

<p><b><u>Meeting</u></b></p> <p><b>Barnet Children's Partnership Board</b></p>
<p><b><u>Date and time</u></b></p> <p><b>Thursday 2nd March, 2023</b></p> <p><b>At 4.30 pm</b></p>
<p><b><u>Venue</u></b></p> <p><b>Virtual meeting - Online</b></p>

Please find enclosed additional papers relating to the following items for the above mentioned meeting which were not available at the time of collation of the agenda.

Item No	Title of Report	Pages
6	Mental Health Services Review	3 - 12

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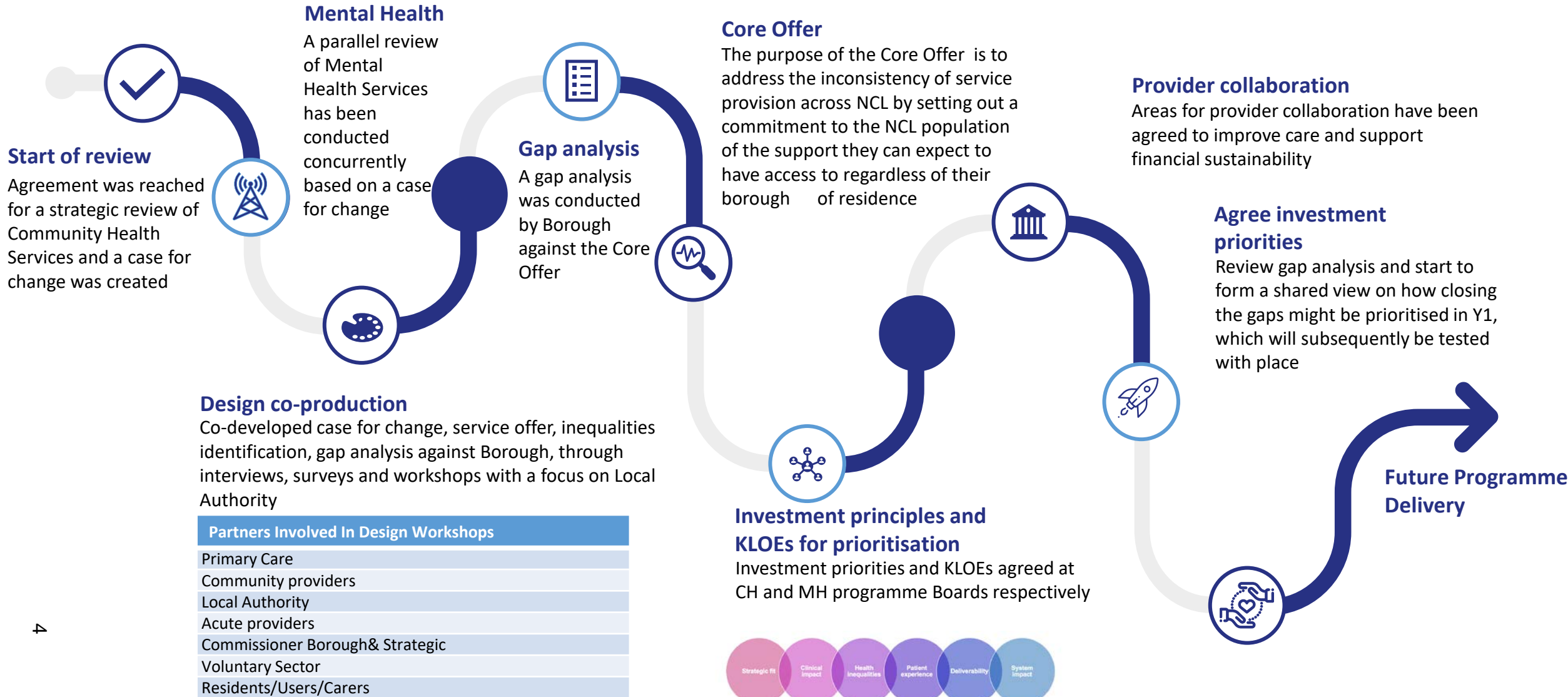
# **Barnet Children's Partnership Board**

## **NCL Community and Mental Health Core Offer Update**

February 2023

# Recap: The journey so far...

Since the initial analysis was completed, extensive stakeholder engagement was conducted through the design phase of the core offer, including patient groups, providers, local authorities, and commissioners. This is set to continue as the programme moves forwards.



