

Havering CAMHS Transformation Update

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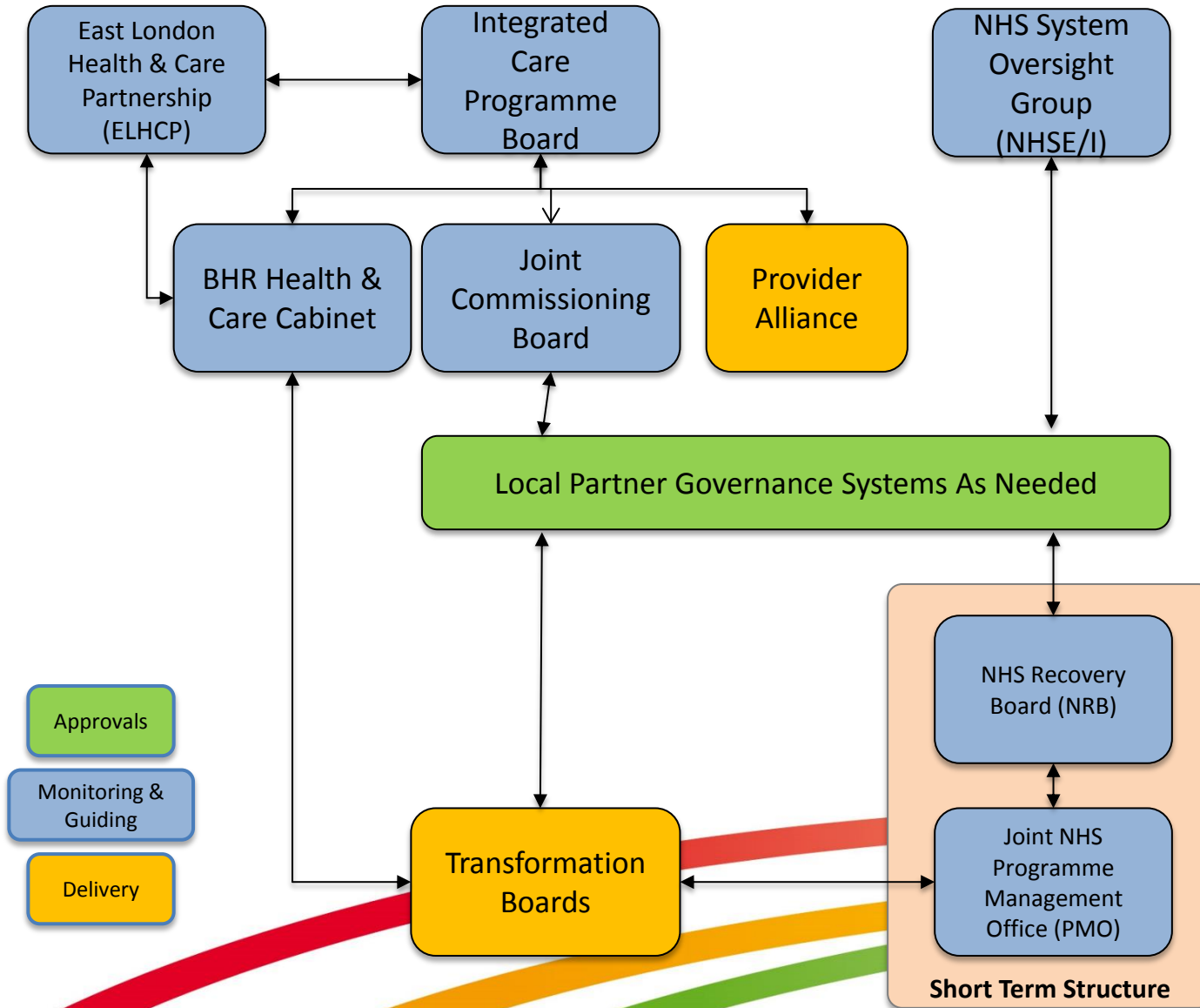


CAMHS Transformation

- The NHS Long Term Plan published January 2019 set out the plan for the next 10 year.
- It highlighted ambitious targets for transforming CAMHS provision.
- It highlighted new investment to support transformation.
- Transformation to be led locally.



Governance Arrangements



BHR

Approach



Children and Young People's Plan 2019/20 – 'Plan on a Page'

2019/20 High level objectives

To identify opportunities for joint commissioning and an action plan to achieve this within each of the themes encompassing all services currently delivered by Local Authority, Public Health, Education, Early Years, Health and CAMHS

Monitor and improve the performance of health and social care services (including clinical concerns) for Children and Young People (0-19) across BHR with a focus on improvement in outcomes.

