


Agenda Item 5

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Debbie Barnes, Executive Director of Children's Services, Lincolnshire County Council

Report to	Health Scrutiny Committee for Lincolnshire
Date:	16 December 2015
Subject:	Children and Adolescent Mental Health Services

Summary:

This report provides an overview of the commissioning of the Child and Adolescent Mental Health Service (CAMHS), including funding, performance monitoring, local need and delivery against national benchmarking. The report will also cover the proposed revised model of delivery following successful application for Local Transformation Planning NHS England funds. The current contract with Lincolnshire Partnership NHS Foundation Trust (LPFT) ends on 31 March 2016. The new CAMHS will commence on 1 April 2016 until 31 March 2018 with LPFT.

Actions Required:

To consider and comment on the content of the report.

1. Background

Children's and Adolescent Mental Health Service, or CAMHS as it is normally referred to, provides highly specialist mental health services delivered by clinical experts from Lincolnshire Partnership NHS Foundation Trust (LPFT) and is funded by Lincolnshire County Council and the four Clinical Commissioning Groups (CCGs).

CAMHS is structured on a four tier basis, with Tier 1 being access to universal support services, through to Tier 4 which support inpatient specialist, acute needs.

Tier 1 services are available to all children and young people, which are provided by Primary Care and universal service professionals e.g. General Practitioners, Health Visitors and School Nurses and other support groups or helplines. These services offer general advice and treatment for less severe problems; promote good mental health; aid the early identification of problems and refer to more targeted or specialist services. Schools have a vital role to play at this level.

Lincolnshire County Council Children's Services has the delegated lead commissioning responsibility from the CCGs for CAMHS at Tiers 2 & 3 and is agreed in the form of a Section 75 Agreement, which ends on the 31 March 2018 and are set out below:

Tier 2 CAMHS for children and young people experiencing moderately severe mental health problems. Services include:

- Primary Mental Health Team offering:
 - Free training on understanding mental health concerns for all professionals working with children and young people aged 0-18 in Lincolnshire.
 - Consultation to professionals and families about specific concerns relating to a child.
 - Assessment and treatment for children aged 0-18 with mild to moderate mental health concerns, normally 6-8 sessions. Maximum waiting time from referral to intervention should be 6 weeks.

- Looked After Children Team offering:
 - Training for foster carers, adoptive parents, leaving care workers and residential care staff.
 - Fast track access for assessment and treatment for Looked After Children and care leavers up to age 25. Maximum waiting time from referral to intervention should be 4 weeks.

- Therapeutic Services for Children; Sexually Harmful Behaviours and Victims of Sexual Abuse (including for those with non-diagnosable mental health concerns)

Tier 3 CAMHS for children and young people with more severe, complex and persistent mental health needs. Services include:

- Community Teams providing treatment via a range of therapies. Maximum waiting time from referral to intervention is 12 weeks.
- Forensic Psychology Service providing an assessment of risk and planning treatment for children and young people experiencing mental health issues who also pose a risk to the public or have offended.
- Self-Harm assessment & intervention service that assesses children and young people following admission onto paediatric wards following an incident of self-harm.
- Youth Offending Service providing assessment and treatment of mental health concerns.
- Learning Disability Service for children and young people with profound learning disabilities and mental health concerns.

NHS England Specialised Commissioning has responsibility for commissioning Tier 4 inpatient services.

CAMHS is available for all children and young people in Lincolnshire from birth to the age of 18 years (or 25 years of age for those leaving care services) with referral criteria that service users need to meet in order to access support. The CAMH service delivered by LPFT provides screening, assessment and both short and medium term intervention, stabilisation and resolution for a range of newly emerging or low severity mental health problems in children and young people and on-going treatment and management of more severe, long term and/or complex mental health conditions.

Core CAMHS is a multi-disciplinary community mental health service. The type of help that can be provided may include: family therapy; individual therapy; cognitive behavioural therapy; solution focused brief therapy; group work; psychiatric intervention; psychotherapeutic intervention; counselling, and where necessary, medication.

To ensure a coordinated and holistic approach to supporting children and young people's mental health the service works closely with and provides support to universal services. This includes GPs, Community Paediatricians, A&E, Health Visitors, Schools, School Nurses, Colleges, further education and third sector agencies.

This service forms part of the 'children are healthy and safe' commissioning strategy and the Children's Services strategic objectives of ensuring children and young people are:

- Healthy and Safe
- Ready for Adult Life

As part of the Universal Offer, Lincolnshire County Council also commissions Kooth, an online counselling service, available 24/7 for young people aged 11-25 with emotional or mental health concerns. The service was commissioned for less severe mental health problems that are more likely to be short-lived, but which may affect user's psychological and emotional well-being, causing concern to themselves, their families and friends.

