Herefordshire Council

Agenda

Children and young people scrutiny committee

Date: **Monday 4 December 2017**

Time: **10.15 am**

Place: **Committee Room 1 - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX**

Notes: Please note the time, date and venue of the meeting.

For any further information please contact:

Matthew Evans, Democratic Services Officer
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If you would like help to understand this document, or would like it in another format, please call Matthew Evans, Democratic Services Officer on 01432 383690 or e-mail matthew.evans@herefordshire.gov.uk in advance of the meeting.

Agenda for the meeting of the Children and young people scrutiny committee

Membership

Chairman	**Councillor CA Gandy**
Vice-Chairman	**Councillor FM Norman**
	Councillor JA Hyde
	Councillor JF Johnson
	Councillor MD Lloyd-Hayes
	Councillor MT McEvilly
	Councillor A Seldon

Co-opted Members

Mr P Burbidge	Archdiocese of Cardiff
Mrs A Fisher	Parent Governor Representative: Primary Schools
Mr A James	Parent Governor Representative
Mr P Sell	The Diocese of Hereford

Agenda

Pages

1. APOLOGIES FOR ABSENCE

To receive apologies for absence

2. NAMED SUBSTITUTES

To receive details of members nominated to attend the meeting in place of a member of the committee.

3. DECLARATIONS OF INTEREST

To receive any declarations of interest from members in respect of items on the agenda.

4. MINUTES 5 - 10

To approve and sign the minutes of the meeting on 2 October 2017.

5. QUESTIONS FROM MEMBERS OF THE PUBLIC

To receive any written questions from members of the public.

Deadline for receipt of questions is 5:00pm on Wednesday 29 November.

Accepted questions will be published as a supplement prior to the meeting.

Please submit questions to: councillorservices@herefordshire.gov.uk.

6. QUESTIONS FROM MEMBERS OF THE COUNCIL

To receive any written questions from members of the council.

Deadline for receipt of questions is 5:00pm on Wednesday 29 November.

Accepted questions will be published as a supplement prior to the meeting.

Please submit questions to: councillorservices@herefordshire.gov.uk.

7. CHILDREN AND YOUNG PEOPLE MENTAL HEALTH PARTNERSHIP 11 - 178

To receive a presentation from the Clinical Commissioning Group's children and young people mental health partnership including a response to the recommendations arising from the task and finish group on Mental Health Services for Children and Young People.

8. CHILDREN'S WELLBEING SELF-ASSESSMENT 2017 - UPDATE 179 - 228

To consider if the children's wellbeing self-assessment provides the necessary assurance for the committee. In addition to make any comments and recommendations to enable the self-assessment to be developed further.

9. WORK PROGRAMME REVIEW 229 - 232

To review the attached work programme for 2017/18.

10. DATE OF NEXT MEETING

To note the date of the next meeting on Monday 5 February at 2.00 p.m. This is a rearranged meeting date from the original meeting date of 22 January.

Herefordshire Council

Minutes of the meeting of Children and young people scrutiny committee held at The Council Chamber - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Monday 2 October 2017 at 10.15 am

Present: **Councillor CA Gandy (Chairman)**
Councillor FM Norman (Vice-Chairman)

Councillors: JA Hyde, Mr James (Co-optee Member), JF Johnson, MD Lloyd-Hayes, MT McEvilly and D Summers.

In attendance: **Sally Halls, Independent Chair Herefordshire Safeguarding Children's Board**
Hazel Braund, Director of Operations at Wye Valley Clinical Commissioning Group

Officers: **Chris Baird, interim Director Children's Wellbeing**
Adam Scott, Assistant Director Safeguarding and Early Help
Lindsay MacHardy, Public Health Specialist

9. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor A Seldon.

10. NAMED SUBSTITUTES

Councillor D Summers attended as a substitute for Councillor A Seldon.

11. DECLARATIONS OF INTEREST

The following members of the committee declared non-pecuniary interests in: Item 5 - Commissioning intentions for universal and early help services for children, young people and families; Item 6 – Herefordshire Safeguarding Children's Board annual report 2016/17; Item 7 – Outcomes of casework peer review; and Item 8 – Children's wellbeing self-assessment:

Councillor Hyde as the support team member (looked after children), the chairman of the corporate parenting panel and a member of the fostering panel.

Councillor Norman as a member of the corporate parenting panel.

12. MINUTES

Resolved: that the minutes of the meeting held on 5 July 2017 be approved as a correct record and signed by the chairman.

13. COMMISSIONING INTENTIONS FOR UNIVERSAL AND EARLY HELP SERVICES FOR CHILDREN, YOUNG PEOPLE AND FAMILIES

The committee considered a report from the cabinet member health and wellbeing and the cabinet member young people and children's wellbeing concerning procurement of universal and early help services for children, young people and families. The report was introduced by Lindsay MacHardy, public health specialist, who advised the committee that the proposal contained in the report placed the family and child at the heart of the commissioning exercise. The commissioning exercise would enable further integration of the approach for early help and public health nursing services.

Hazel Braund, Director of Operations at Wye Valley Clinical Commissioning Group (CCG) spoke on behalf of the CCG and raised concerns regarding the procurement exercise. It was not felt that the proposal took account of safeguarding issues and no discussion with the safeguarding board had taken place. The principles of the commissioning exercise were supported but there was disappointment that the CCG had only been made aware of the proposals at a late stage and without sufficient detail on which to base a proper assessment. It was a significant paper that the committee was being asked to consider, proposing a very different model of operation to existing arrangements. There was concern that without an understanding of existing models it would be a challenge to scrutinise effectively the new arrangements proposed in the report.

Chris Baird, interim director for children's wellbeing, said that the early help strategy had been to the Herefordshire Safeguarding Board (HSCB) and the board had considered the approach in Herefordshire. Commissioners and providers of children's services had to ensure that the service had appropriate safeguarding in place and followed the HSCB's procedures.

The committee made the comments below during the debate:

- Concern regarding a lack of consideration of safeguarding issues in the proposals and the reported lack of engagement with the safeguarding board.
- Concern regarding the reported lack of consultation with the CCG.
- The redesign survey report attached to the draft cabinet report demonstrated that there was a lack of awareness of WISH in the local community. Very few respondents accessed the site for guidance and advice. Further work was required to raise the profile of the service and ensure that it was accessed more readily by the community.
- There was not felt to be a sufficient level of evidence in the report to provide assurance that the contracts currently in place were providing value for money and effective service. However the committee was content to support the extension of the family befriending services, proposed in the draft cabinet report contracts up to March 2018 with Vennture and Homestart to ensure a consistency of service during the current year.
- The committee required further detail of the services that would be procured in order to undertake effective scrutiny of the proposal. The draft cabinet report was not clear about tangible outcomes and quantifiable results sought through the procurement. The committee was unable to assess the terms of the proposed

commissioning exercise to determine if it could realistically achieve its stated aims. The report in its current state did not contain enough detail to enable effective scrutiny The outcomes sought through the commissioning exercise needed to be defined clearly and any targets which providers would be required to meet. The committee requested sight of the contract specification informing the commissioning exercise and to be circulated to potential bidders.

- There was concern regarding the provision of services within rural areas of the county. It was recognised that the report referred to the issue of rurality but more detail was required to show how services would be delivered across rural areas. The use of internet based services to deliver services across rural areas was noted but it was felt that in areas where broadband provision was limited this was not an effective solution. The notion that access to services would be facilitated through text messaging was also undermined by the paucity of mobile telephone signals in certain areas of the county.
- Access to services in market towns would be compromised by the limitation of public transportation from rural areas.
- The use of local facilities to support provision of services such as church halls was supported but there was doubt regarding the ability of local communities to sustain such services.
- It was felt that the commissioning intentions needed to include greater detail on proposals for the provision of services from rural areas and how the resilience of those services would be ensured.
- The committee supported the principles of early intervention contained in the proposal and the contribution this made to a general focus on prevention.
- The committee felt that the cabinet members responsible for presenting the decision to cabinet should be informed of the significant concerns raised.
- The committee queried what action would follow the submission of its concerns to the cabinet members; it was requested that the contract specification be circulated to members of the committee for assurance, ahead of the proposed decision by cabinet.

The motion outlined below was proposed by Councillor Lloyd-Hayes and seconded by Councillor Summers. The motion was carried unanimously.

Resolved - That the committee:

1) supports the extension of the family befriending services contracts with the existing providers to the end of March 2018;

2) has significant concerns about the commissioning exercise proposed. The cabinet members for health and wellbeing and young people and children's wellbeing are asked to have regard to the committee's concerns, particularly:

    - The reported lack of consultation concerning safeguarding arrangements and engagement with the Herefordshire Safeguarding Children's Board;
    - The provision of services in rural areas;
    - The requirement for additional detail in the report, in particular the contract specification ; and
    - A reported lack of communication with the CCG.

3) requests that, before a decision is taken on the proposal, the cabinet members share additional information with the committee, including the contract specification.

There was a brief adjournment from 11.25 a.m. – 11.34 a.m.

14. HEREFORDSHIRE SAFEGUARDING CHILDREN'S BOARD (HSCB) ANNUAL REPORT 2016/17 AND BUSINESS PLAN 2017/19

The committee received a report concerning the annual report of the Herefordshire Safeguarding Children's Board (HSCB) for 2016/17 and the business plan covering 2017/19. The report was introduced by Sally Halls, Independent Chair of the HSCB who explained to the committee the priorities that had informed the work of the Board during the previous year. The priorities consisted of child sexual exploitation, child protection, neglect and early help. In the current year the Board continued to focus on these areas and assess the rates of looked after children in Herefordshire.

The committee made the following points in the discussion that followed:

- If the committee would have the opportunity to see the neglect assessment tool or to have a demonstration of the facility. *The Board would be receiving a presentation from the NSPCC shortly on the use of the tool and if appropriate there would be consideration of how to make it available on the Board's website.*
- A summary of the work of the child death overview panel was requested. *The panel was a multi-professional body which examined the deaths of all children under 18 in Herefordshire, which include deaths due to medical conditions.*
- There was concern that very few referrals to the Local Authority Designated Officer (LADO) were forthcoming from certain agencies. *It was explained that the LADO dealt with very specific referrals regarding perceived conduct.*
- The location of the Emergency Duty Team at Worcester for emergency out of hours social work services was questioned and whether it would be desirable to locate the service in-county. *It was confirmed that the service was contracted jointly with Worcestershire County Council and was based in Worcester. The service was currently under review but was deemed to be effective. Providing a distinct service in Herefordshire would be much less cost effective given the volume of work.*
- Clarification was requested regarding the totals in the diagram showing totals for: children in need; with child protection plans; and in care. The high number of children in care was raised. *It was confirmed that each of the totals was a separate figure and that the high number of children in care was attributable to difficulties in removing children from care. There had been a reduction in the number of children being admitted to care. The chair of the HSCB agreed that the diagram would be would be changed.*
- It was suggested that the Board could publicise its activities to local parish councils and the details of the parish liaison officer at the Council would be shared with the Board.

A motion was proposed by Councillor JF Johnson and seconded by Councillor MD Lloyd-Hayes to note the report and the strategic priorities of the Board. The motion was carried by a unanimous vote.

Resolved – that:

a) **The annual report and effectiveness of the safeguarding arrangements for children and young people in Herefordshire as assessed by the Board are noted; and**
b) **The strategic priorities identified by the Board are noted.**

15. OUTCOMES OF CASEWORK PEER REVIEW

The committee received a report concerning the outcomes and recommendations of the casework peer review in June 2017. The report was introduced by Chris Baird, interim Director of Children's Wellbeing, who advised the committee that the review formed part of the improvement work being undertaken in Children's Wellbeing and further reviews were scheduled in September and spring 2018. Mr Baird provided a summary of the presentation from the LGA Peers outlining the outcomes and recommendations from the review.

The committee discussed the following points during the debate:

- A further review of some cases had taken place in September and an update on any outcomes currently known was requested. *The review in September had concerned a smaller sample of cases and the resulting themes had been broadly similar to the earlier review. Generally good outcomes were identified and the teams were effective however some work was required on making improvements to process and practice.*
- It was recognised that the outcomes of the review in June had been positive and the teams in the service should be congratulated.
- The need for improvement in some processes was also recognised including better record-keeping. This was felt to be a very important area for the service to improve to ensure complete records were in place.
- The committee queried the focus on reducing the level of looked after children and how this would operate in practice. *It was explained that a change in culture was required. The notion that children were safe in care and should therefore remain in such circumstances throughout their childhood was in some cases being reviewed to see how best to meet the child's need.*

Resolved – that the committee notes the report and offers congratulations to the teams involved in the review for the positive feedback received.

16. CHILDREN'S WELLBEING SELF-ASSESSMENT

The committee received a report concerning the development of the Children's and Wellbeing Directorate's draft self-assessment in readiness to participate in the peer challenge among authorities in the West Midlands. The report was introduced by Adam Scott, assistant director safeguarding and early help, who advised the committee that the process to produce a self-assessment was now a national requirement and heads of service within the Directorate would be adding to the draft document to be finalised later in the autumn. The outcomes of the recent reviews would be included in the self-assessment and when finalised, the document would be subject to the Ofsted inspection exercise.

The committee made the points below in the discussion that followed:

- The difficulties involved in the recruitment of staff with experience. *It was confirmed that a new HR representative was currently developing a recruitment*

strategy to assist in the hiring of experienced staff. However recruitment to middle management positions had been a success.

- It was queried whether the target completion dates in September 2017 in the improvement plan had been achieved. *It was confirmed that the tasks had been completed with the exception of the case load target which had been readjusted to a later date.*
- Training for teachers in respect of mental health issues. *It was confirmed that this was a topic that could be explored at the December meeting of the committee when mental health was an item on the agenda.*

A motion was proposed by Councillor McEvilly and seconded by Councillor Hyde to note the report. The motion was carried.

Resolved – that the notes the draft self-assessment document for the Children's Wellbeing Directorate.

17. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions were received from members of the public.

18. QUESTIONS FROM MEMBERS OF THE COUNCIL

No questions were received from members of the council.

19. WORK PROGRAMME REVIEW

The committee received and noted its work programme. The following updates were provided:

- At the meeting on 4 December 2017 there would be a presentation from Children and young people Mental Health Partnership;
- In Mid December there would be an LGA Children's scrutiny training session; and
- At the meeting on 22 January 2018 the committee would consider the draft Autism Strategy.

20. DATE OF NEXT MEETING

The next meeting of the committee was scheduled for Monday 4 December at 10.15 a.m.

The meeting ended at 12.57 pm **Chairman**

Herefordshire Council

Meeting:	**Children and young people scrutiny committee**
Meeting date:	**4 December 2017**
Title of report:	**Children and young people Mental Health Partnership**
Report by:	**Democratic Services**

Classification

Open

Key decision

This is not an executive decision.

Wards affected

Countywide

Purpose

To receive a presentation from the Clinical Commissioning Group's (CCG) children and young people mental health partnership and a response from the CCG to the recommendations arising from the task and finish group on Mental Health Services for Children and Young People.

Recommendation(s)

THAT:

(a) the committee receives the presentation from the Clinical Commissioing Group's (CCG) Children and Young People Mental Health Partnership and provides comments and queries on the work of the parternship ; and

(b) the committee considers and provides comment on the actions proposed by the CCG in response to the recommendations of the Children's Mental Health task and finish group.

Alternative options

None. It is open to the committee to review the report and determine whether it wishes to make any recommendations.

Reasons for recommendations

The committee is responsible for statutory health scrutiny powers including the review and scrutiny of any matter relating to the planning, provision and operation of health services for children and young people and to make reports and recommendations on these matters. This report and its recommendation enable the committee to fulfil its function.

Key considerations

1 The CCG's children and young people mental health partnership is a partnership group made up of local organisations with an interest in and responsibility for the provision of mental health services for children and young people. The committee will receive the presentation in appendix 1 which sets out the role and work of the partnership.

2 In April 2017 a scrutiny task and finish group (T&FG), which focused on the provision of mental health services for children and young people in Herefordshire, reported its conclusions and recommedantions to the then Health and Social Care Overview and Scrutiny Committee. The final report of the T&FG is attached as appendix 2.

3 The outcomes of the T&FG were considered by the executive at Herefordshire council and its response is provided as appendix 3. The response identifies Herefordshire CCG as the lead commissioning agency for children's mental health issues and provides detail of those areas where the council is undertaking actions that will assist in responses to the recommendations.

4 Following the response of the executive, the Chairman of the Children and Young People Scrutiny Committee (which took over responsibility for the scrutiny of children's health services following the disbandment of the Health and Social Care Overview and Scrutiny Committee) wrote to the the Accountable Officer at NHS Herefordshire CCG, on 30 October, to request a a response to the recommendations of the T&FG. A copy of this letter is contained in appendix 4. The response from the CCG is contained in appendix 5. The CYP MH transformation plan of the CCG is also attached at appendix 6 as background.

Community impact

5 The committee's considerations should have regard to what matters to residents of Herefordshire. Further consideration should be paid to how the work undertaken by the council, which complements those propsals forming the response of the CCG, will impact upon local residents and the communities in which they live.

Equality duty

6 The committee's considerations must have regard to equality issues in view of the public sector equality "general duty" to:

- eliminate discrimination, harassment, victimisation and any other conduct ... prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected

characteristic and persons who do not share it.

7 The public sector equality duty (specific duty) requires the council to consider how it can positively contribute to the advancement of equality and good relations, and demonstrate that it is paying 'due regard' in decision making for the design of policies and the delivery of services.

Financial implications

8 There are no direct financial implications arising from this report. The cost of any resulting committee work will be subject to assessment and expected to be met within existing resources.

Legal implications

9 The council is required to deliver a scrutiny function. The council is under a legal duty to provide an overview and scrutiny function in accordance with Section 9 of the Local Government Act 2000.

10 The remit of scrutiny committees is set out in Part 3 Section 4 of the constitution. Paragraph 2.6.7 provides that scrutiny committees have the power to scrutinise the services provided by organisations outside the council eg NHS services, under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

11 Scrutiny functions are outlined in Part 3 Section 4 paragraph 3.4.1 of the constitution, including at paragraph 3.4.2(g) the power to review and scrutinise any matter relating to the planning, provision and operation of the health service in its area and make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised or to be consulted by a relevant NHS body or health service provider in accordance with the Regulations (2013/218) as amended. In this regard health service includes services designed to secure improvement —

(i) in the physical and mental health of the people of England,

(ii) in the prevention, diagnosis and treatment of physical and mental illness

(iii) And any services provided in pursuance of arrangements under section 75 in relation to the exercise of health-related functions of a local authority.

Risk management

12 There is a reputational risk to the council if the scrutiny function does not operate effectively. Detail regarding the risk management implications arising from the proposal is set out in the attached draft report.

Consultees

13 None in relation to the recommendations.

Appendices

Appendix 1 – Presentation relating to the Children and Young People Mental Health Partnership

Appendix 2 – Report of scrutiny T&FG on the provision of mental health services for children and young people in Herefordshire

Appendix 3 – Response of Herefordshire Council's executive to the T&FG report

Appendix 4 – Correspondence from Chairman of Children and Young People's Scrutiny Committee to the CCG

Appendix 5 – Response of NHS Herefordshire CCG to the T&FG recommendations

Appendix 6 – CYP MH Transformation Plan (refreshed 2017) – CCG

Background papers

None identified.

NHS
Herefordshire
Clinical Commissioning Group

Children and Young People Mental Health Partnership

Jade Brooks
Deputy Director of Operations,
Herefordshire Clinical Commissioning Group

Kaye Berry
Chief Executive Officer
The CLD Trust

Katherine Smith
Service Delivery Manager, Hereford CAMHS
2gether NHS Foundation Trust

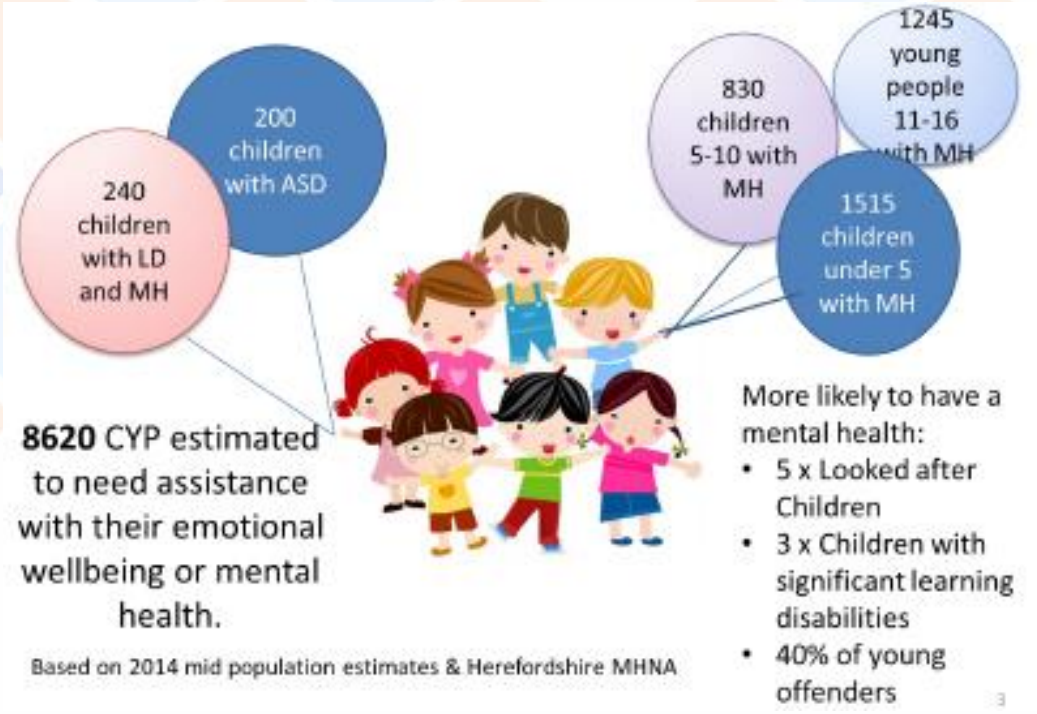
Headlines

- **1 in 10** children in this country has a diagnosable mental health condition.
- **20%** of adolescents may experience a mental health problem in any given year.
- **50%** of mental health problems are established by age 14 and **75%** by age 24.
- The long-term effects can be crippling:
  children with behavioural disorders are **4 times** more likely to be dependent on drugs, **6 times** more likely to die before the age of 30, and **20 times** more likely to end up in prison.

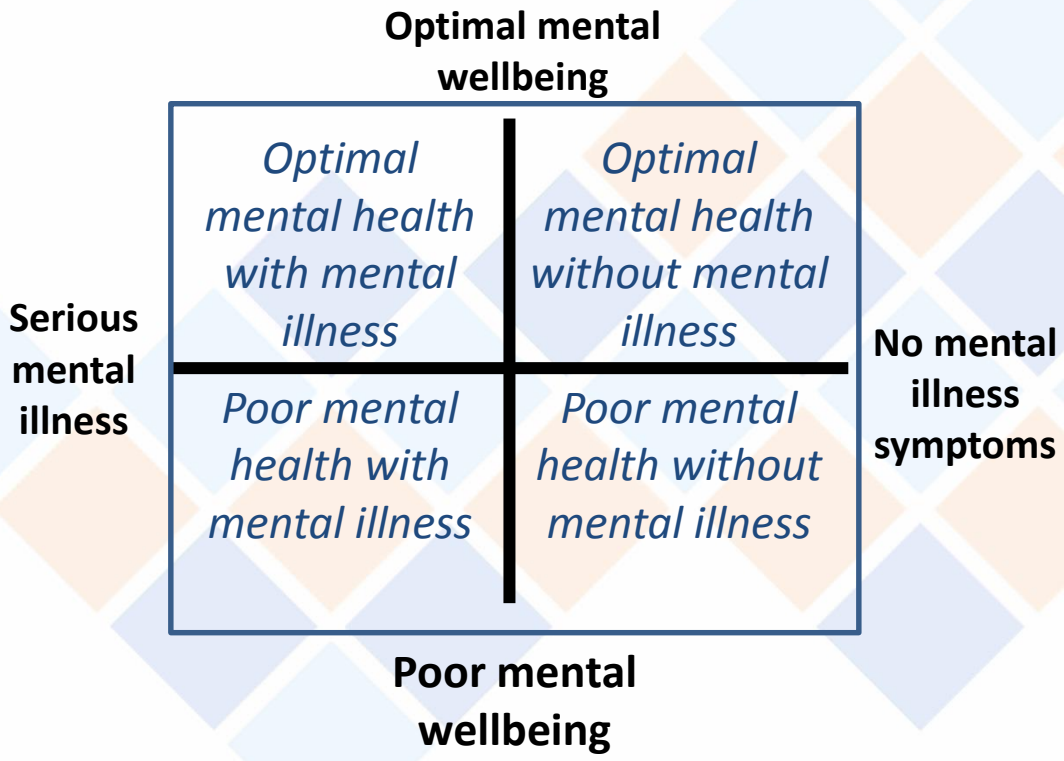
Local

If one in ten children in this country has a diagnosable mental health condition, that's **3,170** under 16 year olds

If add the number of children and young people with poor emotional resilience, this is estimated to increase to **8,620** children and young people.



Mental Health



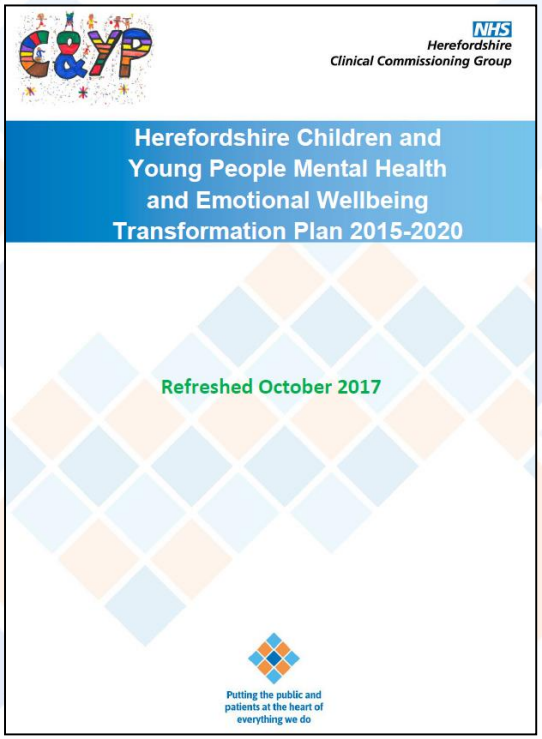
Good mental health support for children and young people is characterised by:

- Early identification of mental health needs
- Access to assessment and treatment in a timely manner
- Supports the person with self-management and recovery
- Recognition of the role of the family and carers

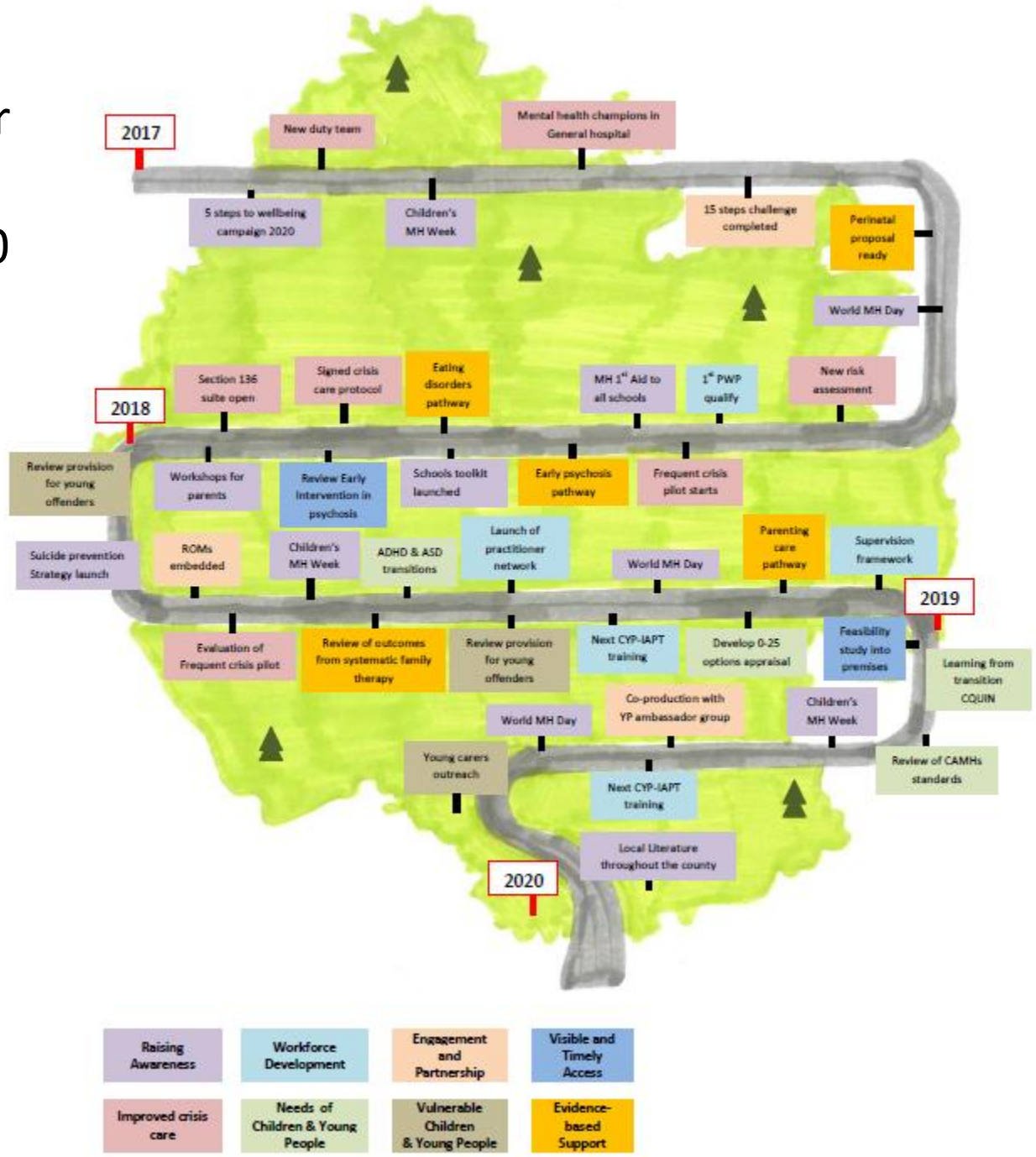
Strategy

Under the **Children and Young People's Partnership** for the county, there is a **Children and Young People's Mental Health Partnership.**

Every year, a plan is refreshed that outlines the developments and improvements to mental health provision for children and young people.



This is our roadmap until 2020



NHS
Herefordshire
Clinical Commissioning Group

Raising Awareness

1. **Strong Young Minds** - one to one support, advocacy, guidance and information for young people, with workshops available to schools.
2. **Children's Mental Health Week** – involvement by all agencies to share messages to the public.
3. **Five steps to wellbeing** - we are using this as the key part of our campaigns
4. **Whole School toolkit** – in pilot phase but designed to support schools

Children's Mental Health Week 2018

Workforce Development

The Partnership has developed a workforce plan. This includes raising awareness across the workforce, accessing specialist professional training and planning for the future workforce demand.

The County is part of a national programme to increase the skills of local staff with evidence-based therapies. This is supporting ‘growing our own’ and workforce retention.

Case Study

New approach to offering CAMHS training to make best use of local expertise:

- An organisation 'hosts' the training (venue, invites etc.)
- CAMHS team will work with the host to devise an agenda and deliver training according to the local identified need, e.g. eating disorders, self-harm.
- Signposting to other sources of training such as online resources.

Case Study

100% of respondents agreed that the training informed their attitude and/or approach to young people who self-harm.

What was most useful about the training?

- *Learning about the different ways staff dealt with issues and gaining a better understanding of the scale and nature of the issue.*
- *The open and informal chat which involved the whole group.*
- *Understanding motivations, equipping us with appropriate responses*
- *It was very informative*
- *Imparting knowledge from 'the front line'*
- *Reassurance that our responses are correct*

Engagement and Partnership

The CLD Trust lead the work on young people's engagement:

Young people of all ages have been recruited from a range of communities to become Strong Young Minds Champions participating in the development of the service; involved in planning activities; and events focused on reducing mental health stigma for young people.

Wellbeing Ambassadors are young people, between the ages of 10 and 24, who volunteer to help improve mental health services for other young people in Herefordshire.

This approach has reach in the region of 3000 children and young people.

Broadcasting far and wide

Wellbeing Ambassadors were shortlisted in the Youth Champion category of the Herefordshire Community Champion Awards.

BBC learning programme which tells one of the Strong Young Minds champions story has won a regional television award.

Hay Festival 2017

One of the films made by Strong Young Minds champions with Fixers is being screened on TV in December.

Crucial Crew 2017

'The Me I Can Be' Campaign

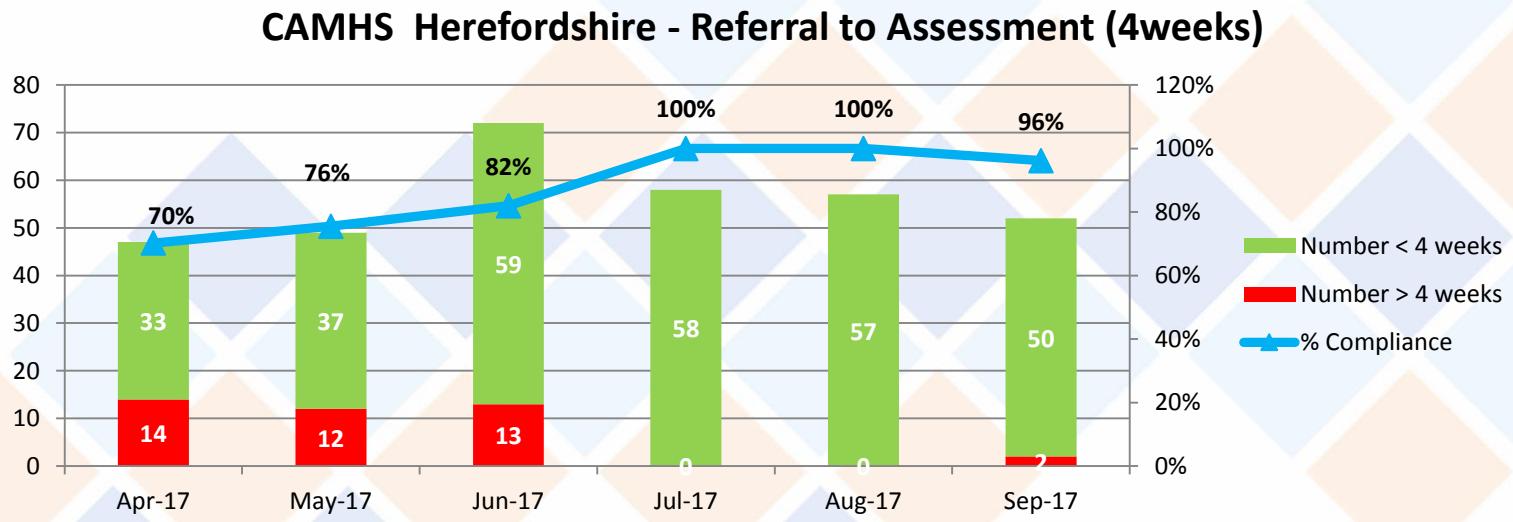
This initiative was launched to encourage young people to recognise their qualities, set goals and aspirations to improve their self-esteem.

Visible and Timely Access

Talk to CAMHS pre-referral - new Duty Workers available to offer **advice and signposting** via telephone

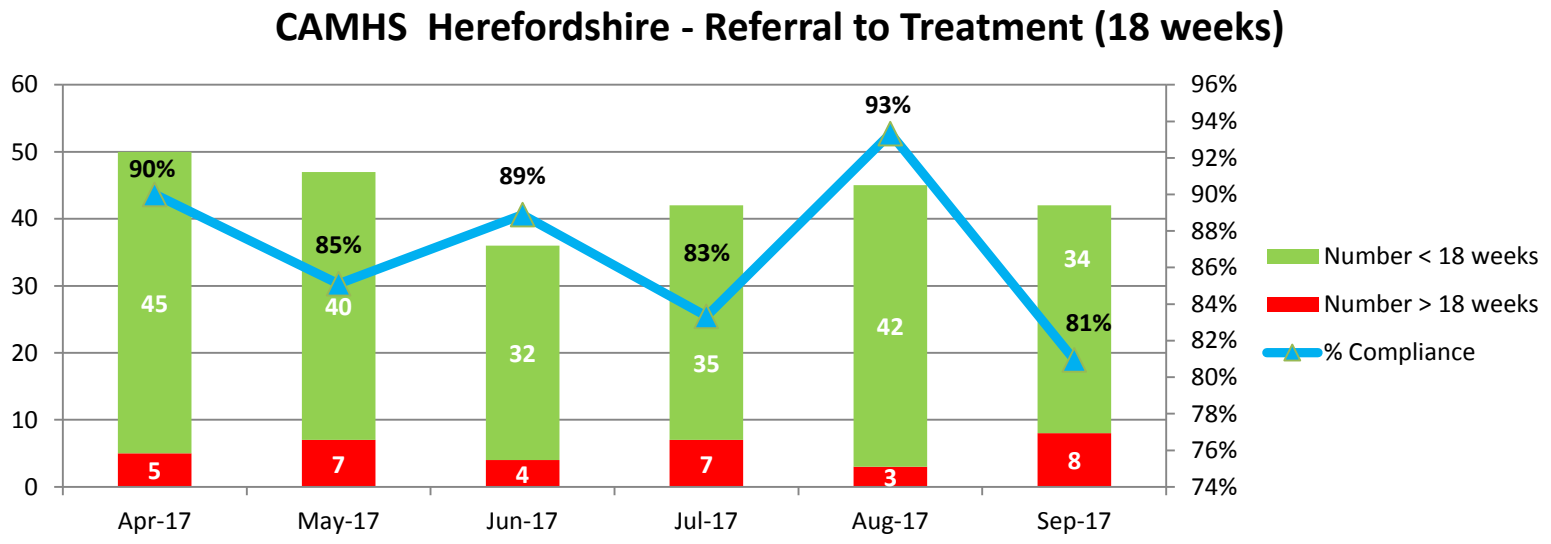
Waiting times for referral to assessment and referral to treatment are good. This reflects significant work on pathways and processes as well as communication with stakeholders.

Visible and Timely Access



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Number > 4 weeks	14	12	13	0	0	2
Number < 4 weeks	33	37	59	58	57	50
% Compliance	70%	76%	82%	100%	100%	96%
Total	47	49	72	58	57	52

Visible and Timely Access



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Number > 18 weeks	5	7	4	7	3	8
Number < 18 weeks	45	40	32	35	42	34
% Compliance	90%	85%	89%	83%	93%	81%
Total	50	47	36	42	45	42

Case Study

Telephone conversation with school regarding a young person that they had increasing concerns about, particularly around presenting low mood and increasing self-harming behaviours. School advised to put in a referral and the young person was seen within the week for a duty choice appointment.

Improve Crisis Care

We have extended the availability of CAMHs assessments.

We are developing a Section 136 Place of Safety, suitable for young people as well as adults.

We have developed improved links across the system to support young people in crisis.

Vulnerable Children and Young People

We recognise that some children and young people are more at risk of poor mental health than others.

- We are exploring improvements for young people known to the Youth Offending Service.
- Herefordshire Council commissions a therapeutic fostering service.
- Partners in the voluntary sector are supporting children experiencing family members with lifelong illnesses, young carers.

Needs of Children and Young People

We are exploring the opportunities (stakeholders views and the evidence) surrounding services for 0-25 years old.

The Partnership is helping improve joint working between organisations.

2gether NHS Foundation Trust are working on improving transitions for young people.

Evidence-based Support

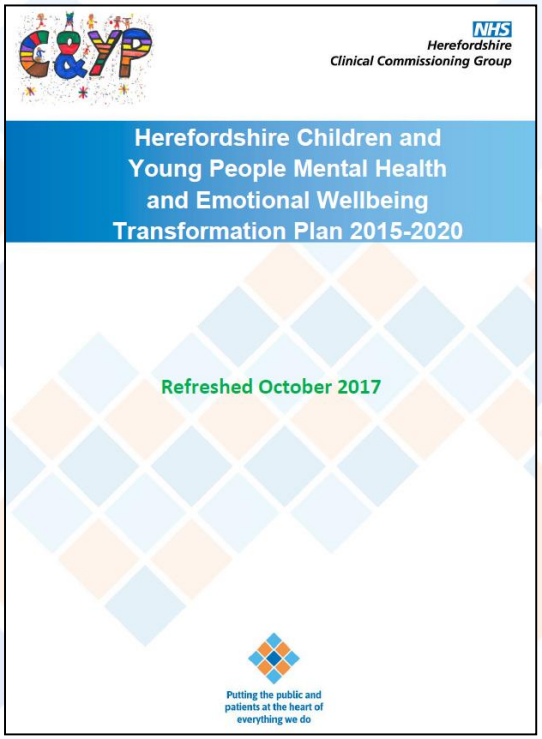
The Partnership is clear on local gaps in provision and looking at ways of addressing them:

- We are supporting the development of a perinatal mental health service for the county. This is being led by the System Transformation Partnership, mental health priority.
- We have improved provision for young people with eating disorders, with pathways for urgent and routine help.

2018 -2020

This presentation provides illustrations of the partnership approach that is recorded in the Strategy (appendix 6).

Actions recommended from the Scrutiny Task and Finish Working group have been incorporated into this document, in addition to the response by the CCG (appendix 5).



Task & Finish Group Report

Review of provision of mental health services for children and young people in Herefordshire

April 2017

APPENDIX 2

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Review of provision of mental health services for children and young people in Herefordshire

Chairman's Foreword

The Health and Social Care Overview and Scrutiny Committee asked me to form a task and finish group to undertake a review of the mental health support services available to children and young people in Herefordshire.

The members of the group, with the invaluable support of officers, have consulted as far and as wide as possible within the available timescale. We have emphasised that we are not conducting an inspection or reviewing the use of resources, whether they be financial or people; we were listening to their views and attempting to understand the strengths and weaknesses of the services prior to making recommendations for further areas of work.

We would like to place on record our thanks to all who contributed. We found everyone we met to be committed to giving children and young people a great start in life, willing and able to share their knowledge and thoughts and perhaps most encouragingly willing to discuss openly areas that could be improved.

We particularly appreciate the input of the wellbeing ambassadors, who gave us their invaluable insights.

I would like to offer my own personal thanks to all who contributed to and supported the work of the group for their professionalism, dedication, hard work, and good humour. I am especially indebted to Ruth Goldwater who worked tirelessly to arrange and attend meetings, develop draft papers and keep order!

I must also thank my fellow group members: Cllr Felicity Norman; Cllr Pauline Crockett, Cllr David Summers and Cllr Marcelle Lloyd-Hayes, for their enthusiasm, intelligent questioning and general input.

Councillor Graham Powell, April 2017
Chairman of the Task and Finish Group

APPENDIX 2

1 Executive Summary

1.1 The task and finish group has considered a significant amount of evidence and this report necessarily summarises our findings and focuses on those matters identified for review in the scoping statement for the review.

1.2 The task and finish group interviewed professionals who have contact with children and young people, practitioners, commissioners and service users, to better understand how the plans and commissioning strategies were aligned in practice and whether they combined to deliver the stated corporate objective of providing support and access to children and young people who have emotional or mental health issues in a timely manner.

1.3 There is agreement in the group that the summary of our findings are a true reflection of our research and discussions and that these should be condensed into 6 recommendations. The recommendations focus on:

1. Information and support
2. Tier 1 and Tier 2
3. Tiers 3, 4, 3.5 and inpatient care
4. Accommodation
5. Mental health needs assessment
6. Perinatal and under 5s care

1.4 These recommendations are intended to be a stepping stone to further work that looks at ways in which service provision could be improved over the next 2 to 3 years.

1.5 The group recognises that the services and the relationships between commissioners, practitioners and professionals has improved over the past 2 years and these improvements should be recognised and used as a foundation for the future.

2. Composition of the Task and Finish Group

2.1 Members of the task and finish group were:

Councillor Graham Powell (chairman)
Councillor Pauline Crockett
Councillor David Summers
Councillor Marcelle Lloyd-Hayes
Councillor Felicity Norman

2.2 Lead directorate officer – Richard Watson

2.3 Democratic services officer – Ruth Goldwater

3 Context

Why did we set up the group?

3.1 The Herefordshire Council Corporate Plan 2016-2020 states that we will make improvements so that the children and young people that require support with their mental health or emotional resilience are identified and supported to access help in a timely manner.

3.2 The task and finish group was commissioned by the health and social care overview and scrutiny committee to review mental health services across Herefordshire in the context of that commitment.

What were we looking at?

3.3 The group considered and adopted a scoping statement, which is attached as Appendix 1.

Who did we speak to?

3.4 During February and March 2017, the group convened meetings and visits to gather as much background information and seek as many views as possible within the timescale. In doing this, the group spoke to the following people:

- Commissioners
- Leadership from within service providers
- Practitioners within mental health service providers
- Practitioners from various disciplines who worked with children and young people
- Service users, through the wellbeing ambassadors

What did we read?

3.5 The group looked at background information to undertake this review. The documents that were used to inform the work were:

- Herefordshire Children and Young People's Plan 2015-18
- Mental health and wellbeing transformation plan 2015-20 (NHS Herefordshire CCG)
- Public Health report: The mental health of children and young people in England 2016
- Mental health needs assessment March 2015 (NHS Herefordshire CCG)

What did we ask?

3.6 Our line of enquiry was to establish whether or not the published plans could be reasonably expected to deliver the corporate objective.

