March 17	Consultant Psychiatrist, CAMHS (HPFT) & Herts Community Trust
Development of Outcome Star for PMH	5 October 16	31 January 17	CCGs, local authority & Consultant Psychiatrist (HPFT)

Service Delivery (April 17 – March 18)

Stages of delivery and key activities	Start Date	End Date	Lead
Work with the head of psychiatric training in Hertfordshire to look at developing a training post in perinatal psychiatry within the team	1 April 17	31 July 17	Consultant Psychiatrist (HPFT)
Develop links with neighbouring MH Trusts and maternity departments to ensure clarity over pathway for service users on county borders and to support discharge to neighbouring counties from Thumbswood MBU	1 April 17	1 May 17	Team Leader (HPFT) & Consultant Psychiatrist (HPFT)
Full delivery of training & education package	1 April 17	Ongoing	SCPMHT (HPFT)
Formal review of service with commissioners and stakeholders	1 June 17	31 July 17	CCGs
Benchmark data with other SCPMHTs	1 October 17	31 March 18	SCPMHT (HPFT)
Begin to assess against accreditation standards for RCPsych Quality Network for Perinatal Mental Health Services	1 October 17	31 March 18	SCPMHT (HPFT)

Ongoing service delivery, evaluation & development (April 18 – March 19)

Stages of delivery and key activities	Start Date	End Date	Lead
Working with other MH Trusts to share learning	1 April 18	Ongoing	Team Leader & Consultant Psychiatrist (HPFT)
Evaluation of the SCPMH service with CCGs to ensure the service is meeting the need	1 April 17	Ongoing	Team Leader (HPFT)
Review model against the RCPsych (CR197) guidance with CCGs to establish opportunity for phased future development	1 April 18	30 September 18	Consultant Psychiatrist (HPFT) & CCGs

Work stream nine: Neurodevelopmental pathway

This significant piece of work is being led by a Clinical Reference Group of key professionals involved in the work around diagnosis and interventions for ADHD / ASD across Hertfordshire.

It is integral to commissioning intentions regarding the existing PALMS provision and informs a range of developments countywide, most notably the SEND offer. There are currently significant waits to access a diagnosis and in addition to the medical diagnostic pathway we want to ensure that each child and family is aware of support available at every level including post diagnosis support and behavior management strategies.

Identify and develop job specifications for the health care professionals required to deliver on the adopted Service Spec and Model	February 2017
Agreement of parenting support / training needs	February 2017
Develop Communication Strategy	December 2016
Set up Operational Working Group	March 2017
Agree Terms of Reference for Operational Working Group	March 2017
Recruit identified health care professionals for the new 0-19 Autism Service	March 2017
Develop bespoke information packs for all stakeholders including, GPs, Children Centres, Health Visiting, Voluntary Organisations, Acute (Paediatric) and the CAMHS Services	March 2017
Embed all pathway and referral guidance on the DXS System	May 2017
Disseminate referral criteria, form, information about the Service to all GP Practices	March 2017
Embed all pathway and referral guidance on the DXS System	March 2017
Disseminate information and guidance pack to Paediatric Services at WHHT and ENHHT via identified person , Health Visiting, and Voluntary Organisations	March 2017
Link with the 2 year HCC Autism Work stream for training, education and awareness within Schools	March 2017
New Service "Go Live"	April 2018

Work stream 10: Attachment and Trauma

The following staff have been recruited to deliver an attachment and trauma service within Hertfordshire Partnership Foundation Trust.

2 x 0.5 wte Band 7 Senior Clinical Social Workers

1 x 1.0 wte Band 7 Clinical Psychologist

1 x 1.0 wte Band 7 Systemic Psychotherapist

The work of the team is informed by evidence based assessments and formulation. Interventions are reviewed three-monthly and a brief update report sent to the relevant professionals.

Interventions to be delivered will include:

- Theraplay
- Dyadic Developmental Training (no one yet trained)
- Video Interaction Guidance (no one yet trained)
- Mentalisation Based Therapy
- CBT
- Systemic work

Work to date has included developing streamlined processes in collaboration with Children's Services to prevent dual referrals.

Next steps: Review effectiveness following investment January 2017

Work stream 11: Transformation & Communication

This work stream is fundamental to the development of the models to inform commissioning intentions across the remainder of the programme.

The following objectives have been identified going forwards

Development of an i-Thrive implementation strategy & plan	January 2017
Provider collaborative agreement of outcome measures for 17/18	January 2017
Identification and training to support implementation of outcome measures for 18/19	March - June 2017
Development of commissioning plans to support the development of the new model for early intervention	March - August 2017
Re-design existing provision and outcomes data in line with commissioning	March - August 2017
Consultation with providers and children, young people and families before developing and commissioning	Ongoing
Development of 0-25 emotional / mental health pathway to support transition and complex children and young people who need access to adult mental health (building on existing work to formalise across commissioned providers)	Feb 2017 - Sept 2017
Identify funding requirements & costed proposals for phases of implementation	Feb 2017 - Sept 2017
Maintain overall CAMHS Transformation project plan to ensure risk register and targets are in place and achieved	Ongoing

Activity & Waiting Times Baselines for Mental Health & Wellbeing Services in Hertfordshire 15/16

