

SUNDERLAND HEALTH AND WELLBEING BOARD

18 September 2015

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

Report of the Chief Officer, Sunderland CCG

1. Purpose of this Report

The purpose of this report is to:

- Set out NHS England guidance for local NHS teams - CCGs working closely with their health and wellbeing boards and partners on the development of Local Transformational Plans to support improvements in children and young people's mental health and mental health and wellbeing
- Set out the current position, self-assessment and proposed areas for development
- Seek member support for the CCG approach to developing plan

2. Background

- 2.1 The recent report of the Children and Young People's Mental Health Task Force *Future in Mind*, jointly chaired by NHS England, and the Department of Health establishes a clear direction and some key principles about how to make it easier for children and young people to access high quality mental health when they need it.
- 2.2 The document describes an integrated whole systems approach to driving improvements in children and young people's mental health outcomes with the NHS, public health, voluntary and community, local authority children's services, education and youth justice sectors working together to:
- place the emphasis on building resilience, promoting good mental health and wellbeing, prevention and early intervention;
 - deliver a step change in how care is provided – moving away from a system defined in terms of the services organisations provide towards one built around the needs of children, young people and their families;
 - improve access so that children and young people have easy access to the right support at the right time and as close to home as possible. This includes implementing clear evidenced based pathways for community based care to avoid unnecessary admissions to in-patient care;
 - deliver a joined up approach: linking services so care pathways are easier to navigate for all children and young people;
 - sustain a culture of continuous evidence based service improvement delivered by a workforce with the right mix of skills, competencies and experience

- improve transparency and accountability across the whole system – being clear about how resources are being used in each area and providing evidence of collaborative decision making.
- 2.3 The report sets out a clear national ambition to transform the design and delivery of local services for children and young people with mental health needs. These include prioritising investment in those areas that can demonstrate strong leadership and ownership at a local level through robust action planning and engagement with all partners and NHS England Specialised Commissioning to develop publicly available agreed **Local Transformational Plans for Children and Young People’s Mental Health and Wellbeing**.
- 2.4 Extra funding to support the transformation of mental health services for children and young people was announced in the autumn statement (December 2014) and Budget (March 2015). These announcements align with recommendations set out in the *Five Year Forward View* and are designed to build capacity and capability across the system so that by 2020 there is measurable progress towards closing the health and wellbeing gap and securing sustainable improvements in children and young people’s mental health.

3. Local Transformational Plans for Children and Young People’s Mental Health and Wellbeing

3.1 Required Actions for Local Areas;

Local areas can decide what is included in the local transformational plan. It is recognised that the timescales to develop plans is tight and the expectation is that the plan will be a living document that local areas will wish to review and develop in year and within the mainstream planning process from 2016/17.

Local plans will need to demonstrate that they:

- Have been designed with, and are built around the needs of children, young people and families;
- Are based on the mental health needs of children and young people within the local population
- Provide evidence of effective joint working both within and across the sectors including NHS, public health, LA, social care, youth justice, education and voluntary sector
- Include reference to other improvement initiatives including the crisis care concordat
- Include evidence the plans have been developed collaboratively with NHS Specialised Health and Justice Commissioning teams
- Promote collaborative commissioning approaches within and between the sectors
- Clarify status within the CYP IAPT Programme

- Include the level of investment by all partners commissioning children and young people's mental health services for the period April 2014 to March 2015
- Include spend on services directly commissioned by NHS England on behalf of the CCG population
- Will be published on websites for the CCG, Local Authority and any other local partners
- Are based on delivering evidence based practice and focused on demonstrating improved outcomes
- Make explicit how equality is being promoted and health inequalities are being addressed
- Will be monitored by multi-agency boards for delivery supported by local implementation/ delivery groups to monitor progress against plans including risks
- Include baseline information for April 2014-March 2015 on referrals made, accepted and waiting times
- Include workforce information, numbers of staff including whole time equivalents, skills and capabilities
- Include measurable, ambitious KPIs
- Have been costed and are aligned to the funding allocation that will be received
- Take into account the existing different and previous funding streams including MH resilience funding (parity of esteem)

