

Hertfordshire Transformation Plan for Children and Young People's Mental Health and Wellbeing 2015-2017

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“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 recent UK Government Taskforce report Future in Mind highlights the national need to address the gaps in children’s and young people’s mental health and wellbeing provision. This, and the recent whole system review of Hertfordshire’s Children and Adolescent Mental Health Service (CAMHS) makes it imperative to transform the way mental health and wellbeing is being provided and delivered to meet the needs of children and young people in the county. 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, clinicians, parents, clinicians and other professionals gave their input to the review. Below is the link to the Hertfordshire review. <https://cmis.hertsdirect.org/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/34/Committee/13/SelectedTab/Documents/Default.aspx>
- 1.02. Herts Valleys CGG and East and North Herts CCG are leading on developing a whole system transformation plan 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 Authority, 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 which is 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 Clinical Commissioning Groups (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 East of England are placed out of region and likewise, approximately 25 young people from out of region, are placed to 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 who need them. 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. A new countywide plan will help to transform children's emotional health and wellbeing in Hertfordshire. With a new approach, investment will be used to achieve better outcomes for many more children and families, with lifelong benefits.
- 1.06. 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 services.
 - 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 some 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 Clinical Commissioning Groups 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. A local Hertfordshire CAMHS transformation board of partners has been established to co-produce our local plans. This board is chaired by the Accountable Officer at Herts Valleys CCG, and will take forward the recommendations of both the national and local reviews of CAMHS. Other local plans and strategies to improve outcomes for children, young people and families have also been taken into account in the development of our local transformation plan.
- 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. Current levels of mental health support for children, young people and families are inadequate to meet their needs. There are major gaps in the provision of mental health support for children and

young people. There is a particular paucity of early intervention services. Neither children nor parents are satisfied with the accessibility of support they receive from child and adolescent mental health services in the county. Major concerns have been raised about the accessibility of services, which are regarded as inflexible and which appear to have very long average waiting times between referral and treatment¹.

3. Hertfordshire Vision

- 3.01. Year One of our local transformation plan details how we are working towards the current CAMHS service being transformed into an integrated whole system approach to children's and young people's mental health and wellbeing.
- 3.02. The Hertfordshire vision will move away from the tiered model of delivery to a Thrive model, improving access, joining up services, providing a more evidence based service, and promoting transparency and accountability across the system. 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 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 5 years in Hertfordshire. Hertfordshire has recently heard that it has been successful in being accepted on the i-THRIVE programme which will enable support by the Anna Freud Centre, Tavistock and Portman and partners to implement the Thrive model in Hertfordshire.
- 3.03. A £2million recurrent investment to deliver transformation today will ensure (over the life time of a child or young person) a £30 return per £1 spent in psychological interventions for depression and anxiety², and a £27 return for every £1 spent in boosting school based provision³. 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.
- 3.04. 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 maternity⁴. We will also be working together with colleagues from neighbouring CCGs, where boundaries are not coterminous; to ensure the needs of all the CCG population are met through this plan. The changes proposed in this plan are aligned to Future in Mind and our local CAMHS review findings, guidance and recommendations.
- 3.05. In addition our plans echo the Midlands and East of England Specialised Commissioning CAMHS Transformation Plan Statement and agree with its priorities particularly in the following areas within the first year of transformation:

¹ <https://cmis.hertsdirect.org/Hertfordshire/Document.ashx?czJKcaeAisUFL1D1TL2UE4nRBcoShgo=5AilcXp35hC3fzr%2bu3dqkvXJJMYsRumH%2f4OPFzG%2f3uJ2KZ7WMDq%3f%3d&rUzwRPf%2bZ3z4E7lkn8Lvw%3d%3d=pwRE6AGJFLDNH22sFSQMaQWCPHwshUICZ%2fLUQzA2uL5iNRG4dJC%3d%3d&mCTibCubSF7xsDGV9lXnlq%3d%3d=hFtIUdN3100%3d&kC1AnS9%2fPwZQ40DXFvdEw%3d%3d=hFtIUdN3100%3d&uJovDxwdlMPoYv%2bAJvYlvA%3d%3d=ctNJF55vVA%3d&FpPIEJfIorS%2bYGoB6aA%3d%3d=NhdURQburHA%3d&9QI0ag1P9993svOJqFvmyB7XOC5QK=ctNJF55vVA%3d&WGewmoAteNR9xobux0r1Q8Za60lavYmz=ctNJF55vVA%3d&WGewmoAteNQ16B2MHuCPMRKZMwaG1PaO=ctNJF55vVA%3d>

