

Health Scrutiny Committee

Dorset County Council



Date of Meeting	7 June 2016
Officer	Director of Service Delivery, NHS Dorset CCG – Mike Wood Director for Children's Services – Sara Tough
Subject of Report	Child and Adolescent Mental Health Services
Executive Summary	<p>This report outlines the service context for the provision of child and adolescent services (CAMHS), focusing on the performance of CAMHS, particularly around access and wait times. There have been improvements in performance as a result of a range of actions undertaken by commissioners and providers, however it is recognised that this is remains an area of concern. Future actions to address this are also outlined.</p> <p>The report outlines areas of additional investment in Emotional Wellbeing and Mental Health through the submission of a Transformation Plan to NHS England on behalf of our local partnership. This has resulted in an allocation of £1,552,573 in 2015/16 (£442,914 of which was allocated specifically for eating disorders).</p> <p>The report also describes progress in developing a new Emotional Wellbeing and Mental Health Strategy for children and young people. Public consultation was completed on the 6th of May. Results from feedback are currently being analysed. An implementation plan will be published in September 2016.</p>
Impact Assessment:	<p>Equalities Impact Assessment: An EQIA has not yet been completed for the draft Emotional Wellbeing and Mental Health Strategy. This will be completed prior to adoption.</p>
	<p>Use of Evidence: Management information has been used to understand performance. The development of the transformation plan has used local and national research and evidence and is founded on evidence of best practice.</p>

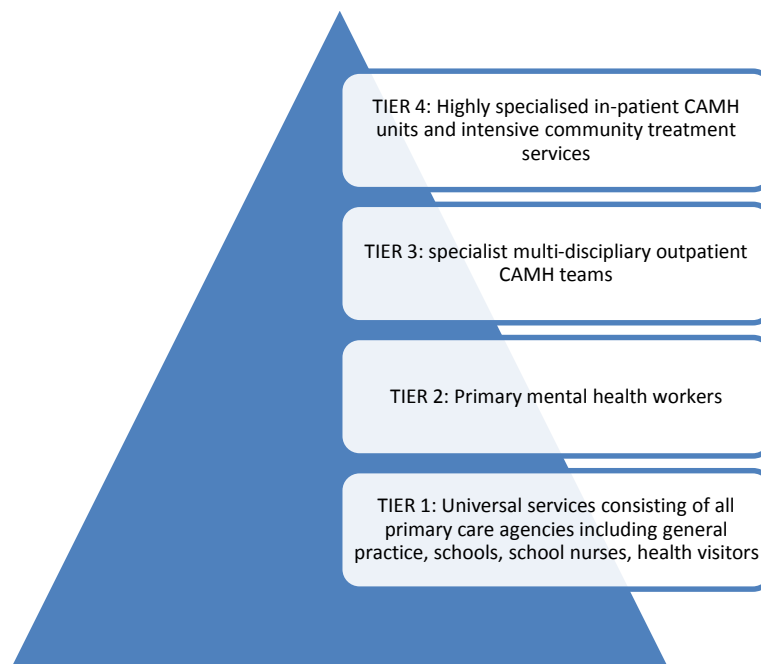
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	<p>The draft Emotional Wellbeing and Mental Health for children and young people has been developed through consultation with stakeholders, including children and young people and parents and a full public consultation on the draft strategy has just been completed. The results of the public consultation are currently being analysed.</p>
	<p>Budget: n/a</p>
	<p>Risk Assessment: n/a</p> <p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: HIGH/MEDIUM/LOW (Delete as appropriate) Residual Risk HIGH/MEDIUM/LOW (Delete as appropriate)</p>
	<p>Other Implications: n/a</p>
<p>Recommendation</p>	<p>The Committee is asked to note the report and the progress to date and invited to comment on the planned action, the transformation plan and the development of the new strategy.</p>
<p>Reason for Recommendation</p>	<p>While it is recognised that there is still work to be undertaken, actions to address the current issues are in place and will continue to be closely directed and monitored. The Transformation Plan and the new Emotional Wellbeing and Mental Health Strategy offer opportunities to improve the whole system response to the emotional wellbeing and mental health of children and young people.</p>
<p>Appendices</p>	
<p>Background Papers</p>	<ol style="list-style-type: none"> 1. Report to Children's Services Overview Committee 18/01/16: Emotional Wellbeing and Mental Health 2. Report to Health and Wellbeing Board 09/09/15: Local Transformation Plan for Children and Young People's Mental Health 3. Dorset CCG Transformation Plan 4. Draft Emotional Wellbeing and Mental Health Strategy 2016-2020 5. CAMHS Young Inspectors Report (2015)
<p>Report Originator and Contact</p>	<p>Name: Claire Shiels Tel: 01305 213714 Email: c.shiels@dorsetcc.gov.uk</p>