3.7 We wanted to know more about the views and experiences that people had of mental health service provision. It was important to consider the various perspectives of service providers, practitioners who worked with children and young people who may have a need for mental healthcare support, and of children and young people who had accessed a service.

3.8 Professionals from a variety of disciplines were given an initial brief in advance of interviews, based on the following:

- What resources, where appropriate, do you have within your team to promote emotional resilience and to respond to concerns, e.g., skill-set of colleagues?
- What is your experience of making referrals to mental health professionals, e.g. ease of access and clarity of pathway?
- What impact/outcomes do you see where a child or young person has accessed mental health support?
- What works well?
- What could be done better?

3.9 Providers were asked to describe their services, including the operating environment, identifying any key developments to the service, and how budgetary and other challenges were met.

3.10 Young people were asked to describe their experiences of services and to suggest changes that would have improved that experience.

What did we find from our research?

3.11 In 2014 it was estimated that 8,635 children and young people in Herefordshire require support with their mental health or emotional resilience.

3.12 The Herefordshire Children and Young People's Partnership (CYPP) has lead responsibility for the development and delivery of the Children and Young People's Plan 2015-2018. This Plan is an integral component of the Herefordshire Health and Wellbeing Strategy and sets out Herefordshire's vision to improve services and outcomes for children and young people.

Note: Next Steps on the NHS Five Year Forward View, published in March 2017 states that - For children and young people, NHS England will fund 150-180 new CAMHS Tier 4 specialist inpatient beds in underserved parts of the country to reduce travel distances for treatment, rebalancing beds from parts of the country where more local CAMHS services can reduce inpatient use.

3.13 The Health and Wellbeing Board (HWB) has oversight of the Plan's implementation via feedback, on a quarterly basis, from the Children and Young People's Partnership Executive. The HWB also undertakes an annual audit of the Plan's progress on the anniversary of each business plan.

3.14 The CYPP seeks to protect children and give them a good start in life. Emotional Wellbeing and good mental health are crucial to this.

3.15 The Children and Young People's Plan for Herefordshire is an overarching plan that brings together agencies to cooperate in making improvements in six key areas:

- Early help
- 0-5 Early Years
- Mental Health and Emotional Wellbeing
- Children and Young People in need of Safeguarding
- Addressing challenges for Adolescents
- Children and Young People with Disabilities

3.16 Herefordshire Children and Young People's Mental Health and Wellbeing Transformation Plan is a detailed expansion of the Partnership Strategy.

3.17 The Transformation Plan is led by Herefordshire Clinical Commissioning Group on behalf of the CYPP.

3.18 The Transformation Plan concerns the mental health and emotional wellbeing of children and young people living in Herefordshire from pre-birth to young adulthood. Emotional wellbeing enables children and young people to:

- Develop psychologically, socially and intellectually;
- Initiate, develop and sustain mutually satisfying personal relationships;
- Gain self-esteem and resilience;
- Play and learn;
- Become aware of others and empathise with them;
- Develop a sense of right and wrong; and
- Resolve problems and setbacks and learn from them

3.19 Good mental health support for children and young people is characterised by:

- Early identification of mental health needs;
- Access to assessment and treatment in a timely manner;
- Supports the person with self-management and recovery; and
- Recognition of the role of the family and carers.

3.20 Herefordshire and Worcestershire are currently engaging with residents on their emerging Sustainability and Transformation Plan (STP) which will enable a system wide strategic direction and delivery mechanism to deliver the Health and Wellbeing Strategy and the Children and Young People's Plan. The STP process is intended to provide the central vehicle through which local government and the NHS can work together in order to achieve the 'triple aim' of improving the health and wellbeing of the local population, improving the quality and safety of care delivery and securing ongoing financial sustainability.

3.21 The underpinning vision agreed in both Herefordshire and Worcestershire is:
That a person with mental health needs "can plan their care with people who work together to understand them and their carer(s); allow them control and bring together support to achieve the outcomes that are important to them".

3.22 Opportunities such as care closer to home for children and young people needing inpatient care, are a key area within the STP plan. Key priorities from the Herefordshire Children and Young People's Mental Health and Wellbeing Transformation Plan have informed the STP plan. Further alignment shall occur during 2017, particularly for community rehabilitation and inpatient care for children and young people.

3.23 The Herefordshire Mental Health Needs Assessment (March 2015) is a key document in understanding the needs of children and young people and mental health. The assessment involved extensive engagement of children and young people to understand their experience, their aspirations and things that need to change or improve. The assessment concluded that there was a need to:

- Enhance tiers 1 and 2 support for children and young people;
- Improve the availability and quality of information available on mental health and wellbeing to young people, parents and carers;
- Improve professionals' knowledge and awareness of the signs and symptoms of mental health, tiers of need, thresholds and referral routes;
- Improve collaboration between service providers in the identification and response to emotional health, wellbeing and mental health need;
- Development of a comprehensive referral care pathway using a 'stepped' model;
- Develop a programme of reform and transformation in response to the engagement of children, young people and their families that contributed 450 hours to the needs assessment development.

3.24 Mental health services are defined by a tier system, from 1 to 4, set out as follows:

Tier 1	Services provided by practitioners working in universal services (such as GPs, health visitors, teachers and youth workers), who are not necessarily mental health specialists. They offer general advice and treatment for less severe problems, promote mental health, aid early identification of problems and refer to more specialist services.
Tier 2	Services provided by specialists working in community and primary care settings in a uni-disciplinary way (such as primary mental health workers psychologists and paediatric clinics). They offer consultation to families and other practitioners, outreach to identify severe/complex needs, and assessments and training to practitioners at Tier 1 to support service delivery.
Tier 3	Services usually provided by a multi-disciplinary team of service working in a community mental health clinic, child psychiatry outpatient service of community setting. They offer a specialised service for those with more severe, complex and persistent disorders.
Tier 4	Services for children and young people with the most serious problems. These included day units, highly specialised outpatient teams and inpatient unit, which usually service more than one area.

Source: Department of Health (2008)[clxi].

3.25 The estimated need for services at each tier are:
Tier 1 - 5,410 Tier 2 - 2,525 Tier 3 – 670 Tier 4 – 30

(Source: Office for National Statistics mid-year population estimates for 2014. CCG population estimates aggregated from GP registered populations (Oct 2014))

What did we find from talking to commissioners?

3.26 Commissioners told us that the system for supporting emotional wellbeing and mental health for children and young people had been identified as having improved, but there was scope for further improvement. In terms of the operational context, in-patient services for specialist care are provided in Birmingham and Stafford (for eating disorders). There has been an increased pressure for tier 4 beds, The 2016/17 Herefordshire demand for 8 beds was a 50% increase on the previous year. There is regional pressure, described as competition, for the available regional in-patient beds. The CCG is working with NHS England on this and is providing local “holding” care for young people with 1-1 or 2-1 nursing care locally. There is also self-harm admissions to manage through a coping strategy with individually-focused support.

3.27 The joint commissioning strategy is refreshed annually with service development linked to the aims of the emerging sustainability and transformation plan (STP). The Young Peoples’ Wellbeing Ambassadors group calls this work to account and service development is linked to the sustainability and transformation plan (STP). The CYP partnership is active and thriving, and involves a range of agencies in their work, including The CLD Trust (CLD), as the main partner for tier 2 provision.

3.28 It is generally acknowledged that there is further work to be done on developing workforce skills and knowledge around emotional wellbeing, particularly for schools and GPs, with greater consideration being given to delivery of mental health first aid in schools. However, there have been improvements in assessment and treatment, supported by changes in and training of the workforce, making the service more responsive and less Hereford centric. Triage is felt to be working well, and there are good links between CLD and 2gether NHS Foundation Trust (2gether) that reduce the need to refer back to the GP. Commissioners believe that CLD is proving very successful although they cannot provide enough sessions to meet potential demand.

3.29 Further developments include:

- A crisis care concordat to drive forward changes in the A&E pathways and the involvement of a multi-disciplinary team to work on the avoidance of admissions. This team will work with the child or young person for the duration of their care;
- Improvements to Mental Health Act holding and assessment facilities at the Stonebow Unit. (There were 8 incidents last year where children or young people presented, the majority were discharged home, but if admitted to hospital, this has to be to the general children's ward as there are no inpatient mental health beds for children in the county.);
- The creation of a toolkit for schools to support choices in finding therapists, critiqued resources and model policies, (scheduled for launch by September 2017);
- Encouraging schools to use, and build on, Strong Young Minds (a web-based resource for children and young people, carers and professionals, which also has facility to refer for more individualised support)

<u>What did we find from non-mental health professionals that support children and young people in Herefordshire?</u>

3.30 We met with practitioners from health, education and social care. Within the scope of the review it was not possible to interview the whole range of professionals. It is therefore important to recognise that views gathered may not be wholly representative, but seek to provide a representative snapshot.

3.31 Those professionals who worked with children and young people over the age of 10 spoke positively about tier 2 services provided by The CLD Trust and in particular the work of the Strong Young Minds project.

3.32 The general view from health professionals interviewed was that there is a high demand for mental health services with a high proportion of referrals, particularly for the youngest children, but that some 90% are not taken forward. Referrals from education to specialists within child development services such as educational psychology were increasing, which was felt to be due to budget pressures in schools. The rate of increase of demand was considered to be potentially unsustainable and some professionals said that they were 'holding' cases where the referral had not resulted in formal mental health provision. There is an often stated view that earlier intervention at tiers 1 and 2 coupled with greater attention being given to children under the age of 5 would lead to reduced demand for tier 3 support over time.

3.33 The Ross Road Child Development Centre (CDC) team are a specialist multi-disciplinary clinical team providing a service dedicated to improving the health and Wellbeing of children, young people and their families. The primary aim of the CDC is to deliver services to families with children suffering from a wide variety of developmental disorders and disabilities, by taking a lead role in the assessment, diagnosis and management of these conditions. The CDC also provides services to children in need of protection and children in care; as well as children with life limiting conditions.

3.34 The CDC receives many referrals for young children regarding safeguarding and queries on developmental delay and disabilities. Not all of the referrals are appropriate. A paediatrician is able to rule out other causes of ill health which gives referrers assurance that social interventions are the right way to go. Very few of the referrals are for mental health needs, the most common being ADHD in under 10 year olds. A number of referrals relate to behaviour management, which often result in the CDC recommending parenting courses. Staff expressed a concern that some schools were referring to the CDC at no cost, rather than directly funding sessions with, for example, a child educational psychologist or other professionals.

3.35 The service currently monitors activity using paper records, which limits the performance data available for analysis. There are plans in place to implement an electronic system in the near future, which is expected to resolve this problem. The service estimates that it currently comes into contact with 3,000 children per annum. The service will be seeing children for all kinds of reasons, e.g. welfare benefits claims; housing; safeguarding, Autism; developmental delay; behaviour in school. This is not the same as saying all 3,000 children have emotional wellbeing or mental health needs. Limited published data is available to help understand this estimate or describe the types of need encountered. While the service will see some children with mental health needs, the numbers are thought to be low and in-line with Herefordshire's population estimates for children's mental health. It is likely that the service is receiving inappropriate contacts and referrals, which does need to be addressed, however the quality of available data makes it difficult to pinpoint where the main issues are.

3.36 If the CDC is receiving inappropriate contacts and referrals, then work may be needed to review or reinforce care support pathways. This could include, for example, further training and information for schools to explain eligibility and referrals to an educational psychologist

3.37 We visited a small sample of schools within urban, market-town and rural settings. Schools tended to make their own arrangements to support pupils, making use of the school's workforce and budget, and a variety of interventions. Within secondary education, CLD and Strong Young Minds were accessed for support with mixed experiences. Schools described a changing social context where contact with social care and safeguarding needs were increasing; early needs not being met were manifesting at school and disorders previously seen in older children (in particular self-harm and eating disorders) being seen in younger children. Formal mental health services were described as over-subscribed while many referrals were not meeting the acceptance criteria. Resources and support that schools would welcome included:

- A greater understanding of and information about the services available
- Additional training and support to ensure that referrals are only made where appropriate
- Training teaching staff to better understand pupils' needs and to provide additional pupil support within the school.
- Access to advice and support for schools and services for the whole family was cited as crucial particularly for isolated families who were unable to access services.

3.38 We would like to state for the record that we witnessed outstanding examples of support within some of the schools visited and credit must be given to the governors, heads and teachers for their individual commitment to the emotional wellbeing of the children in their care. That being said, it was observed by Herefordshire Carers Support when interviewed, that in their experience, some schools did not seem equipped to respond to mental health needs. Our observation is that there is some very good practice within schools that could be shared more widely to enhance support within schools.

3.39 Social care professionals raised a number of points around accessibility of services and support for the most vulnerable. These included:

- The upper age limit for access to mental health services not being aligned with services such as looked after children (which is 25), as they leave care and transit to adult services;
- The physical appearance and co-location of the Linden Centre (CAMHS tier 3 services) was compromised and felt unwelcoming;
- The first appointment and service offer for tier 3 was experienced as mechanistic, making it difficult to access alternatives if criteria were not met;

- Services were facing new social and demographic pressures which needed greater awareness in order to accommodate. This included unaccompanied children from Syria, asylum seekers and transgender;
- Support for carers and families was considered to be generally poor; and there was little or no service provision for perinatal and under 5s.

3.40 The public health team is reviewing support and interventions that are available for professionals to access and to cascade within services. This includes multi-agency training and access to mental health first aid for school staff, and development of a self-harm policy is in development. There are synergies with public health's work and commissioning plans for this area and opportunity to consolidate activity for example around access to 24-hour support.

What did we find from mental health practitioners?

3.41 **The CLD Trust (CLD)** is commissioned by the Clinical Commissioning Group (CCG) to provide tier 2 services for children and young people from age 10 up to the age of 25. This includes counselling and wellbeing work for schools and cognitive behavioural therapy (CBT) and systemic family practice, which works to foster change within family relationships. CLD also employs and trains the psychological wellbeing practitioners for low-intensity CBT through the CYP-IAPT (Children and Young People's Improving Access to Psychological Therapies) service. CLD also runs the Strong Young Minds project (see below), an online resource and referral point for children and young people.

3.42 CLD takes over 1000 referrals a year under the CCG contract. The service is in demand and additional referrals are supported through signposting to other support, or where appropriate through self-funding. There are arrangements in place to cross-refer between CLD and 2gether to access the most appropriate treatment. Therapy and support is based on a consultative approach which puts the young person at the heart of the assessment so that they are supported to make informed choices about their treatment, and in recognition that different therapeutic models suit different people. The CCG contract places a key performance indicator on the service for people to be seen for assessment within 4 weeks and for a service to be offered within 18 weeks.

3.43 **Strong Young Minds** was set up by CLD as an online resource for children and young people to promote emotional wellbeing and resilience. Professionals may refer a young person to Strong Young Minds for support and young people may also refer themselves.

3.44 **2gether,** through the child and adolescent mental health service (CAMHS), is commissioned by the CCG to provide a specialist tier 3 service for complex intensive needs. The trust also provides training and access to expertise over the phone for practitioners and professionals from outside the service as additional support.
On average the service receives around 100 referrals per month. Triage has been described as exemplary by the Care Quality Commission. Around a third of referrals are signposted elsewhere or to CLD as appropriate, which is supported by a tier 2 and 3 information sharing agreement with CLD. There is also shared practitioner development with CLD through CBT practitioner supervision.

3.45 Treatment eligibility is based on 0-18 years with a Herefordshire GP, which means that some referrals come from outside the county, and there are also some out of county looked after children. CAMHS is based at the Linden Centre in Hereford, with some service provision in Leominster, Ross and Ledbury.

3.46 There is a single point of access to the service and a multi-disciplinary team assesses eligibility for treatment or signposts to another service. Treatment choices take a choice and partnership approach (CAPA) with the young person. There are set key performance indicators which mirror those for CLD (4 weeks for assessment, and treatment within 18

weeks). For eating disorders, people are seen within 4 weeks, or within 1 week if urgent. There is some funding to develop this pathway as a nurse-led service. There are plans to develop the duty service for self-harm to extend from 8am to 8pm. The service links to tier 4 in-patient services in Birmingham although children are also admitted to services elsewhere in the country. A member of staff is placed at the Youth Offending Service to provide support to staff and young people, and linking back to CAMHS.

3.47 Feedback is sought regularly, with service users commenting adversely on the Linden Centre building, how it feels going there, limited waiting space and the shared access with other stigmatised clinics. This was also noted by task and finish group members when they visited the service.

3.48 The service completed a Commissioning for Quality and Inspection (CQUIN) exercise resulting in practitioners working closely with service users before the transition to adult services to prepare for the change in setting.

3.49 The leadership of 2gether recognises that the financial envelope within which commissioners operate is tightening but they are complementary about the ways in which funding is being spent. 2gether commented that the relationship they have with commissioners has improved measurably. There were some concerns that the CCG did not have the financial resource to fund the NHS 5 year forward view (see para 3.12 note).

3.50 For tier 2 services, CLD runs an excellent service but they do not provide therapy for children below the age of 10. 2gether is not funded for tier 2 services although they do provide an advice and guidance telephone service for schools and GPs. In Gloucestershire there is investment in 12 practitioners specifically to train and upskill schools and GPs. The purpose is to achieve earlier identification of issues, consistency of referrals, support during consultations and to give 2gether a “deeper reach” into tier 2. 2gether estimate that to replicate this service in Herefordshire would require some 3 or 4 practitioners. The 2gether view is that earlier and better informed intervention within tier 2 provides better transition into tier 3.

3.51 CAMHS tier 3 – recruitment and retention of consultants is difficult, in particular in Herefordshire. 2gether is looking at “train and retain” programmes for new Herefordshire staff and would welcome any help that Herefordshire Council might be able to provide. Tier 3 was inspected by Ofsted in 2016 and their report (October 2016) described the service as being of a very high quality.

3.52 CAMHS tier 4 – There are no tier 4 beds in Gloucestershire or Herefordshire. In 2016/17 there were 14 young people admitted, with stays ranging from 9 to 276 days, totalling 1398 bed days. The reality is that providing a bed resource across the two counties would not make economic sense. In emergencies young people have been accommodated in Wye Valley Trust children’s wards or 2gether adult wards. The out of county beds are funded by NHS England, who are themselves financially stretched.

<u>What did we find from service users?</u>

3.53 We met with three young people who are members of the wellbeing ambassadors group and who contribute to the transformation programme for Children and Young People's Improving Access to Psychological Therapies (CYP-IAPT). The ambassadors told us that they had positive experiences of CLD and participate in activities such as recruitment interviews, staff appraisals and training. They commented however, that they would welcome more feedback following recommendations they have made in regard to service design.

3.54 In terms of suggestions for developing services, the wellbeing ambassadors made the following points:

- More could be done to raise awareness of the available services and referral routes. This could include greater use of social media, the provision of information to all school pupils and college students, recognising that young people look for information and support in different ways;
- It would be useful to explore the use of technologies, such as Skype, as an alternative means of support for those people who were unable to access services in Hereford or the market towns;
- That there needs to be a greater understanding of the relationship between mental health and non-mental health conditions. We heard evidence that some young people had spent longer than necessary within the healthcare system without a conclusive diagnosis. It was also felt that the use of medication by some GPs was a routine solution rather than referral for therapy, which might be more appropriate. It was recognised that this might be in response to concerns about waiting times for therapy and limited GP consultation time;
- The current location and setting for the Linden Centre needed addressing as this was not a conducive environment for provision of essential services;
- Inconsistent approaches to mental health from one school to another were recognised and there should be stronger encouragement for some schools to do more to support mental health issues. It was felt that it would be helpful to provide some "independent professional" drop-in support within schools for both pupils and their parents or carers.

4. <u>Summary of our findings</u>

4.1 There appears to be a need to improve/promote and/or better co-ordinate the provision of information to support the emotional health and wellbeing of children and young people, as well as information for families and the people that work with children to help them effectively support the child and avoid a referral culture.

4.2 A preventative and whole system approach is important. Increasing the training and support for professionals such as teachers, health visitors and GPs who work with children and young people in tiers 1 and 2 has the potential to prevent entry into tiers 3 or 4.

4.3 People we spoke to felt that there were areas where there could be improvements, for example:

- There was a need for further understanding the underlying causes and prevalence of the issues experienced in tiers 3 and 4, possibly informed by existing research or local case audit
- There was a need for further understanding the demographics and backgrounds of the tier 3 and 4 populations, to identify any common themes that could help target preventative tier 1 and 2 resources (within particular communities or age groups for example)
- Carrying out an appraisal of the potential evidence-based models that could reduce the risk of, or prevent, the underlying causes
- Making recommendations for developing the support at tiers 1 and 2, and what this could mean for managing demand in tiers 3 and 4. For example, depending on the outcome of any work carried out by commissioners under the previous three bullet points, recommendations may include an invest to save business case if it could be demonstrated that a different approach could lead to reduced numbers of children entering tiers 3 and 4.

4.4 Tiers 1 & 2

- There was a need to determine whether 2gether should have a deeper reach into tiers

1 and 2 to better support practitioners in making referrals and managing transitions
- Review whether additional preventative work at tier 1 and 2 would reduce appearances at tiers 3 and 4
- Understand why the referral system has a high rejection rate – quality of referral guidance and quality of referral, link this to the point on the deeper reach, and couple with more training

4.5 Tiers 3 & 4

- There was a need for a multi-county approach to the provision of a bedded facility - STP references tier 3.5. This was discussed at a meeting of the health and social care overview and scrutiny committee on 6 July 2016. Members were advised that the evidence base for a tier 3.5 service was being monitored.

4.6 Perinatal

- Early intervention was very important and the task and finish group consider it would be appropriate to conduct a separate review of 0-5 and perinatal care to coincide with new WVT safeguarding appointment.

4.7 Schools

- Schools are prioritising their resources in different ways, with some focussing strongly on core academic activity to the detriment of other enriching activities that could support child development and wellbeing.
- There should be clarity as to whether the school pupil premium can be used to support emotional wellbeing
- Toolkit – there are many training courses, websites and other resources available and schools seem to be "doing their own thing". A standard toolkit would provide clarity, commonality and a guide to good practice.
- There is evidence of outstanding practice in some schools, which should be celebrated, and shared with other schools, perhaps through a system of buddying schools or pooled resources.

5 Summary of Recommendations

From our findings, the task and finish group would like to make the following **5 recommendations** to the executive and ask that they are given appropriate consideration and conveyed to commissioners (where applicable):

Recommendation 1- Information and support
That the 'local offer' of emotional wellbeing and mental health support be defined and publicised in terms of:
- the sources of information and services available
- the training provided to practitioners and parents and carers to be coordinated, consistent and approved
- active and assertive awareness-raising
- assessing the scope for developing a deeper professional reach by 2gether into the lower tiers in order to support processes which would help to consistently deliver appropriate referrals

Recommendation 2 - Tier 1 and tier 2
That consideration be given to provision of additional telephone support for practitioners, which could be provided via the "deeper reach" from 2gether as referred to in the report.

Recommendation 3 - Tiers 3, 4, 3.5 and inpatient care

That there be a review of the proposals in the STP regarding opportunities for bringing care closer to home, and the development of inpatient care based on a tier 3.5 model.

Recommendation 4 - Accommodation
That there be a review of the benefits of having co-located teams based in a child friendly and therapeutic setting.

Recommendation 5 - Mental health needs assessment
That needs are updated regularly to recognise emerging pressures, including a review of the support provided for young people up to the age of 25, which would align with other children's services.

Further recommendation for consideration for the scrutiny work programme in 2017/18 - Perinatal and under 5s care
That the relevant scrutiny committee considers for inclusion in the work programme that there be a scrutiny review of perinatal support and under 5s services for children in Herefordshire, to include additional support for parents and families pre-school that is broader than mental health support and which encompasses safeguarding.

Appendix 1

Health and Social Care Overview and Scrutiny Committee
Task and Finish Group scoping document

Title of review	Mental Health Services for Children and Young People
Date of first meeting	20 January 2017
Scope	
Reason for enquiry	To establish whether or not the commitments of the corporate plan are being met
Links to the corporate plan	A priority of the corporate plan is to "Keep children and young people safe, give them a great start in life". Emotional and psychological good health underpins children's life chances and goes hand in hand with a flourishing community. Mental health, wellbeing and resilience is the first priority of the health and wellbeing strategy, which sets out the broad aims for delivery through the children and young peoples' plan (CYPP), which states: "The CYPP will make improvements so that children, young people and their families are identified and supported to access help in a timely manner. We will transform the volume and quality of the £1.4m of services available and be part of the development of an integrated all age pathway for mental health. We will: • Improve the availability and quality of information available on mental health and Wellbeing to children, young people and their families so they can have more control over their own lives • Improve professionals' (e.g. GPs, teachers) knowledge and awareness of the signs and symptoms of mental health, tiers of need, thresholds and referral pathways to needs led care • Improve collaboration between service providers in the identification and response to emotional health, Wellbeing and mental health need • Deliver the Crisis Care Concordat and its action plan to ensure that no young person with a mental health need is detained in police custody and that 24/7 support is available in the event of a mental health crisis • Improve the experience of young people transferring from young people's mental health services to adults' by making it person-centred • Identify the opportunities to improve access to specialist support so that young people with early psychosis and those requiring home treatment or rehabilitation as an alternative to hospital admission can maintain their daily lives in Herefordshire."
Summary of the review and terms of reference	Summary: To review the overall effectiveness and performance of providers, including referral pathways, outcomes and value for money against the intentions of the CYPP. - Understand what the needs are and that they are being met - Being realistic about what is asked for in recommendations

APPENDIX 2

	Terms of Reference: • This task and finish group comprises 5 councillors, with membership from the health and social care overview and scrutiny committee (HSCOSC) and one non-HSCOSC member, joint commissioning manager and DSO • It will focus on the provision of mental health services for children and young people, from an all-provider perspective. • The group will consider the questions detailed below and hear evidence from witnesses. • The findings and recommendations of the group will be written in a report to be presented to the main committee on 28 April 2017
What will NOT be included	Individual cases of children and young people accessing the services. Resources do not provide for a full-scale inquiry which captures the views of all the many and varied stakeholders. The aim of the inquiry is therefore to take a temperature check from a sample of experiences.
Potential outcomes	• That the group finds that the corporate plan is on track and therefore no recommendations are required • That the group finds areas that need additional input or focus and makes recommendations accordingly
Key Questions	To consider: • What are we striving to achieve? • Are the available resources being used well? • Are performance levels improving or declining? • Entry – who do I talk to; where do I go? • Entry – at which level? Service aspect – needs, commissioning, value for money, outcomes/performance View of the child/young person Access to information, who do I talk to, what's like for me, is it working
Cabinet Member	Cllr JG Lester, Young people and children's wellbeing
Key stakeholders / Consultees	Herefordshire Clinical Commissioning Group / Joint commissioning 2gether NHS Foundation Trust Herefordshire Council CLD Trust and any other providers Parents/carers of children who access the services Children and young people who access the services Education providers Councillors
Potential witnesses	**Those listed above plus:**

	Herefordshire Council Jo Davidson Chris Baird **Herefordshire CCG** Jade Brookes **Providers** The CLD Trust Out of county specialist
Research Required	Herefordshire Children and Young People's Plan 2015-18 Mental health and wellbeing transformation plan 2015-20 (NHS Herefordshire CCG) Public Health report: The mental health of children and young people in England 2016 Mental health needs assessment March 2015 (NHS Herefordshire CCG)
Potential Visits	Chris Baird / Jade Brooks at next meeting w/c 30 Jan for overview Plan of interviews and visits with stakeholders to be agreed

Summary of recommendations and executive responses Mental Health Services for Children and Young People

Recommendation No. 1	**Information and support** That the 'local offer' of emotional wellbeing and mental health support be defined and publicised in terms of: 1 the sources of information and services available 2 the training provided to practitioners and parents and carers to be coordinated, consistent and approved 3 active and assertive awareness-raising 4 assessing the scope for developing a deeper professional reach by 2gether into the lower tiers in order to support processes which would help to consistently deliver appropriate referrals
Executive Response	This is not a Cabinet function, the recommendation should be referred to the Herefordshire Clinical Commissioning Group as the lead commissioning agency for children's mental health services. Through the Herefordshire Children and Young People's Partnership and joint commissioning arrangements, the Council will be a key partner in responding to this recommendation. Herefordshire's Children and Young People's plan is being reviewed and refreshed for 2018. Mental health and emotional wellbeing is one of the six priorities of the current plan, with improving how we identify and support children, young people and their families to access help and services as a key objective. It is anticipated that mental health and emotional wellbeing will continue to be a main priority in the Children and Young Peoples Partnership's (CYPP) new plan from 2018. The Herefordshire Children and Young People's Mental Health and Wellbeing Steering Group, and its transformation plan, which is led by the Herefordshire Clinical Commissioning Group (CCG) on behalf of the CYPP, is the key vehicle for coordinating local service improvements. This recommendation, which compliments the actions already being taken through the transformation plan, will help to further inform the development of local strategy and action planning, which could include: 1 Further development of WISH, which is led by the council, could support the development promotion of Herefordshire's 'local offer' of emotional wellbeing and mental health support across the different levels of need, similar to the way that the local offer for children with special educational needs or disabilities (SEND) is already being developed. 2 Developing of a menu of locally endorsed models and approaches that could be recommended for use by families or professionals in different settings, and which could also be included in the planned tool kit for schools that is due to be delivered in 2017. Other options for improving the consistency of support provided could include a mental health quality mark for settings, particularly schools, or a joint approach between steering group and school improvement services. 3 Building on the evaluation (March 2017) of the impact of the steering group's published plans to improve awareness of mental health and emotional wellbeing issues. This could include measuring awareness within key groups so that the impact of activity can be demonstrated clearly, or identifying and targeting workforce development actions to further raise awareness of the issues and risks and to improve consistency of approach among people that support children and

	young people, particularly in the lower tiers. 4 Undertaking an appraisal of the options to develop a deeper understanding of available support and appropriate referral pathways within the lower tiers in order to consistently deliver appropriate referrals to services in the higher tiers

Action	Owner	By When	Target/Success Criteria	Progress
Refer the recommendation to the Herefordshire Children and Young People's Mental Health and Wellbeing Partnership to align with emerging priorities for the new CYPP plan and to consider effective actions to include in the Herefordshire Children and Young People's Mental Health and Wellbeing Transformation Plan.	Jade Brooks, Deputy Director of Operations, HCCG	September 2017	Steering group considers the HOSC recommendations and potential integration into transformation plan review (due October 2017) and the new CYP plan from 2018.	

Recommendation No. 2	**Tier 1 and tier 2** That consideration be given to provision of additional telephone support for practitioners, which could be provided via the "deeper reach" from 2gether as referred to in the report.
Executive Response	This is not a Cabinet function, the recommendation should be referred to the Herefordshire Clinical Commissioning Group as the lead commissioning agency for children's mental health services.

Action	Owner	By When	Target/Success Criteria	Progress
Through the existing joint commissioning arrangements, Herefordshire Council and Herefordshire CCG should explore the opportunities to develop a telephone support line for local practitioners.	Jade Brooks, Deputy Director of Operations, HCCG	December 2017	Children and Young People's Mental Health and Wellbeing Partnership group considers the HOSC recommendations and potential integration into its current transformation plan, the new CYP plan from 2018 and children joint commissioning work programme.	

Recommendation No. 3	**Tiers 3, 4, 3.5 and inpatient care** That there be a review of the proposals in the STP regarding opportunities for bringing care closer to home, and the development of inpatient care based on a tier 3.5 model.
Executive Response	This is not a Cabinet function, the recommendation should be referred to the Herefordshire Clinical Commissioning Group as the lead commissioning agency for children's mental health services. This work is part of the Herefordshire and Worcestershire STP plan work stream on mental health. It is recognised that improvements to inpatients and alternatives to inpatient care is a priority.

Action	**Owner**	**By When**	**Target/Success Criteria**	**Progress**
Seek assurance that this work is in place through the STP; and progress is reported as part of the STP.	Jade Brooks, Deputy Director of Operations , HCCG	September 2017	Assurance provided by chair of the STP mental health work stream (Shaun Clee) to The Children and Young People's Mental Health and Wellbeing Partnership, Joint Commissioning Board and Children's Scrutiny Committee	

Recommendation No. 4	**Accommodation** That there be a review of the benefits of having co-located teams based in a child friendly and therapeutic setting.
Executive Response	This is not a Cabinet function, the recommendation should be referred to the Herefordshire Clinical Commissioning Group as the lead commissioning agency for children's mental health services. Through the Herefordshire Children and Young People's Partnership and joint commissioning arrangements, the Council will be a key partner in responding to this recommendation. An options appraisal can be undertaken to review the opportunities for, and potential advantages or disadvantages of, different approaches, which could include co-location, integration or closer working of existing arrangements. An option appraisal for the estates will be undertaken. The provider and commissioner of NHS CAMHs services recognise and

	have started searches for alternative premises. The Young Ambassadors can help to design more child-friendly settings, whether that is for co-located teams or other arrangements. The appropriateness of the Linden Centre for the delivery of some services has been recognised as an issue for some time.

Action	Owner	By When	Target/Success Criteria	Progress
Task and finish group set up to explore potential service models and estates; with advice from the Herefordshire Children and Young People's Mental Health and Wellbeing Partnership	Richard Watson, Joint Commissioning Manager	March 2018	Feasibility and options report developed for consideration by the Joint Commissioning Board	

Recommendation No. 5	**Mental health needs assessment** That needs are updated regularly to recognise emerging pressures, including a review of the support provided for young people up to the age of 25, which would align with other children's services.
Executive Response	This is not a Cabinet function, the recommendation should be referred to the Herefordshire Clinical Commissioning Group as the lead commissioning agency for children's mental health services. Through the Herefordshire Children and Young People's Partnership and joint strategic needs assessment, the Council will be a key partner in responding to this recommendation. The Herefordshire Children and Young People's Mental Health and Wellbeing Steering Group can undertake an annual horizon scanning exercise of emerging needs, such as those that have emerged around UASC and LGBT groups, to ensure that services are as prepared as possible to respond to the need as it arrives.

Action	Owner	By When	Target/Success Criteria	Progress
Refer the recommendation to the Herefordshire Children and Young People's Mental Health and Wellbeing Partnership to align with emerging priorities for the new CYPP plan and to consider effective actions to include in the Herefordshire Children and Young People's Mental Health and Wellbeing Transformation Plan.	Jade Brooks, Deputy Director of Operations, HCCG	March 2018	Steering group considers the HOSC recommendations and potential integration into its cycle of reviewing the transformation plan and the new CYP plan from 2018.	

Appendix 4

Herefordshire Council

Councillor CA Gandy
Mortimer Ward

Simon Hairsnape
Accountable Officer
NHS Herefordshire Clinical Commissioning Group
St Owen's Chambers
22 St Owen Street
Hereford
HR1 2PL

Our Ref: TFG CYPMH
Please ask for: Matthew Evans
Tel: 01432 2603690
email: Matthew.Evans@herefordshire.gov.uk

30 October 2017

Dear Mr Hairsnape,

TASK AND FINISH GROUP REPORT – REVIEW OF PROVISION OF MENTAL HEALTH SERVICES FOR CHILDREN AND YOUNG PEOPLE IN HEREFORDSHIRE

On 28 April 2017, the Health and Social Care Overview and Scrutiny Committee considered the findings of a scrutiny task and finish group on a review of the provision of mental health services for children and young people in Herefordshire. A copy of the final report, approved by the committee, is enclosed.

As that committee ceased to be on 19 May 2017, under the new Herefordshire Council constitution, this area of scrutiny now falls within the purview of the Children and Young People Scrutiny Committee.

As the recommendations would appear to relate to services commissioned by NHS Herefordshire CCG as the relevant NHS body, I am addressing this to you for consideration and response.

In accordance with the relevant legislative requirements provided under the Health and Social Care Act 2001, please accept this letter as the formal notice in writing which requires NHS bodies and health service commissioners to consider the report and its recommendations, and respond to the committee indicating the actions they propose to take; it is expected that this will include an action plan clearly setting out the response to each recommendation.

It is a statutory requirement that the addressee submit a response within 28 days of the date of this letter.

Yours sincerely

COUNCILLOR CA GANDY
Chairman, Children and Young People Scrutiny Committee

enc. Task and finish group report: review of provision of mental health services for children and young people in Herefordshire

cc. Councillor JG Lester, Cabinet Member Young People and Children's Wellbeing
Chris Baird, Interim Director for Children's Wellbeing
John Coleman, Statutory Scrutiny Officer

Putting the public and patients at the heart of everything we do

NHS
Herefordshire
Clinical Commissioning Group

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Councillor C A Gandy
Chairman, Children and Young People Scrutiny Committee
Herefordshire Council
Plough Lane Offices
Plough Lane
Hereford
Herefordshire
HR4 0LE

24th November 2017

Dear Councillor Gandy

Re: Task and Finish Group Report – review of provision of Mental Health Services for Children and Young people in Herefordshire

Thank you for your letter dated 30th October 2017 and a copy of the final report produced by Scrutiny Task and Finish Group on a review of provision of mental health services for children and young people in Herefordshire.

As commissioners for NHS community mental health services for children, and as lead agency for the mental health priority under the Children and Young People's Partnership, I am pleased to provide a response in accordance with the terms of your letter. Please see the attached action plan.

Please note that officers of the CCG will be in attendance at your next Children and Young People Scrutiny Committee on the 4th December, where this subject is timetabled for a further assurance.

Thanking you in advance.

Yours sincerely,

pp. Brooks

Simon Hairsnape
Accountable Officer
NHS Herefordshire Clinical Commissioning Group

Enc. Response from Herefordshire Clinical Commissioning Group regarding Children and Young People mental health

cc. Councillor JG Lester, Cabinet Member Children and Young People's Wellbeing
Chris Baird, Director Children and Young People's Wellbeing
John Coleman, Statutory Scrutiny Officer

NHS
Herefordshire
Clinical Commissioning Group

Summary of Recommendations for Mental Health Services

for Children and Young People

Response from Herefordshire Clinical Commissioning Group

Recommendation No. 1	**Information and support** That the 'local offer' of emotional wellbeing and mental health support be defined and publicised in terms of: 1 the sources of information and services available 2 the training provided to practitioners and parents and carers to be coordinated, consistent and approved 3 active and assertive awareness-raising 4 assessing the scope for developing a deeper professional reach by 2gether into the lower tiers in order to support processes which would help to consistently deliver appropriate referrals
Action	Refer the recommendation to the Herefordshire Children and Young People's Mental Health and Wellbeing Partnership to align with emerging priorities for the new CYPP plan and to consider effective actions to include in the Herefordshire Children and Young People's Mental Health and Wellbeing Transformation Plan.
HCCG Response	This has been considered by the CYP MH Partnership and will involve a number of agencies supporting the improvement round information and support. For example: • Improvements to WISH • Targeted information to schools • Public health campaign on the 5 steps to wellbeing. At present, there is no further investment available to extend community CAMHS to support practitioners beyond that outlined in the response to recommendation 2.

Recommendation No. 2	**Tier 1 and tier 2** That consideration be given to provision of additional telephone support for practitioners, which could be provided via the "deeper reach" from 2gether as referred to in the report.
Action	Through the existing joint commissioning arrangements, Herefordshire Council and Herefordshire CCG should explore the opportunities to develop a telephone support line for local practitioners.
HCCG Response	This has been considered by the CYP MH Partnership. • The community CAMHs service has a duty service with a

	telephone line for practitioners to talk through presentations and concerns before making a referral. This has been widely communicated to referrers. • In addition, the transformation plan contains intentions round workforce development. This is hoped to increase confidence levels of practitioners and improve communication on local resources and sources of support. CAMHs staff take part in delivering training to other agencies, as well as multi-agency training opportunities.

Recommendation No. 3	**Tiers 3, 4, 3.5 and inpatient care** That there be a review of the proposals in the STP regarding opportunities for bringing care closer to home, and the development of inpatient care based on a tier 3.5 model.
Action	**Seek assurance that this work is in place through the STP; and progress is reported as part of the STP.**
HCCG Response	The provision of improved access to inpatient beds and alternatives to admission form part of the STP mental health priority workstream. This is also reflected in the Herefordshire Children and Young People's Mental Health and Wellbeing Transformation Plan.

Recommendation No. 4	**Accommodation** That there be a review of the benefits of having co-located teams based in a child friendly and therapeutic setting.
Action	Task and finish group set up to explore potential service models and estates; with advice from the Herefordshire Children and Young People's Mental Health and Wellbeing Partnership
HCCG Response	This has the support of the CYP MH Partnership and has been communicated by the HCCG to the One Herefordshire Estates Group for consideration.

Recommendation No. 5	**Mental health needs assessment** That needs are updated regularly to recognise emerging pressures, including a review of the support provided for young people up to the age of 25, which would align with other children's services.
Action	Refer the recommendation to the Herefordshire Children and Young People's Mental Health and Wellbeing Partnership to align with emerging priorities for the new CYPP plan and to consider effective actions to include in the Herefordshire Children and Young People's Mental Health and Wellbeing Transformation Plan.
HCCG Response	The Herefordshire Children and Young People's Mental Health and Emotional Wellbeing Transformation Plan has been refreshed

	in October 2017. This includes a section on an updated needs assessment. This will be updates annually as part of the refresh process. In 2017/18, the CCG is consulting with stakeholders to inform an options appraisal round the configuration of services and this includes commissioning community mental health provision from 0-25 years old.

NHS
Herefordshire
Clinical Commissioning Group

Herefordshire Children and Young People Mental Health and Emotional Wellbeing Transformation Plan 2015-2020

Refreshed October 2017

Putting the public and patients at the heart of everything we do

Contents

Introduction

1.1 This is Herefordshire's plan for Children and Young People's Mental Health and Emotional Wellbeing. It brings together the activities and partnerships, at a local and System Transformation Partnership level that are progressing an agreed vision.

1.2 Our vision is to create a supportive and enabling culture for children and young people to thrive with their emotional and mental health wellbeing in Herefordshire.

1.3 This plan was reviewed during 2017 to capture the achievements and progress so far, and to refresh our intentions going forward. This transformation plan continues to be led by Herefordshire Clinical Commissioning Group on behalf of the Herefordshire Children and Young People's Partnership. The contents of this plan provide information on mental health in Herefordshire, governance, resources and activities, as well as an outline of the vision for improved mental health and wellbeing of children and young people 2020. There are a number of documents supporting this transformation plan. These are referenced or contained within the appendices.

1.4 The plan concerns the mental health and emotional well-being of children and young people living in Herefordshire from pre-birth to young adulthood. Emotional well-being enables children and young people to:

- Develop psychologically, socially and intellectually;
- Initiate, develop and sustain mutually satisfying personal relationships;
- Gain self-esteem and resilience;
- Play and learn;
- Become aware of others and empathise with them;
- Develop a sense of right and wrong; and
- Resolve problems and setbacks and learn from them.

1.5 Good mental health support for children and young people is characterised by:

- Early identification of mental health needs;
- Access to assessment and treatment in a timely manner;
- Supports the person with self-management and recovery; and

- Recognition of the role of the family and carers.

1.6 This plan is a commitment to change and to transforming services to meet the needs of the children, young people and families living in Herefordshire today and in the future. The partnership is delighted with the progress and pace of transformation, however there is no doubt that further improvement in outcomes for children and young people continue to be required.

Profile of Mental Health

Population

2.1 Herefordshire's Joint Strategic Needs Assessment outlines information relevant to this Strategy.

2.2 Herefordshire is situated in the south-west of the West Midlands region bordering Wales. The city of Hereford lies in the middle of the county and other principal locations are the five market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington. The current (mid-2015) estimate of Herefordshire's resident population is 188,100. This figure represents an increase of eight per cent since 2001which is lower the 11 per cent growth recorded for England and Wales as a whole. There are **31,700 under-16s** in the county – this remains a similar proportion (17 per cent) as nationally (19 per cent). The number of children had been declining in Herefordshire throughout the last decade, levelling out over the last five years. However, the number of births and children under five has been rising for the best part of the last decade **(9,900 under-fives** at mid-2015 and **1,700 births** in the year to mid-2015). The next 10 years are expected to yield a gradual increase in the numbers of children.

2.3 At the end of February 2017 there were **304 looked after children** (LAC) and young people in Herefordshire, reflecting an upward trend over the past three years. The main reason why children are taken into care is abuse and neglect. Herefordshire currently supports 120 children who are subject to a child protection plan and there has been an overall downward trend in numbers of children with protection plans over the past twelve months.

2.4 Provisional data for 2016 indicates that there were an estimated **116 Not in Education, Employment or Training (NEET)** young people in Herefordshire across years 12 and 13, equating to 3% of all 16-18yr olds known to Herefordshire Council. This represents a reduction from 5.7% in 2014, and 6.4% in 2013. Of the 116 NEET young people 46% were male and 54% female.

