

Report Reference: 4.0

Policy and Scrutiny

Open Report on behalf of the Executive Director Adults and Children's

Report to: Children and Young People Scrutiny Committee

Date: 3 February 2012

Subject: Child and Adolescent Mental Health Services Update

Summary:

The purpose of this report is to update the Children and Young People Scrutiny Committee on Child and Adolescent Mental Health Services (CAMHS) now available in Lincolnshire as commissioned under Lincolnshire County Council's (LCC) and NHS Lincolnshire's (NHSL) new contracting arrangements.

This report will also set out key issues for development in CAMHS for the Committee's consideration.

Actions Required:

The Children and Young People Scrutiny Committee is asked to

- 1. consider the contents of this report.
- 2. request that Stuart Carlton, Assistant Director for Children's Services, provides a further update to the Committee on the progress made against the key issues set out within this report so as to reassure the Committee that new services are improving children and young people's mental health outcomes, are well governed and operating to specification.

1. Background

Allan Kitt, Chief Operating Officer NHSL, made a presentation to the Children and Young People Scrutiny Committee in May 2011, setting out the changes that were being made to CAMHS in Lincolnshire during 2011/12 and the rationale for these changes.

This report will set out CAMHS provision now in place and also outline key issues for development that will continue to be resolved throughout the remainder of 2011/12 and into 2012/13.

Total investment in CAMHS locally remains around £7 million per annum of which NHSL is the primary funder. CAMHS in Lincolnshire is provided by Lincolnshire Partnership NHS Foundation Trust (LPFT) and operates on a 4 Tier framework (know as comprehensive CAMHS).

Tier 1

This is universal provision, available to all young people in the county. LPFT is commissioned to deliver training to professionals in schools and other universal children's settings on understanding mental health concerns and making appropriate referrals. LPFT also delivers and advises upon low level training packages and resources for universal children's settings and schools so that universal staff can deliver early interventions themselves. The provision of this training is monitored and contract managed by LCC.

Lincolnshire County Council has also commissioned a one year pilot of online counselling support for young people aged 11-25 with emotional wellbeing and mental health concerns that is linked into CAMHS pathways. The award-winning website KOOTH.com is run by Xenzone Ltd and is a free, safe, confidential and non-stigmatizing way for young people to access counselling, advice and support online.

The service helps young people with many types of concerns including relationship problems, family issues, school worries, feeling low or depressed, drink and drug problems, sexuality, eating disorders, self harm, bullying, low confidence and abuse. Counselling is provided in a number of ways including:

- Drop in chats with counsellors
- Booked 1:1 counselling
- Group chats
- Themed message forums

Training has begun in schools and other youth settings across the county and young people are being provided with contact details for the service. Within the first full month of delivery over 200 young people signed up to access a service. One key benefit of this service is that any young person can access it without the need to be referred by a professional.

Tier 2- LCC Commissioned

Targeted support to children aged 0-18: This service was born out of the Targeted Mental Health in Schools pathfinder. All schools that have received training (see Tier 1) are allocated a named Primary Mental Health Worker and they can make direct referrals to CAMHS; something they have been unable to do before now. Waiting time from referral to intervention has been halved under the new contract to a maximum of 6 weeks.

Primary Mental Health Workers remain employed by LPFT but are now based in LCC's Locality Teams to ensure better integrated working. They also take referrals via the Team Around the Child process and from GP's.

Interest from schools and academies has been significant since the launch in September 2011 with 50 schools fully accessing the pathway and 100 schools in the process of signing up. The service features in the Outstanding Schools Services Brochure, letters promoting the service have been sent to every school in the county and other promotion has taken place with all Children's Services Team

Managers. Further promotion of the service is planned to all Head Teachers, GP's and Locality Teams.

Fast Track Access to CAMHS for Looked After Children (LAC): All LAC referred to CAMHS are assessed by a specialist LAC Team. Waiting time from referral to consultation/intervention (whichever is most appropriate) has been reduced to 4 weeks. National waiting standards are 18 weeks.