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1. Introduction

- 1.1. Mental health in childhood involves more than just the absence of emotional difficulties. It involves the presence of a number of abilities which develop from infancy, through childhood and adolescence, and which have implications for adjustment and well-being in adulthood.
- 1.2. Therefore supporting children and young people's emotional wellbeing is the responsibility of a wide range of services such as children's centres, schools/colleges, school nursing, youth services, voluntary and community sector services and includes things like parenting programmes, education psychology services, counselling services, and things to do.
- 1.3. However when they need more specialist support, this is provided by Child and Adolescent Mental Health Services (CAMHS). These services are provided by Dorset HealthCare NHS University Foundation Trust (DHUFT) and involve things like talking therapies, psychiatry, eating disorder services and learning disability services.
- 1.4. Children and Young People's Mental Health Services are currently described nationally as a four tier service. This is described in the diagram below.



- 1.5. CAMHS is a pan-Dorset service and there are six local area teams:

- Bournemouth and Christchurch
- East Dorset
- North Dorset
- Poole
- West Dorset
- Weymouth & Portland

- 1.6. The Lead Commissioner for CAMHS in Dorset is the Dorset Clinical Commissioning Group (CCG), working in partnership with the three local authorities of Bournemouth, Dorset and Poole to commission CAMHS from Dorset Healthcare NHS University Foundation Trust (DHC). Monitoring of this contract is undertaken by Dorset CCG as part of their overall monitoring of DHUFT, however additional monitoring is undertaken by the Pan Dorset Joint Commissioning Operational Group, a sub-group of the Pan Dorset Children's Commissioning Partnership.

1.7. DHC also provide in-patient (Tier 4) services for children and young people in Bournemouth, The commissioning of in-patient beds is not undertaken locally and this is the responsibility of NHS England.

1.8. This report will focus on:

- The current performance of the service and actions taken to improve performance.
- Dorset's approach to implementing change through the additional investment made available through the child and adolescent mental health and transformation funding
- The development of a new Emotional Wellbeing and Mental Health Strategy for Children and Young People (2016-2020)

2. Performance of the Service

2.1. In 2014 an independent review of CAMHS provision found that the full range of services expected by the NHS is provided and that locally we have has a service model which incorporates a very wide range of support offers, delivered by staff with a wide range of skills and with a stable workforce. The review also found that the service has a higher rate of referrals than national modelling would predict and highlighted a number of areas for improvement, which included reducing the number of appointments that children and young people do not attend (DNAs); provision of support to universal services such as schools and GPs; wait times for therapy; work to enhance multi-agency planning for complex young people; improving communication and engagement.

2.2. One of the key challenges for the service is to improve access and wait times so this will be discussed in greater detail.

2.3. Access and Waiting Times

5.3.1 Wait times are currently measured in 3 different ways: wait times for assessment for Tier 2 services; wait times for assessment for Tier 3 services and wait time from referral to treatment.

5.3.2 Between September 2015 and March 2016, considerable improvement has been made in the average and longest waits for assessment both at Tier 2 and at Tier 3. During this period, the average wait for assessment at Tier 2 reduced by 55% to 7.6 weeks and for Tier 3 by 20% to 8.5 weeks and the overall average wait for treatment has reduced by 20%. In addition to this, the total number of patients waiting for Tier 2 treatment reduced by 21%, and Tier 3 treatment by 16%.

