

Scrutiny Committee

Meeting to be held on 19 June 2015

Electoral Division affected: All

Emotional Health and Wellbeing including Specialist Child and Adolescent Mental Health Services

Appendices 'A' - 'D' refer

Contacts for further information:

Dave Carr, (01772) 532066, Head of Policy, Information and Commissioning (Start Well)

Nicki Turner, 07786 197011, Integrated Health Officer

Mark Warren, (01772) 538788, CAMHS Co-ordinator

Executive Summary

In January 2014 Local Authority and NHS commissioners attended a meeting of the Scrutiny Committee alongside Child and Adolescent Mental Health Services (CAMHS) providers to provide an update on specific actions being taken to improve CAMHS services in Lancashire and to provide information on wider developments of emotional health and wellbeing services for children and young people.

This report provides information on a number of issues as requested by the Committee and a brief overview of wider developments relating to emotional health and wellbeing including CAMHS.

Recommendation

The Committee is asked to:

- (i) Note the report and update provided;
- (ii) Note the progress made and comment as appropriate.

Background and Advice

In January 2014 Local Authority and NHS commissioners attended the Committee alongside Child and Adolescent Mental Health Services (CAMHS) providers to provide an update on specific actions being taken to improve CAMHS services in Lancashire and to provide information on wider developments of emotional health and wellbeing services for children and young people.

The Committee asked for information to be brought to a future meeting on a number of issues including:

- The results of the successful Preston pilot scheme to develop new ways of working for 16-18 year olds;
- Examples of improved involvement and interactivity with schools;
- Case studies in terms of the integrated activity with other services and any feedback from the service from the people who were using it;
- Examples of work relating to the emotional health response for Children Looked After;
- Financial facts of what funding was needed for the future and was it funding for staff or facilities that was needed;
- National comparable data when available.

This report provides an update on each of the areas requested and a brief overview of wider developments relating to emotional health and wellbeing including CAMHS.

The results of the successful Preston pilot scheme to develop new ways of working for 16-18 year olds

A programme to incentivise service development within Preston was agreed with commissioners and Lancashire Care Foundation Trust, as the service provider.

The pilot has concluded and is now rolled out across the county. Key successes of the pilot included:

- Excellent feedback from training sessions provided to Adult Mental Health Service (AMHS) workers to raise awareness of growing adolescent brain and impact of trauma;
- Establishment of a single Health Care Record, improving working between AMHS and CAMHS;
- Positive feedback from CAMHS workers regarding the establishment of practitioners who were nominated to receive extra training and to receive all referrals of 16/17 year olds;
- Positive feedback from AMHS workers who have Young People on their caseload and receive clinical supervision from CAMHS practitioners to help guide their interventions and practice;
- Improved information sharing with the Accident and Emergency (A&E) Liaison Team based at Preston hospital attending the A&E Safeguarding meetings along with CAMHS. The meeting considers the pathways for children and young people (up to 18 years old) attending A&E including those young people who self-harm and those that are experiencing mental health difficulties;
- Positive feedback from parents/carers in respect of AMHS sessions to improve young person and carer's experiences of care and recovery through greater family and systemic interventions and through wider application of Common Assessment Framework (CAF) processes;
- Children and Young People reported that they felt listened to, were able to talk about issues they wanted to talk about, understood the things said in the meeting and felt that the meeting gave them ideas for what to do.

The importance and success of the new arrangements for A&E Safeguarding Meetings was commented on in a recent Care Quality Commission (CQC) inspection as an example of good practice. Furthermore, this was also recognised as Winner of the Teamwork category in the 2014 Lancashire Teaching Hospital Quality Awards.

The pilot highlighted a continued need within AMHS and CAMHS to improve knowledge of services. This continues to be addressed through training, joint Steering Group and invitations to adult team members to join CAMHS staff during their assessment to create an opportunity for experience and learning to be shared.

The Preston Pilot Evaluation Report is attached as Appendix 'A'.

Examples of improved involvement and interactivity with schools

CAMHS providers have provided examples of interagency work and ongoing schools liaison. These are included in Appendix 'B'. The examples highlight:

- The use of prevention and early help approaches
- Use of family therapy and video interaction guidance
- Multi-agency joint working
- Targeted work with schools
- Improved access to support and advice to schools

Service specifications include a "reach down" from Tier 3 services in to universal and targeted settings to provide advice, consultancy and training to enable those settings to better support those cases where the referral is not accepted by CAMHS.

Case studies in terms of the integrated activity with other services and any feedback from the service from the people who were using it.

Examples of integrated activity and feedback from service users are included within Appendix 'C'. The case studies highlight a range of activities, including the journey of a young person through the Youth Offending Service Integrated Mental Health Team.

Examples of work relating to the emotional health response for Children Looked After.

Over the last two years the SCAYT+ service has worked with 548 children and young people Looked After and Adopted and seen an increase in numbers year on year with 167 new referrals in the last two quarters. This indicates an average demand of around 340 per year.

