

<b>CHILDREN AND EDUCATION SCRUTINY COMMITTEE</b>	AGENDA ITEM No. 5
<b>3 JANUARY 2019</b>	PUBLIC REPORT

Report of:	Cambridgeshire and Peterborough Clinical Commissioning Group	
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**CHILDREN AND YOUNG PEOPLES MENTAL HEALTH AND SERVICES**

<b>R E C O M M E N D A T I O N S</b>
<p>It is recommended that the Children and Education Scrutiny Committee:</p> <ol style="list-style-type: none"> <li>1. To note the investment, improvements and challenges regarding the provision of children and young people’s mental health support services</li> </ol>

**1. ORIGIN OF REPORT**

1.1 The committee requested a report on children and young people’s mental health and services.

**2. PURPOSE AND REASON FOR REPORT**

2.1 The issue of children and young people’s mental health has been in recent years had an increased focus in regards; awareness of, challenges in provision and investment. This report provides an overview of the issues pertinent to Cambridgeshire and Peterborough and the changes that have occurred over recent years.

2.2 This report is for the Children and Education Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council :

- Children’s Services including
- a) Social Care of Children;
  - b) Safeguarding; and
  - c) Children’s Health.

**3. BACKGROUND AND KEY ISSUES**

**3.1 National Perspective**

In September 2014 the national Children and Young People’s Mental Health and Wellbeing Taskforce was established to consider ways to make it easier for children, young people, parents and carers to access help and support when needed, and to improve how children and young people’s mental health services are organised, commissioned and provided. Alongside this came the publication of Department of Health and NHS England strategy Future in Mind (2015) <https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people> which describes an integrated, whole system approach to driving further improvements in children and young people’s mental health outcomes - with the NHS, public health, voluntary and community, local authority children’s services, education and youth justice sectors working together.

A requirement from Future in Mind (2015) was the need for each area to develop a Local Transformation Plan (LTP) with partners to demonstrate need, identify priorities and outline initiatives that would work towards meeting the needs. The LTP was first developed in October 2015 and has been refreshed each year, including in October 2018. <https://www.cambridgeshireandpeterboroughccg.nhs.uk/your-health-and-services/children-and-young-people/>

As of 22<sup>nd</sup> November 2018 the revised prevalence figures for mental health were published they showed the following key Facts:

- One in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017
- Specific mental disorders were grouped into four broad categories: emotional, behavioural, hyperactivity and other less common disorders. Emotional disorders were the most prevalent type of disorder experienced by 5 to 19 year olds in 2017 (8.1%)
- Rates of mental disorders increased with age with data from this survey series revealing a slight increase over time in the prevalence of mental disorder in 5 to 15 year olds. Rising from 9.7% in 1999 and 10.1% in 2004, to 11.2% in 2017
- Emotional disorders have become more common in five to 15 year-olds – going from 4.3% in 1999 and 3.9% in 2004 to 5.8% in 2017. All other types of disorder, such as behavioural, hyperactivity and other less common disorders, have remained similar in prevalence for this age group since 1999

<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

### **Local perspective**

- In April 2015, Cambridgeshire and Peterborough Child and Adolescent Mental Health Services (CAMHS) was under significant pressure including:
- Waiting lists of up to 2 years
- Demand increasing significantly (20% for specialist CAMHS in 14/15)
- Significant increase in emergency assessments
- Gaps in provision; including early intervention, dedicated Eating disorder services, 24/7 crisis response service, all age neurodevelopmental pathway,
- Confusing and ineffective pathways

To address these issues a number of actions were undertaken:

- Develop a Joint Commissioning Unit (JCU) with Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) Peterborough City Council and Cambridgeshire County Council, to enable system wide planning and commissioning, address gaps and redesign service across the whole pathway.
- Temporarily close Autistic Spectrum Disorders (ASD) /Attention Deficit Hyperactivity Disorder (ADHD) waiting lists
- CCG initially invested £600,000 recurrent and £150,000 non recurrent to reduce waiting lists for Core CAMHS and ASD/ADHD.
- Commencement of a Redesign Emotional Health and Wellbeing services project across whole pathway
- National 5 year Transformation funding for Children and Young People's (CYP) mental health was announced in Sept 2015

### **Investments in services.**

In addition to the above originally invested in CAMHS the Transformation funding has enabled a range of other initiatives and improvements to be made. The Transformation funding is provided directly to CCG baselines and Cambridgeshire and Peterborough have allocated the resources made Nationally available to CYP mental health projects.

