Agenda Item No: 5

CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST – ADULT AND CHILD MENTAL HEALTH SERVICE PRESSURES

To:	**Health Committee**
Meeting Date:	**16th July 2015**
From:	**Cambridgeshire & Peterborough NHS Foundation Trust (CPFT)**
Electoral division(s):	**All**
Forward Plan ref:	**n/a** ***Key decision:*** **No**
Purpose:	**The Health Committee is asked to consider the current issues in the provision of adult and child mental health services and the actions taken to address these.**
Recommendation:	**The Health Committee is asked to comment on the courses of action outlined in the paper.**

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1.0 BACKGROUND

1.1 This paper is about the service pressures in Children's and Adult Mental Health Services. The body of the paper focuses primarily on Adults (of all ages). Children's Mental Health is dealt with in the paper taken to the Children & Young People's Committee on 30th June 2015, which is attached. This sets out succinctly the service pressures in Child and Adolescent Mental Health Services (CAMHS). Although authored by commissioners, CPFT staff have been able to input into this paper.

1.2 CPFT provides mental health services across the whole life course, and until the start of this financial year was primarily a secondary mental health provider with some other general children's services and learning disability services within its portfolio. Since then the Trust's portfolio of services has expanded considerably to take in general community ***health*** services for adults with long term conditions and frail older people. This is discussed further below.

1.3 The Trust has a number of commissioners: the local Cambridgeshire & Peterborough Clinical Commissioning Group (CPCCGs) which is the single largest commissioner; NHS England commissions certain specialist services, and both local Councils commission services from the Trust. The Trust also has contracts with other CCGs.

1.4 In addition to commissioning relationships, the Trust has a partnership with both local Councils under section 75 agreements, and there is a management agreement in development with the Cambridgeshire Learning Disabilities Partnership.

1.5 In recent years the Trust has worked hard to develop strong relationships with the Third Sector to develop pathways of care that ensure that services users have a seamless experience between statutory and voluntary sector services.

Contract with Cambridgeshire & Peterborough CCG for 2015-16

1.6 Cambridgeshire & Peterborough CCG (CPCCG) is the Trust's principal commissioner and contracts for this year were signed off in March 2015. The settlement for this year includes a requirement for CPFT to deliver a 4% cash releasing efficiency saving – in line with national NHS requirements. After taking into account unfunded cost pressures within the system this results in a cost improvement programme target (CIPs) of 5.3%.

1.7 For the first time this year there was a welcome national NHS requirement for commissioners to ensure "parity of esteem" between mental health and physical health, in recognition that for many years mental health had not received a fair share of overall funding. This has meant that manyCCGs have had to increase their investment in mental health by at least the same percentage as the overall increase in the CCG's allocation For CPCCG that increase was 5.6 per cent.

1.8 Within this context, a number of priorities within NHS services were agreed out of these monies (often referred to as the "parity of esteem funding") by CCG GP leads and CPFT clinicians and the following were funded:

- 24/7 staffing of the S136 suite at Fulbourn hospital;
- an expansion of the capacity of the community teams;
- some additional out-of-hours capacity in the crisis team;
- Additional staff on in-patient wards to meet "safer staffing" guidelines.

1.9 In addition to this, the CCG had previously committed in August 2014 to a very substantial investment in Improving Access to Psychological Therapies (known as IAPT services) to meet access targets (over £2M for 2015/16) set for these services by NHS England. In support of this investment, nationally there are stringent access targets which CPFT must meet. This means that there is relatively little local discretion about the use of these funds. and they cannot be diverted to other areas even if these were a higher priority locally.

1.10 There was also an 8 per cent increase in investment in child and adolescent mental health services, which are contracted separately by the CCG children's commissioning team and are the subject of the paper in appendix 1.

1.11 The CCG also set aside some of the "parity of esteem" monies to support a model for mental health focused on "recovery" that is better equipped to face the demand and financial challenges anticipated during the next five years.

Crisis Care Concordat

1.12 This is a national high-profile multi-agency initiative to improve care for people in "crisis" because of a mental health condition. The CCG chair and Police and Crime Commissioner convened a series of high-level round-table events during 2014 to initiate and subsequently monitor local progress. A Concordat Delivery Group was established and a Delivery Manager recruited to support all local agencies to meet their commitments within the declaration.