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² Ibid page 9

³ Ibid page 52

⁴ http://hertsvalleysccg.nhs.uk/about-us/documents-and-publications/doc_download/345-clinical-strategy-delivering-a-healthy-herts-valleys page 31

- Focusing on prevention, early Interventions before the point of crisis and the need for in-patient care arises.
 - Extending Crisis Care provision
 - Investing in Eating Disorders provision focusing on providing more support in a community setting.
 - In addition, proposals to enhance crisis care within the county are part of the Hertfordshire Crisis Care Concordat.
- 3.06. Hertfordshire has also been successful in securing additional new funding to improve joint working with school settings and CAMHS. Hertfordshire has been awarded £100,000 to support the testing of a national training programme with named links to local CAMHS services. The 20 schools involved in this pilot will also be receiving direct funding from DfE. Our local transformation plan provides additional funding for schools work and a local school delivery group will be established as part of local governance arrangements to ensure wider dissemination of this work.
- 3.07. Hertfordshire is also part of the CYP IAPT programme and has implemented the national CYP IAPT standards. The CCGs are working towards additional providers signing up to the CYP IAPT collaborative.

4. Where are we now? Hertfordshire current service provision

- 4.01 The following key points from the Hertfordshire CAMHS Review undertaken by the Centre for Mental Health Review in June 2015 highlight our local context. There are currently approximately 282,100 under 18 year olds in Hertfordshire. All 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. It is critical both to prevent problems developing using evidence based strategies. It is also everyone's business (including parents, children and young people themselves) to support Hertfordshire's strong child and youth emotional wellbeing and resilience.
- 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. 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.
- 4.03 At present, roughly 24,000 children aged between 3 and 19 will meet the threshold for a mental health diagnosis in Hertfordshire. By 2020 Hertfordshire can expect to have just over 26,000 children with diagnosable mental health difficulties. Evidence from this 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 By 2020 Hertfordshire can expect to have just over 26,000 children meeting the criteria for diagnosis with a broad range of mental illnesses.
- 4.05 At least one child in 10 in Hertfordshire has a diagnosable mental health problem, and many more will need some support to prevent more serious difficulties from emerging. While Hertfordshire's 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.
- 4.06 All children can benefit from effective support to maintain good mental wellbeing, boost resilience and prevent mental health problems. Some children are more vulnerable than others and some may need extra help to restore good mental health.
- 4.07 Current levels of mental health support for children, young people and families are inadequate to meet their needs. We estimate that just over a third of children meeting the threshold for diagnosis with mental health difficulties are having their needs met.
- 4.08 There are major gaps in the provision of mental health support for children and young people. There is a particular paucity of early intervention services, for example to support women experiencing mental health problems during and after pregnancy, to help children with behavioural problems, and to promote positive mental health in schools.
- 4.09 The system currently tends towards crisis management. Referrals to specialist services vary from month to month and many are sparked by a crisis – for example after admission to A&E.
- 4.10 Neither children nor parents are satisfied with the accessibility of support they receive from child and adolescent mental health services in the county. Major concerns have been raised about the accessibility of services, which are regarded as inflexible and which appear to have very long average waiting times between referral and treatment.
- 4.11 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.
- 4.12 Our local Joint Strategic Needs Assessment (JSNA) for mental health provides further information about our current needs. Below is a link to this document.
<http://atlas.hertslis.org/IAS/Custom/Resources/MentalHealthUCLDetailedPDF.pdf>

5.0 What we have done in Hertfordshire

- 5.1 The areas for improvement were identified by the Hertfordshire CAMHS review (wide range of stakeholders including children, young people, parents and carers and multi-agency partners) and endorsed by the Health and Well-being board in June 2015. The CAMHS Transformation board is now overseeing the implementation of current priorities and the Local Transformation Plan.
- 5.2 Additional resources of £800,000 have been invested by CCGs and the Local Authority into a number of initiatives for CAMHS to meet identified demand and remodel service provision in line with national priorities and local expectations:

5.3 **Specialist CAMHS:** Additional resource for Specialist CAMHS has had an impact on waiting times into specialist CAMHS clinics and Crisis services

