

CREATING OPPORTUNITIES AND TACKLING INEQUALITIES SCRUTINY COMMITTEE	Agenda Item No. 8
18 JULY 2016	Public Report

Report of the Corporate Director for People & Communities		
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CHILD AND ADOLESCENT MENTAL HEALTH TRANSFORMATION PROGRAMME

1. PURPOSE

- 1.1 This paper discusses Emotional Health and Wellbeing Services for Children and Young People. Background, work completed in 15/16, work and priorities for 16/17.

2. RECOMMENDATIONS

- 2.1 That the Committee notes and supports the plans outlined in this paper.

3. LINKS TO THE CORPORATE PRIORITIES

- 3.1 This links to the following priorities; Safeguard vulnerable children and adults and Achieve the best health and wellbeing for the city.

4. BACKGROUND

- 4.1 In April 2015 there were waiting lists for the Child & Adolescent Mental Health Services (CAMHS) of up to two years with demand increasing significantly especially for specialist CAMHS up by 20% in 2014/15.
- 4.2 There was a significant increase in emergency assessments and gaps in provision coupled by confusing and ineffective pathways.
- 4.3 It was agreed to temporarily close the Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) waiting lists. The Clinical Commissioning Group (CCG) invested £600k recurrent funds and £150k non-recurrent to reduce waiting lists for core CAMHS and ASD/ADHD.
- 4.4 It was also agreed that a redesign of the Emotional Health and Wellbeing services across whole pathway, using THRIVE Framework was needed and there was a national 5 year funding announcement made for CAMHS in September 2015.
- 4.5 The local approach taken is as follows:
- Development of Local Transformation Plan:
 - First year plan detailing vision, issues for improvement, children & young people /families feedback, plans for additional funding.
 - November 2015 redesign project commenced;

- Became one of 10 NHS implementer sites for ITHRIVE; and
- Since November, 4 workshops held to date, 8 multi-stakeholder events and 1 for CAMHS practitioners.

5. KEY ISSUES

5.1 What is THRIVE?

- Thrive is a conceptual framework for delivering a need based model for child and adolescent mental health;
- Developed by the Anna Freud Centre to enable local areas to meet the recommendations of 'Future in Mind' and prepare for proposed payment models for NHS CAMHS;
- Offering a set of principles and values to guide implementation;
- i-Thrive relates to the implementation of the Thrive framework, principles and aims translating the Thrive framework into a model of care;
- Use of children & young people Improving Access to Psychological Therapies (IAPT) principles of; Participation, Access, Evidence based interventions, Routine outcome measures;
- 5 groupings –Thriving, Getting Advice, Getting Help, Getting More Help, Risk Support;
- Shared decision making is a key aspect of the framework;
- Provide evidence based interventions that are outcome focused; and
- Use of language that promotes strength based collaborative work towards shared goals with CYP and families.

5.2 THRIVE Principles

- Groups are needs based and not distinguished by severity but by different supportive activities;
- Use of tools to support empowerment and shared decision making;
- Use of toolkits to aid decision making across the groupings;
- The workforce skills is more important than particular professional disciplines to deliver the interventions; and
- Interagency ownership of the framework including cross-sector outcome measurement.

5.3 Local Approach

- 5 task and finish groups:
 - Thriving;
 - Getting Advice;
 - Getting Help;
 - Getting More Help; and
 - Risk Support.
- To define interventions, workforce skills, outcome measures, which children and young people to be supported in each group, must do's;
- Development of local model – end June 2016;
- Short, medium and longer improvements to be made;
- Single gateway for Children's Services;
- Increase early intervention and effective use of specialist CAMHS; and
- Single integrated pathway.

5.4 CCG Investment 15/16 across Cambridgeshire and Peterborough

- £600k recurrent investment in Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) for specialist CAMHS 15/16 – Core CAMHS waiting times below 18 weeks;
- £245k investment in CPFT 15/16 to reduce waiting times for ASD/ADHD – now below 18 weeks; and
- Investment in Parent support and expert parent training programmes delivered by Pinpoint and Family Voice – excellent feedback.

5.5 Additional Investment 16/17 across Cambridgeshire and Peterborough against the ITHRIVE Framework.

5.6 Thriving

- **Thriving.** Including website development, PSHE programme for schools, support for vulnerable groups and parents; and
- **Young people's engagement worker** – to cover Cambridgeshire and Peterborough.

5.7 Getting Advice

- **Wellbeing leads** – new role based in Localities, to raise the level of knowledge and skills and build community resilience by support, advice, training, consultation, with GP's, schools, other health staff, community groups; and
- £43k – **Parent support and Expert parent training programmes** (Family Voice and Pinpoint). Extending well received programme from 15/16.

5.8 Getting Help

- **ASD/ADHD** –to increase capacity to deal with increased demand. Relies on, revised pathway, appropriate evidence based parenting programmes and integrated working between CPFT and CCS – details to be agreed;
- **Parenting Programmes.** To include all ages and specialist (post diagnosis) programmes; and
- **Counselling services**– focus on 11-17 year olds, increasing access to evidence based programmes.

5.9 Getting More Help

- **Eating Disorders**, to develop an intensive, community based evidence based programme, based on national Specification. CPFT to provide, planning for September 16 start.

5.10 Risk Support

- **Intensive Support Team** – to provide emergency assessments and support, to extend hours from 9-5pm until 12am, to match peak demand.

5.11 **Total additional funding 16/17 - £1.664m**

5.12 **Additional 'one off funding'**

- **£815k** (From NHS Vanguard funding for 2016/17 only) to increase capacity of the Intensive support Team, to have Childrens Mental Health workers in the Tele Triage team and to set up and staff a 'Discovery College' in Peterborough.

6. **IMPLICATIONS**

6.1 The implementation of the THRIVE framework locally, will take place in stages. Some parts, such as the development of Emotional Wellbeing leads in Local areas, will take place quickly, others will require cultural change with organisations and individuals, to embed the principles of integration, multi agency teams, co working and shared decision making.

6.2 **LEGAL**

The Council must ensure that the implementation of the THRIVE framework will comply with Equalities and Human rights duties under the relevant Acts.

7. **CONSULTATION**

7.1 The relevant committees at the CCG, Peterborough City Council and Cambridgeshire County

Council are now being briefed with regards to the developments.

7.2 A full consultation will be detailed within the implementation plan.

8. NEXT STEPS

8.1 An Implementation plan will be developed and overseen through the Joint Commissioning Unit, with Strategic Oversight from the Children and Young People's Emotional Health and Wellbeing Board.

9. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

9.1 'Future in Mind'; Promoting, Protecting and Improving our Children and Young People's Mental Health and Wellbeing; NHS England 2015.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

9.2 The THRIVE Framework

<http://www.annafreud.org/service-improvement/service-improvement-resources/thrive/>

10. APPENDICES

10.1 None.