1.13 The local Concordat Delivery Action Plan was signed by all key stakeholders in the local system and approved by the DoH in March 2015. This was assessed as "green" and praised for being comprehensive with our service user engagement work highlighted. The Action Plan can be viewed on the website www.crisiscareconcordat.org.uk.

1.14 Priorities for the next twelve months include improving information-sharing, access to support for children and young people and those with multiple and complex needs, exploring the feasibility of crisis houses and maintaining the current work around liaison psychiatry and suicide prevention.

2.0 MAIN ISSUES

2.1 The additional resources described above from CPCCG has enabled investment in many of the Trust's priorities but as always there is never enough funding to address all cost pressures and difficult decisions have to be made. The remainder of this paper looks at the risks and opportunities for the Trust in the immediate period ahead, some of which are directly resource related but not in all cases.

2.2 **Increase in demand for services and performance:** this is driven by both population increase and changes in the demography of the population. This is well documented in the Joint Strategic Needs Assessment and the Public Health Mental Health Strategy, and the issues not repeated here. The challenge is for services to be agile enough to respond to changes in patterns of demand between different parts of the County.

2.3 The performance of the Trust is overseen by the CP CCG as the local commissioner of servicesand month 2 activity figures (end May) are showing low levels of growth in use of services but within tolerances set with the CPCCG contract. Specific details about CAMHS services are set out inthe attached paper in appendix 1.

2.4 The 18 week referral to treatment (RTT) performance measure is a national requirement for consultant led healthcare. CPFT delivers pathways that are based on multidisciplinary interventions (including social care) and following review with CPCCGlast year the core Mental Health Services have been take out of RTT. The is common of most mental health trusts across the country.

2.5 **Out of Hours Services:** A key component of out of hours' mental health services are the Crisis and Home Treatment Teams. These were part of the range of community-based services introduced into mental health in the UK at the end of the 1990s as part of a National Service Framework for Mental Health

2.6 The original model envisaged multidisciplinary teams including social care staff and approved mental health practitioners (AMHPs) and teams that operated 24/7. In Cambridgeshire & Peterborough, out of hours AMHP services are provided separately from day time AMHP services that are provided by the Trust on behalf of the Council under a section 75 agreement.

2.7 In many areas of the Country out of hours AMHP services have been incorporated into these teams and it is the view of the Trust that this model should be explored to enable the out of hours rota to move into CPFT. A business case to strengthen the out of hours Crisis and Home Treatment Service further (there has been some additional investment this year) is under development for 2016-17.

2.8 The reason for seeking this additional investment is about having an alternative to hospital care that can be offered out of hours to those in crisis. It would also enable more proactive anticipatory care to reduce the incidence of crises.

2.9 **Section 136 Suite:** these are facilities sometimes called "places of safety" to which the Police can bring individuals from a ***public place*** who they assess are in need of mental health care. There is mandatory guidance on the physical layout and staffing for these facilities and it has been public policy for a number of years that people picked up on a section 136 suite should never be detained in police cells. The "Crisis Concordat" policy was

a further push by Government to make this a reality.

2.10 Until the start of this year CPFT operated two s136 suites but without any funding for dedicated staff which meant that staff had to be diverted from wards when Police brought someone into one of the suites. This combined with issues in the layout of the Peterborough Suite, led to safety concerns.

2.11 It was therefore decided to close the Peterborough s136 suite at the start of 2015 and the CPCCG agreed to invest some of the "parity of esteem" monies in dedicated staffing for the Cambridge s136 suite.

2.12 This suite is based on the Fulbourn Hospital site and it now serves the whole of the County including Peterborough. The Trust, Police and A&Es across the County are tracking activity carefully to assess the impact on service users and services of this closure. Findings will feed into contract discussions for 2016-17 and the deliberations of the Crisis Concordat.