In addition the LAC Team provide training to LCC's Social Workers, Residential Care Managers, Foster Carers and Adoptive Parents (pre-adoption) on managing mental health concerns. The LAC Team also provide consultation to professionals working with LAC and attend meetings with LAC Team Managers to assess Strength and Difficulty Questionnaires on LAC that flag a concern around mental health. Plans are progressing for the LAC Team Manager to sit on the Corporate Parenting Panel.

Tier 3 - LCC Commissioned

Community Forensic Psychology Service: High risk young people at risk of offending or that have already offended are referred by the Youth Offending Service, Social Workers or other CAMHS Clinicians. The Forensic Psychologist provides an in-depth forensic assessment of their mental health and issues reports and care plans to professionals outlining therapies required. Some direct therapeutic work and forensic supervision is undertaken as well as training other professionals working with these young people.

Lincolnshire Secure Unit in-reach CAMHS: All young people in Lincolnshire Secure Unit have access to an in-reach CAMHS Team. A CAMHS Nurse is based at Lincolnshire Secure Unit and provides interventions at Tier 2/3. In addition, a Psychiatrist and Psychologist working at Tier 3 spend part of their time at Lincolnshire Secure Unit. The Team provide training to other staff working in Lincolnshire Secure Unit.

Tier 3- NHS Lincolnshire Commissioned

NHS Lincolnshire continues to commission all Tier 3 Specialist CAMHS directly with LPFT. This includes countywide Community Teams with input from Psychologists, Psychiatrists, Occupational Therapists and Nursing all of whom deliver a range of therapeutic interventions to young people with more severe mental health needs. NHS Lincolnshire also commissions a small Learning Disability Team, a Specialist Eating Disorder Service and an Early Onset Psychosis Service that crosses between CAMHS and Adult Mental Health Services.

Tier 4

Tier 4 CAMHS is due to be regionally commissioned from 2012/13 onwards by the Midlands and East Specialist Commissioning Group who will form the new National Commissioning Board. Tier 4 services in Lincolnshire are provided at the Ash Villa inpatient unit.

Recent Performance

As part of the new service, the performance management information that LPFT provide to demonstrate effective delivery has been re-designed with new targets set. This is to ensure that outcomes, inputs, outputs, value for money, productivity and continuous improvement can all be clearly monitored and managed. It has taken some time to agree and embed these changes but performance management information has now been improved significantly and is enabling LCC as commissioners to address key issues and recognise successes. Some key improvements (as at December 2011) in LPFT's performance against new stretched targets have also been made including:

- The average waiting time from referral to intervention for Looked After Children is now 2.4 weeks. This is above the target of 4 weeks.
- The average waiting time for Tier 2 cases is now 4.2 weeks. This is above the target of 6 weeks. National targets are 18 weeks.
- Only 4 young people were re-referred to CAMHS having been discharged from CAMHS within the previous 12 months - this is an indication that the interventions young people receive are working and they are not re-lapsing.
- The proportion of service users disengaging from CAMHS is low and much better that LPFT's wider Trust average.
- Positive service user feedback is being demonstrated.
- LPFT has passed LSCB's Section 11 Assessment.

LCC also coordinated a CAMHS Scoping Day in September 2011, where partners could reflect on existing practice and relationships and identify areas for improvement. LPFT were very clear of their desire to be an outstanding service and as such criteria were agreed against which continuous improvement will be monitored. CAMHS also highlighted some existing elements of good practice including winning two awards for SMILES; a new training package that schools can access and also for an innovative outcome measure called OO-CAMHS that is being rolled out across the county and will provide a better tool for demonstrating service user feedback and treatment outcomes. A key issue identified for further development was a review of CAMHS governance (see below).

Key Issues for Further Development

Key Issue 1: Section 75 Agreement to be signed by NHSL and LCC.

