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To: Social Care & Public Health Cabinet Committee
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Subject: **CAMHS Update**

Classification: Unrestricted

Summary: This report updates the Cabinet Committee on the Community Children and Young People's Mental Health Services (CAMHS).

1. Introduction

- 1.1 In July 2011, Kent County Council Cabinet Members and NHS Kent & Medway agreed to align funding in order to jointly commission new Emotional Well-being and Mental Health Services for children and young people. It was agreed that the new services would take the form of an Emotional Well-being Service delivering support within universal settings (Tier 1 - 2), alongside a 'Community CAMHS' model comprising targeted (Tier 2) and specialist (Tier 3) mental health services.
- 1.2 On 1st September 2012, Sussex Partnership NHS Foundation Trust (SPFT) commenced delivery of Community Children and Young People's Mental Health Services (CAMHS), with Kent and Medway NHS as lead commissioner. KCC commissioned the Emotional Health and Well-being Service which commenced on the 3rd September 2012 (Young Healthy Minds). Each element of service has been aligned to ensure clear pathways for children and young people between the different tiers.
- 1.3 Currently mental health treatment and support services for children in care in Kent are provided by separate teams. The tier 2/3 mental health assessment and treatment service is provided by the mainstream CAMHS teams and support to the network of professionals is provided by the ACCENT service. The mental health service for adopted children is currently provided by mainstream CAMHS.
- 1.4 The KCC contribution includes the total budget for the ACCENT service and the health/clinical element of Treatment Foster Care. Health staff working in both these services has TUPE transferred over for the start of the contract.

1.5 Fortnightly meetings are being held with SPFT to monitor transition arrangements and monthly performance meetings have started.

2. Financial Information

2.1 The annual total value of the children and young people's mental health service is £14m of which KCC contributes £1m. The value of the Young Healthy Minds contract is £1,184, 468.

2.2 KCC funding comprises;

- £722,000 – ACCENT service (this includes funding for two social work posts)
- £120,000 – Previously allocated to Catch 22 (16-18 service).
- £146,00 – Multi Dimensional Treatment Foster Care (3 clinical posts employed by Health)
- £12,000 – FSC budget.

3. Bold Steps for Kent and Policy Framework

3.1 This work underpins the following priorities in Bold Steps for Kent;

- Improve how we procure and commission services
- Support the transformation of health and social care in Kent
- Ensure all pupils meet their full potential
- Improve services for the most vulnerable people in Kent.

4. A Continuum of Health and Well-being Services for Children and Young People

4.1 Following the establishment of the Early Intervention and Prevention (EIP) Framework there is now a range of early intervention services to meet the emotional health and well-being needs of children and young people. An early intervention Emotional Health and Well-being Service is provided by consortia under the umbrella of Young Healthy Minds (YHM)¹. Access to this service is via the Common Assessment Framework (CAF). There is now a pathway and process in place for referrals between YHM and CAMHS.

4.2 YHM engage individual children and young people who are experiencing, or at risk of experiencing, low-level emotional difficulties and will offer time-limited group or 1-1 support.

¹ Kent Children's Fund Network, Family Action, CXK, Stepahead support

- 4.3 Currently 80% of referrals to CAMHS are from GPs. GPs can refer to CAMHS through a single point in East Kent where the referral will be triaged and processed accordingly. The plan is to set up similar arrangements in West and South Kent. GPs can now refer directly to YHM by completing a CAF. There is a concern that GPs do not have the capacity to complete a common assessment. Solutions to support GPs with CAF are being investigated by health and KCC commissioners; one of which involves having a time limited dedicated resource to complete CAFs and provide training to GPs to do this in future.
- 4.4 Commissioners are continuing to promote the new EIP Framework and pathway to ensure other agencies are clear that they can refer to CAMHS. Of particular importance is the future relationship between schools and CAMHS. Schools will be able to refer directly to CAMHS through the access point and to discuss a referral for advice as necessary. Commissioners in partnership with Sussex will be publicising information to schools, GPs, Children's services and other agencies about the revised referral process in the New Year when the model is in place. The school nursing service is expected to promote good emotional wellbeing and mental health and offer support to children, young people and their families as appropriate. Where necessary staff will consult with and refer to CAMHS as required.

5. Children In Care and Adopted Children Provision within CAMHS Contract

- 5.1 SPFT has conducted a review of the children in care (CIC) element (which is the KCC contribution) of the contract. This review has been undertaken in partnership with Health commissioners and KCC. A revised model has been designed to deliver an effective and timely service using a robust model and approach which has been positively received by colleagues in social care and health.
- 5.2 The new model for CAMHS for CIC and adopted children will improve service delivery by:
- Widening the eligibility criteria to include adopted children and those placed with connected persons
 - Creating multi-disciplinary teams led by social workers with specialism in mental health and based within the CAMHS teams
 - Increasing the provision, to meet anticipated demand, from the current level of 7% to 30% of Kent's CIC and Adopted Children.
- 5.3 These changes will not cost more than the existing KCC contribution to the CAMHS contract (£1m). Consultation with staff affected by the proposed change is due to start shortly.

