APPENDIX 2

Task & Finish Group Report

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

April 2017

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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	Description
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.

<u>What did we find from mental health practitioners?</u>

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.

What did we find from service users?

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. Summary of our findings

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 2

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

<table>
<tr><td></td><td>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</td></tr>
<tr><td>What will NOT be included</td><td>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.</td></tr>
<tr><td>Potential outcomes</td><td>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</td></tr>
<tr><td>Key Questions</td><td>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</td></tr>
<tr><td>Cabinet Member</td><td>Cllr JG Lester, Young people and children’s wellbeing</td></tr>
<tr><td>Key stakeholders / Consultees</td><td>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</td></tr>
<tr><td>Potential witnesses</td><td>Those listed above plus:</td></tr>
</table>

	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