

Improving Mental Health outcomes for Lincolnshire's Children

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Outline

- Background
- The Structure and function of CAMHs
- What does it currently look like in Lincolnshire
- What has and hasn't worked well?
- What does 21st Century good practice look like?
- What changes are we proposing?
- What difference will it make for children and families?
- Any questions

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Background

- Section 75 agreement in 2008 LCC&LPFT
- NDT visit in 2009: better productivity recommended and targeting on most vulnerable
- Paediatric review 2009: better integration recommended
- Ring fenced CAMHs Grant removed from LCC in 2008 and became part of Area Based Grant
- Spending review in 2010 results in cuts to LCC core budgets
- New commissioning intentions jointly developed to improve quality within resources available by LCC and NHSL

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The Structure and function of CAMHs

- Total Spend £7m across the community
- Tier 1: preventative services “everybody’s business”
- Tier 2: rapid access, short term interventions
- Tier 3 structured multi-disciplinary intervention and treatment in the community
- Tier 4 residential or hospital based treatment or equivalent intensity at home

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What does it currently look like in Lincolnshire?

- Tier 1 is patchy from brilliant to absent
- Tier 2 and 3 are delivered by LPFT through a S75 agreement: demand exceeds supply: range and choice is limited
- Tier 4 is mostly Ash Villa with LPFT and some out of county specialist placements
- To deliver the capacity through the current model would require significant new resources, but would not necessarily be good value for money
- We intervene when the problem is severe enough not before it gets really bad!

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What has and hasn't worked well?

- Waiting times for Tier 2 and 3 have improved less than 15 weeks is guaranteed: but it's too long!
- Length of stay is very long average 7 years!
- Productivity seems low: little high volume work such as groups
- Joint working with Paediatrics is much improved
- Out of hours response is much improved
- Rapid follow up for children who self harm is much improved
- Access for children with Learning Disabilities is improved
- Care is often disjointed and lacks integration
- Children sometimes get therapy when parenting support is needed
- There is a lack of confidence that those with the greatest need get the first call on services
- TAMHs pilots have shown the potential for early intervention and real improvements in outcomes: more than 80% of children showed measurable improvement after interventions in school

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What does 21st Century good practice look like?

- A more aware and skilled universal workforce: resilience and self esteem integral to every thing we do with children
- Rapid access to evidence based self help and accessible group and individual work
- Integrated community treatment for children with complex needs delivered through CAF/TAC
- High quality residential/hospital treatment which delivers measurable outcomes and value for money
- Is financially sustainable in the long term

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What changes are we making?

- Formal joint commissioning between LCC and NHSL
- Improved support and training for universal services, better access to parenting support
- An integrated Tier 2 service building on TAMHS as part of locality children's teams through a pooled budget LCC and NHSL
- A focussed Tier 2 team for Looked after Children
- A dedicated forensic assessment service for high risk children
- A Tier 3 service which delivers focussed time limited treatment with clear criteria and clear outcomes
- Tier 4 will be commissioned regionally to achieve better quality and value for money: a local Joint Agency Panel will coordinate placements and generate more innovative local solutions

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What difference will it make for children and families?

- Challenging the stigma
- Rapid access when needed
- Evidence based interventions
- A clear pathway with transparent criteria
- Less medicalisation
- Better transition for those with long term problems
- A sustainable service, not here today gone tomorrow!
- Some will not welcome the changes
- We need your help to keep this on schools and communities agendas

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Any Questions

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