

3 December 2014

Agenda Item: 5(b)

## **REPORT OF THE CORPORATE DIRECTOR, CHILDREN, FAMILIES AND CULTURAL SERVICES**

### **NOTTINGHAMSHIRE CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) PATHWAY REVIEW UPDATE**

#### **Purpose of the Report**

1. To inform the Members of the Board of:
  - a. findings from the review of the Nottinghamshire CAMHS Pathway, the resulting recommendations and expected benefits of the proposed service model
  - b. the next steps required for approval and implementation of the model.
2. To seek approval for a report on the work planned and underway to promote mental resilience and prevent mental health problems in children and young people in Nottinghamshire to be brought to a future meeting of the Board.
3. To seek the Board's supports for the proposal to hold a Nottinghamshire CAMHS Summit early in 2015, to develop a co-ordinated response to the recommendations of the House of Commons Health Committee report *Children's and adolescents' mental health and CAMHS*.

#### **Information and Advice**

4. As outlined in ***No Health without Mental Health, Nottinghamshire's Mental Health Strategy 2014-2017***, mental health is fundamental to physical health, relationships, education and work and there is no health without mental health. This is as true for children and young people as for any age group. During the consultation on the Mental Health Strategy, the need to promote mental resilience early in life was specifically identified and the five priorities in the strategy are relevant for children and young people, the clear aim being to improve the mental health and wellbeing of all ages.
5. In a report published in November 2014, the Health Select Committee concludes that "*there are serious and deeply ingrained problems with the commissioning and provision of children's and adolescent's mental health services*" through the whole system from prevention and early intervention through to inpatient services. The executive summary of the Health Select Committee report is attached as **Appendix 1** of this report. A National CAMHS Taskforce has been established to take forward the recommendations

made within the report and this is expected to raise CAMHS as a priority and increase levels of scrutiny nationally. Locally, a Nottinghamshire CAMHS Summit has been proposed to bring together senior leaders across key commissioner and provider organisations to develop a coordinated response to the findings and recommendations.

6. Locally, in November 2013, the Health and Wellbeing Board (HWB) received a report on the findings of the 2013 health needs assessment (HNA) of the mental health and emotional wellbeing of children and young people in Nottinghamshire. In February 2014, a HWB Workshop focusing on CAMHS was held, where concerns were raised in relation to the changing patterns of mental health problems in children and young people and the capacity of CAMHS in Nottinghamshire to meet these needs.
7. Community CAMHS are currently commissioned by Clinical Commissioning Groups (CCGs), with specialised Tier 4 (in-patient CAMHS) commissioned by NHS England. In Nottinghamshire, the Children, Families and Cultural Services Department (CFCS) in the County Council funds additional posts within the Tier 2 CAMHS and also joint-commission the CAMHS Looked After Children service.
8. This paper reports on the CAMHS Pathway Review undertaken in Nottinghamshire, the recommendations arising from the review and proposals for future commissioning of services across the County. It is acknowledged that the focus is mainly on: identifying problems early and supporting effective interventions; improving outcomes through effective treatment and relapse prevention and ensuring effective support for those with mental health problems. There is a wide range of activity underway to promote mental resilience and prevent mental health problems in children and young people and it is proposed that this will be reported on more fully in a future report to the Health and Wellbeing Board.

## **Background to the CAMHS Pathway Review**

9. On behalf of Nottinghamshire Clinical Commissioning Groups (CCGs) and Nottinghamshire County Council (NCC), the Children's Integrated Commissioning Hub (ICH) carried out a review of the Nottinghamshire CAMHS Pathway between October 2013 and April 2014. The review was initiated in response to the findings of the 2013 health needs assessment (HNA) of the mental health and emotional wellbeing of children and young people in Nottinghamshire and the reported pressures faced by CAMHS locally. The aim was that the findings of the review would inform the development of a commissioning framework for services going forward, to ensure that children and young people in Nottinghamshire achieve the best possible emotional wellbeing and mental health.
10. The review process, overseen by a Pathway Review Group, involved bringing service commissioners, providers, clinicians, third sector organisations, children, young people and their families together to review the current service provision, undertake gap analyses and consider evidence-based models of future delivery.
11. It was anticipated that the programme of work would result in the following outputs:
  - evidence review
  - new operating model

- implementation strategy
- workforce development strategy
- performance management framework including a health needs assessment template for future use.

