

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

To: **Health Committee**

Meeting Date: **15 March 2018**

From: **Cambridgeshire and Peterborough Clinical
Commissioning Group**

Electoral division(s): **All**

Forward Plan ref: **N/A**

Key decision: **N/A**

Purpose: **This report outlines current CAMHS provision in
Cambridgeshire, recent developments, and areas of
continued challenge**

Recommendation: **The Health Committee is asked to note the report**

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1. BACKGROUND

- 1.1 Child and Adolescent Mental Health Services (CAMHS) have come under increasing national and local attention in recent years. In 2015, the national review 'Future in Mind' was published and a programme of development and investment was announced by NHS England to improve local services.
- 1.2 As a result, the Cambridgeshire and Peterborough Joint Commissioning Unit for Children and Young People has led on this transformation programme, part of which requires the Clinical Commissioning Group (CCG) to publish its annual CAMHS Local Transformation Plan. The latest version can be found via the following link:
www.cambridgeshireandpeterboroughccg.nhs.uk/your-health-and-services/children-and-young-people/

Key targets set by NHS England:

1. **At least 35% of children and young people with a diagnosable mental health condition receive treatment from an NHS-funded community mental health service by 2020/21.**
This target reflects the relatively small proportion of children and young people who receive an NHS funded service and the large percentage (65%) who will still not receive NHS treatment post 2021.
However, it also reflects the fact that NHS funded services are not appropriate for all children and young people and a broad range of support services are required.
Cambridgeshire and Peterborough CCG's baseline for 2016-17 against this target was 13%, indicating a significant improvement was required. A considerable amount of work has taken place with providers to improve efficiency as well as an increase of £2.4m of CAMHS transformation funding per year which is invested in local services.

Projections for 2017-18 indicate that Cambridgeshire and Peterborough CCG will achieve an end of year total of 26% against the target.

The local trajectory requires us to achieve 32% in 2019-20 and 35% in 2020-21

2. **Children and young people with an eating disorder receiving treatment within four weeks (routine) and one week (urgent)**

Specific funding has been allocated to develop a specialist service locally and the service has been in place since January 2017.

2. MAIN ISSUES

2.1 The key developments over the past few years

For the past two years, commissioning for Children and Young People's Emotional Health and Wellbeing has been the responsibility of the Joint Commissioning Unit covering Peterborough City Council, Cambridgeshire County Council, and Cambridgeshire and Peterborough CCG and led by Wendi Ogle-Welbourn. This has meant that the three organisations have been able to use their resources flexibly to meet the needs of children and young people.

The key principles underpinning recent work are:

- Integration of NHS and local authority services
- Shift of resource from specialist to early intervention
- Increase in numbers accessing services
- Effective use of resources.

An additional £2.4m per annum is now being invested across Cambridgeshire and Peterborough by the CCG compared to the 2015 baseline of £6m.

Prevention

The following training programmes have been funded

- Youth mental health awareness
- Stress LESS workshops for teachers include training school staff to deliver the 'Stress LESS' early intervention/prevention programme
- Training for practice nurses

A key element of our communication and support work has been the development of the website www.keep-your-head.com. The website is intended to be used as the local 'go to' site for all matters regarding emotional health and wellbeing for children and young people. There are tabs for professionals, young people, and parents, with links to information from self-help to specialist services. Due to its success, the website has now expanded to cover mental health information for all ages.

Parent Support

Pinpoint (Cambridgeshire) and Family Voice (Peterborough) have been funded to deliver parent support sessions and groups to provide additional support for parents of children with emotional wellbeing needs. Sessions are on different themes, such as ADHD, and often involve input from specialist clinicians able to answer questions to help parents understand how best to support their children.

Engagement with young people

Healthwatch Cambridgeshire and Peterborough has been funded over the past two years to employ a young people's engagement worker to enable input in all areas of service development and to ensure that all new priority areas can benefit from the input of children and young people.

