

Progress update on Child and Adolescent Mental Health Services

1. Background

- 1.1 On 9 December 2011, the Children's Trust Board accepted the recommendations of the Overview and Scrutiny Task and Finish Group on Emotional Wellbeing and Mental Health; this was accompanied by an action plan, which was last circulated to Children's Trust Board on Friday 15 June 2012 and is attached as Appendix One.
- 1.2 One of the key actions in the plan was for regular updates to be provided to Children's Trust Board in response to the recommendations. There was also an expectation that a process would be established to ensure compliance with the national 18 week Referral to Treatment (RTT) standards in Plymouth Child and Adolescent Mental Health Services (CAMHS). NHS Plymouth, as lead commissioner, worked with the local service provider, Plymouth Community Healthcare (PCH) to achieve this standard within Plymouth CAMHS.
- 1.3 In parallel, PCH commissioned Oxford Health NHS Foundation Trust to undertake an external review of Plymouth CAMHS, which was completed in February 2012. The final report of the external review was shared with commissioners in May 2012. The findings of the report raised concerns for commissioners in relation to service performance. These concerns were outlined in the report to Children's Trust Board of 15 June 2012. As a result, PCH were issued with a Contract Query Notice (CQN) by NHS Plymouth on 13 June 2012.
- 1.4 In line with the contracting process and timescales, PCH developed a Remedial Action Plan (RAP) describing the immediate actions that would be taken to respond to the CQN. This was formally approved by commissioners on 9 July 2012.

2. Summary of progress

2.1 Waiting times

- 2.1.1 Plymouth CAMHS achieved compliance with the national 18 week RTT standard at the end of March 2012. To date, the service has maintained compliance with this standard.
- 2.1.2 Plymouth CAMHS compliance with the 18 week RTT standard continues to be monitored through the NHS Plymouth Performance Management Meeting, which takes place on a monthly basis.

2.2 Remedial Action Plan (RAP)

- 2.2.1 Following the development and approval of the RAP in early July 2012, it was agreed that fortnightly monitoring meetings would be established to ensure progress was being made in line with agreed timescales; this would also allow any issues in relation to achievement of key actions to be raised with commissioners in a timely manner.
- 2.2.2 The first review meeting took place on 25 July 2012. PCH provided an updated RAP for review at the meeting and supporting evidence to demonstrate the improvements that had been made in response to the agreed actions. These were focused on clinical practice – e.g. records management and case load management.

Commissioners at the meeting were assured that demonstrable progress was being made.

- 2.2.3 The review meetings continued as planned (with limitations due to annual leave over the summer period), with the next meeting scheduled to take place on 12 September 2012. A number of key actions were due for completion at the end of August 2012 and this meeting will provide an opportunity to review progress.

2.3 Overarching service improvement

- 2.3.1 In addition to the development of the RAP, PCH has also developed a service improvement plan to focus on those areas that were identified in the external review but were not related to demonstrating remedy in response to the CQN.
- 2.3.2 Commissioners were first given the opportunity to review this plan in June 2012 and provided feedback on those areas where they would expect to be consulted prior to significant changes being made to the form or function of Plymouth CAMHS. These included, for example, involvement in considering the commissioning of early intervention services (Primary Mental Health Work) and the Infant Mental Health Team (in the context of current work focusing on the development of a perinatal and infant mental health pathway).
- 2.3.3 The service improvement work within Plymouth CAMHS is being supported by a steering group of clinical and managerial representatives from within Plymouth CAMHS. This is chaired by the Director of Operations for PCH and reports to the Executive Management Team of PCH. Discussions are currently underway between commissioners and PCH about the review of actions arising from the recommendations contained in the external review report that require commissioner involvement.

3. Other key developments

3.1 Children and Young People's Improving Access to Psychological Therapies (IAPT)

- 3.1.1 In April 2012, a bid was submitted by the NHS Devon, Plymouth and Torbay cluster to join the national Children and Young People's IAPT programme. The programme aims to improve treatment options through the training of CAMHS staff and implementation of an outcomes based approach.
- 3.1.2 Following approval of the bid in the first round the NHS Devon, Plymouth and Torbay cluster, in collaboration with Exeter University, were successful in their bid to become a Phase 2 Children and Young People's IAPT pilot area. This has secured £880,000 for Plymouth to train and provide backfill posts for two supervisors and 14 practitioners in new ways of working over the next two years.
- 3.1.3 Unlike Adult IAPT, this programme is not intended to create of a new service but support a transformational change agenda for existing CAMHS across early intervention and specialist services. The programme implements:
- An evidence based approach to Cognitive Behavioral Therapy for depression and anxiety;
 - An evidence based approach to Parenting for conduct disorder and oppositional behaviour. This builds on Incredible Years and Triple P parenting programmes (staff in Plymouth are already trained in the delivery of these programmes);

- An Outcome Monitoring Framework for these interventions that implements session by session review with children, young people and families; and
- More robust participation of children and young people in service planning, delivery and outcome monitoring.

3.1.4 The Department of Health has specified that the majority of the training should be directed to the health based CAMHS. However all the delivery partners for CAMHS were offered the opportunity to nominate staff for this programme; Plymouth Education Psychology Service, Parent Partnership, and The Zone have all opted to take part and have identified staff to undertake the training.

3.2 Targeted Mental Health in Schools (TaMHS) project

3.2.1 The Plymouth TaMHS project identifies how to provide accessible targeted support for children and young people's emerging mental health needs through a model that embraces early identification and intervention, and requires collaboration across traditional organisational and service boundaries. This involves close liaison with primary and secondary schools across the city and has been supported with funding from the Early Intervention Grant over a three year period.

3.2.2 The impact of Plymouth TaMHS is formally evaluated throughout the year, with assessments taking place at three months, six months, nine months and at year end. The evaluation report for 2012/13 is not yet available. However, an interim report has been developed and this demonstrates that TaMHS are supporting children and young people with identified mental health needs by offering early, targeted interventions. This has meant that less children and young people have required intervention at a specialist services level. The detailed interim report is attached as Appendix Two.

3.3 Early Intervention

3.3.1 One of the key actions identified within the Action Plan arising from the Task and Finish Group on Children and Young People's Emotional Wellbeing and Mental Health was to establish a coherent early intervention response from 2013 onwards.

3.3.2 The development of the Early Intervention and Prevention Strategy is supporting the achievement of this action. The intention is for resource planning to underpin early intervention for children and young people with an identified need.

4. Next steps

4.1 As described above, the formal monitoring processes that have been put in place to ensure compliance with the 18 week RTT standard and achievement of the actions described in the RAP will continue. This will ensure that any issues in relation to service quality or access are identified and addressed in a timely manner.

4.2 In common with other services, a review of the existing CAMHS service specification and activity and quality reporting schedules will take place as part of the annual commissioning and contracting cycle. It is likely that this will reflect any changes that are agreed in response to the RAP or overarching service improvement plan, as well as taking into account the success of the Children and Young People's IAPT bid.