

Lancashire Health and Wellbeing Board

Meeting to be held on 16th October 2014

Electoral Division affected: All

Children and Young People's Emotional Health and Wellbeing

(Appendix 1 refers)

Contact for further information:

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Executive Summary

In 2015, it is estimated that 45,101 children and young people in Lancashire will have an emotional health need which will require interventions from comprehensive Child and Adolescent Mental Health Services, Tiers 1- 4 (See Appendix 1). While it is evidenced nationally that 25%-50% of mental illness during adulthood could be prevented with effective intervention during this period, fewer than 25% of children and young people with mental health needs are in contact with appropriate services.

Evidence, along with national policy and guidance, suggests that in order to have an impact, improving the emotional health and wellbeing of children and young people needs to be everybody's business. Joint commissioning arrangements, therefore, which ensure clear roles and accountabilities across all partner agencies responsible for universal, targeted and specialist services are imperative, if we are to achieve positive outcomes for Children and Young People (CYP) in Lancashire.

In completing the 'understand' phase (needs analysis, consultation, review of evidence and provision mapping) to inform the development of a joint commissioning strategy going forward, a number of key issues and areas for improvement have been identified in relation to the current partnership and commissioning arrangements. These are detailed in the following report but in summary include:

- Limited strategic governance arrangements
- Lack of a coordinated approach around promotion and prevention (Tier 1) to capitalise on the role of universal services
- Inequity of provision/ lack of capacity in targeted and specialist services (Tiers 2,3, 4)
- Joint commissioning arrangements which are neither robust, nor sustainable due to funding pressures and procurement regulations.

Equally concerns have been raised by Lancashire Safeguarding Children's Board and from the findings of recent serious case reviews which support the case for change.

In response to the above, a number of joint outcomes, and proposals to meet them, have emerged, which when agreed could form the basis of a three year action plan. These are detailed in section 5.

It is also suggested that a whole system review of the current commissioning arrangements should be considered as part of the developed plan.

Recommendation:

In order to address the issues raised and subsequently have a positive impact on the emotional health and wellbeing of children and young people in Lancashire, members of the Health and Wellbeing Board are recommended to agree that:

1. The Health and Wellbeing Board strategically leads a joined up approach across partners and provides the mechanism for us to hold each other to account.
2. A task and finish group is established which:
 - Is sponsored and led by a member of the Board, with project management support provided by the local authority
 - Reviews current commissioned provision and develop future possible models for consideration by the Board in April 2015
 - Following agreement by the Board, work to jointly implement the chosen model by April 2016
 - In addition to the redesign, oversees the implementation of an action plan which captures all partnership actions to support the achievement of the eight outcomes detailed in the report.
 - Provides quarterly monitoring updates to the Board and biannual progress updates to the Overview and Scrutiny Committee.

Background and Advice

1. Context

The development of a robust joint commissioning approach for emotional health and wellbeing is essential for a number of reasons:

- Improving the emotional health and wellbeing of our children and young people in Lancashire is a priority in the Children and Young People's Plan, the Health and Wellbeing Strategy and our children and young people tell us time and time again that it is a priority for them.
- Nationally there is clear direction through the cross government's strategy 'No Health without Mental Health' that intervening in early childhood and adolescence is vital. This is supported by evidence which suggests that 25%-50% of mental illness during adulthood could be prevented with effective intervention during this period.
- Fewer than 25% of children and young people with mental health needs are in contact with appropriate services, so most mental disorder in children and adolescents remain undiagnosed and untreated.
- The commissioning responsibility for services across the 4 tiers of comprehensive CAMHS sits within a number of organisations and therefore a joint approach to ensure sufficiency and efficiency of provision at each tier is essential.

- A Child and Adolescent Mental Health Strategy is a requirement by Ofsted.
- The evidence suggests that to have an impact, improving emotional health should be seen as 'everyone's business', therefore the contribution of all services across the system needs to be understood and capitalised upon.

2. Prevalence

The report 'Treating Children Well' (Z. Kurtz, Mental Health Foundation, 1996) provides estimates of the number of children/ young people who may experience emotional wellbeing and mental health problems appropriate to a response from comprehensive CAMHS at Universal, Targeted, Specialist and Very Specialist Tiers (1-4).

Applying these rates to Lancashire's population indicates that in 2015, **45,101** children and young people will require an intervention at Tier 1, **20,751** at Tier 2, **5,188** at Tier 3 and **1,300** at Tier 4.