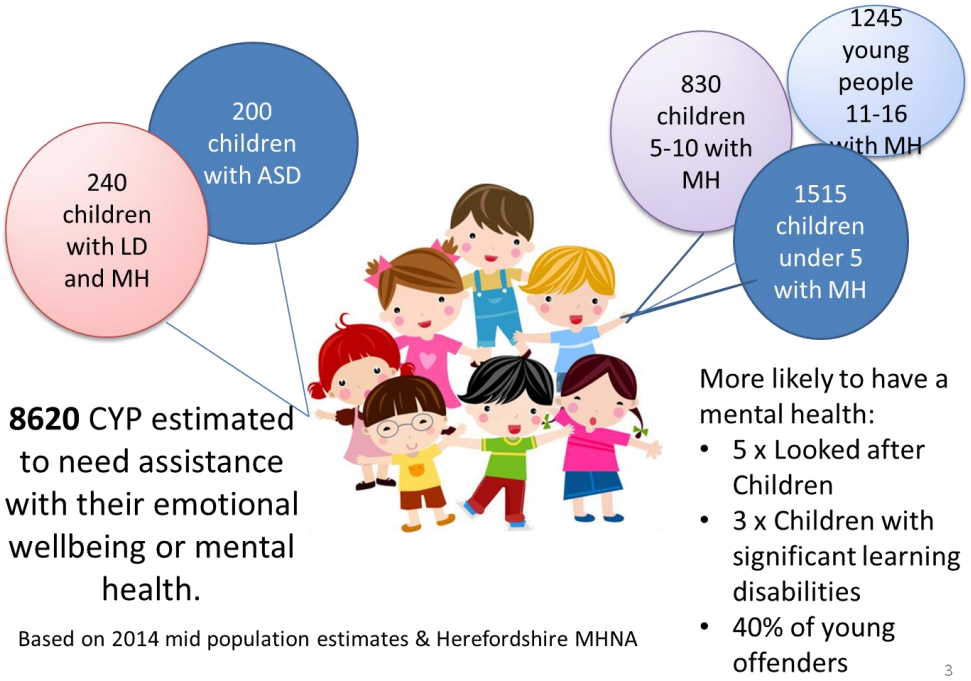
2.5 The number of children under 16 estimated to be living in **poverty** in Herefordshire increased in 2014 after four successive years of declining numbers. The increase in numbers from 3,990 to **4,390** reflected a percentage increase from 13.2 % to 14.7%. Despite the local increase, rates in Herefordshire continue to be significantly lower than across both the West Midlands region and England. There are three areas with the highest percentage of child poverty. In

these three areas, Redhill-Belmont Road (Hereford); Newton Farm-Brampton Road (Hereford); and Ridgemoor (Leominster), children failed to achieve the local authority (LA) average: for a Good Level of Development at the end of the Reception year; LA average in reading or maths at Key Stage 1 and LA average for the expected standard in reading, writing and maths at Key Stage 2 (2016).

Mental Health

2.6 In Herefordshire, an estimated 8,620 children and young people require support with their mental health or emotional resilience.

Figure 1: Mental Health Prevalence



2.7 The Herefordshire 2015 Mental Health Needs Assessment looked at the prevalence of mental health in children, young people and in their parents and carers and their needs. It recorded the current position against the evidence of good practice and triangulated with people's feedback. The evidence base for need was explored and a service mapping was conducted that identified all local service provision including community-based provision. Part of the assessment was reflections by children, young people and their families' views. The process involved schools, colleges, Young Farmers Groups, young people, including those that use mental health services, self-help groups and frontline staff working with children and young

people. Over 450 hours of engagement took place in workshops, online and 1-2-1 interviews. The engagement of young people supported the design of outcome measures and what we know about mental health in Herefordshire today. This resulted in recommendations for change; the development of outcome measures that the public wanted to see and a better understanding of mental health in Herefordshire. This work has informed the Joint Strategic Needs Assessment for the area and provides specific analysis that was not available before. The report concluded that there was a need to:

- Enhance tiers 1 and 2 support for children and young people;
- Improve the availability and quality of information available on mental health and well-being to young people, parents and carers;
- Improve professionals' knowledge and awareness of the signs and symptoms of mental health, tiers of need, thresholds and referral routes;
- Improve collaboration between service providers in the identification and response to emotional health, well-being and mental health need;
- Development of a comprehensive referral care pathway using a 'stepped' model;
- Develop a programme of reform and transformation in response to the engagement of children, young people and their families that contributed 450 hours to the needs assessment development.

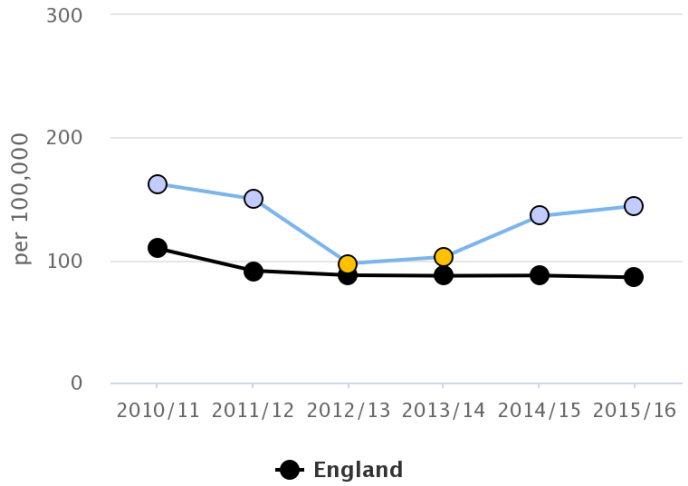
The recommendations relating to children and young people have been incorporated into this Strategy.

Appendix 1: Joint Strategic Needs Assessment; Mental Health Needs Assessment.

2.8 National information supports this Strategy in terms of direction of travel. For example, the perinatal mortality rate in Herefordshire of 8.6 per 1,000 total births is significantly higher than both the national rates, while the local infant mortality rate was similar to those for England and the West Midlands (2015/16).

2.9 One of the areas of concern is hospital admissions. The illustration below show that Herefordshire has had an increasing number of admissions in recent years and that it is above the English average.

Figure 2: Child hospital admissions for mental health conditions: rate per 100,000 aged 0 -17 years 2015-16



2.10 Hospital admissions for self-harm are also an area for concern although the level of need is similar to the England average.

Figure 3: Hospital Admissions as a result of self-harm (10-24 years) directly standardised rate per 100,000 population aged 10-24 years (Herefordshire).

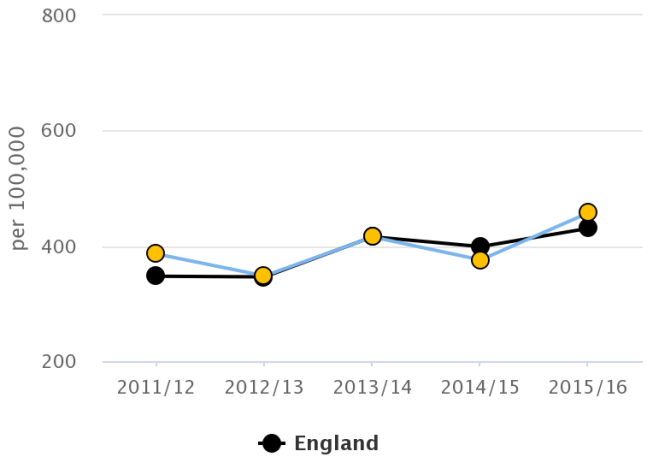


Figure 4: Directly standardised rate of hospital admission for self-harm per 100,000 population aged 10-24 years.

Area	Value	Lower CI	Upper CI
England	430.5	426.5	434.7
West Midlands region	443.3	430.8	456.0
Stoke-on-Trent	588.2	521.0	661.7
Dudley	574.3	512.3	641.7
Wolverhampton	558.5	493.3	629.8
Coventry	525.2	473.1	581.4
Warwickshire	510.7	466.2	558.3
Staffordshire	489.9	454.9	526.9
Sandwell	468.7	415.4	527.0
Herefordshire	457.5	383.9	541.1
Telford and Wrekin	423.0	355.3	499.8
Worcestershire	400.5	361.6	442.5
Walsall	400.3	347.4	458.9
Shropshire	392.0	339.2	450.7
Birmingham	344.8	322.3	368.4
Solihull	341.7	283.4	408.4

2.11 Local interpretation of the different indictors is available through the Joint Strategic Needs Assessment. From the 2015-16 Herefordshire data for young people's mental health:

- % of 15 year old drinking regularly (7.8%) is higher than the regional (5.5%) and national (6.2%) figures. Under 18 alcohol specific hospital admissions (50.8/100,000 population) is higher than the regional (32.6/100,000 population) and national (37.4/100,000 population) rates.

- Under 17 hospital admission due to mental health conditions (144.2/100,000 population) is the worst across the West Midlands being higher than the regional (89.8/100,000 population) and national (85.9/100,000 population) rates.

- Though these rates are based on small numbers but trend analysis shows that Herefordshire rates have consistently been higher than the national rates in the last couple of years with a recent upward trend. A number of assumptions could explain this position: that either the raising profile of mental health is encouraging more young people to seek support than previously or that young people's lives are affected by isolation, stress and anxiety caused by socio-economic factors. This needs further explanation to explore the causes behind the presentations by young people.

2.12 Within vulnerable children and young people groups, the number of un-accompanied asylum seekers is predicted to increase. Although small numbers, the level of mental health and emotional wellbeing needs is assumed to be higher in this group.

Mental Health and Emotional Wellbeing 2020

3.1 Our ambitious transformation programme wants to achieve:

- Timely information, advice and support to promote the well-being of children and young people and support for parents, carers and practitioners who work with them.
- Excellent success in recovery and avoidance of crisis, with good evidence-based practice demonstrated in our services.
- Good levels of awareness of mental health and emotional well-being in children and young people. More young people able to talk about mental health and reduce the isolation and stigma felt by children and young people seeking help with their mental health.
- Improved health equalities through recognising that vulnerable children and young people are more likely to be affected by mental health. We want provision to be available for vulnerable groups to strengthen their resilience and well-being.

3.2 We are committed to developing the areas stated in the Future in Mind Report and have adopted these as our building blocks to underpin our transformation plan. Some of these building blocks have been pooled together into eight key areas as presented below:

Figure 5: Building Blocks of Transformation vision

<table>
<tr><td colspan="2">Improved crisis care
Improved crisis care right place, right time, close to home</td><td colspan="2">Raising Awareness
Improved public awareness, less fear, stigma & discrimination</td><td colspan="2">Vulnerable Children & Young People
A better offer for the most vulnerable children & young people</td></tr>
<tr><td colspan="2">Evidence-based Support</td><td colspan="2"></td><td colspan="2">Visible and Timely Access</td></tr>
<tr><td>Improved access for parents to evidence-based programmes of intervention & support</td><td>More evidence-based outcomes focussed treatments</td><td>More visible & accessible support</td><td>Timely access to clinically support</td></tr>
</table>

Workforce Development	Needs of Children & Young People	Engagement and Partnership
Professionals who work with CYP trained in child development & MH	*Model built around the needs of CYP, and move away from the tiers model*	*Improved transparency & accountability across whole system*

Outcomes

3.3 Achieving the priority areas will transform the volume and quality of support available in Herefordshire by 2020. The intended outcomes from this work are providing choice, agencies working together, using evidence-based treatments, early identification and engagement of children, young people and their families:

1. Practitioners should be able to:

   - Identify mental health and well-being needs early in a child's development
   - Provide general advice and support
   - Ensure children and young people are referred to appropriate agencies to meet their mental health and emotional well-being needs.
   - Provide services to children and young people in co-ordinated partnerships with others as required.
   - Prevent an escalation of mental health and well-being problems by identifying risk factors and taking steps to reduce them.
   - Appropriately share information with other practitioners to enable effective joint working to meet the mental health and emotional well-being needs of children and young people.

2. Children and young people will be able to recognise ill-health and take steps towards keeping well. They will be assured that others around them understand how they are feeling and know that they will be supported to access help when needed.

3. Early intervention and prevention is available that reduces the development of mental health deterioration.

4. The services are flexible, accessible and appropriate for children and young people, meeting their needs effectively and efficiently by:

- Operating integrated and effective community-based care pathways for children and young people in need of support for their mental health needs;
- Offering choice and recognizing that exercising choice enables treatments to be personalized;
- Continuing to have low numbers of young people admitted to specialist inpatient services;
- Having a skilled workforce that champions early identification of mental health and ensures that children, young people and their families are treated with compassion, respect and dignity, and without stigma or judgement;
- Improving the capacity and availability of provision offering early intervention to children, young people and their families;
- Improving the range of evidence based interventions available in the county delivered in young people friendly settings; and
- Having children and young people tell us that they know how to look after their mental health and that support is accessible.

3.4 Beyond 2020, it is the ambition of the Partnership to continue to drive forward improvements in this area. Much of the work on the above outcomes will support joint delivery under the emerging Herefordshire Accountable Care System, which will be in place by 2020. It is expected that Partnership will continue to be a local delivery partnership to support transformation of children and young people's mental health provision as part of the Herefordshire and Worcestershire System Transformation Partnership plan.

3.5 Herefordshire Roadmap

Raising Awareness	**Workforce Development**	**Engagement and Partnership**	**Visible and Timely Access**
Improved crisis care	**Needs of Children & Young People**	**Vulnerable Children & Young People**	**Evidence-based Support**

Raising Awareness of Mental Health

3.6 We want the co-ordination of local awareness events and improved information to reach large numbers of children and young people, the staff that work with them and their parents and carers. This will help tackle the stigma associated with mental health issues and enable children and young people to talk about their mental health, and wellbeing, helping improve their resilience. Through this priority area, we want to strengthen communities including communities of children and young people to support each other. Activities such as First Aid in Mental Health, peer networks and campaigns are part of this approach to promote positive behaviours and resilience. We want to build upon our Strong Young Minds campaign throughout all schools, online and events, incorporating Children's Mental Health week and world Mental Health Day, to speak out about mental health. As a Partnership, we have agreed to use the 'five steps to wellbeing' materials in our campaigns.

3.7 During the period of this strategy, a new emotional wellbeing programme has flourished, led by CLD Trust (voluntary organisation) that includes information, resources, workshops and individual support. This direct delivery has opened-up access in schools and community settings to reach young people earlier as part of a preventative approach. The learning from this has informed our approach to early intervention and children and young people engagement. Strong Young Minds participation workers have recruited over 150 young people who are acting as Strong Young Minds Champions helping to raise awareness of the importance of mental health and wellbeing and reduce stigma.

Appendix 3: Strong Young Minds Summary

3.8 A key element of raising awareness is with both staff and pupils at local schools and colleges. In 2017, we will launch our whole-school toolkit that offers comprehensive guidance for schools. This will provide locally created tools and therefore support consistently of key messages as well as local contacts. Work with schools by the School Nursing Service will help identify those schools requiring additional support, in addition to the Strong Young Minds initiative.

3.9 Herefordshire is developing a suicide prevention strategy and this will be include a link to this strategy, particularly recognising the stresses in childhood and adolescence and transition to adulthood.

Workforce Development resulting in Multi-agency Approach

3.10 The majority of work with children and young people to meet their mental health needs and support their emotional well-being will be provided by universal services such as GPs, health visitors, school health services, providers of youth services, school pastoral services and other community agencies. Priority will be given to the provision of education, training and support to:

- GP and primary care staff
- Staff in schools and colleges
- Children centres and early years settings
- Community health staff
- Social care staff (social workers, family support workers)
- Youth Offending Service staff
- Volunteers, mentors and peer supporters of children and young people

3.11 This is part of a global health perspective that recognises the value in skilling-up communities. Through workforce development, we will improve competency about early identification of mental health needs and interventions that can support emotional wellbeing across all settings. We have a workforce plan that includes formal training, supervision and informal peer support to achieve this ambition, with local training delivered in multi-agency sessions. A practitioners network will be part of this approach. This has led to a greater understanding of our workforce's training needs and provision, such as Mental Health Act, Mental Capacity Act, mental health awareness and evidence-based practice. Recent feedback from Youth Mental Health First Aid course for schools in Herefordshire was positive:

- "A thoroughly interesting course with lots of useful resources and tools to support our students."
- "Brilliant course - very informative and humorous…"

- "Presentation of the course was great - interest held very well and interaction with audience excellent - Very effective training technique including varied references which will be invaluable in the future!"

Appendix 2: Workforce Development Plan.

3.12 A review of the skill mix in CAMHS has resulted in the recruitment of new staff to deliver choice and partnership approach (CAPA) alongside the specialist skills required for complex interventions. Since the start of this Strategy, new posts have been created to support CAMHS learning disabilities; CAPA; duty and crisis care; eating disorders and youth offending.

3.13 For the last three years, Herefordshire has engaged in the national CYP-IAPT programme (improving access to psychological therapies) to improve practitioners' skills. We will ensure that evidence-based therapies and support are available across Herefordshire through the ongoing development of CYP-IAPT. This has led to new posts of Psychological Wellbeing Practitioners as well as brought knowledge and competencies to the local workforce. In 2018, the Partnership will review systematic family therapy and evidence what impact this modality has had on children and young people and their families.

Evidence-based Support

3.14 All services should be nurturing and promote the resilience of children and young people. Support to families is a critical part of this, starting from pre-birth and building attachment between child and parent, continuing into early childhood and teenage years with positive parenting. This is an area that we recognised in 2016 as fragmented and difficult for families to access support and this led to a multi-agency agency pathway being created. Through the work of the health visiting service and Early Help programme, there is targeting of some geographic areas of Herefordshire that experience greater health inequalities than other areas.

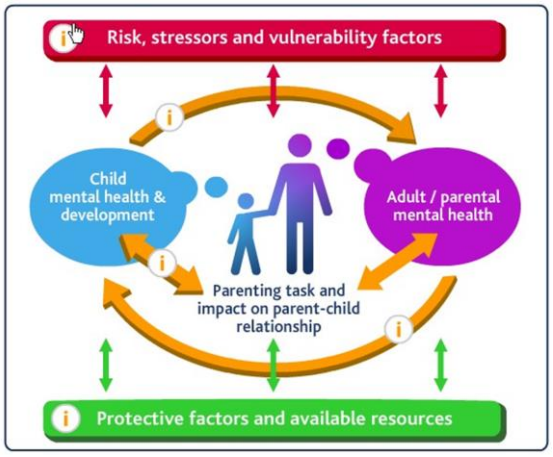


Figure 6: Parent-Child interdependencies and Mental Health

Parental mental illness has an adverse effect on child mental health and development. Equally, child psychological and psychiatric disorders and the stress of parenting can impinge on adult mental health. Figure 6 illustrates these interdependencies. In 2016, we developed a proposal for perinatal care across Herefordshire and Worcestershire (as part of our STP). This application was not successful in attracting additional resources and substantial work has taken place to revise the proposal, building links with Gloucestershire and Worcestershire. We believe that this will bring specialist skills to our county and result in more women receiving support. The county's Early Help offer includes access to parenting programmes, delivered by the local authority as advertised on Herefordshire Council website and on our local Wellbeing Information and Signposting for Herefordshire website. Parents can self-refer to courses.

3.15 We have increased the capacity of local services to help children and young people with eating disorders. The model involves a commissioning arrangement across a larger population (including Gloucestershire) to create a spoke and hub model, with Herefordshire as a spoke. For children and young people requiring support over 7 day week service, the service is flexible enough to meet the individual need. This will include support from general CAMHs and paediatric liaison to ensure that urgent assessments are available. The additional staffing is focused on more intensive work with young people as per 2015 guidance. The Access and Waiting Time Standards state that NICE-concordant treatment should start by a maximum of four weeks from first contact with a designated healthcare professional for routine cases and one week for urgent cases. Herefordshire has developed its model for eating disorder to meet these requirements. Currently, most children and young people are seen within four weeks and an eating disorder pathway is in place. Further work is underway to further the development of the eating disorder service to deliver quality care as per community eating disorders standards and locally, we will develop changes to the pathway in collaboration with the local hospital trust to ensure a consistent framework for treatment

and support to staff. Consultation with parents has identified key gaps in providing information and support and this dialogue will continue in the form of a parents group and the possibility of developing peer mentoring.

3.16 It has been agreed that the service will meet the following requirements:

- Receive a minimum of 50 new eating disorder referrals a year, which are likely to include anorexia nervosa, bulimia nervosa, binge eating disorder and related diagnoses across CCG areas.
- Cover a minimum general population of 500,000 (all ages).
- Use up-to-date evidence-based interventions to treat the most common types of coexisting mental health problems (for example, depression and anxiety disorders) alongside the eating disorder, building upon our CYP-IAPT programme.
- Enable direct access to community eating disorder treatment through self-referral and from primary care services (for example, GPs, schools, colleges and voluntary sector services) to be developed during 2016/17.
- Include medical and non-medical staff with significant eating disorder experience.
- Adhere to the standards set out in the guide.

3.17 During 2015/16, growth in staffing for the Community Eating Disorder Service took effect with improved evidence-based competencies, linked to the CYP-IAPT programme. In 2016/17, the key performance indicators were introduced and monitored. In 2017/18 it was identified that the existing model has a gap in meeting needs that could be described as intensive domiciliary support, with training and support for families. Further work will take place to reflect on our current model and to identify further enhancements in 2018.

Needs of Children and Young People Model

3.18 The Partnership is starting to explore the evidence for redesigning local provision to support children and young people 0-25 years old. It is acknowledged that stress caused by exam times and adulthood is a key period for the development of mental health, therefore

continuity of support is important. Getting the pathways and model right will build confidence and capacity among our workforce to meet the needs of our children and young people and avoid the delay in referrals when the need has reached the point of critical or rapid deterioration. Specialist services will be available in a consultative role to underpin universal services capacity to respond. We will investigate options with our stakeholders including children, young people and their families, before deciding a model of care.

3.19 We will also improve joint working between providers facilitating cross-fertilization, easy escalation and de-escalation of services and joint working (in particular when organising therapeutic group work with certain disorders, e.g. social anxiety). This will involve shared care pathways, better information and more communication. During the lifetime of the partnership, a greater inter-agency cooperation is resulting in improved understanding of children and young people needs and where our gaps exist. (See chapter 2 on the profile of mental health for more information).

3.20 Children and young people's experience of poor continuity of care, resulting in feelings of abandonment must be eradicated during times of transition. This includes maintaining good practice in transition planning for young people transitioning to adult services and improving patient experience during discharge and transitions. Herefordshire has a transition protocol and taking part in the Department of Health CQUIN. Already this has resulted in significant consultation with agencies and GPs, asking what information they need at the transition of care and at discharge into primary care. Although this process is ongoing, there will be significant changes following feedback.

3.21 NICE compliance is routinely monitored in Herefordshire mental health services. In 2015/16 sharing of the criteria for services and care pathways has resulted in more appropriate care for children and young people. This continued in 2016/17 and further care pathways are in development in 2017/18. This will also include shared care guidelines with primary care for eating disorders. To identify if the area has improved its provision, we will seek a follow-up

to the West Midlands Quality Review Service peer-review against the CAMHs community standards.

Visible and Timely Access

3.22 We plan to improve links between schools and primary care to provide quick access and support when concerns are raised. This is particularly important in the case of self-harm, where prompt triage and mitigation of risk can allow an early return to school, potentially avoiding escalation into specialist services which reduce stigma. The vision is to have a named mental health champion in each school (typically the SENCO) or college, providing the opportunity for closer working, building up links with GP surgeries, school nurses and other health professionals. Currently capacity for counselling services in schools is variable and confidence levels in managing risk within primary care are also variable, as evidenced by the varied complexity of referrals to specialist services, therefore improving skills within both education and generalist care will help to improve appropriateness of referrals. Strong Young Minds project has offered all Herefordshire schools a menu of opportunities to provide preventative input into schools. A recent GP education session saw children and young people Ambassadors challenging primary care clinicians to improve their understanding and care of children and young people with mental health issues, with every GP surgery making pledges during the event.

3.23 Herefordshire did not have seven days a week CAMHs provision, impacting on timeliness of assessments and access to advice and support at weekends and evenings. We have increased the availability of CAMHs duty function to include greater access at weekends and evenings. This is improving local response to urgent need. CAMHS has also introduced self-referral for patients within six months of discharge and has negotiated a pathway with the CLD Trust which allows signposting of referrals between services without asking the referrer to re-refer to the relevant agency.

3.24 Significant work has taken place to improve waiting times, resulting in the waiting times for assessments becoming outstanding, the result of a good implementation of Choice and

Partnership Approach and processes for managing referrals. In 2016/17, the average referral to treatment times was within 6 weeks, with most children and young people seen within four weeks. All exceptions or long-waits are investigated and learning used to improve processes.

3.25 In 2015/16, we increased the capacity of the Early Intervention Service and monitored waiting times for assessment. In 2015/16, the average referral to treatment time was two weeks for 60% of young people. In 2016/17, the average was 70% of young people that used the service. Monitoring is continuing to ensure that all young people requiring assessment and treatment with psychosis is available within two weeks and all breaches are investigated. Traditionally, the Early Intervention Service provided support for 14-25 years old and the linkages between CAMHs and Early Intervention Service has been improved with a joint pathway. Young people younger than 14 years old are supported by CAMHs.

3.26 Child and young people friendly premises are not currently available. Improving the accessibility of clinic space and offering a choice of location is an important aspect of making mental health services welcoming and easier to take-up. Already, schools and local community venues are being used and evening/weekend clinics are popular. Within the five year scope of this plan, we want to investigate opportunities for walk-in / drop-in venues and an environmental improvement to current clinic location. Working in partnership across the system, we will be undertaking a feasibility study into new clinic spaces. Feedback from children and young people frequently flags up that current clinic space is stigmatizing and has limited confidentiality. In 2017, work commenced on identifying new premises for community CAMHs and to improve clinical space for CLD Trust. This may include mobile working from other settings that are less stigmatizing for children and young people, as well as reduced transport cost for appointments.

3.27 Improved visibility of services will be delivered through better-quality information available online and through local organisations, including publication of eligibility and referral guidelines. Herefordshire has an online site called WISH (Wellbeing information and

Signposting in Herefordshire) and it is proposed that the Partnership use this to improve information.

Improved Crisis Care

3.28 Herefordshire is implementing an all-age Crisis Care Concordat action plan 2015-2018 to include staffing of a section 136 suite, looking at how crisis can be prevented and extending the availability of CAMHs assessments and psychiatric liaison. In 2016, a proposal for a capital refurbishment of the Place of Safety was developed and resources secured, in recognition that young people's needs were not met by the existing provision.

3.29 Herefordshire has developed extended provision for urgent assessments for young people experiencing a crisis. This is now available seven days per week in partnership with the local Children's Ward. This provision acknowledges that families use A&E as a point of contact with the NHS and therefore mental health liaison is fundamental in addressing urgent need. The local area has developed a protocol and a multi-disciplinary team approach, including children's social care, to ensure that community responses sustain and address the needs of the child.

3.30 Person-centred care is paramount. Through the work on understanding why young people experience a mental health crisis, we have identified a small cohort of young people that have a number of social circumstances, such as edge of care that places them at an increased risk of a crisis. This group of young people are experiencing repeat crisis despite care planning in place. This has an impact on utilisation of resources, both in frequency and intensity. In 2017 a pilot will focus on this group of young people and offer psychological input as part of mental health liaison to address both the identification of the level of need and offer immediate input. This project takes into account that a 3.5 community intensive service is not viable for the overall low numbers of young people that Herefordshire alone sees; yet it offers quick response that will follow the young person into the community. This project would build upon the extended duty and community CAMHs provision in place. The identified cohort of young people does not usually conform to existing service provision

arrangements, e.g. appointments. Therefore the innovation of this approach is to build in drop-in and flexible approach to contact time with young people. The therapies involved shall be DBT to address the distress tolerance phase, systematic therapy and brief/ functional therapies. The pilot will be reviewed after six months to determine what impact the provision has had on young people in crisis.

3.31 Currently, children and young people requiring inpatient care and support are using out-of-area provision, which can sometimes be some significant distance from their family and home. This subsequently does not align with our values of treating people in the least restrictive environment and as close to their homes as possible and does not offer easy access and support from their families and carers which is key to their earlier and sustained recovery. On rare occasions the pathway to support a young person requiring admission to an inpatient bed can involve an admission to the Adult Mental Health Inpatient Services Unit, which whilst against NHS requirements, is often the least poor option for keeping the young person safe pending their admission to a tier 4 placement when identified. A local policy is in place for such admissions.

3.32 A key priority of the Partnership will be to ensure appropriate access to inpatient beds and support the rehabilitation and resettlement for children and young people after an inpatient stay. Commissioning of specialist beds is the responsibility of NHS England and we recognize regional collaboration is essential to reduce the risk of a fragmented pathway; reducing the numbers of young people going into inpatients beds and addressing the gaps in provision. Links with NHS England Specialised Commissioning has improved the availability of information and discussion about inpatient provision between commissioners. Herefordshire is a relatively low user of CAMHs inpatient provision. We value the work of our community services in keeping children and young people well. However, the specialist multi-disciplinary team has limited capacity to provide intensive work such as intensive rehabilitation or community treatments are not available. Intensive rehabilitation and admission avoidance is an area recognised as a priority under the System Transformation partnership workstream in mental health, as the larger population of young people offers a more sustainable and viable service options. This will be developed during 2017/19.

3.33 Herefordshire is a fast-track site for implementing community responses to the Winterbourne View investigation and reviews that have driven the Transforming Care Programme. We have set up joint discussions for all people currently out of county. This approach extends to children and young people through the established Complex Needs Panel. We have adjusted local processes to hold a Care Education and Treatment Review (CETR) prior to any decision to seek an admission to hospital for those with, or suspected to have Autism and/or learning disability presenting with challenging behaviours. Future plans include building upon this so that our local Complex Needs Solutions Panel has oversight of all children in an out-of-county setting. This will provide multi-agency monitoring of placements and future plans.

Vulnerable Children and Young People

3.34 We will assure the delivery and effectiveness of commissioned services for prioritised groups of children and young people. These are:

- Looked after children and young people
- Young people known to the Youth Offending Service
- Children and young people with conduct disorders and challenging behaviours
- Children and young people misusing substances
- Children and young people living in poverty
- Children and young people experiencing a mental health crisis
- Children and young people at risk of sexual exploitation
- Young carers
- Refugee and asylum seeking children and young people

3.35 Our actions will include developing awareness across Herefordshire, that vulnerable children and young people will have poorer emotional health than their peers. Further work is required to review the effectiveness of targeted and specialist services to determine if the needs of vulnerable children and young people are being met. This brings together the Early Help, children with disabilities and mental health workstreams of the Children and Young

People's Partnership. In 2016, we reviewed provision for children and young people with ADHD and Autism, resulting in new models of joint service delivery and multi-agency care pathway. Further work on ADHD provision is planned to explore improved local arrangements for young people aged 18-25.

3.36 In 2015-2017, we will roll out reported outcome measures in work with vulnerable children and young people, e.g. in the Youth Offending Service; and improve links between mental health service and children social care. Children and young people in contact with the criminal justice system have a higher prevalence of mental health needs than other children and young people. A deep dive into emotional and mental health by West Mercia Youth Offending Service (July, 2017) highlighted unmet need. This will be explored by the Partnership to identify what improvements can be made, particularly seeking a collaborative approach across the West Mercia area. In addition, links have been made with NHS England (and through the Crisis Care Concordat West Mercia Group) to explore possibility of applying Health and Justice resources to improve provision for this vulnerable group.

3.37 Herefordshire Council made arrangements for a therapeutic fostering service for children and young people looked after who have the most complex needs and who would normally need to be cared for in residential care, away from their local communities and networks. This therapeutic foster care supports children and young people who have experienced significant trauma in their lives an opportunity to overcome adversity and have the chance to form stable and secure relationships with their carers and live appropriately ordinary lives.

3.38 In 2017, Hope Support Services came together to work in partnership with St Michael's Hospice to provide services for children and young people, including one-to-one sessions, online and group outings. This provision provides support for young people that have a family member diagnosed with a life threatening illness. Another vulnerable group is young carers and these children and young people are identified by Herefordshire Carers Support, with outreach offered through schools. This offers a non-stigmatising approach to young carers.

Engagement and Partnership

3.39 Consistent with the data specification for CYP IAPT, Herefordshire agencies involved in CYP-IAPT have rolled out outcome measures across services:

- Child and parent initial assessment measures (RCADS and SDQ),
- General review measures (GBO and C/ORS)
- Symptom Trackers (for: Depression, Separation Anxiety, Social Anxiety, Generalised Anxiety, OCD, Panic, PTSD, Behavioural Difficulties, PHQ9, GAD7, Impact Tracking)
- Feedback forms (SRS)

3.40 Routine feedback from children, young people and their families on their experiences of mental health services in Herefordshire is collected by services to recognise and demonstrate person-centred services. This has included targeted approaches to involve children and young people from vulnerable groups. For example, in 2017, a group of young people assessed the Community CAMHs service using the fifteen steps methodology. Parents feedback is collected as part of service provision, for example from the Solihull Parenting Group (July 2017):

'I have actually started playing with my children more and have noticed their behaviour has improved'

'I'm not shouting as much and am less stressed by my son's behaviour'

'The brain development clips (You Tube) have made sense of all the information the health visitor gave me when my children were younger'

3.41 The work of the Mental Health Wellbeing Ambassadors and Strong Young Minds have brought peer awareness to the county. In their three years, the broad range of approaches has helped strengthen the level of knowledge held by young people, their families, the public and practitioners. Setting up of the Mental Health Wellbeing Ambassadors started with the CYP-IAPT programme and now its role has increased to be advocates and champions in service planning and reviews as well as raising awareness. A similar group, Young People's Champions, including young people with experience of mental ill health, has been set up in

conjunction with Hereford Hospital Children's Ward. This growth in peer awareness and championing the needs of young people is welcomed and encouraged.

3.42 Seeking people's views is an important element of our work. For example, Healthwatch Herefordshire hosted a Question Time style event at the Hereford Sixth Form College in June 2016, focussed on mental health services, people's changing attitudes and priorities. 86% of attendees voted that their understanding of mental health was better following this event. In 2017, Healthwatch Herefordshire ran focus groups with young people to capture their reflections on what helped you most / what helped you least? From this report, young people said to continue to use the Five Steps to Wellbeing Campaign and to improve local literature on mental health.

See:
www.healthwatchherefordshire.co.uk/news/healthwatch_listens_young_people_whitecross_peer_educators_day

Currently, Healthwatch Herefordshire are conducting a survey with 11-25 years old to understand what young people found the most and least helpful for those who have experienced mental health illness.

3.43 Engagement of organisations is also a key approach. All of the partners engaged in the Mental Health Partnership undertake discussions with a number of organisations. This included a stakeholder event for local organisations in May 2015; visits to schools and delivery of key messages to forums, e.g. SENCO. Through this engagement, the membership of the Partnership has also increased. In 2018, the Partnership will raise awareness of its existence and make available information to cascade the work of the group to other agencies.

Governance

System Transformation Plan (STP)

4.1 Our STP will enable a system wide strategic direction and delivery mechanism to deliver the Health and Wellbeing Strategy and the Children and Young People's Plan. The STP process is intended to provide the central vehicle through which local government and the NHS can work together in order to achieve the 'triple aim' of improving the health and wellbeing of the local population, improving the quality and safety of care delivery and securing ongoing financial sustainability. Our local area includes Herefordshire and Worcestershire.

4.2 The underpinning vision agreed in both Herefordshire and Worcestershire by the improving mental health and learning disability care workstream is:

To achieve the ambition of parity of esteem between mental and physical health for children, young people, adults and older people; working together to tackle inequalities as well as to ensure access to good quality mental health care, a decent place to live, a job and good quality relationships between individuals and their local communities.

4.3 The focus on partnership working across traditional commissioner-provider and provider-provider boundaries to ensure we reduce duplication and add value. This includes developing our ability to share resources across the system, in terms of learning, expertise and provision. In addition, it is the intention of the STP to work with local authorities on a place-based approach and embed prevention across the system. This is echoed in the raising awareness and workforce development outlined in this Strategy.

4.4 For children and young people's mental health, the priority in the STP is care closer to home for children and young people needing inpatient care or intensive community rehabilitation. This is an area that STP mental health workstream will develop across the two counties, ensuring that developments serve the larger population of young people in the area. Another key area is perinatal mental health and joint working between all agencies in the STP has resulted in an agreed model. This is reflected in the STP mental health action plan and the action plan for the Children and Young People's Mental Health transformation.

4.5 The chair of the Herefordshire Children and Young People's Mental Health Partnership is a member of the STP mental health workstream, with Herefordshire CCG (commissioner) and

2gether NHS Foundation Trust (provider). This supports reporting and links between the local partnership and the STP.

Appendix 1: System Transformation Partnership Plan.

Health and Wellbeing Board

4.6 The Health and Social Care Act 2012 gives Health and Wellbeing Boards specific functions. The statutory functions are:

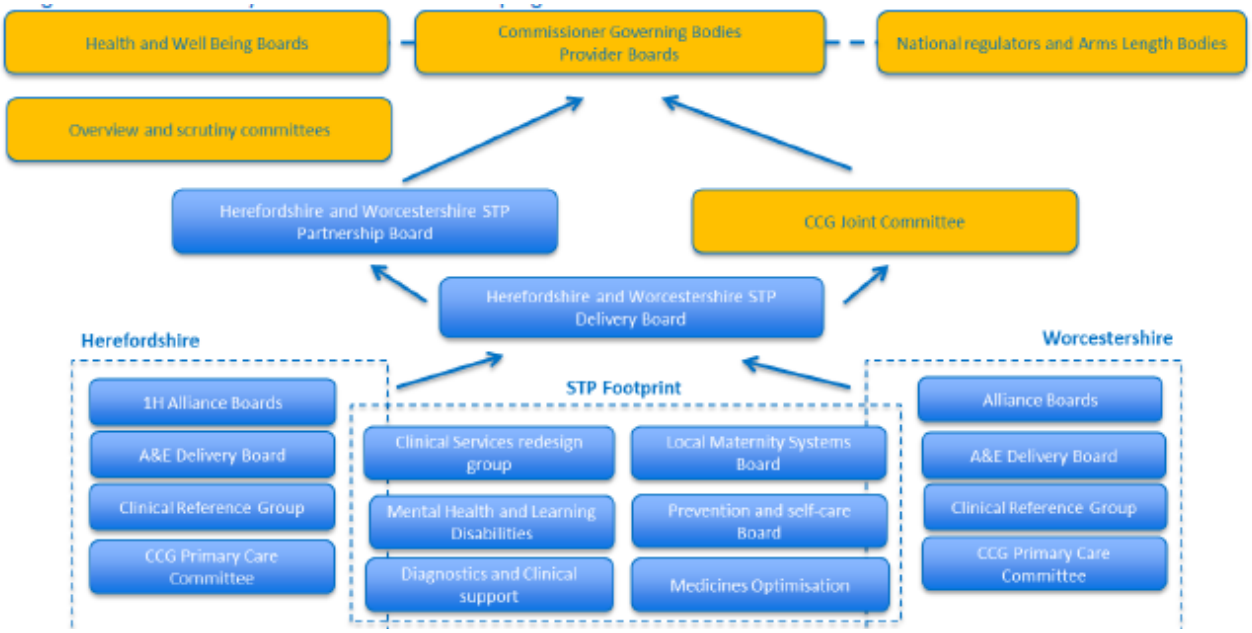
- To prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs),
- A duty to encourage integrated working between health and social care commissioners.
- A power to encourage close working between commissioners of health-related services and the board itself.

4.7 Membership of the Health and Wellbeing Board includes Councillors, Directors, lay members, and Healthwatch Herefordshire.

4.8 The Herefordshire Health and Wellbeing Board have developed a health and wellbeing strategy with priorities based on a combination of analysis and public engagement. Herefordshire agencies are committed to change. The Health and Wellbeing Board has mental health as one of its top priorities; and this is echoed within the Children and Young People's Plan with significant aspirations for improvement in prevention and early intervention; coordination of services, evidence-based practice and workforce development leading to improved outcomes for children and young people by 2018.

Figure 7 illustrates the relationship between the Health and Wellbeing Board and the System Transformation Partnership

Figure 7: System Transformation Partnership structure



Appendix 1: Health & Wellbeing Strategy; Joint Strategic Needs Assessment.

Children and Young People Partnership

4.9 The Herefordshire Children and Young People's Partnership (CYPP) has lead responsibility for the development and delivery of the Children and Young People's Plan 2015-2018. The Plan is an integral component of the Herefordshire Health and Well-Being Strategy to address its priority on children and young people. The Health and Well-Being Board will oversee implementation of the Plan via feedback on a quarterly basis from the Children and Young People's Partnership Board. Herefordshire Children and Young People's Mental Health and Wellbeing Transformation Plan is a detailed expansion of Herefordshire Children and Young People's Plan 2015-2018.

Appendix 1: Terms of reference for Children and Young People Partnership

Children and Young People's Plan

4.10 The Herefordshire Children and Young People's Partnership seeks to protect children and give them a good start in life. Emotional well-being and good mental health are crucial to this. The current Children and Young People's Plan for Herefordshire was published in 2015. This overarching plan brings together agencies to cooperate in making improvements in six key areas:

- Early help
- 0-5 Early Years
- Mental Health and Emotional Well-Being
- Children and Young People in need of Safeguarding
- Addressing challenges for Adolescents
- Children and Young People with Disabilities

4.11 This Children and Young People Mental Health and Emotional Wellbeing Transformation plan is the delivery plan for the Children and Young People Partnership's priority on mental health and emotional wellbeing. Delivery of this Plan is linked to the delivery of plans across the six areas, making sure there is no duplication, gaps and supporting linkages and joint working. This recognises that children with mental health needs can also be children with other needs such as disabilities. The vision for transformation in mental health provision is therefore part of a larger scale transformation of services for children and young people across the Children and Young People's Partnership. The Children and Young People's Partnership receives quarterly reports from Children and Young People Mental Health & Emotional Wellbeing Partnership to account for progress with regular reports presented.

Children and Young People Mental Health and Emotional Wellbeing Partnership

4.12 Under the Children and Young People's Partnership, there is a partnership group dedicated to lead on developments for children and young people's mental health and emotional wellbeing. This includes representatives from commissioning and provider organisations that work with children and young people, including CAMHs, voluntary organisations, Healthwatch Herefordshire, the youth offending service, schools, the local authority and the clinical commissioning group.

4.13 This Partnership, chaired by the CCG, is responsible for the development of the CAMHs transformation plan, its progress and collaboration across the system to ensure that the vision is achieved. Clinical engagement is an important element of the Group with all disciplines given the opportunity to engage. Engagement with children and young people is provided through a link to the Young People Wellbeing Ambassadors Group who lead on

elements of the plan, co-produce on other elements and challenge the Partnership on its plan implementation.

Appendix 4: Terms of Reference for Children and Young People Mental Health and Emotional Wellbeing Partnership.

4.14 The work of the Partnership is informed by local and national information and engagement:

- The national recommendations from the Government's Task Force on child and adolescent mental health and emotional well-being issues and subsequent Department of Health "Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing".
- Alignment with the direction and vision in the five year forward view for mental health (2016).
- The national and local Mental Health Crisis Care Concordat declaration.
- The recent Herefordshire Mental Health Needs Assessment (March 2015) is a key document in understanding the needs of children and young people and mental health. The assessment involved extensive engagement of children and young people to understand their experience, their aspirations and things that need to change or improve.
- Engagement in CYP-IAPT (4th wave) has provided opportunities for our workforce to receive training; and pump primed an interest in knowing more about our workforce. In addition, we have up-scaled the use of outcomes measures; enhanced our engagement with young people; and got people talking about children and young people and mental health.
- Peer review of our mental health services via the West Midlands Quality Review service. This started with a self-assessment against the 'Towards Children and Young People Emotional Health and Wellbeing standards', which was then peer –reviewed. The recommendations from the peer review have informed our transformation plan. Appendix 1: Towards Children and Young People Emotional Health and Wellbeing Standards; Herefordshire Peer Review Report.

- Safeguarding review; Wye Valley NHS Trust and 2gether NHS Foundation Trust inspections by CQC during 2015 identified strengths and weaknesses. The areas for improvement were built into the transformation plan.
- A review into Special Education Needs and Disabilities by CQC / Ofsted conducted September 2016 acknowledged the low waiting times and flexible provision by CAMHs.

Appendix 1: Children and Young People's Plan 2015-2018

4.15 There are a number of task and finish groups/ standing groups reporting to the Children and Young people Mental Health and Emotional Wellbeing Partnership. These are explained below:

Children and Young People's Increasing Access to Psychological Therapies Steering Group

4.16 The CYP-IAPT steering group is responsible for overseeing the development and achievement of the key principles of the CYP-iapt programme as Herefordshire is a wave 4 area. The steering group is made up of local organisations and looks at:

- Improving Access;
- The introduction and rollout of routine outcome measurements;
- The innovative development and use of information technology;
- Self-Referral; and
- The participation of children, young people and their parents and carers.

4.17 The Herefordshire CYP - IAPT partnership has entered its third year in 2017 supported by a part-time coordinator. There has been significant progress in workforce development over the first two years with take up of Parenting, Systemic Family Practice, Cognitive Behavioural Therapy, Supervision training and Evidence-based practice training.

4.18 In 2016/17, new roles of Psychological wellbeing Practitioner training, created using opportunity of recruit to train funding. The development of practitioners has enabled additional therapy to be offered to young people in Herefordshire, typically those with anxiety /depression/ or phobias.

Mental Health Urgent Care Sub-group

4.19 A task and finish group has been set up to make improvements to the pathway for children and people presenting to emergency services as a result of poor mental health. This group is exploring closer interagency responses; care pathways and a working protocol to reduce and manage the needs of children and young people.

Appendix 4: Terms of Reference for Mental Health Urgent Care sub-group.

Whole School Approach Sub-group

4.20 A task and finish group has been set up to develop a resource pack to aid schools and colleges to identify and manage poor mental health in their pupils. This will include how to safely commission counselling; resources for staff training; information on local services and templates for policies such as managing self-harm.

Appendix 4: Terms of Reference for Whole School Approach sub-group.

Herefordshire Well-being Ambassadors

4.21 This group of young people was set up to support the cyp-iapt programme and more latterly, to influence and oversee service developments locally. They have been working to raise awareness of mental health and wellbeing and reduce the stigma that surrounds it. This group is one of the ways of ensuring the voice of children and young people across the system. Their work is reported to the Children and Young People Mental Health and

Emotional Wellbeing Partnership; and the work of the Partnership is also reviewed by the young people ambassadors.

4.22 Some of the activities have included use of social media, talks and workshops such as Hay Festival 2017, building on from a countywide conference held in October 2015. They are championing a wider conversation about mental health awareness and what children and young people need as part of the transformation plan throughout schools, colleges and events.

Appendix 3: Good Practice Evidence.

Appendix 4: Terms of Reference for Herefordshire Well-being Ambassadors.

