

CAMHS Transformation

Report to Scrutiny



Future in Mind, published in 2014 describes ten important changes to be achieved throughout the country through CAMHS transformation. In particular it explains that children and young people's mental health is everyone's business and not only the domain of CAMHS services. It also states that the right support at the right time for children, young people and their families can both improve lives and save money in the long run.

The ten important *Future in Mind* changes are:

- Improve public awareness so people think and feel differently about mental health
- Ensure children and young people have timely access to clinically effective support
- Make a step change in how care is delivered towards a system built around needs
- Increase the use of evidence based treatments with services focused on outcomes
- Make mental health support visible and accessible for children and young people
- Improve care in a crisis and in the right place at the right time and close to home
- Improve access to evidence based programmes of intervention and support
- Achieve a better offer for the most vulnerable children and young people
- Improve transparency and accountability to drive further improvements in outcomes
- Professionals are trained in child development and mental health

NEW Devon CCG has outlined a strategy that ensures a strong core CAMHS services and effective access to specialised support whilst shifting services upstream towards prevention and early intervention. The CAMHS transformation submission therefore identified four big system priorities that will underpin this plan.

Priority 1: Crisis response

We want to ensure timely and effective responses when children and young people are facing a crisis to ensure that co-ordinated and appropriate support and a mental health act assessment is available 24 hours a day/7 days a week for those who need this and in accordance with the Crisis Care Concordat.

Priority 2: Early intervention

Our purpose is to promote and support the emotional, psychological and social wellbeing of children and young people. Early help programmes can support the drive for early intervention and enable cultural change in the way first contact services such as schools can support children and young people with mental health problems.

Priority 3: Children in care

We know that children in care are significantly more vulnerable to emotional and mental health problems and we want to ensure that there is a flexible and integrated system to support children in care and in particular where they have identified mental health needs.

Priority 4: Specific Service Response

- Increasing access to ensure at least 30% of those with a diagnosable mental problem.
- Reduce numbers of children and young people waiting and waiting times.
- To ensure that delivery of the pathway for Eating Disorders is sustainable and can be delivered across the whole area.

DEVELOPMENTS AND IMPACT TO DATE:

Priority 1: Crisis response

Our focus on crisis prevention and response has improved the response to children presenting in crisis with self-harm and other mental health and behaviour difficulties at hospital and the community. We have invested in the service to increase the CAMHS outreach workforce from 4.6FTE to 10FTE so that a more rapid support can be offered through extended hours 7 days a week to de-escalate crisis and prevent re-occurrence.

This team have seen a total of 313 children and young people referred as an urgent referral from the hospital since April, and are now able to respond to all of these referrals the same or next day. They have also responded to the 62 urgent referrals in the community within 7 days.

The service is compliant with the requirement to undertake Mental Health Act Assessments within 4 hours of request.

As a part of this crisis approach we have also secured the sustainability of a Place of Safety ensuring that those being detained on a section 136 aren't held in police cells for mental health assessments. This has been an extremely welcome development from all partners, parents and young people and has delivered better outcomes for those young people at a point of crisis, since it opened in April 2015, 46 young people from Plymouth, Devon and Torbay were assessed in the place of safety rather than in a police cell, and the majority of them returned home with support and without admission to a tier 4 Mental Health Unit.

Priority 2: Early intervention

This is an integrated approach with the third sector, schools and our community CAMHS team in Livewell South West, with investment from Schools Forum into a co-commissioning approach, which has secured:

- A whole school approach, including identifying workforce development needs within school staff teams. Each school has undertaken an audit to review need for training that support whole school approaches to mental health, with a bespoke set of priorities to reflect the need in their communities. The Zone is working with schools to support meeting this need over the next 2 years (to August 2019).
- A new online support service for young people started in September 2016, alongside a face to face counselling service in secondary schools. Prior to this all schools had bought in varying services, with little quality assurance. These services were procured by Plymouth City Council with the support of the CCG GP leads. 872 young people have accessed support online with 185 accessing "chat" with a counsellor and 314 accessing self-help documents. Significantly 13% of these have identified as BME which is a good reach in the city. A further 98 young people have accessed face to face counselling in schools. However there is currently a waiting list for this support, partly arising as the service is only just reaching full capacity so has is not yet delivering to full capacity or yet delivering group work. The steering group with Schools, CAMHS, the VCS provider and commissioning are scheduled to meet to develop a plan to resolve this.

