28 JUNE 2016

CHILDREN, EDUCATION AND SKILLS SCRUTINY COMMITTEE

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) – IMPLEMENTATION OF TRANSFORMATIONAL PROGRAMME

Report of the Sunderland Clinical Commissioning Group

1. Purpose of this Report

1.1 The purpose of this report is to provide a progress update on implementation of the CAMHS Transformational Plan for 2015-2020. To also introduce to the Committee the needs based THRIVE model.

2. Background

2.1 The publication of Future in Mind in March 2015 set out the national ambition to transform the design and delivery of local services for children and young people with mental health needs and the requirement for local areas to develop publicly available agreed Local Transformational Plans for Children and Young People's Mental Health and Wellbeing.

2.2 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 aligned with recommendations set out in the *Five Year Forward View* and were designed to build capacity and capability across the system to ensure 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.

2.3 Sunderland CCG collaborated with NHS England Specialised Commissioning and partners including the local CAMHS Partnership to develop the *Sunderland Children and young People's Mental Health and Wellbeing Transformational Plan, 2015-2020*. The plan reflects the priorities identified through self- assessment against the CAMHS assessment framework and engagement with children, young people and families.

2.4 In December 2015 the CCG was advised by NHS England that the CAMHS Transformational Plan for Sunderland met the assurance criteria in full and that the CCG was to receive all the funds allocated to support delivery of the plan:

- Initial Allocation for Eating Disorders and Planning for 2015/16 - £173,762

- Additional Funding following assurance of Transformational Plan - £434,966
- A minimum uplift of £608,737 for 2016/17 (This recurrent increase in allocation has not materialised as outlined below)

2.5 During 2015/16 Sunderland also received an additional £328,000 from NHS England following a successful liaison psychiatry bid to develop 24/7 support to children and young people accessing paediatric services.

2.6 In addition Sunderland was successful in its bid to become a pilot site for the national mental health lead in schools project.

3. Progress Update

3.1 In line with national requirements, the Sunderland Children and Young People's Mental Health and Wellbeing Transformational Plan has been published on the CCG website.

3.2 The extended CAMHS Schools link pilot has been implemented and further development work is planned as part of the CAMHS Transformational Programme.

3.3 Sunderland Youth Parliament has identified mental health as their focus for 2016/17. This provides an excellent opportunity to work with young people to promote mental health.

3.4 The Clinical Networks have appointed Clinical leads for CAMHS to support the clinical network. They are currently working with local commissioners/ partnerships to develop programme. To date identified priorities include:

- Accessing funds for children and young people
- Commissioned outcome measures
- THRIVE (see below) and CAMHS currency

3.5 There continues to be very high levels of scrutiny of CAMH Service provision and concern about children and young people's mental health in particular self-harm. The CCG and CAMH Services have made a number of well received presentations outlining the mental health needs of children and young people, the range and type of CAMH service provision and key priorities within the CAMHS Transformational Plan.

Service Provision

3.6 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 Community CAMH Service; the review and re provision of regional services, the review and re provision of community services resulting in the commissioning of NTW CYP Service to deliver 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. In addition Washington Mind and Sunderland Counselling Service are commissioned to deliver a range of services as an integral part of the local CAMHS offer.

3.7 The CYPS continue to develop their model of care to improve access and waiting times in addition to meeting significantly increased demand.

3.8 Currently 80% of children and young people are waiting less than 9 weeks from referral to treatment, compared with 50% in December 2015 and 90% of children and young people are waiting less than 12 weeks from referral to treatment compared with 60% in December 2015. The maximum waiting time for the CCAMH Service is 9 weeks.

Resource

3.9 In January 2016 CCG's were advised that the announced transformational funding for CAMHS was to be included in the baseline for 2016/17, this in effect means that there is no additional resource to Sunderland CCG for the transformation of CAMHS, although there is a possibility that the Eating Disorder Element of the Transformational monies (£173,762) may be recurrent (At the point of writing this has not been confirmed).