Mental Health Services Arrangements

4.23 Our model is based upon flexible provision for those aged 0-25, based on care pathways rather than structural integration. The 2gether NHS Foundation Trust delivers CAMHs and adult mental health services for the population of Herefordshire. The range of services offered to young people is expanded by the provision of counselling and cognitive behavioural therapy through a voluntary organisation, the CLD Trust. In a partnership between CAMHs and the CLD Trust, referrals are exchanged between the two organisations as treatments are stepped up or stepped down. Local schools and colleges also make counselling available to their pupils with input from school nursing services. Young children are supported through early years settings and the health visiting service supports parents with infant attachment. All agencies contribute to early identification of children and young people needing support.

4.24 Herefordshire Clinical Commissioning Group commissions 2gether NHS Foundation Trust and the CLD Trust. Herefordshire Council commissions Early Help and therapeutic fostering service. Furthermore, the focus of the Public Health Department commissioning approach is based upon a model of health improvements that integrates preventative activities into everyday services and interactions. From the 5 steps to wellbeing to school nurse provision, mental health and emotional resilience is one of the key areas addressed by this approach.

Commissioning

4.25 In Herefordshire, arrangements are in place between the local authority (Adults, Children and Public Health) and the CCG for joint commissioning. In 2015, a Joint Commissioning Board was established, and in 2016 a children's joint commissioning unit. This provides good system wide links, e.g. work with adult services and the System Transformation Plan. All commissioning agreements made through the Children and Young People Partnership are discussed and ratified at the Joint Commissioning Board.

4.26 In 2015, Herefordshire Clinical Commissioning Group and Herefordshire Council agreed to the creation of a single overarching mental health programme with the an outcomes-based model of commissioning for all mental health services, based upon the outcomes identified as important by local people in the Mental Health Needs Assessment. In 2016/17, some of the outcomes were embedded into contract arrangements, commencing the shift towards an outcomes approach.

Appendix 1: Terms of reference for Joint Commissioning Board

Accountability across the whole system

4.27 Herefordshire is committed to working as a coordinated system, in service delivery and commissioning. Our governance arrangements and links to other thematic strategic groups is good. In 2016-2018, we will publish more information on our work to extend the sharing and learning to families and other organisations. Excellent progress has been made on compliance with the national mental health services data set (Child and Adolescent mental Health Services (CAMHs) data set and Children and Young Peoples Improving Access to Psychological Therapies (CYP IAPT) data set.

4.28 In 2017, Herefordshire Council Health Overview and Scrutiny Committee held a review into mental health services for children and young people. The recommendations were discussed by the Partnership and provide support for the existing actions in the current action plan. The main recommendations were:

- That the ‘local offer’ of emotional wellbeing and mental health support be defined and publicized.
- That a review of the proposals in the STP regarding opportunities for bringing care closer to home and development of 3.5 service.
- That a review of the benefits of having co-located teams based in a child friendly and therapeutic setting.
- And a review of the support provided for young people up to the age of 25, which would align with other children’s services.

4.29 In 2016, the area received a Joint Area Special Educational Needs Inspection. The inspectors reported that:

The service provided by the tier 3 child and adolescent mental health services (CAMHS) is of a very high quality. The service has improved since the reforms were introduced.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/571088/Herefordshire_LA_SEND_Inspection_letter.pdf

Performance and Delivery

5.1 Measuring our multi-agency success will be through monitoring of the step-change in provision. This will include:

- Exploring the effectiveness of provision;
- Performance monitoring including access and quality such as urgent assessment within four hours, zero tolerance to young people with mental health needs held in police custody, and 50% of young people with a first episode of psychosis receiving treatment within two weeks;
- Feedback from children, young people and their families; and
- Feedback from the workforce.

As this is a programme of transformation, risk, equalities, and quality have been considered during the drafting and review of this Plan.

Appendix 6: Risk Assessment. Appendix 7: Equalities and Quality Impact Assessments

5.2 Under the Children and Young People's Partnership, partners are committed to ensuring value for money and efficient use of resources. Any additional resources will be utilised to the best clinical effectiveness and efficiency. Quality assurance systems will be used to continue to monitor quality, patient safety and experience, supplemented by peer reviews, e.g. West Midlands Quality Review Service, and inspections, e.g. Care Quality Commission and Ofsted.

5.3 Performance information on children and young people mental health services is available, however system-wide (including public visibility) is not widely available. Since the start of this Strategy, a quarterly performance dashboard has been developed to create transparency on how services are performing. This includes financial reporting; clinical effectiveness; feedback and activity. The performance has been discussed quarterly at the Children and Young People Mental Health and Emotional Wellbeing Partnership and reported to the Children and Young People's Partnership. This dashboard monitors the eight key areas outlined in Section 3 of the Strategy. Some of the data is collected annually, quarterly and monthly, in line with commissioned and non-commissioned contract arrangements.

5.4 Our key performance indicators (KPIs) will be focused on making improvement to access and waiting times; ensuring vulnerable groups receive support; improving evidence-based interventions; and a KPI on the roll –out of our reported outcome measures. Activity is available on all of the key national metrics in the Mental Health Services Data Set.

5.5 **Quarterly Performance Dashboard**

Visible and Timely Access

Area	Provider	2015/16 Baseline	2016/17	2017/18 Qrt 1	Target	Trajectories		Commentary
						2018/19	2019/20	
Number of Referrals	2gether NHS Foundation Trust	1077	1114	251	-	-	-	No target identified
	The CLD Trust	1210	1039	-	-	-	-	Moving from annual to quarterly reporting in 2017
Number on Caseload	2gether NHS Foundation Trust	1077	1114	743	-	-	-	No target identified
Number on Care Programme Approach	2gether NHS Foundation Trust	171	126	-	-	-	-	No target identified
Waiting time from referral to assessment within 8 weeks	2gether NHS Foundation Trust	-	99%	99%	99%	99%	99%	
Waiting time from referral to treatment within 18 weeks	2gether NHS Foundation Trust	-	95%	88%	90%	90%	90%	12% waiting longer than 18 weeks are for ADHD assessments to be completed
Total number children & young people in treatment	2gether NHS Foundation Trust	-	871	-				Reporting being developed
CYP Eating Disorders: Treatment waiting time for routine referrals within 4 weeks	2gether NHS Foundation Trust	-	-	100%	95%	95%	95%	

CYP Eating Disorders: Treatment waiting time for urgent referrals within 1 week	2gether NHS Foundation Trust	-	-	0%	95%	95%	95%	Data collection started June 2017.
Number & percentage of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks	2gether NHS Foundation Trust	41	20	13	-	-	-	
		61%	72%	62%	50%	50%	50%	
Number of young people aged 18-25 accessing IAPT	2gether NHS Foundation Trust	386	192	50	-	-	-	
Percentage of young people aged 18-25 seen within 6 weeks	2gether NHS Foundation Trust	96.6%	-	-	75%	75%	75%	Reporting being developed
Percentage of young people aged 18-25 seen within 18 weeks	2gether NHS Foundation Trust	100%	-	-	95%	95%	95%	Reporting being developed
Number of Discharges	2gether NHS Foundation Trust	1191	960	215	-	-	-	

Improved Crisis Care

Area	Provider	2015/16 Baseline	2016/17	2017/18 Qrt 1	Target	Trajectories		Commentary
						2018/19	2019/20	
Number of children under 18 admitted to adult inpatient ward	2gether NHS Foundation Trust	4	8	2	-	4	4	Aiming to reduce to baseline figure.
Number of Children admitted to children	NHS England Specialised Commissioning	10	16	5	-	10	10	3x general MH; 2x eating disorders

mental health inpatient units								Aiming to reduce to baseline figure.

Raising Awareness

Area	Provider	2015/16 Baseline	2016/17	2017/18 Qrt 1	Target	Trajectories		Commentary
						2018/19	2019/20	
Troubled families: Number of families identified as having any health related issues.	Herefordshire Council	-	-	517	-	-	-	No target identified
Troubled families: Percentage of families with mental health outcomes	Herefordshire Council	-	-	13%	-	-	-	No target identified

Engagement and Partnership

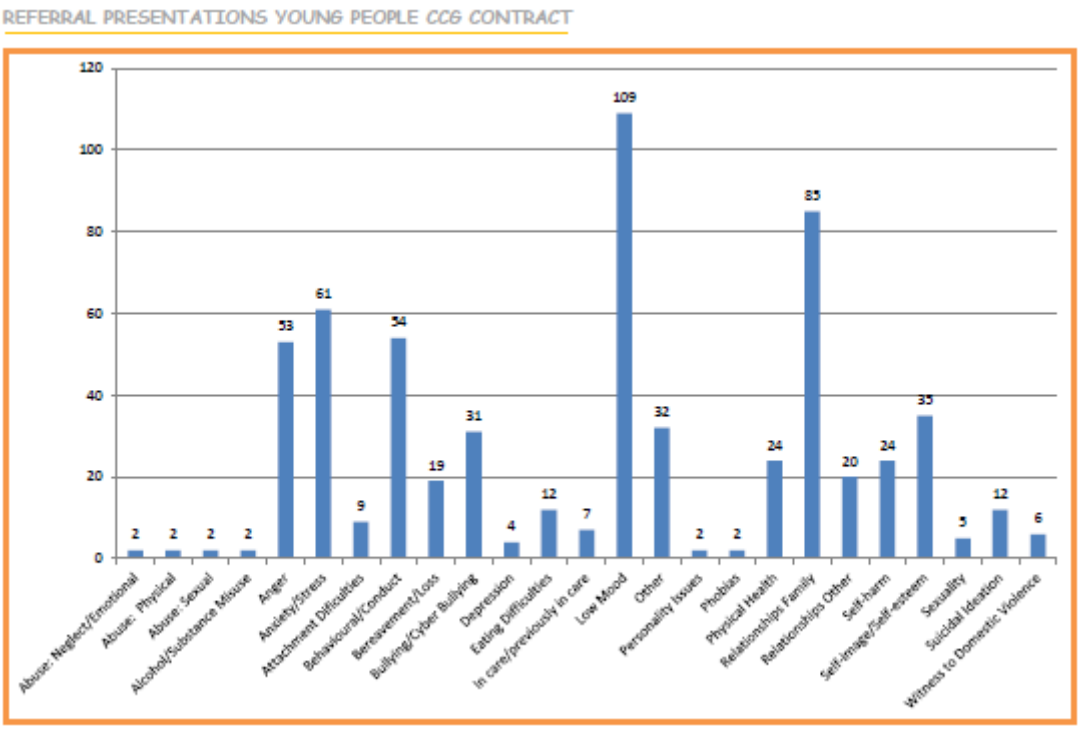
Area	Provider	2015/16 Baseline	2016/17	2017/18 Qrt 1	Target	Trajectories		Commentary
						2018/19	2019/20	
CYPS IAPT outcome recorded as percentage of overall caseload	2gether NHS Foundation Trust	60%	87%	94%	85%	85%	85%	Higher than trajectory.

5.6 Annual Performance Information 2016/17

Further information, particularly qualitative information, is collected on an annual basis. This includes information on presentations by children and young people as well as children, young people and their families' feedback.

For the tier 2 service, the most frequent presentation at referral was low mood, followed by family relationships. Figure 8 illustrates the range of presentations at referral for CLD Trust.

Figure 8: Main reason for referral (CLD Trust)



Upon completion of therapy, 1221 changes were self-reported by young people using the CLD Trust service in 2016/17. The statements show that 'I understand my feelings better' was the most popular or frequent statement self-reported by young people.

Figure 9: Outcome statements

Statement	Frequency	Ranking
I understand my feelings better	144	1
I feel calmer	126	2
I feel more able to talk about my worries	126	2
I feel more positive about the future	121	4
My confidence has improved	120	5
I feel more able to control my emotions	98	6
My relationships have improved	92	7
Things are better for me at home	89	8
I have more self-esteem	89	8
I feel less angry	84	10
I feel stronger	77	11

I don't self-harm as much	27	12
My attitude to eating has improved	21	13
My use of alcohol has reduced	7	14

Examples of Feedback collected by CLD Trust

Counselling has helped me out a lot, to know I'm not hopeless and I can sort things out on my own.

Talking about my struggle has helped me a great deal.

The questioning – it's thought provoking!

It's given me someone to talk to so I can try and understand things better.

I am more aware of what I feel and how certain relationships affect that.

Being able to talk about things I wouldn't have thought about before.

The counselling room was very comfortable, relaxing, quiet and warm, a safe and comfortable environment.

Potentially longer sessions could have made the service better for me. Being able to speak to someone and using "What if" statements.

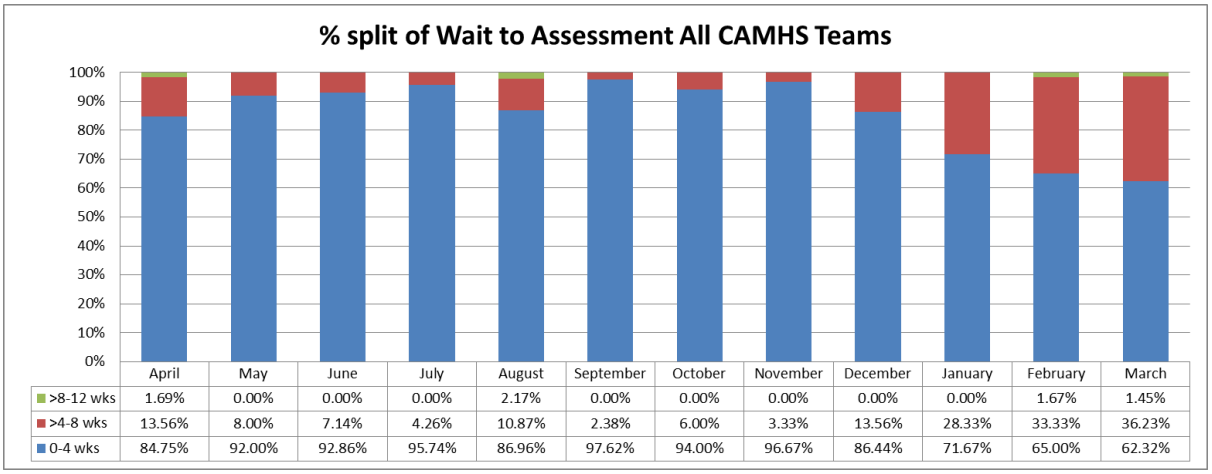
Counselling helped me a little, I just haven't felt the need to talk and not really been in the mood to talk.

Counselling helped me to calm down and control my anger.

Counselling made me feel happy.

For the tier 3 service, figure 10 shows the waiting times to initial assessment by month in 2016/17.

Figure 10: Waiting times to Initial Assessment 2016-2017 (2gether NHS Foundation Trust)



	April	May	June	July	August	September	October	November	December	January	February	March
>8-12 wks	1.69%	0.00%	0.00%	0.00%	2.17%	0.00%	0.00%	0.00%	0.00%	0.00%	1.67%	1.45%
>4-8 wks	13.56%	8.00%	7.14%	4.26%	10.87%	2.38%	6.00%	3.33%	13.56%	28.33%	33.33%	36.23%
0-4 wks	84.75%	92.00%	92.86%	95.74%	86.96%	97.62%	94.00%	96.67%	86.44%	71.67%	65.00%	62.32%

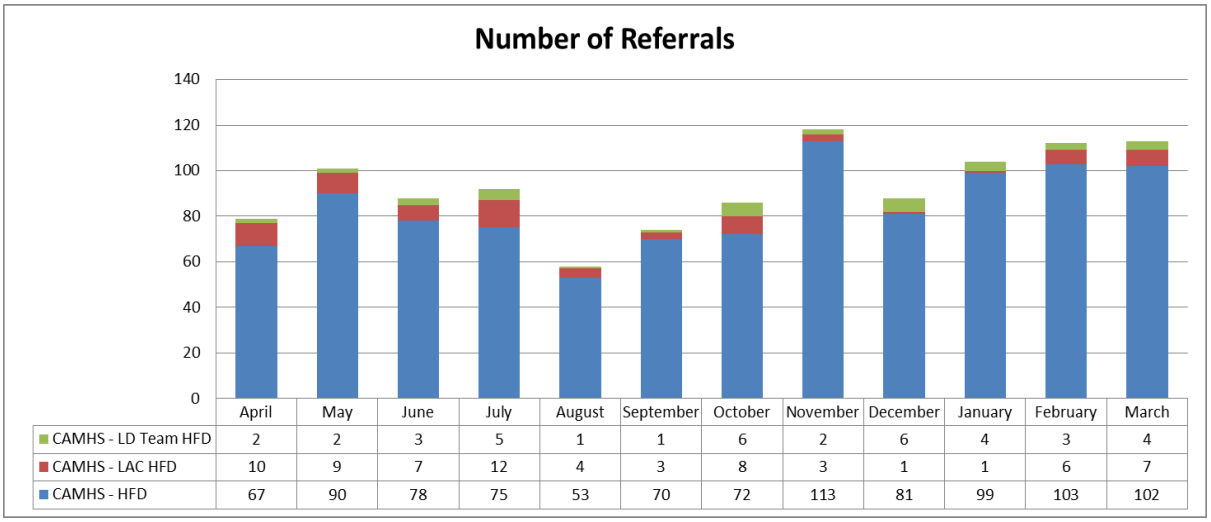
The graph above shows that the majority of CAMHS referrals for initial assessment were seen within 4 weeks. From April – December 2016 compliance with a 4 week wait was consistently good at over 85%, with 6 months where over 90% of referrals were assessed within 4 weeks. From January – March 2017 performance slipped, however over 98.55% of referrals were seen for assessment within 8 weeks. The barriers to delayed waiting times were identified and the

pathway reviewed to manage improvements. The small minority of referrals waiting longer than 8 weeks for an initial assessment can be explained where CAMHS was waiting for further information or consultation with key professionals before being able to offer an assessment, for example in the case of Looked After Children from other authorities. Those waiting were screened for risk and any deterioration in symptoms or circumstances.

Figure 11: Total Number of referrals received by Hereford CAMHS 2016/2017

	April	May	June	July	August	Septembe	October	Novembe	Decembe	January	February	March	Grand Total
Number of Referrals	79	101	88	92	58	74	86	118	88	104	112	113	1113

Figure 12: Breakdown of Referals received by Hereford CAMHS 2016 – 2017



Figures 11 and 12 above show the total number of referrals received at 1113 and the variation received monthly, from 53 in August to 113 in November. The average is 93 per month. Figure 13 below shows the overall upward trend line for the number of referrals received by CAMHS during the year 2016 – 2017.

Figure 13: Number of Referrals showing Referral Trend for 2016 – 2017

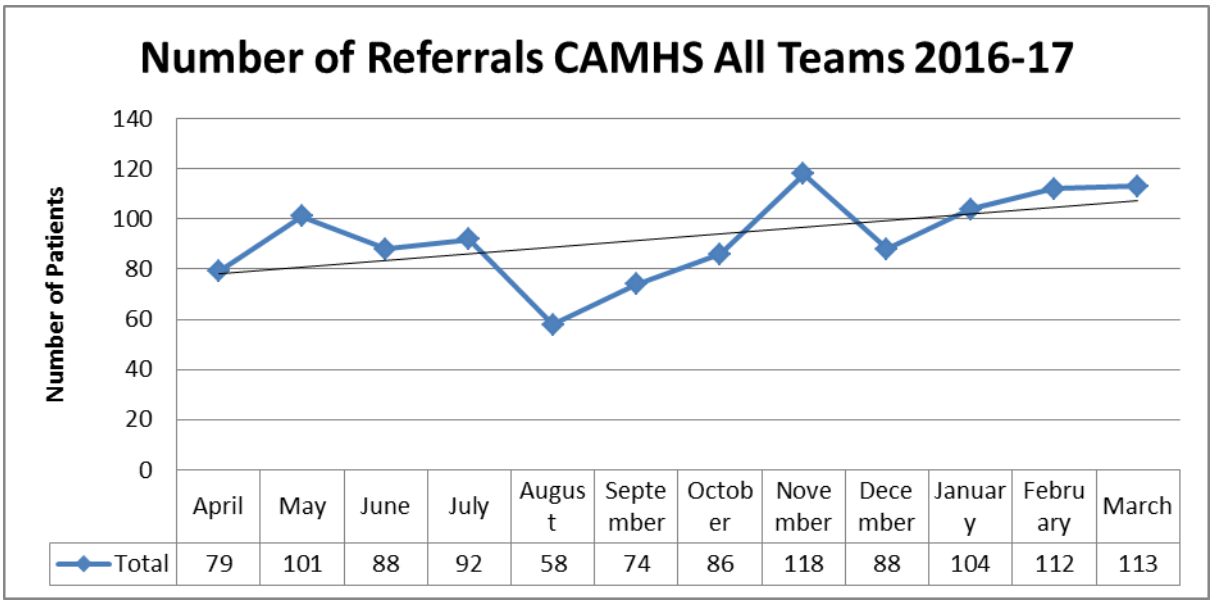


Figure 14: Waiting Times (in weeks) for Referral to Treatment 2016-2017

Sum of Number waiting	financial_quarter			
Wait Band Adjusted	1	2	3	4
< 8 weeks	67.70%	77.78%	81.30%	68.60%
8 - 12 weeks	18.63%	10.37%	4.07%	20.35%
12-16 weeks	8.70%	7.41%	8.13%	5.81%
> 18 weeks	4.97%	4.44%	6.50%	5.23%

Figure 15: Waiting Time from Referral to Treatment for CAMHS Hereford 2016 – 2017

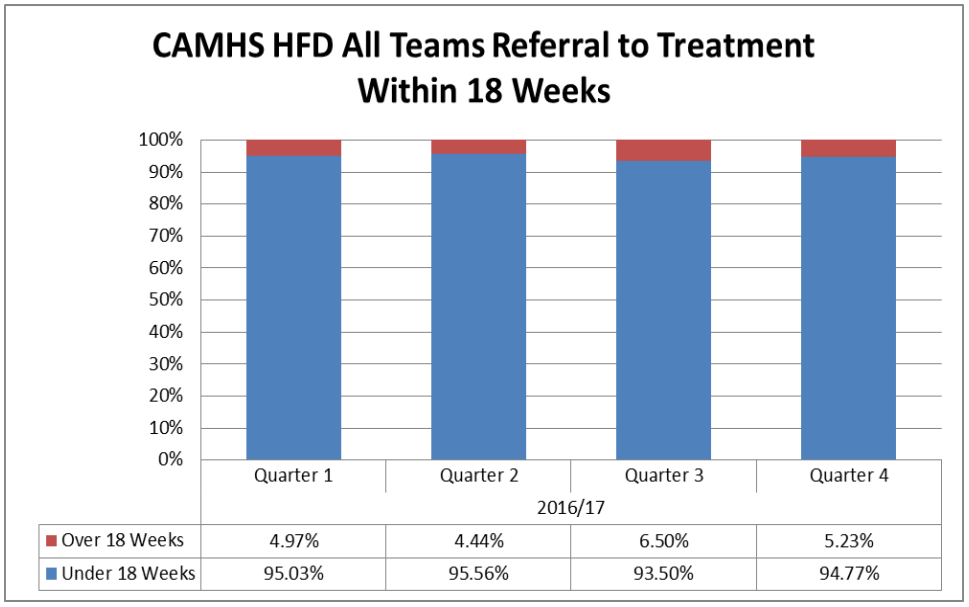


Figure 14 and Figure 15 above show that 95% of CAMHS patients start treatment within 18 weeks of referral. This compares well with national guidelines for referral to treatment waiting times.

Figure 16: Number of contacts for CAMHS Hereford 2016 – 2017

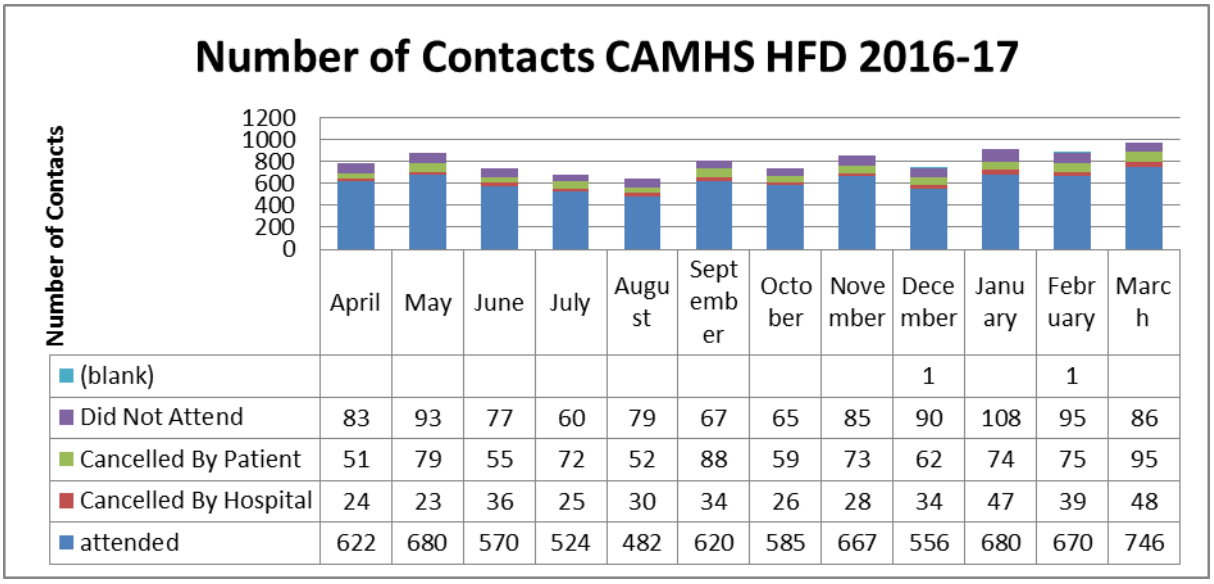
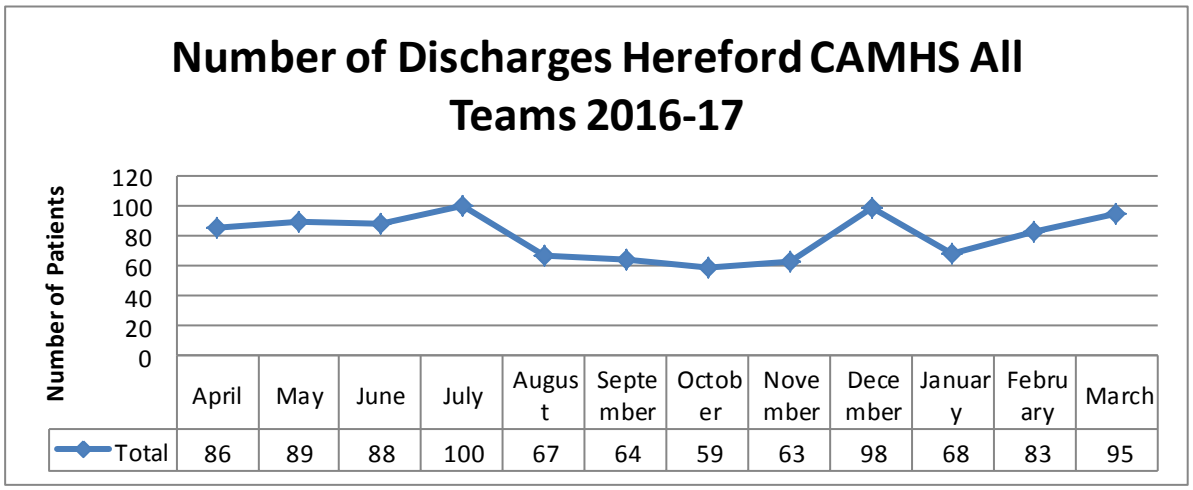


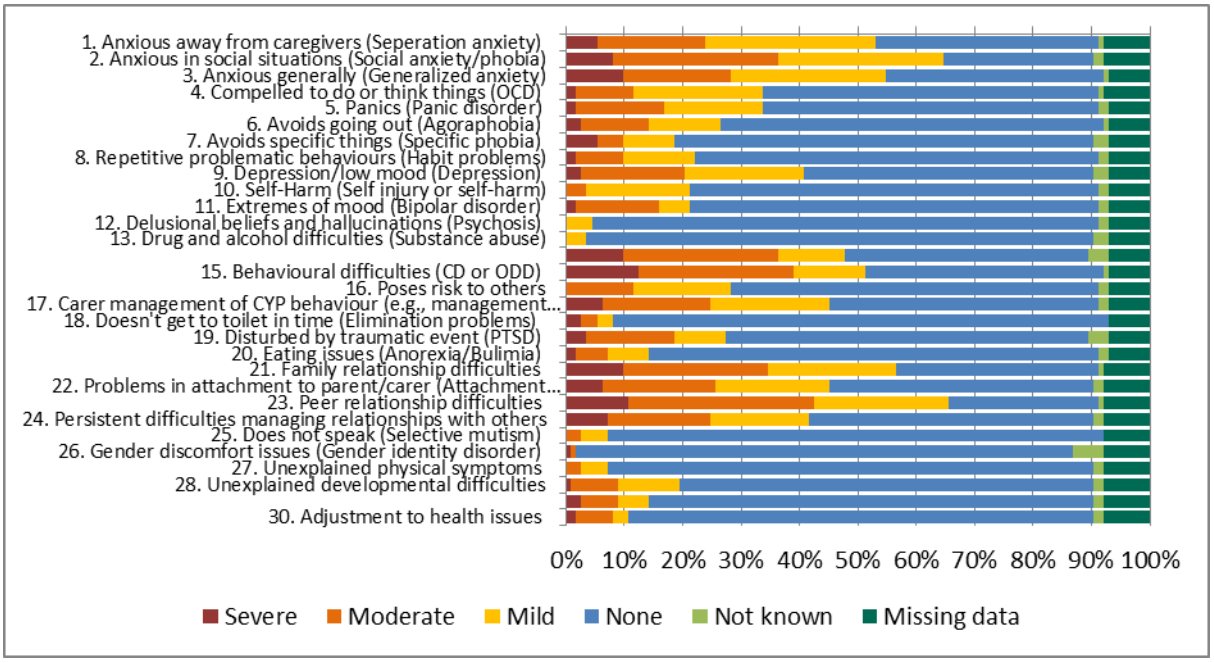
Figure 17: Number of discharges for CAMHS Hereford 2016 – 2017



Figures 16 and 17 show the overall contacts for 2016 – 2017 and the number of discharges per month. Increasing numbers of patients are attending their appointments but as overall caseloads have increased the number of appointments cancelled by patients has also increase, though DNAs appear to be steady. CAMHS intends to monitor numbers of contacts and rates of discharges during the next year to ensure maximum capacity for the service is achieved.

The 'Current View' is one of the CYPIAPT routine outcome measures. This form provides a snapshot, clinician overview of symptomology at an initial assessment, plus it identifies the context and variety of problems experienced. Although completed by a clinician, it is not a clinical measure of outcome or effectiveness but a clinically informed overview of the type of problems experienced by children and young people referred to CAMHS.

Figure 18: Presenting Problems at First Contact. October 2016 – March 2017



Figures 18 show the presenting problems identified by clinicians at first contact for a 6 month period. The top problems identified are: Peer Relationship Problems, Anxious in Social Situations, Family Relationship Problems, Anxious Generally, Anxious Away from Care Givers, Behavioural Difficulties.

Figure 19 below identifies the additional complexity factors which influence the lives of children and young people referred to CAMHS. The top three complexity factors identified are: Parental Health, Experience of Abuse or Neglect and being a 'Child in Need'.

Figure 19: Complexity Factors at First Contact. October 2016 – March 2017

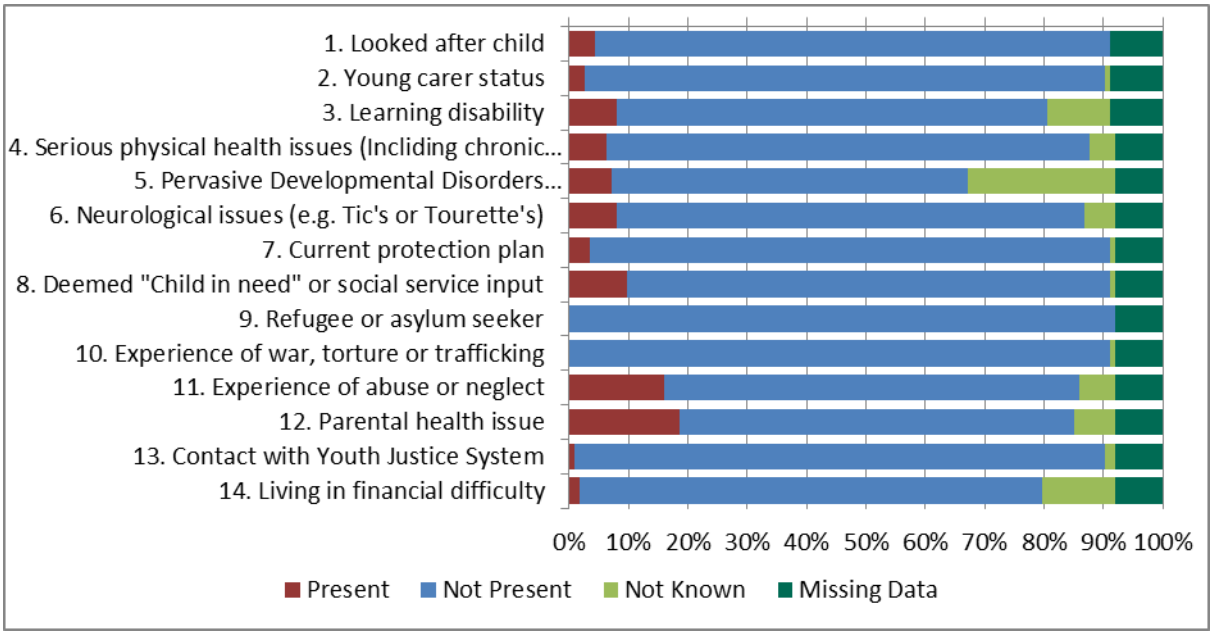


Figure 20: Context at First Contact. October 2016 – March 2017

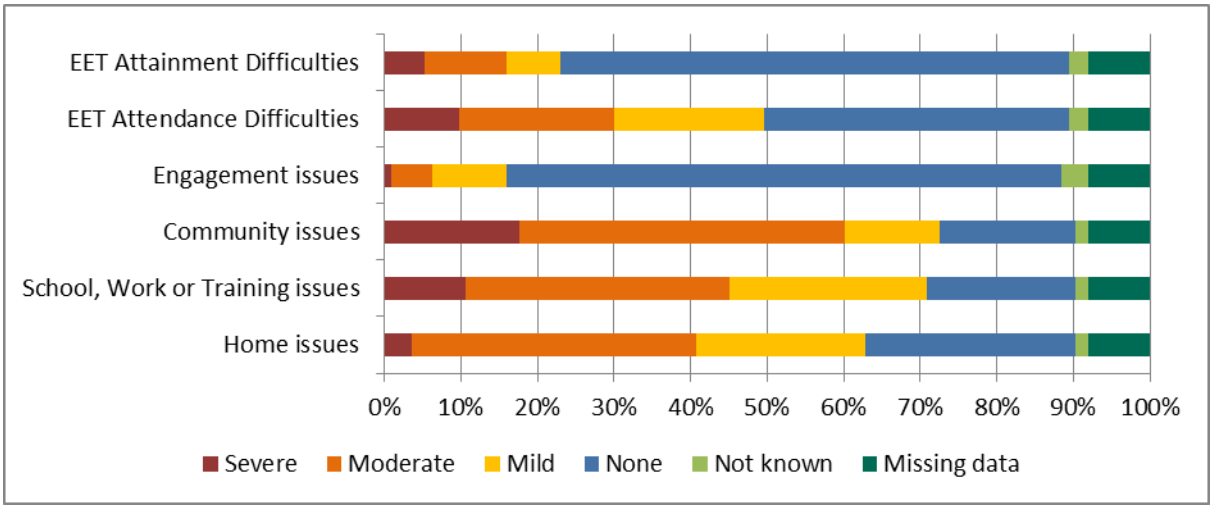
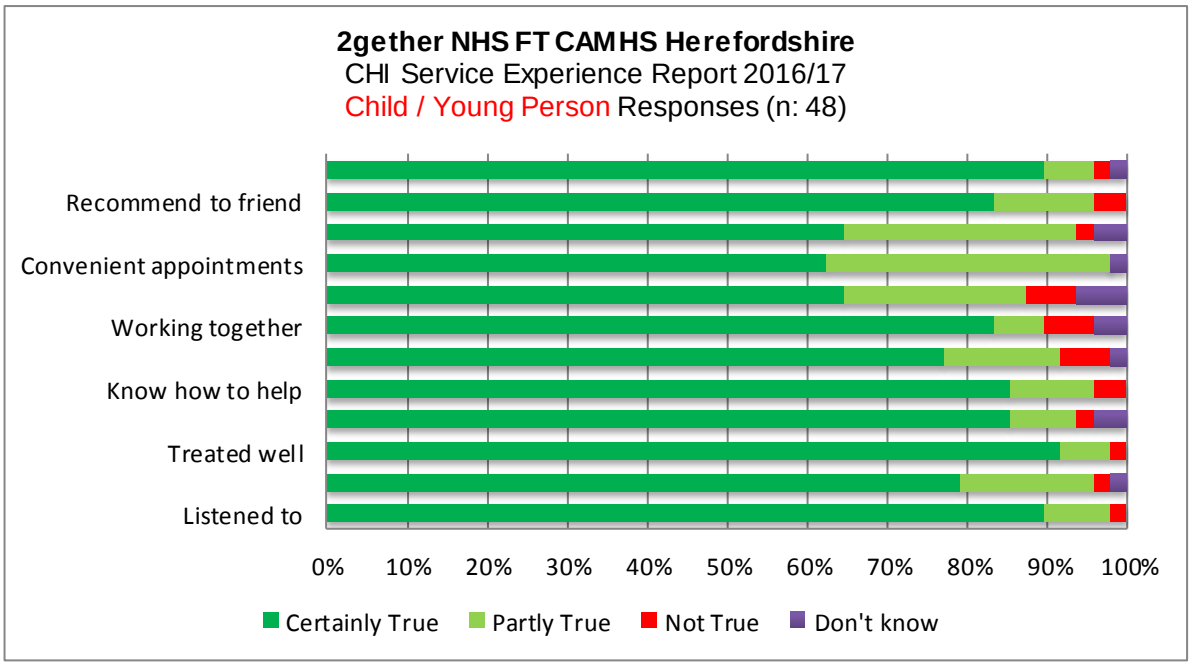


Figure 20 above shows measures of the context for children and young people referred to CAMHS. The top 4 contextual issues include: Community Issues, School, Work or Training Issues, Home Issues and EET (Employment, Education or Training) Attendance Issues.

The above information from the Current View indicates the need for CAMHS clinicians to look holistically at the lives of children and young people and their families in considering treatment options as well as the need to work closely with other agencies across the county.

Feedback was also collected by 2gether NHS Foundation Trust. Figure 21 illustrates the services experience reported by children and young people in 2016/17.

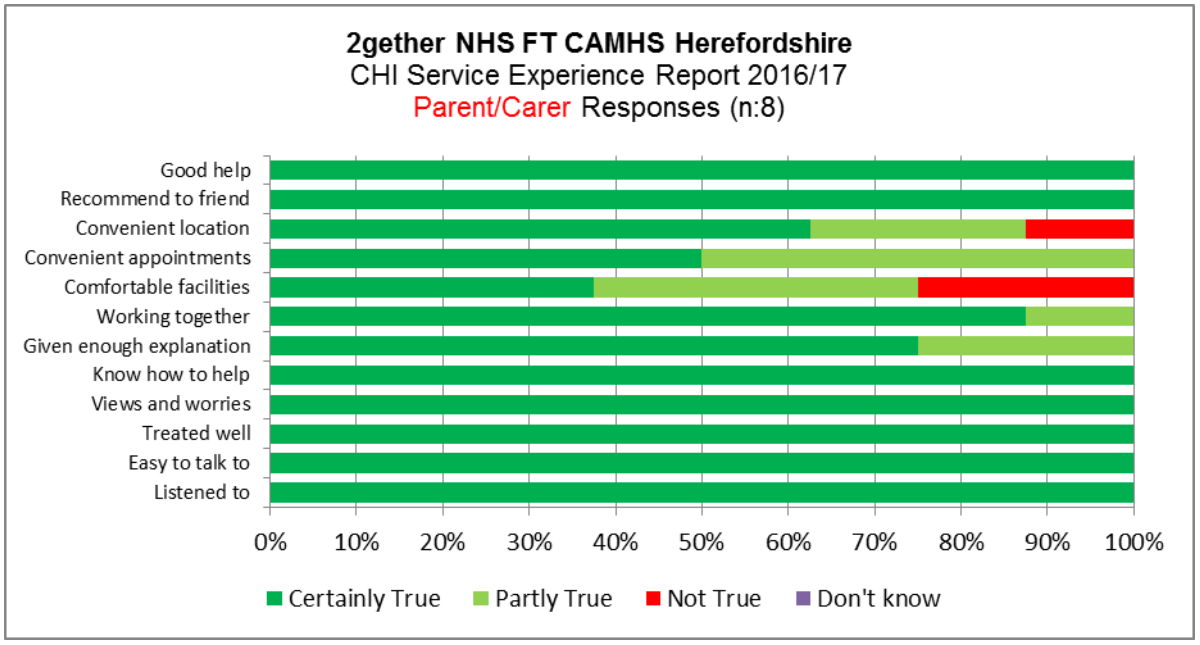
Figure 21: Child / Young Person Questionnaire 2016/17



In addition, the service experience forms captured:

- 90% of CYP agreed that they felt listened to, were treated well and received good help
- Between 80 – 85% of CYP thought that their views and worries were taken seriously by CAMHS professionals, they found it easy to talk to clinicians and felt that they were working together.
- 83% of CYP would recommend this service to their friend.
- 60-60% of CYP thought that facilities were comfortable, time of appointments and location was convenient.

Figure 22: Parent / Carer Questionnaire



In addition, the feedback from parents and carers highlighted that:

- Low return
- 100% of parents/ carers agreed that their family received good help, felt listened to, found it easy to share their views and worries, were treated well and believed that clinicians how to help them.
- Only 38% (n: 3) of parents/ carers thought that facilities were comfortable; another 38% partly agreed they were comfortable. 24% of parents found that the facilities were not comfortable.

Overview of Financial Resources

5.7 In 2014/15, Herefordshire Clinical Commissioning Group funded £1,523,000 of services for children and young people mental health (source: programme budgeting figures). Herefordshire Council funded £530,000 of services. NHS England funded £1,030,839 of care in 2014/15. This was used to support placements of four young people. In addition to the £2.3m, there are core services that deliver support to children and young people with mental health and initiatives such as Families First, where it has not been possible to extrapolate the total finances invested for mental health and emotional resilience.

5.8 The spending profile for 2016/17 to 2018/19 is presented below. Information beyond 2018 is not available however, it is acknowledged that Herefordshire CCG will at least maintain its expenditure in this area. 2018/19 are provisional figures.

	2016/17	2017/18	2018/19
HCCG CYP mental health	1,696,000	1,664,000*	1,696,000
HCCG eating disorders	120,000	120,000	122,000
Herefordshire Council	500,000	500,000	500,000

* Spending in adult areas contributed towards the overall increase in investment in mental health by 1.79%. This is for crisis care for people of all ages.

Other Funding

5.9 The area received £125k in 2015/16 for its CYP IAPT for practitioners to access courses through Exeter University. This helped purchase training places and facilitate participation of young people. This funding reduced during 2016-18, with the Clinical Commissioning Group expected to support placements in 2017 onwards. This is represented by the budget on workforce development for 2017/18 and 2018/19.

5.10 Funding by NHS England (Health and Justice Team) does not include specific funding for this county. For example, this area does not have a resident youth offender institution or secure children's home in Herefordshire. However, links are developing to expand the access to liaison and diversion support, and the interface with the Troubled Families programme. Some of the CAMHs transformation funding has been used to support the identification and treatment of youth offenders to address the high prevalence of mental health in this population.

5.11 The system will be taking-up opportunities to fund the Mental Health Five Year Forward View using other sources of funding. This is in recognition that the Herefordshire system is currently trying to achieve financial balance. In 2017/18 Herefordshire CCG was awarded £20k to develop a pilot on young people in crisis, adding to our abilty to respond to mental health needs. Work continues as part of the System Transformation Plan to address parity of esteem and improve funding available for mental health.

Investment by Project

5.12 As part of the expenditure in this area, a number of new projects or additions to core services have been developed since 2015. The information below shows the planned expenditure for 2017/18 £472k and 2018/19 £481k, with provisional figures for 2019/20 £489k. This will continue to grow the level of investment since the baseline in 2015/16 of £330k.

Project	Description	2017/18 £000	2018/19 £000	2019/20 £000
Eating Disorders Service	Revision to service to meet CES standard; with improved clinical governance, new KPIs and evidence-based practice	£96	£97	£98
Participation	Resources to aid the engagement of children and young people, including recruitment to the Wellbeing Ambassadors. This will dedicated resources to promote and secure participation of children and young people in the service planning, design and evaluation of services. Also work programme includes developing social media and challenging stigma. To staff an additional Participation worker. This work will build on our CYP-IAPT participation.	£17	£18	£19
Workforce development	Local training opportunities and support of CYP-IAPT training	£29	£30	£31
Young offenders	This is a dedicated post and in-reach from CAMHs into the Youth Offending Service to provide assessments and evidence-based treatments.	£45	£46	£47
Increase in CBT	Increase in capacity for CBT	£41	£42	£43
CYP Liaison	Expansion of mental health liaison at Wye Valley NHS Trust hospital to include children and young people as per Crisis care Concordat/ Core 24 guidance. This will open up access to CAMHs assessments 7 days per week.	£122	£125	£127
Specialing for young people at high risk of harm	This is an area of investment that although is meeting current need, the Partnership would like to reduce spend in order to invest in other areas. See scheme below.	£123	£123	£103
Intensive work with young people at risk of crisis	Alternatives to inpatient care development, offering psychological input as part of the mental health liaison to address both the identification of the level of need and offer immediate input.	-	£20	£21

Action Plan

6.1 The following action plan sets out the roles and agreed tasks for each partner to meet the overall vision, aims and objectives of this transformation plan. This is overseen and monitored by the Children and Young People's Mental Health Partnership, reporting to the Children and Young People's Partnership.