The service helps young people manage their emotional wellbeing concerns at the earliest opportunity before these problems escalate resulting in the possible need for more specialist service intervention.

Funding

The current core CAMHS funding is split between Children's Services and the CCGs. Children's Services funding totals £724,589 and the CCGs' funding £4,843,532 (which forms the s75 agreement) giving a total value of £5,568,121 per annum which is then contracted to LPFT. Additional funds and grants, such as the £350,000 Better Care Fund, non – recurrent Parity of Esteem money and Local Transformation money have been bid for and awarded during the contract period to support specific developments.

Governance Arrangements

The governance arrangements in place are intended to provide a framework for the delivery of multiple working strands, including CAMHS, to monitor the achievement of the priorities of the Health and Well Being strategy. These arrangements reflect the changing commissioning landscape and will enable health and social care commissioners to have joint engagement and ownership of joint commissioning arrangements providing integrated strategies to improve the health and social care needs of our communities.

Lincolnshire County Council and the four CCGs have jointly funded a Chief Commissioning Officer post to oversee the joint commissioning arrangements between the two bodies. This post is a key link in the joint commissioning arrangement of CAMHS. The contract that monitors CAMHS sits within the Children's Commissioning team. The team oversee all aspects of commissioning arrangements for 0-25 years; including services for Mental Health and Emotional Wellbeing, Public Health Services, The 0-5 Healthy Child Programme, Health Visiting, Looked After Children, Special Education Needs and Disabilities, Learning Disabilities, and Short Breaks. Within the Commissioning Team, a dedicated CAMHS officer undertakes quarterly performance monitoring reviews as part of on-going contract management meetings. These meetings include representation from the Council, CCGs, LPFT and the Chief Commissioning Officer and the strategic oversight of CAMHS is presented through the Health and Wellbeing Board.

Performance Monitoring

The performance of the existing CAMHS contract is closely monitored, including;

- Total number of referrals and referrals by source of referrer
- Inappropriate referrals by source of referral
- Referrals discharged in previous 12 months and referrals by reason of referral
- Maximum, Minimum, Average Wait from referral to intervention (broken down by area)
- Number of patients (broken down by area)
- Percentage seen within wait times (broken down by area)
- Wait to offered appointment (broken down by area)
- Face to Face Contacts
- Did Not Attend Rate
- Assessment, Consultation, Liaison and Social-Clinical recorded activity (broken down by area)
- Discharges - End of Care (broken down by area) and Discharges – Ineligible (broken down by area)
- Interventions – Maximum, Minimum, Average Wait (broken down by area) and number of Patients

- Questionnaires for Parents/Carers and for Young People
- Staff Compliance, Training and Sickness and Risk Register
- Overview of the Service Users, including recording Children in Public Care (LAC) those with a Child Protection Plan, those with Common Assessment Framework/ Team Around the Child, and those with Disabilities and Learning Disabilities

On an annual basis we also review stakeholder engagement, financial information, business continuity planning and Care Quality Commission (CQC) Reporting.

In comparison to the historic national target wait of 18 weeks, the waiting times for Lincolnshire CAMHS are significantly reduced. The targets in place strive to achieve a better outcome for Lincolnshire young people.

Referral To Intervention Wait	15/16 Target	15/16 Actual	16/17 Target
Tier 2 Services wait	6 week wait	6.9 week wait	6 week wait
Tier 3 Services wait	12 week wait	3 week wait	6 week wait
Looked After Children wait	4 week wait	4 week wait	4 week wait
Youth Offending Services wait	3 week wait	6 week wait	3 week wait

As shown in the table above, there are some changes to the 2016/2017 waiting times for CAMHS. These are ambitious but also realistic to reflect the level of funding being invested versus the greater demand and requirements which must be delivered in order to meet Future In Mind requirements, on which the funding for the transformation bid was targeted. These times will be based on two response rate targets;

- Degree of urgency
- Specific service is required

The young person will always be subject to the quicker of the two response targets, based on their individual need. Degree of urgency will fall into one of the following categories;

- Emergency
 - CAMHS telephone response within 4 hours
 - Face to Face emergency response within 13 hours (24/7)
- Urgent
 - Face to Face within 72 hours
- Routine
 - Face to Face within 6 weeks