2.13 **Review and Re-Design of Advice and Referral Centre (the ARC):** ARC sits within CPFT and is the single-point-of-access into secondary mental health services. The service was set up in 2012 and it is now felt timely to review the operation of this service. While establishment of a "single point of access" is in itself desirable implying a streamlining of pathways for both patients and referrers (usually GPs), this is not in practice always the experience of users of the service, nor of GPs referring into the service.

2.14 A review is currently in progress. The intention is to increase the focus on local community-based resources, and bring closer working with the original GP referrers. There are also expected synergies between this work and the CPCCG's intention to develop enhanced primary care mental health services.

2.15 **Liaison Psychiatry**: there has been discrete investment by CPCCGover the last few years in liaison services at Addenbrookes in the face of ever rising demand generated by people with mental health issues attending A&E and the numbers of people in acute hospital beds also requiring psychiatric input. However it not just Addenbrookes that has seen this increase in demand and all three local acute hospitals have invested from their own funds in these services. . This investment is uneven and as demand increases, these services need to be reviewed. This should fall within the remit of the System Transformation Programme (see below).

2.16 **Inpatient Services for People with Learning Disabilities:** CPFT has been working with its commissioners (CPCCG and both Councils) to review these services which are currently located in unsuitable premises (at Ida Darwin Hospital and the Cavell Centre) which limits the possibilities to redesign services. A decision about the way forward is expected in the next month as there is an urgency to start to implement service redesign.

2.17 **Recovery pathways:** CPFT was one of the first Trusts within the UK to embrace recovery and has a long established Recovery College – called "Recovery College East" which operates from the Gloucester Centre in Peterborough and from the Ida Darwin Hospital site in Cambridgeshire. CPFT has also developed over the years a "peer support" programme that

offers time limited employment to service users graduating from the Recovery College.

2.18 CPFT has set itself a target this year (2015-16) to develop alternative forms of funding for the College and to evaluate whether it would be advantageous to the College to be established as an entity that is separate from CPFT. The College is also seeking to consolidate and formalise relationships with local colleges and with Anglia Ruskin University.

2.19 The CPFT Board at the time of writing is updating its Recovery Strategy, positioning the Recovery College within the pathway to employment for service users (a key Adult Social Care Outcomes Framework indicator). This is a key area of joint working with the Council.

2.20 Within the "parity of esteem" monies the CPCCG has put aside resources to develop a "navigator" type model to help maximise the use of other community-based resources. This will be a small team of "Recovery Coaches" to support those patients who are struggling with the next stage of their "recovery" to access effective support, either via the third sector providers commissioned by both the CCG and the Councils. The model will be focussed on a strengths-based approach, utilising coaching techniques to enable people to move appropriately and confidently through the system. These "coaches" will be expected to work closely with - amongst others - local CPFT pathway teams, the local third sector (both "mental health" and others), as well as local authority-commissioned services.

2.21 The ethos of these services can be recognised as matching the work within the Council's Transforming Lives programme but tailored to Adult Mental Health Services.

2.22 **Workforce:** in common with most mental health services across the country there is a shortage of Band 5 and Band 6 mental health nurses and of approved mental health practitioners (AMHPs) who historically were social workers but since the 2007 mental health legislation can be from other clinical professions. The AMHP role is a statutory role and statutory duty of the local authority that cannot be delegated to the NHS. An AMHP is required (with two section 12 approved doctors) to detain a patient under the Mental Health Act. Provision has to be 24/7 and there are two rotas: a daytime core hours rota run by CPFT and an out of hours rota run by the Council directly (referred to above).

2.23 The terms and conditions of both sets of staff are kept under review and both the Trust (for nurses) and the Council (for AMHPs) have recently agreed to initiatives to improve recruitment and retention improved terms and conditions (the Council within the context of the Transforming Lives work). .

2.24 It has also recently been agreed by the Council and CPFT to step up the promotion of AMHP training to other professions working within CPFT. The Council will fund backfill for individuals while undergoing training.

2.25 The Council and CPFT have also been successful in bidding to become a "Think Ahead" pilot site. This is a similar initiative to "Teach First" to train up

more mental health social workers. However one can only train as an AMHP two years post qualification as a social worker.