1. **Raising awareness of Mental Health**					
Objective		**Action**	**Responsibility**	**Completion**	**Progress**
1.1	Raising awareness of emotional wellbeing	Local **young people friendly literature** on mental health to raise awareness and promote conversations with others including parents and carers.	Young People's Ambassadors group	March 2020	CYP-IAPT Wellbeing Ambassadors have engaged with other young people to hear their views and delivered sessions at Nova Training, No Wrong Door and Talent Match. Wellbeing Ambassadors have reviewed websites and researched how and why they currently access information and are collating the results of this work. Wellbeing Ambassadors took part in a recent national podcast about mental health which is being released as a download in October half-term. Following a mini audit in The CLD Trust a leaflet is being designed and a passport to participation flow chart developed. Work is currently underway on the design for an anxiety information board at The CLD Trust. An Anxiety Workshop was delivered in August in collaboration with Strong Young Minds Champions. Strong Young Minds Champions have worked with young people and Fixers film company to develop three short films which were shown at a public meeting on 10/10/17. One SYM client and his story has been utilised for a BBC learning programme. Work underway: new participation on worker; Sasha campaign. Facebook closed group.

1.2		Provide **education and information** workshops for **parents and carers**.	CLD Trust and 2gether	March 2018	Parent's workshops have been delivered by The CLD Trust, Strong Young Minds team including a session for parents at Brookfield School. Requests have been received for parents' sessions for Social Care families and the Hospital Hub. Evaluation of parents' sessions is being undertaken for presentation to Mental Health and Wellbeing Partnership, March 2018, planning of Community Talking Straight events.
1.3		Improve the mental health and well- being, **advice and information** available to children, young people, parents, carers and professionals.	Public Health, Well-being Ambassadors, Strong Young Minds.	March 2020	Wellbeing Ambassadors have reported on the many positive aspects of being involved in volunteering. A Strong Young Minds website has been developed which is well received and provides access to information and signposting. Young people are able to self-refer from this site, and professionals also able to make referrals. Information available on WISH, Herefordshire Council website and other places; peer workshop in schools, online information • Healthy lifestyle, mental wellbeing leaflets developed • Co-ordination of 'free' MHFA training across all secondary schools,1st session now delivered, 2nd aimed before end of 2017 Promotion of services through campaigns Link to wellbeing leaflet below: https://www.heref.gov.uk/downloads/download/401/healthy_lifestyle_booklets
1.4	Raising awareness of emotional wellbeing	5 ways to **wellbeing campaign**: engagement of local organisations in the promotion of the 5 ways to wellbeing to the public.	Public Health	March 2020	5 Steps to Wellbeing information is promoted within The CLD Trust. Session cards have been printed and information available on website. Two five ways to wellbeing campaigns are being promoted annually 1 week during May & October. Healthwatch has developed a toolkit

					promoting mental health and wellbeing, with web-based informative prompt cards for group discussion.
1.5	Developing and sustaining a whole school approach	**Whole school approach** – (i) resources (ii) models of counselling / in-school delivery; (iii) workforce education; (iv) healthy lifestyles and relationships promotion, including raising awareness of infant attachment in the school setting.	CLD Trust	March 2018	The Strong Young Minds (SYM) team have delivered training to staff in the following schools/colleges, Weobley, Lugwardine, Hereford College of Arts and also delivered a range of workshops on anxiety, stress, peer pressure, body image, bullying, alcohol/drugs, healthy relationships, digital detox, self-esteem, mental health awareness and resilience to pupils and students. SYM team staff worked with Crucial Crew delivering sessions for 1,800 pupils aged 10/11. Drop-in sessions have been held in high schools together with mental health and wellbeing awareness raising sessions. The Partnership has designed a toolkit for schools and will be launching this in 2017.
1.6		Increase in Young People's **MH First Aid** workshops	CLD Trust and Public Health	March 2018	Lead for CLD Trust - Two members of staff have applied for MHFA Trainers training and are on the waiting list for places. Public Health - MHFA England has been provided with funding by NHSE/DH to rollout a 3 year programme of free one-day training of Youth MHFA in secondary schools. Herefordshire is part of the initial phase, with a course run in July (plan was for one teacher from each Herefordshire secondary school attended) and another planned for December time, with a view to engaging and supporting schools in relation to emotional health and wellbeing.
1.7		**Schools-based Workshops** for pupils	CLD Trust and School nursing service	March 2020	Underway: Strong Young Minds are offering all secondary schools workshops. School nursing service can offer group work in schools if an identified need is identified on public health issues by way of a referral from schools.
1.8		Recognising role of **Healthy child programme** in	School Nursing service	March 2020	There is a named school nurse for each high school and weekly drop-in.

		raising awareness of mental health and emotional wellbeing			Working with CAMHS to arrange school nurses to get additional training to assist with the role out of the self-harm pathway.
1.9	Develop a county-wide Suicide Prevention Strategy	Ensure that suicide prevention strategy addresses the risk in young people	Public Health and HCCG	March 2018	Draft strategy in place.

2**. Workforce Development**					
Objective		**Action**	**Responsibility**	**Completion**	**Progress**
2.1	Deliver mental health awareness training for professionals working with children and young people including those working with LAC, young offenders, LDD.	**Staff Education** for Schools and colleges	2gether & CLD Trust	March 2020	Delivered by Young People • Staff education sessions have been delivered in Weobley High School, Whitchurch Primary, Lugwardine Primary and Hereford College of Arts (SYM team). Further sessions are currently in development for delivery later this year. • They also attended the Hereford Council Children's Wellbeing Staff Conference in February 2017 and delivered a presentation on participation at the West Midlands Quarterly Review Service Good Practice Event. • Ambassadors met with members of Herefordshire Council Social Care Committee and ran an event for Mental Health Week bringing professionals and young people together to discuss 'What Makes Young People Thrive'. By Practitioners • Strong Young Minds is working across secondary schools with over 150 Champions recruited and trained.

					• SENCO conference attended; and SENCo network.
2.2	Create opportunities for the workforce to discuss children and young people mental health and wellbeing	**Practitioner network** and support for all staff	HCCG	May 2018	Investigation into technology-based solution has found weaknesses, e.g. broadband speed. Looking at practitioner lunchtime network.
2.3	Improve arrangements for supervision	Framework for **supervision** across agencies (modality supervision). Developing practitioners to be (a) supervisors (b) system leaders in CBT, SFT, Parenting, ADHD, LD, infant attachment	2gether NHS Foundation Trust	March 2019	The CLD Trust Quality and Professional Practice Managers have undertaken supervision courses, one post graduate supervision and one CYP-IAPT supervision. 2gether NHS Foundation Trust has also improved number of supervisors. Additional supervision is provided for all CYP-IAPT trainees across CBT High and Low Intensity, and Systemic Family Practice modalities.

3**. Evidence-based Support**					
Objective		**Action**	**Responsibility**	**Completion**	**Progress**
3.1	Perinatal/ post-natal parental mental health	Development of **peri-natal provision**.	2gether NHS Foundation Trust and Wye Valley NHS Trust	December 2017	STP proposal developed across Herefordshire and Worcestershire. Requires external funding but model available and agreed for a Specialist Perinatal Mental Health Community Service in Herefordshire.
3.2	Parenting programmes	Develop and agree **care pathway** for parents with mental health (maternity)	2gether NHS Foundation Trust and Wye Valley NHS Trust	March 2019	To follow from the above action, within 2018/2019 – detailed implementation plan / timescales are included within the proposal.
3.3		Co-ordination of local **parenting programmes** to deliver an agreed model that improves parenting skills and parents mental health.	CLD Trust and Herefordshire Council	March 2018	Capacity for systematic family therapy is being expanded in the county, with staff at The CLD Trust participating in Systemic Family Practice training. Funding is being sought to make this available in the county from 2018. Parenting support is available as part of the County's early help offer through Children's Centres.
3.4	A range of appropriate and evidence based care and support is available for children and young	**Eating Disorders** Care Pathway and clinical guidance in place.	2gether	March 2018	Pathway in place.

3.5	people and parents/carers	**Early psychosis** Care Pathway developed and in place.	2gether	December 2017	Early Psychosis pathway is in place but will be reviewed with CCG and partners in November 2017.

4. Needs of Children and Young People Model					
Objective		**Action**	**Responsibility**	**Completion**	**Progress**
4.1	Model of care based on need	Develop 0-25s options appraisal	HCCG		Preliminary discussions September 2017
4.2	Improvements to pathways	Implementation of transition CQUIN	2gether	March 2019	Good progress to-date, including communication with primary care and other stakeholders
4.3	Addressing gaps in local provision	Transition for ADHD and ASD patients who do not reach criteria for adult mental health services.	HCCG / 2gether	July 2018	Work as part of the national CQUIN has identified the need for a review of transition policy and protocol for 2gft plus consultation with GPs has identified their request for more information support and signposting if patients are discharged or transitioned to primary care. The review of this work will be added to the ADHD and ASD pathways.
4.4		To provide psychological therapies for children with **long-term conditions** at point of transition, e.g. diabetes, epilepsy.	Wye Valley NHS Trust	March 2017	The Psychologist supporting CYP with Diabetes is in post.
4.5	Quality standards	Review progress compliance with WMQRS **standards**: • Universal • Targeted and specialist CAMHS • Commissioning	HCCG with 2gether NHS Foundation Trust and CLD Trust	March 2019	With improvements taken place, good time to locally review progress against standards across the system.

5**. Visible and Timely Support**					
Objective		**Action**	**Responsibility**	**Completion**	**Progress**
5.1	Improve access for Early psychosis	Review early intervention service	HCCG & 2gether	December 2017	Monitoring of the KPI is taking place. This will link to action on model of care 0-25 years old.
5.2	Improved young people friendly	Feasibility study into a multi-	CLD Trust/ 2gether / HCCG	March 2019	Identified in CQC visit. Search commenced. This work will link to

	clinic environment	agency venue that would offer a range of services to children, young people and their families.			delivery of care at locality levels and feedback from young people.

6. Improved Crisis Care					
Objective		**Action**	**Responsibility**	**Completion**	**Progress**
6.1	Earlier intervention and responsive crisis service (Crisis Care Concordat)	To continue with **Troubled Families programme** as an effective early help intervention	Herefordshire Council	March 2018	Monitoring of take-up including mental health of CYP and their Families available. Targeted support available for vulnerable families.
6.2	Urgent and emergency access to crisis care (Crisis Care Concordat)	Develop and publish integrated **urgent and crisis care** mental health pathways for CYP	HCCG / WVT/ 2gether	October 2018	• Sub-group created to work on care pathways / protocol. Pathways in development. • 29/9/17 – update – an integrated policy for children in mental health crisis requiring urgent care in the acute setting has been drafted. Due to be ratified by early 2018. • Marked improvement in the care pathway for children entering A&E. • Increased responsiveness and 7 day service implemented by 2gether has had a direct impact on the length of stay, safety planning and early assessment. • 4 CAMHS champions have been recruited within the current paediatric nursing team, supporting additional training, implementation of a risk assessment for every child. • Future developments include children being seen and discharged from A&E instead of entering the Children Ward.
6.3		Agreement of **protocol** for CYP requiring urgent mental health care	HCCG / WVT / 2gether	February 2018	Update 29/9/17 An integrated policy for children in mental health crisis requiring urgent care in the acute setting has been drafted. Due to be ratified by early 2018.

6.4		Re-provision of **Place of Safety** including provision for CYP	HCCG and 2gether	March 2018	Re-provision of Place of safety underway. New building and refurbishment should be ready March 2018. Staffing agreed.
6.5	Young people at greater risk of crisis	Development of a pilot to manage young people at risk of a crisis	2gether	March 2018	Pilot in development, with evaluation to be conducted early next year.
6.6	Tier3.5 provision	Development of STP approach to intensive rehabilitation or admission avoidance schemes	Mental health workstream (STP)	March 2018	Part of STP action plan across Herefordshire and Worcestershire
6.7	Transforming Care Programme	Embedding of Transforming Care processes	HCCG	March 2018	Transforming care programme in place, with local processes

7. Vulnerable Children and Young People					
Objective		**Action**	**Responsibility**	**Completion**	**Progress**
7.1	Specific activities for vulnerable children and young people	Review provision for Young offenders	2gether NHS Trust / YOS / HCCG	March 2018	Report from Youth Offending Board that further work is required to support young offenders with their mental health needs. This will be examined and explored.
7.2		Training in schools for all CYP so awareness of young carers that will lead to more children identified and registered as a young carer and a better understanding by schools	Herefordshire Support Carers	March 2020	HCS will continue to work with schools providing outreach. Assemblies/PSHE /workshops/staff & governor presentations delivered. Letter/school pack available for all head teachers outlining available support.
7.3		Reprovision of targeted support for children in care or higher risk of placement breakdown	Herefordshire Council	September 2018	Decision to re-procure provision

8**. Engagement and Partnership**

Objective		Action	Responsibility	Completion	Progress
8.1	Measuring outcomes and effectiveness	Use of **Routine Outcome Measures** is embedded across all mental health and well-being service provision.	CYP-IAPT Steering group	March 2018	Additional ROMS have been rolled out within The CLD Trust. Further ROMS introduced for the roll out of Low Intensity CBT (Psychological Wellbeing Practitioners) and with Systemic Family Practice. Action complete – information available and reported ahead of national requirement.
8.2	Develop and extend Herefordshire's participation model.	Continue with YP wellbeing group and its themed groups	Young People Ambassadors Group	March 2020	Participation around children and young people's mental health is well established in both CYP-IAPT Wellbeing and Strong Young Minds delivery. CYP-IAPT Wellbeing Ambassadors Steering Group meets fortnightly. Links have been made and are being developed with Healthwatch, Hereford City Youth Council, Hospital Ambassadors and the Local Authority Health and Care Scrutiny Committee. The focus in 2017 has been completing work on the 'wish list', 6 wishes have been prioritised and work undertaken. Results are currently being collated to feedback to the steering group and partnership. Wellbeing Ambassadors have input to Healthwatch report, Mental Health 2016/17 report and Health and Social Care task group – Review of Mental Health Services for children and young people. Wellbeing Ambassadors were runners up in the Herefordshire Community Champions Youth Category Award. Strong Young Minds Champions (over150 recruited) are active across the county and have been involved in a range of events including the Hay Festival and local campaigns.
8.3	Using participation of children, young people and families to inform service planning	Complete the 15 steps challenge using a group of children and young people to assess the building to ensure it is CYP friendly and accessible.	2gether	September 2017	The CYP-IAPT Participation Worker supported by a Wellbeing Ambassador and staff member from CAMHS undertook a short project based on the 15 steps idea, 3 CAMHS users took part and produced visual feedback and their findings (Aug 2017). Complete

		Http://www.institute.nhs.uk/productives/15stepschallenge/15stepschallenge.html			
8.4		Gather families' feedback from existing parenting programmes and use it to inform service planning.	Herefordshire Council/ Wye Valley NHS Trust / 2gether	March 2018	Feedback from parents is collected at the end of each parenting programme. Quarterly report on numbers attending parenting programme see separate attachment for autumn term 2016 and spring term 2017.

Appendices

Appendix 1

Documents Referenced

1. Health and Wellbeing Board

a. Board papers

http://councillors.herefordshire.gov.uk/mgCommitteeDetails.aspx?ID=599

b. Joint Strategic Needs Assessment

https://www.herefordshireccg.nhs.uk/who-we-are/publications/strategies-and-plans/joint-strategic-needs-assessment

c. Health and wellbeing Strategy

https://www.herefordshire.gov.uk/downloads/download/419/health_and_wellbeing_strategy

2. Children and Young People's Partnership

a. Background

https://www.herefordshire.gov.uk/info/200148/your_council/698/children_and_young_peoples_partnership

b. Partnership Terms of Reference

https://www.herefordshire.gov.uk/media/7924029/terms_of_reference_for_the_cypp_executive_group_november_2014.pdf

c. Children and Young People's Plan

https://www.herefordshire.gov.uk/downloads/download/586/children_and_young_peoples_plan

3. Joint Commissioning Board

a. Terms of reference

http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&cad=rja&uact=8&ved=0CCEQFjAAahUKEwiu8LTL2PbHAhUICtsKHVeQAQ0&url=http%3A%2F%2Fwww.herefordshireccg.nhs.uk%2Fdownload.cfm%3Fdoc%3Ddocm93jijm4n6495.pdf%26ver%3D10248&usg=AFQjCNEoDMjPzpnXX1i0zUIQsTMiZtzc2g

4. Mental Health Needs Assessment

https://www.herefordshireccg.nhs.uk/who-we-are/publications/strategies-and-plans/mental-health-dementia/mental-health-needs-assessment

Chapter on Children and Young People

https://www.herefordshireccg.nhs.uk/who-we-are/publications/strategies-and-plans/mental-health-dementia/mental-health-needs-assessment?limit=20&limitstart=20

5. West Midlands Quality Review Service

a. Towards Children and Young People Emotional Health and wellbeing Standards

http://www.wmqrs.nhs.uk/download/532/WMQRS-CAMHS-QSs-V1-20141014_1413901042.pdf

b. Herefordshire Peer Review Report

http://www.wmqrs.nhs.uk/download/575/Herefordshire-CAMHS-report-V1-20150408_1434629359.pdf

Appendix 2

Workforce Development Plan 2016-2018

Introduction

Organisations working together under the Children and Young People Mental Health Partnership have developed a model of workforce reforms to enable:

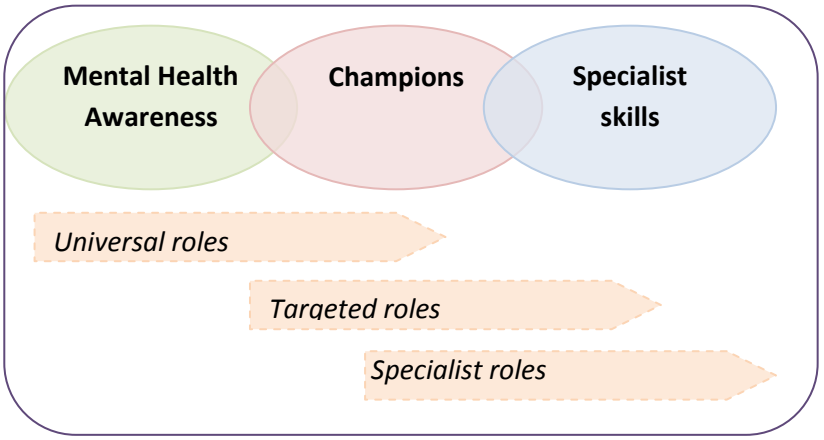
- Common understanding of mental health – recognising and supporting early identification by all
- Development of mental health champions in organisations
- Clinical network of staff interested in mental health of children and families
- Growth in specialist skills / modality specific knowledge

This is an ambitious programme that builds upon our wave 4 CYP-IAPT engagement to cascade the objectives of CYP-IAPT; to develop further access to mental health awareness across the county; to grow evidence-based practice; alter the changing profile of our workforce through creating new roles and improve access to supervision.

This is a developing workforce plan that is being led by a sub-group of the Children and Young People Mental Health Partnership. This plan builds upon our skill mix review in CAMHs and CYP-IAPT programme to enhance specialist skills availability in our county. Further work is required to enhance the information available from universal settings so that all staff can identify and respond to the mental health needs of children.

Model

Illustration 1 provides an overview of our approach.



Level 1: Mental Health Awareness

This is a range of courses that provide a foundation level understanding of mental health in children and young people; supports identification and practitioner's confidence in supporting the child. The benefits of such provision shall be professional understanding of what constitutes mental health needs; improved awareness of age appropriate responses and pathways; and how to support families in access help.

Target Group: School staff, primary care staff, voluntary sector staff and volunteers, health visitors, school nurses, family support workers, community nurses, general acute teams, youth offending team, social care staff and other staff that work with families. The total number of staff / volunteers is not known therefore the Partnership will use established networks and routes of communication to encourage people to attend sessions such as mental health first aid. This includes SENCo networks and the annual Headteachers' conference.

Level 2: Champions

This level is open to named champions from all settings to develop confidence and competence in providing early help for children and young people and supporting their setting with responding to mental health. The provision shall include a clinical peer network with a programme of thematic presentations; access to CYP-IAPT training and specific tailored provision. This builds upon the level 1 general mental health awareness and enables practitioners to develop their knowledge and skills and intervene early in the event of deteriorating mental health.

Target Group: named champions from all settings; and groups of staff who deliver care to children and young people where an enhanced application of mental health interventions are applied. CAMHS will deliver some components of the initial training, followed by established national courses, suitable to the needs of the postholder. In 2017/18 the training will links to our priorities of mental health crisis care and self-harm.

Level 3: Specialist skills

This level is the growth in evidence-based practice through CYP-IAPT to access modality specific training or continued professional development. Clinical supervision will be a key aspect of the training. This training has included systematic family therapy, supervision skills, cognitive behavioural therapy. Links with regional and national networks will support access to relevant opportunities.

Target group: Staff from CAMHs, HIPs/TISS, CLD Trust or other organisations with a function for assessing and treating mental health in children and young people.

Workforce Profile

The Children and Young People Mental Health Partnership would like to undertake a skills mapping exercise of the workforce in Herefordshire, specifically education settings. This piece of work links with the Whole School Approach project that is underway. The workforce employed by education settings is recognised as an area for future development. This will extend what we know about the current workforce and how we can plan for a workforce of the future. It will also provide information on what capacity in trainers is required. Illustration 2 gives an overview of the areas included within our workforce scoping:

LEVEL 1	LEVEL 2	LEVEL 3
• Play and Leisure Services • Youth services • General Practice • Schools & colleges • Midwifery • Children's centres • Foster Carers • Voluntary organisations • Children's community & acute • Health services • Children's social care	Champions; and Organisations delivering care / support to children / parenting as part of mental health pathways, e.g. • Specialist support in mainstream schools / PRU/ Special schools • YOS • Substance misuse / Addactions • School nurses • Children's Ward staff • Voluntary organisations	Additional competencies (modality specific); and • Community CAMHs & CLD Trust • Early Psychosis Service • Herefordshire Intensive Placement Service • Educational Psychology

The early stages of this plan shall focus on Level 2 and 3 in recognition that the work on Level 1 will take a long period of time to reach sufficient numbers of staff.

Training and Development Plan

Level 1

A range of level 1 courses and training resources will be made available to our settings, including use of Mind Ed; mental health first aid; modules within the Skills for Care and Skills for Health; and a general mental health awareness session. The Partnership will develop a standardised framework for training and competency assessment.

Level 2

At level 2, we will support identified staff to access local multi-agency training and clinical network. Some of this training is now being delivered by CAMHS staff on a regular basis in a variety of settings.

Level 3

The three year programme below was based upon the 2016/17 training programme available through CYP-IAPT programme and is part of the local offer. Other courses, specifically to address behaviour management; early psychosis and eating disorders will be sourced as part of continuous professional development and is additional to these plans. This also includes supervisory requirements and how Herefordshire can develop capacity.

Year	Training Programme	Number and position of staff		Resources	Time
2016	CBT Practitioner	2	Counsellor	CYP-IAPT Backfill plus local	F/T
	EEBP Practitioners	3	Counsellor	CYP-IAPT Backfill plus local	P/T
	SFP Practitioner (eating disorders)	1	New	CYP-IAPT Backfill plus local	F/T
	SFP Supervisor	1	Existing	CYP-IAPT	P/T
2017	CBT Supervisor	1	Quality & professional	CYP-IAPT / Local	P/T

			Practice manager		
	Post Graduate Diploma Clinical Supervision	1	Quality & professional Manager	CLD Trust	P/T
	CBT Practitioner	1	New	Recruit to train	F/T
	SFP Practitioners	1	New	Recruit to train	F/T
	Psychological Wellbeing Practitioners	2	New	Recruit to train	F/T
2018	SFP Practitioner (depression & anxiety)	1	Existing	Recruit to train	F/T

Recruitment Plan

Attracting people to work in Herefordshire has traditionally been difficult for some professions, e.g. psychiatry. All service transformation is challenged to consider the wider implications for the workforce and resilience of provision. In 2017/18, the focus has been on recruiting staff for mental health crisis roles and psychological wellbeing practitioners, which has been successful.

Capacity Plan

There is a good understanding of the workforce providing direct care and support for children and young people with mental health needs. The workforce of level 3 has increased since 2015/16 by 23.5%. The table below provides a breakdown of the staffing in 2017/18. In light of reviewing the service provision for 0-25s, the prediction of growth in the workforce is not possible. This will be one of the actions for 2018 to develop a workforce growth plan. This will be a staged process focusing on Level 3 provision first, then extended to Level 2.

Table: Breakdown of staffing in Level 3 Children and Young People Mental Health provision

NHS Child and Adolescent Mental Health Service 27.6 whole-time equivalents	**The CLD Trust** 16.38 whole-time equivalents (27 staff)
Management 1.6 Psychiatry 2.0 Psychology 7.0 Mental health practitioners 12.4 Administration 4.6	Senior management 0.8 Quality and Professional Practice managers 1.12 Counsellors / CBT practitioners (of which 3.2 are recruit to train in 2017) 7.68 Contracts and finance 1.0 Administration 1.2 Participation 1.56 Strong Young Minds Programme (Early Intervention) 3.02

Appendix 3

Good Practice Evidence

Appendix 3a

General Children's Ward – Changing Practice

Mental health crisis for children entering an acute NHS provider at the local District General Hospital, was a priority for the lead nurse as she came into post in September 2016. Following a large scoping exercise and the attendance at a West Midlands mental health Forum, it was decided to use a proven model used in Coventry to support the children and staff within the acute ward setting. This model identifies a registered sick children's nurse to become a CAMHS champion to improve their own competence, skill and knowledge around mental health crisis and the management of these children and young people. The champion shares knowledge within the team and has developed regular meetings in conjunction with 2gether, lead paediatrician and Lead Nurse as well as 'bite size teaching ' session on the ward.

Four Champions were identified and have developed pathways for children in different scenario's to support existing staff to feel safe and manage children in a robust way, i.e. an absconding child and use of medication. The champions have focused on mental health crisis and applying principles to the acute service which has included the implementation of a risk assessment from the A&E department through to the inpatient setting. This clearly high lights the need for additional support by an RMN using a RAG rated system.

Simple communication was the key to our success. Talking to children is an expert skill that registered sick children's nurses have and this formed part of the change in culture that has generated such a positive transition from this time last year. Every child was having 1:1 support by an RMN however this was harbouring or interactions with the children. This change in practice engages children more rigorously, identifies any triggers that cause an escalation of behaviour and has been overwhelmingly successful.

These measures coincided with the implementation of a 7 day service provided by 2gether. Children now have access to a mental health assessment every day of the week instead of being admitted on a Friday and having to stay on an acute unit until Monday afternoon.

The difference this has made has increased all staff's confidence and competence including medical team. All children have an identified nurse for each shift in addition to their 1:1 RMN. The police were regular visitors to our unit both at weekends and it became the custom and practice to have them any time night or day. Some children were nursed on a 3:1 or 4:1 ratio. The change in our practice has been significant in terms of no police presence for many months now and staff, other children and their families feel safe on our unit.

Documents to support this transformation:

- Multi-agency protocol
- Operational policy
- Risk assessment for children and young people who may require additional support
- Flow chart for CAMHS tier 4 provision

Appendix 3b

Transitions – Changing Practice

CAMHS 'Transitions' update for GPs – 19th July 2017

NHS England has started a national initiative (CQUIN) to improve transitions for young people leaving the care of Children & Young People's Mental Health Services (CYPMHS). This includes improving the experience and outcomes for young people and encouraging providers to collaborate to improve the pathway. In Herefordshire this involves 2gft, CLD Trust, Community Services and GPs working together.

What makes a good transition?

- The process of moving from one service to another can be a time of stress and high vulnerability for young people; young people will need support.
- Young people should be at the centre of the transition process, listened to and feel empowered and confident about the future
- Young people and their families are involved in planning the care they need in the future
- Work on transitions should start as early as possible when it is identified young people may need care into adulthood. Young people need to feel prepared
- Transitions will involve flexible and collaborative working across service providers to reach an appropriate plan and monitor success
- There should be a clear pathway with roles and responsibilities identified
- Staff should be aware of the 'back story' to prevent repetition and the agreed personal transition goals to move forward
- Good transitions build resilience and better outcomes in the long term

How can you help?

- **Young people are transitioned from mental health services to the care of GPs when they reach 18 years (or before) – *are you clear about their needs?***
- **When young people aged over 17 years recover and are discharged from mental health services a discharge summary is sent to GPs – *do you receive enough information to support them if they relapse and need further care?***
- **Do young people receive enough information to manage a crisis on their own or with support – *do young people have a robust crisis and contingency plan when they are discharged from services to support them?***
- **Are all young people with mental health problems and a learning disability registered to receive an annual health check with their GP – *is there a process to support young people with a learning disability?***

CAMHS UPDATE FOR GP SURGERIES – JULY 2017

CAMHS has a 'duty worker' who is available by telephone Monday to Friday 9am – 5pm

CAMHS has appointed two new 'Duty Workers' to support children and young people who have self-harmed and require a mental health assessment on the paediatric ward at Hereford Hospital. The 'duty workers' are also available to discuss potential referral queries from GPs and other practitioners using the CAMHS number on 01432 378940. They can offer advice about a child or young person's mental health, can talk through concerns regarding risk related to poor mental health, and signpost where appropriate. The duty worker can also provide urgent assessments but are **not** able to offer a crisis service.

The duty worker may need to call you back if they are dealing with an urgent assessment on the ward when you phone. Please leave a message with reception staff.

CAMHS is developing a new Eating Disorder pathway for children and young people.

CAMHS has appointed an additional 1.6 staff to enhance the service for children and young people with eating disorders. A new pathway is being developed with the help of patients which links all the agencies providing treatment: CAMHS clinicians, Paediatricians, Dieticians, Hospital staff, schools and parents and carers. All referrals need to be marked clearly if you suspect an eating disorder and include a BMI measurement and information about current health status. There are new national standards for treatment to be provided within a week for urgent cases and 4 weeks for routine cases.

Referrals to CAMHS for specialist mental health support

When making a referral please provide information about the child or young person, their school, any safeguarding information, family members, who has PR, and phone numbers so we can contact the family quickly. We need a description of the difficulties, what has been tried already, details of any professionals involved, the views of the child young person and their family and what they would like to happen. If the child or young person has been discharged from CAMHS and their case closed within the last 6 months then they can self-refer by phoning CAMHS without going back to the GP. This will help to prevent relapse and promote confidence for patients and clinicians

Hereford CAMHS can be contacted on 01432 378940. Please let us know if you have any questions or queries.
Katherine Smith: Service Manager

Young People's Participation – Changing Practice

Wellbeing Ambassadors

During May we supported the Wellbeing Ambassadors to give **29 hours** of voluntary time *(this does not include time they spent independently working on things)*.

Wellbeing Ambassadors Steering Group Meetings

THRIVE *a Wellbeing Ambassadors publication*

Edition 1 *May 2017*

The Wellbeing Ambassadors are a group of young people from Herefordshire who volunteer as part of the Children and Young People's Increasing Access to Psychological Therapies (CYP IAPT) transformation programme. In this very first edition, find out more about who the Wellbeing Ambassadors are and the things they have recently been involved in.

An interview with Cerys
Wellbeing Ambassador

Why did you join?
As I have an interest in psychology and mental health, the opportunity to improve services for young people is right up my street.

What is the best thing about being a Wellbeing Ambassador?
It's so rewarding, the things we do together are great. Meeting people who have different opinions and experiences of services has changed my own opinions.

What has surprised you?
The interactive nature of the meetings and the freedom to be able to work together, as a group, to reach a common goal.

What three words would you use to describe your time as a Wellbeing Ambassador?
Insightful
Informative
Enjoyable

Recruitment & Selection Training

On 23rd February 2017 five young people (two Wellbeing Ambassadors and three Strong Young Minds Champions) attended recruitment and selection training.

The training covered: the recruitment process, job descriptions and person specifications, equal opportunities, safeguarding and communication skills. At the end of the training the young people set ten questions for the young peoples' interview panel for the Psychological Wellbeing Practitioners posts. Overall the training was rated "good" or "awesome", with the young people saying they learnt "some" or "lots".

Over 78 voluntary hours were given by Wellbeing Ambassadors during March & April

Herefordshire Council · Herefordshire Clinical Commissioning Group · The CLD Trust

Three meetings have been held this month: 3rd, 17th and 31st (minutes of all meetings are currently being produced by Sarah or Rosie and are circulated to all Wellbeing Ambassadors through the closed Facebook account and by email).

Some of the Wellbeing Ambassadors contributed articles for the first edition of the THRIVE newsletter. This newsletter was produced to showcase the activities the group have been involved in so far this year and to use as a tool when speaking to professionals and young people about their role (which some have previously said they find difficult). The plan is to publish a couple of editions each year, with the next being around September time.

The Wellbeing Ambassadors started work on the six wishes that were prioritised from the 'wish list'. Using group discussion they have explored the wish:

'Comfortable environment, welcoming staff. Improve environment. More visual art on walls, colour of walls, comfortable seats, feeling of safety, lots of natural daylight'.

Other interactive activities are planned during June and July to support the group to explore the remaining five wishes, after which the Wellbeing Ambassadors will plan how they want to present the information to the CYP IAPT steering group and others.

Final planning and preparation for the discussion event for mental health awareness week took place.

During the meetings the Wellbeing Ambassadors have put forward what types of training they would be interested in having:

- Recognising poor mental health in self
- How to support somebody who is expressing concerns with mental health
- Handling sensitive situations, dealing with aggression and conflict
- Confidence boosting skills
- Facilitating – encouraging people to get involved/be active
- Presentations
- Events organisation and management
- Recruitment and selection
- Motivation – self and how to motivate others
- Philosophy – what is the meaning?
- Employability – within the MH boundaries/professional role
- Learn how to deliver training
- Gender neutrality, intersex and LGBT
- Sexual assault and DV

Sarah and Rosie will try to incorporate these ideas into planning of future meetings and training sessions.

Healthwatch have requested the opportunity to come to a meeting two or three times a year to listen to the groups views (and initially share the findings of the survey they took part in). The Wellbeing Ambassadors were happy to accept this request and Mary Simpson is booked to come to a meeting on 12th July.

Other Wellbeing Ambassadors Activities

Healthwatch Hereford have published a report 'What helped you most what helped you least?'. 39 young people were involved in giving feedback which included 6 Wellbeing Ambassadors back in March 2017. The report has been circulated amongst agencies and also to commissioners. There are several recommendations in the report which include;

- Recognising the potential mental health implications of disability
- Providing accessible information to help and support young people earlier with low level mental health difficulties
- Funding for young people to create a self-help guide

Five Wellbeing Ambassadors led a discussion event for mental health awareness week on 8th May. Herefordshire Council supported the event by providing Plough Lane as the venue. The aim of the event was to bring young people and professionals together to discuss what makes young people thrive. The event was attended by nine professionals, one young person from Young Carers and was supported by Sarah and Rosie. A summary of the event is being put together and will be circulated.

Young Devon are holding a Shadow Board event at Exeter university on 3rd June. Only one Wellbeing Ambassador has expressed an interest and will be attending with Rosie and Sarah Murray. The Wellbeing Ambassadors have discussed the practicalities of these meetings and given him some feedback to take.

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A day in the life of a Participation Worker

by Rosie Walsh

My role is largely (and importantly!) about organising and co-ordinating the Wellbeing Ambassadors to make sure that they are enjoying their time as a volunteer and getting the most out of their experience. A lot of my time is spent corresponding with them about events, future opportunities, and following up any work we are doing. Young people need a lot of time invested in them in order for them to thrive – and it's so rewarding! Here is a little insight into my working week...

Task list:

- Designing participation activities & resources for fortnightly meetings which I co-deliver
- General admin; typing meetings notes, updating databases & lots of printing & laminating!
- Recruitment of new volunteers: creating advertisements, cold calling & visits, giving presentations, responding to enquiries
- Communicating with external parties in order to foster good working links & to push recruitment
- Interviewing & inducting new volunteers
- Designing & delivering training to volunteers
- Planning, organising & following up project work that subgroups are working on
- Following up action points from meetings & supporting volunteers with their work
- Reviewing & improving recruitment & induction processes & resources
- Meeting with professionals e.g. councillors to raise the profile of the Wellbeing Ambassadors
- Attending local & national CYP-IAPT events & meetings with volunteers, ensuring their safety
- Using social media to promote the project & communicate with volunteers
- Checking in with volunteers to ensure their welfare, safety & satisfaction

Evaluating Young People's Involvement

By Liv

I have been working with other Wellbeing Ambassadors to evaluate the participation of young people in all areas of The CLD Trust. We assessed how participation is led and promoted, how young peoples ideas and feedback are considered, and whether there are equal opportunities for everyone that don't discriminate (e.g. gender).

I found this insight into how young peoples ideas and involvement is valued to service providers extremely interesting .

Presenting Participation

By Gabby

On 31.03.17, Sarah Crockett and I attended the West Midlands Quality Review Services event surrounding children and young peoples mental health. We delivered presentations about service participation to groups of professionals that work with children and young people, to encourage them to employ participation in their services.

We successfully highlighted the importance of children and young people's participation, and the benefits for both the practitioners and participants themselves.

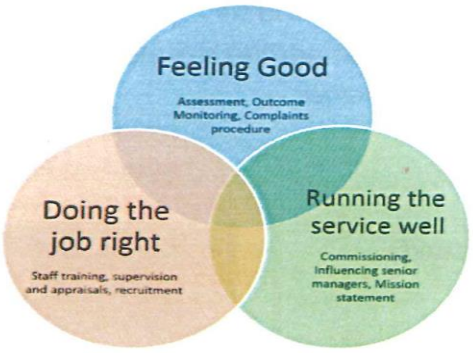
At a celebration event held at Hereford Town Hall on 30th March 2017 the Wellbeing Ambassadors came runners up in the youth category of the **Herefordshire Community Champions Awards 2017.**

WISH LIST

During April the Wellbeing Ambassadors considered which of the CYP IAPT participation priorities was most important to them. 'Feeling Good' was chosen.

From the 'wish list' produced last year the following 6 'wishes' that fell within the 'Feeling Good' priority were identified for this years focus:

- Confidentiality –choice of whether parents / carers are involved.
- Improved self-referral system.
- Self-assessment tool and awareness of how to maintain good mental health.
- Being part of the process of what therapy is offered.
- At start of therapy, understand background, be designated a staff member, initial chat (leading to better relationship). Ability to design length of therapy (i.e. longer than 6-8 weeks).
- Comfortable environment, welcoming staff. Improve environment. More visual art on walls, colour of walls, comfortable seats, feeling of safety, lots of natural daylight.



Becky on Recruitment

I am passionate about mental health and determined to understand the quality of my local services. Being on the recruitment panel at The CLD Trust given me the opportunity to have my say in which mental health professionals work with children and young people in my local services. As the CLD provides support for children and young adults it is important that young people like myself are able to contribute in recruitment decisions. With support and guidance from the participation workers, we devise and ask our own interview questions. The young people's voice and opinion counts massively to the CLD recruitment decision makers, and they are keen to hear our thoughts in order to make sure that we are absolutely recruiting the right people.'

JOIN THE TEAM!

If you are aged 10 to 24 years , whether you have personal experience of young people's mental health services, simply have an interest in mental health and wellbeing, or you just want to develop your skills by volunteering, we would love to hear from you.

CONTACT US

T: 01432 269245
E: participationplus@thecldtrust.org
Tw: @CYPIAPTHRFD
FB: Herefordshire CYP-IAPT

Appendix 3d

Raising Awareness and Peer Support – Changing Practice

Strong Young Minds (SYM) is a programme delivered by The CLD trust as part of its Healthy Minds, Healthy Futures Initiative.

Strong Young Minds is a Big Lottery funded project launched in September 2015 designed to improve the mental health & wellbeing of young people in Herefordshire. Its focus is young people aged (10 – 24 yrs) who are disenfranchised, distressed, unemployed, at risk of social isolation, poor achievement & ill health, due to poor mental health and wellbeing. We work with young people to address issues which can have an adverse effect on their mental health & wellbeing, such as anxiety, depression, eating disorders, self-harm, bullying, cyber bullying, relationship breakdown, employability, low self-esteem, body image & loss.

Young people are offered the opportunity for 1-2-1 support, employability training, brief intervention therapy, workshops & groups in addition to peer education & support.

The SYM Project works with young people, their parents/carers & professionals & is assisted by young project champions supporting their peers & raising awareness within their communities.

STRONG YOUNG MINDS

LOTTERY FUNDED

During 2016/2017 The CLD trusts Strong Young Minds programme has continued to provide a variety of support to young people in Herefordshire delivering one to one sessions, group work, employability training and awareness raising activities in schools, colleges and youth groups. The programme works with young people aged 10 – 24 who have identified barriers and issues that they feel that these are affecting their mental health/wellbeing.

Mental health personal advisers who provide the one to one support element of the service have been responding to an average of 25 – 30 referrals per month, 260 referrals have been received in year 2 to date (July 17). Young people have been assessed and are being provided with both short and longer term support, information and being signposted to additional services if needed.

A range of workshops have been delivered in schools, colleges and youth groups and over 3000 young people have benefited. Workshops have covered a range of topics including mental health awareness, managing anxiety, dealing with stress, peer pressure, bullying, self-esteem/body image, healthy relationships, building resilience, goal setting and drugs & alcohol awareness. In addition, they have again this year participated in the delivery of Crucial Crew specifically reaching young people just about to transition to high school.

A range of mental health awareness training has been provided to school staff and youth workers with particular emphasis on identifying the early signs of mental ill health in young people, how to support them and what services are available locally and nationally to sign post to.

Self-referral to the project's services has remained consistent just under half of the referrals received requesting support are from directly from young people.

Recruitment of young people to the Strong Young Minds programme has remained at consistent levels. 76 champions to date have been recruited, trained and have participated in events and workshops to raise awareness of young people's mental health and reduce stigma.

Feedback from partner agencies and young people accessing support and participating in the champion scheme has remained extremely positive The CLD trust continues to work collaboratively with local and national partners. This partnership working has provided SYM Champions with some outstanding opportunities e.g. working with Fixers to create films telling personal stories, providing a voiceover for a BBC Learning animation about young people and anxiety, involvement in a community film with Rural Media and delivering a workshop in the Compass tent at Hay on Wye for the second year running.

The following pages provide an illustration of activities that Strong Young Minds Champions have been involved in over the year.

LONDON – ANIMATION VOICEOVER FOR BBC LEARNING FILM – FEB '17

FIXERS FILMING – APRIL 2017

CRUCIAL CREW – JUNE '16

CASTLE GREEN – DECEMBER '16

September 2016 InfoFest & Sixth Form Fresher Day

SYM Champions were actively involved in the annual InfoFest & Sixth Form fresher day events held by Hereford & Ludlow College & Hereford Sixth Form College. Champions promoted the Strong Young Minds project to their peers, gave out information regarding local and national support services and took enquiries from young people who expressed an interest in becoming a SYM Champion.

September 2016 Visit from NCVO CEO

Sir Stuart Etherington came to visit The CLD Trust & met with a cohort of SYM Champions who told him about the work that they had been doing to raise awareness of young peoples' mental health.

October 2016 – SYM Champion Radio Interview

During October SYM Champions Rhi and Nicole were interviewed on BBC Herefordshire & Worcestershire Radio about their experiences and why they chose to be involved with the Strong Young Minds project.

January 2017 – Launch of Speak Up SYM Blog

SYM Champion Abi O'Shea launched her Speak Up SYM blog, she interviewed young people that were willing to share their experiences to help other young people.
https://speakupsym.wordpress.com/

January 2017 – Herefordshire Council Celebration Event – Young People

SYM Champions showcased the work of the Strong Young Minds & CYPIAPT projects to professionals attending the celebration event.

February, April & July 2017 – Fixers Filming Project

SYM Champions started working with Fixers to create three films looking at the stigma surrounding mental health & young people, young people having their voices heard and the police response to young people experiencing mental health. This involved a number of planning & filming days during February, April & July 2017.

February 2017 – Mosaic Films Animation Voiceover

A SYM Champion was asked to assist with the voiceover for a BBC Learning animation which will be used in schools to raise awareness of how anxiety feels for young people. The champion was invited to London to meet with the filming team from Mosaic where he shared his experiences which were then transformed into an animation with his voiceover.

http://www.bbc.co.uk/programmes/articles/5QM6H01X6b3jTQF85GLgbFl/primary-mental-health-resources

May 2017 – Mental Health Awareness Week

SYM Champions at John Masefield encouraged their peers to get involved for mental health week raising awareness about young people's mental health.

June 2017 – Hay Festival

SYM Champions led a workshop entitled 'Don't tell me you understand….' which brought together young people, parents and professionals to discuss what young people need when they are experiencing issues with their mental health. A poster was produced from the workshop.

June 2017 – Launched 'The Me I Can Be' Campaign

This initiative was launched to encourage young people to recognise their qualities, set goals and aspirations to improve their self-esteem.

June 2017 – Crucial Crew

The SYM team delivered a series of workshops aimed to help young people to have a smooth transition from primary to high school. The workshop focused on goal setting and confidence building.

