

CHILDREN'S AND ADOLESCENT MENTAL HEALTH (CAMH)

To: Children and Young People Committee

Meeting Date: 8 March 2016

From: Adrian Loades, Executive Director: Children, Families and Adults Services

Electoral division(s): All

Forward Plan ref: N/A **Key decision:** No

Purpose: The Committee is asked to consider the update on CAHMS waiting lists and progress made to reduce waiting times. The Committee is asked to consider and comment on future plans to further improve emotional health and wellbeing services in Cambridgeshire.

Recommendation: Members are asked to note the report and

- a) comment on progress made to reduce waiting times and the re-opening of Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorder (ASD) waiting lists, for diagnosis and clinical input.
- b) comment on Transformation Plans for emotional health and well being services in Cambridgeshire and the i-THRIVE model of delivery.

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1.0 BACKGROUND

- 1.1 Cambridgeshire County Council, Peterborough City Council and Cambridgeshire and Peterborough Clinical Commissioning Group have established a Joint Commissioning Unit (JCU) in the last year. One of its key priorities 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, which was agreed by the Committee on 9th December 2014;
 - Overseeing performance monitoring data regarding mental health providers and specifically Child and Adolescent Mental Health Services (CAMHS);
 - Ensuring system wide engagement in supporting children and young people with mental health needs by enhancing and building capacity in early intervention.
- 1.2 In addition, a Joint Emotional Health and Wellbeing Board has been established across Cambridge and Peterborough which is chaired by Wendi Ogle-Welbourn, Corporate Director for People and Communities for Peterborough City Council (PCC). The co-chair is Meredith Teasdale, Service Director of Strategy and Commissioning Cambridgeshire County Council (CCC). This Board brings together partners from across the system including school representation as parent/carers and links with young people's forums.
- 1.3 The purpose of the Board is:-
- To ensure oversight for the emotional, health and wellbeing of children and young people.
 - To oversee the commissioning of system-wide emotional health and wellbeing services including their redesign.
 - To agree the re-design of services through the 'Transformation Plan' and to monitor delivery of transformation across the system.

2.0 MAIN ISSUES

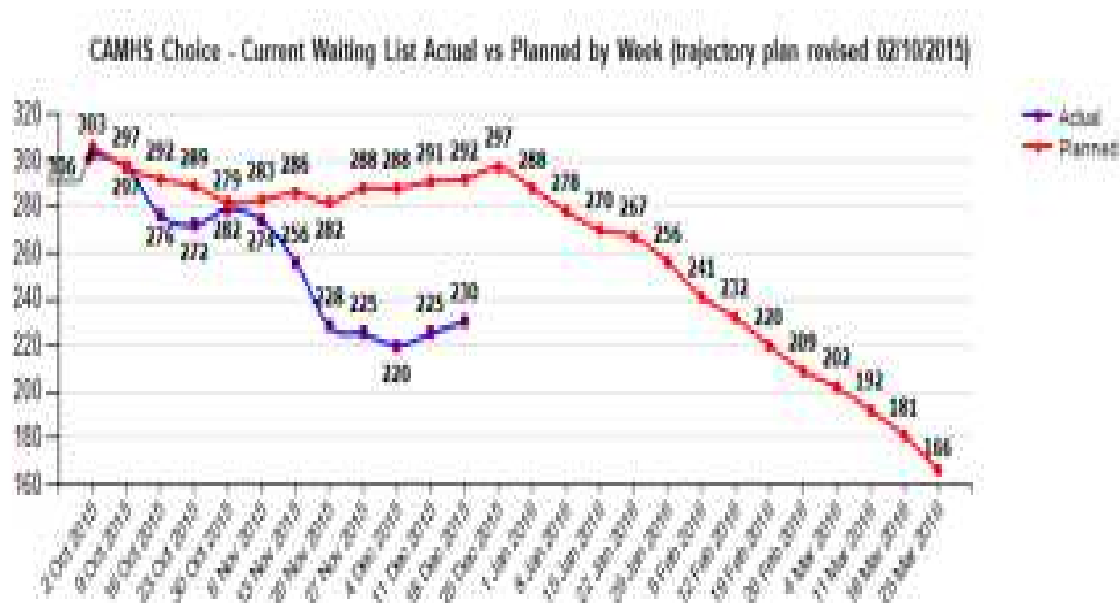
2.1 Child and Adolescent Mental Health Services (CAMH)