2.26 Both these initiatives will help increase the supply of AMHPs in the medium term.

2.27 **Implementing the Care Act 2014:**The Trust, through the Council's Programme Board, has been working to prepare for the new duties under the Care Act 2014 that came into effect on 1st April 2015. Key areas of work include:

- Introduction of wellbeing assessments
- Carers rights
- Changes to adult safeguarding.``

There has been extensive training for seconded staff, discussions at Trust Board, and changes to the Trust's Board Assessment Framework to reflect new areas of responsibility.

2.28 **Transitions and Children and Families Act:** The Trust acknowledges that there is a need to carry out with local authority partners a root and branch review of arrangements for the transition of young people into adult services and this is without the work programme for 2015-16. This includes aligning services within the framework of the Children and Families Act 2014.

2.29 The move from children's services to services for adults has often been described by parents as moving off a "cliff edge", not helped by the fact that currently the age for transition is different between different services. But in any event the new legislation encourages an approach in which age is not the determinant of transition but this is dictated by the needs of the individual. Given that the level of provision is generally more intensive within children services, delaying transition will have resource implications.

2.30 **Care Homes:** the availability of care home places across the spectrum from Council funded residential care to NHS funded continuing care remains challenging locally and can result in delays in patients being discharged from hospital.

2.31 Tight discharge planning processes and review have to date managed the situation. Within adult mental health care homes are rarely used. However for dementia patients, the lack of specialist homes remains a challenge in the County, especially for NHS funded care.

2.32 Health commissioners, the Council, and CPFT are looking at ways to increase the supply of such placements. While UCP should reduce levels of demand by the provision of more targeted and anticipatory care in the community, it is feared that this impact may be outweighed by the projected increase in the population of older people locally.

2.33 **Uniting Care Partnership (UCP)** is a partnership between CPFT and Cambridgeshire University Hospitals Trust (Addenbrookes) to deliver Integrated ***Health*** Care for Adults and Older People in Cambridgeshire and Peterborough. UCP was awarded the contract for these services to take effect on 1st April 2015. This has meant for CPFT that community services for this client group transferred across to the Trust at the end of March 2015 from the Cambridgeshire Community Services NHS Trust.

2.34 The relevance of the UCP development to Mental Health Services is because for the first time there is an opportunity to integrate horizontally with health services between mental and physical health for older adults who commonly need support across a wide range of need.

2.35 **Systems Transformation and Strategy Development:** local NHS and Council partners have come together to work as a system to address key issues locally. The Systems Transformation Board has five work streams of which one is about mental health (but not children's mental health that sits under the Children's work stream).

2.36 **Joint Commissioning:**The challenge for the Systems Transformation Board mental health work stream is to bring together the separate Council strategies, public health mental health strategies and the CP CCG strategy in such a way that objectives can be translated into a joint commissioning plan. A single approach would be welcomed by CPFT which works across the whole of Cambridgeshire and Peterborough.

3.0 SIGNIFICANT IMPLICATIONS

Resource Implications

3.1 The paper sets out the additional investment into mental health services in 2015-16. In addition there are some major pieces of service redesign work to be achieved within existing resources.

Statutory, Risk and Legal Implications

3.2 There are no significant implications within this category.

Equality and Diversity Implications

3.3 There are no significant implications within this category.

Engagement and Consultation Implications

3.4 There are no significant implications within this category.

Public Health Implications

3.5 CPFT works with Public Health through the Systems Transformation board and responded to the PH Mental Health Strategy. .

Localism and Local Member Involvement

3.6 There are no significant implications within this category.

Source Documents	Location
No source documents.	

APPENDIX 1

Agenda Item No: 6

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMH)

To:	**Children and Young People Committee**
Meeting Date:	**30 June 2015**
From:	**Cambridgeshire and Peterborough Clinical Commissioning Group ("CCG")**
Electoral division(s):	**All**
Forward Plan ref:	**N/A** **Key decision:** **No**
Purpose:	**The Children and Young People Committee is asked to consider the current issues of provision of Child and Adolescent Mental Health Services (CAMH's) services and actions taken to address these.**
Recommendation:	**The Children and Young People Committee is asked to comment on the short term and long term course of action which is proposed to address the issues raised in the body of the report.**

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1.0 BACKGROUND

1.1 Over the past 18 months, the Clinical Commissioning Group (CCG) have worked closely with Cambridgeshire and Peterborough Foundation Trust (CPFT) and with Local Authority and Public Health colleagues to develop and agree a revised Child and Adolescent Mental Health (CAMH) service specification and performance indicators within an agreed resource envelope. Despite this work and some investment from the CCG, as well as increased investment from public health in commissioned voluntary sector provision, waiting lists for services have continued to increase.