- Special schools have had staff trained in Levels 1 and 2 Theraplay® and are delivering targeted interventions based on attachment theory. Schools are building an evidence base to monitor outcomes from using this approach.
- A combination of some school investment alongside CAMHS transformation investment has secured an early intervention approach in CAMHS, increasing the staffing from 5 FTE mental health workers to 17 FTE, to provide consultation, triage and brief interventions in schools and in the community. This is enabling CAMHS to support early help strategies to quickly address difficulties or ensure rapid access to more specialist support, where appropriate. Of the 228 requests for consultation in the community, 36 have been referred for CAMHS intervention, 108 have been given support to access other services and 84 are receiving ongoing early intervention consultation and support in the community.

Priority 3: Children in Care

The CAMHS transformation plan also covers Devon where there has been a less well developed dedicated service for Children in Care. The ambition here was to ensure the whole of the Devon footprint secured an enhanced offer for these young people. In Plymouth we have had a dedicated offer in place for some time that is co-located with the social care teams.

In order to ensure the challenges of delivering a more integrated response to both children in care and those on the edge of care, a multi-agency system optimisation group, chaired by Alison Botham, AD for Children, Young People and Families Services, are continuing to meet and develop new ways of working.

Priority 4: Specific Service Response

- Increasing access to ensure at least 30% of those with a diagnosable mental problem (increasing to 32% in 2018/19 to 35% in 2020/21).

Current estimate is that we are achieving 33% access in Plymouth.

- Reduce numbers of children and young people waiting and waiting times

There has been a reduction in the median waiting time for CAMHS intervention from 8.7 weeks to 5.7 weeks (Jan - Dec 2016), however the numbers waiting for treatment in Dec 2016 had increased to 332 (same as this time last year but growth since Sept). This has been impacted on by the annual trend of an increase in referrals from Sept – Dec and new model of service in early intervention that means initial assessment is carried out more quickly, increasing the numbers now waiting for particular interventions. This does not mean they are not seen by the service, just that they are not yet receiving the right intervention to meet their needs.

The percentage of young people receiving treatment intervention within the required 18 weeks from referral to treatment remains steadily high, (93% in Dec). However this means there are still small numbers who are waiting too long.

In order to address this, the service has hired agency staff to bring the numbers waiting for particular interventions down. This includes additional capacity for CBT, Psychotherapy and solution focussed therapy. This situation is being monitored carefully by the CCG and through regular reports to NHS England.

- To ensure that delivery of the pathway for Eating Disorders is sustainable and can be delivered across the whole area.

A new team has been developed this year to ensure that those with an eating disorder are prevented from going to hospital and do not have long stays if they have to, through good support in the community. The service has reported that they have been meeting the required standards for this cohort of children, however more recently an increase in referrals is putting a strain on

capacity. The CCG and Livewell is scheduled to review this position and examine resource implications at their next CAMHS transformation meeting.

FUTURE DEVELOPMENTS

The CAMHS Transformation plan was refreshed in November and future work includes:

- A whole system review of our Trauma/ Abuse Recovery approach.

This will be managed in the multi-agency Systems Optimisation Group. A model for trauma recovery has been developed and services are due to review how the current pathway and offer against this model.

- Self Harm

Whilst the crisis response has improved capacity to respond to young people presenting with self harm, there is now an opportunity to review the approach across the whole support offer in Early Intervention and Specialist CAMHS to move to a more preventative model. The CCG and Livewell are scheduled to review demand and approach at the next CAMHS transformation meeting.

- Workforce Development

The CCG was required to develop a workforce development strategy and developed this across the footprint of NEW Devon and South Devon and Torbay CCG. There is now the need to localise this plan, describe what the current offer is and the action plan for the future.

- Reporting Data

As part of the CAMHS transformation plan there was a recognition of the need to improve reporting and a Data Improvement Plan was developed that identified service standard and outcome reporting requirements. This is an ongoing piece of work and the service is refreshing its data recording systems to enable this reporting, including outcome reporting, in the future.



Northern, Eastern and Western Devon
Clinical Commissioning Group