5.3.3 One of the greatest challenges for the service is consistency of performance across the local area teams. Detailed analysis of performance at team level over the last six months shows that:

- All teams, other than Bournemouth and Christchurch, have continued to perform reasonably well for Tier 2 assessment compliance, with West Dorset having achieved 95% (within 8 weeks) or above consistently.
- Tier 3 assessment waiting times appear considerably more erratic over all six CAMHS teams with just East Dorset and North Dorset teams regularly meeting the target (within 4 weeks)
- The referral to treatment target shows that all teams, with the exception of Poole, have shown an overall improvement in the six months to March 2016.
- The detailed analysis shows significant variability between the teams in their performance for tier 3 assessment times and RTT (16 weeks) compliance.

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5.3.4 Current performance is provided in the table below for the service and for each of the local area teams. When a child or young person is not assessed or does not receive treatment within a specific time frame, it is called a “breach”.

March 2016	OVERALL	Bournemouth & Christchurch	East Dorset	North Dorset	Poole	West Dorset	Weymouth & Portland
Tier 3 Assessment - within 4 weeks (number of breaches)	60% (31)	50% (14)	93% (1)	75% (2)	24% (13)	-* (0)	91% (1)
Tier 2 Assessment - within 8 weeks (number of breaches)	82% (22)	23% (24)	100% (0)	100% (0)	94% (1)	100% (0)	100% (0)
Referral to Treatment - within 16 weeks (number of breaches)	78% (27)	70% (9)	100% (0)	88% (2)	80% (4)	100% (0)	64% (12)
NB: Proportions can be dramatically affected by small changes due to small numbers							

5.3.5 There are some challenges in how the data is currently reported that will affect the reporting of performance over the next few months:

- We currently record breaches in the month when a child or young person attends an appointment and not the month where the wait time exceeds the target. This means that for the next few months where appointments have been booked the breach rate is already determined.
- The recording of referral to treatment times also needs to be addressed. This is currently being applied to all patients, rather than new patients so is having an adverse impact on wait times.
- It is not currently possible to split the performance of the Bournemouth & Christchurch team, however this will be addressed in the near future.

5.3.6 There is significant variance in performance across the six teams, with East Dorset and West Dorset appearing to perform the best in March against Bournemouth and Christchurch, which is significantly underperforming. This underperformance, coupled with the size of the Bournemouth and Christchurch team in comparison to the other CAMHS teams, shows that their results skew the overall CAMHS service results.

5.3.7 Although there have been some improvements, there is still ore work to do. The approach to ensuring that robust planning and development work will make this happen consistently is outlined through the next sections.

6. Actions taken to improve performance

6.1 In 2015/16 the CCG agreed additional priority funding of £250K for CAMHS. DHC has also invested in capacity for new roles. This has enabled recruitment of additional roles to increase capacity.

6.2 DHC have recently appointed a CAMHS Transformation Lead. This post has strategic responsibility for overseeing the CAMHS transformation agenda. The post holder works alongside the Lead Medical Consultant and two Clinical Leads to ensure a strong clinical underpinning to service developments.

6.3 An internal DHC CAMHS Transformation Group (CTG) has been established to provide strategic oversight and leadership for any transformative work undertaken and is chaired by the CAMHS Transformation Lead. As part of a review of the functioning

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and effectiveness of the CTG six core working groups have been developed to sit under the CTG and drive key work streams associated with this agenda. The working groups will be led by a senior manager with DHC and involve key stakeholder. The groups will focus on:

- Communication and engagement.
- Participation.
- Clinical processes and pathways.
- Data quality and performance.
- Workforce and training.
- Evidence based practice and routine outcome measures.

6.4 CAMHS has also been working on improving access and wait times and reducing DNAs by:

- Improved guidance for staff on patient choice
- Improved guidance for staff in the teams around recording
- Reviewed patients on the waiting list and offering earlier appointments where possible
- Increasing number of appointments offered
- Piloted new ways of managing referrals
- Identified of best practice in waiting list management
- Developed of care pathways for specific diagnoses with a clear 'menu' of evidence based interventions
- Developed briefer assessment models
- Introduced new models for group work

6.5 To help support staff in education settings, CAMHS have been delivering workshops in relation to anxiety, depression, and self-harm. These have been well attended and more are planned.

