

HEALTH AND WELLBEING BOARD: 20 NOVEMBER 2014**REPORT OF THE JOINT COMMISSIONER FOR CHILD AND
ADOLESCENT MENTAL HEALTH SERVICES****EMOTIONAL HEALTH AND WELLBEING OF CHILDREN AND YOUNG
PEOPLE****Purpose of Report**

1. This report addresses work across Leicester City, Leicestershire County and Rutland County to produce a joint multi-agency strategic approach to improving the emotional and mental health of children and young people. This strategy is based on four strands:
 - Promotion of good emotional health through universal services
 - Co-ordinated and integrated early and targeted support services
 - Clear care pathways to and from specialist clinical services for children with mental health or developmental disorders
 - Joint strategic direction and leadership to ensure strong co-ordination and joint working across organisations
2. The report also provides an update on the review of the Child and Adolescent Outpatient Mental Health Services provided by Leicestershire Partnership Trust and the national review of CAMHS Tier 4 services, commissioned by NHS England.

BACKGROUND

“By promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does.”

No Health Without Mental Health: A cross-government strategy (2011)

3. Effective and high quality health, social care and educational services can protect children and their families from the impact of mental illness and emotional distress. Such services are also a valuable mid to long term investment in promoting resilience and preventing more extensive mental health care needs in later life.
4. The importance of ensuring positive mental health for children and young people is supported by a raft of evidence and national policy. The National Service Framework for Children, Young people and Maternity Services (DH, DfES 2004) states:

“The importance of psychological well-being in children and young people, for their healthy emotional, social, physical, cognitive and educational development, is well-recognised. There is now increasing evidence of the effectiveness of interventions to improve children's and

young people's resilience, promote mental health and treat mental health problems and disorders, including children and young people with severe disorders who may need admission.”

5. Mental health problems in children are associated with educational failure, family disruption, disability, offending and antisocial behaviour, placing demands on social services, schools and the youth justice system. Untreated mental health problems create distress not only in the children and young people, but also for their families and carers, continuing into adult life and affecting the next generation.
6. The Better Care Together Programme is an ambitious programme to develop a five-year plan to transform services to deliver stronger co-ordination, improved quality and financial benefits. The emotional health and wellbeing of children and young people is part of the Children's Strand of the Better Care Together Programme. A multi-agency reference group has met regularly to develop an outline strategy and priorities for action for this work. There has been strong Leicestershire County Council involvement in this work. The strategic priorities are set out below:

EMOTIONAL HEALTH AND WELLBEING STRATEGIC PRIORITIES

Promotional of good emotional health

Emotional Health and Well-being campaigns within schools and colleges

7. All children at school and college in LLR will be encouraged and enabled to maintain good emotional health and well-being. This will be through pastoral teaching support, strategies to tackle issues such as bullying and anxiety and access to school nursing and counselling services.

Jointly commission training for staff in universal settings on emotional health and wellbeing.

8. All front-line staff in organisations working with children and young people in LLR will have access to training and development opportunities to learn about emotional health issues. This will provide practical skills in supporting children and knowing when and how to refer for specialist intervention and support. Over 150 County Council staff have benefited from this training per year. A multi-agency group has been established to take forward the strategy for future commissioning of this training and workforce development.

Early and targeted support

Map current services

9. The current range of services needs to be mapped and understood with a view to identify duplications and gaps. Identify all services
-

presently provided by statutory and voluntary sectors. Understand the types of interventions offered, targeted client groups, duration, costs and outcomes. The Public Health Team at the County Council have led on this work.

Joint commissioning of comprehensive Tier 2 services

10. Jointly commission a comprehensive Tier 2 service which provides early and targeted support for those with mild to moderate difficulties. An LLR wide multi-agency Tier two service which will receive referrals from front-line practitioners, conduct assessments, and offer a range of short time low intensity interventions for children, young people and their families. These could include peer support, counselling, group work, parental training, short-term therapies. This would also be the gateway to more specialist assessments and longer-term interventions. There is potential for Department for Education and NHS England grant funding to accelerate this work.

Improving Service Pathways

Review present pathways to specialist services

11. Map the present specialist services (Tier 3 and Tier4) to confirm function, capacity, and pathways to and from services. Understand all specialist services, and how they work together to provide holistic care and support for children and young people with severe or complex needs.