3. Current Joint Commissioning Arrangements

To inform the development of a strategy, the current commissioning arrangements and services were mapped to understand Lancashire's joint response across the tiers. This is summarised pictorially in appendix 1.

Overall Lancashire's Joint commissioning arrangements for comprehensive CAMHS at Tiers 1 to 4 are overseen by the Children and Young People's Commissioners Group.

Although schools and the voluntary sector, through external funding, also contribute to the overall resource, Health continue to be the main commissioners of provision. Responsibilities, however, are now split across the different organisations. The Children and Young Peoples Directorate also contributes financially at different tiers, which according to a recent Young Minds study is in line with other Local Authorities. (83% were continuing to fund CAMHS).

The strategy details all the commissioned services and their offer, but in short the arrangements for the main commissioned services are summarised below:

Tier 1: (Provided by professionals whose main role and training is not in mental health)

The Children and Young Peoples Directorate commissions the following services:

- Lancashire Early Support Core Offer, £239,000 is allocated to services to improve the emotional health and wellbeing of children and young people.
- Targeted Youth Support- £202,626 is allocated to VCSF services to support young people engaging in risk taking behaviour or dealing with emotional health and wellbeing issues.

Public Health, East and Wyre and Fylde CCG's also commission a mixture of emotional health projects in schools

Tier 2 (Provided by specialist trained mental health professionals working primarily on their own)

The children and young people's directorate commissions and provides **SCAYT+** at a cost of £441,000. This service provides targeted interventions for children and young people who are looked after (5 times more likely to have childhood mental health problems) or adopted and their carers.

The six Clinical Commissioning Group's commission Lancashire Care Foundation Trust to provide Clinical Psychology services for children and young people across Lancashire with varying levels of resource per CCG, but to a total of £2,073,949.

Other services provided include The Early Years Emotional Health Team (funded by Public Health), The Butterfly and Phoenix Projects (funded by Wyre and Fylde CCG), Improving Access to Psychological Therapies and targeted services for young people with the Youth Offending Team (funded directly or indirectly by the CCG's)

Tier 3 (Services are provided by a multi-disciplinary team who aim to see cyp with diagnosed complex mental health problems).

Commissioning for CAMHS tier 3 service is led by the 6 CCGs with Lancashire County Council identified as a named associate on the contracts to enable appropriate monitoring. LCFT provide in North and Central and East Lancashire Hospitals Trust provide in the East.

The financial contribution to CAMHS made by the six CCGs totals £8,100,531 (Average £31.31 per head of 0-18 population). This varies across the CCGs, however, with East Lancashire contributing the most per head of the population at £42.76 and Greater Preston contributing the least at £17.86 per head.

Lancashire County Council's contribution to CAMHS, which is for a step down to tier 2 service, is calculated using a population formula and totals £1,148,363 across the six CCGs (a contribution of £14,809 is made to Blackpool for children and young people living in the Cleveleys area with a GP that chose to be part of Blackpool CCG).

Tier 4 (Very specialised services in residential day patient or outpatient settings for children and adolescents).

Services are commissioned by NHS England and, in Lancashire, this is undertaken by the Cheshire, Warrington and Wirral Specialist Commissioning Area Team. The financial envelope at this Tier was not provided. However, the strategy reports that current provision of 14 inpatient beds falls well below the recommended provision of 20-40 inpatient beds for our population size. The NHS Area Team is currently reviewing the capacity issues identified as part of a national review and negotiations with LCFT to increase inpatient beds have begun.

4. Issues/ Gaps

In completing the understand stage of the commissioning cycle: needs analysis, review of evidence, consultation and service mapping against the 4 tiers, we have identified a number of issues, gaps and potential areas for improved action across the system. These include:

- Limited strategic governance arrangements/ negative partner feedback
 - Lack of a specific local multi agency board to inspire, lead, inform local efforts and hold each other to account to improve CYP mental health and psychological wellbeing.
 - Feedback from children and young people, parents/ carers and stakeholders across Lancashire, as well as findings from recent serious case reviews and our performance data, indicates that emotional health and wellbeing is a key issue and we aren't getting it right.
 - The Local Safeguarding Children's Board has raised concerns regarding CAMHS provision.

