

17 July 2015

Agenda Item: 3**CHILDREN'S TRUST BOARD SPONSOR: DR KATE ALLEN, Children's
Integrated Commissioning Hub****NOTTINGHAMSHIRE CHILD & ADOLESCENT MENTAL HEALTH
SERVICES (CAMHS) PATHWAY REVIEW UPDATE****Purpose of the Report**

1. To summarise the findings and recommendations of the Nottinghamshire Child and Adolescent Mental Health Services (CAMHS) review.
2. To inform Children's Trust Board of the the proposed service model, implementation plan, commissioning approach and investment plans.

Information and Advice**National context**

3. The NHS **Five Year Forward View** identifies mental health as a particular area of challenge and recognises that new commissioning approaches, supported by further investment, are required to address these challenges. Access and waiting standards covering a comprehensive range of mental health services will be introduced during 2015/16 and 2016/17, and will support to deliver the parity of esteem agenda. In addition, the **Mental Health Crisis Care Concordat** sets standards for improving outcomes for people (all ages) experiencing mental health crisis.
4. The increasing national scrutiny on mental health provision has given a particular focus to children's mental health and wellbeing, which has generated both local and national reviews into CAMHS. In its report published in November 2014, the House of Commons Health Committee concludes that "*there are serious and deeply ingrained problems with the commissioning and provision of children's and adolescent's mental health services*". This is mirrored locally in the Nottinghamshire review which describes "*significant challenges across the entire pathway, systems and processes*".
5. The Children and Young People's Mental Health and Wellbeing Taskforce was established in September 2014 in response to the House of Commons inquiry into CAMHS. The Taskforce published the **Future in Mind – promoting, protecting and improving our children and young people's mental health and wellbeing** report in March 2015, setting out the national vision for children and young people's mental health and identifies 49 recommendations for action nationally and locally. Delivery of the vision is to be supported by the Government's announcement of £1.25bn additional funding over the next 5 years (£250m per year). Details of local allocations, and requirements for developing local multiagency transformation plans, have yet to be published by the Department of Health and NHS England.

Local context

6. Identification and support for young people with mental health problems is identified in all CCG's operating plans for 2015/16 and is also a key component of transformation programme children and young people workstreams.
7. In addition, children and young people's mental health and wellbeing is a key area for focus within the ***No Health without Mental Health, Nottinghamshire's Mental Health Strategy 2014-2017*** and the ***Children, Young People and Families Plan 2014-2016***.

Nottinghamshire CAMHS review – background and key findings

8. As previously reported to the September 2014 Children's Trust Board, the review highlighted areas of good practice but also significant challenges, reflecting the national concerns in relation to CAMHS. In summary:
 - Parts of the pathway are at gridlock and there is evidence of difficult processes affecting flow through the pathway
 - Children and young people are falling through gaps
 - There are artificial barriers for families to navigate
 - Children and young people are waiting a long time for a service
 - The 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
 - Limited capacity to enable an effective response for children and young people presenting in crisis.

Proposed service and operating model and implementation plan

9. A new service model has been proposed in response to the findings of the pathway, policy and evidence review. See **Appendix 1**. Key components of the model aim to address the issues highlighted in paragraph 8 the expected benefits are summarised in **Appendix 2**.
10. The key changes proposed in the new service model include:
 - a. Integrating current tier 2 and tier 3 services and contracts
 - b. Implementing the Choice and Partnership Approach (CAPA) operating model and embedding the Children and Young People's IAPT principles into practice
 - c. Integrating or aligning the CAMHS Single Point of Access with Nottinghamshire County Council's Early Help Unit
 - d. Increasing provision for a primary mental health function to provide pre and post CAMHS support to tier 1 and universal services, including primary care and schools
 - e. Aligning service provision with wider children's services to enable integrated assessment, care planning and delivery, particularly with education, early help and social care provision
 - f. Investing in a Crisis and Extended Treatment Service that is aligned to an all ages Crisis Response Team
11. To support the implementation of the proposed service model, a Service Improvement Implementation Plan has been developed, incorporating commissioning and operational actions. See **Appendix 3** for high level plan.

