

**CHILDREN'S MENTAL HEALTH - UPDATE**

*To:* **Health Committee**

*Meeting Date:* **13<sup>th</sup> September 2018**

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

*Electoral division(s):* **All**

*Forward Plan ref:* **n/a**

*Key decision:* **No**

*Purpose:* **The Committee is asked to consider the update to the full report presented in March 2018. Link below**  
<https://cmis.cambridgeshire.gov.uk/ccclive/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/542/Committee/6/Default.aspx>

*Recommendation:* **The committee are asked to note and comment on the report.**

<b><i>Officer contact:</i></b>		<b><i>Member contacts:</i></b>	
Name:	<b>Lee Miller</b>	Names:	Councillor Peter Hudson
Post:	Head of Transformation and Commissioning (Children and Maternity)	Post:	Chairman
Email:	Lee.miller@nhs.net	Email:	Peter.Hudson@cambridgeshire.gov.uk
Tel:	07501098812	Tel:	01223 706398 (office)

## 1. BACKGROUND

- 1.1 At a previous Committee (March 2018) a paper was presented, giving an overview of Child and Adolescent Mental Health Services (CAMHS) in Cambridgeshire. In this paper, a number of challenges were highlighted. The committee asked for more detailed information on the challenges including supporting data. This paper gives a brief update on progress since the March 18 report and focuses on the 4 areas of challenge.

- **Increase in demand**
- **Waiting Times**
- **Child and Adolescent Mental Health Service (CAMHS) Access targets**
- **Workforce**

## 2. MAIN ISSUES

### 2.1 Update

Since the previous committee report, the following the following has changed.

**Emotional Wellbeing service** – this service has embedded well and is providing welcome additional support to schools. There has been a recent agreement of additional funding for 2 additional posts from the East Cambs and Fenland Opportunity Fund, they will join the existing staff but provide a specific focus for schools in East Cambs and Fenland.

**First Response Service (FRS)** – The CCG has agreed to fund an additional 3.6 WTE CAMHS posts within the FRS to enable the service to provide emergency assessments and support, especially at times of high demand (4-11pm)

**Transforming Care** – The CCG now has a dedicated Transforming Care lead for Children (from 9<sup>th</sup> July 18). This is an 18-month post and will work together with Local Authority colleagues to reduce the number of children and young people with Learning Disabilities and/or Autism being admitted to CAMHS inpatient units or being placed out of area.

### 2.2 Challenges

The challenges below should be seen within the context of a significant growth in provision and investment detailed in the March 18 report

Cambridgeshire and Peterborough CCG is now investing an annual total of £9.4m per annum in CAMHS. This has built from a baseline of £6.6m per annum in 15/16

#### 1. ***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*

National prevalence rates for Children's mental health have not been revised for 14 years. Currently, rates are stated as 10% of school age children having a diagnosable mental health disorder.

Prevalence rates are currently being revised nationally and expected to be published in the Autumn. It is widely anticipated that these will show an increase from the existing rates. Increase in referrals has been particularly evident in the new Jointly Commissioned early intervention services for children's mental health.

CHUMS were awarded the contract to provide services across Cambridgeshire and Peterborough, from January 2018.

The contract identifies the number of children and young people receiving an intervention to be a minimum of 2000 per year. The number of referrals received in the first 6 months of the contract has been 2200. Although the referral rate has dropped in Q2 of the contract, the numbers are still high compared with those expected to receive an intervention.

The high demand indicates a level of unmet need and demand for a service. Unfortunately, some schools have decommissioned counselling services, for the school in recent months which has added to expected referral numbers.

Commissioners are working closely with CHUMS to increase capacity through recruitment of additional staff and providing group interventions where appropriate. Referrals are also triaged to ensure risks are identified and appropriately dealt with.

We are also working closely with schools through our new Emotional wellbeing teams to provide support training and advice to enable school staff to effectively support children with mental health problems within the school setting

Specialist CAMHS services provide intensive, evidence based therapeutic interventions and prescribe and monitor medication where appropriate. Capacity is limited and referrals to the service are sometimes more appropriate for other provision.