CAMHS are commissioned to work with Children Looked After that need a more specialist intervention.

East Lancashire CAMHS usually work with 70-110 case per year and Lancashire Care Foundation Trust reported 92 referrals 2014/5. Both these services collect data on children who are and have been looked after.

Case studies from both CAMHS providers and SCAYT+ are attached at Appendix 'D'. The case studies provide further examples of feedback.

Financial facts of what funding was needed for the future and was it funding for staff or facilities that was needed and National comparable data when available

Robust national comparative data was expected in April 2014. However, the national programme to deliver this information was suspended, to enable the issues to be considered as part of a wider Mental Health Services Data Set (MHSDS). This new dataset is not expected to be made available until 2016.

NHS England has indicated that they expect the Increased Access to Psychological Therapies (IAPT) outcome recording system will be incorporated into the CAMHS dataset by September. However, the CAMHS dataset is not fully embedded nationally and IAPT recording is only currently used by one of the local CAMHS providers.

A Joint Commissioning Strategy for Children and Young People with Emotional Health and Wellbeing Needs in Lancashire has been developed and shared with key partnership groups. The Strategy broadly identifies and defines the joint resources and support for children and young people with emotional health and wellbeing needs, identifies a set of commissioning proposals aimed at prioritising our limited resources and contains key partnership actions to improve outcomes for children and young people with emotional health and wellbeing needs.

Comparative data on funding within Lancashire, highlights that the mean spend on CAMHS services per head of population of the 0-18 population for Lancashire is £29.46 compared to that of England £59.35 (Chimat 2015).

In real terms the overall spend on Children and Young People's mental health disorders has fallen over the last six years, the expenditure for England is 6% of the total spend on mental health (DH 2015). In Lancashire this percentage spend varies depending on CCG from 2% to 11%.

The County Council provides £34.5m net funding for all age mental health services, which includes over £1.1m annually for specialist CAMHS. The CAMHS contract expects a "reach down" from Tier 3 CAMHS which is intended to provide universal and targeted settings with advice, consultancy and training to enable those settings to better support those cases where the referral is not accepted by CAMHS. Concerns remain about the outcomes achieved through this contribution and there have been challenges in obtaining information from providers to enable us to manage performance and decisions regarding ongoing investment.

Future service development

In October 2014 the Lancashire Health and Wellbeing Board received a report on Children and Young People's Emotional Health and Wellbeing which identified a

number of key issues and areas for improvement in relation to the current partnership and commissioning arrangements. In summary these 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 serious case reviews which support the case for change.

The Health and Wellbeing Board agreed to strategically lead a joined up approach across partners and provides the mechanism for us to hold each other to account. The recommendation of the Board was that a task and finish group is established which:

- Is chaired by Dr. Ann Bowman, with project management support provided by the local authority and/or the Clinical Commissioning Groups (CCGs');
- The Chair of the task group writes to each CCG requesting a contribution towards project management support;
- Reviews current commissioned provision and develop future possible models for consideration by the Board in April 2015, whilst taking account of the work already done by the CCGs;
- 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 Scrutiny Committee;

The Health and Wellbeing Board will consider the findings of the initial phase of the review and plans for further working in June 2015. However, the review to date has not met the expectation of developing possible future models and not set out what a "good" service would look like.

The review has made the following recommendations:

- Each Clinical Commissioning Group to increase investment in Children and Young People's mental health disorders to meet the Department of Health ambition to spend at least 8% of the total spend on adult mental health disorders on services for children and young people;
- Plan to include CAMHS services in the increase in finance to meet the mandate for parity of esteem for children;

- To robustly contract monitor CAMHS within the existing contract monitoring arrangements in the three separate areas to inform future service development;
- Integrated commissioning approach under the Better Care Fund (virtual-pooled budget) umbrella whilst a more robust system is put into place;
- To develop appropriate contracting and governance arrangements through, for example, a S75 agreement.

Current proposals are for a multi-agency Systems Board to be established, which will undertake a further review of arrangements. Importantly, the recommendations have not been agreed by all partners.

The Systems Board is proposed to be accountable to the Lancashire Clinical Commissioning Board. We are not confident that this further review will lead to the rapid change that is needed to ensure that we are able to offer the best possible service to children and young people. Whilst we will continue to influence and help shape change across all tiers of service our future commitment within the County Council will be to the development of a wellness service, which removes duplication within existing prevention and early help services, and strengthens our preventative offer within Lancashire.

A verbal update on the outcomes of the Health and Wellbeing Board discussion will be available to the Committee at the meeting on 19 June.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

The joint, multi agency, development and maintenance of emotional health services is a key component in ensuring that Lancashire is able to make the best use of the resources available in this area. The Committee is asked to note the vital role that joint commissioning and relationships with provider services has in responding to current challenges.

List of Background Papers

Paper	Date	Contact/Tel
Report to Scrutiny Committee – 'Emotional Health and Wellbeing Including Specialist CAMHS'	17 January 2014	Mark Warren (01772) 538297