## Key findings, proposed new service model and implementation plan

- The review highlighted that staff are passionate, dedicated and are working hard to meet the needs of children, young people and their families. Areas of excellent practice were identified; however, significant challenges across the entire pathway, systems and processes were identified, reflecting the national concerns in relation to CAMHS. In summary:
  - parts of the CAMHS pathway are at gridlock and there is evidence of cumbersome processes affecting flow through the pathway
  - children and young people are falling through gaps between elements of the service
  - there are artificial barriers for families to navigate
  - in some localities children and young people are waiting a long time for a service
  - services are becoming crisis driven and are having difficulty in responding to new crises. This has impacts earlier in the system
  - primary care and universal services, including schools, do not receive sufficient support and advice to enable them to support children and young people.
- Areas requiring further exploration included transition arrangements (between CAMHS and adult services) and the impact of parental risk factors – mental health, substance misuse and domestic abuse.
- A new service model has been proposed in response to the findings of the pathway review and policy and evidence reviews. An overview of the model is attached as **Appendix 2**. The proposed model has been presented to all Nottinghamshire CCGs and the Children's Trust Board. The model has been widely supported with its ambition of improving the experience and the outcomes for children, young people and their families through the provision of a responsive, flexible, service-user led model. The key components of the model aims to address the issues highlighted above:

### Key components and benefits of new service model

Current issues	Proposed changes	Expected benefits
<ul style="list-style-type: none"> <li>• Primary care, schools and universal services receive insufficient support</li> </ul>	<ul style="list-style-type: none"> <li>• Provide a primary mental health function that offers training, advice and consultation</li> </ul>	<ul style="list-style-type: none"> <li>• Build understanding and capacity in primary care, schools and universal services</li> <li>• Improve early identification of and support for emerging emotional and mental health needs</li> <li>• Improve quality, timeliness and appropriateness of referrals into CAMHS</li> <li>• Improve transition from specialist CAMHS to</li> </ul>

		universal settings
<ul style="list-style-type: none"> <li>• Artificial barriers to navigate</li> <li>• Children and young people falling through gaps between elements of the service</li> </ul>	<ul style="list-style-type: none"> <li>• Merge tier 2 and 3 CAMHS into 'One CAMHS'</li> </ul>	<ul style="list-style-type: none"> <li>• Remove artificial barriers between teams and tiers</li> <li>• Reduce waiting, duplication and waste</li> </ul>
<ul style="list-style-type: none"> <li>• Unclear referral criteria and processes</li> <li>• Limited interface with Early Help services</li> </ul>	<ul style="list-style-type: none"> <li>• Integrate or co-locate CAMHS Single Point of Access within NCC's Early Help Unit</li> </ul>	<ul style="list-style-type: none"> <li>• Single referral point for CAMHS and Early Help services with clinical oversight and telephone advice</li> <li>• Clearer referral criteria for professionals</li> <li>• Multiagency triage and care planning</li> </ul>
<ul style="list-style-type: none"> <li>• Parts of the system are at gridlock affecting flow of the pathway</li> <li>• Long referral to assessment / treatment waiting times</li> <li>• Limited national and local capacity and demand intelligence</li> </ul>	<ul style="list-style-type: none"> <li>• Implement Choice and Partnership Approach (CAPA)</li> </ul>	<ul style="list-style-type: none"> <li>• Evidenced-based model to manage capacity, demand and flow and reduce waiting times</li> <li>• Delivery of evidenced-based, standardised interventions (care bundles)</li> <li>• Enables measurement of capacity, demand and outcomes, to inform future commissioning</li> </ul>
<ul style="list-style-type: none"> <li>• No dedicated assertive outreach and rapid response provision for CAMHS</li> <li>• Increasing numbers of children and young people are presenting in crisis, including as section 136 detentions in police cells</li> <li>• Increased inpatient admissions and length of stay</li> </ul>	<ul style="list-style-type: none"> <li>• Dedicated assertive outreach and rapid response team</li> <li>• Crisis response team to be developed in partnership with adult service</li> </ul>	<ul style="list-style-type: none"> <li>• Increase support for children and young people to be treated in the right place, at the right time, by the right person</li> <li>• Reduce admissions to inpatient care, reduce length of stay</li> <li>• Children and young people receive care closer to home</li> </ul>