Appendix 4

Terms of References

Appendix 4a

Children and Young People Mental Health and Emotional Wellbeing Partnership

Terms of reference – October 2017

The CYP Mental Health and Emotional Wellbeing Partnership ('the Group') is responsible for the strategic multi-agency collaboration of mental health and emotional-wellbeing activities in Herefordshire. The Group will:

- Be responsible for the delivery of the agreed annual action plan based on the vision and intentions outlined in the Children and Young People's Plan.
- Be responsible for the design and overseeing the implementation of the CAMHs transformation plan in conjunction with the CCG.
- Be responsible for the oversight of CYP-IAPT programme, receiving regular reports from the CYP-IAPT steering group, and ensuring sustainability of the programmes principles across the broader CAMHs transformation.
- Be a vehicle for effective joint communication between agencies engaged in working with children, young people and their families.
- Champion the engagement of children and young people in the service developments and reviews; and to be informed by the outcomes of participation by children, young people and their families.
- Develop and implement transformation of provision through increasing access, innovative use of information technology, development of self-referral, embedding routine outcome monitoring (involving young people and their families providing feedback during therapy sessions), and the involvement of children, young people and their families across the whole design and delivery of Group's work.
- Promote an integrated care pathway to ensure a co-ordinated delivery and development of services to address mental health and emotional wellbeing, including the recognition of the link with adult services to address parental mental health impact on families and at times of transition between services.
- Develop agencies awareness and support to promote paternal bonding leading to secure attachments, strengthening from the beginning parent and child relationships.
- Ensure that frontline practitioners are involved in shaping provision and that the work of this Steering Group is shared with other organisations and stakeholders.
- Ensure that developments are evidenced based, provide value for money and contribute towards the intended outcomes.
- Monitor developments and collate evidence showing the impact of the transformation.

Governance

The work of the group will report to, and be signed-off by the Children and Young People's Partnership.

The work of the Group will be supported and monitored via an action plan that will outline the key outcomes and objectives, actions to be taken, milestones and lead officer responsibilities. It will be re-written on an annual basis.

Membership

The membership of the Group will consist of the lead officers and key delivery partners interested in Children and Young People mental health and emotional well-being. Members will be responsible for reporting back to their own organisations and participating in the work of this partnership. The representatives will be:

- 2gether NHS Foundation Trust
- Herefordshire Council (Children's Well-being and Public Health)
- Herefordshire Clinical Commissioning Group
- Herefordshire Healthwatch
- Herefordshire Voluntary Organisations Support Service
- The CLD Trust
- West Mercia Youth Offending Service
- Wye Valley NHS Trust
- Early Years and Schools
- Voluntary and community organisations

Group membership will be reviewed regularly to ensure it reflects the current action plan. Additional members may be co-opted on an ad hoc basis.

Meeting Arrangements

- The Chair will be responsible for reporting progress to the Children and Young People Steering group.
- The meetings will be serviced by HCCG
- The frequency of meetings will be bi-monthly
- The minutes and action logs will be circulated to members within 10 working days after the meeting.
- Task and Finish groups or additional meetings can be set up to meet the needs of delivery against the Action Plan.

Review date: November 2018

***2017/18 Areas of interest**: Workforce development particularly schools and primary care; CYP-IAPT programme; Crisis Care Concordat; parental mental health; participation by children and young people; self-management; and care pathways development.*

Appendix 4b

Children and Young People Mental Health and Emotional Wellbeing Partnership
Mental Health Urgent Care Sub-group
Terms of reference - June 2016

Background

The CYP Mental Health and Emotional Wellbeing Partnership ('the Group') is responsible for the strategic multi-agency collaboration of mental health and emotional-wellbeing activities in Herefordshire. This is a sub-group that has been convened for the purpose of making improvements to the delivery of care for children and young people presenting at Hereford Hospital in mental health distress.

Mental Health Urgent Care Sub-group

This task and finish group will:

- Be responsible for the delivery of the agreed action plan
- Be a vehicle for effective joint communication between agencies engaged in working with children, young people and their families.
- Develop and implement transformation of provision through increasing access, multi-agency working and improved communication.
- Promote an integrated care pathway to ensure a co-ordinated delivery and development of services to address mental health and emotional wellbeing.
- Ensure that frontline practitioners are involved in shaping provision and that the work of this Sub-Group is shared with other organisations and stakeholders.
- Ensure that developments are evidenced based, provide value for money and contribute towards the intended outcomes.
- Monitor developments and collate evidence showing the impact of the transformation.

Governance

The work of the group will report to CYP Mental Health and Emotional Wellbeing Partnership.

The work of the Group will be supported and monitored via an action plan that will outline the key outcomes and objectives, actions to be taken, milestones and lead officer responsibilities.

Membership

The membership of the Group will consist of the lead officers and key delivery partners responsible for responding to children and young people mental health urgent care. Members will be responsible for reporting back to their own organisations and participating in the work of this Sub-Steering group. The representatives will be:

- 2gether NHS Foundation Trust
- Herefordshire Clinical Commissioning Group
- Wye Valley NHS Trust

Group membership will be reviewed regularly to ensure it reflects the needs of the current action plan. Additional members may be co-opted on an ad hoc basis.

Meeting Arrangements

- The Chair will be responsible for reporting progress to the CYP Mental Health and Emotional Wellbeing Partnership.
- The meetings will be serviced by WVT.
- The frequency of meetings will be bi-monthly.
- The minutes and action logs will be circulated to members within 10 working days after the meeting.

Review date: June 2018

2017/18 Areas of interest*: Workforce development; Crisis Care Concordat; Improving access to assessments; risk assessments and care pathways development.*

Appendix 4c

Children and Young People Mental Health and Emotional Wellbeing Partnership
Whole School Approach Sub-group
Terms of reference - September 2016

Background

The CYP Mental Health and Emotional Wellbeing Partnership ('the Group') is responsible for the strategic multi-agency collaboration of mental health and emotional-wellbeing activities in Herefordshire. This is a sub-group that has been convened for the purpose of making improvements to the information and support provided by schools and colleges to children and young people.

Whole School Approach Sub-group

This task and finish group will:

- Be responsible for the delivery of the agreed action plan
- Be a vehicle for effective joint communication between agencies engaged in working with children, young people and their families.
- Develop a resource pack for schools, including templates, sources of information and examples to aid work with pupils on identifying poor mental health, promoting good mental health and intervening early when poor mental health occurs.
- Promote an integrated care pathway to ensure a co-ordinated delivery and development of services to address mental health and emotional wellbeing.
- Ensure that frontline practitioners, particularly from schools and colleges are involved in shaping provision and that the work of this Sub- Group is shared with other organisations and stakeholders.
- Ensure that developments are evidenced based, provide value for money and contribute towards the intended outcomes.
- Monitor developments and collate evidence showing the impact of the transformation.

Governance

The work of the group will report to CYP Mental Health and Emotional Wellbeing Partnership.

The work of the Group will be supported and monitored via an action plan that will outline the key outcomes and objectives, actions to be taken, milestones and lead officer responsibilities.

Membership

The membership of the Group will consist of the practitioners that work with children and young people. Members will be responsible for reporting back to their own organisations and participating in the work of this Sub-Steering group. The representatives will be:

- Hereford and Ludlow Sixth Form College
- 2gether NHS Foundation Trust
- Herefordshire Clinical Commissioning Group
- Herefordshire Council
- The CLD Trust
- Hereford Academy

Group membership will be reviewed regularly to ensure it reflects the needs of the current action plan. Additional members may be co-opted on an ad hoc basis.

Meeting Arrangements

- The Chair will be responsible for reporting progress to the CYP Mental Health and Emotional Wellbeing Partnership.
- The meetings will be serviced by CCG.
- The frequency of meetings will be bi-monthly .
- The minutes and action logs will be circulated to members within 10 working days after the meeting.

Review date: June 2018

***2017/18 Areas of interest**: Policy on self-harm for schools; summary of training resources for staff; commissioning of counselling; resources on raising awareness.*

Appendix 4d

Young People Wellbeing Ambassadors

What does CYP mental health programme mean to us?

We see CYP transformation as a way of making access to mental health services easier and understandable for young people. It should help young people understand mental health issues which should also start to reduce the stigma. It's a way of providing much needed support and increasing a better understanding of mental health in schools, colleges, universities and a range of places where young people spend their time.

This is who we are and why we've got involved?

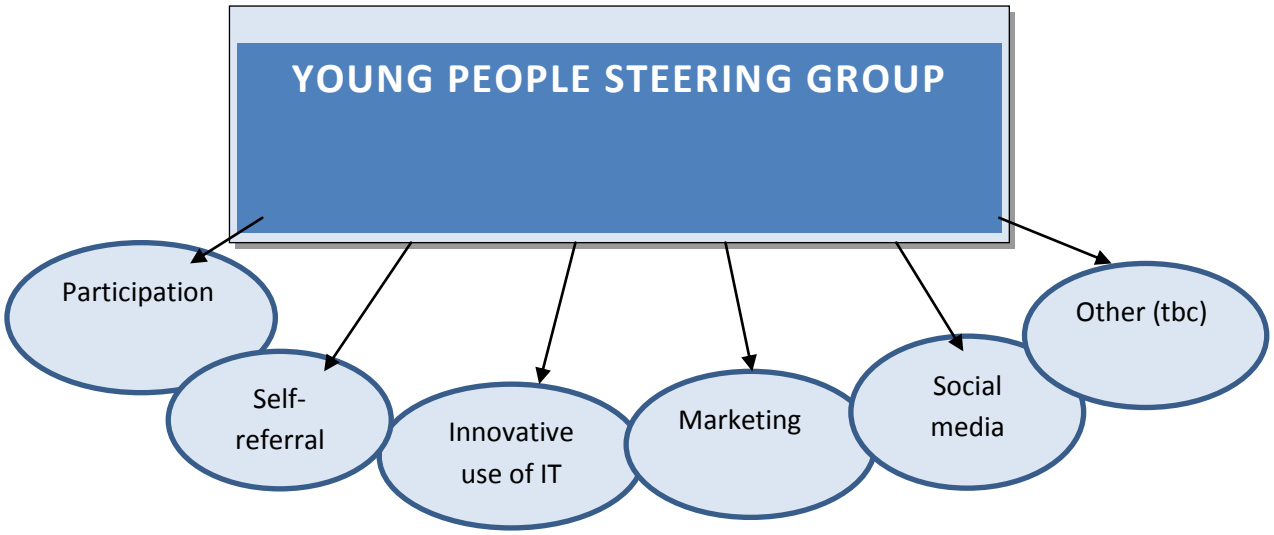
We are a group of young people of a broad age range with first had experiences of mental health services. We have asked to be involved in this programme in order to help others who may need mental health support and who may be in similar situations to us. We also feel strongly about the need to challenge people's perception of mental health through better education and training and a more open approach to talking about these important issues. This is an exciting opportunity for us and other young people across Herefordshire to get involved in a programme that can really make a difference and to contribute to the wider planning and decision making process in mental health and wellbeing. We aim to reach out to others who need help in accessing these much needed services. We also aim to use our own experiences to help formulate training plans for professionals and raise awareness in education and training venues for young people.

How will we be involved?

We will meet monthly as a group to discuss the programme and review our delivery plan. We will plan and be involved in a series of events across the county to promote the programme and encourage further participation from young people from all backgrounds and ages. Our thematic groups will focus on different aspects of the programme from innovative use of IT, to Social Media and Marketing. Our discussions will be facilitated by a Participation Lead and feedback to the CYP MH partnership group and we will challenge professional decisions and plans where necessary, in order to fully represent the views and opinions of young people across the county. We will also be involved in the recruitment and selection of new staff to the services.

All of our meetings and events will be evaluated and reviewed against the delivery plan and transformation markers, with changes implemented where necessary.

Young people steering group structure



Delivery

The young people's steering group will meet on a monthly basis and two weeks prior to the partnership steering group meetings group meetings. This will enable the young people's group to feedback their thoughts and ideas to the partnership steering group, and allow them to feedback to young people.

Consent

All young people will be asked to sign a consent form allowing the use of video/photos of events to be shared for marketing. There will be an opt-out option. Young people of school age will need a parental consent form completed for the use of video/photographic images being used as well as confirmation of safe travel to and from meeting events. All consent forms and young people details will be held securely at The CLD Trust accessible only by participation leaders.

Monitoring & Evaluation

Each session will be evaluated with additional evaluation for specific target workshops. Additional feedback sessions will take place at key stages throughout the programme in order to review the delivery of the youth group, how it's meeting its key objectives and how well young people are engaging in the process.

Expenses/Incentives

Travel: All young people will have the opportunity to be reimbursed for their travel expenses when a valid bus/train or taxi receipt is produced.

Children, Parents & Carers Steering Groups

Children & Parents

The partnership will work collaboratively with local children and family support providers to enable groups to meet and be involved. The format of each meeting will vary and depends on the needs and make-up of the group. It is envisaged that younger children (pre-school age) will meet with their parents/carers in Children's Centre/Family Support Centres and form part of a creative play group delivered by Participation workers and key professionals with skills in art therapy and play.

Parent workshops

These will be targeted to Primary Schools and Children's Centres in order to focus on a 0-11 age range. This will be led by Participation workers and will allow Parents/Carers to voice their opinions on mental health services and how they can be improved to meet the needs of children and young people. These will be structured focus groups with a list of specifically designed questions; however, there will be the opportunity for parents/carers to continue with their involvement as potential facilitators at CYP IAPT local and regional events.

Primary Children

The partnership will work in conjunction with local Primary Schools to offer children the opportunity to engage in focus groups on well-being and mental health. Each school will be offered one session initially with the option to form regular steering group pf pupils at each school who can meet with Participation workers to continue their involvement across all aspects of CYP mental health.

Consent

All parents/carers will be asked to sign a consent form on behalf of their child permitting the use of video/photos of events to be shared for marketing. There will be an opt out option. Young people of school age will need parental consent forms completed for the use of video/photographic images being used as well as confirmation of safe travel to and from meeting events.

All consent and young people details will be held securely at The CLD Trust accessible only by participation leaders.

Monitoring & Evaluation

Each session will be evaluated with additional evaluation for specific target workshops. Additional feedback sessions will take place at key stages throughout the programme in order to review the delivery of the groups, how it's meeting its key objectives and how well children and their parents/carers are engaging in the process.

Appendix 5

CYP Mental Health & Emotional Wellbeing Transformation Plan - Communication and Engagement Plan 2015-2020 (updated August 2017)

Introduction

Herefordshire Clinical Commissioning Group (CCG) and partners have developed a five-year plan for the transformation of services for children and young people with mental health and emotional wellbeing needs, on behalf of the Children and Young People's Partnership.

The Children and Young People's Partnership developed a Children and Young People's Plan that recognises mental health as one of its priority areas. The CYP Mental Health and Emotional Wellbeing transformation plan builds upon and sets out the detailed action plan to achieve the shared vision.

This transformation plan will affect children and young people who will receive support as a result of poor mental health or to prevent mental health Illnesses from developing. The plan is developed with the input of all partners and includes engagement by the established Young People's Wellbeing Ambassadors group. The plan is available on the CCG website and that of partners' website to invite wider comment as it concerns the way public money is spent on healthcare in Herefordshire.

We want to ask local children, young people, their parents and carers for their views on how mental health and emotional wellbeing services should be commissioned for Herefordshire children and young people. This is in addition to continued one-to-one engagement during therapy/ interventions.

Aims and Outcomes

The aim is to gather public opinion and comment on the proposed transformation plan and to ensure that the Plan is updated to reflect the input from the public. This is a five-year plan therefore the engagement needs to be ongoing during this period, with key stages identified as Phase 1 (September- December 2015); Phase 2 (January – September 2016); and Phase 3 (October 2016-March 2020).

- Phase 1 – feedback on Transformation Plan and to inform 2016-2017 delivery
- Phase 2 - Ongoing feedback on Plan and the associated activities, linked to Mental Health re-provision programme.
- Phase 3 – Feedback on activities within the Plan, with specific engagement linked to the different elements. To also include feedback on 2017-2020 action plan.

Key messages

- Transformation of mental health services for children and young people is about making sure that children and young people are supported to get help. This includes support from a range of organisations before a mental health illness establishes.
- Use of new technology and making help available 7 days a week will aid children and young people to access help.
- Co-producing services with children and young people will ensure that the services meet the needs and expectations of the service-users.

- Routine outcomes measures makes clinical effectiveness transparent and shares progress between the therapist and service-user.
- Workforce development will aid staff to have the right skills to identify and recognise children needing support and provide evidence-based practice.
- Engagement of children, young people and their parents and carers is a key part of how we want to transform services by involving experts by experience in the planning, design and delivery of services.

Stakeholders

A stakeholder list is identified below, and these will be mapped according to their level of interest and influence to determine the levels of engagement with each before any formal consultation that may be required, begins. More stakeholders will be added as identified.

- Children, young people
- Parents and carers
- GPs
- Partners (WVT, 2g, Herefordshire Council etc.)
- HWBB
- Children and Young People's Partnership
- Voluntary Groups (HVOSS, Carers Support, CLD Trust)
- Hard to reach groups (i.e. traveller community, immigrant communities)
- HOSC
- Local councillors
- MPs
- Health Watch
- Children's Centres
- Schools /colleges
- Schools Forum
- CCG C&I Committee
- HCCG senior management team
- HCCG Governing Body
- HCCG, WVT and 2g public members
- Staff
- NHS England
- NHS England (Specialised Commissioning)
- Other Commissioners, e.g. Shropshire, Welsh Health Authorities, Gloucestershire
- System Transformation Partnership, i.e. Worcestershire partners

Methods/tactics

- Webpage with information, and engagement documents as required
    - Sit on CCG website with links to partners' webpages
        - All related docs and correspondence
        - Current CYPP
        - FAQs

- Online survey as required
    - Key survey for electronic results
    - Downloadable PDF for printed copies that can be posted back

- Meetings with stakeholders and patient groups.
    - CCG/clinical staff to be available for this
    - Use existing meetings with Herefordshire groups, e.g. CYP Mental Health and Emotional Wellbeing Partnership; the Young People's Wellbeing Ambassadors.

- Phone number
    - CCG number

- Email address
    - enquiries@herefordshireccg.nhs.uk

- Postal address
    - CCG freepost address

- Social media/press
    - Tweets to get traffic onto our website to see/participate consultation
    - Twitter chats
    - Promotion of Young People's work
    - Media plan prepared and press releases issued as required – interviews as required - spokesperson to be identified

Appendix 6

Risk Log (updated 30/09/2017)

Risk No.	Date Raised	Originator	Risk Description	Probability H/M/L	Impact H/M/L	Owner	Risk Management Plan (Mitigating Action/Contingency Plan)	Completion Date	Status (Open/ Closed)
001	January 2015	2gether	Recruitment and retention of specialist roles.	M	M	2gether	Skill mix completed. Contact with local universities and marketing. This will impact on transformation. Whole system recruitment plan required	March 2018	Open
002	April 2015	CYP-IAPT	Children and young people cannot participate because of travel, other commitments, stigma.	M	H	2gether / CLD Trust	Engagement of YP Wellbeing Ambassadors Group to aid discussions on choice. Mobile clinics available in localities. Plan contains action on clinic locations.	December 2017	Open
003	April 2015	MHNA	Lack of tier 2 infra-structure, particularly for children aged <10.	H	H	CCG/ HC	This is formally recognised in the vision of CYPP. Actions identified to improve universal services identification and early intervention. Further work required in this area	December 2019	Open

004	May 2015	CYPP steering group	Lack of constructive partnership engaging the right partners and wider system at the right time.	L	H	CYPP	CYP MH & EWB Partnership up and terms of reference agreed. CCG to chair and wide engagement.	August 2015	Closed
005	May 2015	Stakeholder event	Feedback from stakeholders demonstrate lack of confidence about mental health awareness	M	M	CYPP	Reflected feedback into CYPPlan and now a key area under the mental health priority. Actions identified to address this. Feedback shows improvement	March 2020	Open
006	June 2015	2gether /CLD Trust	Growing volume of referrals to CLDT trust and CAMHS will affect waiting times for assessment and treatment	H	H	CCG	Discussion at CCG QPS committee. Additional resources and consideration of skill mix. Improvement evidenced.	December 2015	Closed
007	June 2015	CLD Trust	CLD Trust is over-performing on 2015/16 contract activity.	H	H	CCG / CLD Trust	CCG discussion about additional resources. Development of other services to prevent cyp needing support. Additional resources assigned	March 2016	Closed
008	June 2015	CYP MH& EWB steering group discussion	The extent of service transformation requires financial investment	H	H	CCG/ HC	CAMHS transformation monies attached to completion/ agreement of plan. Prioritisation framework to schedule developments over 5 years. Applications for external funding by partners supplementing allocation.	November 2015	Closed
009	July 2015	CYP-IAPT	Lack of national technology to assist with clinical	M	L	CYP-IAPT	To flag to South west Collaborative. Require IT	March 2016	Closed

		steering group	reporting and patient feedback.			steering group	system to be able to report clinical outcomes to clinician and patient. Identified local solution and uploads to NMHDS now working		
010	September 2015	CYP-IAPT steering group	Decommissioning of CORC (loss of outcomes information from October)	M	M	CYP-IAPT steering group	Roll of outcomes complete and loading to NMHDS	December 2015	Closed
011	September 2015	Herefordshire Council	High turnover of staff (social care) requiring constant information updates so that the referral process remains clear	M	L	2gether NHS Foundation Trust	Re-circulation of referral process and quarterly team talks. This has become business as normal.	January 2016	Closed

Appendix 7a

Full Equality Impact Assessment

1. Name of the function, strategy, project or policy.	**CYP Mental Health & Emotional Wellbeing Transformation Plan**

2. Directorate, Department / Service	**CCG on behalf of CYP Mental Health and Emotional Wellbeing partnership (Under Children and Young People Partnership)**

3. (a) Details of the person completing this impact assessment form.	(b) Details of the person responsible to implement this function / policy (if different from a)
Name: Jade Brooks	Name:
Job Title: Deputy Director of Operations	Job Title:
Telephone / Extension: 01423 383634	Telephone / Extension:

STEP1: Identification of Aims and Objectives of the Policy/Function

1.1 Type of function or policy	Existing ☐ Proposed ☑

1.2 Describe the main purpose and the outcomes of the function, policy, strategy or project?	The transformation plan represents 5 year programme of works for the system with regard to improvements in healthcare for children and young people experiencing mental health illness. The programme recognises prevention and early intervention so the emotional resilience activities includes a broad range of stakeholders, raising awareness with the public, use of evidence-based practice, implementation of routine outcomes measures and engagement by children, young people, their families and carers. The outcome is service change, affecting the quality and quantity of care available.

1.3 List the main activities / objectives / milestones of the function, project / policy.	
To work as a Partnership to deliver over a five year period: • Crisis care improvements • CYP-IAPT programme • Whole schools approach • Workforce development • Engagement • 7 day working • Improve access • Parenting support This shall be published as a CYP mental health & emotional wellbeing transformation plan.	
1.4 Who are the stakeholders and who is/will be the main beneficiaries of the strategy/project/ policy?	Stakeholders: • Children and Young people • GPs • Partners (WVT, 2g, Herefordshire Council, Public Health, etc.) • HWBB • Voluntary Groups (HVOSS, Carers Support, CLD Trust) • Hard to reach groups (i.e. traveller community, immigrant communities, refugees) • HOSC • Local councillors

	• MPs • HealthWatch • Children's Centres • CCG C&I Committee • HCCG senior management team • HCCG, WVT and 2g public members • Staff • Schools and colleges Main beneficiaries are children and young people living in Herefordshire.

1.5 What are the key performance indicators for this function /policy (i.e. Access targets, Health care standards etc.)? *It may apply to some functions only.*	Number of referrals per 100k pop Number of accepted referrals per 100k pop % CYP waiting less than 8 weeks; % waiting more than 8 weeks from referral to assessment % CYP waiting less than 8 weeks; 8-12 weeks, 12-18 weeks, more than 18 weeks from referral to treatment Maximum waiting time for treatment (routine) Number of under 18s mh admissions and average LOS for occupied bed days (excluding leave) Number of DNAs as % of all appointments Number of clinical appointments completed Number of discharges per 100k pop Number of calls to duty desk Number of urgent referrals Number of CYP in transition to adult MHS Routine reported outcome measures Patient Experience reported Number of WTE specialist clinicians per 100k pop % compliance with CAMHs standards We have national targets round access and wish to expand this to capture the above. Further KPIs are in development

STEP 2: Considering Existing Data & Research

2.1 Examine existing available data and research to properly assess the likely impact by considering various sources such as surveys, statistical data bases, audits, consultation results, research, studies, reports, feedback etc. for this particular function or policy. What does this data tell you; please explain in the next column under each section.	**Race**	There is national evidence of the increased risk and incidence of suicide and also domestic violence within Gypsy Travelling communities (Cemlyn et al 2009). There is limited information on the mental health needs of children and young people from Gypsy Travellers and refugees. In terms of the size of the population, the most reliable data on these group is the school census and Local Authority attainment records. These showed that in October 2013, there were 255 under 19's known to the Gypsy Traveller Team in Herefordshire, however little is known of the extent of mental health illnesses.
	Disability	No definitive data source of the numbers of children with disability within Herefordshire is available. The Herefordshire Council-developed Understanding Herefordshire (2014) document suggests a number of between 1,000 and 1,800. Disability is suggested as the underlying reason for 5% of Herefordshire's 'children in need' population. Over one third of children and young people with a learning disability in Britain (36%) have a diagnosable psychiatric disorder. They are thirty-three times more likely to have an autistic spectrum disorder; six times per likely to have a conduct disorder and four times more likely to have an emotional disorder. Some of the increased risk is

			attributed to the increased exposure to poverty and social exclusion, linked to social circumstances.
		Religion or Belief	Understanding mental health and religion in Herefordshire is not currently documented. Local faith organisations are active in supporting mental health awareness but there is no real information to the extent of inequalities across different religions or beliefs.

2.2 Are there any gaps in the information required for the areas of Race, Disability and Religion or Belief? o If no; please go to the next question. o If yes; please explain; (a) The reasons for such gaps. (b) Whether there is a need to commission the provision of additional information. (c) What exactly you intend to carry out and how?	No ☐ Yes ☒ There is no information available locally. This information could be extracted from national information and research. Therefore a short review will be conducted to ascertain the information requirement.

STEP 3: a) Assessing the Likely Impact on Equality Groups b) Consider Alternative Policies

Answer the following by considering the information you have collected in Steps 1 and 2 to identify whether the policy is likely to affect different groups, directly or indirectly, in different ways. **Please refer to the guidance notes.**

3.1 Does the function or policy in the way it is planned or delivered could impact differently (positively or negatively) on different people or communities i.e. it could disadvantage them or have a positive impact on them? Or could it amount to adverse impact? (**Please refer to the guidance notes page 3).**			
Equality Groups	**Negative Impact**	**Positive Impact**	**Reasons**
Race	No evidence	Vulnerable groups of children and young people are recognised and that targeted approaches will be needed.	1. Opening up choice 2. Awareness raising / challenging stigma 3. Working across the system, i.e. with police, voluntary orgs, schools, making access easier.
Disability	No evidence	Specific reviews will aid improved alignment of resources, evidence based practice to the needs of children and young people with disabilities	1. Review into ADHD and refresh care pathway 2. Seeking more evidence based practice for children with learning disabilities 3. Out of county pathways and continuous review of children and young people out of county means lessons learnt from Winterbourne Review.
Employment Equality Religion or Belief	No evidence	The level of engagement activities for children and young people will make sure that views are heard . The work on stigma and raising awareness will make mental health services accessible for all.	1. Opening up choice 2. Awareness raising / challenging stigma 3. Working across the system, i.e. with police, voluntary orgs, schools, making access easier.

3.2 If you have indicated there is a negative impact on any group, is that impact:	
a) Legal/Lawful i.e. the function or policy directly or indirectly discriminatory under the Race Relations Act or the Disability Discrimination Act?	a) Yes ☐ No ☒ If yes, please provide details:
b) Intended - can it be justified under the Act?	b) Yes ☐ No ☒ If yes, please provide details

3.3(a) Could you make changes to the policy/function to prevent or minimise any adverse impact or unlawful discrimination, while still achieving the aims? (b) Could you consider alternative policy/ies that might promote equality better?	The plan is a living document. In 2017-2020,programmes of review will check inequalities as one of the purposes is to improve health equalities for children and young people. This has been fully considered and it is felt that the programme of review and delivery by the CYP MH & EWB steering group will seek evidence of equality

STEP 4: Consultation

4.1 What previous consultation on this function, project or policy has taken place with groups / individuals from equality target groups? What does it indicate about negative impact and how people view this function, project or policy?	
Race	• Mental health needs assessment, including sixth form workshops, engagement of school councils, Children in Care Council, Young Farmers Clubs, Youth Clubs, children's centres • Young People Wellbeing Ambassadors Group
Disability	• Mental health needs assessment, including sixth form workshops, engagement of school councils, Children in Care Council, Young Farmers Clubs, Youth Clubs, children's centres • Young People Wellbeing Ambassadors Group
Religion or Belief	• Mental health needs assessment, including sixth form workshops, engagement of school councils, Children in Care Council, Young Farmers Clubs, Youth Clubs, children's centres • Young People Wellbeing Ambassadors Group

4.2 (a) Are there any experts/relevant groups/organisations that can be contacted to get further views or evidence on the issues.	
Details of the groups:	*Timetable for consultation*
Wide range of stakeholders engaged in plan including providers, schools, early years, NHS, voluntary sector and faith organisations.	Jan – September 2017
b) Please describe what methods will be employed for consultation and the processes for feed back into your planning and decision making process?	

The plan will be made available so that ongoing feedback is possible and incorporated during quarterly plan reviews.	
4.3 Have you involved your staff members (who have or will have direct experience of implementing the function/ policy in taking forward this impact assessment? If yes how?	• Children and Young People Partnership • Children and young people mental health and emotional wellbeing Steering group

STEP 5: Developing Action Plan

As a result of this assessment, consultation, research and available evidence collected; state whether there will need to be any changes made/planned to the policy, strategy/function or the action plan. Please clearly detail what practical actions would you take for **all Equality target groups** to reduce or remove any identified adverse / negative impact. All actions need to be compared against the criteria as detailed in the **Guidance Notes Page 4 QUESTION 3.3 (a & b)**

No changes made/planned to the Plan.

STEP 6: Monitoring and Review

6.1 Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, project or policy?	Yes ☒	No ☐

6.2 Please explain how this will be done?	The Children and Young People mental Health and Emotional Wellbeing Partnership will monitor the CAMHs transformation plan. This is then reported to the Children and Young People partnership, with commissioning decisions discussed at the Joint Commissioning Board and Children and Young people's Partnership.

STEP 7: Publishing the Results of the Assessment

7.1 It is a legal requirement to publish the results of the impact assessment, consultation and monitoring – so please state below when and how you aim to publish the result of the assessment and this will be available:
This will be published alongside the CAMHs transformation Plan on the HCCG website.

Impact Assessment completed by (name and signature of the lead person completing the RIA)*:*

Name: Jade Brooks Date: 15/9/2015

Director / SMT: I have been briefed on the results of this impact assessment.

Name: Hazel Braund Date: 20/9/2015

Note: It is an essential that this report is also discussed by your management team and remains readily available for inspection. A copy should also be forwarded to your appropriate Equality Lead.

STEP 8: Review

8.1 Please state below any further information upon review of this EIA.
The topics and actions covered by the CYP mental Health and emotional wellbeing Partnership is demonstrating a good understanding of equalities.

Review completed by

Name: Jade Brooks Date: 05/10/2017

Appendix 7b

QUALITY IMPACT ASSESSMENT

THE FOLLOWING ASSESSMENT SCREENING TOOL WILL REQUIRE JUDGEMENT AGAINST THE 4 AREAS OF RISK IN RELATION TO QUALITY. EACH PROPOSAL WILL NEED TO BE ASSESSED WHETHER IT WILL IMPACT ADVERSELY ON PATIENTS/STAFF/ORGANISATIONS. WHERE AN ADVERSE IMPACT SCORES GREATER THAN (>) 8 IS IDENTIFIED STAGE 2 MUST BE COMPLETED AND THE ESCALATION PROFORMA SUBMITTED TO THE NEXT QUALITY AND PATIENT SAFETY COMMITTEE.

Lead for scheme: Jade Brooks

Brief description of scheme: CAMHs transformation plan – five year improvement to mental health services for children and young people.

Answer positive/negative (P/N) in each area. If N, score the impact, likelihood and total in the appropriate box. If score greater than > 8, insert Y for Stage 2 (escalation form)

	P/N	Risk Score (see table A)	Stage 2 required?
Duty of Quality Could the activity impact positively or negatively on any of the following:			
a) Compliance with NHS Constitution	P		
b) Partnerships	P		
c) Safeguarding children or adults	P		
d) Duty to promote equality	P		
e) Parity of esteem?	P		
NHS Outcomes Framework Could the activity impact positively or negatively on the delivery of the five domains:			

1. Preventing people from dying prematurely	P		
2. Enhancing quality of life	P		
3. Helping people recover from episodes of ill health or following injury	P		
4. Ensuring people have a positive experience of care	P		
5. Treating and caring for people in a safe environment and protecting them from avoidable harm	P		
Access Could the proposal impact positively or negatively on any of the following:			
a) Patient Choice	P		
b) Access	P		
c) Integration	P		
Operational Could the proposal impact positively or negatively on any of the following:			
a) Non-clinical/Operational e.g. any health and safety issues for staff, any impact on operational performance both directly or elsewhere in the organisation. Negative impact on reputation.	P		

What are the positive quality impacts this initiative or scheme will deliver?

Please describe your rationale for any positive impacts here:	Please outline how you will measure positive quality impacts
Duty of Quality: improvements to early intervention for psychosis and the mental health minimum data set are areas within national plans. In addition, the Futures In Mind is a key document that has informed the vision in the CAMHs transformation plan. The creation of the CYP MH & EWB Partnership is a new partnership to drive forward change. This was a gap so the dedicated input aids pace and commitment to change. Through the MHNA we have identified groups of vulnerable children at risk of MH, the action plan recognises that and aims to improve delivery of support to such vulnerable groups.	KPIs on access. The outcomes from the CYP MH&EWB steering group. Delivery of the action plan.

NHS Outcomes framework: we are addressing crisis care delivered to young people, e.g. self-harm. Making sure that we improve access to urgent assessments 7 days a week aids quicker support for young people. The use of routine outcomes measures will support young people to discuss their progress with their therapist as a tool to note recovery. Equally, the patient engagement activities will aid the reported experience of care. Organisations working together to help children earlier will enhance quality of life, as school life, home life will be supported, treating the child or young person as a whole person (rather than a medical model).	KPIs and delivery of the action plan. The CYP IAPT steering group monitors the ROMs. The feedback from the new practitioner network will give
Access: We are looking at self-referrals and implementing choice for patients, e.g. choice of therapist, location, timing, etc. New KPIs on waiting times will ensure that the services monitor access and that restorative action can be taken if access waiting times are poor. Delivery of prevention and early intervention requires engagement of schools, early years, GP, youth clubs etc. Looking at care pathways will ensure that organisations are delivering in a planned and coordinated manner. This includes the existing partnership between CLD Trust and 2g (provision of tier 2 and 3 services)	KPIs and delivery of action plan. The steering group are looking at care pathways.
Operational: the planned changes will increase the number of practitioners that have received evidence-based training. In addition the structure of supervision will aid level of support available. The plan to increase numbers of staff will aid caseload management and management of patients. The closer working with other organisations in the system will aid cooperation and communication.	This is covered by the monitoring of progress against the CAMHs standards, with feedback to be available from other groups such as schools and social care as a result of engagement in the delivery of the transformation plan.

How does this link or align to the quality strategy?

Please indicate which elements of Herefordshire CCG Quality Strategy 2015-2018 this proposal addresses		
Quality Strategy Objective 1	Create a culture of continuous quality improvement, openness, transparency and candour across the healthcare system	Y
Quality	Commission personalised services that reflect individual needs that are accessible, safe, clinically and	Y

Strategy Objective 2	cost effective which support a positive care experience	
Quality Strategy Objective 3	Encourage feedback and value the role of patients and healthcare professionals in shaping, monitoring and improving services	Y

What are the potential negative/adverse impacts of the scheme?

QUALITY IMPACT ASSESSMENT RISK & ACTION PLAN (Risk score 1-8)						
What is the negative/ Adverse impact?	Risk Score		Actions required to reduce/ eliminate the negative impact	Resources required*	Who will lead on action?	Target completion date
	Current	Target				
The backfill for staff on the training courses	**6**	**4**	• **Use of internal bank staff** • **Agreement over number of staff to go on training from one organisation** • **Early planning to source agency staff**	**Funding from CYP-IAPT programme (dependent on numbers of training places)**	**2g/ CLD Trust**	**31 September 2015**
Small area with large number of actions	**6**	**4**	• **Detailed plan for 2015/16 and updated each year that makes change realistic, managed and assured.**	**CAMHS transformation plan funding**	**CCG**	**March 2020**

planned could result in overstretching people to deliver the actions			• **Agreement by partners to deliver the actions over 5 year period.**			
risk of partners not engaging in programme	**4**	**2**	• **Regular engagement with named people in plan.** • **Ownership by partners to the plan with sign-up given.**		**HCCG**	**March 2016**

'Resources required' is asking for a summary of the costs that are needed to implement the changes to mitigate the negative impacts identified

Designation: Jade Brooks, Programme Manager – Mental Health & children	Date: 15/9/2015

Review 2017

QUALITY IMPACT ASSESSMENT RISK & ACTION PLAN (Risk score 1-8)						
What is the negative/ Adverse impact?	New Risk Score		Actions required to reduce/ eliminate the negative impact	Resources required*	Who will lead on action?	Action status
	Target	New				
The backfill for staff on	4	2	• Use of internal bank staff	Funding from HCCG	2g/ CLD Trust	Action complete

the training courses			• Agreement over number of staff to go on training from one organisation • Early planning to source agency staff			
Small area with large number of actions planned could result in overstretching people to deliver the actions	4	4	• Detailed plan for 2017/18 that makes change realistic, managed and assured. • Agreement by partners to deliver the actions over 3 year period.	CAMHS transformation plan funding	HCCG	Action open March 2020
Risk of partners not engaging in programme	4	2	• Regular engagement with named people in plan. • Ownership by partners to the plan with sign-up given.	All from Partnership	HCCG	Action Closed

Designation: Jade Brooks, Deputy Director of Operations	Date: 12/10/2017

Herefordshire Council

Meeting:	**Children and young people scrutiny committee**
Meeting date:	**Monday 4 December 2017**
Title of report:	**Children's Wellbeing Self-Assessment 2017 - update**
Report by:	**Assistant director safeguarding and family support**

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose and summary

To consider if the children's wellbeing self-assessment provides the necessary assurance for the committee. In addition, to agree any comments and recommendations to enable the self-assessment to be developed further.

The self-assessment is a living document and will continue to be updated and the input from the children's scrutiny committee will inform further development that will support our continued improvement journey.

Recommendation(s)

That:

(a) The committee considers the current final version of the self-assessment as attached in appendix 1;

(b) The committee is asked to consider this version and provide challenge and make any recommendations or further suggestions for the executive to consider in relation to how the assessment can be further developed; that will enable us to continue on our improvement journey.

Further information on the subject of this report is available from
Adam Scott, Tel: 01432 383679, email: adam.scott@herefordshire.gov.uk

Alternative options

1. The scrutiny committee could choose not to consider the self-assessment document, however this would deny members the opportunity to comment upon and inform an important document which will, in due course, be shared widely.

Key considerations

2. Within the West Midlands, there is an annual peer challenge event which takes place each autumn. Every council is asked to prepare a self-assessment of their children's services directorate, which is then challenged by peers. This event is regarded as a useful opportunity to test the evidence held by councils regarding their performance and areas for development. This will take place on 22 November 2017 and a verbal update will be provided at the committee meeting when the item is presented.

3. The current version of the self-assessment (as attached) was submitted by officers following consultation with the Cabinet member for young people and children's wellbeing before it was submitted to the West Midlands Association of Directors of Children's Services (WMADCS) for moderation and challenge.

4. Earlier in 2017, Ofsted issued a draft framework for its new inspection regime, which will begin in 2018. Included within this document, is the expectation that every council completes an annual self-assessment of their children's services directorate, which then forms the basis of the subsequent inspection. In essence, the question asked will be 'does the council know itself?' A more recent iteration of the Ofsted framework has removed the mandatory requirement to produce annual self-assessments. However, this does not diminish the benefit of annual reflection and challenge, which will continue on a regional basis. It is also assumed that inspectors will ask for any self-assessment that does exist when they visit a council.

5. When Ofsted inspected Herefordshire's special educational needs and disability (SEND) offer recently, a self-assessment was prepared and it was agreed by all concerned that this not only assisted the work of inspectors, but also acted as an important prompt for local professionals.

6. The submitted self-evaluation follows a format developed by the regional Directors' of children's services group to ensure consistency of approach.

Community impact

7. The council is committed to achieving its corporate plan vision to keep children and young people safe and give them a great start in life. A principle of the council's code of corporate governance is to implement good practices in transparency, reporting, and audit to deliver effective accountability. To support effective accountability the council is committed to reporting on actions completed and outcomes achieved, and ensuring stakeholders are able to understand and respond as the council plans and carries out its activities in a transparent manner.

Equality duty

8. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

   A public authority must, in the exercise of its functions, have due regard to the need to -

a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

9. There is no equality impact arising from this report because there is no intention to reduce services for protected groups as a result of its approval.

Resource implications

10. There is no financial impact arising from this report. The improvement actions are currently covered within the 2017/18 children's wellbeing budget plans.

Legal implications

11. The committee has the power to make reports or recommendations to the executive with respect to the discharge of any functions which are the responsibility of the executive or which affect the inhabitants of the county. Any recommendations that the committee determines must be considered by the executive in accordance with the council's scrutiny rules.

Risk management

12. This document provides a context for the identification of risk within the children's wellbeing directorate, although there are no associated risks.

Consultees

13. The self-assessment was submitted by officers following consultation with the Cabinet member for young people and children's wellbeing.

Appendices

Appendix 1 Herefordshire's self-assessment 2017

Background papers

None identified.

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ADCS
Leading Children's Services
West Midlands Region

#TeamWestMidlands

A self-assessment of Local Authority Children's Services

Herefordshire Council

Contents

Introduction

Herefordshire has high aspirations for all its children and young people. As a partnership and council we are committed to ensuring that the children and young people of Herefordshire have the best start in life and grow up healthy, happy and safe within supportive family environments.

We have been improving our delivery of effective safeguarding over a number of years and it continues to be a key priority for the council and for partners. We have seen significant improvement in a range of children's outcomes over the past three years, particularly in relation to a number of education measures. Herefordshire is a rural, unitary authority with a population dispersed between the city, five market towns and a large number of villages. Children form 20% of the population, numbering 40,000, and in June 2017 303 were looked after, 117 subject to child protection plans and 605 benefitting from a common assessment.

There are 16 secondary schools (including 1 all through school and 1 KS4 only school) and 78 primary schools, with 31 academies (including 2 free schools).There are 4 special schools,(2 of which are academies) and 1 PRU.

Early Years provision consists of over 150 providers with a mix of private, voluntary and independent settings including governor run provision, primary schools and 87 childminders. There are 8 children's centres and 15 staff employed to deliver children's centre services; there is one further commissioned children's centre.

Herefordshire Council was judged as requires improvement by Ofsted in 2014 and this following a judgement of inadequate in 2011. The local authority is committed to continuing its improvement journey and aspires to be good when next inspected. Since January 2016 the numbers of children subject to child protection plans and also those deemed to be children in need (s17) have been sustainably reduced to appropriate levels for our population. The number of looked after children continues to be higher than would be expected for our population, with 85 per 10,000 in contrast with our statistical neighbours' average of 50. During 2016 a 0-25 SEND Service was created and a subsequence Ofsted/CQC inspection reported positively on the outcomes for young people. The local authority currently maintains 865 statements of SEN or Education, Health and Care Plans.

As part of its commitment to improvement, Herefordshire has commissioned two LGA peer reviews. A short case file review and a longer safeguarding review. The short review took place in June 2017 and the full review is going to be scheduled for the beginning of 2018. The finding of the June review is appended. In essence it found motivated staff who knew the children they worked with well and had clear outcomes in mind for their work however this was not consistently reflected in case recording. An explicit relationship between referral, chronology, assessment planning, review and outcome was not evidenced.

Elected members are closely involved in the directorate's improvement. Weekly meetings take place between the cabinet lead member and the director and monthly performance challenge sessions have been in place for several years. The monthly meetings involve all political group leaders, the chief executive of the council and the directorate's senior management team. During 2016 performance scorecards were developed for children's social care and these have assisted both the member challenge sessions and the dissemination of key performance information to social work teams. Further work is currently underway to develop monthly reports on key areas of work as well as team scorecards.

Alongside Hereford's Safeguarding Children Board there is a Children and Young People's Partnership Board which oversees the delivery of an improvement plan and is chaired by the Lead Member for Children's Wellbeing.

Children's Social Care is predominantly part of the Safeguarding and Family Support Division. It includes a MASH, two assessment teams that also hold s17 cases, two child protection and court teams, one looked after children team, one 16+ team, two fostering teams and an adoption team. Two teams of family support workers support these teams. The children with a disability team is part of the 0-25 SEND service which is managed by the Head of Additional Needs within the Education and Commissioning Division. Our early help offer is overseen by our early help manager within the Education and Commissioning Directorate. Education and Commissioning is also responsible for fulfilling local authority duties regarding promoting

safeguarding and the welfare of all children in early year's settings, schools and colleges, school improvement including safeguarding, joint commission, early year's sufficiency and children centre services, targeted early help services.

1. The Local Context

1.1 Herefordshire has a population of 189,300. 24% of the population are aged over 65 compared to 18% nationally. Between 2001 and 2016 the population grew by 8% per annum compared with 12% nationally. This was predominantly due to inward migration.