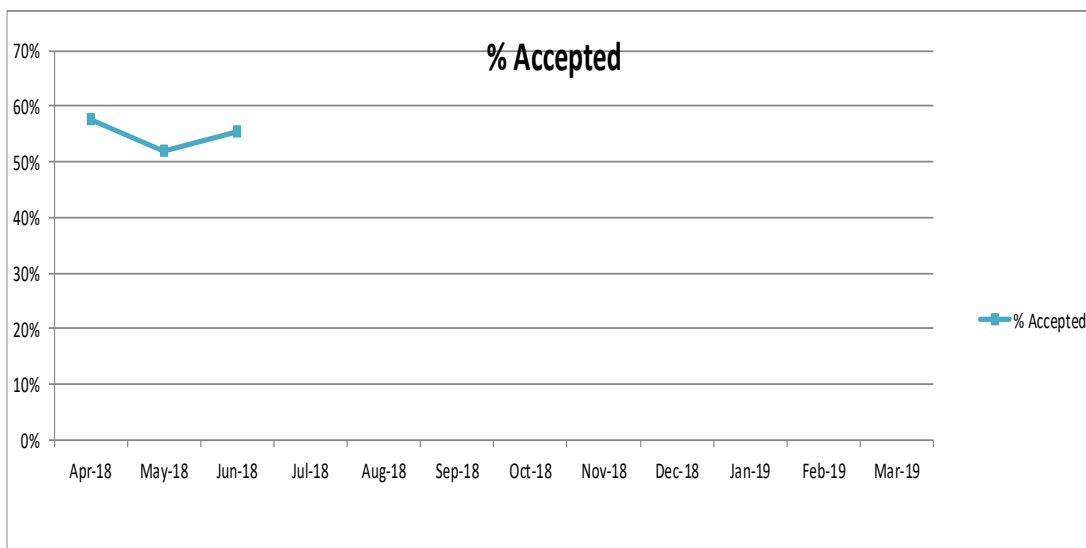
A Single Point of Access (SPA) is in operation to enable rapid triage of all referrals to the service, at which point, some are identified as being best dealt with by other provision. Approximately 60% of referrals are accepted into the service post triage, others are supported to access other appropriate services.

# CAMHS - Accepted into Treatment Referrals

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By Referral to CAMHS

Tab 2a



## Actual numbers

Referred to CAMHS	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Not Accepted	99	141	114									
Accepted direct to Team	120	116	111									
Accepted to Team via SPA	67	85	89									
Still with SPA at month end	38	46	47									
Grand Total	324	388	361									
% Not Accepted	31%	36%	32%									
% Accepted	58%	52%	55%									
% Still with SPA	12%	12%	13%									

We are working with specialist CAMHS to ensure that resources are used most effectively and have agreed that an additional 500 children and young people will be provided with treatment in specialist services in 18/19

## 2. 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.

Below is a graph and table highlighting the waiting times for specialist CAMHS.

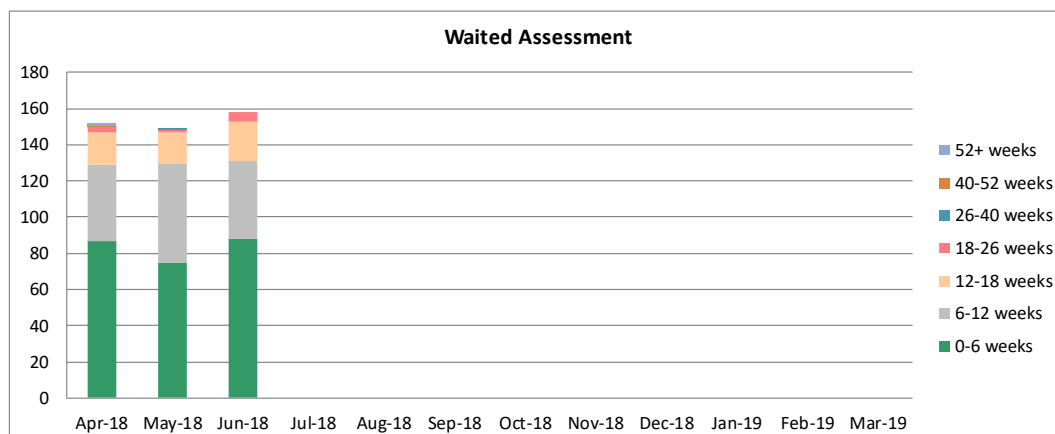
Less than 3% of referrals wait more than 18 weeks to be assessed, with over 50% being seen within 6 weeks. In the longer term, we would like waiting times to be shorter and are working with providers to ensure this happens, whilst maintaining the increases required in numbers accessing the services.

## CAMHS - Community Waited for Assessment

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Waited for Assessment (first contact) Excluding SPA

Tab 17c



### Actual numbers

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	2018/19 Year to date
0-6 weeks	87	75	88										250
6-12 weeks	42	55	43										140
12-18 weeks	18	17	22										57
18-26 weeks	3	1	5										9
26-40 weeks	0	1	0										1
40-52 weeks	1	0	0										1
52+ weeks	1	0	0										1
Total	152	149	158	0	0	0	0	0	0	0	0	0	459

CHUMS is contracted by Peterborough City council as a lead commissioner for both Peterborough and Cambridgeshire Councils and the CCG. As discussed previously, the high demand for the services has caused some difficulties with capacity, which has led to Waiting times longer than hoped.