15. To support the implementation of the proposed service model, commissioning and operational implementation plans have been drafted. The high level implementation plan is attached as **Appendix 3**.

## **Commissioning options and contracting and procurement implications**

16. At its October 2014 meeting, the Nottinghamshire CCGs Collaborative Commissioning Congress agreed in principle with the proposed commissioning approach, in summary:
  - a. *Merge the current tier 2 and tier 3 CAMHS services and contracts and extend the contract for three years* in order to maintain stability during a period of transition and challenge in CAMHS. This would enable implementation and evaluation of the new model, intelligence to be gathered to inform future commissioning requirements and a procurement exercise to be undertaken during 2017/18.
  - b. *Nottinghamshire County CCGs do not pursue a joint commissioning approach with Nottingham City CCG* due to barriers identified including complex commissioning arrangements in Nottingham City and differences in local needs, service models and commissioning resources.
  - c. *Further work be undertaken with current providers* to identify and agree the level of non-recurrent investment required to address the immediate pressures faced by CAMHS and during the implementation of the new CAMHS model.

## **Agreeing and implementing model**

17. Agreement to the recommendations and investment plans will require approval from each CCG Governing Body, as individual accountable organisations commissioning CAMHS. To progress this, it is proposed that the final review report, recommendations, any identified non-recurrent investment requirements (see below) and proposed implementation plan will be presented to the six Nottinghamshire County CCG Governing Bodies for consideration during December 2014 and January 2015.
18. Current implementation timescales are estimated to be 18 months, starting in April 2015. This is dependent on agreement by the six CCGs across Nottinghamshire. Nottinghamshire County Council's Public Health Department has committed £200,000 to support the implementation of the proposed model; this will support programme management and the piloting of a public mental health programme in schools.
19. As stated above (para 15), non-recurrent investment is required to increase capacity to address the immediate pressures across CAMHS. As highlighted in the Health Select Committee report, "*those planning and running CAMHS have been operating in the fog*" which reflects the challenge in identifying current and realistic investment requirements at CCG level. CCGs are working with the ICH to quantify levels of this non-recurrent investment, using available data relating to estimated prevalence levels, current expenditure, activity and waiting times. It is envisaged that during the implementation phase, robust data on need, demand and required service capacity will be collated, to inform future commissioning.

## **Promoting emotional and mental resilience**

20. A key priority of the Nottinghamshire Mental Health Strategy is to promote mental resilience and prevent mental health problems. A wide range of programmes and services are in place or in development to support this priority in relation to children,

young people and families. These include antenatal screening of maternal mental health problems by midwives and health visitors, roll out of the *Preparation for Birth and Beyond* programme, including evidence-based high quality parenting programmes, work of the Family Nurse Partnership programme, projects in schools to help children develop emotional resilience and training to support front line practitioners to promote resilience. There is still work to be done in this area, to develop a strategic approach to this priority, identify gaps in provision and ensure support to vulnerable groups. It is proposed that progress in relation to this priority is detailed more fully in a future report to the Health and Wellbeing Board.

### **Other Options Considered**

21. There is widespread acknowledgement that the mental health and emotional wellbeing needs of children and young people in Nottinghamshire are not being met by current services and structures. The option of maintaining the status quo and not endeavouring to develop a CAMHS model fit for the future was not considered acceptable.

### **Reason/s for Recommendation/s**

22. This report is for discussion and noting. As accountable commissioning organisations, the CCGs have responsibility for community CAMHS commissioning.