## **Child and Adolescent Mental Health Services (CAMHS)**

**Eating Disorders** - to develop an intensive, community based evidence based programme, based on national Specification. Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) provide this across the county and aim to see approximately 100 CYP per annum. This service commenced in January 17 and in 17/18 the service saw 107 young people (Investment of an £429,000 per annum)

**Neurodevelopmental pathways (ASD/ADHD)** – The aim was to increase capacity to deal with increased demand. This required a revision of the pathways with the addition of appropriate evidence based parenting programmes and integrated working between CPFT who provide service in Peterborough and Cambridgeshire Community Services who provide it in Cambridgeshire. In September 2017 a service for 11-17 year olds was commissioned for Cambridgeshire, Peterborough 11-17 year olds were already seen within the existing pathways. In 17/18 just over 650 CYP were assessed and treated within this pathway. (Investment of an additional £340,000 per annum)

**Crisis** – The provision of crisis response for CYP has been a challenge over the past few years, through lack of experienced workforce to support in this area and a suitable and sustainable model for delivery out of core working hours. There was initial investment in the intensive support team for those young people who needed short term intensive help over a period of crisis, to support them to stay at home and out of hospital. In addition to this as from late 2018 the First response service (FRS) which provides an all age triage service for those in mental health crisis will have additional CAMHS workers to enable the provision of assessments between the hours of 4pm and 12 midnight. There has also been training provided to the triage staff to upskill them in regards to CAMHS. (Additional investment for FRS per annum is £200,000). In FRS between April and October 18, 422 CYP were referred to the service and 153 were assessed.

**Transitions** – Additional resource was made available in 17/18 to support those young people moving from CAMHS to adult mental health services. This provides a dedicated workforce to support young people and included peer support workers who are young people who have been through services themselves. Additional investment of £167,500 per annum of recurrent funds and £50,000 non recurrent to trial peer support workers)

**Parenting Programmes** – These have been an additional resource in Peterborough to provide pre and post diagnosis support and skill to families whose children may have a neurological or behavioural issue. These are fundamental in supporting the neurodevelopmental pathways have a strong evidence base and provide strategies and skills to families when dealing with their children's challenges. Total number of parents who have accessed an evidence based parenting programme, directly funded through the transformation funding in 17/18 was 143 (Additional investment of £180,000 per annum)

**Emotional Wellbeing service** – This NHS team commenced in January 2018 and supports professionals (Education, Health, Social Care) to access the right evidence-based support for children and young people. They signpost, advise and help professionals refer to wider services for emotional wellbeing and mental health needs, including support to access resources to support self-management of need. They operate a 'duty line' system to provide advice to professionals, and can visit schools for more in depth consultation. They also offer training packages to schools.

The team has recently expanded to include two extra teams:

- The Project for Schools Nurses in Peterborough, who support Peterborough Primary Schools with consultations, classroom observations and training to staff;
- The Children's Wellbeing Practitioners (CWP) who provide direct guided self-help for children and young people in Cambridgeshire and Peterborough

This service received 161 referrals for the first 9 months of the year 2018 and the funding for this service is £400,000 from transformation funds plus additional investment from Fenland opportunity area, Department for Education monies and system funds for the CWP posts.