Provide a focus on early intervention and a shared collaborative approach to solutions across Children and Young People's health and social care services

Ensure that our health and social care services genuinely listen to children and young people and empower them to be equal partners in their own solutions

By 2020/21
deliver:

A model of a joined up care and health service to BHR children and their families providing help as early and as often as required and unhindered by organisational, service or professional boundaries programme

Cross-cutting foundations : Children & Young People's focussed thinking & actions, integrated /multi-agency workforce development e.g. to model & identify risk, development of shared IT and portal platform/s for professionals & CYP & Families

(SEND)	Vulnerable Young People	Emotional Wellbeing & Mental Health	Early Intervention	Specific Health Conditions
<p>Re-establish & re-energise tri-borough SEND health/LA forum with simple project action plan for the year</p> <p>Understand the commissioning cycles & potential for shared approach across H & SC & plan forward – children's community health, high cost residential/ISS/ISP</p> <p>LA's to investigate possibility of joint commissioning of SENDIAS service – advocacy & mediation services</p>	<p>Looked after children to be treated as VIP clients & establish specific health & social care pathways which support this</p> <p>Services across health & social care for looked after children based on need and not eligibility criteria</p> <p>Establish tri-borough health & LA joint task group which practically addresses this commitment</p>	<p>EWMH (CAMHS & other) services delivered in a safe & comfortable environment that is accessible for CYP</p> <p>Voluntary sector utilised as key building resilience deliverer within commissioning arrangements</p> <p>Flexible well thought out tri-borough and co-ordinated approach to commissioning of EWMH services including 'buy-in' approach</p> <p>Support use of apps. & creative ways of CYP engagement e.g. 'brain in hand' app used for LD CYP adapted for EWMH needs</p>	<p>Progress work of Early Years Transformation Academy</p> <p>Locality self managed integrated teams – place based pilot including local GP's</p> <p>Building resilience in young people – violence reduction initiative</p> <p>Develop health & social care shared responsibility and accountability for early intervention & prevention being at the heart of our services with simplified pathways & review of commissioning arrangements</p>	<p>Public health data/training provided to all services (including schools) re. asthma, diabetes & other specific health conditions</p> <p>IT support /portal development to enable sharing of care plans</p> <p>Parental & school nurse partnership supported by IT – super user groups project</p> <p>Agreement with secondary care – BHR wipe clear</p>
<p>Tri-borough approach to banded funding arrangements for EHCP funded provision & specialist education place planning</p> <p>A sustainable Education Psychology Service – to remove competition of this scarce resource across tri-borough</p>	<p>Measurable results: A service for looked after children across health & social care that works for the population it serves not for the benefit of those in service. A distinct service specification for looked after children across health & social care Safe integrated spaces and venues (health & social care)</p>	<p>Measurable results: A service specification which: Actively listens to what the child, young person is saying & has CYP at the heart of its design Has common understanding of cultural/familial EWMH & what it means to child/family Whole family delivery approach which is flexible strengths based, encourages emotional agility & partnership Investigate business case for tri-borough commissioned approach to EWMH services & appropriate timing</p>	<p>Measurable results: Early Years Transformation Academy learning objectives 0-5 years as agreed with led LBBDD At least one locality integrated team established in each borough across BHR Violence reduction initiative established with clear deliverables Early intervention shared health & social care mission statement & associated opportunities for joint commissioning explored (timings & finance)</p>	<p>Measurable results: Learning from Regulation 28 reviews embedded across services Easy to produce care plans that can be shared across agencies (all specific health conditions) Clear step up and step down pathways across services for children with specific health conditions Standardised process for was not brought across services - safeguarding</p>
<p>Measurable results: Accessible shared education, health & social care plan (EHCP) for the child, family & practitioners Co-ordinated SEND CYP commissioning – CCG & 3 LA's Framework/consortium approach to providing residential & high support placements</p>				

Acknowledgement of required thinking and actions to enable CYP Transformation across BHR

- 1 Efficiency** - separate borough meetings and associated plans on our shared themes to join up as a tri-borough approach. Really important that these discussions happen asap.
- 2 Aligning of contract specification requirements & timeframes** – ensuring there is joint commitment across BHR around aligning timeframes and agreed BHR core provision for our themes of delivery
- 3 Political landscape** – recognising there is a differing political landscape across BHR. Tim Aldridge (chair) to take forward with LA reps. re. elected member briefing for June 2019.
- 4 Developing our shared trust** – we have developed a strong sense of trust and a ‘can do’ culture across the CYP Board. We need to ensure that we continue to nurture and grow this trust across our work within our task groups.
- 5 Understanding what is ‘as is’, recognising and moving on** – historical investment across the three boroughs has meant there is defined delivery based on old formulas and data which needs to be quantified and understood. Potential action for each task group to consider and define what specifically needs to be understood and request support from Public Health (LA) Team

Developments in thrive implementation:

Access

- A reduction in the numbers of client referrals declined without any contact with the young person from 60% to 0%.
- A reduction in the average waiting time from referral to initial contact from 29 days (5.5 weeks), to 8 days (1.5 weeks).
- Parents report that changes to triage allowed them to share their difficulties and gave them a sense of relief.
- Saturday groups beginning

Throughput

- 58% increase in discharges
- Introduction of patient screening enables 10% increase in referrals signposted to the community
- A reduced average waiting times between initial contact and second contact from 52 days to 12 days.