- Lack of a coordinated approach around promotion and prevention (Tier 1) to capitalise on the role of universal services
 - A necessity to intervene earlier to prevent escalation into higher cost provision which is already struggling to meet to need
 - Lack of guidance for universal settings in commissioning emotional health and wellbeing services
 - Work is needed to counter the stigma associated with mental illness and its consequences.
 - Strategies are needed for developing better use of social networking and other web based sites to promote messages to CYP

- Inequity of provision/ lack of capacity in targeted and specialist services (Tiers 2,3, 4)
 - Inequity of funding across the six CCGs both for Clinical Psychology (£3.37 (Chorley and South Ribble) - £14.49 (Lancashire North) per head) and CAMHS (£17.86- £42.76 per head)
 - Services and stakeholders report a lack of capacity at Tiers 2, 3 and 4 owing to an increase in the numbers and the complexity of needs at presentation
 - Waiting times between referral and assessment for clinical psychology services (longest is 49 weeks; the shortest is 12 weeks)
 - Staffing levels within CAMHS (ELCAS- 43% of expected capacity; Central Lancashire - 56% and North Lancashire - 32%).
 - Lack of inpatient beds locally leading to an increase in use of out of area Tier 4 beds and beds on adult wards.
 - The offer from specialist CAMHS to Tier 2 is inconsistent and owing to rises in demand, current capacity issues have necessitated a focus on Tier 3 provision.

- Joint commissioning activity is not robust, nor sustainable:
 - The current commissioning arrangements for LCC's contribution to Tier 2/3 CAMHS are not legally compliant with procurement regulations.
 - Commissioning roles and responsibilities for funding at the differing tiers are not clear and current arrangements are based on historic funding streams.
 - The local authorities efficiency targets necessitate a review of all areas of spend. This could lead to each of the current spending areas being reduced and result in a destabilisation of all services.
 - Difficulty in collating comparable performance information as the development of routine systems for collation was delayed in anticipation of the National CAMHS dataset

5. Emerging proposals

In response to identified gaps and issues, a number of joint outcomes and proposals to meet them have emerged, which potentially could form the basis of a three year action plan.

Proposals have been grouped into eight over-arching outcomes which focus on improving emotional health and wellbeing across the whole continuum of need.

- **Outcome 1:** Good emotional health and wellbeing of Lancashire's children and young people is ensured by strategic leadership and ownership and the belief that it is 'Everybody's business'.
- **Outcome 2:** Children and young people are equipped with the skills, knowledge and understanding required to support their good emotional health and wellbeing.
- **Outcome 3:** Parents/carers are equipped, feel confident in their ability and are supported, to nurture the good emotional health and wellbeing of their children.
- **Outcome 4:** The Children and Young People's Workforce is equipped, and feels confident in their ability, to promote and support the good emotional health and wellbeing of children, young people and their families.
- **Outcome 5:** Through improving the public's understanding of mental health negative attitudes and behaviours towards people with mental health problems will decrease.
- **Outcome 6:** The emotional health and wellbeing needs of children and young people are identified early and an effective, appropriate and timely service response is provided to meet need, which builds upon the assets of the family.
- **Outcome 7:** Vulnerable children and young people receive the targeted support they require to improve their emotional health and wellbeing.
- **Outcome 8:** Children and young people diagnosed with a mental health illness or learning disability are supported through targeted, evidence based interventions to improve their emotional health and wellbeing.

6. Next steps

To enable the above outcomes to be achieved, partnership action and the provision of services from prevention and early help right through to specialist support needs to be robust, effective and equitable across Lancashire. There is also a requirement to ensure that commissioning arrangements going forward are clear, compliant with procurement law, can evidence improved outcomes, and demonstrate value for money.

In order to achieve this it is recommended that:

1. The Health and Wellbeing Board strategically leads a joined up approach across partners and provides the mechanism for us to hold each other to account.
2. A task and finish group is established which:
 - is sponsored and lead by a member of the Board, with project management support provided by the local authority
 - reviews current commissioned provision and develops future possible models for consideration by the Board in April 2015
 - following agreement by the Board, works to jointly implement the chosen model by April 2016

- in addition to the redesign, oversees the implementation of an action plan which captures other partnership actions to support the achievement of the eight outcomes detailed above.
- provides quarterly monitoring updates to the Board and biannual progress to the Overview and Scrutiny Committee.

7. Consultations:

Consultation with commissioners and providers across all public sector and third sector as well as with children and young people, parents and carers has identified the above issues and informed the development of the proposed outcomes.