Early Intervention

Counselling

A joint procurement of Youth Counselling services (Peterborough City Council, Cambridgeshire County Council, and the CCG) has been completed, with CHUMS being commissioned to provide services across Cambridgeshire and Peterborough from January 2018. The procurement was led by Peterborough City Council and aims to provide increased consistency and improved efficiency and effectiveness across Cambridgeshire and Peterborough. Increased funding has been invested

from the CCG as part of this procurement. CHUMS will offer the following services to children and young people up to the age of 18 in Peterborough and up to the age of 25 in Cambridgeshire:

- Advice and guided self help
- Drop in facility
- Mental Health and Resiliency group programmes
- Full mental health assessment
- Therapeutic group programmes for a variety of presenting issues including anxiety and low mood
- Recreational therapeutic support using football and music as tools of engagement
- Individual support
- Parent/carer groups

CHUMS are contracted to provide:

- interventions for 2000 children per year
- training in 50 schools
- four mental health literacy events

Other providers such as Centre 33 will continue to offer counselling services, although they are not now commissioned by the CCG or local authority.

Parenting programmes

These programmes have a good evidence base, particularly for younger children, and are used particularly as a first line of intervention and support for behavioural difficulties, ADHD, and Autism. The CCG has invested, via Cambridgeshire County Council, in a range of programmes across Cambridgeshire and Peterborough to ensure early access to this type of support. Specialist programmes for those with a diagnosis of ADHD and Autism have also been commissioned.

Online counselling and support

Xenzone has been commissioned to provide online counselling in Cambridgeshire and Peterborough via www.kooth.com as a pilot. A decision will be made about ongoing commissioning of this service in early 2018-19. Kooth is an open access service which offers one off consultations, a series of online counselling sessions, and moderated forums on specific topics. The service offers an alternative option for those young people who feel more able to access help online rather than via face to face services. A locally based worker is currently visiting schools and GP practices to publicise the work of Kooth and a publicity campaign is underway. The service has proven very popular with schools in particular.

Numbers of registrations for Kooth rose significantly in Q2 and Q3 of 2017-18, mainly as a result of increased publicity. The most popular elements of the service used are 'message and chat counselling' and 'self help' resources and there has been good anecdotal feedback from professionals.

Usage in Q3

- New registrations - 765
- Chat sessions – 200,146 young people
- Messages – 3,006,417 young people

- Articles viewed – 1,379,340 young people
- Forums viewed – 1,488,198 young people

Emotional health and wellbeing workers

Specialist CAMH workers are employed, one per local authority district, to work with local services such as schools and primary care services, to provide advice, consultation, training, and support in order to build skills and confidence in those working with children and young people with mental health problems and act as a first point of contact. They will work closely with the local authority Early Help teams and be based in the districts. This is a joint venture between Cambridgeshire Community Services NHS Trust (CCS) and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).

From 15 January 2018, you can contact us via one email address: ccs.ehw@nhs.net



Meet the Emotional Health and Wellbeing Practitioners Team

- Practitioners (left to right): Stephanie Guy (Wisbech), Fae Barnsdale (Peterborough), Sharyn Bains (Huntingdon), Sarah Stacey (East Cambs), Samantha Betts (Cambridge City & South Cambs), Gina Hart (Peterborough), Lois Miller (Assistant Psychologist), Louise Marks (Huntingdon)
- Dr Sara Katsukunya, Emotional Health and Wellbeing Service – Clinical Lead (second right)
- John Peberdy, Service Director – Children & Young People's Services, Cambridgeshire Community Services NHS Trust (far right)

Specialist CAMHS

Eating Disorders

- A new specialist community based intensive intervention team is in place (from January 2017)
- The service is based in Huntingdon but will cover the whole CCG patch
- The service will work with up to 100 young people and families per year
- Waiting time targets are four weeks (routine), one week (urgent)
- Current performance is 75% of routine cases being seen in four weeks against a target of 95%. The key challenge is that 18 year olds are being seen by the adult service, which is not currently staffed to assess within these timeframes. The plan is now for all under 19 year olds to be seen by the CAMHS ED service.

ASD/ADHD

- Numbers waiting have significantly reduced from three years ago when waiting lists were closed
- There has been a redesigned pathway, based on NICE guidance, put in place requiring an early help assessment to take place and increased investment in early intervention (pre diagnosis) parenting programmes to ensure that those receiving an assessment for ASD or ADHD are appropriate. Waiting lists were reopened 2 years ago and demand is currently being managed effectively through the redesigned pathway.

