

Child & Adolescent Mental Health Services (CAMHS) Update

**Hampshire County Council Select Committee
20th November 2019**

Executive Summary

- Sussex Partnership NHS Foundation Trust have held the CAMHS contract since 2011; year on year demand for children's mental health services have seen significant increases;
- The Five Year Forward View - Future in Mind set out ambitious targets to improve access to services for children and young people. Nonetheless, this has not gone far enough and we are faced with **significant & unacceptable waiting times** for children and young people (see slides 3-5);
- There are a number of actions in place by both Sussex Partnership & the CCG to seek to manage safety for those waiting for assessment and treatment (see slide 6);
- Given the challenges of CAMHS waiting times, doing nothing is not an option for us, therefore the CCG has worked with key stakeholders to develop a phased investment plan. This year we have **invested £670k** to support Autism assessments and an additional investment of **£998k** has been made available in year **(19/20)** to support for core CAMHS; further autism assessments and a number of tier 2 interventions. Further to this, **additional investment of £0.8m has been agreed for 20/21**. Decisions to be taken re. the potential for additional investment as part of the financial planning round for 20/21;
- As highlighted at September Select Committee, we have commissioned another provider to undertake Autism assessments, enabling the CAMH service to focus on children and young people with serious mental health needs and as noted, significant investment has been made reduce waiting times for Autism assessments.

CAMHS Performance Summary

Sussex Partnership Foundation Trust (1)

Access Rates - total number of children and young people under 18 accessing treatment

CCG	Q1 2019 CYP seen	Target 34% YTD %	Difference projected to target %
NHS Fareham And Gosport CCG	335	38.34%	4.34%
NHS North East Hampshire And Farnham CCG	430	45.87%	11.87%
NHS North Hampshire CCG	450	44.41%	10.41%
NHS South Eastern Hampshire CCG	405	42.64%	8.64%
NHS West Hampshire CCG	1195	51.43%	17.43%
HAMPSHIRE TOTAL	2815	46.16%	12.16%

Data continues to flow across all Hampshire commissioned services and we are exceeding the access rate standards in all CCG's. The access figures remain as per last month. We will have further access data during November when NHSE validate the figures.

CAMHS demand and capacity issues remain across Hampshire although SPFT are managing the risk appropriately and responding to urgent and emergency referrals within contractual obligations.

4 weeks for assessment

	Vulnerable groups	Excluding Vulnerable groups	Combined
F&G	100%	10.52%	26.08%
NEH	50%	18.75%	27.27%
NH	50%	41%	41.46%
SEH	33.3%	21%	22.72%
West	90%	22.89%	30.1%

18 weeks for treatment

	Vulnerable groups	Excluding Vulnerable groups	Combined
F&G	100%	31.25%	47.61%
NEH	N/A	60%	60%
NH	0%	51.85%	50%
SEH	50%	11.11%	18.18%
West	87.5%	33.3%	40.32%

CAMHS Performance Summary

Sussex Partnership Foundation Trust (2)

Waiting times

Average in weeks	Hampshire
4 Week Referral to Assessment*	15
Longest wait	17 (SEH & F&G)
Shortest wait	10 (NH)
18 Week assessment to treatment*	46
Longest Wait	66 (F&G)
Shortest wait	12 (NEHF)

	Target	Hampshire
4 Week Referral to Assessment*	95%	38.4% YTD
18 Week Referral to Treatment*	95%	49.3% YTD
GP Urgent Assessment	100%	100%
24 Hour Crisis	100%	100%
Eating Disorder Urgent – 1 Week (by 2020)**	95%	49.3%
Eating Disorder Routine – 4 Weeks (by 2020)**	95%	50%

* Excludes vulnerable groups

**The Eating disorders figures are from the end of July. We will have an update during November when NHSE validate the figures.

CAMHS Waiting List & Safety Management

The CCG and the provider, Sussex Partnership NHS Foundation Trust have a number of processes in place to seek to manage safety for those waiting for assessment and / or treatment.

Regular CAMHS updates are provided to the CCG Quality, Performance & Finance Committee.