12. The ICH and Public Health has secured funding to enable implementation of the improvement plan, and this will provide additional commissioning and provider project management capacity to support delivery of the implementation plans in the next 12 months.
13. Commissioning actions to be prioritised during 2015/16 are described below. By March 2016, the Integrated Commissioning Hub will:
 - a. Establish a Programme Board with accountability for the delivery of the Service Improvement Implementation Plan
 - b. Integrate existing tier 2 and tier 3 contracts into a single specification / contract
 - c. Clarify commissioning arrangements and where possible establish formal joint commissioning approaches across CCGs and other commissioning partners
 - d. Implement a performance, outcomes and evaluation framework that enables data driven decision-making and continuous improvement
 - e. Develop a commissioning participation strategy to support and inform service planning and evaluation
 - f. Develop a pre-CAMHS implementation plan that will focus on prevention and wellbeing
14. Subject to agreement to investment proposals described later in the report, key operational and service transformation actions to be delivered during 2015/16 are described below. By March 2016, CAMHS services will:
 - a. Integrate existing tier 2 and tier 3 services into a single service
 - b. Implement CAPA and care bundles
 - c. Design fit for purpose clinical information and reporting systems
 - d. Develop a Workforce Development Plan, including a training plan for specialist and universal CAMHS practitioners
 - e. Integrate or align the current CAMHS Single Point of Access with the Early Help Unit
 - f. Establish a CAMHS Crisis and Extended Treatment Service
15. New commissioning and service models will be embedded and evaluated throughout 2016/17. This will be a crucial period in understanding the impact of the changes and, through improved commissioning intelligence, to inform future commissioning plans, including resource implications. Commissioners (CCGs and partner commissioners) will be required to confirm their commissioning intentions during 2016/17, and this may result in a competitive procurement exercise being undertaken during 2017/18.

Commissioning approach

16. Joint commissioning options with Nottingham City CCG were considered by CCG commissioners which reflected the appetite of CCGs to work collaboratively. However a decision was made not to pursue joint-commissioning arrangements at this stage due to the complex commissioning arrangements within Nottingham City.
17. Bassetlaw CCG has committed to the principles of a joint commissioning approach for 1 year, but may wish to explore differential contracting arrangements.
18. Options for commissioning the new model have been considered and include serving notice on current contracts and re-procuring the service. This would enable commissioners to test the market and potentially commission an alternative provider. However, this option is considered high risk and the preferred option is to integrate and extend existing contracts (tier 2 and 3 CAMHS) for 3 years in line with the planned implementation plan described in paragraphs 13-15.

Non-recurrent investment proposal

19. Discussions with CCGs have identified and acknowledged the need for additional investment to address the current pressures identified by the review and to support the implementation of the new service model.
20. As mentioned earlier in the paper, the Government's recent Spring Budget announced new national investment for children's mental health and wellbeing totalling £1.25bn over 5 years. Whilst this announcement is welcomed, details regarding local allocations and timescales have yet to be published and this risks further delays in implementing the local improvement plans.
21. In the short to medium term, implementation of the service model will as a minimum require additional capacity within the 'One CAMHS' community teams and investment in the new features within the proposed service model including the Crisis and Extended Service Team, primary mental health function and referral and triage point.
22. Proposed CCG investment levels across Nottinghamshire are set out below. A population and needs based weighted capitation model has been proposed to CCGs to agree their respective contribution to the investment proposals.

Proposed additional CCG investment levels

Purpose	Cost
Expansion of 'One CAMHS' Community Teams	£800,000*
Primary mental health function (new)	£395,000*
Referral and triage point (new)	£80,000*
Crisis and Extended Treatment Service	£470,000**
S136 Investment	£180,000**
Total	£1,925,000

* Funded through additional CCG investment

** Funded through CQUIN funding (incorporating Nottingham City CCG funding)

23. To date, 5 CCGs have approved the proposed non-recurrent investment proposals and agreed to fund these from local CCG budgets to enable the implementation of the proposed service model with immediate effect, on the basis that this will be replaced by national funding when allocated locally. The business case and investment proposal is to be presented to Bassetlaw CCG during June.

RECOMMENDATIONS

Members of the Children's Trust Board are asked to:

- a. Note the findings and recommendations from the Nottinghamshire CAMHS review.
- b. Endorse the proposed service model, implementation plan, commissioning approach and investment plans