- 2.1.1 Over the past 18 months, the Clinical Commissioning Group (CCG) have worked closely with Cambridgeshire and Peterborough Foundation Trust (CPFT), Cambridgeshire County Council (CCC), Peterborough City Council (PCC) and Public Health (PH) 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 continued to increase until March 2015. From April 2015 additional funding (£600k recurring and £150k non-recurring) was allocated to address the waiting times. This is having an effect on reducing the wait for core CAMH services and to a lesser degree ASD/ADHD. Use of the additional funding by CPFT has been focussed on reducing core waiting list times for CAMH services
- 2.1.2 In addition, the Government has made £143m available nationally to fund improvements in CAMHS services. The local CAMHS Transformation Plan was submitted to NHS England in November and has been approved, this released an additional £1.5m per year to support development of better access to CAMHS and

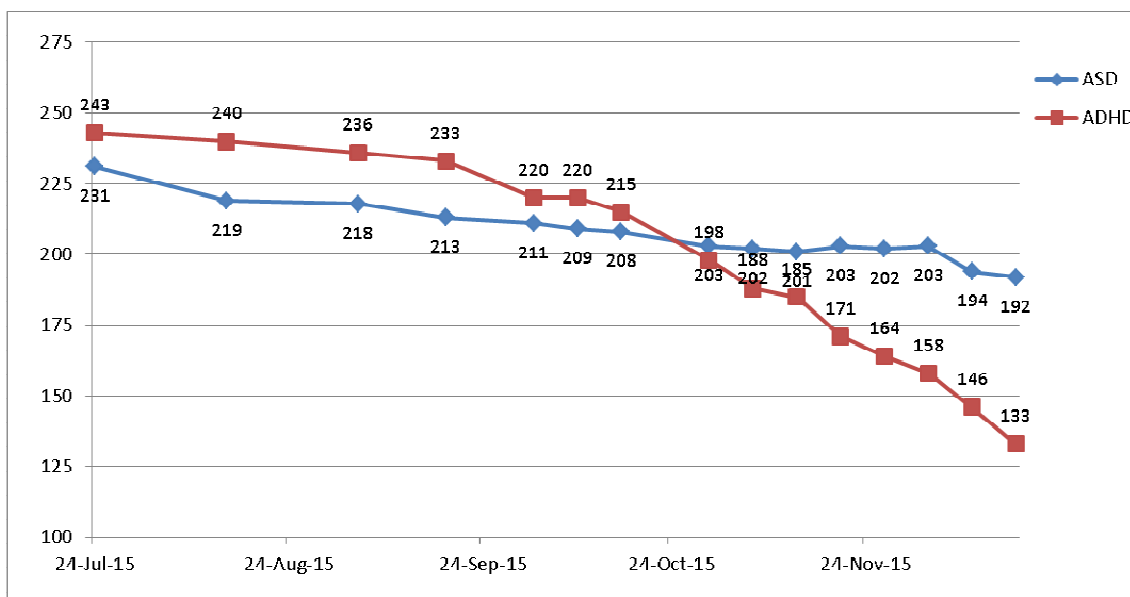
Eating Disorder services.

2.1.3 Current position

Waiting lists for general referrals to specialist CAMHS have reduced with the additional investment this year. Currently, the number of children on the core CAMH waiting list across Cambridgeshire and Peterborough has reduced from 362 in July 2015 to 225 in December 2015; there are currently 20 young people who have been waiting over 27 weeks but all had appointments in December 2015. The following graph shows the proposed and actual trajectory until March 2016. This is monitored fortnightly.