3.2 Headline Timelines and Proposed Local Action

3.2.1 Actions to Date

- March 2015 – Publication of Future in Mind CAMHS Partnership review of Mental Health and Emotional Well Being Strategy for Children and Young People against Future in Mind Recommendations and initial priority setting
- July 2015 – Opportunity to bid for CAMHS / Schools Pilot Programme
CCG work with partners to produce and submit expression of interest in CAMHS/ Schools pilot
- August 2015 – Publication of Transformational Planning and Eating Disorder commissioning guidance with initial allocation of Eating Disorder Monies
- Circulation of completion of CAMHS Transformation self-assessment by partner organisations
- CCG produce draft self-assessment, proposed future actions and state of readiness based on partner responses and priorities identified within the CAMHS Partnership (see Appendices 1 and 2)
- Initial discussion with specialist commissioning team in relation to the development of CAMHS transformational plan

- CCG receive notification from NHS England that the Sunderland CAMHS/Schools bid was successful

- **September 2015**

Consultation with health and wellbeing board on proposed process, self assessment and emerging priorities

3.2.2 Proposed Future Actions (in line with requirements set out by NHS England)

- September 2015 - CCG collaborate with NHS England Specialised Commissioning and partners including local CAMHS Partnership to develop draft Transformational Plan in line with self-assessment, priorities identified within the CAMHS strategy and emerging from self-assessment.
- Completed self-assessment, Transformational Plan and completed tracking template will be circulated to partners, including members of the Health and Wellbeing Board for comment, revised documents to be signed off by the CCG Chief Operating Officer on behalf of the Health and Wellbeing Board by 30th September 2015
- 16th October 2015 - Submit transformational plan, completed self-assessment and completed tracking template checklist to NHS England for assurance at regional level (this is the second window for submission of plan)
- First week of November 2015 – CCG notified of outcome of assurance process with three possible outcomes:
 - Transformational plan meets the assurance criteria in full and CCG receives all funds allocated
 - Transformational plan needs minor clarification or amendment the CCG will be asked to resubmit showing that the clarification and amendments have been made and funding will be allocated
 - Plans are not aligned to the requirements set out in this guidance – further funding will not be released until the plans are satisfactory. A support mechanism will be put in place to support the CCG in developing plan
- November
Local Transformation Plan published
- Q3 and Q4 2015/16
Transformational Plans inform 2016/17 commissioning intentions
- 2016 onwards
Review and development of Transformation Plans embedded in mainstream planning process across partner agencies

3.3 Allocation of Additional Funds

The additional funds allocated to Sunderland are as follows:

- Initial Allocation for Eating Disorders and Planning for 2015/16 - £173,762
- Additional Funding following assurance of Transformational Plan - £434,966
- Minimum uplift 2016/17 onwards following assurance - £608,737 (equates to Eating Disorder +Transformational monies)

4. Current Position : CAMH Service Provision

There has been significant work to improve the range and quality of CAMH Service provision over the last 10 years.

This has resulted in the development of the CCAMH Service, the review and re provision of regional services, the review and re provision of community services to include integrated CAMHS and learning disability services, extended CAMH services for vulnerable children including those with complex behavioural, mental health and social care needs, the development of community based eating disorder services and the establishment of Intensive home treatment services.

The current range of services to support Children and Young People (CYP) with mental health needs across Sunderland these are as follows:

4.1 National Services

NHS England currently commissions Tier 4 services for children with highly complex, severe or persistent mental health needs (0.075%). These are predominantly in-patient services and are provided by the two major mental health trusts in the region as follows:

- Tees Esk and Wear Valley (TEWV) Regional Eating Disorder Service for Children and Young People
- Northumberland Tyne and Wear Mental Health Foundation Trust (NTW) Regional CAMHS and Learning Disability Services including intensive care, in-patient and Neuro-Development Disorder Service

NHS England operates a national bed management system and meet with CCG commissioners on a regular basis to monitor activity.

4.2 Local Services

NTW Children and Young Peoples Service (CYPS) Tier 3

Working in partnership with Sunderland City Council (SCC), Sunderland CCG commission NTW CYPS to provide specialist services to support children, young people and their families with severe and complex mental health needs (2% of population).

