



Young People's Scrutiny
Committee

23 April 2016

Item

7

Public

Child and Adolescent Mental Health Services (CAMHS) update

Responsible Officer

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1. Summary

1.1 . This is a joint report from Shropshire Clinical Commissioning Group and Shropshire Council. The report provides an update in relation to the current position for child and adolescent mental health services in Shropshire.

1.2 This report summarises the planned programme of transformation for child and adolescent mental health services (CAMHS) in Shropshire in line with government direction set out in Future in Mind¹.

1.3 Clinical Commissioning Groups (CCG) and their Local Authority partners across the country have submitted transformation plans setting out how new investment from government will be spent to transform CAMHS. Shropshire CCG and Local Authority submitted a joint plan with Telford and Wrekin colleagues.

1.4 This plan includes the development of 6 programmes. These are detailed in the background section below and are titled:

- 0-25 Emotional Health and Wellbeing Service
- Redesign of Neurodevelopmental Pathways
- Development Programme for Workers in Universal Services
- Eating Disorder Service
- All Age Psychiatric Liaison Service
- Improve Perinatal Support

1.5 The transformation plans will include funding for the final two quarters of this financial year and as such, along with the long term planning outlined in this report, a number of initiatives recommended in the [Autism Needs Assessment](#) will be undertaken. These include:

- virtual multi-agency steering group
- improved information for parents concerned about their child/ren;
- school – parent liaison pilot
- educational psychology pilot
- transition planning

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

2. Recommendations

1. That the report is noted.

REPORT

2 Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

This work aims to reduce inequalities and health inequalities in Shropshire.

3 Financial Implications

Please see Background below.

4 Background

- 4.1 The Shropshire, Telford and Wrekin Transformation Plan for Children and Young People's Mental Health and Wellbeing has been assured by NHS England and the following funding has been released for local investment.

Funding Type	Allocation 2015/16	Recurrent allocation
Eating Disorder	£158,192	£554,164
Transformation	£395,971	
All age-psychiatric liaison ²	£145,000	£0

- 4.2 The full plan and associated summary documents can be accessed through the Shropshire Council website, using the following link <https://www.shropshire.gov.uk/early-help/childrens-mental-health-and-wellbeing/>
- 4.3 The plan was developed collaboratively with partners across health, social care, early help and education. The content of the plan was drawn from a broad range of data available locally. As well as local statistics about existing services, demographics, demand and prevalence, the information gathered through the following needs analysis exercises was used:
 - 2014/15 Review of Shropshire CAMHS (telephone audit with GPs, Case File audit, young person's focus group, face to face interviews with professionals, written feedback from professionals)
 - 2014 TaMHS 'visioning day' (multi-agency workshop involving 19 organisations involved in Targeted Adolescent Mental Health services across Shropshire)
 - 2014 CAMHS Parent/Carer Forum feedback (three workshops with parent/carers and the two parent carer organisations)
 - 2015 Feedback from schools to Shropshire Safeguarding Children Board in relation to CAMHS

² Funding for all-age psychiatric liaison is separate from the Transformation Plan funds, but locally is considered as part of the same programme of service improvement.

- 2015 Shropshire Autism Needs Assessment
- 2015 Focus groups with Young Health Champions

4.4 Strategic oversight of the implementation of the plan will be provided by the Health and Wellbeing Boards. Delivery of the plan will be driven by the 0-25 Emotional Health and Wellbeing Strategic Group, which is accountable to the local Health and Wellbeing Boards (delegated to the Children’s Trust in Shropshire). The plan will be refreshed twice a year by the 0-25 Emotional Health and Wellbeing Strategic Group. The most up to date version of the plan will be available on the local authorities’ and clinical commissioning groups’ websites from December 2015.

5 Current Position : Shropshire, Telford and Wrekin CAMHS Transformation Plan

5.1 Implementation of each of the six programmes within the plan has begun, with programme lead responsibilities shared across each of the four commissioning organisations. Each programme has a clear project plan, delivery against which is monitored through the governance and reporting structures.

5.2 The plan is centred around 6 key programmes of transformation and a cross-cutting programme of work. These are summarised in the tables below.