8. Risk management

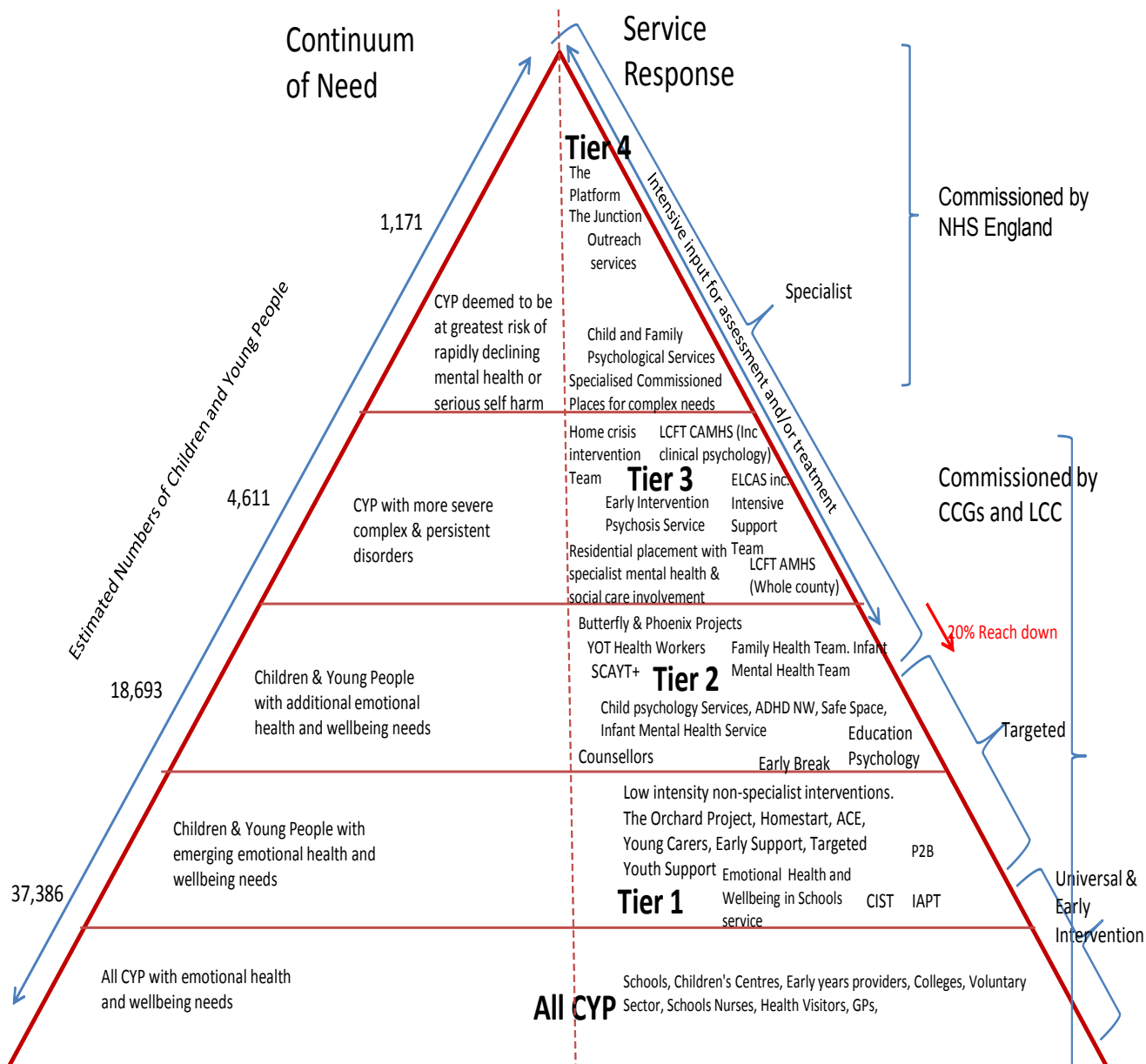
The risks of not supporting the above recommendations would result in the issues raised within the report not being addressed and subsequently children and young people in Lancashire having poorer emotional health and wellbeing outcomes. The Local Authority would also be at risk of breaking procurement law.

**Local Government (Access to Information) Act 1985
List of Background Papers**

Paper	Date	Contact/Directorate/Tel
	insert date	insert details

Reason for inclusion in Part II, if appropriate

N/A



This diagram shows services that are commissioned by statutory organisations. It is not an exhaustive list and there may be other services that exist. Whilst accepting that the service may spill over into other groups of emotional health and wellbeing intervention, services are placed into levels of need.