**CHUMS** – Commenced in January 2018 after a joint commissioning between Peterborough City Council Cambridgeshire County Council and The CCG. They provide support for school age children 4/5- 18 year olds in Peterborough and up-to 25 years in Cambridgeshire. They provide a range of services including the following:

- Self-help, advice and information
- Signposting to more appropriate services if necessary
- Mental Health Resiliency Workshops
- Schools Integration Project (SIP), training consultation delivered half-termly to school staff on the early detection emerging mental health problems in pupils
- Drop-in sessions for CYP
- “Blue Ice”: a post-intervention self-management support app for young people who self-harm (available from autumn 2018).
- Group Therapy Programmes (anxiety, low mood, autistic spectrum disorder (ASD), bereavement) - programmes run concurrently with sessions from Children and Young People and sessions for their parent/carers
- One to one talking therapy - therapy is CBT informed and goal focused
- School based Recreational Therapy (CHUMS offer a music programme "Encore" and football programme "Tactics", using music and sport to engage young people
- CHUMS also have access to a bus, which can be taken to locations across the county for one off days/sessions on request. This has been primarily focused on the rural areas in Fenland.

As an area we have invested £740,000 into this contract with £240,000 coming from NHS transformation funds. As of September 2018 they had received 2,907 referrals and as of end of September had 2,034 active open cases.

**Parent support and Expert parent training programmes** – This is delivered through Family Voice Peterborough and Pinpoint who work together to provide support groups for parents/carers whose child / young person have or could have as diagnosis of ADHD or ASD and also developed a train the trainer programme to upskill parents to support others. During 17/18 they provided 5 expert parent sessions which were attended by 34 parents. They ran 4 sessions for challenging behaviour of which 23 parents attended. They also have developed hubs to help support families to navigate their way through the Early Help process which is a key element of the neurodevelopmental pathway, this results in 8 hubs being held and 33 parents accessing these hubs. (investment of £43,000 per annum)

**Keep Your Head** – We have since 2016 developed a website as a platform for children, parents/carers and professionals to access information and advice on local and national services and support available. Some of the funding is allocated to the maintenance of the website.

**Kooth** – Since 2016 we have commissioned Kooth which is an online counselling and advice forum to provide additional support for CYP and one that is available out of hours and for those aged 11 years to 19<sup>th</sup> birthday. For the period July – September 2018 Kooth had 723 new registrations to the service, with the site being accessed times 4,870 logins by 904 unique young people, with 85% returning more than once.

**Transforming care** – This pertains to CYP with a learning disability who are at risk of inpatient admission or a 52-week a year out of area placements. The CCG has responsibility to ensure there is a dynamic risk register in place, chairs and supports Care Education and Treatment Reviews (CETR's), develops alternative local provision and now with a dedicated programme lead now in place, the CCG has moved from a 'Red' rating from NHS England to 'Amber' in the last 6 months, with plans in place to achieve a 'green' rating during 2019.

**Children in Care** - The mental health needs of children and young people who are in care has been an area of review for some time and as of 2018 we have allocated some resources to support those CYP who needs cannot be met in other commissioned services. This is supported with a protocol for those both in and out of area to ensure CYP has a clear plan of support and that any provision is effective and able to meet their needs.

**Access Targets** – one of the key drivers for change nationally is to increase the number of CYP who can access an NHS funded evidence based mental health service with a National target of an additional 70,000 or 35% of those with a need by 2020/21. In Cambridgeshire and Peterborough this means the need to see 5,804 CYP. This is an increase from the 16/17 baseline of 2,594 seen in services. In-order to meet the 2020/21 target requires all providers to increase the numbers of CYP who receive Evidence based interventions. In addition to this there a requirement for all services to demonstrate these numbers through an NHS information portal Mental Health Services Data Set (MHSDS). This again raises challenges as currently only our mental health trust is able to undertake this process. However, there is a project underway to support non-NHS providers and additional resource has been set aside to support the increase in access and the flow of the data through MHSDS.

**Data**

National prevalence data suggests that in Cambridgeshire and Peterborough there are approximately 19,100 children and young people up to the age of 16 with mental health problems – 13,900 in Cambridgeshire and 5,200 in Peterborough.

These are likely to be broken down into the following categories of disorder (for children aged 5 to 16 years):

Disorder	Cambridgeshire	Peterborough	Total
Emotional disorder	3,300	1,200	4,500
Conduct disorder	5,300	1,900	7,200
Hyperkinetic disorder	1,400	500	1,900
Less common disorder (e.g. autistic spectrum disorder)	1,200	500	1,700

Source: Mental health of children and young people in Great Britain, 2004, Office for National Statistics. Population 2018 population, mid 2015 based population forecasts, Research Team, Business Intelligence, Cambridgeshire County Council.