- 5.4 In the interim The ACCENT service continues to provide advice and support to the team around the Child in Care and is currently supporting 170 Kent children and young people.

6. Waiting Times and Interface between CAMHS and EIP Service

- 6.1 When SPFT commenced delivery of the CAMHS contract there was a significant number of children on the waiting list, especially in the west of the county. An action plan has been developed to address this (attached as appendix 1). All cases are currently being triaged to ensure that the children and young people receive an appropriate service from either CAMHS or the local EIP provider.
- 6.2 In East Kent most areas are now seeing young people within 4 weeks however there are some longer waits for specific treatment notably for ADHD and ASD. Further work will be undertaken with agencies to clarify and improve the pathway for these young people, including work with new EIP providers.
- 6.3 In West Kent waiting times continue to cause concern and are considerably longer, with waiting times for some non-urgent treatment being between 6 months and a year. The provider is working through its action plan to reduce the average waiting time for a first appointment down to within 18 weeks by the end of December 2012.
- 6.4 SPFT has agreed a trajectory for recovery with commissioners and the plan is that by April 2013 all first appointments will be seen within 4-6 weeks. (See appendix 2) There will however remain a period where some treatments will require longer waits until such time as staff are recruited and/or trained to provide this.
- 6.6 The action plan has resulted in an increase in pressure for YHM which they have responded to flexibly and cooperatively. Over 120 children and young people have been identified from the east Kent waiting list as appropriate for a YHM service. It is expected that this number will be significantly more in West Kent. An outcome of the introduction of the YHM service is to see a reduction in referrals into specialist teams in the future
- 6.7 It is recognised that there are longer term tensions between some elements of the health service having the time and capacity to complete an initial common assessment, solutions to which are being investigated in partnership with health and KCC commissioning and early intervention services, which include YHM.

7. Waiting List by Type of Referral

- 7.1 The provider has undertaken some work on the waiting list to ascertain 'who is waiting' and 'for what' (see appendix 3). This shows that in terms of assessment the largest group waiting is those referred for behavioural support issues including conduct disorder. This amounts to 41% of all referrals waiting for an assessment.
- 7.2 This is the first time commissioners have seen this information in any detail and raises further questions about how appropriate such referrals are. SPFT will undertake further work in this area as CAMHS may not be the most appropriate service for behavioural issues.
- 7.3 The next largest groups are those requiring talking therapies and referrals for anxiety totalling 29% of referrals awaiting assessment. NHS Kent and Medway have recently accessed some additional funding from the Strategic Health Authority to provide training for CAMHS staff in Improved Access to Psychological Therapies (IAPT) interventions, which will increase capacity for providing talking therapies and therefore reduce the time children and young people need to wait for this treatment
- 7.3 In terms of those waiting for treatment the largest group waiting is for those associated with ADHD which accounts for 21%. The second largest group is for those associated with ASD at 15%. The remainder of the picture is fairly evenly spread. There are specific issues around these particular pathways that require a more 'joined up approach' between other professionals and agencies e.g. paediatrics. Commissioners are looking at ways of improving this and ensuring more consistency across Kent.

8. Transition

- 8.1 It is becoming increasingly apparent that further work needs to take place with regard to the transition of young people from children and young people's mental health services into adult mental health services at the age of 18. There is a gap in provision that cannot be met by the current contract alone; therefore it is our joint intention to look holistically at the issue of transition with adult mental health services and a workshop is being planned for the New Year.

9. Conclusion

- 9.1 Implementation of the new contract is progressing well but a considerable amount of work is required to improve mental health services for children and young people in Kent. Health and KCC Commissioners are meeting every two weeks with the provider to monitor the implementation plan and performance.

- 9.2 The launch event took place on 22nd November 2012. Raising awareness of the new Community Children and Young People's Mental Health Service and the new referral routes is a key issue to ensuring that children and young people get the service they need in a timely way. SPFT are developing a communications strategy to address this with GPs and partners agencies
- 9.3 SPFT is working closely with the new emotional wellbeing provider, Young Healthy Minds, with regards to a clear understanding about pathways for future referrals Training on the Common Assessment Framework is also being made available.
- 9.4 In taking over the service a key area that SPFT has to resolve is the long waiting times, in some areas and for some treatment this can be up to a year. This is being addressed through an action plan. A trajectory has been agreed with commissioners so that by April 2013 all young people will be seen for a first appointment within 4-6 weeks of referral.
- 9.5 The new service will be able to support 30% of Kent Children in Care and Adopted children; this is an increase of 23% from the previous fragmented services.

10. Recommendations

To note the contents of the paper.

11. Contact details

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Background documents: None