- A new service commissioned from CPFT for ASD (11-17 year olds in Cambridgeshire) where there was previously a gap. The service has been in place since September 2017.
- Waiting times for assessment are a maximum of 18 weeks (95% target currently being achieved).
- The service model and pathway has drawn national attention and is being used as an example of good practice. Many other services across the region are struggling with very high referral rates and waiting times, so it is very pleasing to see that, currently, our new pathway seems to be effective.

Core CAMHS

Core CAMHS services have undergone redesign during the past 12 months. This has been done on the basis of a Demand and Capacity Model. This has led to particular improvements in throughput of cases in Peterborough and Huntingdon. The Cambridge team is currently in transition with some staffing gaps, but it is expected that similar improvements will be seen in the near future.

The above work has been a contributing factor in the improved CAMHS access performance and we are hopeful that further improvements can be achieved. Maximum waiting times are now below 18 weeks.

Crisis assessment/support

A model to support young people in mental health crisis has been developed. This focuses on having CAMHS professionals embedded within the First Response Service (FRS), which is accessed via NHS 111 option 2, to cover emergency assessments particularly during evening times and also to provide specialist telephone triage in addition to the existing 9am-5pm emergency assessment service. A business case for permanent funding of this FRS work is currently being considered by the CCG.

Transition from children's to adult mental health services

A review of services highlighted that there were gaps in provision for 17 year olds, with CAMHS finishing at the seventeenth birthday and adult services thresholds being considerably higher. There was a lack of continuity in provision. Parents and young people described how they felt that the difference in levels of service provision was like 'falling off a cliff' on moving from children's to adult services. Additional resource has been allocated for this group.

Under new arrangements, both adult services and CAMHS will work with 17 year olds and use the whole year for 'transition' to adult services. To enable this, a number of transition workers have been employed by CPFT alongside peer support workers who will take on a more informal support role with 17 year olds. This model has been developed with significant input from young people with experience of the transition for CAMHS to adult mental health services.

Transforming Care

This all age programme focuses on people with learning disabilities and/or Autism and aims to ensure that processes and services are in place to keep people in their local

communities rather than in inpatient mental health units or out of area residential care. Until recently, this programme has focused largely on the adult population. However, there has been increased emphasis on the children and young people cohort. As a result, there is agreement that a local lead post will be appointed to ensure that the needs of these young people are appropriately met.

Priorities for 2018-19

The Local Transformation Plan highlights a number of priority areas:

Children in Care (CIC)

This is one of our most vulnerable groups of children and young people. We are currently looking at the possibility of reshaping existing resources to meet the needs of this group of children and also the need for specific investment where commissioned services are not able to meet need.

Transforming Care

As detailed above, we are ensuring greater focus on this group of children.

Challenges

1. Waiting times

Although significantly lower than in previous years, we would like waiting times for specialist services to reduce. We will work with providers to ensure that all opportunities are maximised to achieve the lowest possible waits.

2. Increasing demand

Demand for services and intervention is increasing. Our strategy has been to invest as much resource as possible into a wide range of early intervention provision so that intervention is rapid when required. However, this must be balanced against the need to achieve the targets set by NHS England, especially for Access to CAMHS Treatment.

3. Increased access targets

This continues to provide a significant challenge. Services have been redesigned to ensure that they work in the most effective and efficient way and are able to treat increased numbers of young people. However, the increase from our current 26% rate to the target of 35% by 2020 will require further innovation and focus.

4. Workforce

The above programme has proven particularly challenging because of the lack of availability of an appropriately skilled workforce to deliver the increased expectations. We have invested local funding on looking at ways to recruit and retain staff and there is a national programme of training for new staff. However, there remain significant gaps in the workforce which, although reflected nationally, have proven problematic locally. We will continue to work as a system to ensure that we train as many new staff as possible as well as developing programmes to 'grow our own' from the existing children's workforce.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

See section 2 above.

3.3 Supporting and protecting vulnerable people

See section 2 above.

4. SIGNIFICANT IMPLICATIONS

N/A

4.1 Resource Implications

There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

N/A

4.3 Statutory, Legal and Risk Implications

N/A

4.4 Equality and Diversity Implications

N/A

4.5 Engagement and Communications Implications

N/A

4.6 Localism and Local Member Involvement

N/A

4.7 Public Health Implications

See section 2 above.

Please include the table at the end of your report so that the Chief Executive/Executive Directors/Directors clearing the reports and the public are aware that you have cleared each implication with the relevant Team.

Source Documents	Location
None	