Safety Management – Provider

- Promoting proactive contact from parent carers, professionals and referrers as well as young people, where there is a change in circumstances and / or increase risk;
- CAMHS duty slot - those waiting can be booked in for review following contact (as above);
- Weekly waiting list reports for Team Managers to review;
- Cancelled appointments in the week are offered to long waiters for face- to - face review;
- Risk assessment meetings in place;
- Where possible, periods of phoning parent carers to discuss the child / young person waiting have been trialled;
- Initiatives in place for e.g. trialling group work.
- Z cards with advice and comprehensive advice on the CAMHS Website

Safety Management - CCG

- Quality Managers - observation visits to the CAMHS Single Point of Access (SPA). Looked at workflow, how staff risk assess, triage cases etc. Independent psychiatrist involved in the demand and capacity peer review also observed the SPA and looked at processes;
- Observation of clinical risk assessment meetings where children & young people on the waiting list are discussed;
- Quality Managers joining the internal Sussex Partnership Quality Team for joint quality visits;
- Local quality indicators agreed between CCG Quality Managers and Sussex Partnership;
- Peer Review did not highlight anything further that could be done to mitigate risk within the current resources.
- Additional funding to increase workforce capacity

National Picture

CAMHS

The latest NHS Benchmarking Report, (2018) highlights:

- Sustained increases in demand for community CAMHS;
- Increased referral rates - reaching their highest ever level;
- Increase in referral acceptance rates;
- Increase in conversion rates for young people who subsequently enter treatment;
- While increased capacity has been demonstrated, demand continues to outstrip supply;
- Increases in young people on waiting lists to access CAMHS;
- Waiting times longer than the previous year.

The Education Policy Institute, (October, 2018) highlights:

- Numbers of referrals to CAMHS have increased by **26% in the past 5 years**. This is a substantial increase indicating that services are coming under increasing strain;

Impact of financial constraints on Local Authorities:

- Reduction in early years provision, early help and prevention services, for e.g. Sure Start centres, youth services, school counselling etc. driving the need for referral to specialist CAMHS services.

Autism

At the same time as the increase in demand for CAMH services, there has been a significant increase in demand for Autism assessments.

Drivers for the increase in referrals appear to be:

- Policy and awareness campaigns, as well as social media;
- General increase in awareness of mental health issues in children and young people;
- Children & Families Act (2014) - amended existing legislation and service provision for children and young people, including those with Special Educational Needs;
- Associated with the above, a lack of support in schools is leading to parents / carers seeking a diagnosis in the belief this may lead to their child being eligible for an Education Health and Care Plan as a means of support.

CAMHS Partnership Improvement Board

- Set up end of December 2018
- Membership – HIOW CCG Partnership, West Hampshire CCG & Sussex Partnership NHS Foundation Trust
- Purpose to address concerns arising in relation to access & waiting times to Hampshire CAMHS & ensure the delivery of a set of improvements against the following agreed priorities:
 - Peer Review (summary of findings on next slide);
 - Revised Trajectories;
 - Workforce Remodelling;
 - National Benchmarking;
 - Autism Services;
 - Support for young people on waiting lists.

This work has supported us to reach 'one version of the truth' – essentially, there is a clear demand and capacity gap. In addition, this work has highlighted the need for additional investment in both specialist services (CAMHS), early help and prevention services.

Summary of Findings – Demand & Capacity Peer Review

Main Findings

- Assumptions made within the SPFT Demand & Capacity tool (the model used for planning) are reasonable & at the upper range of what would be expected. The assumption that on average children & young people require 12 contacts is a reasonable number of treatment sessions & is in line with NICE guidance.
- Robust measures in place to manage patient flow & tackle waiting times. These include: robust job planning; a caseload tracking tool; observed clinical practice & a discharge panel.
- A range of innovations have been put into place, with some being trialled & others being rolled out, these include a 'stepped care' model including groupwork; & for Attention Deficit Hyperactivity Disorder dedicated clinics, a pharmacy project & a computer-based test to aid diagnosis;
- The service specification currently has waiting times for assessment & treatment (4 & 8 weeks respectively) which are aspirational in the current context. Within current resources the service would not be able to achieve the 18 week referral to treatment target set out within the NHS Constitution;
- Despite the challenges the service appears to be providing good quality care & this was also noted within the latest Care Quality Commission Inspection;
- Wider system issues - these relate to the quality of referrals / referral information. This is impacting on resources within the Single Point of Access due to the need to seek the necessary information in order to process referrals.

