Leicester City Council

LEICESTER CITY HEALTH AND WELLBEING BOARD

9th October 2014

Subject:	CAMHS Review – Emotional Health and Wellbeing of Children and Young People
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EXECUTIVE SUMMARY:

This report addresses work across Leicester City, Leicestershire County and Rutland County to produce a joint multi-agency strategic approach to improving the emotional and mental health of children and young people. This strategy is based on four strands:

- Promotion of good emotional health through universal services
- Co-ordinated and integrated early and targeted support services
- Clear care pathways to and from specialist clinical services for children with mental health or developmental disorders

- Joint strategic direction and leadership to ensure strong co-ordination and joint working across organisations

The report also provides an update on the review of the Child and Adolescent Outpatient Mental Health Services provided by Leicestershire Partnership Trust.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

Note and Comment on this report.

1 INTRODUCTION

"By promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does."

No Health Without Mental Health: A cross-government strategy (2011)

Effective and high quality health, social care and educational services can protect children and their families from the impact of mental illness and emotional distress. Such services are also a valuable mid to long term investment in promoting resilience and preventing more extensive mental health care needs in later life.

The importance of ensuring positive mental health for children and young people is supported by a raft of evidence and national policy. The National Service Framework for Children, Young people and Maternity Services (DH, DfES 2004) states:

"The importance of psychological well-being in children and young people, for their healthy emotional, social, physical, cognitive and educational development, is well-recognised. There is now increasing evidence of the effectiveness of interventions to improve children's and young people's resilience, promote mental health and treat mental health problems and disorders, including children and young people with severe disorders who may need admission."

Mental health problems in children are associated with educational failure, family disruption, disability, offending and antisocial behaviour, placing demands on social services, schools and the youth justice system. Untreated mental health problems create distress not only in the children and young people, but also for their families and carers, continuing into adult life and affecting the next generation.

The Better Care Together Programme is an ambition programme to develop a five-year plan to transform services to deliver stronger co-ordination, improved quality and financial benefits. The emotional health and well-being of children and young people is part of the Children's Strand of the Better Care Together Programme. A multi-agency reference group met on three occasions so far to develop an outline strategy and priorities for action for this work. There has been strong City Council involvement in this work. The strategic priorities are set out below:

2 EMOTIONAL HEALTH AND WELLBEING STRATEGIC PRIORITIES

2.1 Promotional of good emotional health

Emotional Health and Well-being campaigns within schools and colleges

> All children at school and college in LLR will be encouraged and enabled to maintain good emotional health and well-being. This will be though pastoral teaching support, strategies to tackle issues such as bullying and anxiety and access to school nursing and counselling services.

Jointly commission training for staff in universal settings on emotional health and wellbeing.

> All front-line staff in organisations working with children and young people in LLR will have access to training and development opportunities to learn about emotional health issues. This will provide practical skills in supporting children and knowing when and how to refer for specialist intervention and support.

2.2 Early and targeted support

Map current services

The current range of services needs to be mapped and understood with a view to identify duplications and gaps. Identify all services presently provided by statutory and voluntary sectors. Understand the types of interventions offered, targeted client groups, duration, costs and outcomes.

Joint commissioning of comprehensive Tier 2 services

Jointly commission a comprehensive Tier 2 service which provides early and targeted support for those with mild to moderate difficulties An LLR wide multi-agency Tier two service which will receive referrals from front-line practitioners, conduct assessments, and offer a range of short time low intensity interventions for children, young people and their families. These could include peer support, counselling, group work, parental training, short-term therapies. This would also be the gateway to more specialist assessments and longer- term interventions.

2.3 Improving Service Pathways

Review present pathways to specialist services

Map the present specialist services (Tier 3 and Tier4) to confirm function, capacity, and pathways to and from services. Understand all specialist services, and how they work together to provide holistic care and support for children and young people with severe or complex needs.

Transform the way the CAMHS service works to improve access and joint working with partner organisations

Review the CAMHS service and produce an improvement plan based on enhancing access to assessment and interventions, and improving communication and engagement with partner organisations and with service users.

Improve experience of transition from child to adult services.

Clarify the age of transition and how child and adult services work together to support the young person through the change of services.

2.4 Leadership and Management of Resources

Establish structural framework for leadership of implementation of the strategy. This will include:

a. Joint Leadership Board – to give vision, direction and make decisions
b. Stakeholder reference group – to shape and influence the strategy
c. Project task and finish groups – to deliver the agreed priority projects

Consider options for joint management of resources and commissioning Identify current commissioning arrangements and funding levels for all services. Agree model for future joint commissioning and financing.

Set success criteria and systems of measurement. Agree the overall outcomes that should be achieved through this strategy and how they will be measured.

2.5 Engaging with Schools

It is vital to engage schools and colleges in this work. They are in contact and support almost all children and ca also be significant commissioners of services in their own right. The CAMHS Commissioning Manager is therefore setting up a number of focus groups with schools to understand their perspective and priorities for action. This will shape the strategy and the Better Care Together Programme.

3 TRANSFORMATION OF THE CAMHS TIER 3 SERVICE

3.1 Background

The CAMHS Tier 3 service is a specialist service which supports children with severe or significant mental health or neurodevelopmental conditions. It is commissioned by the Clinical Commissioning Groups for Leicester, Leicestershire and Rutland and delivered by Leicestershire Partnership Trust, Families, Young People and Children's Division.