### **Statutory and Policy Implications**

23. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Financial Implications**

24. Nottinghamshire County Council's Public Health Department has committed £200,000 to support the implementation of the proposed new CAMHS model; this will support programme management and the piloting of a public mental health programme in schools, an element of the pre-CAMHS stage of the proposed model.
25. The likely need for additional non-recurrent funding of CAMHS to increase capacity to address the immediate pressures in the system has been highlighted. Further analysis, discussion and formal approval is required in relation to this.

### **RECOMMENDATION/S**

That the Board:

- 1) notes the findings from the review of the Nottinghamshire CAMHS Pathway, the resulting recommendations and expected benefits of the proposed new CAMHS model

- 2) notes the next steps required for approval and implementation of the proposed CAMHS model
- 3) requests a future report on the work planned and underway to promote mental resilience and prevent mental health problems in children and young people in Nottinghamshire
- 4) supports the proposal to hold a Nottinghamshire CAMHS Summit early in 2015, to develop a co-ordinated response to the recommendations of the House of Commons Health Committee report, *Children's and adolescents' mental health and CAMHS*.

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**Constitutional Comments (LM 24/11/14)**

26. The recommendations in the report fall within the terms of reference of the Health and Wellbeing Board.

**Financial Comments (KLA 21/11/14)**

27. The financial implications of the recommendations of the report are set out in paragraphs 24 and 25 above.

**Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

No Health without Mental Health, Nottinghamshire's Mental Health Strategy 2014-17

Children's and young people's mental health and emotional wellbeing in Nottinghamshire – report to health and Wellbeing Board on 6 November 2013

House of Commons Health Committee: Children's and adolescents' mental health and CAMHS, published on 5 November 2014

**Electoral Division(s) and Member(s) Affected**

All.

C0517





## **Appendix 1 – House of Commons Health Committee CAMHS Report Summary**

There are serious and deeply ingrained problems with the commissioning and provision of Children's and adolescents' mental health services. These run through the whole system from prevention and early intervention through to inpatient services for the most vulnerable young people.

The Committee draws conclusions and makes recommendations for action in the following areas:

### **Information**

- The lack of reliable and up to date information about children's and adolescents' mental health and CAMHS means that those planning and running CAMHS services have been operating in a “fog”.
- Ensuring that commissioners, providers and policy makers have up-to-date information about children's and adolescents mental health must be a priority for the Department of Health/NHS England taskforce.

### **Early intervention**

- Compelling arguments have been made to this inquiry that the focus of investment in CAMHS should be on early intervention—providing timely support to children and young people before mental health problems become entrenched and increase in severity, and preventing, wherever possible, the need for admission to inpatient services. However in many areas these are suffering from insecure or short term funding, or being cut altogether.
- Health and Wellbeing Boards, and the transfer of public health budgets to local authorities, both represent significant opportunities for health issues to receive higher priority within local authorities. We have been told of some areas where these opportunities are beginning to be exploited, but this is patchy and progress remains slow. We have also heard that in times of financial constraint, some local authorities do not consider CAMHS early intervention services as “core business”.
- We recommend that, given the importance of early intervention, the DH/NHS England task force should have an explicit remit to audit commissioning of early intervention services in local authorities, and to report on how best to improve incentives in this area. They should also look at the best mechanisms to provide stable, long term funding for early intervention services.

### **Outpatient specialist CAMHS services (Tier 3)**

- Providers have reported increased waiting times for CAMHS services and increased referral thresholds, coupled with, in some cases, challenges in maintaining service quality. In the view of many providers, this is the result of rising demand in the context of reductions in funding. Not all services reported difficulties—some state that they have managed to maintain standards of access and quality—but overall there is unacceptable variation.
- Young people and their parents have described “battles” to get access to CAMHS services, with only the most severely affected young people getting appointments; they also described the devastating impact that long waits for treatment can have. Even amongst those providers implementing quality and efficiency improvement programmes there was

concern that improvements were being stalled or even reversed because of increasing demand and reduced funding.