In recognition that certain vulnerable groups require quicker access to the service than the six weeks offered for a routine appointment, the above is supported by the following access times;

- Self-Harm Assessment and Intervention Service: 24 hours
- Specialist CAMHS Support to Looked After Children: 4 weeks
- Young People in contact with the Youth Justice System: 3 weeks
- Community Eating Disorder:
 - Face to Face emergency response: 13 hours
 - Face to Face urgent response: 72 hours
 - Treatment start: within 1 week for urgent cases and 4 weeks for routine

There are a number of presentations that will trigger a referral to CAMHS. For 2014/2015 the highest reason for referrals to Tier 2 CAMHS was:

- Anxiety (492 referrals)
- Low Mood (372 referrals)

There is a very similar picture in Tier 3 CAMHS with the highest number of referrals being:

- Anxiety (776)
- Low Mood (623)

The total number of referrals received into the service during the last financial year (1st April 2014 to 31st March 2015) was 4,569 (the previous year this figure was 4,577). The number of referrals received during the first three months of this financial year was 1,093 and during April to June 2015, 1,586 face to face contacts were made. The number of referrals declined during 2014-2015 reduced by 2.5% (740 compared to 858 in 2013/14). The overall percentage of referrals made to the service which were declined was 16%. A young person is declined if they do not meet the criteria to access a specialist mental health service. As an example of this, in order to access Anxiety at Tier 2 CAMHS, a brief description of the symptoms may include;

- Persistent anxiety present for more than 4 weeks
- Inappropriate for the child's stage of development
- Results in substantial distress
- Causes avoidance that interferes significantly with the child's everyday life

In the new CAMHS model through the Single Point of Referral mechanism, referrals can be made by any professional or agency working with the child or young person. In addition, the SPR will support self-referral by children, young people and their parents/carers.

Inappropriate referrals can be identified earlier and re-directed to other named services, called Universal Services that will be able to deal with lower level support and which are able to be accessed by all without a referral, such as on line counselling, Lincolnshire Centre for Grief and Loss, School Nursing, Health Visiting or other support groups or helplines as appropriate

As a snapshot the wait from referral to intervention at Tier 3 has been consistently within the target time period throughout the last financial year. 99% of patients have been seen at Tier 3 within the 12 week target, with the average wait being 3 weeks or less. The average number of open cases held by the whole service each month is 1,912. 66% of the cases are held within Tier 3, 22.5% are within Primary Mental Health with the remaining 11.5% of cases held within the specific teams for vulnerable groups (Looked After Children, Youth Offending Service, Learning Disability, Community Forensic, and Diabetes). The majority

of therapeutic services for post abuse and harmful behaviours are held within Tier 3 services.

In 2014/2015 Patient Experience was measured through a number of mechanisms including patient and parent questionnaires. The number of returns for young people for the period 1 January to 31 March 2015 was 172 with an overall satisfaction rate of 89.12% (the previous quarter satisfaction rate was 90.04%) The number of returns from parents and carers in the same period is 119, with an overall satisfaction rate of 89.87% (the previous quarter satisfaction rate was 92%)

As part of performance information, LPFT details feedback from stakeholder questionnaires which measure the service users individual experience and their satisfaction rate. This feedback provides a full account of all comments given by young people, parents and carers throughout the year. As a snapshot in Q4, young people provided 251 comments of which 227 of these were positive. Parents and carers provided 190 comments, 173 of these were positive. Negative comments are addressed through the contract management process and tracked for continuous service delivery improvement. The comments are also provided for locality team to discuss in team meetings and responses for generic issues are addressed in the "You said – we did" boards placed within reception areas.

As part of their ongoing commitment to Young People, LPFT also support Lost Luggage, the name chosen by a group of young Trust members, who get actively involved in the work LPFT do. Lost Luggage meet outside of school hours and explore creative and fun ways of enabling young people's voices to be heard. They have already championed an anti-stigma message by producing a DVD and radio jingle and have been involved in drama projects and performances at the Drill Hall in Lincoln.

National Policy Requirements

On 17 March 2015, NHS England released "Future In Mind" which outlined radical changes for improvements to mental health and emotional wellbeing services for young people nationally. Future In Mind recommended a number of changes under five broad themes;

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

(Please see Section 5 - Background Papers for the link to the Future In Mind report)

In light of Future In Mind, NHS England announced an opportunity to bid for funding for CAMH services which met the proposals within Future In Mind, in addition to some further work streams on Perinatal services, Community Eating Disorder Services and clinical training. Lincolnshire put forward a Local Transformation Plan identifying the work that would be undertaken with other agencies, including Schools, Police, the CAMHS Provider, and Public Health etc. to use a multi-agency approach to improve outcomes. This bid was written on behalf of Lincolnshire County Council, the four Clinical Commissioning Groups and progressed through the Women & Children's Board, Health and Wellbeing Board and East Midlands NHS Specialised Commissioning.