# We have been responsive to citizen engagement

## You said...

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**Need to improve access to services and reduce waiting times**

**Reduce the number of ‘hand offs’ between organisations through better use of technology so that people avoid having to frequently repeat their details/stories.**

**Services need to improve their communications with patients, such as changes to appointments or cancellations and be more responsive to patient queries.**

**Digital services welcomed by some, but concern that digital exclusion for others could lead to even greater health inequalities. Services must be responsive to the individual’s preference.**

**A need for more holistic, person-centred care with consideration given to other factors that can impact health. Residents indicated wanting greater involvement in decisions about their care.**

**Early transition planning needed to support children and young people to adult services, especially in relation to mental health services.**

**Services must be culturally competent and providers need to work with their communities to recruit more local people and use their experience and knowledge to work more effectively with diverse local populations.**

**A need for greater focus on early intervention and prevention.**

## We did...

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Core offer for each function features response times, including for first and ongoing contact e.g. investing £1.7m into additional autism/Attention-deficit hyperactivity disorder (ADHD) assessment capacity for children to reduce waiting times.



Develop coordinating functions through a series of workshops on early intervention, incorporating national guidance. This will ensure that those with complex needs can have a single assessment and holistic treatment plan in place.



Core offer proposes more services with direct access, reducing the need for referral by primary care.



Roll out of ‘virtual wards’ underway which allow patients to be cared for in the comfort of their own home with the use of technology to monitor their health remotely where they and their families agree this is in their best interests.



The agreed core offer supports the personalisation agenda, with more care planning, case management and enhanced patient led decision making, including proactive support for those with long term conditions e.g. Islington SEMH front door.



We have worked with young adults to develop a new young adults mental health strategy building on nationally recognised good practice in our region.



Provision of crisis prevention houses, safe havens / crisis cafes in each borough for those at risk of mental health crisis.



Our Community and Mental Health Service Review programmes have at their heart a commitment to shifting resource from reactive care to earlier intervention. We have invested an additional £7m in community services and £11m in mental health community provision from 22/23 onwards.

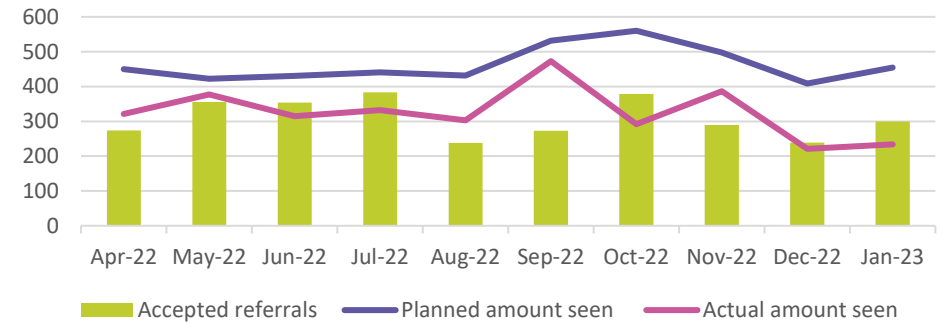
# Introduction (Community)

- There are significant differences in capacity, demand and deprivation levels between the boroughs of North Central London. This has led to variation in the service offered comparatively across NCL.
- Following the completion of the Community Service Review, CYP Trusts collaborated, with input from partners and parents/carers, to do a further, in depth review in to the four service areas where it was clear there was the greatest variation in offer - **therapies, autism/ADHD, community paediatrics and children looked after, and nursing**. This in depth review made recommendations about where service transformation could help us address inequalities and make best use of existing and future resources.
- An indicative envelope of £2m (FYE) new investment was allocated from Year 1 onwards to children's services. Whilst the CYP Review was taking place, the majority of this funding was invested non-recurrently into recovery programmes to reduce autism/ADHD and therapy waits. From April 2023, the majority of this investment will shift to start to address historic investment inequities. **The Review recommends an additional almost £800,000 commitment to Barnet children's health services from April 23 onwards recurrently**. Priorities for investment of future growth funding have also been identified.
- Recommendations and investment proposals, have been tested through borough engagement sessions with local NHS, LA, VCS and other partners, briefings for Directors of Children's Services and Directors of Integration.
- The Year 1 investment proposals will go to NCL's Community Services Review Programme Board for ratification in February 2023