1.2 The population aged over 65 is expected to grow by 3% per annum. Herefordshire's mortality rates on all indicators are above the England average. Dental health in children under five is below the England average.

1.3 Life expectancy is 80 for males and 83 for females. This is above the England average.

1.4 The local unemployment rate is 3.6% which is below the WM of 5.4% and UK 4.7% (NOMIS Office of National statistics annual population survey April 16-March 17) age 16-64. Our youth claimant count as at August 2017 for 18-24 year olds is 1.9% which is below that of the West Midlands of 3.4% and the England average of 2.8% (NOMIS). Our youth are often facing low level mental health issues (including anxiety and depression).

1.5 Average wages in the county are 13% lower than across the West Midlands and 18% lower than England as a whole. Women in Herefordshire earn 16% less than their male colleagues (Herefordshire Joint Strategic Needs Assessment 2017).

2. Outcome from Former Ofsted Inspections

2.1 Inspection of Herefordshire safeguarding arrangements for the protection of children took place in April 2014. The local authority was judged to be 'requires improvement'.

2.2 Private/Independent Children's Homes: In addition to those operated by the local authority, there are eight children's homes operated by private/independent providers in the locality. Overall effectiveness at the last full inspection as shown (https://www.gov.uk/government/statistical-data-sets/quarterly-management-information-ofsteds-childrens-homes-inspection-outcomes) were judged to be

Outstanding	Good	Requires Improvement	No Rating Specified	Adequate	Inadequate
0	5	2	0	0	1

2.3 Since the last Ofsted Inspection in April 2014, 0 serious incident notifications have been submitted to Ofsted, 2 serious case reviews have been completed and a further 0 have been commissioned.

2.4 **SEND Inspection**: Herefordshire experienced a very positive SEND area inspection in 2016 with a significant number of strengths identified. Clear leadership, positive joint working leading to improved outcomes, timeliness (notably higher than the English average for EHC Plans), clear pathways and processes including transition to adulthood, high quality specialist provision, CAMHS was highlighted as exemplary in relation to time taken from referral to assessment, assessment to treatment. Areas for development included developing and ensuring that the whole system owned the SEND agenda, that EHC Plans and processes fully reflected multi-disciplinary and multi-agency involvement to improve outcomes, widening the understanding of need in older years and enabling access to a wider range of opportunities transitioning into adulthood. Herefordshire also needs to do more to listen to parental views, enable easy access to the local offer.

Joint Targeted Inspections:

- JTAI frameworks shared and discussed with operational managers, performance leads and the HSCB.
- Community Safety Partnership undertook a 'dummy' JTAI on Domestic Abuse to highlight strengths and challenges; findings shared with HSCB.
- HSCB undertook Neglect multi-agency audit to explore current situation and likely JTAI findings. Recommendations shared with HSCB and member agencies.
- HSCB undertook multi-agency Early Help Audit to assess wider professional understanding of neglect and domestic abuse. Findings subject to HSCB discussion.
- Data-cleansing has been underway for some months to ensure that accurate information available for JTAI.
- HSCB seeking assurance from police on domestic abuse triage and notification practice

3 Management

3.1 Herefordshire places children at the heart of the council's approach and keeping children safe and giving them the best start in life is a corporate priority. Herefordshire has a director of children's wellbeing, supported by two assistant directors and staffing to deliver statutory responsibilities. Organisational structures are attached.

4 Children and Young People

4.1 A total of 40,000 children and young people under the age of 18 years live in Herefordshire. This is approximately 21% of the total population in the area.

4.2 Approximately 15% of the local authority's children and young people (aged 0 – 17) are living in poverty[i]. This is lower than the national average.

4.3 The proportion of children entitled to free school meals:

- Primary schools (state funded nursery and primary schools) – 8.7% (the England average is 14.7%)[1]
- Secondary schools (state funded secondary)[2] -7.5% (the national average is 13.8%)

4.4 Children and young people from BME groups account for 6.5% of all children living in the area compared with 25.2% in England[3]. Approximately 11.0% of school children[4] are from a BME group compared with 30.7% in England. The largest BME group of children and young people in the area are of White Eastern European ethnic group.

4.5 The proportion of children and young people with English as an additional language:

- Primary schools – 9.0% (the England average is 20.6%)[5]
- Secondary schools – 5.4% (the England average is 16.2%)[6]

[1] SFR28_2017 based on Performance Tables methodology: Pupils known to be eligible for and claiming free school meals who have full time attendance and are aged 15 or under, or pupils who have part time attendance and are aged between 5 and 15.
[2] Includes middle/all through schools as deemed as well as city technology colleges and all secondary academies, including free schools, university technical colleges and studio schools
[3] ONS Crown Copyright Reserved [from Nomis on 22 September 2017] Herefordshire 0-17yrs 2011 National Census. England 0-17yrs 2011 National Census
[4] Pupils of compulsory school age
[5] SFR28_2017 includes primary academies and free schools. Pupils of compulsory school age
[6] SFR28_2017 includes city technology colleges and all secondary academies, including free schools, university technical colleges and studio schools. Pupils of compulsory school age

5 Health

5.1 The health and wellbeing of children in Herefordshire is generally worse than the England average (information obtained from https://fingertips.phe.org.uk/profile/child-health-overview

5.2 Infant mortality rates and comparison to national data (https://fingertips.phe.org.uk/profile/child-health-overview crude rate per 1000)

Area	Value	Lower CI	Upper CI
England	3.9	3.8	4.0
West Midlands region	5.7	5.4	6.0
Birmingham	7.5	6.8	8.3
Coventry	4.0	3.0	5.2
Dudley	4.6	3.4	6.0
Herefordshire	4.0	2.5	6.1
Sandwell	5.5	4.4	6.9
Shropshire	3.1	2.0	4.5
Solihull	4.7	3.2	6.7
Staffordshire	4.9	4.1	5.8
Stoke-on-Trent	7.9	6.3	9.8
Telford and Wrekin	6.5	4.7	8.8
Walsall	6.8	5.3	8.5
Warwickshire	4.4	3.5	5.5
Wolverhampton	5.6	4.3	7.3
Worcestershire	4.8	3.8	5.9

Source: Office for National Statistics (ONS)

5.3 Analysis of Infant mortality is being undertaken as part of the Local Maternity Systems review and actions will be identified.Child mortality rates and comparison to national data (https://fingertips.phe.org.uk/profile/child-health-overview crude rate per 1000)

5.4 Child mortality rates and comparisons to national data (https://fingertips.phe.org.uk/profile/child-health-overview crude rate per 1000)

Area	Value	Lower CI	Upper CI
England	11.9	11.5	12.2
West Midlands region	13.0	11.8	14.2
Birmingham	16.8	14.1	19.9
Coventry	16.2	11.2	22.8
Dudley	13.2	8.6	19.3
Herefordshire	8.3	3.8	15.8
Sandwell	12.9	8.6	18.6
Shropshire	10.9	6.6	17.1
Solihull	15.4	9.4	23.8
Staffordshire	10.3	7.6	13.5
Stoke-on-Trent	8.1	4.3	14.0
Telford and Wrekin	13.8	7.9	22.5
Walsall	13.5	8.7	19.9
Warwickshire	9.3	6.3	13.3
Wolverhampton	14.5	9.2	21.6
Worcestershire	11.5	8.1	15.7

Source: Office for National Statistics (ONS)

5.5 Accident prevention has a large part to play in preventing childhood injury and deaths

5.6 Child obesity rates and comparison to national data

4 – 5 Year olds (https://fingertips.phe.org.uk/profile/child-health-overview crude rate per 1000)

Area	Value	Lower CI	Upper CI
England	9.3	9.2	9.4
West Midlands region	10.4	10.2	10.6
Birmingham	11.4	10.9	11.9
Coventry	9.4	8.6	10.3
Dudley	11.9	10.9	12.9
Herefordshire	9.8	8.5	11.2
Sandwell	11.9	11.0	12.8
Shropshire	7.8	6.8	8.9
Solihull	7.8	6.8	8.9
Staffordshire	9.3	8.7	10.0
Stoke-on-Trent	12.3	11.2	13.4
Telford and Wrekin	11.2	9.9	12.7
Walsall	11.3	10.3	12.4
Warwickshire	8.3	7.7	9.1
Wolverhampton	12.3	11.2	13.4
Worcestershire	9.6	8.9	10.4

Source: NHS Digital, National Child Measurement Programme

10 -11 year olds (https://fingertips.phe.org.uk/profile/child-health-overview crude rate per 1000)

Area	Value	Lower CI	Upper CI
England	19.8	19.7	19.9
West Midlands region	22.1	21.8	22.4
Birmingham	25.3	24.6	26.0
Coventry	23.1	21.8	24.5
Dudley	23.1	21.7	24.5
Herefordshire	19.8	17.9	21.8
Sandwell	26.1	24.8	27.5
Shropshire	17.4	16.0	18.9
Solihull	17.0	15.4	18.7
Staffordshire	19.5	18.7	20.4
Stoke-on-Trent	22.7	21.2	24.2
Telford and Wrekin	21.8	19.9	23.7
Walsall	25.5	24.1	27.1
Warwickshire	17.4	16.5	18.5
Wolverhampton	26.5	24.9	28.1
Worcestershire	18.4	17.4	19.4

Source: NHS Digital, National Child Measurement Programme

5.7 Overweight and very overweight figures for both YR and Y6 are of concern and there are plans in place to address this, including support for families and schools

5.8 Under 18 conception rates and comparison to national data (https://fingertips.phe.org.uk/profile/child-health-overview crude rate per 1000)

Area	Value	Lower CI	Upper CI
England	20.8	20.5	21.1
West Midlands region	23.7	22.7	24.6
Birmingham	25.4	23.3	27.7
Coventry	29.9	25.4	35.0
Dudley	24.3	20.4	28.9
Herefordshire	14.3	10.4	19.1
Sandwell	31.6	27.1	36.6
Shropshire	17.0	13.7	20.8
Solihull	19.0	14.9	23.9
Staffordshire	22.3	19.9	24.9
Stoke-on-Trent	26.9	22.1	32.4
Telford and Wrekin	25.0	19.8	31.2
Walsall	31.5	26.8	36.7
Warwickshire	19.5	16.8	22.5
Wolverhampton	31.9	26.9	37.6
Worcestershire	16.3	13.8	19.0

Source: Office for National Statistics (ONS)

5.9 Analysis of under 18 conception rates is ongoing and there are plans in place to address this.

6 Education (Early Years/Childcare/Post 16)

6.1 The Direction of Travel

Herefordshire has seen strong improvement in a range of education measures over the past three years. The local authority has adopted a radically different model of improvement that is founded on the vision for children and young people, set out in a strategy and Herefordshire School Improvement Framework which was co-produced with schools and includes a risk assessment approach. The underlying principle is that schools are responsible for their own improvement, the local authority acts as the champion for all children in Herefordshire, whatever setting they are educated in, and has the statutory duty to ensure high quality education standards are in place. As a local authority we have focused on attainment as the key measure, rather than Ofsted judgements of settings and the primary Ofsted focus on progress. This has been particularly true with our focus on the outcomes for vulnerable and minority groups compared to their peers. Over the past three years there has been some improvement in narrowing the gap at different key stages for pupils eligible for free school meals, whilst pupils with EAL have seen strong improvements.

6.2 Areas where we are making most progress

- 75% good level of development in 2017. Now top quartile performance, from being at national average two years ago.
- Key Stage 1 reading, writing, maths improved from 2016 and above national average
- 84% working at or above phonics screening threshold in 2017, above national average, top quartile.
- Key Stage 2 has trajectory of improvement
- Key Stage 4 students achieving grade 4+ in English and maths
- Herefordshire looked after children achieved above national and West Midland's average in KS4 results. A higher proportion than national and West Midlands were entered for EBacc subjects

6.3 Areas for further development

- Key Stage 2 Maths
- Herefordshire looked after children, key stage 1 and 2
- Key Stage 4 Attainment 8
- Free School Meals gap

6.4 The table below includes outcomes from inspection activity as of Sept 17 or July 17. The ambition is that by March 2018, 88% of schools in the locality will be rated Good or better when inspected.

	Total number inspected	Outstanding		Good		Requires improvement		Inadequate		% Good or Better
		Schools	Total No. of Pupils % of schools	Schools	Total No. of Pupils % of schools	Schools	Total No. of Pupils % of schools	Schools	Total No. of Pupils % of schools	
Nursery education funded settings (@July2017)	193	48	28.6%	136	59.1%	8	3.8%	1	0.1%	**87.7%**
Primary	77	16	20.8%	57	74.0%	4	5.2%	0	0.0%	**94.8%**
Secondary	16	2	12.5%	8	50.0%	4	25.0%	2	12.5%	**62.5%**
PRU	1			1	100%					**100.0%**
Special Schools	4	2	50.0%	2	50.0%					**100.0%**

6.5 Special Educational Needs (SEND)

6.5.1 The direction of travel

Positive with a significant number of strengths, clear awareness of what needs to improve and externally verified by Ofsted/CQC inspection in 2016.

Children with disabilities (additional needs service)

The Additional Needs Service is a multi-disciplinary service that has a focus on enabling children and young people with impairments to achieve the best start in life and to stay safe.

The service consists of children with disabilities social care team (CWD Team), the SEN Team, an independent travel team, an educational psychology team, specialist teachers for physical and sensory impairment as well as commissioning provision for specialist education places and services for social, emotional and mental health needs.

The CWD Team works with children with impairments along with their families at levels 2, 3 and 4 of the HSCB Levels of Need. The team assesses the needs of the child and family to determine whether the family is eligible for a service which will mitigate the impact of the child's disability. For those families who are assessed as requiring the intervention of a social worker, the family will be encouraged to make changes which will lead to improved outcomes for the child(ren). This work might also include some direct work from one of the team's family support workers. Where families are unable to make the necessary changes, the team will work with the Council's legal team and the courts to ensure that the child's well-being is safeguarded.

HSCB Level 2	HSCB Level 3	HSCB Level 4
Single agency response	Multi-agency response	Immediate Intervention or specialist assessment required because there is the risk of significant harm or impairment without the provision of services
Service from targeted short break with CWD team determining exceptions	Assessed for a short break via Child and family Assessment by a social worker. Case held by Family Support worker	Assessed as requiring a social worker – Statutory CIN, CP or LAC Plan
Ongoing until 18 unless demonstrated that it is not required	Reviewed as part of Education, Health and Care Plan (EHCP) Annual Review organised by school	Reviewed via relevant statutory review at required interval

6.5.2 Areas where we are making most progress

Areas of strength

- What impact is your service having for the children and young people of Herefordshire?
  - The team know their cases well and this ensures that the risks are assessed and mitigated. Management oversight at team manager level is a strength.
  - Procedures and scheme of delegation are followed consistently, e.g. Use of PLO or requests for short breaks. This ensures that appropriate oversight of decision-making.
  - Providing continuity of worker to families which allows a more complete picture when assessing need.
  - Encouraging families through expectations of good parenting and timely support to mitigate the impact of the child's disability on family life.
  - Greater transparency for families as procedures and resource allocation is developed and published.
  - Work to shift in the delivery of short breaks from a smaller number of families getting significant (and sometimes disproportionately high) numbers of overnight short breaks to a situation of earlier intervention with higher numbers of families getting support at an earlier stage in order that difficulties are not allowed to
  - Working alongside education statutory assessment team has enabled improved exchange of information.

- What outcomes is your service delivering for the children and young people of Herefordshire?
  - A number of children who have been experiencing chronic neglect over a number of years have had resolutions to their cases and either the family situation has improved or they have been taken into care.
  - Successful packages of support to families leading to a greater stability of family life.
  - More families are getting packages of support that are matched to the assessed needs of their family.
  - Improved sharing of information leading to greater accuracy of assessment which results in improved planning for the child

- What evidence do you have? (please describe or attach)
  - Reduction in staff turnover on individual cases (all staff except one on permanent contracts with permanent team manager- previous situation was only one permanent member of staff and 6 team managers in a 3 year period)
  - Changing pattern of short breaks offered and taken up. Until 2016 a number of families had over 75 overnight nights per year. Direct Payment packages offering families greater choice and control increased from 29 in 2013 to 52 in 2017. Overall number of families receiving a short break just over 100.
  - All case audits conducted by HOS demonstrate appropriate levels of manager oversight.
  - Low level of complaints

6.5.3 Areas for further development

<u>Areas of improvement</u>

- What does your service need to improve for the children and young people of Herefordshire?

1. Timeliness of re-assessments and visits to children and completion of chronologies.

	Dec-16	Mar-17	Apr-17	May-17
Team caseload	177	170	175	171
Open assessments out of timescales	65%	31%	21%	24%
Review assessments out of timescales	47%	52%	53%	52%
Cases with no chronologies	49%	34%	33%	30%
No up-to-date chronology (within 6 mths)	81%	75%	74%	71%
Visits out of timescales	58%	34%	39%	36%
Meetings out of timescales	37%	23%	23%	18%
Supervision records out of timescales	58%	39%	42%	33%

The table above demonstrates progress in 6 of the 7 indicators over a 6 month period except for review assessments out of timescale.

2. Implementing changes to procedures to incorporate some children receiving a service under Section 2 of the Chronically Sick and Disabled Act (1970). This includes a change in referral route through a multi-agency panel rather than through the safeguarding hub (MASH), the publishing of the procedures, cases being worked by family support workers and reviewing annually through the EHC Plan review. The aim is to arrive at a proportionate response in relation to need which should result in a higher proportion of time being available to work with the families with the greatest needs.

3. SMARTer objectives in statutory plans.

4. Ensuring that the voice of the child is captured more fully in assessments

- How will you know that you have achieved your identified improvements?

    1. Management reports will show the improvement in timeliness of assessments and visits
    2. Evidence of new procedures in place and being followed.
    3. Ongoing audit of cases

Areas of concern

- What areas of concern do you have in relation to your service?

    1. Recruitment of experienced social workers (including agency workers where necessary) has been problematic. New recruitment has been limited to 'grow your own' and variable quality of agency workers. This has an impact on caseloads within the team and on the few experienced workers within the team in particular and limits the recording of work on the system.

    2. Multi-agency working – There has been a lack of a shared understanding of risk and responsibility between the CWD Team and a number of other agencies. This has resulted in delay in gathering evidence and agreeing a coherent position when taking cases through the court route.

- How are you proposing to mitigate against these areas of concern?

    1. Continuing to use the recruitment team to fill the remaining vacancy and build up the experience of newly qualified staff in order that they gain confidence.

    2. Meeting with other agencies to develop greater shared understanding of different perspectives. This will include learning reviews of particular cases.

- How will this impact on your service delivery for the children and young people of Herefordshire?

    1. If caseloads remain high, there is a risk that staff will not be able to meet statutory timescales for visits and reviews which will lead to a poorer service for children and their families. In a small number of cases, this could increase the risk to individual children. There is also a risk to the well-being of staff and a threat to the stability of the team, which in turn will result in more changes of social worker experienced by the family.

    2. There is a risk that coherent court proceedings will not be possible if the evidence provided is contradictory. This could result in children continuing to live in neglectful or abusive situations.

6.6 Education Outcomes

6.6.1 Early Years Foundation Stage

- In 2017, 75% of pupils at the end of reception year were assessed as reaching 'a good level of development; this was well above the national average. Over the past 3 years the percentage of pupils achieving a good level of development has steadily improved from below national in 2015 (65.1%) to top quartile in 2016.

- Data by pupil characteristics is not yet available from the DfE for 2017. Outcomes for disadvantaged (FSM) children in Herefordshire were ranked in the 3rd quartile of all local authorities in 2016; the percentage of boys achieving a good level of development was in the top quartile.

6.6.2 Key Stage 1

In 2017 outcomes at Key Stage 1 in reading, writing and mathematics all exceeded the provisional national figures and were an improvement on Herefordshire's performance in the first year of the new tests in 2016.

- Reading: 77.8% - 2017; 75.5% - 2016
- Writing: 72.2% - 2017, 67.8% - 2016
- Maths: 77.1% - 2017, 74.4% - 2016

The percentage of pupils working at or above the phonics screening threshold in 2017 at 83.6% was above the emerging national figure. This is a considerable improvement on Herefordshire's performance in phonics (below national average in 2015) following a significant school improvement initiative with a local teaching school and a neighbouring local authority.

Data by pupil characteristics is not yet available from the DfE for 2017. Outcomes for FSM pupils in phonics testing were very low in 2016 and ranked in the bottom quartile of all local authorities. Other vulnerable groups achieved better results: EAL pupils and pupils on SEN support all achieved top quartile results in phonics.

6.6.3 Key Stage 2

At Key Stage 2 outcomes in reading and writing were above the national average in 2017. Disappointingly, outcomes in mathematics were below national and mathematics remains a key focus. Overall, the percentage of pupils meeting the expected standard in reading, writing and mathematics was broadly in line with national average (60%), as it was in 2016 (52%). Nevertheless, the county's figure for progress in mathematics was positive (+0.1); pupils' progress in reading (+1) and writing (+1.2) was also positive.

In 2016 the percentage of boys achieving the expected standard in reading, writing and mathematics ranked in the second quartile of all local authorities. Girls in Herefordshire, by contrast, performed in the bottom quartile nationally. Disadvantaged and FSM pupils' achievement ranked in the 3rd quartile.

6.6.4 Key Stage 4

In 2017, the percentage of students at KS4 achieving a grade 4+ in both English and mathematics (65.4%) is comparing favourably with the emerging national figure. The numbers achieving a strong pass in both subjects (44.5%) is also likely to be in line with the national average. In other key performance indicators:

- 4+ En - 77.4%
- 5+ En - 62.7%
- 4+ ma - 70.8%
- 5+ ma - 49.9%
- Attainment 8 – 46
- Ebacc – 22.9%

Pupil characteristic data is not yet available from the DfE for 2017. In 2016, FSM pupils achieved results which ranked Herefordshire in the 2nd quartile for both attainment and progress 8. Herefordshire was ranked first for FSM attainment when compared with its statistical neighbours and second for FSM progress. The number of FSM students in Herefordshire achieving GCSEs in English and maths was in the top quartile nationally. Gaps between FSM and non FSM students at KS4 have improved over time and are now in line with national. EAL and SEN support students made very good rates of progress at KS4 in 2016; SEN support attainment 8 figure ranked in the second quartile of all local authorities.

6.6.5 Key Strengths

- Outcomes in EYFS, Y1 phonics, KS1 (re, wr, ma) and KS2 (re, wr) have all demonstrated steady improvement over the past 3 years and are now above national average.
- Students' performance at KS4 is typically in line with the national average at most key assessment points.
- Although gaps remain, at KS4 FSM students in Herefordshire are achieving top quartile results in English and mathematics when compared with the same group nationally.

6.6.6 Areas for development

- Below national outcomes in maths at KS2 has prevented the percentage of children achieving the expected standard in re, wr, ma to exceed the national average over the past two years.
- Students' achievement across the wider range of subjects has not been as strong at KS4 as in English and mathematics. The percentage achieving the EBacc was below the emerging national average in 2017. In 2016 students' outcomes in the 'open bucket' were an area for development.
- The gaps between the achievement of disadvantaged children and non-disadvantaged children at most key assessment points are wider in Herefordshire than the same gaps nationally. FSM achievement at KS1 of particular concern.
- Disparities between the achievement of boys and girls fluctuate year on year and at different key assessment points.

6.7 Education Outcomes- Looked after Children (see 25)

NB: In Herefordshire the numbers of LAC at each key assessment point are very small. This leads to significant fluctuation in percentage outcomes year on year. A number of Herefordshire looked after children are placed in schools in Wales and therefore do not appear in the data below.

6.7.1 Areas where we are making most progress

- Following significant delay, the roll-out of the E-PEP system by Herefordshire Council is now underway. It is anticipated that this will improve the workload of the Virtual School team and better support their ability to challenge schools on the attainment and progress of looked after children.
- Herefordshire LAC achieved above the national and West Midlands average in 2016 KS4 GCSE results (5 GCSEs C+ including English and Maths) with 23.5% achieving this standard. A higher proportion of Herefordshire LAC were entered for EBacc subjects than LAC nationally and across the West Midlands

Areas of improvement

- Ensuring that all PEPs are of a consistently high quality with appropriately challenging targets.
- Ensuring that schools are held accountable for the use of Pupil Premium Plus
- Enabling children placed out of authority can access Children in Care Council meetings remotely
- Herefordshire's looked after children performed below average in 2016 at KS1 and 2

6.7.2 Areas for further development

It is anticipated that the E-PEP system will improve the workload of the looked-after team and better support their ability to challenge schools on the attainment and progress of looked after children.

6.7.3 Early Years Foundation Stage (EYFS)

In 2017 57.1% of looked after children at Early Years Foundation Stage attained a 'good level of development' (7 pupils in cohort.) This was a similar success rate to the previous year when 50% achieved GLD (8 in cohort.)

6.7.4 Key Stage 1

In 2017 58.3% achieved the expected standard in Y1 phonics testing (12 in cohort.) In 2016 100% achieved the phonics standard (3 pupils in cohort.) In KS1 assessments in reading, writing and mathematics, 16.7% achieved the expected standard (6 in cohort.)

6.7.5 Key Stage 2

In 2017 27.3% achieved the expected standard in reading, writing and mathematics (11 pupils in cohort.) This was the same achievement rate and cohort size as in 2016.

6.7.6 Key Stage 4

In 2017 10% achieved GCSE passes in English and maths (10 pupils in cohort); 40% achieved either GCSE English or GCSE maths but not both together. All of the KS4 cohort commenced college or training.

6.8 School attendance

The overall absence rate for primary schools reduced from 3.9% in 2014-15 to 3.8% in 2015-16. Across England the rate remained constant at 4.0%

The percentage of primary pupils classed as persistent absentees have increased from 1.6% in 2014-15 to 6.6% in 2015-16. Across England the same rate increased from 2.1% to 8.2%.

The overall absence rate for secondary schools has reduced from 5.3% in 2014-15 to 5.0% in 2015-16. Across England the rate reduced from 5.3% in 2014-15 to 5.2% in 2015-16.

The percentage of secondary pupils classed as persistent absentees have increased from 4.8% in 2014-15 to 12.5% in 2015-16. Across England the same rate increased from 5.4% to 13.1%

School Exclusions

6.8.1 Areas where we are making most progress

Herefordshire has been in the upper quartile for permanent exclusions for the 4 years up to the academic year 2015-16. In 2015-16 the Herefordshire rate was 0.05% compared to the England average of 0.08%.

For fixed-term exclusions, Herefordshire has been consistently performed within the 1st and 2nd quartile over the same 4 year period. In 2015-16, the Herefordshire rate was 3.45% compared to the England average of 4.29%.

6.8.2 Areas for further development

We will be working with individual secondary schools with the historically highest rates of permanent exclusion to ensure that they are able to prevent exclusions in the future

6.9 Post 16

6.9.1 Areas where we are making most progress

The percentage of Herefordshire resident young people in full time education and training is above the England average as of the December 2016 outturn:

- England 83.7%
- Herefordshire 83.8%

6.9.2 Areas for further development

The percentage of Herefordshire resident young people in education and training (to include part time education/ apprenticeships and employment with training) is below the England average as of the December 2016 outturn:

- England 91.4%
- Herefordshire 89.6%

6.10 Improving Education, Employment and Training for Vulnerable Groups

6.10.1 Areas where we are making most progress

- Monthly tracking meetings focussing on vulnerable groups are held, representatives from SEN/ LAC and GRT are invited. GRT regularly attend
- Numbers of young people post 16 in a vulnerable group who are not engaging are closely monitored and information about their NEET status is passed back to their lead professional (SEND/ LAC /GRT etc)
- Pre 16 ESF funded NEET programme works closely with vulnerable groups specific mentoring programme for LAC young people transitioning to post 16 has had positive results

DATA:

- Post 16 with SEND (up to age 25) – Cohort total 180, 12% are NEET, 0% not known
- Post 16 LAC (16 – 18) – Cohort total 23, 17% NEET, 0% Not Known
- Post 16 Care leavers (16-18) – Cohort total 14, 14% NEET, 0% Not Known

6.10.2 Areas for further development

- Limited resource for young people post 16 with specific needs who are NEET
- Vulnerable young people who are NEET tend to be NEET for longer periods of time (3 months plus)
- More join up with early help approach and troubled families will be beneficial to improve outcomes for vulnerable young people

6.11 Not in Education, Employment or Training (NEET)

6.11.1 Areas where we are making most progress

- Overall NEET cohort has decreased to 2.8% (53 young people) as of August 2017
- Overall Not Known cohort has decreased to 0.5% (9 young people as of August 2017)
- ESF Funded pre 16 NEET prevention programme; Live and Learn 2016/17 has seen 35 out of 37 young people on the provision progress to post 16

6.11.2 Areas for further development

- 17.4% of the Looked after cohort are NEET
- 11.2% of those with an Education health care plan are NEET
- More work needs to be done with vulnerable groups to ensure they sustain a positive destination
- The data system for tracking young people requires further development and resourcing to ensure an accurate data set and allow staff the ability to analyse the Herefordshire picture in order to influence future commissioning.

Case Study:

- NEET re engagement programme Live and Learn Case Study

  Young person X was referred to the live and learn NEET prevention programme because of his total lack of engagement with education, the Herefordshire council mentor worked with X and his family to encourage them all to engage with provision. This was a slow process with relationships building starting with the parents and then unpicking with the learner what they wanted to achieve.

  The following is feedback from the referrer:
  "I wanted to just drop you a line to say how much I have appreciated L's tenacity in getting X to where he is now. This family have gone from being 'closed and unresponsive' to suggestions of ways forward for X, to him completing a Live and Learn Course at Holme Lacy and now enrolled on a Post 16 course. This would never have happened, and X's future prospects would have severely diminished, if L had not been so vociferous in ensuring 'best outcomes' for him."

7 Social Care

7.1 Performance management

The team works with operational staff to ensure that a child's journey can be recorded as accurately and efficiently as possible on Mosaic. This will involve updating the system to reflect changes in process, statute and also making improvements to existing workflows.

The performance staff are responsible for the production of accurate and timely information, crucial in ensuring that managers have the appropriate oversight of their teams, their performance and the timely adherence to processes. This helps to provide assurance that teams are achieving the right outcomes for the children of Herefordshire. The performance team is also responsible for the statutory annual returns, regional benchmarking and provision of information for FOI's.

This is a shared function, providing similar support to the adults and wellbeing directorate.

Areas of strength

Following the successful upgrade to the Mosaic case recording system in April 2016, a programme of system reviews is helping to improve professional processes and ensure staff can make effective use of Mosaic. In the last 6 months, the contact/referral process has been revised to ensure clarity regarding referrals and the single child and family assessment has been introduced. These changes support improved practice for social workers in their involvement with children because the assessment of children has been simplified and streamlined alongside the new referral process which supports transparent working with families. These improved assessment forms were recognised by a peer review in June.

Working with operational professionals, the team have been able to improve the standard and accuracy of weekly operational and quarterly reporting over the last year. These reports are assisting managers to monitor timely delivery within their teams and minimising the risk of cases drifting.

In addition to internal reporting, the team have improved the quality of the information provided in statutory reports. The team have redeveloped these reports and engaged with senior managers to provide the directorate with greater assurance over its statutory returns and a more accurate presentation of Herefordshire's performance.

The team are also developing a series of self-service reports, which allow operational managers access to a greater variety of data without having to be dependent on the performance team. There is a small number of these reports available presently and a plan is in place to develop the number of these available in line with the plans identified below.

Areas of improvement

There are three main areas of improvement required for the team; availability of reports and information within the directorate, data quality and ensuring that mosaic is as efficient as possible for practitioners.

Following the migration to Mosaic, a number of the previously available reports require redevelopment. The performance team are in the process of identifying the reporting requirements and prioritising their delivery. The plan is being developed in quarter 1, with some areas of delivery already having started, with a plan for final delivery by autumn/winter 2017 (dependent on Mosaic recording capabilities).

The introduction of this wider range of performance information will provide reassurance of effective social work, both in terms of process and outcomes which will help to identify areas of poor practice for improvement, in turn helping operational managers to improve the service provided to children of the county.

7.2 Numbers of children in need of specialist social care services

7.2.1 Areas where we are making most progress

Child in need

The Child in need service is made up of 1 x Multi-Agency Safeguarding Hub (MASH), 2 x Assessment teams, 2 x Child Protection/ Court teams and 1 x Family Support team.

MASH

All referrals are received into Multi –Agency Safeguarding Hub (MASH). The referrals are screened by qualified social workers and a recommendation is made as how the referral needs to progress. The knowledge and information from multiagency staff is used to inform recommendations and decisions. The referral is then sent to a Childrens Social Work manager for a decision on how to progress the referral. Urgent, significant concerns are acted upon immediately.

The team consists of partner agencies from Health, Education, Police and West Mercia Women's Aid. Virtual partners include Probation and Youth Offending Service. MASH has 2 Senior Practitioners one who is dedicated to Child Sexual Exploitation (CSE) and Missing Children and one who is dedicated to Domestic Abuse which includes attending Multi-Agency Public Protection Arrangement (MAPPA) and Multi- Agency Risk assessment Conference (MARAC).

The MASH enables a timely response to referrals and this means that the child in need of a service receives this is a timely way.

Assessment Teams

The assessment teams work begins following initial screening by the MASH who identify the level of need in line with the Herefordshire levels of need document. The teams undertake the Single Social Work Assessment. They also undertake investigations of suspected or possible abuse of children and young people under Child Protection Procedures and supports children and young people via Child in Need (CIN) plans. Where deemed appropriate following assessment of needs children and young people are then transferred to relevant teams i.e. Child Protection and Court team, LAC team, 16+ team, CWD or stepped down to early intervention services via a CAF.

The Single Social Work Assessment is a thorough timely assessment which ensure that the child receives the appropriate intervention.

Child Protection/Court Teams

The team supports children and young people subject to a child protection (CP) plan and Within Public Law Outline (PLO) and Care Proceedings, taking cases either until there is a plan for long-term Looked after Status or until the child is adopted.

When the child is subject to CP Plan the social worker undertakes fortnightly visits, hold Core Group Meetings (4 weekly) and review the CP Plan, write reports for and attend CP Conferences. The social worker also updates the Child and Family Assessments in line with the procedure (minimum 12 monthly). This process ensures that progress is monitored and that the outcomes are the best for the child.

If care proceedings are to be issued, the social worker must prepare a care plan that meets the needs of the child, a statement and an up-to-date chronology. The team support children subject to supervision orders and support children subject to private fostering arrangements

Family Support

The Family Support team offer support to families with children and young people 0-18 who are involved with social care, either in the assessment team, CP/court team or LAC team and who need an intensive, time limited piece of work to sustain change and prevent long term involvement from services.

The team complete PAMS parenting assessments for parents who have a learning disability.

They complete family group conferences (FGC) for families to avoid further family breakdown and complete missing person return home interviews for all children living in Herefordshire

7.2.2 Areas of strength

What impact is your service having for the children and young people of Herefordshire?

MASH provides a one point of contact with a professional who are able to give advice and act accordingly. There is good multi agency working and sharing of relevant information to make informed decisions on how to progress a referral. The high percentage of referrals dealt with within the 24 hour timescales have been consistent for the last eight months. Consistent use of the Herefordshire level of need pathway has reduced the number of inappropriate referrals received. This has also been achieved by the multiagency staff within the MASH supporting and advising professionals in the standard of the referrals and advising on the appropriate service a child needs without it needing to be accepted as a referral. Permanent staff provides a consistent approach to referrals whilst appropriate rotation of workers ensures that more social workers develop the skills to aid them in the journey of the child.

The strengths of the assessment team are that through clear leadership there is a focus via both team and personal objectives in ensuring assessments are completed in a timely manner, to avoid drift and delay for families receiving the services they require and children being appropriately safeguarded. Both assessment teams have a stable team with minimal use of agency staff thereby ensuring consistent allocated workers for families CIN plans evidence that there is appropriate multiagency representation to ensure that robust support plans are agreed and case records demonstrate that where concerns arise this is escalated in a timely manner.

The strengths of the CP/Court teams are, caseloads per worker in the teams are stable (15- 19) and this is enabling social workers to spend quality time to understand the needs of the children they work with.

Morale within the teams are high and the workers are working together really well

The proportion of permanent social workers within the team is higher than it was 6 months ago which allows for consistency.

The strengths of the Family Support team are stability of staff, flexibility of the team. There are clear processes in place and a positive interface with other agencies. There are a wide range of skills and knowledge i.e. different parenting programmes, Family Group Conferences (FGC's), PAMS, Speakeasy, counselling. There is a shared sense of vision in the team which is to deliver a good quality service where families feel supported.

What outcomes is your service delivering for children and young people of Herefordshire?

The referral rate progressing to assessment has decreased since November 2016. This is due to a more robust screening system which prevents unnecessary intervention, into family and children's lives, by social care. Targeted support via the Common Assessment Framework (CAF) is being offered and other services signposted to. The reduction of cases in need of an assessment means that caseloads are lower and the Social Workers focus on the children in need of protection.

Child and Family assessments (single social work assessment) were introduced in October 2016; with the first ones competed within November. To date, 84% of all assessments completed within 2016/17 have been completed within the 45 day timescale (81% in Q4 alone). To date there have been no review child and family assessments completed. In addition to the above due to improved screening by MASH and interagency working there has been a reduction in re-referrals. Worker's caseloads are more manageable therefore they are able to dedicate more quality time to children and families in identify their needs and ensuring that the right services are in place to meet these.

The CP / Court team ensure that throughout their work with families and children the voice of the child is heard, this is evidenced in CP plans and Care Plans. There are no children subject to CP Plans for more than 2 years and all court cases are concluding within the 26 week period.

Areas where we are making most progress

What does your service need to improve for the children and young people of Herefordshire?

- Progression of Domestic Abuse Triage (DAT). This would enable all domestic abuse case to be triaged appropriately; appropriate referrals made and targeted service for victims. Targeted services for perpetrators also needs to be developed to stop the cycle of abuse.
- CSE has progressed significantly but further work needs to be completed with partner agencies.
- Further work needs to be completed with agencies in relation to understanding Herefordshire's level of need pathway, so that the child and family receive the most appropriate service.
- Developing our early help approach across the partnership to prevent unnecessary intervention.
- Improvement in MOSAIC performance date to ensure that children are seen with timescales and both CP and CIN plans are updated following core group and CIN
- Develop further the relationship between family support and social workers to enhance evidence based practice.
- Enhance capacity in the team to undertake more parenting assessments.
- Development of staff Training Plan.

How will you know that you have achieved your identified improvements?

- Staff will undertake training as identified and evidenced in their personal development plans.
- Evidence of the use of resources included in assessments and meetings to ensure the 'voice of the child' runs throughout the work undertaken by social care.
- Staff will be provided ongoing support to access resources such as community care direct, reflective individual supervision and group supervision.

- Assessments will record the use of evidence based practice in analysis and recommendations made in the Child and family assessments.
- Consistent high quality assessments.
- The monthly audit feedback will be used to inform both staff and managers of the areas for improvement but also recognition of good practice.
- Children and families to be fully involved in decision-making and care planning
- Case transfer meetings between the teams
- Reduction of re referrals.
- Appropriate multi agency referrals being made.
- Reduction of Domestic Abuse referrals.
- Early identification of children at risk of possible CSE and targeted of managing perpetrators/rings.

7.2.3 Areas of Concern

What areas of concern do you have in relation to your service?

- Police not submitting Multi- Agency Referral Forms (MARFs) they submit Harm Assessment Unit (HAU) paperwork, which causes inappropriate contacts.
- A high percentage of Newly Qualified social Workers (NQSWs)
- Inability to recruit experienced staff
- Capacity within Family Support team
- Lack of standardised training for family support workers.

How are you proposing to mitigate against these areas of concern?

- To continue discussions with police colleagues in relation to full time police staff being present in MASH.
- A more comprehensive and attractive recruitment campaign to attract more experienced social workers to the teams.
- Recruitment of effective Senior Practitioners to support NQSWs
- Consider training/ development for family support workers
- Transfer post from CP/Court team to Family support Team and advertise for qualified social worker to undertake court parenting assessments.

How will this impact on your service delivery for the children and young people of Herefordshire?

- Provide interventions to families and children most in need.
- Ensure that families and children are signposted to the correct support/services to meet their needs.
- Highly trained staff.
- Permeant staff allowing consistent social workers working with families and children
- Reduced waiting list for parenting assessments and PAMS assessments

7.3 Looked After Children Placements

<u>Looked after children and corporate parenting</u>

The service supports looked after children and care leavers. This includes ensuring appropriate decisions are made about children's admission to care, supporting families to make the changes required to achieve a plan for rehabilitation where possible, permanency planning for children who cannot safely return home and caring for children in long-term care enabling them to achieve their potential and move onto living as independent adults who are healthy, happy and financially secure.

The Fostering Service recruits and assesses prospective foster carers. Once approved the service provides training, support and supervision of foster carers. The Service supports general carers, kinship carers, overnight short breaks carers, HIPSS carers and Supported lodgings carers.

The Fostering Service is also responsible for jointly assessing prospective Special Guardianship (SGO) carers and providing support to SGO carers and for assessing Private Fostering arrangements.

The Adoption Service recruits and assesses prospective adopters, finds families for children with a plan for adoption and supports families until the adoption order is made. They assess and provide post-adoption support including the letterbox service. They provide birth counselling services for those affected by adoption. These services enable children to enjoy stable and secure lives with adopters who understand and can meet the needs of their children and adults affected by adoption to come to terms with their loss and to maintain indirect relationships with their birth children where this is agreed that are positive for the child.

7.3.1 Areas where we are making most progress

Areas of strength

Workers know their children and families and are passionate about improving outcomes (Casework peer review).

The introduction of a Threshold for Care panel and review of Legal Gateway panel have achieved a reduction in the number of children being admitted to care from 122 in 2015/16 to 103 in 2016/17. All children looked after under Section 20 have been reviewed and where appropriate proceedings issued to ensure that Section 20 is not being misused (see Section 20 review report). A further review is underway in response to recent discussions with our District Judge.

The fostering service has grown by recruiting and retaining carers from 131 to 144 during 2016/17 enabling more children to be placed within Herefordshire close to their families, friends, school and professional support network. The fostering service has increased the number of supported lodgings placements from 18 to 22 during 2016/17 enabling vulnerable care leavers to move onto independence gradually and providing placements for unaccompanied asylum seeking children (see fostering service annual report). The fostering service has consistently achieved good levels of placement stability in comparison with national averages and has improved upon this during 2016/17 (see performance scorecard).

Herefordshire Intensive Placement Support Service (HIPSS) has successfully supported children to step-down from residential care to fostering during 2016/17 (HIPSS contract monitoring).

The Overnight Short Break (OSB) service has already been able to recruit carers and match 6 children providing 238 nights of care enabling children to have safe and enjoyable time whilst their families enjoy a break (Fostering annual report).

The Adoption team has successfully placed 18 children with adopters including sibling groups, older children and some with complex needs. There has been an increase in Placement Orders granted from 11 in 2015/16 to 24 in 2016/17 which will enable more children to enjoy the love and security of a forever family without the stigma of being a looked after child. Approximately £94,000 of funding has been awarded since April 2015 to enable adopters and special guardians to access specialist therapeutic support through the Adoption Support Fund.

The 16+ team is providing an effective service, producing good pathway plan assessments with a good leaving care offer (casework peer review).

A greater range of accommodation is now available to care leavers as result of an increase in supported lodgings provision and renegotiation with SHYPP enabling more young people to be supported in accommodation that meets their needs and is within Herefordshire (SHYPP contract variation).

Elected members and senior leaders demonstrate interest and willingness to support looked after children and care leavers (corporate parenting strategy).

7.3.2 Areas for further development

Areas of improvement

The number of looked after children is too high in comparison with statistical neighbours and areas with similar levels of deprivation (national dataset).

Quality of practice for looked after children is too inconsistent. The work recorded on Mosaic does not always reflect the actual work completed, chronologies are of an inconsistent standard and management oversight is also inconsistent (audit reports and case file peer audit).

The number of children ceasing to be in care has reduced in 2016/17 with fewer children being rehabilitated home and lower numbers being made subject to an SGO as compared to other local authorities.

The service does not yet have sufficient foster carers to meet the needs of our looked after children population – particularly for teenagers and those with challenging behaviour. Our aim is to have a maximum of 10% of children placed in IFA's.

Some children have experienced placement disruptions and too many children are placed in residential care. Our aim is to have a maximum of 5-6 children placed in residential care.

Children in care do not achieve as well in education as their peers and too many are not in employment, education or training (national dataset).

Development of a CPD programme for all staff within children's social care which supports them to meet the needs of children and families better and improves staff retention.

Understanding of elected members and senior officers regarding their Corporate parenting responsibilities is inconsistent.

Areas of concern

The very high number of looked after children continues to place pressure on all aspects of Children's Social Care and services provided by partner agencies. Our intention is to reduce numbers of children in care by continued focus on reducing admissions and renewed focus on permanency planning. The workforce need to be supported to take appropriate risks.

We have insufficient placements to meet need and it is proving particularly difficult to recruit carers for HIPSS which is critical if we are to achieve a reduction in the numbers of children placed in residential care. A targeted recruitment drive is planned from June 2017.

Achieving stability in the workforce is key to delivering service improvements and is challenging in Herefordshire due to geographical location and road networks.

Meeting the needs of UASC's from a range of countries is challenging. We are addressing this through collaborative regional working and planning to develop services as our numbers increase.

Wider responsibilities for care leavers up until the age of 25 will require additional resources within the 16+ team.

Need to focus upon outcomes and the council delivering on things that can make a difference to looked after children and care leavers e.g. employment opportunities.

7.4 LAC Placement Stability

7.4.1 Areas where we are making most progress

- Placement stability is good overall.