Below, we have summarised the activity and waiting time data for Mental Health and Wellbeing Services from 15/16. In some areas clear increases in activity are shown which is in line with investments already made into services. Early Intervention and Counselling 2015-16

Service	Number of Children and Young People 15/16	Number of Sessions/ Contacts/Hours 15/16	% Increase in No. of CYP
Community Counselling	473	5,517 sessions	157%
Step 2	1,723	3,873 contacts	90%
Improving Access to Psychological Therapies (IAPT)	707 16-18 year olds	N/A	333%
Online counselling	167	247 Counsellor hours	N/A
Total	3,070	9,637 contacts	130%

Children and Adolescent Mental Health Services

Service	Number of CYP Contacts 15/16	% Increase since previous year
Number of contacts in Eating disorders service	1,570	21%
Number of contacts in Specialist CAMHS	50,393	20%
Number of contacts in Targeted CAMHS	2,975	62%

Children and Adolescent Mental Health Services

Measure Description	% of Referrals
CATT referrals meeting 4 hour wait	100.00%
CAMHS referrals meeting assessment waiting time standards - CRISIS (4 Hours) (performance measured during Crisis team opening hours only)	94.31%
CAMHS referrals meeting assessment waiting time standards - P1 (7 days)	86.65%
CAMHS referrals meeting assessment waiting time standards - TARGETED SERVICE (14 days)	93.84%
CAMHS referrals meeting assessment waiting time standards - TARGETED SERVICE (28 days)	97.73%
CAMHS referrals meeting assessment waiting time standards - ROUTINE (28 days)	83.71%

9. Equality and health inequalities

9.01 Promoting equality and addressing health inequalities are at the heart of the Hertfordshire CCG values: throughout the development and subsequent refresh of this plan there has been a focus on the need to ensure parity of esteem. It also concentrates on partnership working and a whole system approach to achieve positive outcomes for all children and young people, regardless of gender, sexuality, ethnicity, religion and disability. The plan also acknowledges that some families, children and young people face greater adversity and need more help.

9.02 An initial Equalities Impact Assessment (EQIA) has been completed has been regularly reviewed as part of the ongoing refresh of the local transformation plan. It 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 reduce health inequalities.

9.03 The EQIA is based upon the comprehensive assessment of the mental health needs of children and young people in Hertfordshire, May 2015.

This assessment draws in the following sources:

- The full and summary Hertfordshire Mental Health Needs Assessment prepared by Jonathan Campion (2014)
- UCLP's needs assessment (Campion, 2015)
- GGI and Herts County Council's stakeholder consultation and interviews
- Public Health England's CHiMAT Fingertips tool
- Local service data, previous reviews and local relevant reports, serious case review and inspectorate reports.

9.04 Hertfordshire has one of the highest numbers of children and young people aged under 18 in England. Children make up a quarter of Hertfordshire's total population. Children in Hertfordshire have a generally higher health and wellbeing index rating than in other areas of the country. However, wellbeing index levels fluctuate from area to area in the county.

9.05 Rates of looked after children (per 100,000) are lower in Hertfordshire than in comparison to East of England or nationally.

- 9.06** There are higher levels of fixed primary school exclusions in Hertfordshire. This is important as it may be associated with higher levels of early starting severe behavioural problems which are associated with generally poor life chances if untreated. Furthermore, there is a need for evidence based parenting programmes in the county.
- 9.07** 24% of school children in Hertfordshire are from a minority ethnic group. Children from some BME communities face greater risk of poor mental health as adults. Risk of childhood mental ill health can vary by ethnicity although drawing conclusions based on available prevalence data is challenging due to generally small sample sizes.
- 9.08** Overall, the mental health of children and young people in Hertfordshire presents a mixed picture of overall higher than average wellbeing alongside some areas of concern:
- Hertfordshire's Joint Strategic Needs Assessment suggests an overall and progressive improvement in people's self-reported mental wellbeing between 2011 and 2013 in all districts, albeit at differing rates.
 - The rate of young people aged 10-24 years admitted to hospital as a result of self-harm was higher in the 2010-13 in comparison with 2007-10 (although the admission rate in 2010-13 was still lower than the England average). This increase in admission rates cannot be explained solely by the increase in the youth population.
 - The number of hospital admissions resulting from intentional self-harm increased in all districts between 2009 and 2012 – with some communities noting particular spikes and related increased hospital admissions. This reflects an apparent national trend.
 - Number of hospital admissions for mental health conditions in 2012/13 is lower than the England average (Crude rate per 100,000 age 0-17 years is 56.3 in Hertfordshire compared with 87.6 England average, although this is not correlated with deprivation as would be expected).

A previous report pointed to high waiting lists for access to support from challenging behaviour teams (2013) and autism related services (2012) with indications of high costs attached to out of county autism placements.

10. Summary

This refresh of our Local Transformation Plan signals Hertfordshire's ongoing commitment to giving children and young people start to keeping them safe and helping their mental health and resilience. A year on, local leadership and ownership continues to drive the Hertfordshire vision in which the child mental health and wellbeing is everybody's business.

The Hertfordshire local transformation plan with our clearly articulated local offer is how we will make this happen. Our plan articulates our local offer across the whole spectrum of services. Children and young people continue to be at the heart of our transformation of services.