In June 2014 the CCGs commissioned an independent review of CAMHS Tier 3. The broad aim was to develop and implement an improvement plan: a key element of which will be to address contractual waiting time requirements. The review was requested because of increasing concerns over a number of issues:

- variable practice across the three CAMHS community teams (City, County West and County East) and between clinicians
- 35% of referrals are returned to the referring agency as inappropriate

- limited communication with service users / carers and referring agencies whilst a case is being assessed by CAMHS
- reported reluctance to share patient data across agencies despite agreed protocols

A multi-agency project group, chaired by the CAMHS Commissioner steered the review. Tim Jones, an independent consultant, was appointed to conduct the review. He held a number of interviews with staff within the CAMHS service and external stakeholders. This included representatives from the City Council, and voluntary groups operating within the City. He has also collated and analysed data about the service and the views of service users.

It was important for the staff within CAMHS to have an early opportunity to hear the outcomes from the review, validate or challenge the findings, and then take ownership for the recommendations and action plan. Therefore a special event for the whole CAMHS service was arranged for 22nd September. A briefing seminar for external stakeholders was held in the evening.

3.2 Key Findings

1. The waiting time from referral to assessment and treatment is very long for “routine” referrals, with a large proportion breeching the 13 week contractual target for an initial assessment to be completed. The trend is upwards and the waiting times vary between the three community teams, City, West and East. (More breaches in the West team). However all “urgent” referrals are seen within 4 weeks.
2. All assessments are presently undertaken by a multi-disciplinary team of two or more practitioners including a consultant. This approach may not be an efficient or effective use of clinical time and should be revisited.
3. There are different referral patterns from GPs and geographical areas. Referrals fluctuate by month to month. There is an upward trend of about

10% a year increase in referrals over the past two years. Referring agencies, such as GPs, School Nurses, Paediatricians, may not understand the referral criteria for CAMHS. Need for clarity about "the CAMHS offer" and what a specialist CAMHS service provides and does not provide.

4. There isn't consistency in the ways in which the three teams work. Perception from external stakeholders that cases are assessed differently according to the team or clinicians involved. Little flexibility to move resources between the teams.

5. Referral rates from the County are higher than would be expected. Referrals rates from the City are lower than expected. There may be a variety of reasons for this including prevalence rates, hidden unmet needs, and availability of alternative services to CAMHS.

6. Arrangements and criteria for discharge or step down from the CAMHS service are not clear. The discharge rate is substantially below the average for CAMHS across England. CAMHS may be holding on to cases which could be safely discharged to lower tier services.

7. Clear clinical care pathways are required to guide clinicians, referrers and service users through the assessment, diagnostic and intervention services. These include the pathways from primary care, between tiers of CAMHS service and to adult mental health services.

8. Families who are waiting for an assessment or for an intervention to start are not always kept informed or offered resources and advice whilst they wait.

9. Significant variation in the number of patients seen by senior clinicians. Some clinicians not using the standard administrative systems for booking appointments and contacting patients. Administrative functions can be used more effectively to free up clinical time.

10. Clinical and patient outcome measures are not used to inform and improve clinical or organisational practice. Data is gathered but is not analysed or shared with clinicians.

11. Other findings related to accommodation pressures, a requirement for better electronic clinical record systems, improving engagement with stakeholders and strengthening clinical leadership.

3.3 CAMHS Response

The key findings of the review were broadly accepted by the CAMHS Service at the seminar. There was some challenge to the validity of the data relating to different teams (as the County East and West teams had only been established a year ago) and to the referral patterns by GP practices. There was also a sense that the perception of CAMHS as not accepting referrals or being unwilling to engage with other agencies was unjust. CAMHS has been seeking to do this and to explain the way it operates. It would also be useful to describe the context in which CAMHS operates (the budget, number of staff, service structure, etc.). However the seminar did agree with the broad qualitative findings about long waiting times, vague clinical care pathways, and team and clinical variation.

In the afternoon sessions the participants developed ideas for tackling these issues. Some of these ideas included:

- Establishing a team that would focus on new referrals and assessments, thereby ensuring consistency in accepting referrals, and freeing other clinical staff to focus on their caseloads.
- Sharing good practice on arrangements or managing safe discharge from the service
- Ensuring that the results of outcome measurement are shared with clinicians to inform and improve clinical practice.

- Improve communication with families who are waiting for their child to be assessed.

- Understanding reasons for variations in clinical workload, and tackling this accordingly.

There was strong energy, enthusiasm and commitment to develop and implement these ideas, but some wariness that CAMHS was being blamed for issues outside its control.

3.4 Seminar for stakeholders

In the evening, about a dozen external stakeholders attending an evening presentation of the findings. This included a CCG GP clinical lead, and representatives from both Leicester City and Leicestershire County Council.

The meeting supported the findings and noted in particular the differing approaches within the City and County Teams, and the benefits of strong partnership working with local authorities.

County teams may be able to learn from the City team where referral rates are lower; there is greater workforce flexibility to response to fluctuating demand, and experience of effective joint working with the local authority.

3.5 Next Steps

Tim Jones will validate the data that was presented in the initial findings and then prepare a final written report. This will include contextual information about the CAMHS service as well as the detail of the interviews. This final report will be prepared for the Contract Performance Meeting, as the commissioner of the review.

The Project Steering Group will be meeting shortly to consider the best way of taking forward the recommendations from the review and the idea and proposals that have been generated by internal and external stakeholders.

This may include a communications bulletin and interim update reports to a variety of stakeholder groups.

4 CONCLUSION

This report has set out the strategic work that is being undertaken to develop and co-ordinate services for children and young people with emotional health and mental health difficulties. This is part of the Children's Strand of the Better Care Together Programme. The report has also providing an update on the current review of the CAMHS Tier 3 service. The transformation of this service will be a key element of the overall strategy.