In Q1 18/19, maximum waiting times to assessment vary in the different districts and by route into the service. The longest wait is 23 weeks in South Cambridgeshire, however, the majority of referrals are assessed in much shorter timescale.

Below is a breakdown of waiting times by method of entry into the service (referral by professional and self-referral) and by geographical area.

CHUMS – Waiting times January –June 2018										
Area	Cambridge		East Cambs		Fenland		Huntingdon		South Cambs	
Time period	Q4	Q1	Q4	Q1	Q4	Q1	Q4	Q1	Q4	Q1
Waiting Times (in days)										
Min wait from referral date to opt-in date (client calls to book appt)		0		0		0		5		47
Max wait from referral date to opt-in date (client calls to		144		130		48		106		155

book appt)										
Min wait from opt-in date (client calls to book appt) to assessment		0		33		8		8		0
Max wait from opt-in date (client calls to book appt) to assessment		41		33		70		62		0
Min wait for assessment (from referral date)	21	0	33	0	0	0	11	29	19	19
Min wait after assessment for intervention	7	7	28	0	4	7	13	36	12	0
Max wait for assessment (from referral date)	120	134	117	157	112	152	91	140	85	163
Max wait after assessment	36	36	28	0	47	52	35	36	36	0
No. on waiting list	13	14	23	31	17	40	42	63	36	36

As of September 2018, there will be an increase in the number of group interventions, which is planned to increase capacity and reduce the waiting times across the service. Progress will be monitored over coming months with CHUMS as the service continues to embed.

### 3. *Increased access targets*

NHS England require CCG's to meet national targets for under 18 year olds receiving Mental health interventions.

This continues to provide a challenge to our local system. 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 30% rate to the target of 35% by 2020 will require further innovation and focus.

The table below gives the baseline number of children with a diagnosable Mental Health condition in Cambridgeshire and Peterborough (16,583) and then the targets for the numbers expected to be provided with an evidence based intervention in each year across Cambridgeshire and Peterborough

Year			17/18	18/19	19/20
Baseline % of children with diagnosable Mental Health condition	100%	Target % of children provided with Evidence based intervention	30%.	32%	35%
Baseline number of children with diagnosable Mental Health condition	16583	Target number of children provided with Evidence based intervention	4975	5307	5804

The table below gives a breakdown by provider of the number of children provided with Mental Health treatment in 17/18, as reported by NHS England

Actual 17/18 end of year return	Local Target	17/18 position reported by NHS England
CPFT	2200	2655*
Other NHS providers		200
CHUMS	115	110
LA Parenting	1309	1275
Kooth	1000	180#
Centre 33	365	527*
<b>Total</b>	<b>4989</b>	<b>4947</b>
<b>%</b>	<b>30%</b>	<b>30%</b>

\* CPFT end of year position reported by NHS England was 300 lower than the actual CPFT figure. Centre 33 data not included in official figures due to NHSE error in data quality process. This issue has been raised with NHSE, however, because of cut off dates, the NHSE figures are not able to be amended.

# The definition for Online interventions was not clear at the beginning of the year and still requires some clarification. As a result, actual numbers for Kooth were significantly lower than planned.

Targets have been agreed with providers for 18/19, which, if achieved, will enable Cambridgeshire and Peterborough CCG to achieve the 32% NHS England target for the year.

#### **4. Workforce**

The challenges above have intensified because of the lack of availability of an appropriately skilled workforce to deliver the increased expectations.

Our specialist provider CPFT currently have an overall vacancy rate of 13.8%

There are particular challenges in recruiting qualified clinical staff (nursing and therapists) and recruitment for posts in Cambridge is more challenging than elsewhere due to cost of living.

However, this is a national problem with a shortage of staff being reported in most areas.

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. Cambridgeshire and Peterborough have made maximum use of the national training programme and will continue to develop opportunities to develop. For example, we have been allocated the maximum possible number of places to train 'Children's Wellbeing Practitioners' in 2019. However, there remain significant gaps in the workforce, which, have given real problems 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.

Nationally, NHS England has identified 5 priority areas as part of a 10 year NHS plan. Mental health services, especially those for Children are one of the priorities, although they caution that because of lack of staff, major improvements could take 5 years

## Conclusion

There has been considerable progress in development of services for Children's mental health over recent years and a significant increase in investment which has led to increased capacity both in early intervention and specialist services. There will be continued increases in the number of children provided with a service in future years and we will continue to focus on the challenges above to ensure that the needs of children and young people are met with appropriate interventions.

Source documents	Location
Report to Health Committee, March 2018	<a href="https://cmis.cambridgeshire.gov.uk/ccclive/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/542/Committee/6/Default.aspx">https://cmis.cambridgeshire.gov.uk/ccclive/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/542/Committee/6/Default.aspx</a>