

Appendix 12.3: CAMHS transformation planning workshop agenda and feedback

22nd September 2015

1. Introduction

The workshop on Transformation planning for children and young people's mental health and wellbeing took place on 22 September 2015. There were a total of 30 attendees from various organisations, schools and groups composed of individuals with a wide range of experience, expertise and a shared commitment to improving the mental health and wellbeing of children and young people in Richmond. The workshop aimed to engage and involve stakeholders, understand the Richmond context, contribute to the baseline assessment, identify gaps, issues, challenges, solutions, identify, prioritise and scope key actions.

Resilience, early intervention, prevention, improving access, vulnerable children and young people were discussed. There were 9 key themes identified from the feedback gathered which included communication, workforce/training, information and support, joint working, service capacity/access, a whole school approach, parenting, early intervention and vulnerable children and young people.

CAMHS TRANSFORMATION PLANNING

22 September 2015 York House, Clarendon Hall,

Richmond Road Twickenham, TW1 3AA

9.30am – 13.30

Time	Theme	Lead
9.30 – 9.35am	Welcome and introductions	Doreen Redwood
9.35 – 9.45am	Ice Breaker	Doreen Redwood
9.45 – 9.55am	The CAMHS National Agenda	Doreen Redwood
9.55 – 10.05am	The Local Agenda	Simon James
10.05 – 11.00am	Workshop 1 Developing the Action Plan	ALL
11.00 – 11.15am	Coffee Break	
11.15 – 11.30am	Feedback from Ice Breaker Workshop 1	Simon James
11.30 – 12.30pm	Workshop 2 Work Group A Resilience, prevention & early intervention Work Group B Improving Access Work Group C Vulnerable Children & Young People	Amanda Kiloran/Kate Bissett Enno Kuettner/ Janet Grimes Romany- Wood Robinson/Mary Head
12.30 -12.45pm	Feedback from Workshop 2	ALL
12.45 – 1.00pm	Next Steps	Doreen Redwood
1.00 – 1.30pm	Lunch	ALL

2. Overview of feedback

Key themes	Summary of feedback	CCG's response
<p>1. Communication</p>	<ul style="list-style-type: none"> • Better communication between health and school staff • Communication between voluntary groups and local schools on addressing loneliness and isolation • School staff noticing the problem first hand and making the right recommendations for help. • Put issues and services on a web page which are accessible to everyone 	<p>Implement the Department for Education CAMHS training programme for named school leads</p> <p>Clarify work being undertaken by AfC regarding the development of a CAMHS local offer</p>
<p>2. Workforce/training</p>	<ul style="list-style-type: none"> • LAC training is always on Fridays – not all staff work full time • Mental health and bereavement training should be made available for school staff • Secondary school teachers need more support i.e. teacher training re; suicide • Some staff are not confident or trained in certain areas – insufficient expertise at tier 2 • More supervision of 	<p>Implement the Department for Education CAMHS training programme for named school leads</p> <p>Undertake a workforce audit and develop a workforce strategy to ensure the professional workforce and parents / carers can be equipped with the appropriate skills and knowledge</p>

	<p>professionals working in emotional wellbeing and mental health</p> <ul style="list-style-type: none"> • Lack of health visitor workforce • More skilled youth workers • The Healthy Child Program (HCP) to be more effective within schools 	
3. Information and support	<ul style="list-style-type: none"> • Information about support is lacking • Awareness of the support from voluntary sector • Lack of support for parents 	<p>Develop post-diagnostic support by providing training for professionals and parents with children and young people with ASD/ADHD</p> <p>Use existing telephone support provided by parent/carer organisations to enhance existing services</p>
4. Joint working	<ul style="list-style-type: none"> • More support for schools, collaborative working with healthcare professionals, voluntary groups on issues • Focus groups to discuss the issues around early intervention • Lack of joined up commissioning across schools 	<p>Identify how we can engage voluntary organisations currently delivering specific counselling services for children and young people to support schools</p> <p>Use the Emotional Wellbeing Board to address the issue of joining up commissioning within and across key stakeholders</p>
5. Service capacity/access	<ul style="list-style-type: none"> • Increasing access to post natal care • No tier 1 framework. Schools choose what to do with own budget – it is not always focused. How schools choose to spend money down to 	<p>Increase the capacity and visibility of tier 2 and 3 CAMHS staff by expanding the current service offer and developing support in community settings to improve and achieve timely access to services</p>

	<p>heads priorities</p> <ul style="list-style-type: none"> • Tier 2 and 3 services to visit schools to understand what work is being undertaken by schools at tier 1 level • Needing immediate support from CAMHS tier 3 • Where there is low levels of pupil premium but high need there is not enough resources for these schools 	
6. Whole school approach	<ul style="list-style-type: none"> • PHSE – not always sufficient • Young people depressed in spite of classes in wellbeing • Approaching children at an early age, primary school intervention • The need to share learning across schools • School pilot bid to raise awareness of mental health issues. 	<p>Pilot a whole school resilience approach across a number of schools in the borough</p> <p>Increase the counselling service offer within schools/work with CYP in school settings</p> <p>Facilitate a local conversation with CYP in order to empower them to develop, design and implement approaches and support within their school setting</p>
7. Parenting support	<ul style="list-style-type: none"> • Family links not running now. It particularly captured fathers. • Parenting for more affluent families (academic pressure, spoilt children, parents working long hours) • Improve access to family therapies • Parenting styles reviewed 	<p>Work with AfC in order to increase the number of parenting courses to support parents of children and young people with ASD/ADHD</p> <p>Work with Public Health to develop, agree and implement a robust perinatal and postnatal pathway.</p>

	<p>within support groups</p> <ul style="list-style-type: none"> • Building staff relationships with families • More support for parenting in the early years including support at the perinatal stage 	<p>Ensure that the CCG Children and Adult mental health commissioners' work together to develop and deliver local priorities as a result of the new national perinatal mental health funding.</p>
8. Early intervention	<ul style="list-style-type: none"> • Reaching the child at an early age i.e. in primary school • More interaction and intervention in schools and from GPs and practice nurses (tier 1) • Regular check-ups for young people with school nurses and counsellors. 	<p>Public Health through the school nursing service will be promoting emotional wellbeing and mental health that will include the provision of advice/support through confidential drop-in sessions, group sessions, telephone and on line communications</p>
9. Vulnerable Children and Young People	<ul style="list-style-type: none"> • Concern that GPs can't always help • ADHD/ASD/Neuro waiting list • Normalise mental health • Challenging behaviour label should not be a route to access services 	<p>Work with the tier 3 CAMHS provider to address the issue of reducing the waiting list for neuro-developmental assessments</p>

CCG's next steps:

- 1) Feedback will be used to inform the development of Richmond's CAMHS transformation plan priorities.
- 2) Provide feedback to stakeholders on the outcome of the NHSE assurance of the Richmond CAMHS transformation plan and priorities.
- 3) Organise an Emotional Wellbeing Board meeting to begin implementation of the CAMHS transformation plan priorities and further develop the 2020 CAMHS transformation strategy.