Main Recommendations

- Commissioners to consider amending the current contracted assessment & treatment waiting time targets within the contract to a more realistic & achievable standard. This may include adopting an referral to treatment target of 18 weeks for routine cases (in line with the NHS Constitution);
- Consider making additional investment into CAMHS in order to reduce waiting times;
- Consider making the additional investment into Autism assessment recurrent & review options for future service provision. The review recommends that Autism assessment sits outside of CAMHS contract enabling CAMHS to keep a focus on mental health;
- Consider separating the Attention Deficit Hyperactivity Disorder waiting list from the generic CAMHS waiting list for reporting as not all CAMHS services provide these assessments;
- Commissioners may wish to respond to opportunities to apply for national funding to become a Wave 2 Green Paper Trailblazer site;
- Provider to continue with the roll - out the computer – based test & if possible, the pilot project using community pharmacists to carry out some of the monitoring of this cohort of children & young people;
- Wider-system work to improve the quality of referrals & shared responsibility post-referral.

Phased Investment Planning

Multi-agency work held to inform our plans. Mapped services using the THRIVE model (Anna Freud Org) which focuses on:

getting advice, getting help, getting more help & getting risk support.

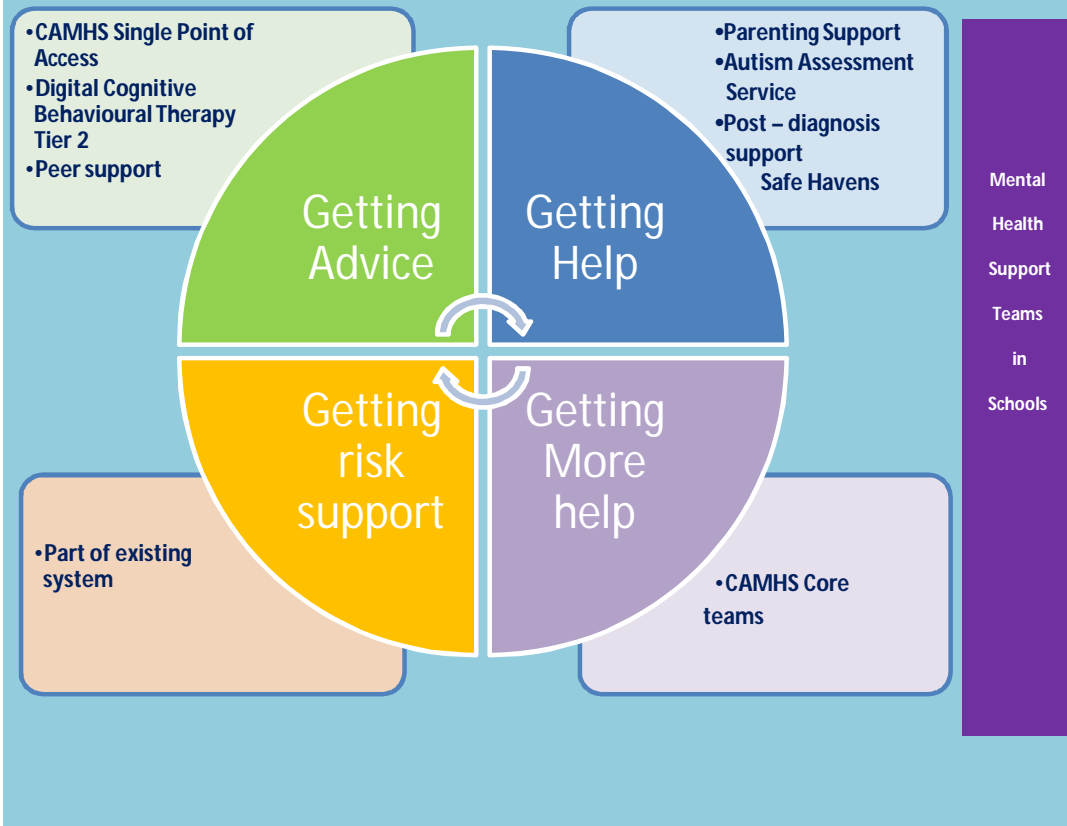
Planning has focused on the following key areas:

- Investment into the CAMHS Single Point of Access;
- Digital Interventions, including Think Ninja;
- Peer Support via the Hampshire Parent Carer Network;
- Parenting Support;
- Primary Care Mental Health Workers in Behaviour Support Teams;
- Autism Assessment and post diagnosis support;
- Safe Havens;
- Investment into Core CAMHS.

Alongside this we have the Mental Health Support Teams in Schools commencing in January 2020.

Some of the tier 2 initiatives listed are currently funded by Winter Pressure monies. We are evaluating a number of the schemes mentioned.