- 2.1.4 The waiting list for ASD/ADHD has been closed since July 2015 during this time numbers waiting for ADHD assessments have reduced from 243 to 133 and Autistic Spectrum Disorder cases from 231 to 192 over the same period. The majority of these children and young people have been waiting over 27 weeks for an assessment, but an additional £340k has been made available by Cambridgeshire and Peterborough CCG to reduce waiting times to under 18 weeks by the end of March 2016. The waiting lists for new referrals re-opened on 15th December. Numbers have not reduced as much as expected due to CPFT having difficulties with recruitment and CPFT concentrating on the children at risk in core CAMH services.
- 2.1.5 The CCG has recently released a further tranche of funding to reduce ADHD/ASD waiting list times and CPFT have commissioned Cambridgeshire Community Services (CCS) to help with this pathway. The additional funding is aimed at clearing the backlog of ADHD (133) cases) and ASD (192) cases before the end of June 2016.



2.1.6 There are a number of key points that are still currently impacting on local services:

- Waiting times for Core CAMHS are now below 18 weeks.
- CAMHS Emergency assessments in Emergency Department settings have increased significantly in recent years which has placed considerable additional strain on specialist CAMHS and limited support for those in mental health crisis.
- General referrals to specialist CAMHS have also significantly increased in recent years (18% in 2014/15).
- The non-urgent cases awaiting assessment for ASD/ADHD continue to be supported through universal services while families are waiting, i.e. schools, children centres, family support, parenting programmes.
- Some services particularly for ASD/ADHD are not consistent across the county leading to duplication in some areas and gaps in others. For instance parts of the pathway for the diagnosis of ASD/ADHD are under CAMH services and some are under community paediatrics. Recent work has shown this can lead to duplication and confusion to both professionals and families. In order to avoid this both providers have agreed an integrated pathway for the diagnosis of ADHD. This is currently being developed
- Psychiatric liaison service in acute settings do not currently cover below the age 18.

2.1.7 A series of workshops have been held with partners to agree a whole system approach to the transformation of CAMHS and services for emotional health and wellbeing. The workshops have been attended by a broad range of stakeholders including service providers, third sector, Local Authority representatives, parent representatives, Healthwatch, and commissioners. A plan has subsequently developed to address 5 key agreed priority areas:-

- Waiting times – the JCU is leading on work to reduce waiting times to below 18 weeks. The Chair of the JCU is leading this work. Core CAMHS waiting times are now below 18 weeks and ASD/ADHD waiting times are due to be below 18 weeks by the end of June 2016.
- ASD and ADHD pathways – work between Local Authorities, Cambridgeshire Community Services (CCS) and CPFT is underway to ensure that pathways and processes are effective. A redesigned integrated ASD/ADHD pathway has

been agreed between CPFT and CCS which allowed ASD/ADHD waiting lists to be reopened in December.

- Development of a combined single point of referral through the continued development of the Advice and Co-ordination Team (ACT). This work will enable initial assessment from both Health and Local Authority professionals to ascertain the most effective support services. The development of this pathway is seen as a key priority for the JCU and all partners. It is a core part of the redesign of CAMH services and a multiagency approach to ensure, children, young people and families will be able to access services at the appropriate level at the appropriate time, reducing demand on specialist services by providing a swift and knowledgeable response to emerging concerns that prevent problems from escalating.
- Emergency Assessments and support – A ‘task and finish’ group has developed plans for providing emergency assessment and intensive support services for Children and Young people in Mental Health crisis. This is currently being implemented. Plans are due to be implemented to increase the availability of emergency specialist assessment from daytime only, to 1am 7 days per week in order to cover times of peak demand.
- Eating Disorders – An enhanced model of care based on a national specification will be implemented locally, with ring-fenced funding to deliver a community based, family focused set of interventions, evidenced to effectively treat Eating disorders and reduce the need for inpatient care

2.2 Transformation Plan and Redesign of Emotional Health and Wellbeing Services including Child and Adolescent Mental Health Services

2.2.1 The local CAMHS Transformation Plan was submitted to NHS England and approved in November. This has meant another £1.5m per year will be available to support development of better access to CAMHS and the Eating Disorder services.

2.2.2 The focus of the redesign and transformation is to ensure:-

- Better use of resources through the system to meet mental health needs.
- Moving more resources to meet needs at an earlier stage.
- There are clear pathways that parents and professionals follow so that they know what is available and how to access it.
- That interventions are evidenced based and have a positive impact on improving the mental health needs of the child or young person.