- While demand for mental health services for children and adolescents appears to be rising, many CCGs report having frozen or cut their budgets. CCGs have the power to determine their own local priorities, but we are concerned that insufficient priority is being given to children and young people's mental health. We recommend that NHS England and the Department of Health should monitor and increase spending levels on CAMHS until we can be assured that CAMHS services in all areas are meeting an acceptable standard, and for NHS England to give CAMHS further monitoring and support to address the variations in investment and standards that submissions to this inquiry have described. Service specifications for Tier 2 and 3 services should set out what reasonable services should be expected to provide, and NHS England and the Department of Health should carry out a full audit to ensure all services are meeting these. We welcome recent funding announcements for mental health services, but we remain concerned and recommend that our successor Committee reviews progress in this area.
- In addition to the universal concerns expressed about CAMHS services, written submissions highlighted problems with CAMHS for children and young people suffering from particular conditions, or from especially vulnerable groups of society. We recommend that the DH/NHS England taskforce takes full account of the submissions we have received detailing these problems.
- Transition from CAMHS to adult mental health services has been described by NHS England as a "cliff edge", and the stories we heard from young people bear this out. We plan to review progress in this area early in 2015.
- As well as the transition to adulthood, a crucially important time for promoting good mental health is the perinatal and infant period, but there is unacceptable variation in the provision of perinatal mental health services, and we recommend that this is addressed urgently.

#### **Tier 4 inpatient services**

- There are major problems with access to Tier 4 inpatient services, with children and young people's safety being compromised while they wait, suffering from severe mental health problems, for an inpatient bed to become available. In some cases they will need to wait at home, in other cases in a general paediatric ward, or even in some instances in an adult psychiatric ward or a police cell. Often when beds are found they may be in distant parts of the country, making contact with family and friends difficult, and leading to longer stays.
- The Committee is particularly concerned about the wholly unacceptable practice of taking children and young people detained under s136 of the Mental Health Act to police cells, which still persists, with very few mental health trusts providing a dedicated place of safety for children and young people. In responding to this report we expect the Department of Health to be explicit in setting out how this practice will be eradicated.
- Alongside problems with access, we also heard from young people and their parents, as well as those who work with them, of quality concerns in some inpatient services; NHS England reported that over the past year some inpatient services have in fact been closed owing to quality concerns.

- Concerns have also been raised about the quality of education children and young people receive when they are being treated in inpatient units. It is essential that clear standards are set for the quality of education provision in inpatient units, and that there is clear accountability and ownership for ensuring that these standards are upheld. As a first step towards this, we recommend that OFSTED, DFE and NHS England conduct a full audit of educational provision within inpatient units as a matter of urgency.
- Despite the move to national commissioning over a year ago, we have been told that NHS England has yet to 'take control' of the inpatient commissioning process, with poor planning, lack of co-ordination, and inadequate communication with local providers and commissioners. NHS England is now recruiting more case managers. However, while many of the difficulties NHS England is now seeking to address may be a legacy from previous arrangements, we are disappointed that during its first year as a commissioner of inpatient services, many of the perceived benefits of national planning have not been realised, and we intend to review NHS England's progress addressing these problems early in 2015. In particular, we recommend that NHS England should introduce a centralised inquiry system for referrers and patients, of the type that is already in operation for paediatric intensive care services.
- NHS England has announced 50 extra inpatient CAMHS beds, but by its own admission, it is not clear how many beds are needed to provide sufficient Tier 4 capacity. It is essential that the extra beds are commissioned in the areas which need them most, and are supported by an improved system of case management.

### **Bridging the gap between inpatient and community services**

- Out-of-hours crisis services, paediatric liaison teams within acute hospitals, and Tier 3.5 assertive outreach teams can have a positive impact, including reducing both risk and length of inpatient admission; however availability of such services is extremely variable. The experience of care reported by those young people suffering a mental health crisis remains extremely negative.
- Perverse incentives in the commissioning and funding arrangements for CAMHS need to be eliminated to ensure that commissioners invest in Tier 3.5 services which may have significant value in minimising the need for inpatient admission and in reducing length of stay. The Department of Health and NHS England must act urgently to ensure that by the end of this year all areas have clear mechanisms to access funding to develop such services in their local area, where this is appropriate. A key responsibility for the newly set up task force will be to determine a way in which commissioning can be sufficiently integrated to allow rational and effective use of resources in this area, which incentivises early intervention. The Government has recently announced extra funding for early intervention in psychosis services and crisis care; we recommend that the Government ensures that a substantial proportion of this new funding is directed towards services for under-18s.