Programme One: 0-25 Emotional Health and Wellbeing Service
Which areas of identified need will this programme address?
<p>This programme will improve:</p> <ul style="list-style-type: none"> - access through 7 day service and improved out of hours provision - choice of methods and treatments, including psychology based interventions and evidence based practice including CBT and Systemic Family Therapy - transition through tier-less service with flexible transition to adult services - access to targeted support for looked after children and children in need - availability of crisis support and intensive home treatment - support for and skills within universal services
What does the programme include?
<p>The programme includes the development of a service specification, transition from the present service to the new model and the embedding of the new model. The new service model will be centred around service user outcomes, promote emotional resilience in children and young people; will provide targeted interventions, assessment, treatment and a response to crisis including intensive home treatment.</p>
What are the key projects within this programme?
<ul style="list-style-type: none"> - Develop seamless 0-25 Emotional Health and Wellbeing Service - Expand hours of ROS team to provide better crisis response - Join CYP IAPT (Children and young people’s improving access to psychological therapies programme) - Mental health training for lead professionals - Improve training and support for universal services
When will the change occur?
<p>Interim improvements will be made through non-recurrent funding from quarter 3 2015/16.</p>

The seamless service will be in place by quarter 4 2016/17.

What outcomes will be delivered?

- Improvement in children and young people's emotional resilience
- Improvement in children and young people's emotional health
- Reduction in hospital admissions for self harm and mental health related crisis
- Reduction in number of children/young people requiring repeated access to targeted and specialist support
- Improvement in skills of professionals in order to better manage the emotional health of children and young people within universal settings.
- Improved access into services
- Improved transition between services

Programme Two: Redesign of Neurodevelopmental pathways

Which areas of identified need will this programme address?

This programme will improve:

- Waiting times for assessment and support
- Quality of service through reduced caseloads
- Clarity of care pathways
- Skill mix/expertise

What does the programme include?

Reconfiguration of existing CAMHS provision to create a separate designated service pathway for neurodevelopmental assessment that delivers evidence based practice and is closely aligned to best practice standards.

What are the key projects within this programme?

- Investment in new posts to create a distinct neurodevelopmental service

When will the change occur?

Changes will commence in quarter 3 2015/16 and be fully implemented by quarter 2 2016/17.

What outcomes will be delivered?

- Reduced waiting times for neurodevelopmental assessments
- Reduced waiting times for support with neurodevelopmental needs
- Improved patient experience in relation to neurodevelopmental assessments
- Improved access to services including for professionals in relation to referrals, advice and guidance

Programme Three: Development programme for workers in universal services (Shropshire)

Which areas of identified need will this programme address?

This programme will improve:

- Skills and knowledge professionals within universal services
- Mental health support available within schools
- Availability of early help and targeted support to reduce incidence of self harm
- Availability of early help and targeted support to reduce incidence of anxiety and other mental health issues within schools

What does the programme include?

Roll out of the successful Think Good, Feel Good programme across a wider footprint to non-education based services, including Scouts and Guides groups, Youth Clubs, sports clubs, recreation sites e.g. museums. An enhanced programme will be introduced to include the content of the new national guidance and improve bespoke provision for special schools in relation to strengthening the links between children's mental health and learning disabilities services and services for children with special educational needs and disabilities (SEND). Think Good, Feel Good currently extends to special schools, however the more specific intervention based programmes will be enhanced. Existing training and programmes will be developed to more specifically address the needs of children with learning disabilities or special educational needs and disabilities.

This programme also includes investment in additional youth worker time in order for young health champions to progress their mental health improvement projects with more pace.

What are the key projects within this programme?

- Improved training and support for universal services

When will the change occur?

Distinct programme from Q3 2015/16 then delivered through the new 0-25yrs Emotional Health and Wellbeing Service (Programme 1)

What outcomes will be delivered?

- Improvement in children and young people's emotional resilience
- Improvement in children and young people's emotional health
- Reduction in hospital admissions for self harm and mental health related crisis
- Reduction in number of children/young people requiring repeated access to targeted and specialist support
- Improvement in skills of professionals in order to better manage the emotional health of children and young people within universal settings.

Programme Four: Eating Disorder Services

Which areas of identified need will this programme address?