THRIVE Mapping & Our Focus



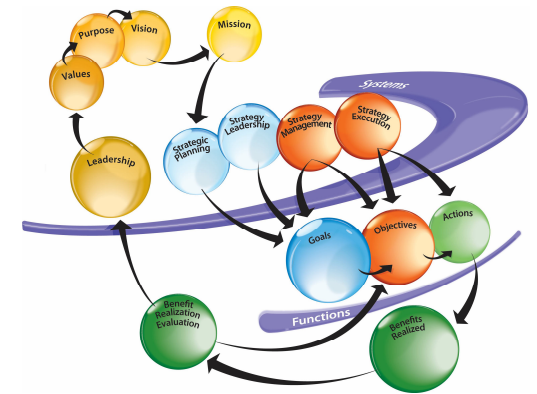
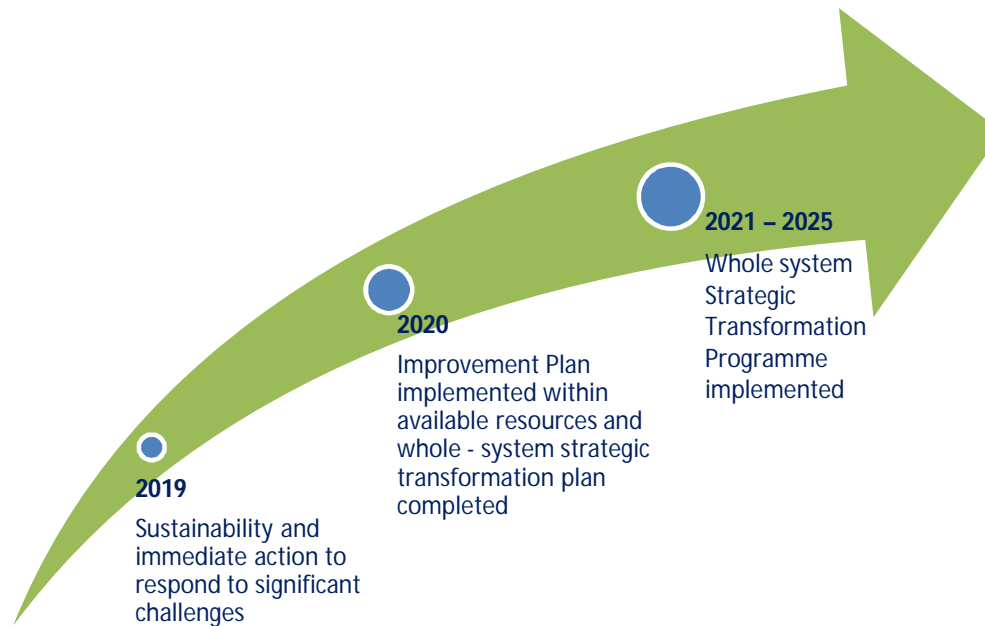
Our Key Challenges

- Addressing the needs of children young people and families requiring CAMH Services in the '*here and now*' while stemming the flow of referrals;
- How we work as whole – system, investing funding in both core CAMHS and tier 2 early help and prevention services. Put simply, if we don't invest in tier 2, children and young people will not receive the support they require in order to prevent deterioration in their difficulties and this will continue to drive increases in referrals to CAMHS;
- The CCGs need to balance the needs and risks associated with CAMHS waits with a range of funding increase requests across the local healthcare system, however we know that when children and young people don't receive timely support they are likely to remain with mental health services for longer, including potentially entering into adult services. Alongside this, there are negative impacts on their life chances as well as cost pressures on the wider health and social care system;
- We need to invest in digital interventions, enabling young people to have both choice and control over how their support treatment is provided, reducing the need to take time out of school (and work for parent carers), as well as increasing capacity for more individuals to be seen.

Further decisions need to be made regarding the model and funding of future services.

Vision & Strategic Aim

Our vision is for all children in Hampshire to be happy, resilient, safe, able to reach their potential, and experience good emotional wellbeing and mental health, both now and in the future.



Strategic Plan
2021-2025



Other actions taking place

- Mental Health Support Teams in Schools – supporting early intervention
- Primary Care Mental Health workers – working alongside the Primary Behaviour Support Service
- Safe Havens – to provide crisis support in local community areas
- Digital Testing – Think Ninja, CBT / Skype based interventions
- Group work within CAMHS – to provide peer support
- Development and design of the CAMHS website – providing tools and techniques for families and children and young people
- Training for parents and professionals – identifying and supporting young people
- Psychiatric Liaison – support for young people if they are self-harming and require intensive support
- Additional funding being identified – further resources to increase workforce capacity