- 80% of accepted referrals into specialist CAMHS have their choice appointment within 28 days. The focus with the additional funding will be for partnership appointments to be within 6 weeks following the choice appointment.
- Additional capacity in the CAMHS Single point of access (SPA) has enabled triage to take place within 3-5 days. The SPA accepts self-referrals as well as referrals from all other agencies.
- New investment has gone into remodeling current provision and developing a new CAMHS Crisis Assessment and Treatment Team in specialist CAMHS. This service is based in the Emergency departments of the 2 hospitals in Hertfordshire and delivers crisis interventions in the hospitals and follows up in the community (in the family home) to prevent admissions into Tier 4 beds. 90% of all referrals are responded to within 4 hours. Hertfordshire is one of only 18 CAMHS services in the country to have a hospital based psychiatry liaison service (HSJ November 2015). The new funding will enable this service to be expanded to cover weekends.
- CAMHS is part of the Crisis Care Concordat in Hertfordshire. A recent all age review of crisis provision in Hertfordshire has provided further recommendations to improve our offer.

5.4 **Tier 2 CAMHS:** Additional investment from CCGs has enabled our Tier 2 providers to enable quicker access to provision by providing additional capacity. We want to improve this in line with our specialist CAMHS timeframes. Our ambition is that no child or young person will wait longer than 28 days to access a CAMHS service for support.

5.5 **Autism, Learning Disability/Mental Health and/or Challenging Behaviours service:**

Joint resource from the CCGs and the Local Authority Social care has commissioned a new service in Hertfordshire for children, young people with autism, learning disabilities and mental health or challenging behaviours. This new service has additional capacity to meet identified demand and is already demonstrating better outcomes for families. The service model is based on positive behavior strategies with family interventions being delivered in the home.

5.5 **NHS England Specialised commissioning:** Discussions have taken place locally with NHS England specialised commissioning.

An agreement has been developed to work together to reduce inpatient activity and joint working practice is already in place in relation to admission and discharge planning through the CTR process. Local CAMHS commissioners are actively involved in this process. Appendix 1 - East Midlands and East regional specialised commissioning statement.

5.6 **Commenced partnership working with schools:** Following the CAMHS review which strongly recommended the importance of capacity building schools for mental health, we were successful in our application to the CAMHS School Link Pilot. We have identified 20 schools in Hertfordshire and our local CAMHS leads for the training which commences in December 2015. We are planning additional roll out to

include additional schools through the Transformation funding.

6. How this will affect Hertfordshire children and young people?

- 6.1 The transformation of Hertfordshire mental health and wellbeing services will produce positive mental health outcomes for children and young people in the county. The key outcomes are described below:
- 6.2 More children and young people have access to evidenced based, early and preventative, mental health and wellbeing support.
Improved access for vulnerable children and young people to evidence based mental health support.
- 6.3 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. Effective specialised mental health support for children and young people whose mental health needs fall beyond the skill set of primary mental health support.
- 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.
 - 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.
 - Enhanced access to perinatal and infant mental health support.
 - Improved access to primary diagnosis for autism and ADHD.
- 6.4 In order to realise the above mental health outcomes for children and young people a robust set of Key Performance Indicators (KPIs) have been designed, to measure impact. These have been co-produced with partners and are detailed below.

7. Where we would like to be: Future model of care for Hertfordshire

- 7.1 Currently Hertfordshire has a Tiered system of delivery to support children's mental health and emotional wellbeing; going forward we Hertfordshire will implement the Thrive model to ensure a more needs-sensitive and resilience-focused whole system approach. Analysis of the current tiered system suggests that Hertfordshire has too few resources invested in Tier 2. Tier 2, or targeted provision, reaches around 20% of estimated need in this tier.
- 7.2 Tier 3 CAMHS are generally working with a group of young people with a higher level of severity and complexity of need compared to other specialist CAMHS teams in England. There are some indications of limitations in the range of evidence-based support being offered in specialist CAMHS (e.g. use of CBT was lower than in other areas in England).

7.3 Tier 4 inpatient placements levels are lower than estimates of need. Overall, there has been significant effort to reduce waiting lists since October 2014; however parents' descriptions of their experiences in a survey administered in April 2015 during this Review do not yet mirror improvements. Indeed, parents report a number of stages of waiting from referral to the point that they first receive treatment with a median of at least 9 months wait for treatment.

7.4 **The Thrive Model**

The Anna Freud Centre and the Tavistock and Portman NHS Foundation Trust recently proposed a new idea for supporting children and young people's mental health and emotional wellbeing built much more around children's and their families' needs (Anna Freud Centre and The Tavistock Clinic, 2014). This approach is also divided into four groupings based on children's needs as outlined in Table 1.