System change

- Reduction in inappropriate referrals from schools (97% to 0%)
- Statistically significant increase in knowledge of THRIVE and what the services are doing to implement THRIVE among the wider system
- CCG ring fencing funds to support termly interagency peer learning events
- Agreement to have CAMHS triage member in MASH

Clinical culture

- Clinician confidence with shared decision making increased
- Increase in clinicians signing up for QI training ()
- Commitment to rolling out AMBIT

Core Principles

- Integration between Health, social care and education
- Self care and self management
- Early intervention and outreach
- Distinction between support and intervention
- Shared decision making
- Digitally enabled
- Systematic use of outcome data
- Continuous improvement



Monitoring:

- CAMHS DNA Rate Last quarter: 13.8%
- Activity year to date: 7029 clients
- Access contacts year to date : 1691 clients
- 5 by 5 data : Likely or Extremely likely
- Referral to Treatment in 18 weeks: 100%



Havering

Local developments



Schools Link:

- Engage with all schools in Havering (primary, secondary, independent, special and sixth forms) to establish Mental Health Leads in all schools and a corresponding link person in CAMHS.
- Provide specific mental health training to help with early identification and strategies for those children with mental health needs to School staff in contact with children (teaching staff, Home school support workers, pastoral teams, SENCOs) as either a training package or train the trainer model.
- Attend SENCO meetings and SENCO annual conference and help establish a similar network for the growing 'Home School Support Worker' and pastoral roles in schools.
- Attend Schools Nurse meetings.
- Attend the Primary School and Secondary School BAP and pastoral meetings.
- Work with LBH to establish robust communication channels with schools for mental health information, for instance circulation of the CAMHS drop in sessions to the head teachers' bulletin, through the SENCO network and via the schools portal.



YOS

- Why have a CAMHS Specialist in the YOS Team?
- Development of CAMHS within YOS
 - Implementation of the Thrive model
 - Initial Screening process.
 - Appointments are also arranged in an environment that best meets the needs.



Transition CAMHS:

- Increased continuity of care between adults and children's service.
- More comprehensive Transition care planning.
- CAMHS offering support to over 18s to enable better transition,.



Support Time and Resilience worker

- Providing practical support to young people
- Offering advice and guidance to teachers and school staff
- Supporting with transition of young people into adult services.



Feedback Questions

- 1. What has been helpful since STAR Worker has been in post**
- 2. What wasn't helpful**
- 3. Support you feel would be beneficial going forward within the scope of the STAR Worker**



Feedback (2019)

The star workers where at a parents evening giving out really helpful information.

(parent Havering School sent by email)

Communication has been excellent – Clockhouse Primary School

Helpful - sending us regular details and reminders of services and resources available – Olive Academy

So friendly and welcoming, “This is an excellent resource to support parents and children” – Ardleigh Green Infant & Juniors

I would not have known all the links and agencies she contacts me with. STAR Worker even came to my coffee morning and a CIN meeting to provide information on signposting for parent – Crownfield’ s Junior School

We have appreciated being sent resources, information about courses – Oasis Pinewood Primary School




The LSA training re listening, helping start up a HOPE lunchtime group, having the Star worker available for parents meetings so immediate conversations/ reassurance can be given – Marshall’s Park Senior School



CAMHS Referral Source:

Month	Received referrals	Source of referral			
		GP	Self	School	A&E
June	139	79	18	21	4
July	98	54	8	21	3
August	74	51	9	0	6
Sept	124	88	19	5	1

NELFT CAMHS Website:

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Speech and Language

- Offering initial assessments to LAC children within required 0-4 weeks
- Targeted support for vulnerable children with known Speech, Language and Communication Needs (SLCN) not accessing core service provision
- Individual caseload for children with significant SLCN which impacts on behaviour and participation at school
- Classroom based support to children and young people who are accessing Alternative Learning Programmes (e.g. Koru)
- Delivering training to relevant partners e.g. Early Help & Community Nursery Nurses
- Supporting Early Help by empowering Early Years Practitioners to run Language Groups at Children's Centres



What has been the Outcomes

- Improved Early Intervention
- Improved Support to education
- Improved and additional support to YOS
- Transition worker posts
- New OT posts
- Closer working with the systemic model in LBH



Development

- New post supporting early Intervention:
- Occupational Therapist
- Speech and Language Therapist
- Physiotherapist
- Nursery Nurse

Early intervention Group program:

- Way to play
- Way to say
- Happy hands
- Joint clinic with targeted and Universals service
- Integrated groups between services including ASD