In addition NTW CYPS have been commissioned to provide a broad range of services that include:

- Intensive Home Treatment Services for children, young people and families with acute or highly complex and severe mental health needs - to prevent hospital admission
- Multi Systemic Treatment Services - to support children, young people and their families with complex behavioural, mental health and social care needs
- Support for children, young people and families in special circumstances with moderate levels of mental health need (Tier 2+) including those:
 - Who have learning disabilities
 - Who are or have been looked After or accommodated including those who have been adopted
 - Who have been neglected or abused or are part of a child protection plan
 - Who have a learning or physical disability
 - Who have chronic, enduring or life limiting illness
 - Who have substance misuse issues
 - Who are at risk of, or have been involved in offending
 - Who are homeless or who are from families who are homeless
 - Whose parents have problems including domestic violence, illness, dependency or addiction

In addition the service offers training, consultation, in-reach, outreach and opportunities for joint working with targeted service providers e.g. Youth Offending Service (YOS) and Looked After Children (LAC), substance misuse services, paediatrics.

The CYPS service have continued to develop their model of care to improve access and waiting Times to meet the increasing demands in referrals.

As a result of this, by March 2016, the maximum wait from referral to treatment will be 12 weeks for 95% of children and young people. In addition at least 50% of children and young people will wait less than 9 weeks. Within this, children and young people with severe and complex needs are seen more urgently, using their Urgent and Priority guidelines and processes to ensure that urgent cases are seen as set within 24, 72 hours and priority cases within 4 weeks.

This compares favourably to the 18 week national target that is currently being proposed for CAMH services to ensure mental health waiting time standards mirror physical health waiting time standards.

South Tyneside Foundation Trust (STFT) Community Child and Adolescent Mental Health Service (CCAMHS) Tier 2

Working in partnership with Sunderland City Council and with some additional funding from SCC, Sunderland CCG commission the CCAMH Service to provide services for children, young people and their families with moderate levels of mental health needs (7% of the population). The service provides:

- Individual and group work, brief intervention, parenting support, talking therapies and counselling
- Training, consultation and joint work to increase the capacity of universal service providers to meet the mental health needs of children, young people and their families.

Working with commissioners the service undertakes a process of improvement most recently this has included :

- The successful bid and implementation of the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme.
- The recruitment of a wide range of posts financed via investment awarded as part of the CYP IAPT programme.
- Implementation of electronic care record
- Maintenance of less than 12 week waiting times.

In line with the CYPS, the CCAMHS are reporting increasing numbers of referrals which is creating waiting time pressures from 6 – 10 weeks.

Universal and Targeted Services Tier 1

There are a broad range of services that have responsibility for mental health promotion for ALL children, young people and their families (100%) and providing support for children, young people and their families with mild to moderate levels of mental health need (15%) These include:

- Midwifery Services (commissioned by CCG)
- Health Visitor and Family Nurse Partnership Services (commissioned by LA)
- Children's Centres, Nurseries and Early Years Settings (commissioned / provided by LA)
- Schools, Colleges and Training Providers
- Services for young people e.g. youth services (commissioned by LA)
- School Nursing Service (commissioned by LA)
- General Practitioners (commissioned by CCG from April 2015)

In addition targeted and specialist service providers have a responsibility to support the mental health needs of CYP these include: paediatric services, strengthening families, children social care and youth offending service.

5. Summary Self-Assessment and Proposed Actions

5.1 Resilience, prevention and early intervention for the mental health and emotional wellbeing of children and young people – self assessment actions 1-5

5.1.1 Current Position

There are mechanisms in place in maternity and health visitor services there in place to identify early warning signs of mental health distress and access to support as required.

CAMH Services are commissioned to deliver a range of training, consultation and support to maternity, early years and health visitor services in addition to providing a broad range of evidence based programmes to promote attachment and early years mental health and well being

There are a broad range of services to promote attachment and provide evidence based programmes of intervention for parents to improve early years mental health Sunderland offers priority access to psychological therapies in the peri natal period

There have been high levels of investment and sustained support to schools to promote mental health and emotional wellbeing. CCAMS provides a broad range of training, consultation and support for schools to meet the mental health needs of children and young people including counselling, peer support, whole class and group approaches.