3.10 The additional funding (£328,000) from NHS England to develop psychiatric liaison services is being used to develop services for children and young people is non-recurrent.

3.11 At the contract negotiation meetings for 2016-17, NTW advised the CCG that they were operating at a significant loss (circa £800K) to meet the significant increase in the numbers of referrals to the service and that this was not sustainable. The CCG agreed to provide additional resource non-recurrently for 2015-16 to address this over performance on the basis that this would support on going service delivery whilst the CCG worked with providers to conduct a review of all CAMH service provision.

3.12 There has been a national announcement of additional funding to develop peri-natal mental health services.

3.13 During 2016-17 it is essential that the CCG and partners are able to prioritise the range and type of services that are required to support the mental health needs of children and young people and the level of resource required to safely deliver these services.

4. Delivery of the Transformational Plan

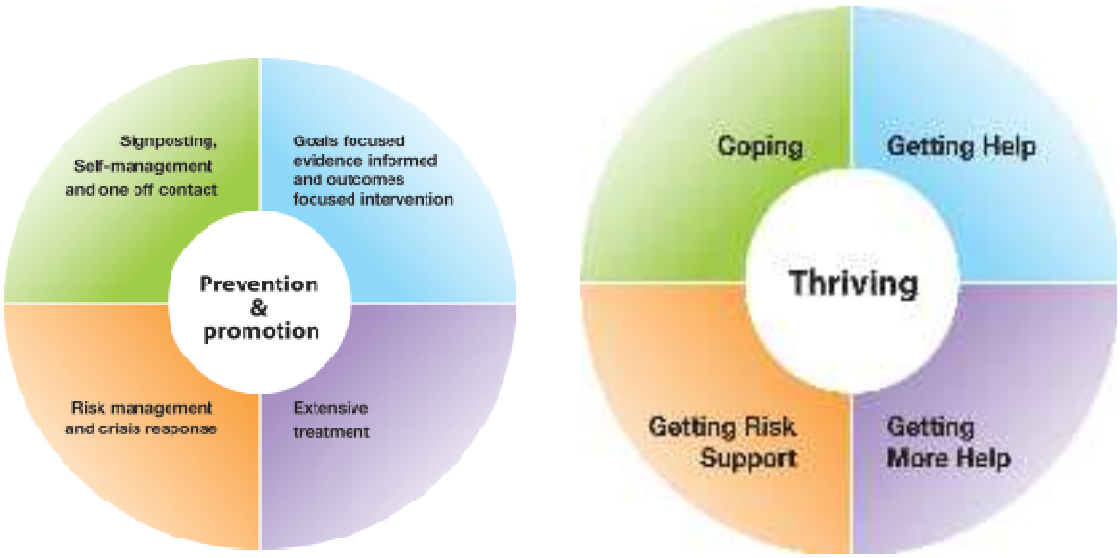
THRIVE Model

4.1 The Transformational Plan and Delivery Model (Appendix 1) is based on the THRIVE Model, developed by the Tavistock and Portman NHS Trust and Anna Freud Centre. The model is gaining national recognition as useful in moving away from the four tiered model traditionally used to describe CAMH service provision to a new conceptualisation based around the needs of children, young people and families.

4.2 Based in case and performance management and the embedded use of outcome measures the model is aligned to emerging thinking in payment systems, quality improvement and performance management. Rather than an escalator model of increasing severity or complexity, it seeks to draw a clearer distinction between treatment on one hand and support on the other and seeks to identify somewhat resource-homogenous groups (it is appreciated that there will be large variations in need within each group) who share a conceptual framework as to their current needs and choices.

4.3 There are four clusters (or groupings) for young people with mental health issues and their families, as part of the wider group of young people who are supported to thrive by a variety of prevention and promotion initiatives in the community. The image to the left describes the input that offered for each group; that to the right describes the state of being of people in that group - using language informed by consultation with young people and parents with experience of service use.