Transform the way the Children and Adolescent Mental Health Services (CAMHS) service works to improve access and joint working with partner organisations

12. Review the CAMHS service and produce an improvement plan based on enhancing access to assessment and interventions, and improving communication and engagement with partner organisations and with service users.

Improve experience of transition from child to adult services.

Clarify the age of transition and how child and adult services work together to support the young person through the change of services.

Leadership and Management of Resources

13. Establish structural framework for leadership of implementation of the strategy. This will include:
 - a. Joint Leadership Board – to give vision, direction and make decisions
-

- b. Stakeholder reference group – to shape and influence the strategy
 - c. Project task and finish groups – to deliver the agreed priority projects
14. Consider options for joint management of resources and commissioning Identify current commissioning arrangements and funding levels for all services. Agree model for future joint commissioning and financing.
15. Set success criteria and systems of measurement. Agree the overall outcomes that should be achieved through this strategy and how they will be measured.

Engaging with Schools

16. It is vital to engage schools and colleges in this work. They are in contact and support almost all children and can also be significant commissioners of services in their own right. Two focus groups have so far been held with schools in South Leicestershire and North West Leicestershire. These meetings have highlighted the value of schools having access to expert advice and support when required and for specialist services to engage with local behavioural partnerships and neighbourhood community forums.
17. We are keen to continue this process of focus group meetings with other schools.

TRANSFORMATION OF THE CAMHS TIER 3 SERVICE

Background

18. The CAMHS Tier 3 service is a specialist service which supports children with severe or significant mental health or neurodevelopmental conditions. It is commissioned by the Clinical Commissioning Groups for Leicester, Leicestershire and Rutland and delivered by Leicestershire Partnership Trust, Families, Young People and Children's Division.
19. In June 2014 the CCGs commissioned an independent review of CAMHS Tier 3. The broad aim was to develop and implement an improvement plan: a key element of which will be to address contractual waiting time requirements. The review was requested because of increasing concerns over a number of issues:
- variable practice across the three CAMHS community teams (City, County West and County East) and between clinicians
 - 35% of referrals are returned to the referring agency as inappropriate
-

- limited communication with service users / carers and referring agencies whilst a case is being assessed by CAMHS
- reported reluctance to share patient data across agencies despite agreed protocols

20. A multi-agency project group, chaired by the CAMHS Commissioner steered the review. Tim Jones, an independent consultant, was appointed to conduct the review. He held a number of interviews with staff within the CAMHS service and external stakeholders. This included representatives from the County Council and voluntary groups operating within Leicestershire. He has also collated and analysed data about the service and the views of service users.

21. It was important for the staff within CAMHS to have an early opportunity to hear the outcomes from the review, validate or challenge the findings, and then take ownership for the recommendations and action plan. Therefore a special event for the whole CAMHS service was arranged for 22nd September. A briefing seminar for external stakeholders was held in the evening.

Key Findings

- The waiting time from referral to assessment and treatment is very long for “routine” referrals, with a large proportion breaching the 13 week contractual target for an initial assessment to be completed. The trend is upwards and the waiting times vary between the three community teams, City, West and East. (More breaches in the West team). However all “urgent” referrals are seen within 4 weeks.
 - All assessments are presently undertaken by a multi-disciplinary team of two or more practitioners including a consultant. This approach may not be an efficient or effective use of clinical time and should be revisited.
 - There are different referral patterns from GPs and geographical areas. Referrals fluctuate by month to month. There is an upward trend of about 10% a year increase in referrals over the past two years. Referring agencies, such as GPs, School Nurses, Paediatricians, may not understand the referral criteria for CAMHS. Need for clarity about “the CAMHS offer” and what a specialist CAMHS service provides and does not provide.
 - There isn’t consistency in the ways in which the three teams work. Perception from external stakeholders that cases are assessed differently according to the team or clinicians involved. Little flexibility to move resources between the teams.
 - Referral rates from the County are higher than would be expected. Referrals rates from the City are lower than expected. There may
-

be a variety of reasons for this including prevalence rates, hidden unmet needs, and availability of alternative services to CAMHS.