Sunderland successfully implemented the targeted mental health and schools programme with a significant number of schools across the city resourced to provide therapeutic spaces and with identified mental health leads with significant additional training.

Statutory and non-statutory CAMHS organisations adopt a co-ordinated approach to provide anti-stigma awareness training and targeted anti-stigma activities to promote mental health.

Department of Health are considering the development of a national branded web based portal to provide high quality information and on line support for children, young people and their families.

Locally the CAMHS partnership is working to strengthen the well-being guide and CAMH Services are beginning to use digital technology to support engagement and reduce DNA's (FLORENCE)

5.1.2 Priority Actions

Increase the capacity of the universal work force to appropriately recognise and address identified mental health needs

Improve perinatal community support including the further development of specialist perinatal mental health clinician role

Develop CAMHS Partnership arrangements to include a robust mechanism to work with schools to consider their contribution to meeting the mental health needs of children, young people and their families

Consider the contribution of the school nursing service to support the mental health needs of children, young people and their families as part of the Healthy Child Programme

Further develop the mental health lead role within schools aligned to the development of link professional within CAMHS

Build on current best practice to develop and provide evidence based programmes including the development of Mindfulness in schools

5.2 Improving access to effective support – self assessment actions 6-19

5.2.1 Current Position

CAMH services are configured in a way that is aligned either to universal (schools) services or to targeted and specialist services e.g. LAC, YOS with the CYPS service providing integrated CAMHS and learning disability provision across the Tiers (2-4)

CAMH Services support locally agreed models of working. They participate in the current Strengthening Families Model to support a co-ordinated response to meeting the needs of children, young people and their families and CCAMH service is provided from Childrens Centres and Extended Service Schools

There are single point of access into both CCAMH Service provision and the CYPS Service. CAMH services work collaboratively to ensure that children and young people receive the most appropriate service to meet their level of mental health need.

Sunderland CCG in partnership with CCAMHS, CYPS, SCC and the voluntary sector have been successful in bidding to become a pilot site for a joint training programme between CAMHS and 10 schools. Over 40 nursery, primary, secondary, mainstream and special volunteered to become involved in the pilot.

There are a range of peer support services for children, young people and their families available in mainstream and specialist settings

There are identified strategic leads for SEND and mental health in both the LA and CCG

CAMHS are commissioned to provide input into the SEND care planning process.

Sunderland locality has a crisis care concordat plan in place which includes children and young people.

A range of services are available to prevent inappropriate use of police cells as a place of safety. This includes street triage, ICTS, 136 Suite, A&E, local authority and mental health provision.

Children and young people have access to intensive care and treatment services as well as out of hour's mental health services.

CAMH Services are commissioned to work flexibly with adult mental health services to support smooth transition. It is expected that transition planning should begin at least 6 months before transfer and may include CAMHS and AMHS working jointly with CYP before and after their 18th birthday.

CAMH Services are commissioned to deliver services to a 6 week waiting standard. Currently the CCAMH services has 6-12 week waiting time and the CYP service has an action plan in place to reduce waiting time to no longer than 12 weeks by April 2015

Both CAMH services have seen a 50% increase in referrals over the last 2 years

CAMH services are required to have clear DNA policies in place and operate from a value base of "no giving up on families and will use a number of different, innovative approaches to engagement. This may include partnership working in reach, outreach, and joint working to support engagement

5.2.2 Priority Actions

Establish named point of contact within CAMH services for schools, GP;s and other services for children in particular services for vulnerable children, young people and their families.

Extend the CAMHS Schools pilot at a local level to work with all schools who wished to become involved in joint training with CAMHS and the development of mental health lead in schools aligned to CAMHS support.

Develop the mental health lead role in other services for children, young people and their families including developing skills and expertise to support mental health needs in services for vulnerable children and young people

Establish an audit tool to provide a baseline of current range, type and effectiveness of peer support being offered across the City and develop a framework to support good practice.

Strengthen the coordination of strategic planning arrangements for SEND and mental health

Develop capacity within CAMHS to effectively support the Educational Health and Care Planning process

Improve the diagnostic pathway for Autistic Spectrum Disorders to ensure NICE compliance and consistency. Develop support for children, young people and their families with Autistic Spectrum Disorder.