6.6 The service is working on expanding the successful pilot "Improving Access to Psychological Therapies" which has enabled staff to complete training in evidence based intervention and the use of outcomes monitoring with patients as part of clinical practice.

6.7 In 2015 the Dorset Young Inspectors undertook an inspection of local CAMH services. The team focused on understanding the reasons why some children and young people do not attend their initial appointment with the service, or if they do, why they may not return for subsequent sessions. Following a process of desktop research, carrying out questionnaires and interviews and site visits, they made a series of recommendations. These recommendations have been reflected in the DHC service improvement plan. The recommendations relate to the following themes:

- Reduce waiting times
- Review and speed up the referral, assessment and appointment processes
- Improve transitions from CAMHS to Adult Mental Health Services
- Improve information provision about the service for children, young people and parents/carers
- Improve information about the service to professionals including thresholds and providing clarity over what is an appropriate referral
- Improve quality and accuracy of written communication with children, young people and parents/carers
- Strengthen the voice young people

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- Ensure that treatment is person centred and that young people have a clear plan and understanding of their treatment
- Improve communication between the service and other professionals in order to reduce duplication
- Increase use of digital technology for the delivery of the service
- Consider rolling out education and prevention approaches in schools
- Promote therapy/counselling to eliminate negative perceptions of young people
- Improve the website
- Improve signage
- Ensure that consulting rooms and waiting areas are age-appropriate

6.8 The Joint Commissioning Operational Group and leads from within the Maternity and Family Health Team have been working closely with DHC management and clinical leaders to monitor the service and to highlight and understand the performance issues and drive work to support improvement. Areas with have been highlighted and are now being addressed are leadership arrangements within DHC, the use of data and intelligence by the service to understand the issues and to form the basis for improvement plans with clear actions against time scales to achieve specific outcomes.

7. Future Actions for Improvement

7.1 The CCG and DHC are working to agree monthly performance trajectories for access and waiting times at team level. These will be robustly monitored on a monthly basis via contract review meetings.

7.2 The table below outlines the actions that Dorset Health Care have committed to undertake in the between 2016 and 2017.

Action	Timescale
Full Demand and Capacity review of the CAMHS service <ul style="list-style-type: none"> • Referral in to Assessment process • Assessment to Treatment process • Re-design of the referral in to assessment process and associated performance structure to ensure that the service is future ready for changes, such as adopting the Thrive model and Self Referrals. 	Quarter 1 Quarter 2
Review of administration processes in each team to ensure that patients who are likely to breach are highlighted to Team Leads prior to appointments being agreed.	31 st May
Implement Rio waiting lists for all teams to allow more efficient monitoring of waiting times and accurate reporting of patient choice. <ul style="list-style-type: none"> • Prioritising Screening and Assessment lists in Quarter 1 	31 st July
Develop a 'real time' suite of reports that teams can use to regularly review waiting lists.	TBC
Identify additional resource to support the Bournemouth and Christchurch team with assessments and treatments.	Ongoing
Carry out Waiting List Management workshops across all CAMHS teams	Quarter 1 and 2
Development of Outcome Measures in RiO being worked on in partnership with the Gloucester CAMHS teams.	Roll out in Quarter 1/ early Quarter 2.
A refresh of the skills mix review. This will form part of a CAMHS workforce strategy that will commit to increasing the provision of high quality evidence based practice throughout the teams.	Quarter 1 2016/17
Development of technology and social media to: <ul style="list-style-type: none"> • support engagement of young people 	During 2016/17

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- make sure young people and their families have the right information about CAMHS before deciding if they need to access the service
- Develop innovative ways for young people to engage in treatment and support.

