

SLOUGH BOROUGH COUNCIL

REPORT TO: Education and Children's Services Scrutiny Panel **DATE:** 15th April 2015

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WARD(S): All

PART I **FOR COMMENT AND CONSIDERATION**

UPDATE ON SPECIALIST EMOTIONAL HEALTH AND WELLBEING (CAMHS)

1. **Purpose of Report**

The purpose of this report is to update the Panel on the local service changes to specialist CAMHS which have taken place since May 2014 and re-commissioning arrangements from April 2015 for CAMHS across Tiers 3 and 4 (specialist and highly specialist support). (The first part of the report, attached within the agenda on Universal and targeted emotional health and wellbeing (CAMHS) has been provided by Dr Angela Snowling).

To remind the panel that the successful delivery of emotional health and wellbeing services (CAMHS) requires a partnership approach between providers at each service tier, and between commissioners and providers. This report should be read as a part 2 to Dr Angela Snowling's report.

2. **Recommendation(s)/Proposed Action**

That the Panel:

- Notes the latest national guidance and response to the local review of CAMHS.
- Notes the commissioning plans and arrangements for children and young people at each tier.
- Endorses the renewed emphasis on early intervention and prevention especially at universal and targeted level (Tier 1 and 2) and the expected impact of this work on higher levels of support.
- Notes the changes that are being made to improve provision at Tier 4 in Berkshire.
- Endorses the work to review the workforce training and development needs for better identification of post natal mental health issues, to receive swift and early help, and to better understand the reasons why women do not take up the provision of Adult Mental Health Services for pregnant women and for the first year after birth.
- Endorses the preparation of a joint CAMHS transformation action plan for all tiers of children and young people's mental health and wellbeing in accordance with "Future in Mind" recommendations.

3. **Supporting Information**

What does a good child and adolescent mental health service good look like?

The Joint Commissioning Panel for Mental Health (JCP-MH) (www.jcpmh.info) guide published in October 2013 on child and adolescent mental health services focused on good practice and the information in that guide has formed the basis for the planning of future CAMHS provision.

This means that in order to be a good service timely support will be provided without the need for long waits for interventions. The support will be effective and meet the needs of children and young people, and be efficient in terms of delivery at the earliest point of intervention. Access will be via clear care pathways which are well signposted and understood. These taken collectively will provide quality outcomes.

4 Local and national publications on how children and young people's mental health and wellbeing should be improved, promoted and protected

Numerous local, regional and national reviews into emotional health and wellbeing services for children and young people have been published over the past 12 months including a Berkshire CCG commissioned review which was published on the Slough CCG website last year.

Since then a "You said, We Did" update on progress has also been published by the CCG (December 2014). Both reports are also available on the Slough CCG website in a Young Person friendly format.

<http://www.sloughccg.nhs.uk/have-your-say/491-review-of-camhs>

'Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing' (March 2015) makes a number of proposals the government wishes to see by 2020.

<https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

These include:

- tackling stigma and improving attitudes to mental illness
 - introducing more access and waiting time standards for services
 - establishing 'one stop shop' support services in the community
 - improving access for children and young people who are particularly vulnerable
- The report sets out how much of this can be achieved through better working between the NHS, local authorities, voluntary and community services, schools and other local services. It also makes it clear that many of these changes can be achieved by working differently, rather than needing significant investment. Much of this work has already started in Slough.

"Future in Mind" recommends the development of Transformation Plans for Children and Young People's Mental health and Wellbeing which clearly articulate the local offer. These Plans would cover the whole spectrum of services for children and young people's mental health and wellbeing from health promotion and prevention work, to support and interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services. It is anticipated that the lead commissioner, in most cases the Clinical Commissioning Group, would draw up the Plans, working closely with Health and Wellbeing Board partners including local authorities. All these partners have an important role to play in ensuring that services are jointly commissioned in a way that promotes effective joint working and establishes clear pathways.

Slough CCG will be working with partners to develop a Transformation Plan. Lead responsibility will be confirmed in due course. Given the complex commissioning arrangements in Slough there is a need for close partnership engagement.

5 Local service changes in specialist CAMHs which have taken place since May 2014.

Tier 3 CCG commissioned specialist provision from Berkshire Healthcare Foundation Trust (BHFT)

Details on the improvements made to emotional health and wellbeing services are described in the 'You said ... We Did' report. There were ten recommendations from the Berkshire review and each has been progressed with much further work that is ongoing.

The CCGs applied and were successful in accessing over £400K of additional funding through the winter operational resilience funding from NHS England for 2014-15. The extra funding for the Berkshire East area has been used to:

1. Reduce waiting times, starting with those young people who are assessed as being at most risk. The CCG aim is to reduce the number of young people who reach crisis point. This has impacted positively on waiting lists but this work will not clear the backlog, the majority of which have been identified as not at immediate high risk.
2. Extend the availability of CAMHs services into evenings and weekends.
3. Enhance the existing Early Intervention in Psychosis Service for young people.
4. Reduce admissions to Wexham Park Hospital of young people with mental health issues.
5. Develop a psychological medicines service for young people based at Wexham Park Hospital

The criteria for being most at risk are (red RAG rated):

- Presence of suicide this could be a suicide attempt, persistent suicidal ideation or evidence of a plan or actual intent.
- Severe or rapid weight loss associated with eating disorder, or Height to Weight percentile < 2nd centile.
- Increased risk of harm to others.
- Presence of untreated psychotic features or bipolar affective disorder.
- Severe depression, severe anxiety/obsessive compulsive disorder/post-traumatic stress disorder when cases have been waiting for 6 months or longer with clear indication of a deterioration in their presentation.
- Presence of more than two of the following: self-harm (e.g. cutting), fleeting suicidal ideation, eating disorders with associated weight loss or physical sequelae, significant biological features of depression or other risk.
- Mental health issues with severe safeguarding concerns.
- One or more presentation to Accident and Emergency.