Table 1: the Thrive model

	Description	System activity	Health role
Phase	Children and	Promotion of children and young people's	Whole system role

1	young people who are thriving	<p>mental health and wellbeing, parenting and community resilience.</p> <p>All stakeholders (including CYP and families) work together to help young people help themselves and to build strong emotional and mental wellbeing through:</p> <p>Signposting Self-management One-off contact</p>	Experienced workers should support stakeholders to decide who needs help in this grouping and who needs 'more help'.
Phase 2: Coping	Children and young people may face adversity and be coping temporarily with setbacks.	All stakeholders (including schools, peers, families etc.) may contribute to supporting children and young people negotiate adversity and temporary setbacks.	Experienced workers should support stakeholders to decide who needs help in this grouping and who needs 'more help'.
Phase 2: getting help	Some children need a little more help	Health workers support CYP by delivering interventions which are: CYP and parent goal focused Evidence informed Outcomes focused	Health would be the lead provider working in partnership with CYP and families.
Phase 3: getting more help	Some children and young people need more extensive help.	Health workers provide more extensive evidence informed treatment	Health is the lead provider using health language (i.e. a language of treatment and health outcomes) and working in partnership with CYP and families. Health input should involve health workers specialised in different treatment.
Phase 4:	'Risk and support'	The THRIVE model proposes explicit recognition of the needs of children, young people and families where there is no current health treatment available, but they remain at risk to themselves or others. This may be because they are not ready, have difficulties such as emerging personality disorders or unclear and multiple needs.	There needs to be close interagency collaboration allowing common language and approaches between agencies and clarity as to who is leading. Social care and CAF processes may often lead activity. Health input should be from staff trained to work with this group and skilled in shared thinking with colleagues in social care, but with understanding that it is not a health treatment that is being offered.

7.5 Key elements of the THRIVE model

The Hertfordshire model will:

- place children's needs at its heart
- outline the critical importance of positive emotional health and mental wellbeing in children, young people and in families/carers
- prioritise early intervention, recognising the importance of early help and schools in supporting strong mental health

- provide a clear definition of what good child and youth mental health and emotional wellbeing means in Hertfordshire with some clearly stated desired outcomes
- reinforce that supporting good child and youth mental health and wellbeing is everyone's business
- Secure multi sector sign up to the vision.

8. Key Priorities and Key Performance Indicators:

Scheme	Outcomes	KPIs
Eating Disorder Service	<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. 	<ul style="list-style-type: none"> • Increase in number of CYP accessing treatment • Improved waiting times and access to rapid response interventions in the community • 80% of all cases accepted will start NICE-concordant treatment within 4 weeks from first contact with a designated healthcare professional. • 100% of urgent cases accepted will start NICE-concordant treatment within 1 week from first contact with a designated healthcare professional
Addressing current demands into tertiary referrals (GOSH)	<ul style="list-style-type: none"> • Delivery of specialist provision locally • Meeting unmet need 	<ul style="list-style-type: none"> • 20% decrease in number of CYP attending out of county tertiary provision
Single point of access – CAMHS POD	<ul style="list-style-type: none"> • Effective mental health support for Children and Young People whose mental health needs fall beyond the skill set of primary mental health support. 	<ul style="list-style-type: none"> • % increase of CYP being seen by the Single point of access • 90% of CYP triaged within 5 days
Early intervention, additional investment in Tier 2	<ul style="list-style-type: none"> • More Children and Young People have access to evidenced based, early and preventative, Mental Health and Wellbeing support. • To improve the accessibility to services and increase the proportion of the population accessing support 	<ul style="list-style-type: none"> • Increase in the number of CYP accessing evidenced based interventions • 85% CYP accessing their first appointment within 28 days • 85% of CYP accessing treatment within 6 weeks following their first appointment • Delivery of psycho-education parenting courses to enhance resilience • Reported increase in satisfaction levels through Friends and Family Test • Year on year increase in number of compliments • Year on year decrease in number of complaints
School Mental Health Lead	<ul style="list-style-type: none"> • Better links into CAMHS services • Joint training and building relationships • Capacity building the workforce to better support emotional health and well-being 	<ul style="list-style-type: none"> • Every school setting has a named lead within CAMHS • Increased confidence in staff to support mental health • Increase in appropriate referrals to Specialist services • Improvement in the Health and well-being questionnaire (Public Health)