- Improved access to services
- Increase in availability of crisis support (through re-deploying resources currently allocated for eating disorders)

What does the programme include?

This programme will be delivered through a jointly commissioned service between Shropshire CCG, Telford and Wrekin CCG and South Staffordshire CCGs (led by South East Staffordshire and Seisdon CCG). A community eating disorder service for children and young people will be developed as an extension to the already well-established specialist Eating Disorder Service for the adult population. The service will be delivered by Shropshire and South Staffordshire Foundation NHS Trust.

The current population of South Staffordshire (603,339) plus Shropshire (inc Telford and Wrekin) (467,625) is above the suggested 500,000 all age population for this service. This footprint is therefore large enough to provide a range of evidence based treatments for young people with a range of eating disorders. The current caseload numbers of young people across this geographical area is 119. This is between 3-8% of the total prevalence of eating disorders for this group of young people. Given the size of the population covered the service will be taking in excess

of 100 new referrals per year just under half of which will be from Telford and Shropshire.

The service will deliver an initial assessment which will include consideration of any coexisting mental and physical health problems, strengths and resilience capacity and level of motivation. Treatment options will be concordant with NICE guidance including CBT, family interventions, guided self help and pharmacological interventions. Where there are coexisting mental health problems and the eating disorder is the primary representing problem, the service will also manage common coexisting problems such as anxiety and depression. Otherwise the management will be shared between this and CAMHS services. As well as the assessment and treatment service, the team will also include a strong multi agency liaison/education component providing guidance to primary care, school nurses, social care services, schools and secondary care.

The service will be delivered via a 'hub and spoke' model, with hubs located in both Shrewsbury and Stafford, with satellite services provided across a range of other localities dependent upon local needs. This may be from existing CAMHS bases, schools and/or GP or health centres, as appropriate.

The additional investment will increase staffing levels to meet the access and waiting times.

The make-up of the team will include psychology, psychiatry, medical cover, therapists, home treatment specialists and dieticians. The Trust have a robust workforce strategy which covers recruitment and retention issues relating to such specialist services. The Trust has been proactive in exploring opportunities for recruitment for a new service during the development phase of this business case in order to ensure the new team can be established quickly.

Professionals will work across the age range, subject to appropriate child and young person specific training. The provision of an all-age eating disorder service will provide a critical mass of clinical staff trained and skilled to manage eating disorder cases. A larger service will mitigate against the risks associated with having smaller specialist services working across the geographical patch. An all-age service will ensure consistency in treatment between children, young people and adults and avoid the disruption to treatment programmes and ensure continuity of care as young people enter adulthood

N.B. This additional resource in a dedicated eating disorder service will free up capacity within the current CAMHS service to redeploy staff to better support patients in times of crisis and for self harm. The demand and capacity to support this transfer of work has been done between commissioners and the providers of the two respective services.

Access

- Service for Children and Young people (CYP) aged 8 to 18 years
- Provide a 7 day per week service
- Provide direct access to services through self-referral and/or referral from GPs and other professionals / workers.

Waiting Times

- CYP referred for assessment or treatment of an eating disorder will access NICE concordant treatment within 1 week for urgent cases and 4 weeks for

routine cases (95% compliance achieved by 2020).

- Referrals will be screened within 24 hours to assess urgency, telephone contact may be made with the CYP or parent / carer to clarify risk (e.g. physical, psychiatric, safeguarding and/or other risks)

Key performance indicators

These require further development but will focus on 4 areas to develop a dashboard of outcomes for use at an individual and service level. They are likely to include:-

- *Personal goals* i.e. CYP setting goals they wish to achieve (person focused care)
- *Functional goals* e.g. include national scores
- *Clinical outcomes* based on HoNOS or equivalent to be agreed with provider, BMI, weight, depression, anxiety scores
- *Service outcomes* e.g. patient and carer satisfaction, numbers of individuals seen, length of intervention, readmissions

What are the key projects within this programme?

- Expand existing adult Eating Disorder Service to create an All Age Eating Disorder Service
- Redeploy generic staff currently seeing ED cases now seen by community team to improve access to self harm and crisis and invest underspend from ED funds

When will the change occur?