**Waiting times**

Although significantly lower than in previous years, we would like waiting times for specialist services to reduce. We will work with providers to ensure that all opportunities are maximised to achieve the lowest possible waits.

Below is a graph and table highlighting the waiting times for specialist CAMHS.

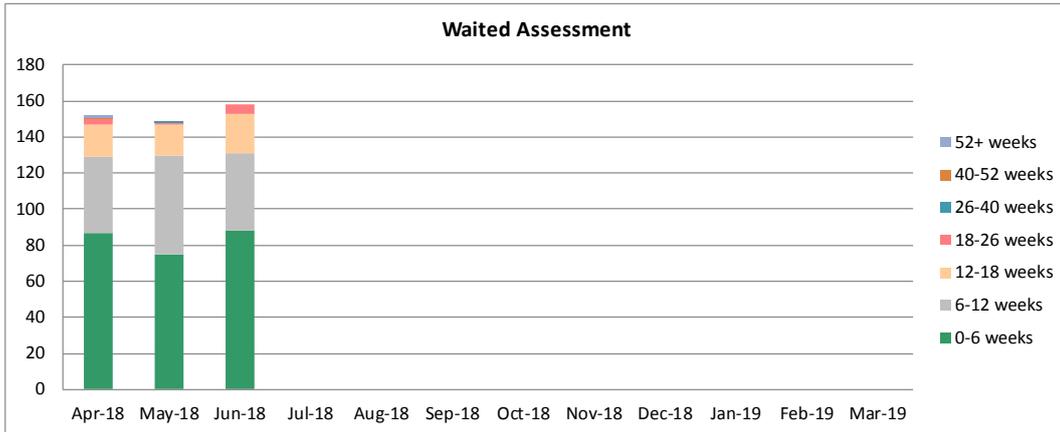
Less than 3% of referrals wait more than 18 weeks to be assessed, with over 50% being seen within 6 weeks. In the longer term, we would like waiting times to be shorter and are working with providers to ensure this happens, whilst maintaining the increases required in numbers accessing the services.

# CAMHS - Community Waited for Assessment

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Waited for Assessment (first contact) Excluding SPA

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### Actual numbers

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	2018/19 Year to date
0-6 weeks	87	75	88										250
6-12 weeks	42	55	43										140
12-18 weeks	18	17	22										57
18-26 weeks	3	1	5										9
26-40 weeks	0	1	0										1
40-52 weeks	1	0	0										1
52+ weeks	1	0	0										1
<b>Total</b>	<b>152</b>	<b>149</b>	<b>158</b>	<b>0</b>	<b>459</b>								

CHUMS is contracted by Peterborough City council as a lead commissioner for both Peterborough and Cambridgeshire Councils and the CCG. As discussed previously, the high demand for the services has caused some difficulties with capacity, which has led to Waiting times longer than hoped.

In Q1 18/19, maximum waiting times to assessment vary in the different districts and by route into the service. The longest wait is 23 weeks in South Cambridgeshire, however, the majority of referrals are assessed in much shorter timescale.

As of Q3 we will have mean numbers to have a greater understanding of the average waits. For Peterborough the current waiting list as of end of Q2 was 163, this is greater than the other areas but as the chart below demonstrates there are greater numbers of referrals in Peterborough.

### Referral numbers for CHUMS

Self Referral by Locality	Q1	Q2
Cambs City	33	27
East Cambs	42	34
South Cambs	37	30
Huntingdon	45	40
Fenland	33	29
Peterborough	68	52
GP not linked to an area	214	189

### Top 5 presenting issues for CHUMS:

1. Anxiety
2. Depression
3. Behaviour
4. Bereavement
5. Self-harm

## Challenges

### Workforce

One of the main challenges in developing and implementing the initiatives above and for which has caused delays and continues to provide challenge to all services is that of workforce and the ability to recruit and retain a skilled workforce.