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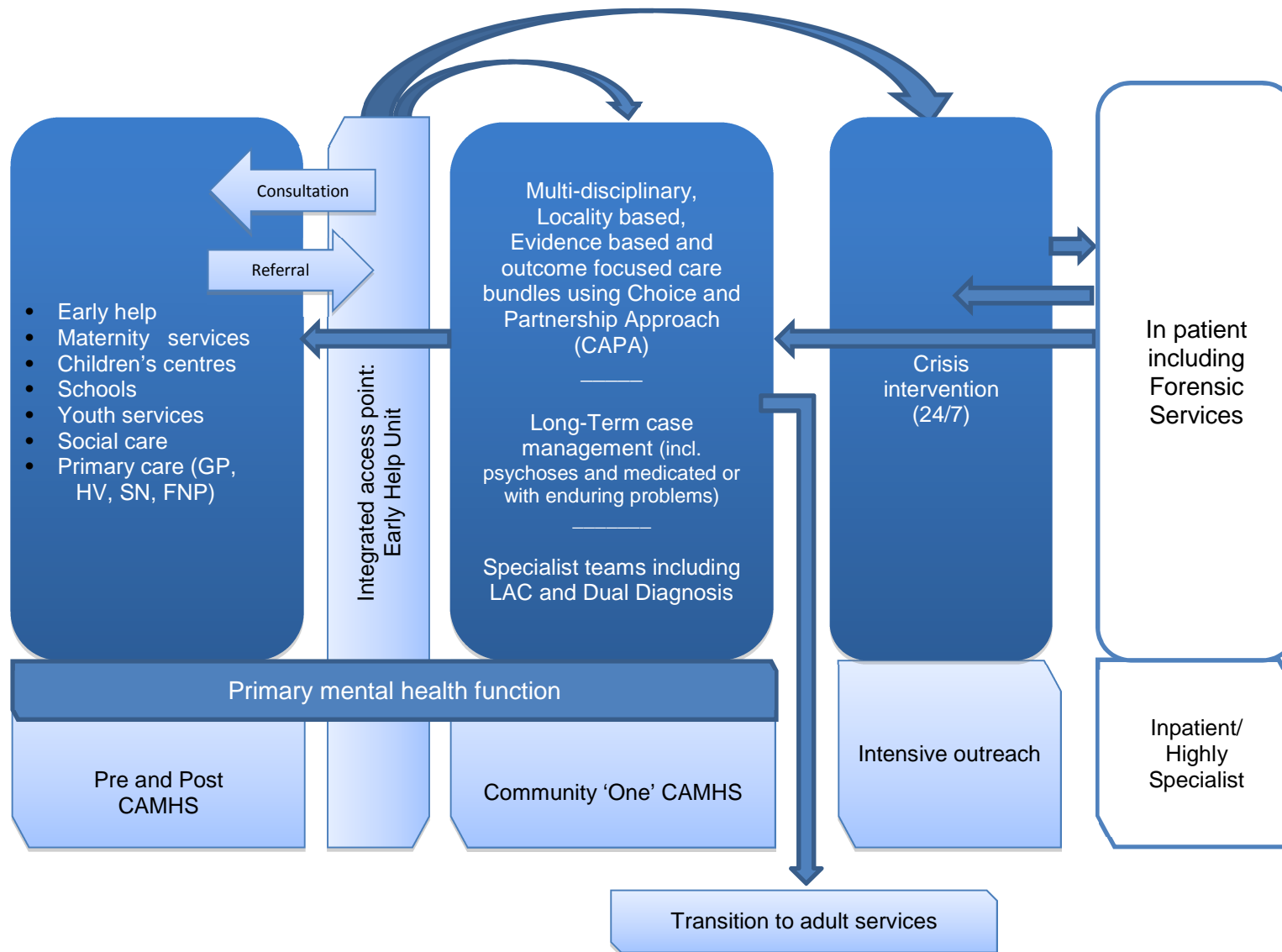
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Appendix 1 - Proposed Nottinghamshire Child and Adolescent Mental Health Service model



Appendix 2 - Key components and benefits of new service model

Current issues	Proposed changes	Expected benefits
<ul style="list-style-type: none"> • Tier 1 services (primary care, schools and universal services) require further specialist advice and support 	<ul style="list-style-type: none"> • Provide a primary mental health function that offers training, advice and consultation to tier 1 services 	<ul style="list-style-type: none"> • Build capacity in tier 1 service • Early identification / support for emerging emotional and mental health needs • Improved quality, timeliness and appropriateness of referrals into CAMHS • Improved transition (step down) from specialist CAMHS to tier 1 services
<ul style="list-style-type: none"> • Artificial barriers to navigate • Children and young people falling through gaps between elements of the service 	<ul style="list-style-type: none"> • Integrate tier 2 and 3 CAMHS into 'One CAMHS' 	<ul style="list-style-type: none"> • Remove artificial barriers between teams and tiers • Reduced waiting times, duplication and waste
<ul style="list-style-type: none"> • Unclear referral criteria and processes • Limited interface with Early Help services 	<ul style="list-style-type: none"> • Integrate or co-locate CAMHS Single Point of Access within Nottinghamshire County Council's Early Help Unit 	<ul style="list-style-type: none"> • Single referral point for CAMHS and Early Help services with clinical specialism / advice • Clearer referral criteria for professionals • Multi agency / disciplinary triage and care planning
<ul style="list-style-type: none"> • Parts of the system are at gridlock affecting flow • Long referral to assessment / treatment waiting times • Limited national and local capacity and demand intelligence 	<ul style="list-style-type: none"> • Implement Choice and Partnership Approach (CAPA) 	<ul style="list-style-type: none"> • Evidenced-based model to manage capacity, demand and flow and reduced waiting times • Delivery of evidenced-based, consistent interventions (care bundles) • Enables measurement of capacity, demand and outcomes, to inform future commissioning and modelling
<ul style="list-style-type: none"> • No dedicated assertive outreach and rapid response provision for CAMHS • Increasing numbers of children and young people are presenting in crisis, including as section 136 detentions in police cells • Increased inpatient admissions and length of stay 	<ul style="list-style-type: none"> • Dedicated assertive outreach and rapid response team • Crisis response team to be developed in partnership with adult services 	<ul style="list-style-type: none"> • Increase support for children and young people to be treated in the right place, at the right time, by the right person • Reduce admissions to inpatient care, reduce length of stay • Children and young people receive care closer to home

Appendix 3 – High Level Service Improvement Implementation Plan