Develop innovative and bespoke models of integrated multi-disciplinary support for children with learning disabilities including those with challenging behaviour to avoid preventable admission to inpatient services

Develop innovative and bespoke models of integrated multi-disciplinary support for children with complex behavioural, mental health and social care needs that include

children and young people in crisis and those with challenging behaviours to reduce the number of young people in out of area placements

Monitor effectiveness of street triage, 136 detentions, A&E, RAID and police custody to support ongoing service development and future commissioning

Strengthen pathways and communication between inpatient and community services

Develop and improve integrated models of service provision for children and young people across the City including one stop shop approach. CAMH services should be integral to the planning and delivery of new models of integrated service provision.

Commissioners and CAMH Service providers to continue to reduce waits to local waiting time standard of 6 weeks

Improve the capacity of universal and targeted services to effectively address the mental health needs of CYP and their families at an earlier stage to reduce increasing levels of referrals to specialist services.

The partnership is continuing to develop a more integrated approach and joint working between partner organisations to ensure better engagement with CYP and their families in particular those CYP who find services difficult to access.

5.3 Caring for the most vulnerable – self assessment actions 20-29

5.3.1 Current Position

CAMHS services are commissioned to proactively work alongside other organisations to engage children, young people and families. The services are expected to provide creative and imaginative models of service delivery to ensure that they are accessible to those whom may find engaging with services difficult.

The CYP service is commissioned to provide a broad range of services for vulnerable children and young people experiencing psychological distress to ensure that acceptance criteria is based on presenting need and not clinical diagnosis. The expectation is that the service provides imaginative, integrated models of care including co-location of staff, dedicated in-reach or outreach support, joint or collaborative and named contact for service.

The CYP Service is commissioned to deliver an integrated model of integrated CAMHS and Learning Disability provision ensuring that children and young people with learning disabilities are able to access a full range of CAMH Service provision

The CYP service is commissioned to provide the following services to support looked after children:

- Advice and training on identifying children and young people with mental health needs including use of the SDQ (Strengths and Difficulties Questionnaire)
- Training consultation and advice for foster carers, residential home staff and social workers
- Creative partnership working to ensure that children and young people have disclosed receive psychological support
- Psychological support for children and young people not in a stable placement

- Assessment of parenting to support effective placement
- Post adoption support for parents
- “Risk sharing” for children and young people with complex needs including taking clinical responsibility and providing support to manage behaviour and minimise risks
- Adopting a flexible approach to meet the needs of children and young people
- Flexibility in supporting children and young people placed in Sunderland who are from other areas and for children and young people from Sunderland who are placed Out of Area

The CYP service is commissioned to provide services for vulnerable children and young people, including homelessness, young offenders, substance misuse and those of parents with problems including domestic violence. Services to support the mental health needs of young offenders should include:

- Advice and training on identifying children and young people with mental health needs including use of the ASSETT
- Provision of direct support to young people
- Provision of consultancy advice including contribution to risk plan
- Ensuring continuity of provision, transition planning for young people entering and leaving custody

CAMH Service have practitioners with the necessary skills to understand the impact of trauma on the mental health of children, young people and families.

CAMH Services are commissioned to be an integral part of service to support children and young people who have been sexually abused or at risk of exploitation.

CAMH services are required to have clear DNA policies in place and operate from a value base of "no giving up on families and will use a number of different, innovative approaches to engagement. This may include partnership working in reach, outreach, and joint working to support engagement.

CAMHS collect data to enable them and commissioners to identify and address any inequalities as they arise e.g. under-representation of specific groups accessing services

5.3.2 Priority Actions

Sunderland locality is continuing to develop a more integrated approach and joint working between partner organisations to ensure better engagement with CYP and their families. In particular those CYP who find services difficult to access

Promote more effective working between CAMHS and other services for vulnerable children.

5.4 To be accountable and transparent – self assessment sections 30-39

5.4.1 Current Position

Sunderland has a well-established model of joint commissioning to support the implementation of agreed CAMHS strategic priorities based upon assessment of need.