Crisis services	<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"> 90% of crisis referrals being responded to within 4 hours Reduction in number of CYP presenting at Emergency Departments in crisis Reduction in number of CYP presenting with self-harm Reduction in number of CYP requiring an inpatient bed Increase in the number of training sessions offered to acute and paediatric staff Increase in confidence of acute and paediatric staff in supporting mental health Improvement in satisfaction levels of CYP and families Reduction in length of stay Increase in activity of crisis interventions delivered in the community
Parent/Carer support	<ul style="list-style-type: none"> Improved access for parent/cares to assessment and better signposting. 	<ul style="list-style-type: none"> Up to 4 CAMHS parent support groups to be delivered this year 100 parent carer assessments to be conducted per year Increased parent carer/family satisfaction CYP IAPT training by HPFT in parenting
Service Re-design	<ul style="list-style-type: none"> Increase capacity for service re-design to implement service transformation (strategic planning manager). Implementation of the Thrive model A model based on needs Mental health promotion and well-being 	<ul style="list-style-type: none"> Successful implementation of i-THRIVE through the accelerator programme Increase in provider collaboration and multi-agency working
Develop local parent/perinatal mental health support programme	<ul style="list-style-type: none"> Establish a multi agency pathway to enable future commissioning of perinatal mental health services 	<ul style="list-style-type: none"> Establish commissioning intentions to deliver the identified pathway
Workforce Development	<ul style="list-style-type: none"> Mental health awareness and resilience training for front line health, education and social care staff Improved clinical outcomes for Children and Young People Improvement in SDQ scores for LAC in CAMHS 	<ul style="list-style-type: none"> % Number of workforce accessing MH training % of participants reporting they feel better equipped to support the mental health needs of children and young people
New referral and primary diagnostic pathway for neuro development	<ul style="list-style-type: none"> Establish a multi agency pathway to inform future commissioning for neuro development 	<ul style="list-style-type: none"> Establish commissioning intentions to deliver the identified pathway
Develop local services for vulnerable groups and/or those with complex needs	<ul style="list-style-type: none"> Improved access for vulnerable Children and Young People to evidence based Mental Health support Improved access for parents to evidence-based programmes of intervention and support to strengthen 	<ul style="list-style-type: none"> 75% of children in need have access to CAMHS targeted support team within 14 days 10% reduction in tertiary referrals in the first year

	attachment between parent and child, avoid early trauma, build resilience and improve behaviour. Reduction in out of county spends for specialised provision.	
Develop local feeding clinic	<ul style="list-style-type: none"> Increased CYP access to feeding clinics 	<ul style="list-style-type: none"> Number of patients seen in the new feeding clinic.

9. Equality and health inequalities

- 9.1 Promoting equality and addressing health inequalities are at the heart of the Hertfordshire CCG values. Throughout the development 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.
- 9.2 An initial Equalities Impact Assessment (EQIA) has been completed and will be 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.
- 9.3 The EQIA is based upon the comprehensive assessment of the mental health needs of children and young people in Hertfordshire, May 2015 (**Appendix 2**). This assessment draw 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 reviews, and inspectorate reports.
- 9.4 Hertfordshire has one of the highest numbers of children and young people aged under 18 in England (252,831). 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.

- 9.5 There is evidence of a general increase in Tier 2 demand in Hertfordshire. Tier 2 services (including school counselling) only currently reach about 10% of estimated need in that tier. Tier 2 services have good satisfaction rates with children, young people, parents and professionals and low non-attendance rates.
- 9.6 Rates of looked after children (per 100,000) are lower in Hertfordshire than in comparison to East of England or nationally. However, referral to CAMHS of looked after children increased by 150% between 2012-13 and 2013-14. Looked after children also have a higher chance of being excluded from school.
- 9.7 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.
- 9.8 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
- 9.9 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.

Conclusion

NHS England and local commissioners work collaboratively in the Midlands and East Region to ensure that there is an understanding about needs of young people from all commissioning perspectives. This work includes the need to address local issues that influence admissions to and length of stay within CAMHs inpatient services. Midlands and East Region Specialised Commissioning teams have positive relationships with local commissioners and this is a significant determinant to ensure that local pathways work effectively to provide a whole system approach. The work undertaken with local commissioners as part of the transformation plans has aimed to ensure that the right services are in the right place, accessed at the right time and based on local population need. Through the transformation plans all opportunities for collaborative commissioning have been explored.

Hertfordshire is committed to giving children and young people the best start, to keeping them safe and helping their mental health and resilience. Through local leadership and ownership we are working towards a vision in which 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 covers the whole spectrum of services for children and young people's mental health and wellbeing from health promotion and prevention work, to support and interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services.