2.2.3 To do this, there will be a focus on ITHRIVE as the framework for redesigning the service model. ITHRIVE is a nationally developed framework, using best practice, ensuring investment in early intervention and prevention, focusing resources in areas of most need and promoting effectiveness and efficiency. The model focuses on needs rather than a structured ‘tier’ system. It is focused on ensuring that children and young people are thriving in their community and that their emotional and mental wellbeing is being supported through schools, locality teams, community groups, school nurses.

2.2.4 We have been successful in being chosen as one of the 10 NHS accelerator sites to implement the ITHRIVE framework locally.

2.2.5 Being accepted as an accelerator site for the ITHRIVE model provides a way to deliver the CAMHS Transformation Plan and could also give further opportunities to develop a framework for integrated working across Children’s services (Health and

Local Authority).

- 2.2.6 The objective of children and young people thriving in the community is supported by ensuring that parents and professionals get the right advice at the right time to address any emerging mental health needs. This is through training for professionals and community groups on mental health issues and how to address them, parenting programmes and whole school approaches to improving emotional health and wellbeing in children and adolescents. The approach builds on the Think Family approach in place in Cambridgeshire.
- 2.2.7 The next focus is on getting timely help when it is needed. This ensures that where necessary there are evidenced based interventions that have a positive impact on a child's mental health needs. This work is supported by a family based approach ensuring that the needs of the whole family are addressed to prevent escalation of mental health needs. This is an aspirational model but one which is supported by all partners.
- 2.2.8 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. There is a commitment from all parties to work at this together, through the CAMH transformation programme.

Short term investment to enhance services has been agreed. This includes:

- A range of evidenced based parenting programmes for children with behavioural and emotional difficulties/ possible neurological problems
- Increased funding for Centre 33 to develop resources around self-harm with CAMH for schools and settings.
- Equipment and administrative support to ensure the setting up of the advice and co-ordination teams (ACT)

In total. Funds available for the range of service improvements described above, across Cambridgeshire and Peterborough are £1.5m per year on top of the £600k CCG recurrent investment in 15/16.

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

- 3.1.1 It is important that additional funding ensures that there are no gaps in service as identified in the paper.

3.2 Helping people live healthy and independent lives

- 3.2.1 The additional funding for emotional health and well being will have a significant impact on supporting children and young people live healthy lives and become independent. It is important that emotional health and well being needs are identified earlier and support provided to prevent escalation of need where possible. Where this happens services should be focused on enabling children and young people to access them in their communities.

3.3 Supporting and protecting vulnerable people

- 3.3.1 The issues identified in the paper impact on some of the most vulnerable young

people. It is important that through the Transformational Plan and its implementation that services to support good emotional health and well being are improved and that there is better access to preventative services. It is important that where specialist services are required they are evidence based and delivered in a timely way.

4.0 SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

- 4.1.1 Additional funding has been made available both from CCG and National Government. It is imperative that the use of this additional funding is monitored by the JCU to ensure that it has a positive impact.

4.2 Statutory, Risk and Legal Implications

- 4.2.1 The additional funding is not linked to new legal requirements. Key risks have been identified through the Transformation Plan.

4.3 Equality and Diversity Implications

- 4.3.1 The additional funding looks to ensure that there is equality of access to services. Due regard has been made to the Council's Equalities duties under the Equality Act 2010.

4.4 Engagement and Consultation Implications

- 4.4.1 Extensive engagement and consultation continues to take place as referenced in 2.1.7

4.5 Localism and Local Member Involvement

- 4.5.1 The proposals in the Transformation Plan look to ensure that communities provide the first support to develop children and young people's emotional health and well being. Schools and Children's Centres already provide this support and this will continue and be strengthened through the i-THRIVE framework.

4.6 Public Health Implications

- 4.6.1 The proposals in the paper are intended to have a positive impact on the health and wellbeing of Cambridgeshire residents.

Source Documents	Location
Committee paper	http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/Meeting.aspx?meetingID=986
Appendix 1 – Transformation Plan	http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/System%20Transformation%20Programme/Local%20Transformation%20Plan%20for%20children%20and%20young%20people.pdf
Appendix 2 – Thrive Elaborated	http://www.annafreud.org/media/3214/thrive-elaborated-2nd-edition27012016.pdf