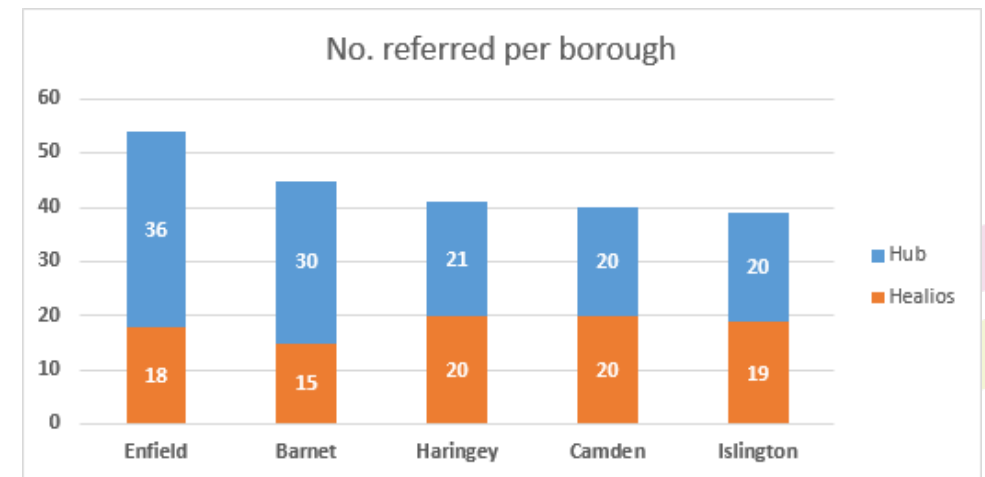
# Current position (Community)

- For the period April 2022 – March 2023, £430k additional NHS funding was provided to Barnet CIT, to assist with reducing waiting times for initial assessments and initial packages of care.
- This was non recurrent funding spent across therapy services in NCL to reduce waiting times for assessments and interventions.
- April 2022 – January 2023: total of 3,255 initial therapy assessments carried out against plan of 4,630, with 3,086 accepted referrals coming through.
- There has been a reduction in overall numbers of patients on waiting lists in some areas. E.g. Islington SLT; Haringey OT; Barnet SLT.
- However, demand for services has continued to grow and whilst those waiting the longest period of time are decreasing, overall demand continues to rise.
- For 22/23 £240k (PYE) into increased diagnosis for autism/ADHD for NCL CYP hub and Helios (Digital provision).
- 40 places per borough were allocated for the NCL autism/ADHD diagnosis hub, followed by further spaces for the longest waits across NCL as part of phase one.

NCL combined - SLT & OT initial assessments



No of referrals to NCL Autism/ADHD Face to Face Hub and Digital Provision (Dec 2022- Jan 2023)



# Next Steps – planning at borough level shows

## Delivering on 22/23 and recurrent investment and strategic recommendations

- 22/23 and onwards investment plan to Community Services Review Programme Board for final sign off (Feb).
- Each borough to identify a multi-agency partnership group/groups responsible for developing and overseeing local implementation
- Establish jointly-led provider and commissioner-led NCL wide implementation groups to progress multi-borough strategic recommendations. These should have multi-agency representation
- Ensure both borough and NCL functions include co-production with parents/carers/young people
- NCL CYP Community Transformation to monitor overall progress, reporting to the Community Services Implementation Steering Group.

## Planning for any further growth investment from 23/24 onwards

- ICB is working with Trusts to identify any ways to release funding to facilitate further growth in community services investment
- Priorities for any 23/24 investment remain – therapies, shifting towards a neurodiversity/needs led model for autism/ADHD provision, expansion of hospital at home. New priorities emerging from the working groups include investment in medical skill mix to make better use of paediatric time and into special school nursing.
- Further engagement on priorities will take place with local partners, through planned workshops and local partnership board meetings, before priorities are finalised.