This will include:

- Self-help digital apps and websites
- Review and redevelopment of DHC CAMHS Website (will need to include the capacity to manage self-referral)
- Text Messaging appointment reminders
- E-clinics via Skype (currently being piloted in Steps to Wellbeing and will be rolled out the CAMHS teams by June 2016)
- Use of Twitter/Facebook
- Development of Self-referral (the learning from the roll-out of this by the Steps to Well-being Service will be used to inform any developments in CAMHS).
- Online forums (capitalising on the learning and products from national projects).

8. Dorset Local Transformation Plan and Funding

8.1 NHS Dorset CCG submitted a Transformation Plan to NHS England on behalf of our Pan Dorset local partnership which includes Borough of Poole and Bournemouth local authorities as well as Dorset County Council (DCC) resulting in an allocation of £1,552,573 in 2015/16 (£442,914 of which was allocated specifically for eating disorders). A full copy of the Transformation bid can be found here: <http://www.dorsetccg.nhs.uk/aboutus/clinical-delivery-groups/maternity-and-family-health-2.htm>. If assured, this funding will be made available annually until 2019/2020.

8.2 Additional investment has been made in the following areas:

Priority Area	Actions
Implementation, coordination, performance and monitoring support	Recruit a programme lead in order to develop a robust implementation plan
Children and Young Peoples – Improving Access to Psychological Therapies (IAPT) programme	Development of guided self-help materials for young people
	Implementation of session by session outcomes measures
Expert by experience (peer) Project	Development of engagement with young people, volunteer coordination, peer training, on-going support and supervision
Early Intervention and prevention	Support to schools to develop whole school approaches to mental health
	Increase capacity in school nursing service
Targeting support to the most vulnerable: Looked after children, care leavers and children and young people that have experienced abuse	Increasing capacity, scope and skills of the existing LAC Nursing service

Priority Area	Actions
Liaison and support through other professionals and services	Development of paediatric liaison posts to link with hospital providers to provide an all age psychiatry service
	Co-location of CAMHS professionals with local authority arrangements
Behaviour and Development Pathway	Implementation of a new pathway for the assessment, support and management of development and behaviour issues (including ASD and ADHD) across Dorset
Young People's Eating Disorder Service	Increase capacity to offer a full range of support and meet access requirements
	Enable self and/or parental referral
	Provision of more care in the community and home in order to reduce in-patient admissions
	Provide training for parents and carers
	Early intervention work in schools
Crisis Care Concordant	No use of custody suites as places of safety for young people
	Extend working hours of street triage project

9. Emotional Wellbeing an Mental Health Strategy for Children and Young People (2016-2020)

- 9.1** Local partners, including both commissioners and providers are working together on the future strategic planning of local provision to improve the emotional well-being and mental health of children and young people across Dorset, Bournemouth and Poole. The strategy is currently in draft form. Public Consultation on the draft strategy ended on May 6th 2016 and the results are currently being analysed.
- 9.2** The Strategy aims to build a local vision and approach for a system of support for children and young people's emotional well-being and mental health, at all levels of need from building resilience to effective treatment. Utilising the nationally recognised THRIVE Model, it will bring together a wide range of partners and stakeholders to identify and support roles and responsibilities and embed them as part of everyday practice.
- 9.3** Implementation of the strategy will enable us to ensure a co-ordinated approach to transformation and provision; make the best use of resources across the system, both new and existing; be based upon evidence of what works and focused on the needs of the local population.
- 9.4** The governance for the delivery of the strategy will be provided by the Joint Commissioning Partnership for children and young people. Membership of the partnership includes the Bournemouth, Poole and Dorset local authorities; Public Health Dorset; Dorset CCG and the Office of the Police and Crime Commissioner.
- 9.5** It is anticipated that an implementation plan will be published in September 2016.

10. Conclusion and Recommendations

- 10.1** While it is recognised that there is still work to be undertaken, actions to address the current issues are in place and will continue to be closely directed and monitored. The Transformation Plan and the new Emotional Wellbeing and Mental Health Strategy offer a real opportunity to improve the whole system response to the emotional wellbeing and mental health of children and young people.
- 10.2** The Committee is asked to note the report and the progress to date and invited to comment on the planned action, the transformation plan and the development of the new strategy.

Sara Tough
Director for Children's Services
13th May 2016