1.2 Monthly Contract Performance meetings with the CCG and Local Authorities have highlighted the increased pressure within the CPFT CAMH system. As a result,an in depth review was initiated to look at the reasons for this and consider possible solutions to ensure that a clinically safe and high quality service is delivered.

1.3 Following this work, the CCG invested £150kof non-recurring money to address the waiting lists. In addition, there was also a recurrent investment of £600k per year for CPFT for CAMHS to build ongoing capacity. This equates to a 10% uplift in the budget. It is intended that this additional budget will reduce the waiting lists and increase capacity within CAMHservices.In addition, the CCG is working with co-partners to redesign CAMHS in the context of wider mental health service provision so that services work more effectively and efficiently across the system to support children and young people with emotional health and wellbeing needs.

1.4 Work is ongoing with the CPFT to agree how the additional funds will impact on the waiting list and redesign the pathways with partners to ensure children and young people are seen within 18 weeks.This work is still ongoing.

1.5 Since the establishment of Joint Commissioning Arrangements in April 2015, a key priority area of action has been Children's Mental Health. Focus has been given to the implementation of the Children's and Young People's Emotional Wellbeing and Mental Health Strategy (launched in April 2014). This strategy (approved by the Committee on 9 December 2014) provides the framework for discussions across the partnership about the development of the tier 2 'offer' as part of the wider system of support. The delivery of the strategy is being overseen by the Peterborough and Cambridgeshire Emotional and Mental Health and Wellbeing Board which will be chaired by Wendi Ogle-Welbourn, Director of People and Communities,Peterborough City Council(PCC) and Meredith Teasdale,Service Director: Strategy and Commissioning, Cambridge County Council (CCC) from July 2015.

2.0 MAIN ISSUES

2.1 Cambridgeshire and Peterborough Foundation Trust (CPFT) are commissioned to provide specialist CAMH services across Cambridgeshire. They have experienced a year on year increase in referrals for their services for children and young people. In addition, there has been a significant increase in the demand for emergency assessments at local acute hospitals, which has also impacted on the ability of staff to deliver core CAMHservices.

2.2 Commissioned voluntary and community sector organisations delivering mental health services also report an increase in self-harm and expression of suicidal thoughts amongst young people presenting to their services, thus increasing the demand on the staff within the existing services. This picture of demand is also reflected in increasing referrals to Local Authority locality teams for mental health issues, and a general increase in concern from schools about the levels of emotional wellbeing and mental health problems they are experiencing in young people.In support of this, the recently published public health profiles show an increase in hospital admissions caused by deliberate self-harm in 15-24 year olds and for Cambridgeshire it is now 132 per 10,000population.

2.3 The impact of this is a rise in waiting times for core CAMH services and assessments and support for Autistic Spectrum Disorder (ASD)/Attention Deficit Hyperactivity Disorder (ADHD).

2.4 **Summary of Current position**

There are significant demand and capacity issues within CAMHS:-

- Emergency assessments in Emergency Department settings have increased fivefold, causing significant additional demand for CAMHS and Acute settings.
- There are not enough inpatient CAMHS beds (commissioned by NHSE) to meet demand. Young people have to often stay in acute settings for a number of days, whilst waiting for a bed to become available. When a bed is available, this could be anywhere in the country.
- General referrals to specialist CAMHS have also significantly increased in recent years (18% in 2014/15).
- Core CAMHwaiting list is 460 with the longest wait being 77 weeks and the average waiting time approximately 45 weeks.
- With the result that waiting times for non-emergency cases are at unacceptable levels (longest waits over 18 months) for ADHD and Autistic Spectrum Disorder cases in particular.
- ASD/ADHD waiting list is currently at 192 with the longest wait being 84 weeks and the average waiting time approximately 52 weeks.
- Patient journeys are unclear to referrers.
- There are gaps in provision. i.e. diagnostic services for children in Cambridgeshire aged 12-17 with suspected ADHD.
- Psychiatric Liaison services in acute settings do not cover those below the age of 18.