An interim Section 76 Agreement between NHSL and LCC has been in place since 1st April 2011, whereby LCC provide funding to NHSL for services which NHSL then commission on LCC's behalf. This Agreement will cease when the new Section 75 Agreement comes into effect and establishes a formal commissioning relationship between both agencies that uses a pooled budget (£900,000 p/a), managed by LCC to commission:

- Targeted support at Tier 2 to children aged 0-18.
- Fast track access to CAMHS for Looked After Children
- Community Forensic Psychology assessments for high risk young people
- In-reach CAMHS to Lincolnshire Secure Unit

There are two key reasons why the Section 75 Agreement has not yet been signed off. Firstly, intensive negotiations about contract terms and conditions between commissioners' and LPFT are ongoing. Secondly, NHSL and LCC are awaiting confirmation from the Department of Health in November on who will be responsible for funding CAMHS in Lincolnshire Secure Unit and NHSL is not prepared to sign until agreement has been made.

The Section 75 Agreement is expected to be signed off by 31st March 2012. In the meantime, LCC is aiding NHSL with the contract management of LPFT and LPFT are delivering services in line with the new agreements.

Key Issue 2: CAMHS Governance to be reviewed by LCC and NHSL

As highlighted at the CAMHS Scoping Day, the Governance arrangements for CAMHS need reviewing to ensure a joined up approach to commissioning both children's and adult's mental health services in Lincolnshire, to the benefit of service users. The Section 75 Agreement will result in the formation of a Joint Commissioning Partnership Board with representation from NHSL, LCC and Public Health, however, the Board will only focus on CAMHS commissioning. It is felt it would be more beneficial for a strategic board to be established to have an overview of both children's and adults commissioning of mental health services.

Similarly there is not a joined up approach to contract management. In CAMHS, the services LCC commission are jointly managed with NHSL, but NHSL will continue to manage the services they commission with no involvement from LCC. The risk is that services will be disjointed if they are not viewed as a collective. Furthermore, better contract management links need to be made across LCC's Children's Services and Adults Services for CAMHS and Adult Mental Health Services. It is understood that LCC's contract management of Adult Mental Health Services needs to be made more robust and a joint approach across directorates would allow more rigour to both contracts and aid smoother transitions and dovetailing thresholds between commissioned services. An agreement has been made to try to set up a joint contract management approach across Adult's and Children's Services.

Key Issue 3: Looked After Children (LAC) need to be seen as a priority across all CAMHS with fast track access to all services.

LCC commission a dedicated LAC service which means any LAC in need of CAMHS should be assessed and in receipt of an intervention/consultation at Tier 2 within 4 weeks. If, however, a LAC is assessed as needing a Tier 3 service or any service that NHSL commission outside of the pooled budget then they must wait up to 12 weeks for an intervention. The result is that LAC may be seen more quickly if their mental health need is less severe. This is clearly not ideal but NHSL have limited resources that mean they cannot agree to the 4 week waiting time.

Key Issue 4: Commissioners need to agree who will be funding CAMHS in Lincolnshire Secure Unit from 1st April 2012 onwards based on Department of Health (DoH) Guidance.

LCC is currently funding CAMHS in Lincolnshire Secure Unit until 31st March 2012. NHSL will become the responsible commissioner for healthcare into Lincolnshire Secure Unit and will be apportioned funding accordingly, however, the DoH is currently advising about CAMHS funding separately. Following the outcome of this advice (expected by 31st January 2012) the Section S75 Agreement will be updated accordingly. There is a concern that if NHSL are not given funding that covers LCC's existing investment then the level of CAMHS in the Secure Unit may be reviewed. LCC would wish the service to continue as it currently does given the demand for CAMHS in this setting.

Key Issue 5: LPFT need to provide commissioners with information on LAC from outside of Lincolnshire in receipt of CAMHS so that their originating PCT can be charged and the income can be reinvested into services for Lincolnshire children.

2. Conclusion

CAMHS provision in Lincolnshire has changed to ensure that the universal workforce is better able to recognise early when a child or young person has a mental health concern and then make an appropriate referral. Waiting times have been reduced significantly in many services and all services are well below the National Standard of 18 weeks at Tier 3. New services are still bedding in and regular contract management will enable any challenges that arise to be addressed quickly.

Some key issues for development have already become apparent and the Committee will be kept abreast of how these are being managed and resolved.

3. Consultation

a) Policy Proofing Actions Required

n/a

4. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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