



12 January 2015

Agenda Item: 06

REPORT OF THE CHILDREN'S COMMISSIONER AND CONSULTANT IN PUBLIC HEALTH

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

Purpose of the Report

1. To inform the Members of the Committee 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
 - c. activities to promote mental resilience and prevent mental health problems in children and young people
 - d. the proposal to hold a Nottinghamshire CAMHS Summit early in 2015.

Information and Advice

2. 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.
3. 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, including schools, to develop a coordinated response to the findings and recommendations.

4. 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. In December 2014, the HWB received a report describing the findings of the Nottinghamshire CAMHS pathway review and proposals for future commissioning. Further political engagement is planned at the January 2015 Health Overview and Scrutiny Committee.
5. 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.
6. 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 HWB.

Background to the CAMHS Pathway Review

7. 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.
8. 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.
9. 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

10. 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.
11. 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.
12. 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, the Children’s Trust Board and HWB. The model has been widely supported with its ambition of improving the experience and 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 aim 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"> • Primary care, schools and universal services receive insufficient support 	<ul style="list-style-type: none"> • Provide a primary mental health function that offers training, advice and consultation 	<ul style="list-style-type: none"> • Build understanding and capacity in primary care, schools and universal services • Improve early identification of and support for emerging emotion and mental health needs • Improve quality, timeliness and appropriateness of referrals into CAMHS • Improve transition from specialist CAMHS to universal settings
<ul style="list-style-type: none"> • Artificial barriers to navigate • Children and young people falling through 	<ul style="list-style-type: none"> • Merge tier 2 and 3 CAMHS into ‘One CAMHS’ 	<ul style="list-style-type: none"> • Remove artificial barriers between teams and tiers • Reduce waiting, duplication and waste

gaps between elements of the service		
<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 NCC's Early Help Unit 	<ul style="list-style-type: none"> Single referral point for CAMHS and Early Help services with clinical oversight and telephone advice Clearer referral criteria for professionals Multiagency triage and care planning
<ul style="list-style-type: none"> Parts of the system are at gridlock affecting flow of the pathway 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 reduce waiting times Delivery of evidenced-based, standardised interventions (care bundles) Enables measurement of capacity, demand and outcomes, to inform future commissioning
<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 service 	<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

13. 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**.

Agreeing and implementing model

14. Agreement to the recommendations and investment plans will require approval from each CCG Governing Body, as the 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 January and February 2015.

15. 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.
16. As stated above (para 14), 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

17. 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, particularly by working effectively with schools as key stakeholders and commissioners.

Other Options Considered

18. 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

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

Statutory and Policy Implications

20. 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

21. 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.
22. 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 Committee:

- 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) notes the work planned and underway to promote mental resilience and prevent mental health problems in children and young people in Nottinghamshire
- 4) notes 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

23. As this report is for noting only, no Constitutional Comments are required.

Financial Comments (NDR 24/12/14)

24. There are no financial implications arising directly from this report.

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

Nottinghamshire Children and Adolescent Mental Health Services (CAMHS) report to Health and Wellbeing Board on 3 December 2014

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.

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