# Introduction (CYP MH)

**Due to the pre-existing mental health programme, throughout the Pandemic the ICS has invested in CAMHS services. As part of our Pandemic response we invested in;**

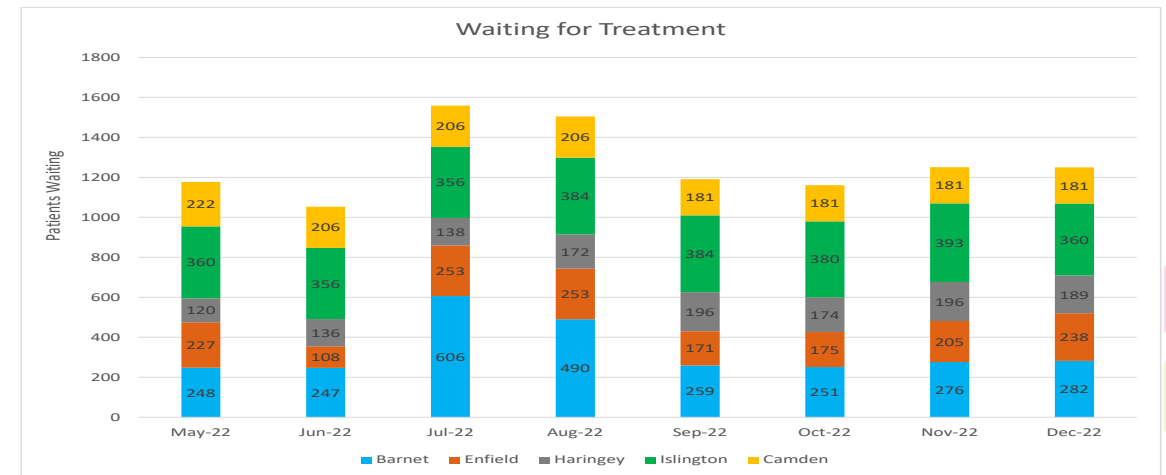
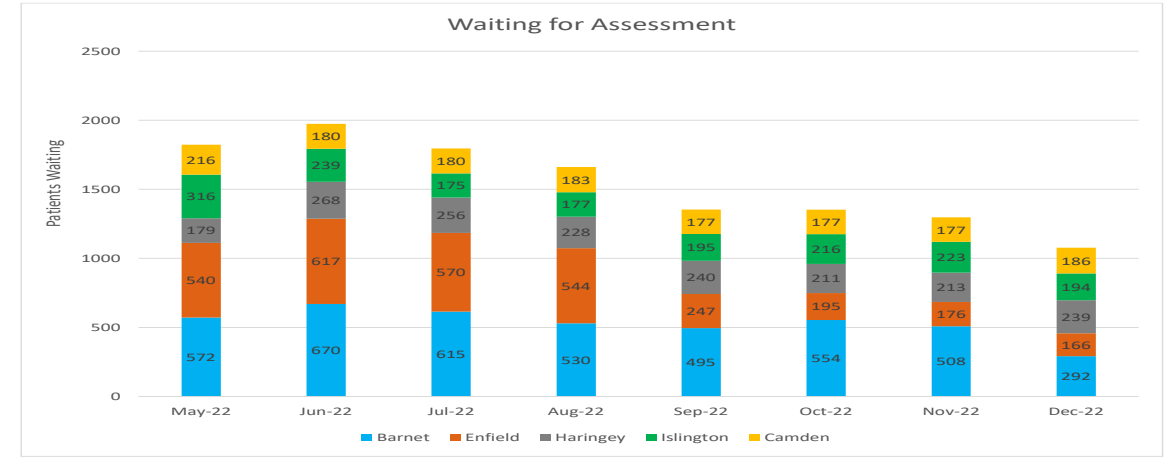
- NHS, LA and VCS services remained open, delivering through a mix of face to face, virtual and telephone appointments
- Schools, LAs and some Trusts offered laptops and/or confidential spaces for counselling sessions
- Crisis Hubs were established to divert children from acute hospitals. A pan NCL Out of Hours Crisis service was set up and expanded. A 24/7 CYP Crisis Line was fast tracked
- Consolidated and increased MH Liaison support into acutes to support A&E diversions