2.5 **What the CCG has done so far**

- Waiting lists have been temporarily closed for Autistic Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) referrals where there are no associated urgent Mental Health needs.
- Additional resources have been invested into specialist CAMHS for 2015/16, (£600k recurrent and £150k non recurrent) which is equivalent to a 10% increase in funding. The primary focus is to clear the waiting list backlog.
- However this will not fully address some of the key problems and urgent redesign work is required. There is thepotential of additional funding via NHS England for CAMHS which will require a local transformation plan to be developed over the next few months.

2.6 **Transformation of CAMH services**

It is therefore proposed that work on redesigning the CAMHS pathway takes place in parallel to the Transformation Programme, but with shorter timescales. The work will be overseen by the Children and Maternity Transformation Programme lead to ensure any redesign fits with the general direction of travel for Children's Services and commitments are not made which might compromise future commissioning decisions for Children's Services. Indeed, there are likely to be opportunities to use the CAMHS redesign to develop some of the framework and pathways which can be used for other services (such as Hubs, Integration with Local Authority services and Multi Agency teams and assessment processes) as part of Transformed Children's Services. Timescale – 6 months for redesign.

Redesigning CAMH services will be challenging, however it will be much more effective if all partners are able to look at how to address issues across the whole system and involve all partners and organisations in developing solutions.

The CCG and the Local Authorities with partners have agreed to work on:-

- The early access multi agency gateway – the single point of referral.
- Plans to address the waiting times in Specialist CAMHS.
- Plans to address emergency assessments and support.
- Address pathway issues in ASD and ADHD.
- The development of the whole system response to supporting children and young people through the delivery of the Emotional Health and Wellbeing Strategy.
- Support for 17-18 year old and transitions from CAMH to Adult Mental Health services.

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

3.1.1 - There are clear links between Mental Health and Wellbeing attainment and access to work. It is important that there is a preventative and early intervention approach to emotional and mental health for children and young people and that where issues escalate, they are dealt with quickly and efficiently.

3.2 Helping people live healthy and independent lives

3.2.1 - There is a clear and strong link between good emotional health and wellbeing and people living healthy and independent lives. It is important that there is a preventative and early intervention approach to emotional and mental health for children and young people and that where issues escalate they are dealt with quickly and efficiently.

3.3 Supporting and protecting vulnerable people

3.3.1 - There is a clear and strong link in ensuring good emotional health and wellbeing provision and supporting and protecting our most vulnerable children and young people. It is important that there is a preventative and early intervention approach to emotional and mental health for children and

young people and that where issues escalate they are dealt with quickly and efficiently.

4.0 SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

4.1.1 • At present, additional resources have already been added to the emotional health and wellbeing system. There is a need to redesign the system to ensure effective and efficient use for current resources and to identify gaps in resource.

4.2 Statutory, Risk and Legal Implications

4.2.1 • There is a risk that children and young people who are currently on the waiting list for services are not receiving appropriate services. CPFT state that the waiting lists are reviewed weekly and assessed for risk. This is mitigated through CPFT systems and allocation of cases.

4.3 Equality and Diversity Implications

4.3.1 • There is a risk that children and young people are unable to access the services they require when they need them.

4.4 Engagement and Consultation Implications

4.4.1 • Pinpoint, with support from Healthwatch, are currently discussing the redesign of services with parents through their termly conferences.

4.5 Public Health Implications

4.5.1 • Public Health is fully engaged in this work through the Joint Commissioning Unit and the Peterborough and Cambridgeshire Emotional Health and Well-being Board.

4.6 Localism and Local Member Involvement

4.6.1 • There are no significant implications within this category.

SOURCE DOCUMENTS GUIDANCE

Source Documents	Location
No source documents	