Lincolnshire was successful in securing £1.4m per year, due to continue over the next five years, pending tracking, totalling a minimum additional £7m income.

Service Developments

Lincolnshire intends to commission an integrated new model of service delivery for Lincolnshire CAMHS based on a robust specification that combines;

- A tier-less system that includes a Community Based Eating Disorder Service, Tier 3+ provision that operates 24/7 for those in crisis and particular support for vulnerable groups to reduce health inequalities
- A service built on NICE clinical pathways explicit in the number of interventions provided, frequency of contact and anticipated length of time in treatment incorporating a CAPA approach
- A model that focuses on empowering the voice of young people, delivering evidence based practice and improved outcomes utilising mechanisms such as Child Outcome Research Consortium (CORC), Outcome Orientated CAMHS (OO-CAMHS), Patient Related Outcomes Monitoring (PROM), Strength and Difficulty Questionnaires (SDQ's) and Child Experience of Service Questionnaire (CHI-ESQ)
- Increased support for transitions and behavioural support through the development of multi-agency pathways
- Developing staff through Children and Young People's Improving Access to Psychological Therapies Programme Training (CYP IAPT). This is a service transformation programme delivered by NHS England that aims to improve existing CAMHS working in the community. This will include identifying clinical and non-clinical staff for IAPT training
- Establishing a Single Point of Referral (SPR) so all referrals are received into a daily triage function, prioritising referrals within stretching and ambitious wait times, including a 4 hour response time for emergency referrals.

To date Lincolnshire has;

- Undertaken stakeholder consultation, with over 55 local groups
- Implemented a further Section 75 Agreement between the Local Authority and CCG's
- Revised the CAMH service specification
- Participated in East Midlands review of readiness to implement Future In Mind, resulting in an internal action plan that we have shared with key stakeholders, such as Chief Commissioner for Learning, LPFT and CCGs
- Undertaken a gap analysis between existing and proposed service and identified areas of priority
- Commissioned Perinatal Specialist Teams to provide a specialised service for the prevention and treatment of Serious Mental Illness in the ante-natal and post-natal period supporting Mother and Baby
- Started costing various options for Children and Young People's Improving Access to Psychological Therapies Programme Training

- Clarified the specific support we will give to vulnerable groups, including reduced wait times
- Identified how we will deliver a community based Eating Disorder / Tier 3+ out of hours crisis service
- Developed self-harm, transition and behaviour pathways
- Commissioned a Behavioural Outreach Support Service for pupils displaying behaviour that challenges, a Physical Disabilities Support Service and Autism and Learning Disabilities Service to support the needs of pupils across the county
- Commenced a review of the services which support our Readiness for School and Child's Health priorities including Health Visiting, School Nursing and services delivered from Children's Centres as part of holistic package of support for Children & Young People
- Applied for Schools Pilot funding which despite being unsuccessful, has shown engagement of Schools to support mental health services and we remain committed to the ethos within the bid
- Providing development and consultation days in the model to support front line practitioners through training days on mental health issues such as reducing stigma
- Started to develop a web based universal access offer making clear to service users and their families what services they can expect, how to access CAMHS with a planned "go-live" date of January 2016
- Attained Local Transformation Planning money

Other highlights of the new model include;

- Extended opening hours
- Crisis support
- A 9-5 Professional Advice Line
- Training, consultation, support to Universal Services and Professionals
- More robust support for transitions to Adult Mental Health Services with clearer, optimum treatment journey
- Accessible locations
- Timely services so that demand and capacity are proactively managed to minimise waiting
- Flexible service delivered in line with views of young people

2. Conclusion

This report provides the Health Scrutiny Committee with an overview of the CAMHS and the arrangements that have been made to improve the model going forward in order to assure itself, partners and the Council that progress is being made to support the emotional wellbeing and mental health of Lincolnshire's children and young people.

3. Consultation

Not Applicable

4. Background Papers

The following background papers were used in the preparation of this report:

Background Paper	Hyperlink Address
Future In Mind	Hyperlink (first document in list)
Local Transformation Planning Guidance	Hyperlink (first document in list)
Access and Waiting Time Standard for Children and Young People with an Eating Disorder	Hyperlink (first document in list)

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