**As part of recovery from the pandemic and transformation we have invested in;**

- Community CAMHs to expand provision and reduce backlogs and waits.
- Eating disorder specialist service and community early intervention and prevention eating disorder services.
- Barnet Home Treatment Team, to be rolled out across NCL based on findings
- Mental Health Support Teams in Schools, Barnet has the most teams with 3 split across the borough.

# Current position (CYP MH)

- In the context of the 37.1% increase in referrals in 2021/22 **NCL CAMHS overall have achieved a significant, cumulative and sustained reduction in the numbers waiting for Assessment and no significant increase in the total number waiting for treatment.**
- Since recruiting to the CYP MH waiting list recovery investment in Q1 2022, the total CYP waiting for CAMHS Assessment reduced in North Central London from 1,974 in June 2022 to 1,077 in Dec 2022.
- RF NCL CYP Eating Disorder waits show improvement in average waits. Q3 Urgent: Of the 6 urgent referrals accepted, 2 (33.3%) were seen inside the 7-day target. Avg. waiting time was 8 days (range 3 - 10 days). Q3 Routine: 20 out of 52 (39%), of accepted routine referrals were seen inside the 4 week target. The average waiting time until treatment for routine referrals in this quarter was 4.6 weeks, this a reduction of around 2 weeks from Q2 2022-2023 (n=6.8 weeks).



# Next Steps – planning at borough level shows

## Delivering on 22/23 and recurrent investment and strategic recommendations

- **CYP Home Treatment Team (HTT): Barnet pilot** underway in 22/23, where admission rates are highest. Based on the evaluation NCL will roll out to the other boroughs in 23/24. The Barnet HTT service provides intensive home based support for CYP Aged 12-18 years at risk of admission to an inpatient unit. Operating 09:00-20:00 hrs, 7 days a week.
- **Dialectical Behaviour Therapy Service** : The 22/23 investment into the NCL DBT services has provided a local service to replace the need to refer CYP to services in South London and Hertfordshire. This will improve patient experience and improve adherence to therapy and reduce the number of missed appointments.
- **Eating Disorder (ED):** Early identification and support, from specialist trained staff embedded within community CAMHS teams that provide advice, interventions for ARFID and other complex EDs. Provide support and training to other MH and community services.
- **CYP Recovery and Transformation:** CAMHS provide integrated support into CYP Looked After CYP, social care, youth offending and Early Help teams. CYP receive holistic assessments in conjunction with the care practitioners and plans are co-developed in line with THRIVE principles of holistic support.
- **Young Adults:** Increased investment has increased the number of workers recruited, which has helped to reduce variation and equality of provision across the five boroughs. YA Strategy and Model of Care has been co-produced and continued work is needed to embed the aspirations of the strategy.

## Planning for any further growth investment from 23/24 onwards

- **Continue CYP Home Treatment Team (HTT): Barnet pilot** Improved patient care and experience through less restrictive treatment. Reduced Tier 4 Occupied Bed Days (60+ by end Mar23) by admission avoidance and supported discharge.
- **CYP Barnet & NMUH MHLS ED (12am-9am):** Gap in CYP Emergency department provision in challenged Acute Trusts. Meet Barnet and NMUH gap in provision. Ensure all MHLS are able to support CYP 24/7.
- **Targeted Services – Looked after Children:** Allocated staff available to ensure LAC with severe MH needs have a specialist service to ensure they get support, including risk. Referral pathways to be developed to ensure support given at the correct level.
- **Mental Health Support in Schools** implementation and increasing provision.
- **Early years service and family services:** Barnet - 24 hrs triage. Urgent; 7 day f/up Routine: <4 week f/up. Follow up 4 weeks after initial appointment.  
⇒ Need CAMHS in Early Years, Family Assessment Centres/contact centres/SWs facilitating this work. Referral can be through GP, midwife, health visitor, early years setting or other services working with the family.

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