THRIVE MODEL



Each of the four groupings is distinct in terms of:

- Needs and/or choices of the individuals within each group
- Skill mix required to meet these needs
- Dominant metaphor used to describe needs (wellbeing, ill health, support)
- Resources required to meet the needs and/or choices of people in that group
- The groups are not distinguished by severity of need or type of problem.

Coping

4.4 Context: There is an increased interest in the promotion of resilience, to build the ability of a community (school/family) to prevent, support and intervene successfully in mental health issues. A proliferation of digitally based support (e.g. via email, phone and web) is becoming increasingly available and being used to support young people in their communities. There is increasing interest on how we can more effectively draw on strengths in families, schools and wider communities. School-based interventions including mindfulness have been shown to support mental health, peer support can promote effective parenting and integration of mental health in paediatric primary care can support community resilience.

4.5 Need: Within this group are children, young people and families adjusting to life circumstances, with mild or temporary difficulties, where the best intervention is within the community with the possible addition of self-support. This group may also include those with chronic, fluctuating or ongoing severe difficulties, for which they are choosing to manage their own health and/or are on the road to recovery.

4.6 Provision: The THRIVE model suggests that wherever possible, provision should be provided within education or community settings, with **education often (though not always) the lead provider** and educational language (a language of wellness) as the key language used. It is our contention that health input in this group should involve some of our most experienced workforce, to provide experience decision making about how best to help people in this group and to help determine whose needs can be met by this approach.

Getting Help

4.7 Context: There is increasingly sophisticated evidence for what works with whom in what circumstances and increasing agreement on how service providers can implement such approaches alongside embedding shared decision making to support patient preference and the use of rigorous monitoring of outcomes to guide treatment choices. The latest evidence suggests that only 33% of young people will be “recovered” at the end of even the best evidence-based treatments.

4.8 Need: This grouping comprises those children, young people and families who would benefit from focussed, evidence-based treatment, with clear aims, and criteria for assessing whether aims have been achieved. This grouping would include children and young people with difficulties that fell within the remit of

National Institute for Health and Care Excellence (NICE) guidance and where there are interventions that might help.

4.9 Provision: The THRIVE model of provision would suggest that, wherever possible, provision for this group should be provided with **health (CAMHS) as the lead provider** and using a health language (a language of treatment and health outcomes). Health input in this group would draw on specialised technicians in different treatments. Treatment would involve explicit agreement at the outset as to what a successful outcome would look like, how likely this was to occur by a specific date, and what would happen if this was not achieved in a reasonable timeframe.

Getting More Help

4.10 Context: There is emerging consensus that some conditions are likely to require extensive or intensive treatment for young people to benefit. In particular, young people with psychosis, eating disorders and emerging personality disorders are likely to require significant input.

4.11 Need: This grouping comprises those young people and families who would benefit from extensive long-term treatment which may include inpatient care, but may also include extensive outpatient provision.

4.12 Provision: The THRIVE model of provision would suggest that wherever possible, provision for this group should be provided with **health (CAMHS) as the lead provider** and using a health language (that is a language of treatment and health outcomes). Health input in this group should involve specialised health workers in different treatment.

Getting Risk Support:

4.13 Context: This is perhaps the most contentious aspect of the THRIVE model. For this group even the best interventions are limited in effectiveness and, a substantial minority of children and young people will not improve, even with the best practice currently available. There has, perhaps, in the past been a belief (strongly held by service providers themselves) that everyone must be helped by a service and if they are not then that is an unacceptable failure. The THRIVE model suggests that there be an explicit recognition of the needs of children, young people and families where there is no current health treatment available, but they remain at risk to themselves or others.

4.14 Need: This grouping comprises those children, young people and families who are currently unable to benefit from evidence-based treatment but remain a significant concern and risk. This group might include children, young people who routinely go into crisis but are not able to make use of help offered, or where help offered has not been able to make a difference, who self-harm or who have emerging personality disorders or ongoing issues that have not yet responded to treatment.