Our specialist provider CPFT currently have an overall vacancy rate of 13.8% within their Children and Family Directorate. They have over the past 3 years continued to increase the number of workforce across the range of professionals which has resulted in an increase of 48 individual workers since their workforce baseline of 14/15 which equates to 44.66 whole time equivalent. There continues to be areas of challenge as an organisation they are continually pursuing recruitment efforts and continue with the use of agency staff where possible. All clinical cases are prioritised on a risk basis on a regular basis where staffing challenges arise.

There are particular challenges in recruiting qualified clinical staff (nursing and therapists) and recruitment for posts in Cambridge is more challenging than elsewhere due to cost of living. However, this is a national problem with a shortage of staff being reported in most areas.

For CHUMS as of August 2018 CHUMS had the following workforce

- 1 x service lead (NHS Agenda for change pay scale 8a)
- 10 x clinical staff (various NHS Agenda for change pay scale bands and Whole Time Equivalent)
- 2 x recreational leads
- 2 x family care practitioners (1 x full time, 1 x part time)
- 7 x volunteers
- Administrative roles
- **Total = 23 clinical/volunteer roles plus administration support**

We have invested local funding on looking at ways to recruit and retain staff and there is a national programme of training for new staff. Cambridgeshire and Peterborough have made maximum use of the national training programme and will continue to develop opportunities to develop. For example, we have been allocated the maximum possible number of places to train 'Children's Wellbeing Practitioners' in 2019. However, there remain significant gaps in the workforce, which, have given real problems locally. We will continue to work as a system to ensure that we train as many new staff as possible as well as developing programmes to 'grow our own' from the existing children's workforce.

Nationally, NHS England has identified 5 priority areas as part of a 10 year NHS plan. Mental health services, especially those for Children are one of the priorities, although they caution that because of lack of staff, major improvements could take 5 years

There have been improvements in joint working to facilitate children and young people being supported in the right service. One of which is the link between Multi Agency Safeguarding Hub (MASH), Early Help and mental health services. For Mash – CPFT are linked into the MASH through CPFT Single Point of Access (SPA) clinical lead attending team manager meetings and the MASH will contact the SPA for queries or concerns. For CHUMS and other services there is a monthly meeting where Early Help and mental health providers meet to consider cases and how and where those children and young people are best supported across the system. There continues to be a challenge of differentiating between safeguarding and mental health concerns which the case meeting is aiming to address.

To conclude

Overall there have been significant improvements and investments in mental health services for children and young people. However as the revised prevalence figures demonstrate the need has increased and there continues to be challenges in providing effective and efficient services that meet the needs and improve the outcome for children and young people.

## **CONSULTATION**

- 4.1 We have over the past few years consulted widely with children and young people through Healthwatch Cambridgeshire and Peterborough. This provided a raft of information in regards to what CYP knew about mental health, how they wanted services provided, where they would go for help, as well as using these engagements to provide information and advice on mental health. We have also engage with Family Voice Peterborough and Pinpoint as the local parent and carer forums to gain their views and provide information of services available.

## **5. ANTICIPATED OUTCOMES OR IMPACT**

- 5.1 *The anticipated outcome of consideration of this report is to provide greater information and assurance to members on the range of improvements and ongoing challenges in delivering mental health support for children and young people.*

## **6. REASON FOR THE RECOMMENDATION**

- 6.1 *The report does not provide recommendations but it to provide information and assurance*

## **7. ALTERNATIVE OPTIONS CONSIDERED**

- 7.1 *Not applicable*

## **8. IMPLICATIONS**

### **Financial Implications**

- 8.1 The services and improvements noted have been through the CCG business planning and finances processes

### **Legal Implications**

- 8.2 *Not applicable*

### **Equalities Implications**

- 8.3 *A CCG equality impact assessment was conducted when completed the initial and refreshed LTP*

### **Rural Implications**

- 8.4 *Access to services and the issue of transport difficulties can have an impact on ability to access some of the services. A range of methods of service delivery is being sort to address this*

## **9. BACKGROUND DOCUMENTS**

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

- 9.1 *No Applicable*

## **10. APPENDICES**

- 10.1 *Not applicable*