- vi. Arrangements and criteria for discharge or step down from the CAMHS service are not clear. The discharge rate is substantially below the average for CAMHS across England. CAMHS may be holding on to cases which could be safely discharged to lower tier services.
- vii. Clear clinical care pathways are required to guide clinicians, referrers and service users through the assessment, diagnostic and intervention services. These include the pathways from primary care, between tiers of CAMHS service and to adult mental health services.
- viii. Families who are waiting for an assessment or for an intervention to start are not always kept informed or offered resources and advice whilst they wait. This can be very distressing for the family.
- ix. Significant variation in the number of patients seen by senior clinicians. Some clinicians not using the standard administrative systems for booking appointments and contacting patients. Administrative functions can be used more effectively to free up clinical time.
- x. Clinical and patient outcome measures are not used to inform and improve clinical or organisational practice. Data is gathered but is not analysed or shared with clinicians.
- xi. Other findings related to accommodation pressures, a requirement for better electronic clinical record systems, improving engagement with stakeholders and strengthening clinical leadership.

22. The final report will be considered by the Clinical Commissioning Groups Contract Performance Meeting which commissioned the review. It will then be available for distribution to all stakeholders.

CAMHS Response

23. The CAMHS Service has accepted the findings of the report and is now establishing task groups to look at implementing the recommendations. These task groups will look at improving access, systems and processes, the model of care, and workforce capacity. Some of the ideas that will be considered include:

- Establishing a team that would focus on new referrals and assessments, thereby ensuring consistency in accepting referrals, and freeing other clinical staff to focus on their caseloads.
 - Sharing good practice on arrangements on managing safe discharge from the service
-

- Ensuring that the results of outcome measurement are shared with clinicians to inform and improve clinical practice.
- Improve communication with families who are waiting for their child to be assessed.
- Understanding reasons for variations in clinical workload, and tackling this accordingly.
- County teams may be able to learn from the City team where referral rates are lower; there is greater workforce flexibility to response to fluctuating demand, and experience of effective joint working with the local authority.

Commissioner Response

24. There are also challenges to develop more robust commissioning of the CAMHS service. The CCGs will look to make the following improvements.

25. Revise the specification for the CAMHS community service to

- Ensure that the waiting time targets apply to all referrals and measures both times from referral to assessment and from assessment to commencement of intervention.
- Ensure that outcome measures are used and reported on.
- Specify that a key function of the service will be to provide advice, support, guidance and training for other agencies on child mental health issues.

26. Commission, together with local authorities, alternative services to CAMHS, or services which can be accessed by those on the CAMHS waiting list. This would include counselling services, group work and parental support.

National Review of Tier 4 Services.

27. Tier 4 hospital services are commissioned on a regional basis by NHS England. There are units in Leicestershire, Northamptonshire, Lincolnshire and Nottinghamshire and young people from Leicestershire who require an in-patient admission may be placed in any of these units. It is also sometimes necessary to place young people "out of area" if there are no regional beds available or the young person required specialist intervention (e.g. clinical treatment for Anorexia). Currently LPT provides an eight-bedded unit in Thurmaston (Oakham House). This will be relocating to Coalville Hospital on a temporary basis from April 2015. NHS England and LPT are working to identify a permanent site for Tier 4 unit within LLR.

28. A national review of the CAMHS Tier 4 service has identified a national shortage of beds and the Government has announced funding for 50

more beds nationwide. Some of this will benefit the East Midlands. There is also the potential to develop greater co-commissioning of Tier 3 and Tier 4 services between CCGs, local authorities and NHS England.

29. The CCGs are also giving serious consideration to investing in the establishment of a specialist community eating disorders team. There is an increasing prevalence of eating disorders amongst young people in Leicestershire. This is the mental health disorder with the highest mortality rate. The increasing referral rate is placing pressure on the generic CAMHS service and many young people are being placed in hospital settings outside of the East Midlands region for extensive time periods.

CONCLUSION

30. This report has set out the strategic work that is being undertaken to develop and co-ordinate services for children and young people with emotional health and mental health difficulties. This is part of the Children's Strand of the Better Care Together Programme. The report has also providing an update on the current review of the CAMHS Tier 3 service and regional development of Tier 4 services. The transformation of these services will be a key element of the overall strategy.

RECOMMENDATION

To note the report.

Officer to contact

Leon Charikar
Joint CAMHS Commissioner for Leicester, Leicestershire and Rutland
01509 567729 leon.charikar@westleicestershireccg.nhs.uk
November 2014