The waiting times for those rated as Amber or Green are variable dependant on the profile of risk. The longest waits are for those young people are on the Autism diagnostic pathway which accounts for more than 50% of current waiting list. Autistic Spectrum Disorder (ASD) is a diagnostic only pathway (at this point). The majority of the cases waiting are not at high clinical risk and are RAG rated as Amber/Green unless there are co-morbidities. This means that the waits in

this pathway have not been significantly impacted on as the increased resource is being targeted on red and amber rated cases. This is in no way to underestimate the impact of ASD on family life. There is much that schools, the voluntary sector and Local Authorities offer to support children pre and post diagnosis. The challenge is to do this in an even more coordinated way.

Berkshire CCGs are working with the police, ambulance service, Local Authorities, Public Health, hospitals, Drug and Alcohol Teams and Berkshire Healthcare Foundation Trust to develop an action plan as part of the Crisis Care Concordat.

A multiagency Berkshire group led by Public Health has been set up to better understand factors that influence suicide risk & self harm across all age groups with an aim of reducing rates.

A number of pilot projects are underway across Berkshire and learning from these will influence commissioning across Tiers. These pilots include:

- The pathways and App work being undertaken in Slough
- School based management of attention deficit hyperactivity disorder (ADHD).
- On-line counselling.
- Identifying and supporting women with perinatal and postnatal mental health issues earlier. Postnatal depression can impact upon the mother's ability to securely bond with her child, which in turn can lead to developmental difficulties in the infant.
- Use of assessments and training to identify emotional health and wellbeing issues in Looked After Children.

TIER 4 (highly specialist CAMHs)

Tier 4 provision is the highest level of service which is commissioned by NHS England. National findings from a NHS England review of Tier 4 provision in 2014 recommended that:

- Every area should have adequate capacity of Tier 4 CAMHs beds.
- There should be agreed national standards for referral, assessment, admission, trial leave and discharge.
- improved deployment of case managers
- Collaborative commissioning models should be explored which acknowledge that accountability rests with different statutory bodies whilst minimising perverse incentives. This should include care delivered at Tiers 3 and 4. Consideration needs to be given to how best Local Authority services can be involved in the model.
- Further work should be done to develop models of care across the whole care pathway for children and young people with eating disorders/learning difficulties with services providing alternatives to hospital admission.
- A wider discussion is required nationally regarding developing an adequate CAMHs workforce.

Progress update on Tier 4

The Berkshire Adolescent Unit in Wokingham has historically been commissioned as a Tier 3 resource. The national Tier 4 review recommended that every area should have adequate capacity at Tier 4. Since September plans have been agreed in principle with the CCGs and NHS England to change the

Berkshire Adolescent Unit, from a Tier 3 unit (with some Tier 4 activity) into a Tier 4 provision so that it can be open for 7 days, 52 weeks per year. It is hoped that the unit will eventually be expanded from 7 beds to form a larger in-patient residential unit (12-15 beds) as well as catering for day patients. This unit could also provide some crisis intervention beds. It is hoped that 2 additional beds will open later this year. There is no timescale set yet for the additional expansion. Under this new arrangement a proportion of the funding for running the provision will transfer to NHS England. The remaining Tier 3 resources for the community based Eating Disorders service and Early Intervention in Psychosis will be included within the Tier 3 CAMHS service specification for 15/16.

6 CCG commissioning intentions for 1516.

The CCG is committed to increasing resources into tier 3 CAMHS and is in discussion with the provider around value, service configuration and outcomes. The CCGs wish to retain the successful elements of the initiatives funded through the winter operational resilience monies.

The government has signalled that additional funding for mental health and wellbeing services for children and young people will be made available in 15/16 and that this will be contingent on the development of local transformation plans as described in paragraph 4.

The Thames Valley Children's and Maternity network plans to influence development of a perinatal mental health service which will support early years staff to recognise antenatal depression (which can lead to serious attachment problems) and intervene earlier – this is described in Dr Angela Snowling's report. The CCG wishes to consider the findings of this work.

7. Conclusion

The Panel is requested to note and approve:

- the significant changes that have occurred to service
- that bids for future central government grant funding will probably be contingent on having a local transformation plan in place.
- that the results of the Slough Tier 2 pilot will inform the local transformation plan.
- that there is a still a considerable backlog in our specialist CAMHS services which is being reduced through additional winter pressures funding
- that the Thames Valley Children's and Maternity network plans to influence development of a perinatal mental health service which will support early years staff to recognise antenatal depression (which can lead to serious attachment problems) and intervene earlier – this is described in Dr Angela Snowling's report