From Q3 2015/16

The Team will be expanding from December. A comprehensive training programme will also be commissioned to underpin this work, using non recurrent available as a consequence of the part year effect of the new service.

What outcomes will be delivered?

The proposed service model will address the requirements of the Access and Waiting Time Standard which intends to:

- Improve the quality of eating disorder services
- Provide new enhanced community and day treatment care
- Ensure staff are adequately training and supervised in evidence-based treatment and effective service delivery
- Ensure best use of inpatient beds

This service will also deliver:

- Improved access to community and day treatment care
- Reduction in in-patient admissions related to eating disorders

Programme Five: All Age psychiatric liaison service

Which areas of identified need will this programme address?

- Improved access to out of hours assessment and support
- Reduction in hospital admissions/length of stay following self-harm or mental health crisis

What does the programme include?

The development of a service based in the two acute hospital bases to support children and young people who attend the emergency department, or are admitted to a ward, for an emotionally related disorder.

The present RAID service supports young people aged 16 and over. A CAMHS liaison worker is currently working during the week across the two hospital sites for the under 16s. The new service will capture all age groups. It will provide assessment, initial early treatment and referral to other services in the community.

What are the key projects within this programme?

- Create all age psychiatric liaison service

When will the change occur?

Initial increase in support in the hospitals will occur in Q4 2015/16 with the new service commissioned in line with the new 0-25yrs Emotional Health and Wellbeing Service (Programme 1).

What outcomes will be delivered?

- Reduction in hospital admissions following self-harm/mental health crisis
- Reduction in hospital length of stay following self-harm/mental health crisis
- Reduction in number of children and young people with repeated self-harm/mental health crisis

Cross Cutting Programme: Needs Analysis, Engagement and Transition

Programme 6: Improve Perinatal Support

Which areas of identified need will this programme address?

emotional and mental health services for children and young people are fully understood.

What does the programme include?

Improved access to services for children and young people are fully understood. Improved early help for children and young people are fully understood. Training for professionals and recognising the early signs in children's perinatal and pregnancy community support and wider universal services. Enhancing existing Public Health activity. Increase availability of pregnancy related depression groups with lead workers in adult mental health teams to deliver the groups in conjunction with health visitors. Developing improved systems to record and analyse multi-agency information as well as developing and implementing agreed principles for improved engagement. Improved ante-natal information for expectant families, including availability of Understanding your Child parenting programme for ante-natal families.

One of the guiding principles for all organisations, in the development of the various

What are the key projects within this programme?

the Expanded existing mental health transitions. This has been tackled in a number of ways, several of which are highlighted below:

When will the change occur?

Q4 2015/16 Extension of the upper age limit for children and young people emotional health and mental wellbeing services to 25 years through the commissioning

What outcomes will be delivered?

- To map professional knowledge and skills in relation to perinatal mental health
- To develop joint pathways/processes to support individuals through those transitions. Aved early help in work with service of perinatal CAMHS and the main provider for adult mental health services. Closer working
- To reduce inpatient admissions in relation to perinatal mental health

between teams, sharing of information and introduction of multidisciplinary meetings is already beginning to improve the offer.	
• Joint commissioning between the Councils and CCGs. This has built on the informal relationships which have developed over the past few years. It will help to provide a seamless service by abolishing some of the traditional notions of ‘tiers’ and ‘hand offs’ between services.	6 7 8 9
• The introduction of a single point of access for service users and professionals has removed some of the complexity for people trying to navigate through different services.	10 11 12 13
When will the change occur?	
Q4 2015/16	14 15
What outcomes will be delivered?	
- Improved understanding of the mental health needs and views of children and young people	16 17 18 19

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Next Steps

Delivery of each of the programmes will continue to be monitored through the 0-25 emotional health and wellbeing strategic group. Progress will be reported to the Children’s Trust, as required.

*Fiona Ellis
Commissioning & Redesign Lead (Women & Children), Shropshire Clinical Commissioning Group*

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

2 <http://www.shropshiretogether.org.uk/wp-content/uploads/2015/07/Final-Shropshire-Autism-Needs-Assessment-2015-updated.pdf>

Cabinet Member (Portfolio Holder)
Cllr Karen Calder

Local Member

Appendices