4.15 Provision: The THRIVE model of provision would suggest that, for this group, there needs to be close interagency collaboration (using approaches such as those recommended by AMBIT to allow common language and approaches between agencies) and clarity as to who is leading. **Social care may often be the lead agency** and the language of social care (risk and support) is likely to be dominant. Health input should be from staff trained to work with this group and skilled in shared thinking with colleagues in social care, but with explicit understanding that it is not a health treatment that is being offered.

Delivery Workstreams

4.16 The delivery of the CAMHS Transformational Plan is based upon the THRIVE model with delivery work streams being led by the most appropriate agency, supported by CAMHS. In delivering transformational change to support the mental health needs of children, young people and their families it is important that it is recognised the roles and responsibilities of all services for children, young people and their families play in meeting the mental health needs of children and young people.

CAMHS Partnership: Partnership and Planning

4.17 The Terms of Reference and Membership of the CAMHS Partnership have been reviewed to support the effective delivery of the CAMHS Transformational Plan. The partnership will lead on the delivery of cross cutting themes and ensure a co-ordinated approach to the delivery of the three key work streams that have been identified as follows:

Workstream 1: Thriving/ Coping

4.18 Simon Marshall, Director of Education has agreed to lead this work stream and it is proposed that he will be supported by public health, particularly in relation to the THRIVE element of the model and from CCAMHS in relation to the coping element of the model. The primary focus of this group will be on promoting resilience and self-help, developing mindfulness approaches and increasing the capacity of the universal work force to meet the mental health needs of cyp and their families including the development of the mental health lead role in schools

Workstream 2: Getting Help/ Getting More Help

4.19 Ian Holliday, Head of Commissioning and Reform has agreed to lead on this workstream which will focus on the review CAMH Services with a view to developing an outcome focused commissioning model for CAMHS that supports the development of more effective and efficient pathways of care and supports the delivery of identified areas for development i.e. psychiatric liaison, community eating disorder service, services for children with complex needs/ risk taking behaviours.

Workstream 3: Getting Risk Support

4.20 Deborah Patterson, Director of Children's Services has agreed to lead on this work stream with the support of NTW Children and young Peoples Service. The primary focus of this work will be on developing integrated pathways of care for vulnerable children and young people including LAC and the development of multi-systemic approaches to support the needs of children and young people with complex mental health, behavioural and social care needs.

5 Conclusion

5.1 The report highlights a number of key points, risks and assurances:-

Key Points

- Significant planned transformation of CAMH Services and ongoing high levels of scrutiny at a local and national level
- Financial pressures: CCGs advised that the announced increased National investment for CAMHS is in baseline and NTW advising that they are unable to deliver their CAMH Services within the cost envelope given the level of referral pressure
- National requirement to develop peri-natal (additional funding), community eating disorder (additional funding) and psychiatric liaison services for children and young people (non-recurrent funding)
- Involvement in national CAMHS Schools Pilot and local commitment to develop work in schools
- Local priority to develop services for children with complex mental health, behavioural and social care needs

Risks

- Significant changes to local authority services for children and young people following OFSTED inspection
- Level of referral pressure to CAMH Services
- Capacity of CAMH services to implement service reform
- Workforce capacity – recruitment
- Meeting demand and delivering transformational change within the cost envelope
- Time limited funding for liaison psychiatry services and unclear financial commitment from other CCGs accessing mental health services within CHS.

Assurances

- Ongoing commitment and support from CCG to work collaboratively with LA and partners to improve services for children and young people
- Children and young People's Strategic Partnership re-established and commitment of partners to the CAMHS Partnership
- Recruitment to key posts within Children's Services underway –– support from new directors for transformation of CAMHS
- Review all commissioned CAMH Service provision to improve efficiency, capacity and effectiveness across the pathway

- Consider efficiencies and effectiveness within CYPS, adult and psychiatric liaison services model to address the time limited funding and exploring funding from other CCGs as part of QIPP scheme

6 Recommendations

The Committee is recommended to:

- Note the update
- Agree frequency of future updates

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