

**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 £150k of 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 CAMH services. 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 CAMH services.
- 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 10,000 population.

- 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 CAMH waiting 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 the potential 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**

<b>Source Documents</b>	<b>Location</b>
No source documents	