### **Education and digital culture**

- We heard from young people that while some teachers and schools provide excellent support, others seem less knowledgeable or well trained, and can even seem 'scared' of discussing mental health issues. The launch of MindEd, together with new guidance for schools on mental health, are both welcome steps towards addressing this. However, with both of these, the onus is on individual schools and teachers to find time to prioritise this,

and within a sea of competing priorities, it may be difficult to ensure that all schools and teachers use these tools.

- We recommend the Department for Education looks to including a mandatory module on mental health in initial teacher training, and should include mental health modules as part of ongoing professional development in schools for both teaching and support staff. We also recommend that the Department for Education conducts an audit of mental health provision and support within schools, looking at how well the guidance issued to schools year has been implemented, what further support may be needed, and highlighting examples of best practice. OFSTED should also make routine assessments of mental health provision in schools.
- It is clear that education about mental health could and should contribute to prevention and support for young people. We recommend that the Department for Education consult with young people, including those with experience of mental health issues, to ensure mental health within the curriculum is developed in a way that best meets their needs.
- For today's children and young people, digital culture and social media are an integral part of life; whilst this has the potential to significantly increase stress, and to amplify the effects of bullying, the internet can also be a valuable source of support for children and young people with mental health problems. We have not investigated the issue of internet regulation in depth. However, in our view sufficient concern has been raised to warrant a more detailed consideration of the impact of the internet on children's and young people's mental health, and in particular the use of social media and the impact of pro-anorexia, self-harm and other inappropriate websites, and we recommend that the Department of Health/NHS England taskforce should take this forward in conjunction with other relevant bodies, including the UK Council for Child Internet Safety.
- Children and young people also need to know how to keep themselves safe online. It is encouraging that e-safety will now be taught at all four key stages of school education. We recommend that as part of its review of mental health education in schools, the Department for Education should ensure that links between online safety, cyberbullying, and maintaining and protecting emotional wellbeing and mental health are fully articulated. We recommend clear pathways are identified for young people to report that they have been sent indecent images of other children or young people, and that support is provided for those who have been victims of image sharing. Pathways should also be established for children and young people who have experienced bullying, harassment and threats of violence.
- CAMHS providers may also need further support—both in helping the children and young people they treat to cope with the challenges of online culture and manage the impact it might have on their mental health - and so that they themselves are better able to use online means of communication for reaching out to young people. We recommend that the Department of Health/NHS England taskforce should also investigate and report on the most effective ways of supporting CAMHS providers to do this.

## **GPs**

- We have heard that many GPs currently feel ill-equipped and lacking in confidence in dealing with mental health issues in children and young people, and that their current training does not prepare them adequately for this. We therefore ask HEE together with the GMC and relevant Royal Colleges to provide us with a full update on their plans to enhance GP training in children's and adolescents' mental health.