The CCG lead on the commissioning of CAMH Services on behalf of the CAMHS partnership which has recently refreshed the Mental Health and Emotional Well Being Strategy for Sunderland to reflect National Policy and Guidance including Future in Mind document published by DoH and NHS England in 2015

The partnership reports to the Mental Health Programme Board and to the Health and Wellbeing Board via the CCG Chief Operating Officer. This will be reviewed as the Children and Young Peoples Strategic Partnership is re-established.

There has been extensive work across the NE to develop a complimentary model of inpatient and community services for children and young people

Services are commissioned in line with national standards in relation to access, waiting times and outcomes

CAMHS collect data in line with the national CAMHS minimum data set as well as CORC, IAPT and locally agreed data to inform service planning, commissioning and delivery

5.4.2 Priority Actions

The JSNA, H&W strategy and partnership arrangements need to be strengthened in relation to the health and wellbeing needs of CYP. This includes the establishment of a CYP strategic partnership and a refresh of the CYP Plan to include the mental health of children and young people

Ensure that developments to improve mental health outcomes for CYP and their families are considered within the CAMHS Partnership and are aligned to the strategy and transformational plan

Strengthen the membership of the CAMHS Partnership and more effectively engage with schools

Complete local financial mapping exercise detailing the current level of spend on mental health and emotional wellbeing across all partners including public health, education, social care and youth justice This will support a transparent, coherent approach to future funding decisions

Further develop collaborative working between local and specialist commissioning and in-patient and community services to ensure continuity of care

The commissioning of all services for children and young people should include the requirement to provide an agreed data set to demonstrate service impact on mental health outcomes for children, young people and their families

5.5 Developing the workforce – self assessment sections 40-45

5.5.1 Current Position

Sunderland CAMH Services have recently completed CYPS IAPT Transformation Programme.

CAMHS are commissioned to provide a significant amount of training in evidenced based approaches to universal, targeted and specialist services for children, young people and their families.

CAMHS Commissioner has completed National CAMHS Leadership Programme

5.5.2 Proposed Action

Audit current mental health training provided across the locality.

Produce an educational framework to ensure the delivery of high quality, evidence based training and the most effective and efficient use of training resource across the City

6. Summary

- 6.1 The planning, commissioning and delivery of services to improve mental health and emotional wellbeing outcomes for children and young people needs to be an integral part of wider partnership planning of integrated delivery of services for children and young people.
- 6.2 Sunderland has a broad range of commissioned services to meet the needs of children with mental health problems however there is increasing referral pressure on these services.
- 6.3 Some priority needs to be given to developing services to support peri-natal mental health and working with universal and targeted service providers to promote mental health and emotional well being and deliver support and intervention to children, young people and families with mild to moderate levels of mental health need – Proposed priority area
- 6.4 CCAMH and CYP service should continue to work pro-actively to continue to reduce waiting times and improve access to services as agreed with commissioners - – Proposed priority area
- 6.5 CAMHS Partnership should continue to support the implementation of evidence based interventions with particular consideration given to the potential impact of mindfulness in increasing resilience and supporting mental health – Proposed priority area

- 6.6 The development of mental health lead role in schools (and in other services for children and young people) alongside identified CAMHS practitioners to link with schools, GP's and targeted service providers needs to continue to be developed – Proposed priority area
- 6.7 Pathways to support children with special educational needs and disabilities need to continue to be developed with CAMH services including diagnostic and intervention pathways for Autistic Spectrum Disorder- Proposed priority area
- 6.8 Innovative models of integrated multi-disciplinary support for children with complex behavioural, mental health and social care needs that include children and young people with challenging behaviours to be developed to multi-systemic / wrap around services for children and young people children as an alternative to specialist placements-Proposed priority area

7.1 Recommendations

Members are asked to:

- 7.1.1. Consider the contents of this report
- 7.1.2. Approve proposed process to produce the CAMHS Transformational Plan as detailed in Section 3.2.2
- 7.1.3. Agree to receive regular progress updates

Authors: Janette Sherratt and Michelle Turnbull, NHS Sunderland Clinical Commissioning Group

Sponsor: Debbie Burnicle, Deputy Chief Officer, NHS Sunderland Clinical Commissioning Group

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