7.4.2 Areas for further development

- Understanding disruption in challenging placements and devising strategies to support carers promptly.

8. Adoption (also see paragraph 29)

8.1 The Direction of Travel

The service benefits from an experienced and stable workforce. It is generally a good performing area of the service. In line with national policy the Service is working towards joining a Regional Adoption Agency and has made an application to join Adoption Central England (ACE).

8.2 Areas where we are making most progress

- The Adoption team has successfully placed 18 children with adopters including sibling groups, older children and some with complex needs.
- There has been an increase in Placement Orders granted from 11 in 2015/16 to 24 in 2016/17 which will enable more children to enjoy the love and security of a forever family without the stigma of being a looked after child.
- Approximately £94,000 of funding has been awarded since April 2015 to enable adopters and special guardians to access specialist therapeutic support through the Adoption Support Fund.

8.3 Areas for further development

- Improving the quality and consistency of practice in relation to early permanency planning across the service
- Increasing the number of foster to adopt placements
- Reducing the time between a child entering care and moving in with its adoptive family

What is the Local Authority rating for the A1 and A2 indicators?

- **A1 Indicator –**
  2012-15 – Herefordshire achieved 441 days against a target of 487 days
  2013-16 – Herefordshire achieved 531 days against a target of 426 days
  2014-17 – Herefordshire achieved 561 days against a target of 426 days

Performance since 2016 has been impacted by our success in placing older children for adoption and this will continue to impact on our performance until 2018/19.

- **A2 Indicator –**

  2012-15 – Herefordshire achieved 150 days against a target of 121 days
  2013-16 – Herefordshire achieved 251 days against a target of 121 days
  2014-17 – Herefordshire achieved 238 days against a target of 121 days

Again, performance figures have been adversely affected by success in placing older children for adoption.

9. Complaints

Our learning from compliments and complaints

9.1 Each quarter, more compliments are recorded than complaints. Compliments are sent and received internally among colleagues, many directly from young people, and some from partner agencies. Children's Wellbeing is a forerunner in promoting and recording positive feedback in this way.

9.2 The majority of complaints (77%) are made by parents, with only 13% being made directly by children or young people. The vast majority (98%) are responded to within the maximum statutory timescale (20 working days), and just over half (54%) are responded to within best practice guidelines (10 working days). The introduction of a standardised letter template and good liaison between frontline managers and the complaints manager has improved the quality of stage 1 responses over the year. The vast majority of complaints (91%) are resolved at stage 1.

9.3 64% include complaints about poor communication, either relating to complainants feeling they aren't getting a timely response to messages and contacts they have made, or because visits and meetings have been postponed, cancelled or not kept. Only 9% are complaints relating to the attitude or behaviour of staff. The remaining 27% cover a broad range of issues.

9.4 In Q3 we introduced a 'learning from complaints' form for each complaint. We need to reflect on how we can most effectively use this process so that we can capture, learn from and act upon this information meaningfully.

10. Safeguarding and Performance and Quality

10.1 Areas where we are making the most progress

Safeguarding and review

The safeguarding and review service is responsible for contributing to high quality and timely planning and intervention for children and young people, and for scrutinising and challenging multi-agency practice, to ensure that children and young people are appropriately safeguarded and improved outcomes are achieved in a timely way. These responsibilities are carried out through a range of functions:

- 6.8 FTE safeguarding and review managers chair child protection conferences and LAC (looked after children) reviews, providing constructive challenge and scrutiny to multi-agency practice in child protection and care planning. Their work helps to ensure that plans are child- and outcomes- focussed and are progressed in a timely way.

- 1 FTE QA (quality assurance) manager oversees the quality assurance framework, carries out thematic quality assurance work and analyses qualitative information to inform practice and workforce development.

- 0.6 LADO (local authority designated officer) and 0.4 complaints manager oversees the management of allegations against professionals working with children and children's representations and complaints.

<u>Areas of strength</u>

The service has a full establishment of permanent, experienced managers, which supports the continuity of oversight and constructive challenge. Children and young people are consistently consulted prior to LAC reviews. CP conferences and LAC reviews are timely, which means that plans are agreed and reviewed at the appropriate time. Meetings are chaired well, centred on the views and experiences of children, young people, their families and carers, and focussed on improving outcomes. Recommendations and plans are generally child-centred and focussed on improving outcomes and evidence how plans should progress in order to prevent drift. Appropriate

constructive challenge is made consistently and is tenaciously followed up where needed. Tracking mechanisms help to highlight and monitor potential drift in case progression and children leaving care. Child protection thresholds are consistently applied and has resulted in a significant and sustained reduction in CP numbers.

LADO is a robust and high quality service which offers significant safeguards to children and young people and awareness raising across the professional network. The administration and oversight of complaints is equally effective and robust and ensures that complaints made by children and young people, or on their behalf, are responded to with respect and a genuine desire to provide a remedy and learning.

The QA manager is a developing role, however there are considerable strides forward envisaged over the course of 17/18 in relation to the development of our quality assurance framework (QAF), which includes a new audit programme and a supportive monitoring role in relation to key practice areas that we know from last year's quality assurance work are key areas for improvement.

10.2 Areas for further development

Areas of improvement

LAC review recommendations and child protection plans are not written in a consistent way in terms of length, detail and style. They are not always SMART or outcomes-focussed. We are planning to join with regional colleagues to undertake training in SMART planning during 17/18. We need to review the format of plans, develop practice standards for writing recommendations and plans and share completed work more across the team in order to develop a consistent, shared understanding of practice expectations.

Whilst children and young people are consistently consulted prior to LAC reviews, not all of this contact is in placement. We have had no way of recording this activity in a reportable way on Mosaic, however this has been addressed in the new LAC workflow with effect from June 2017. Consultation with children and young people is limited in terms of communication options. The development of MOMO will assist, however children and young people may benefit from the development of other technologies and forms of communication which suit individual's wishes and needs. The LAC review consultation forms are disliked by children and young people. A small group of IROs are planning to meet with a range of children and young people in care to improve the forms together.

LAC reviews need to be more consistently child-centred. We are reflecting on the principles of child-centred practice in team development days, looking at research and models from other Local Authorities to develop our practice.

The completion rate of practice evaluations fell in late 16/17. In April 2017 we revised the tool to align with the revised audit tool and the completion rate has since increased significantly and this needs to be sustained. During 16/17 capacity to monitor case progression in between LAC reviews was diminished. Since April 2017's full establishment this capacity has increased and needs to be sustained. Evidence of this oversight is not consistently recorded on children's case files and we need to see evidence through audit work of this increasing.

Our LAC population is too high compared to our statistical neighbours. IROs need to work collaboratively with social workers in considering potential SGO and other permanency arrangements, including reunification.

The QAF needs refining to make it more accessible and provide a clearer sense of shared responsibilities and priorities. Service user engagement and consultation for children and families in the child protection arena is limited. The QA manager will be developing this area as part of the revised QAF.

Areas of concern

As an established team of experienced managers and practitioners, the service has the opportunity to contribute significantly to delivering sustainable, positive outcomes for children and young people, through shaping and defining best practice. This not only involves being clear about

expectations and doing this consistently, but also requires the service to be at the forefront of innovative, proactive social work practice. This requires a whole team cultural shift to explore, refine and adopt improved practice approaches and embrace a culture of self-reflection and continuous learning.

11. Quality Assurance

11.1 Areas where we are making most progress

- Development of case file audit template and process that focusses on outcomes.
- Regular reporting on QA findings to senior managers and senior members.

11.2 Areas for further development

- Revision of overall Quality Assurance Framework.
- Evidence of learning leading to improvements.

12. Workforce

12.1 Areas where we are making most progress

- Recruitment of managers at all levels.
- Retention.
- Development of CPD programme.
- Support to ASYE staff.
- Sickness/absence rates low.

12.2 Areas for further development

- Recruitment of experienced social workers.
- Implementation of CPD programme.
- Adoption of social work assessment model.
- Appointment of Principal Social Worker.

13. Partnership Working

13.1 Areas where we are making most progress

- Children and Young People's Partnership.
- Progress with the CYP Plan 2015-18
- Early years
- Emotional wellbeing and mental health support and pathway changes at hospital
- Implementation of SEN Reforms, positive response from parents re. changes to short breaks provision enabling wider access
- HSCB Business Plan 2017/18 – focus on neglect including multi-agency training now launched.

13.2 Areas for further development

- Multi agency leadership across the partnerships including CYP Partnership, Community Safety Partnership, HSCB (one of priorities for 2017/18 demonstrating tangible change across all priority areas.
- Development of approach as "One Herefordshire" including working with wider emerging health footprint.

14. Early Intervention

14.1 The Direction of Travel

Early Help

Herefordshire's early help is about providing services at the right time to meet family's needs and to keep them in control of resolving their own issues and problems, to reinforce and develop the families' own skills to determine their future, reducing poor outcomes and inequalities. Our aim is to provide the right support at the right time to meet a family's needs.

Our early help approach is aimed at all families with a child / children aged 0 to 19 years old or up to 25 years old for those with special educational needs and disabilities (SEND) and is linked to the Herefordshire levels of need threshold and the Families First initiative.

Early help covers level 1 – 3 on the Herefordshire levels of need.

- Level 1 is universal services for all families and information, advice, guidance and signposting. Herefordshire has the website WISH – Wellbeing, Information and signposting in Herefordshire.

- Level 2 and 3 is for children, young people and their families with emerging issues or more complex needs. An assessment of the whole family's needs helps both the family and the services supporting them to work together more effectively.

A Common Assessment Framework (CAF) is completed by a professional of the family's choice and a package of support is agreed with them, such as additional help and support via early year's settings, children's centre services, school, health visitor, school nurse, counselling, family support, Vennture4Family or a Homestart volunteer.

Children Centre services have a request for support/intervention referral pathway for professionals and partner agencies to refer into for emerging needs of 0-5 years and their families. Intervention and support can be either in group sessions or 1:1 support for example structured "Let's Play" sessions, forest school/outdoor play, Elklan speech & language courses, baby massage, direct work in the home, young parent groups, adult learning & support with employment.

Families and partners can find out what help is available through the council website or ring the early help advice and support line 01432 260261.

Herefordshire currently has 604 active Common Assessment Framework's for children managed by the Information & Assessment Coordinator team. Early help is organised in eight locality areas. In each of these areas there are six multi-agency group meetings (MAG's) held every year to discuss cases which are 'stuck', support partners leading on the support plans for families and discuss any community concerns and put a plan of action in place. The MAG's are well supported by all our key partner agencies for example primary and secondary schools, early year's services and providers, family support, health services, housing associations, DWP, Police and voluntary organisations.

Herefordshire's approach is to work with the whole family addressing the underlying needs to the presenting problems and meet outcomes set out in the Herefordshire's Family Outcomes Framework. Early help support comes from our partners and for the most vulnerable families with the most complex issues there are more specialist services available. An internal family support team made up of experienced, qualified family support workers who use evidence based programmes such as Triple P parenting standard and teen, Solihull Parenting, basic Cognitive Behaviour Therapy and Solution Focused interviewing. There are also commissioned services provided by Vennture4families and Homestart. Vennture4families is an innovative service which uses a model based on a professional link worker and volunteer and Homestart is a befriending service based on volunteers.

The governments troubled families initiative is integrated into Herefordshire's early help approach with all CAF's assessments being linked to the eligibility criteria and outcomes to Herefordshire's Family Outcomes Framework. The internal team and the Vennture4families service is funded by money from the troubled families programme. DWP have seconded a worker under the troubled families programme to support families with the journey back into work and with benefit queries.

The early year's strategy in Herefordshire is streamlined with the early help strategy and is cross cutting against all six priorities in the children and young people's plan. Children centre services deliver the core purpose and work with partners to deliver universal and targeted support to children under 5 years of age and their parents. Multi-agency groups (MAGs) are based around the children centre reach areas and the health visiting service is aligned to these areas. The early years support service works closely with health visitors and midwives to coordinate and contribute to targeted work improving health, school readiness and parenting. If families require a more specialised package of support then a request for service through Children Centre Services may be appropriate or a CAF where multi-agency involvement is required.

14.2 Areas where we are making most progress

Areas of strength

The council early help family support team and the commissioned services of Vennture4families and Homestart are working very well with vulnerable families with complex needs to achieve sustainable change against the Herefordshire's Family Outcomes Framework. 124 families have achieved at least 6 months sustained change and been claimed for under the troubled families payment by results system. The troubled families programme has recently been audited by DCLG and received very positive feedback. The auditor was impressed with the innovative ways of working with families to achieve sustained change.

Clear understanding of outcomes for children aged 0-5 years in the annual early years data pack.

The managing, tracking and analysis of CAFs and understanding of the issues at the early help stage of families in Herefordshire.

In 2016 36% of closed cases had needs fully or partially met over the year, an increase on 2015 where 29% of closed cases fell into this bracket. Family disengagement in 2016 was at a similar level to 2015, with 17 cases (4%) closing in 2016 due to families or young people not wanting support via the CAF process.

No CAFs closed during 2016 due to a service not being available.

Very effective tracking arrangements of 16-18 year olds so very few are unknown and those who are not in education, training or employment with training can be signposted to services and monitored. (NCCIS data).

14.3 Areas for further development

Areas for improvement

To revise the CAF into an easier to complete assessment linked to the Child and Family assessment used by social care and to rename it the early help assessment. This process has started and will be completed by the end of the year.

To improve capturing the journey of the child if a case moves from early help into social care or vice versa. The proposal is for the early help assessment to be fully integrated into the mosaic database.

To more fully integrate the early year's services into the early help offer so families have a seamless services if they require additional support as their children grow up.

School attendance, especially authorised absence together with CME, in year fair access and elected home education would benefit by being more joined up to reduce the possibility of children falling through the net.

Areas of Concern

The Sentinel data hub implementation is progressing but the rate of progress needs to increase. When this is fully operational analysis of the unmet needs of families will be easier and more efficient, which in turn will provide better intelligence to identify and provide the most appropriate support to families.

The funding of knowledgeable, experienced professional support services for families with complex needs below threshold when the Troubled Families government funded programme ends.

Early Help case study

Work carried out: 12/9/2016 – 16/12/2016

Level of Need: CAF level 3

Identified needs

- For mother to understand and implement appropriate strategies for managing L's challenging behaviour.
- For mother to be able to implement appropriate boundaries for L.
- For mother to ensure that any adult discussions and disagreements to be had away from L so that she is not aware of adult worries.

Family situation prior to the work starting
L was 'lashing out' and E was finding it challenging to manage L's behaviour.
L lost her father in 2015 and E had a new boyfriend T living in the family home who had a violent and aggressive past. T would try and parent L and this caused tension and upset. E did not want to discipline/set boundaries for L as she has had two children removed before and wanted to 'spoil' her. E was very low in mood at the start of the intervention and would easily become upset during sessions. There were concerns around whether E was suffering from depression in the early stages of the intervention. L presented more as an annoyed child and commented on several occasions how much she hated T and felt that he was taking all of her mother's time. L was also slightly overweight.

Work completed and outcomes

- Work was completed with E around her mental health and supporting her to access her GP and receive treatment for depression.
- E was taught Triple P parenting strategies and now has a lot more confidence and understands that routines and boundaries give children comfort and structure.
- Work was completed with E around her relationship with T and 1-1 work was completed with L in school about her thoughts and feelings in relation to T neither were positive. E could see she was in a controlling relationship however needed support to end the relationship. E was signposted to Women's Aid and has completed The Freedom programme and had the confidence to end the relationship.
- L was signposted and supported to attend Phoenix bereavement counselling weekly and this has helped with L's anger around her dad passing away.
- L has spent some time 1:1 with family support throughout the intervention, L now states that her mother will protect her from negative people and she is confident to talk to professionals.
- L has been seen by the local school nursing team; her weight has been recorded and is being watched.
- Since T has left the family comment that L's behaviour has vastly improved and there are no difficulties.
- T has a detailed past in regards to Domestic Violence. Claire's Law was accessed by L to protect her from re-entering a relationship with him and to make her aware of the harassment he has caused in the past.
- E and L's property is known to the local policing team and is monitored.

15. Neglect

15.1 Areas where we are making most progress

- Peer review recently acknowledged that social work teams are consistent in understanding and approach to childhood neglect.

15.2 Areas for further development

- Implementation of Herefordshire Safeguarding Children Board strategy, including use of Graded Care Profile.
- Consistent application of HSCB approach evidenced in case file audits.

16. Other Specialist Support

16.1 Areas where we are making most progress

Business support

Business Support provides a crucial support service to large complex safeguarding and family support service (S&FS) areas which is inclusive of a number of elements of finite support. The importance of the child's journey is always at the forefront of our service delivery.

We are the first point of contact into the service, this includes taking requests for a service from professionals and conversing with distressed callers who are in receipt of our service or wishing to raise concerns relating to child/ren at potential risk of significant harm. This activity frequently includes a dialogue disclosing sensitive and graphic information of concerns of a child and families composition of lived experience of safeguarding nature.

Business support demonstrate a very high standard of; attention to detail, compliance to meet deadlines, quality of minutes for families, statutory and court compliance and effective distribution within regulatory timescales.

Processing of key documents swiftly to ensure no delay in information being shared with the worker who's working with the children and families.

A cohort of staff skilled with the detailed knowledge to effectively navigate around our client database (Mosaic) and corporate information sharing site (Sharepoint).

Areas of strength

What impact is your service having for the children and young people of Herefordshire?

We are committed to achieving excellence through continual improvement and the journey of the child is at the heart of everything we do. By providing an efficient service that is proportionate across all S&FS teams we are able to help shape the service children and young people receive.

What outcomes is your service delivering for the children and young people of Herefordshire?

Each team member has a key focus and understanding on how their role transforms as part of the child's journey through Childrens social care. Adhering to the work ethos to work fluidly within all areas of business support to meet the needs of fluctuating service demands.

We have a clearly defined contact centre where we receive and quickly process calls and emails from a range of different genres. We have implemented call centre software to reduce delays in calls being answered and a mechanism to leave a voicemail should a delay occur in times of high call volumes. The voicemails are responded to within a limited time period.

The production of accurate succinct minutes provides a crucial working document for all professionals and the family, with rapid turnaround for sending to the chair for approval and then through to distribution within statutory timescales.

We have a dedicated officer to receive children and families complaints in first instance, who provides preliminary meetings with complainants to fully understand the detail and seek resolution at the initial point of complaint. Co-ordinating the complaints process through each stage through to resolution.

Business support are committed to ensuring that all staff have a complete service overview complimented with a good understanding of the complex work required by business, with a true meaning of how this is beneficial to the children and families and the colleagues supported. This is conducted by a comprehensive initial training programme for all staff lasting for a period of 12 weeks, followed by subsequent refresher training carried out periodically.

The service has a solution based focus to the services supported– e.g. Mosaic, power users, SharePoint, letterbox, finance, accommodation, MASH SOP creation of tools and tracking systems for a self-serve methodology.

What evidence do you have?

Detailed tracking mechanisms are used to evidence business support workflow and tasks undertaken for performance reporting. This also has a dual purpose for use within the wider service e.g. finance, legal, S&FS work activity especially around minutes and their distribution, highlighting any bottlenecks across the service. Overseeing and monitoring the budget spend for the division as a whole.

16.2 Areas for further development

Areas of improvement

What does your service need to improve for the children and young people of Herefordshire?

Further advancing a more detailed approach to recording training requirements and schedules for all business support staff. Providing a full competency checklist to set effective and attainable goals, and enable evidence based measuring of induvial and team performance and development.

A fine-tuned suite of processes and procedures which are clear and concise related to each task or workflow undertaken.

How will you know that you have achieved your identified improvements?

Staff feeling less overwhelmed with the complexity of the many tasks undertaken by business support and the knowledge base required for this. Alleviate staff anxieties when asked to carry out varying tasks within the business support model.

A strong business support quality assurance framework to be implemented which will provide evidence on the quality of business support activities undertaken to ensure work is carried out to the highest standards within the context of all relevant legislation.

Areas of concern

What areas of concern do you have in relation to your service?

Retaining a conscientious approach to the prevention of Data breaches, this is one of the higher risk areas for the service which can have detrimental consequences to both families and monetary fines from the data commissioner. We need to ensure this area of work is resourced in balance

with the fluctuating flow of work and staff attaining the skill sets and meticulous attention to detail for each set of documents being distributed.

How are you proposing to mitigate against these areas of concern?

Robust staff training particularly within data protection and clear sets of guidance and procedures to follow for each scenario across all supported service areas within Safeguarding & Family support. To be included in the business support audit framework and regular review of the business support procedures schedule.

How will this impact on your service delivery for the children and young people of Herefordshire?

The need to factor training and re-fresher training during periods where there would be minimal impact on capacity for the service to deliver daily essential workflow for all the teams and the families.

Our 2017-2018 business plan has been developed to ensure we can continue to not only to meet our purpose but build on existing strengths and exceed expectations throughout the year.

17. Missing from home or care

17.1 Areas where we are making most progress

- Numbers of Herefordshire children going missing from home or care are low.
- All children going missing, including those placed in Herefordshire by other authorities, are offered a return interview.
- All return interviews are shared with the CSE coordinator to ensure patterns are identified.

17.2 Areas for further development

- Missing return interviews for LAC placed a long distance from Herefordshire are not always timely.
- Reciprocal arrangements for WRI within the region.

18. Domestic Violence and Female Genital Mutilation (FGM)

18.1 Areas where we are making most progress

- Domestic Violence Community Safety Partnership lead the work
- New perpetrator programme being established
- Renewed training and awareness taking place over the autumn including silent victim emphasis
- Recent Ofsted JTAI informing recent action plan
- New refuge opening
- FGM Community Safety Partnership lead the work.
- Recent review identified 0.2% of Herefordshire community that may face this risk. Engagement work with community taking place.

18.2 Areas for further development

- Domestic Violence triage
- Role of police and referrals into MASH .
- Inter relationship with MARAC still to be resolved.

19. Child Sexual Exploitation (CSE)

19.1 Areas where we are making most progress

- Dedicated coordinator in post.
- All missing WRIs assessed by CSE coordinator.
- Risk assessment tool revised.
- CSE operational and strategic groups reviewed and revised to ensure effectiveness.

19.2 Areas for further development

- Greater understanding of potential victims placed in Herefordshire by other local authorities.

20. Supported Accommodation Services for Vulnerable Young People

20.1 Areas where we are making most progress

- Corporate housing strategy for young adults developed with commissioners.
- Additional placements to meet needs of older UASCs and care leavers.

20.2 Areas for further development

- Sustainable supported housing provision.
- Implementation of new housing strategy.

21. Children in Need / Child Protection (see paragraph 7)

22. Children with Disabilities (see paragraph 6)

23. Looked after Children (LAC) (see paragraph 7)

24. Sufficiency Strategy (see paragraph 32)

25. Education of looked after children

25.1 Areas where we are making most progress

Virtual school

The role of Herefordshire's Virtual School for Looked after Children (LAC) is to champion the needs of children and young people, ensuring that they benefit from the opportunity to gain a good education, wherever they may be placed.

The team liaise with multiple agencies to ensure that all the educational needs of LAC are met and appropriate support is in place.

Schools are offered support and advice to enable them to meet the often complex needs of these children and are provided with regular information updates at half-termly designated teacher network meetings.

The team ensure that all looked after children have an up-to-date Personal Education Plan (PEP) that is reviewed on a termly basis until they are no longer looked after.

Looked after young people and care leavers are provided with support to have their voice heard by the Participation and Mentoring Officer. This team member facilitates the Children in Care Council and supports them to express their wishes and feelings via a range of mechanisms.

Areas of strength

The Virtual School makes an important contribution to improving outcomes for LAC by:

- ensuring that children placed out of authority receive the same level of support from the Virtual School as those children placed locally
- intervening early when a child is not accessing appropriate education (e.g. when a child becomes LAC, moves placement, has high needs) and providing advice and support to ensure they access education quickly. As a result Herefordshire LAC are in the top quartile for attendance and exclusions.
- supporting the Children in Care Council to hold monthly meetings, deliver training to professionals, attend corporate parenting panel and interview new staff
- fulfilling the local authority's statutory duty to ensure each LAC over the age of 3 has a PEP that is reviewed on a termly basis until the child is no longer looked after
- ensuring that schools and settings receive the latest advice, guidance and research findings through communications and half-termly termly briefings
- providing training to designated teachers, carers and whole schools to enable them to have a better understanding of the barriers to achievement and how they can be overcome
- guaranteeing all LAC can access support from an educational psychologist in a timely manner when the need arises
- Herefordshire LAC achieved above the national and West Midlands's average in 2016 KS4 GCSE results (5 GCSEs C+ including English and Maths) with 23.5% achieving this standard. A higher proportion of Herefordshire LAC were entered for EBacc subjects than LAC nationally and across the West Midlands

25.2 Areas for further development

Areas of improvement

- Ensuring that all PEPs are of a consistently high quality with appropriately challenging targets.
- Ensuring that schools are held accountable for the use of Pupil Premium Plus
- Enabling children placed out of authority can access Children in Care Council meetings remotely
- Herefordshire's looked after children performed below average in 2016 at KS1 and 2

Areas of concern

Capacity is a concern with high caseloads for each team member meaning that direct support to children cannot be offered. It is hoped with the introduction of an electronic PEP system that officer time can be redirected away from writing the PEP documents to working with children, schools and carers.

26. Fostering

26.1 Areas where we are making most progress

- Recruitment of foster carers.
- Kinship carer assessments.

26.2 Areas for further development

- Increase understanding of special guardianship by foster carers.
- Enable experienced, older carers, to understand current expectations and the nature of children coming into care.

26.3 During 2015/16, 9 Special Guardianship Order's (SGOs) were granted, 4 of these were for looked after children. As part of the LAC reduction work the permanency plan for each looked after child is being scrutinised and where it is assessed that an SGO is in the child's best interests then every

effort will be made to encourage carers to apply for an SGO with a negotiated support plan that meets the child's needs.

27. Corporate Parenting

27.1 Areas where we are making most progress

- Revised strategy adopted by elected members in summer 2017; including explicit targets within action plan.
- New Children's Scrutiny Committee keen to lead and challenge members on actions.

27.2 Areas for further development

- Corporate Parenting Board membership requires revision to ensure it is fit for purpose.
- The engagement of younger looked after young people in the work of the board
- The Corporate Parenting strategy is in the early stages of a 3 year strategy.

28. Participation

28.1 Areas where we are making most progress

- Established participation with clear sense of purpose.
- Active engagement with older young people.
- Participation of young people in staff interviews.
- Implementation of MOMO app to extend opportunity for young people to express their views.

28.2 Areas for further development

- Engagement with young people beyond social care service delivery.
- Engagement with younger children within social care service.
- Consolidation of MOMO across workforce including foster carers.

29. Adoption

29.1 Areas where we are making most progress

- Recruitment of adopters and provision of post-adoption support.
- Matching of adopters to children.

29.2 Areas for further development

- Awaiting response to application to join a local Regional Adoption Agency

30. Care Leavers

30.1 Areas where we are making most progress
- Quality of pathway plans.
- Quality of assessments.
- Engagement with young people in their assessments and planning.

30.2 Areas for further development
- Understanding and supporting the needs of UASCs.
- Implementation of revised financial policy for team.
- Implementation of children and social work act expectations

31. Youth Offending Team

31.1 Areas where we are making most progress:
- Herefordshire has a very low rate of custodial sentences for young people.

- Progress in lowering the rate of first time entrants to the youth justice system over the past five years with sustained performance in the last two years.
- Following the implementation of the new assessment and planning framework AssetPlus in July 2016, the framework is becoming embedded within the service.

31.2 Areas for further development

- Despite the lowering the of first time entrant rate over the past five years it remains above both the national average and the West Mercia average, more work needs to be undertaken to understand the drivers behind differential rates across the area.
- The re-offending rate is higher than for West Mercia and for England, although the number of offences per re-offender is slightly lower than for West Mercia and England.

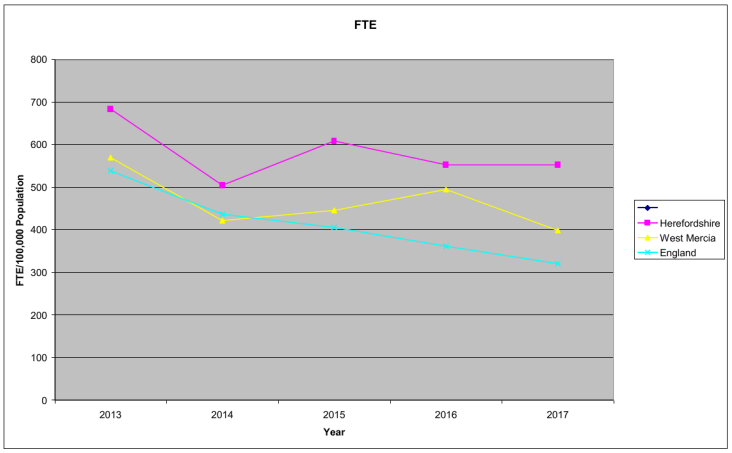
Evidence

Use of Custody (2016):

	England	Herefordshire
Custodial sentences per 1,000 Youth Population	0.37	0.24

First Time Entrants:

First Time Entrants to the Youth Justice System per 100,000 Youth Population					
Year Ending	**Mar-13**	**Mar-14**	**Mar-15**	**Mar-16**	**Mar-17**
Herefordshire	684	505	609	553	553
West Mercia	570	422	446	495	399
England	539	437	406	362	321



Asset Plus Quality Audit:

QUALITY OF ASSESSMENT	Jan – Mar 17	Apr – Jun 17
Meets Standard - Excellent	4.7% (3)	2% (1)
Meets Standard - Good	62.5% (40)	92.2% (47)
Almost Meets Standard	32.8% (21)	5.9% (3)
Did Not Meet Standard	0	0
TOTAL	**64**	**51**

Re-Offending:

(Data for year ending Sep 15)	England	West Mercia	Herefordshire
Proportion of cohort re-offending	37.4%	31.5%	40.7%
Number of re-offences per re-offender	3.35	3.58	3.26

32. Resources and Commissioning

32.1 Areas where we are making most progress

- Commissioning and contracting
- Strategic commissioning for children, young people and families, including support for looked after children, care leavers, children with disabilities and children community health services.

- Contract management across a range of services, including LAC & CNS placements, advocacy, independent visitors, social care out of hours, early help, short breaks for disabled children.

Areas of strength

What impact is your service having for the children and young people of Herefordshire?

- Improving understanding of population-level needs and redesigning services to meet need while managing cost within available resources
- Placement sufficiency strategy has helped to reduce reliance on residential placements and increase the availability of in-house foster carers
- New family-based overnight short breaks scheme for disabled children established in 2016, now providing over 200 nights per year
- 151 disabled children supported in 2016-2017 with DP, daytime and/or overnight breaks. Targeted daytime activities, without a social care assessment, were accessed by 69 children. Of those children with a social care assessment, 68 children received direct payments, 40 accessed specialist daytime activities and 20 accessed specialist overnight short break in family based or residential setting.
- New targeted short breaks allowance scheme for disabled children from April 2017, targeting around 175 children with up to £350 per year to purchase short breaks activities of their choice. By mid-May, 50 applications had been approved at the maximum amount. Further applications are expected during the year ahead, and numbers are expected to grow in year two as the scheme becomes better known.
- Fewer young people remaining in custody out of hours
- Plans to provide clinical support for children with complex health needs in schools
- Initial improvements to paediatric therapy waiting times

What outcomes is your service delivering for the children and young people of Herefordshire?

- Managing placement cost at a time of growing demand
- More children placed in family settings and in-county
- Improving range of short breaks options – 2/3 families happy/very happy with the short breaks (2016 survey)

What evidence do you have?

- Placement sufficiency analysis
- HIPSS/TISS contract monitoring
- EDT contract monitoring
- Short breaks consultation and engagement 2016

- Case studies

32.2 Areas for further development

Areas of improvement

What does your service need to improve for the children and young people of Herefordshire?

- Allow sufficient time within the commissioning and decision-making cycle to involve more children and families in the improvement and redesign of services
- Systematically gather feedback from intended service users about their outcomes and satisfaction
- Undertake contract compliance visits to ensure quality and value of externally provided services

How will you know that you have achieved your identified improvements?

- Decisions and equality impact assessments are routinely informed service user voices
- Service specifications are developed in a co-productive approach
- Contract management is informed directly be service user voices, rather than relying on feedback reported by the service provider
- Contract compliance visits are undertaken and any issues are addressed or escalated as appropriate

Areas of concern

What areas of concern do you have in relation to your service?

- Very limited capacity to undertake placement and service contract compliance visits
- Ensuring sufficient time for consultation, engagement and voice
- Historic contract performance measures don't sufficiently demonstrate service impact

How are you proposing to mitigate against these areas of concern?

- Placement intelligence is shared between regional commissioning authorities, and any concern is escalated locally within social care to ensure that individual children in placement are appropriately safeguarded.
- Quarterly service contract management meetings are held with the involvement of technical experts, who bring operational intelligence about service performance and quality. Service providers submit quarterly performance reports. Intention that recently appointed contract monitoring support officer will resume site visits in 2017. Plans, subject to resources, to build-on work to contact service users directly for their personal feedback.
- Improving the commissioning forward plan to ensure timely analysis of needs, co-production, and decision-making
- Use of outcomes logic model in service specifications
- Additional staffing would provide capacity to systematically gather feedback directly from service users and conduct appropriate contract compliance visits. Some resource is available within existing team budget, and the recruitment of planned short breaks broker, would release further capacity within the team

How will this impact on your service delivery for the children and young people of Herefordshire?

- Additional capacity would strengthen opportunities for co-production in commissioning and contract management work and increase capacity to undertake contract compliance visits to help assure service quality and performance
- Outcome logic model will help to measure service impact

33. CAMHS

33.1 Areas where we are making most progress

- Managing the waiting list –
    - Referral to Initial Assessment - 100% of referrals to CAMHS are seen for initial assessment within 4 weeks
    - Referral to Treatment - over 90% of patients receive treatment within 18 weeks (national standard)
    - Eating Disorder referrals – 100% of urgent referrals seen within 1 week; 100% of routine appointments seen within 4 weeks
- Development of the duty pathway for children and young people with a mental health crisis
    - Introduction of extended hours (8-8) during weekdays and on call cover (9-5) at weekends to support WVT Childrens Ward in completing same day mental health assessments, support to WVT staff in managing patients on the ward, provision of advice, consultation and training
- Development of the Eating Disorder Pathway to meet new national standards – participation in new national training; development of a new pathway involving WVT staff to provide holistic assessments and treatment linking to Gloucestershire Eating Disorder Service
- Participation in national CYP IAPT Programme as a partnership with HCC, CCG, CLD Trust- focus on improving standards, access to services, training in evidence based practice, use of Routine Outcome Measures (ROMs), Developing Participation.
- Free training to multi agency partners across the county
- Improving relationships between social care colleagues and CAMHS to enhance referral discussions and collaborative care
- Membership of the Mental Health and Emotional Wellbeing steering group as part of the Children and Young People's Partnership for Herefordshire – opportunities to collaborate and discuss key issues across the county, push to develop new or reconfigured services to match resources available, understanding how services fit together.

33.2 Areas for further development

- Improving the physical environment for CAMHS – challenges for staff and patients due to inappropriate and overcrowded accommodation, poor decoration, carpets, access and a lack of a dedicated waiting room
- More assertive management of the Referral to Treatment timescales to reduce waiting times.
- Ongoing review of the Duty and Eating Disorder pathways as they develop to ensure they are bedding in, meet requirements and reflect cross agency collaborative working
- More creative ways to support recruitment due to national shortages of trained staff
- Development of Participation with children and young people which is currently limited due to the building, facilities and lack of dedicated staff time

34. Other Initiatives/Working Groups

Human resources and organisational development
The Human Resources and Organisational Development (HR and OD) service impacts children and young people in Herefordshire by:

- Ensuring that any staff who make contact with children are well trained, properly qualified, and motivated to do a good job
- Are fit to undertake the roles we have employed them to do in terms of their personal qualities, attitude, approach and background.
- Making sure we don't give jobs to people who are not suitable to work with children and young people or who might put them at risk
- Making sure we provide a working environment which gets the best out of our staff.
- Dealing fairly and swiftly with any situations in which our staff might not be acting in the best interests of children and young people.

34.1 Areas where we are making the most progress

Areas of strength

- We are able to meet health and safety legislative requirements and comply with employment law.
- The directorate has built a good foundation for getting stable workforce in place and reducing our reliance on agency staff.
- The HR team is motivated, willing and cares about doing a good job.

34.2 Areas for further development

Areas of improvement

We need the following:

- To develop and implement a strategic resourcing plan for vacant posts (building on the work already underway in the directorate). If we have a more stable workforce, and rely less on agency staff, this will reduce the number of times children and their families have to deal with new workers who don't know them.
- A management development programme for new and existing managers. This will help make sure all our staff are well trained and able to do their jobs well.
- Develop the culture of the service which reflects organisational values.
- Better access to training in HR related topics such as managing performance and coaching skills.
- A workforce plan which focuses on talent management and succession planning ensuring a strong supply of staff leading to a more stable workforce.
- A staff engagement strategy and action plan to make sure we listen to our staff and take action to make work better where we can.
- A review of our remuneration package for key posts so we are able to attract and retain the best staff to work with children and families.

Areas of concern

- The HR&OD service has limited resources. The service is supported by just 1.0 wte part qualified HR Advisor who has access to business partner and Head of HR&OD for support, escalation and management.
- Additional resources in terms of funding for training and development and short term project management will be needed. It is understood that a business case for this will be positively received.

35. The Local Authority Safeguarding Children's Board

35.1 Areas where we are making most progress

Safeguarding vulnerable children/ Child protection

- Clarifying thresholds and understanding of 'significant harm' across partnership; the impact is a reduction in numbers of children subject of a CP plan, revision of MASH arrangements
- Raising awareness of impact of domestic abuse and neglect on children; the impact is an improved understanding across partnership, strengthened focus on neglect during current year

CSE and children missing

- Overseeing delivery of CSE strategy and action plan; the impact is an improved awareness across partnership, inclusion in training for all taxi drivers, more coordinated approach to identifying and safeguarding vulnerable children

- Commissioned JSNA re CSE; the impact identified significant issue re rates of sexual offences against children, raised with CSP and now adopted as a priority for understanding and addressing in coming year.

Neglect

- Neglect strategy agreed, with action plan; the impact is a collective agreement to prioritise and improve effectiveness of activity to address neglect, including adoption of common approach to assessment
- Publication of SCR; the impact has been an improved understanding of overlap between disability and neglect (with implications for professionals); identifying and addressing training needs re working with specific minority groups; developing focus on particular vulnerabilities of children with disabilities.

Early help

- Revision and promotion of thresholds document; the impact is an improving understanding, identification and early response to families needing additional help at an early stage
- Identification of problems in delivery of substance misuse services to parents; the impact is a challenge to agencies, review of contract and commissioning arrangements, improved professional awareness.

35.2 Areas for further development

Priorities for this year:

a. Priority 1: Neglect.
b. Priority 2: Child sexual abuse and exploitation (including children who go missing).
c. Priority 3: Safeguarding vulnerable children.
d. Priority 4: Early help.
e. Priority 5: Strong leadership, strong partnership.

36. New Ofsted Framework Questions

Please provide a judgement and an overview as to how you believe you are performing against the following questions being asked within the new Ofsted Framework, please respond in bullet-point format;

Practice:

Q1. What do you know about practice?

- A well-motivated, professional service whose members know their children well and have clear outcomes for them however this is not translated into consistent case recording or good quality assessments and plans.

Q2. How do you know?

- All managers undertake monthly case file audits.
- Performance reporting.
- Quality Assurance reports, capturing a range of information including the views of IROs, complaints, compliments and audits.
- Local Family Justice Board data and discussion.
- Peer review findings.
- LSCB audit findings.
- Serious Case Review and Professional Learning Review findings.

Q3. What are you doing to improve it?

- Single, comprehensive but succinct improvement plan.
- Sharing findings above with teams, encouraging discussion.
- Embedding key findings in CPD programme.

Q4. How well are Directors following Social Workers, talking to Social Workers, and knowing what they are saying and seeing for themselves; to ensure they are creating the right conditions for children to flourish and good social work to happen?

Recent peer review recognised the strong connection and understanding of cases and casework. More could be done at a director, lead member and chief executive level. Audit approach does provide the opportunity for Director and AD to discuss individual cases being audited with the social worker.

37. Peer Challenge:

What areas of your self-evaluation would you welcome the most peer challenge on at the Regional Peer Challenge Day on 22nd November 2017?

- Journey of the child - CIN and LAC, children moving to permanency and leaving care, focus on the transitions and consistent application of internal thresholds, including CWD.
- Step up/step down from social care and partner's role in this. Is enough being done to support and prevent C&YP coming into the care system?
- Once C&YP have come into the care system what more can be done to support a return home or move on to permanency
- Education outcomes for vulnerable groups – narrowing the gap for pupils eligible for FSM. Raising attainment at Key Stage 2 and 4.

38. Self-Evaluation Approval Confirmation

This Self-Assessment has been fully approved and signed-off by:

Interim Director Children's Wellbeing: Chris Baird

[redacted]

Chief Executive: Alistair Neill

[redacted]

Lead Member: Cllr Jonathan Lester

[redacted]

Submitted by: Chris Jones
Strategic Business Intelligence Manager

Date: 18/10/2017
E-Mail: chris.jones@herefordshire.gov.uk
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Self-Assessment Evidence/Examples/Case-Studies Index			
Page	Footnote	Title	Summary
1		Outcome of LGA Peer Review Report	Report that outlines the outcome of the casework peer review – Appendix 1  Appendix 1 - LGA Feedback Report Peer
1		Outcome of LGA Peer Review presentation	Presentation given by the peer review team following their time onsite in June 2017 - Appendix 2  Appendix 2 - Outcome of peer revi
4		Childrens Wellbeing Directorate Senior Management team structure	Structure chart Appendix 3  Appendix 3 - Childrens Wellbeing D
4		Education and Commissioning Structure chart	Structure chart Appendix 4  Appendix 4 - Education and Commi
4		Safeguarding and Family Support Structure chart	Structure chart Appendix 5  Appendix 5 - Safeguarding and Fan

Children and Young People Scrutiny Committee

4 December 2017

Work Programme 2017/18

Meeting date: 5 July 2017		Despatch: 27 June	
Item	Description	Report Author	Comments/Outcome
Corporate Parenting Strategy 2017 – 2020	To review the draft Corporate Parenting Strategy. Provide comments and recommendations to cabinet prior to key decision scheduled for 20 July. Attached as appendices: Adoption Service and Fostering Service Annual Reports.	Gill Cox	Recommendations relating to the strategy provided to the Cabinet Member. Comments provided to the cabinet member – request for full agenda item in future years.
Briefing	Children and Young People Plan update.		Documents relating to the current Pan circulated on 18 July.
Meeting date: 2 October 2017		Despatch: 22 September	
Commissioning intentions for universal and early help services for children, young people and families	To preview the draft decision report concerning the commissioning intentions for universal and early help services for children, young people and families before it is presented to the meeting of cabinet on 12 October. The committee's views on the proposals contained in the draft decision report are sought.	Lindsay MacHardy	Recommendations relating to the strategy provided to the Cabinet Members. Request for circulation of commissioning specification – undertaken on 13 October.
Outcomes of casework peer review	To consider the outcomes and recommendations emerging from the peer review of social work casework. To consider if the outcomes provide assurance and agree any comments and recommendations. To identify any areas which require further scrutiny or work.	Chris Baird	Report received and noted.

Children's wellbeing self-assessment	To consider if the children's wellbeing self-assessment provides the necessary assurance for the committee. In addition to agree any comments and recommendations to enable the self-assessment to be developed further.	Adam Scott	Report received and noted.
Herefordshire Children's Safeguarding board annual report	To consider the annual report and any recommendations contained within it. To assess if the report provides assurance and make comments and recommendations.	Sally Halls, Steve Ecclestone	Report received and noted.
Briefing paper	Virtual School Regional adoption agency		Briefing circulated 8 August.
Meeting date: 4 December 2017		Despatch: 24 November	
Children and young people Mental Health Partnership	To receive a presentation from the children and young people mental health partnership including feedback on the recommendations arising from the Mental Health Services for Children and Young People task and finish group.	Jade Brooks	
Training	Children's Wellbeing Statutory responsibilities LGA peer – training regarding CYP scrutiny	CWB	Training in the afternoon of 4 December Session arranged on 11 December 10.00 a.m.
Briefing paper	Children's Bereavement Services Corporate Parenting Strategy implementation	Contract Gill Cox	
Meeting date: 5 February 2018 **2.00 p.m.**		Despatch: 26 January	
School Examination Performance	To consider school performance of summer 2017 and make recommendations to cabinet on how the effectiveness of the	Lisa Fraser	

	school improvement framework and strategy could be enhanced.		
Autism Strategy	To preview the draft decision report concerning the autism strategy before it is presented to the meeting of cabinet in February. The committee's views on the proposals contained in the draft decision report are sought.	John Gorman/Laura Tyler	Joint Strategy with the CCG Co-opt Councillor Andrews to the committee for the item. 1st item of business?
Children and Young People Plan	To consider the draft Children and Young People Plan. The committee's views on the new version of the Plan is sought.	Chris Baird	
Briefing paper	Children's dental health services	Lyndsey McHardy	
Meeting date: 16 April 2018		Despatch: 6 April	
Self-Evaluation of Herefordshire Children's Services	To receive the latest version of the self-evaluation following members feedback in November 2017 and the annual challenge exercise by West Midlands Association of Directors for Children's Services (WMADCS).	Adam Scott	
Training/Awareness Session	Awareness session relating to children's mental health to include identification of autism, Asperger's syndrome, dyslexia and behavioural problems. Transitional arrangements.	CAMHS - CCG	

No background papers