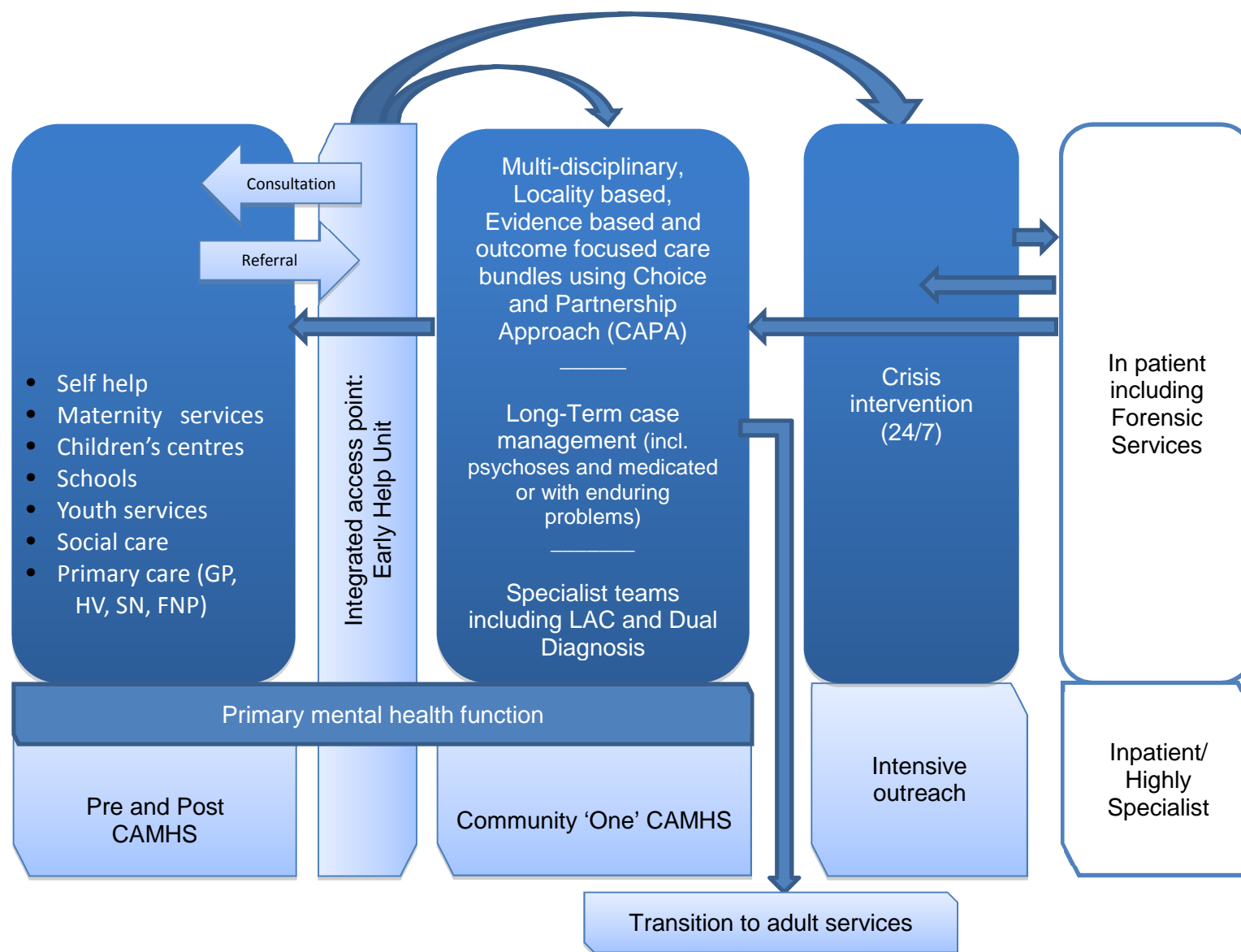
## **National priority and scrutiny**

- It is clear that there are currently insufficient levers in place at national level to drive essential improvements to CAMHS services. These have received insufficient scrutiny from CQC and we look to review progress in this area following their new inspection regime. The Minister has argued that waiting time targets will improve CAMHS services but we recommend a broader approach that also focuses on improving outcomes for specific conditions in children's and adolescents' mental health.
- We therefore recommend the development, implementation and monitoring of national minimum service specifications, together with an audit of spending on CAMHS. We recommend that the Department of Health/NHS England taskforce look to remove the perverse incentives that act as a barrier to Tier 3.5 service development and ensure investment in early intervention services. There must be a clear national policy directive for CAMHS, underpinned by adequate funding.

*Full report available at:*

<http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/342.pdf>

## Appendix 2 - Proposed Nottinghamshire Child and Adolescent Mental Health Service Model



### Appendix 3 – High Level Implementation Plan

